SENATE . . . . . No. 2406

Senate, July 31, 2012 -- Text of the Senate amendment (Senator Clark) to the House bill relative to premature infant hospital discharge and quality improvement (House, No. 3826)

The Commonwealth of Massachusetts

In the Year Two Thousand Twelve

SECTION 1. Chapter 111 of the General Lawsis hereby amended by striking out section 67A, as appearing in the 2010 Official Edition, and inserting in place thereof the following section:-

Section 67A. (a) Within 10 days after the birth of any infant weighing 2500 grams or less or any infant with a high risk problem as defined by the department, each hospital or in the case of a birth outside of a hospital, the person responsible for delivery shall file a written notice of such birth on a form with the department. The department shall promulgate rules which shall define the high risk problems and shall provide such reporting forms and shall set forth the procedure to be followed when making such reports. Such notices and reports shall be for the use of the department and its programs and shall not constitute a public record.

(b) The department shall submit an annual report to the general court not later than October 1 on the status of premature and high risk infants. The report shall include: (i) a description of the progress in implementing section 67C; (ii) information about the incidence and cause of re-hospitalizations of infants born premature within their first 6 months of life; and (iii) recommendations for improvement of newborn health outcomes and ensuring continued health quality improvement, including recommendations concerning technological needs to improve

monitoring of premature infants after discharge from the hospital and transition to a health care provider.

SECTION 2. Section 67C of said chapter 111, as so appearing, is hereby amended by striking out, in line 1, the word "The" and inserting in place thereof the following word:- (a) The.

SECTION 3. Said section 67C of said chapter 111, as so appearing, is hereby further amended by addition the following 3 subsections:-

(b) The department shall, in consultation with the department's multidisciplinary perinatal advisory committee, develop standardized procedures for hospital discharge and follow-up care for premature infants and shall ensure that standardized and coordinated processes are followed as premature infants leave the hospital from a well baby nursery, step down or transitional nursery or neonatal intensive care unit and transition to follow-up care by a health care or homecare provider.

(c) The department and its advisory committee shall utilize national evidence-based guidance, including, but not limited to, from the Centers for Medicare and Medicaid Services' Neonatal Outcomes Improvement Project or the Institute for Healthcare Improvement's national initiative for children's healthcare quality to establish hospital discharge follow-up care processes.

(d) The department shall utilize existing perinatal databases, such as the pregnancy to early life longitudinal database to develop a statewide report on the causes and incidence of re-hospitalizations of infants that were born premature and who are within their first 6 months of

life. The department's perinatal advisory committee shall use such report in developing their standardized procedures.