Improving Hospital Discharge Procedures and Follow-up Care of Premature Infants

This Act directs the state Medicaid Program and Children’s Health Insurance Program to improve discharge and follow-up care for infants born in hospitals and who are born earlier than thirty-seven weeks gestational age. The Act directs the state Medicaid Program and the Children's Health Insurance Program to use guidance from the Centers for Medicare and Medicaid Services' Neonatal Outcomes Improvement Project to implement programs to improve such processes. The goal is to ensure standardized and coordinated processes are followed when such infants leave the hospital.

Submitted as:
Mississippi
HB 1449
Status: Enacted into law in 2009.

Suggested State Legislation

(Title, enacting clause, etc.)

Section 1. [Short Title.] This Act shall be cited as “An Act to Improve Post-Discharge Care for Babies Born Prematurely in Hospitals.”

Section 2. [Legislative Findings.] The [Legislature] finds:

(1) According to the Institute for Medicine, although there has been significant attention focused on neonatal intensive care for extremely preterm infants, little attention has been given to the majority of late-preterm infants born at thirty-four through thirty-six weeks gestational age. Even though these late-preterm infants may appear larger in size, they are still more vulnerable to complications and disabilities than full-term infants. All babies born premature, including late-preterm infants, are at risk for a host of health and developmental issues that can last into and sometimes beyond childhood.

(2) Although there is growing evidence that late-preterm infants are at increased risk for morbidity and mortality compared to full-term infants, late-preterm infants may not be identified or managed any differently than full-term infants.

(3) Without organized discharge care plans, premature babies are more likely to experience gaps in health care. These infants require diligent evaluation, monitoring, referral and early return appointments for both post-neonatal evaluation and also continued long-term follow-up care.

(4) It is important to focus on the care and management of premature infants because the number of babies born premature at less than thirty-seven weeks gestational age continues to grow in the United States.

(5) In [2005, twelve and seven-tenths of all births were premature at less than thirty-seven weeks gestational age, or more than five hundred twenty-five thousand infants].

(6) The increase in premature birth rates in recent years is primarily associated with a rise in late-preterm births (thirty-four through thirty-six weeks gestational age), which has increased [twenty-five percent since 1990 and account for seventy percent of all preterm births]. Although multiple births have contributed to this rise, [substantial increases in preterm birth rates, and especially late-preterm rates, have occurred because of singleton birth rates since 1990].

(7) Several studies have found that late-preterm infants have greater morbidity and mortality than full-term infants.
(8) Late-preterm infants have a mortality rate that is three times greater than full-term infants, with the highest risk occurring during the neonatal period.

(9) Late-preterm babies have significant differences in clinical outcomes than full-term infants during the birth hospitalization, including greater risk for temperature instability, hypoglycemia, respiratory distress, and jaundice.

(10) Late-preterm infants have higher rates of rehospitalization during their first full year of life compared to full-term infants.

(11) The costs of premature births are significant. For the initial hospitalization after birth, the average length of stay for full-term infants was [two and two-tenths days] and the average cost was [two thousand eighty-seven dollars], whereas late-preterm infants had a substantially longer average stay of [eight and eight-tenths days] and cost of [twenty-six thousand fifty-four dollars]. The average cost for late-preterm infants in their first year of life was [thirty-eight thousand three hundred one dollars] versus [six thousand one hundred fifty-six dollars] for full-term infants. Late-preterm infants had higher costs across every type of medical service category compared to full-term infants, including inpatient hospitalizations, well baby physician office visits, outpatient hospital services, home health care services and prescription drug use.

(12) The most frequent causes of rehospitalization for late-preterm infants are RSV bronchiolitis, bronchiolitis (cause unspecified), pneumonia (cause unspecified), esophageal reflux and vascular implant complications.

(13) Because all premature infants, and especially late-preterm infants born at thirty-four through thirty-six weeks gestational age, have higher risks for medical complications and rehospitalizations compared to full-term infants, stakeholders should examine and improve the discharge process, follow-up care and management of these infants to foster better health outcomes and lower risks for re-hospitalizations and complications.

Section 3. [Developing Standardized and Coordinated Processes to Follow When Infants Born Prematurely in Hospitals are Discharged from the Hospitals.] The state [Medicaid Program] and the state [Children’s Health Insurance Program], in consultation with statewide organizations focused on premature infant healthcare, shall:

(1) Examine and improve hospital discharge and follow-up care procedures for premature infants born earlier than [thirty-seven weeks gestational age] to ensure standardized and coordinated processes are followed as premature infants leave the hospital from either a Level 1 (well baby nursery), Level 2 (step down or transitional nursery) or Level 3 (neonatal intensive care unit) unit and transition to follow-up care by a health care provider in the community; and

(2) Use guidance from the Centers for Medicare and Medicaid Services' Neonatal Outcomes Improvement Project to implement programs to improve newborn outcomes, reduce newborn health costs and establish ongoing quality improvement for newborns.

(3) Report data by the [state department of health] using the mandated hospital discharge data system authorized in [insert citation] about the incidence and cause of rehospitalization in the first six months of life for infants born premature at earlier than [thirty-seven weeks gestational age] to the [Chairman of the House Public Health and Human Services Committee and the Chairman of the Senate Public Health and Welfare Committee].

Section 4. [Severability.] [Insert severability clause.]

Section 5. [Repealer.] [Insert repealer clause.]

Section 6. [Effective Date.] [Insert effective date.]