MISSISSIPPI LEGISLATURE REGULAR SESSION 2009

By: Representative Holland

To: Public Health and Human Services

HOUSE BILL NO. 1449
(As Sent to Governor)

AN ACT TO MAKE CERTAIN LEGISLATIVE FINDINGS REGARDING PREMATURE BIRTHS, THE RISK OF HEALTH AND DEVELOPMENTAL ISSUES WITH PREMATURE INFANTS, THE IMPORTANCE OF FOCUSING ON THE CARE AND MANAGEMENT OF PREMATURE INFANTS, AND THE NECESSITY TO EXAMINE AND IMPROVE THE DISCHARGE PROCESS, FOLLOW-UP CARE AND MANAGEMENT OF PREMATURE INFANTS TO FOSTER BETTER HEALTH OUTCOMES AND LOWER RISKS FOR REHOSPITALIZATIONS AND COMPLICATIONS; TO REQUIRE THE MEDICAID PROGRAM AND THE CHILDREN'S HEALTH INSURANCE PROGRAM TO EXAMINE AND IMPROVE HOSPITAL DISCHARGE AND FOLLOW-UP CARE PROCEDURES FOR PREMATURE INFANTS BORN EARLIER THAN 37 WEEKS GESTATIONAL AGE, AND TO IMPLEMENT PROGRAMS TO IMPROVE NEWBORN OUTCOMES, REDUCE NEWBORN HEALTH COSTS AND ESTABLISH ONGOING QUALITY IMPROVEMENT FOR NEWBORNS; TO REQUIRE HOSPITALS SERVING INFANTS ELIGIBLE FOR MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM TO REPORT TO THE STATE THE CAUSES AND INCIDENCE OF ALL REHOSPITALIZATIONS OF INFANTS BORN PREMATURE AT EARLIER THAN 37 WEEKS GESTATIONAL AGE; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. It is the purpose of this act to:

(a) Improve health care quality and outcomes for infants born preterm through enhanced hospital discharge, follow-up care and management processes and reduced rehospitalization; and

(b) Reduce infant morbidity and mortality associated with prematurity.

SECTION 2. The Legislature makes the following findings:

(a) 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 (34) through thirty-six (36) weeks gestational age. Even though these late-preterm infants may appear larger in size, 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.

(b) Premature births are rising in Mississippi: eighteen and eight-tenths percent (18.8%) of Mississippi births were preterm in 2005, and premature births increased twenty-two percent (22%) in Mississippi between 1995 and 2005.

(c) In Mississippi, premature birth rates were highest in African Americans twenty-two and four-tenths percent (22.4%) followed by Whites fifteen percent (15%) and Hispanics thirteen and six-tenths percent (13.6%) in 2002-2004.

(d) Mississippi Medicaid paid for fifty-five and eight-tenths percent (55.8%) of all births in 2002.

(e) The direct employer health care cost for premature infants in their first year are fifteen (15) times greater than healthy full-term infants: Forty-one Thousand Six Hundred Ten Dollars ($41,610.00) versus Two Thousand Eight Hundred Thirty Dollars ($2,830.00).

(f) There are no standardized procedures for hospital discharge and follow-up care of premature infants. As a result, babies born premature may leave the hospital after birth without adequate discharge and follow-up care plans in place to ensure they receive appropriate care to address their special health needs once they are home in their community.

(g) 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.

(h) 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.

(i) 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 (37) weeks gestational age continues to grow in the United States with an increase of twenty percent (20%) since 1990 and nine percent (9%) since only 2000.

(j) In 2005, twelve and seven-tenths (12.7%) of all births were premature at less than thirty-seven (37) weeks gestational age, or more than five hundred twenty-five thousand (525,000) infants.

(k) The increase in premature birth rates in recent years is primarily associated with a rise in late-preterm births (thirty-four (34) through thirty-six (36) weeks gestational age), which has increased twenty-five percent (25%) since 1990 and account for seventy percent (70%) 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.

(l) Several studies have found that late-preterm infants have greater morbidity and mortality than full-term infants.

(m) Late-preterm infants have a mortality rate that is three (3) times greater than full-term infants, with the highest risk occurring during the neonatal period.

(n) 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.

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

(p) 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 (2.2) days and the average cost was Two Thousand Eighty-seven Dollars ($2,087.00), whereas late-preterm infants had a substantially longer average stay of eight and eight-tenths (8.8) days and cost of Twenty-six Thousand Fifty-four Dollars ($26,054.00). The average cost for late-preterm infants in their first year of life was Thirty-eight Thousand Three Hundred One Dollars ($38,301.00) versus Six Thousand One Hundred Fifty-six Dollars ($6,156.00) 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.

(q) 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.

(r) Because all premature infants, and especially late-preterm infants born at thirty-four (34) through thirty-six (36) 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 rehospitalizations and complications.

SECTION 3. (1) The Mississippi Medicaid Program and the Children's Health Insurance Program, in consultation with statewide organizations focused on premature infant healthcare, shall:

(a) Examine and improve hospital discharge and follow-up care procedures for premature infants born earlier than

thirty-seven (37) 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

(b) 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.

(2) Data regarding the incidence and cause of rehospitalization in the first six (6) months of life for infants born premature at earlier than thirty-seven (37) weeks gestational age shall be reported to the Chairman of the House Public Health and Human Services Committee and the Chairman of the Senate Public Health and Welfare Committee by the Mississippi State Department of Health utilizing the mandated hospital discharge data system authorized in Section 41-63-4.

SECTION 4. This act shall take effect and be in force from and after July 1, 2009.