

HOUSE No. 2109

By Mr. Koutoujian of Waltham, a petition (accompanied by bill, House, No. 2109) of Peter J. Koutoujian and others for legislation to require the reporting of potentially preventable readmissions by health care facilities, Public Health.

The Commonwealth of Massachusetts

PRESENTED BY:

Peter J. Koutoujian

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act provide written requiring the public reporting of potentially preventable hospital readmissions.

PETITION OF:

| NAME: | DISTRICT/ADDRESS: |
|----------------------|---------------------------|
| Peter J. Koutoujian | 10th Middlesex |
| Christine E. Canavan | 10th Plymouth |
| Bruce E. Tarr | First Essex and Middlesex |

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

AN ACT PROVIDE WRITTEN REQUIRING THE PUBLIC REPORTING OF POTENTIALLY PREVENTABLE HOSPITAL READMISSIONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 16K of chapter 6A of the General Laws is hereby amended by
2 deleting in subsection (e)(iv) in its entirety and inserting in place thereof the following section:-

3 (iv) data concerning healthcare-acquired infections, serious reportable events, and potentially
4 preventable readmissions reported under section 51H of chapter 111.

5 SECTION 2. Section 51H of chapter 111 of the General Laws is hereby amended by inserting in
6 section (a) the following definition:-

7 "Potentially preventable readmission", an admission to an acute care facility that follows a prior
8 acute care admission within a specific time interval to be defined by the Division of Health Care
9 Finance and Policy that is (1) clinically related to a prior admission; (2) potentially preventable,
10 if there was a reasonable expectation that it could have been prevented by one or more of the
11 following: (a) the provision of quality care in the initial hospitalization, (b) adequate discharge
12 planning, (c) adequate post-discharge follow up, or (d) improved coordination between inpatient
13 and outpatient health care teams.

14 SECTION 3. the Division of Health Care Finance and Policy will promulgate regulations further
15 defining "potentially preventable readmission", including where appropriate the specific time
16 interval(s) to be applied in Section 2.

17 SECTION 4. Section 51H of chapter 111 of the General Laws is further amended in by
18 eliminating section (b) in its entirety and inserting the following section:-

19 (b) A facility shall report data and information about healthcare-associated infections, serious
20 reportable events, and potentially preventable readmissions. A serious reportable event shall be

21 reported by a facility no later than 15 working days after its discovery. Reports shall be made in
22 the manner and form established by the department in its regulations. The department may
23 require facilities to register in and report to nationally recognized quality and safety
24 organizations.

25 SECTION 5 Section 51H of chapter 111 of the General Laws is further amended in by
26 eliminating section (b) in its entirety and inserting the following section:-

27 A facility shall report data and information about healthcare-associated infections, serious
28 reportable events, potentially preventable readmissions, and serious adverse drug events. A
29 serious reportable event shall be reported by a facility no later than 15 working days after its
30 discovery. Reports shall be made in the manner and form established by the department in its
31 regulations. The department may require facilities to register in and report to nationally
32 recognized quality and safety organizations.

33 SECTION 6. Notwithstanding the provisions of any general or special law to the contrary, there
34 is hereby established a special task force to study the driving factors leading to potentially
35 preventable readmissions in the Commonwealth, including patient care settings, patient care
36 transfers, and post-hospitalization follow-up care. The task force shall investigate and report on
37 recent trends in potentially preventable readmissions, the systems analyses related to these
38 trends, and the impact of these trends on the health care delivery system. The task force shall
39 also develop and recommend strategies to eliminate potentially preventable readmissions in the
40 Commonwealth and shall serve as a clearinghouse for initiatives being undertaken across the
41 state to eliminate potentially preventable readmissions.

42 The task force shall be comprised of 23 members, including the Commissioner of the Division of
43 Health Care Finance and Policy or his designee, who shall serve as the chair, the House and
44 Senate Chairs of the Joint Committee on Health Care or their designee, the Commissioner of
45 Public Health or his designee; the Coordinator of the Health Care Quality and Cost Council or
46 his designee, the Director of the Office of Medicaid Services or his designee, the Director of the
47 Board of Registration in Nursing or his designee; the Director of the Board of Registration in
48 Medicine or his designee; and one representative from each of the following organizations: the
49 Massachusetts Hospital Association, the Massachusetts Medical Society, the Massachusetts
50 Extended Care Federation, the Home Care Alliance of Massachusetts, Blue Cross Blue Shield of
51 Massachusetts, Tufts Health Plan, Harvard Pilgrim Health Plan, the Massachusetts Association
52 of Health Plans, Partners Health Care, the Massachusetts Coalition for the Prevention of Medical
53 Errors, the Betsy Lehman Center for Patient Safety and Medical Error Reduction, Health Care
54 For All, MassPro, the Institute for Healthcare Improvement and the Associated Industries of
55 Massachusetts. The task force shall file a report of its study, including its recommendations and
56 drafts of any legislation, if necessary, with the clerks of the Senate and House of Representatives
57 by December 31, 2009.

58 SECTION 7. Section 4 shall take effect on July 1, 2009.

59 SECTION 8. Section 5 shall take effect on October 1, 2012.