S T A T E  O F  N E W  Y O R K

6181

2015-2016 Regular Sessions

I N  A S S E M B L Y

March 16, 2015

Introduced by M. of A. RUSSELL -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to premature and high risk infant information and quality improvement

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. The public health law is amended by adding a new section 2816-b to read as follows:

S 2816-B. PREMATURE AND HIGH RISK INFANT INFORMATION AND QUALITY IMPROVEMENT. 1. DEFINITIONS. FOR THE PURPOSE OF THIS SECTION, THE FOLLOWING TERMS SHALL HAVE THE FOLLOWING MEANINGS:

(A) "PREMATURE INFANT" SHALL MEAN ANY INFANT BORN THIRTY-SEVEN WEEKS GESTATIONAL OR LESS.

(B) "LOW BIRTH WEIGHT" SHALL MEAN ANY INFANT WEIGHING TWENTY-FIVE HUNDRED GRAMS OR LESS.

(C) "HIGH RISK INFANT" SHALL MEAN ANY INFANT BORN WITH A HIGH RISK PROBLEM OR PROBLEMS, AS DEFINED BY THE DEPARTMENT.

2. WITHIN TEN DAYS AFTER THE BIRTH OF ANY PREMATURE INFANT, INFANT WITH LOW BIRTH WEIGHT OR HIGH RISK INFANT, EACH GENERAL HOSPITAL OR, IN THE CASE OF A BIRTH OUTSIDE A GENERAL HOSPITAL, THE PERSON RESPONSIBLE FOR DELIVERY SHALL FILE WRITTEN INFORMATION ON SUCH BIRTH IN A FORMAT DETERMINED BY THE DEPARTMENT.

3. WITHIN THE FIRST SIX MONTHS AFTER THE BIRTH OF ANY PREMATURE INFANT, INFANT WITH LOW BIRTH WEIGHT OR HIGH RISK INFANT, EACH GENERAL HOSPITAL SHALL FILE WRITTEN INFORMATION IN A FORMAT DETERMINED BY THE DEPARTMENT ON THE ADMISSION OF SUCH INFANT TO THE GENERAL HOSPITAL INCLUDING THE CAUSE OR CAUSES OF SUCH ADMISSION TO THE GENERAL HOSPITAL.

4. THE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT COMMENCING ON JANUARY FIRST, TWO THOUSAND SEVENTEEN TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE SENATE, THE SPEAKER OF THE ASSEMBLY, THE MINORITY LEADER OF THE SENATE AND THE MINORITY LEADER OF THE ASSEMBLY ON THE STATUS OF PREMA-

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

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TURE, LOW BIRTH WEIGHT AND HIGH RISK INFANTS. THE REPORT SHALL INCLUDE, BUT NOT BE LIMITED TO:

(A) INFORMATION ABOUT THE INCIDENCE AND CAUSE OF RE-ADMISSIONS OF INFANTS BORN PREMATURE, WITH LOW BIRTH WEIGHT OR HIGH RISK WITHIN THEIR FIRST SIX MONTHS OF LIFE; AND

(B) RECOMMENDATIONS FOR IMPROVEMENT OF PREMATURE, LOW BIRTH WEIGHT OR HIGH RISK INFANT HEALTH OUTCOMES AND ENSURING CONTINUED HEALTH QUALITY IMPROVEMENT, INCLUDING RECOMMENDATIONS CONCERNING TECHNOLOGICAL NEEDS TO IMPROVE MONITORING OF PREMATURE, LOW BIRTH WEIGHT AND HIGH RISK INFANTS AFTER DISCHARGE FROM A GENERAL HOSPITAL AFTER BIRTH.

5. THE DEPARTMENT SHALL DEVELOP STANDARDIZED PROCEDURES FOR HOSPITAL DISCHARGE AND FOLLOW-UP CARE FOR PREMATURE, LOW BIRTH WEIGHT AND HIGH RISK INFANTS AND SHALL ENSURE THAT STANDARDIZED AND COORDINATED PROCESSES ARE FOLLOWED AS SUCH INFANTS LEAVE THE GENERAL HOSPITAL AND TRANSITION TO FOLLOW-UP CARE BY A HEALTH CARE PROVIDER AND/OR HOME CARE SERVICES AGENCY. THE DEPARTMENT SHALL UTILIZE NATIONAL EVIDENCE-BASED GUIDELINES, 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 AS WELL AS THE ANNUAL REPORT AS REQUIRED IN SUBDIVISION FOUR OF THIS SECTION TO ESTABLISH GENERAL HOSPITAL DISCHARGE AND FOLLOW-UP CARE PROCEDURES.

6. THE COMMISSIONER MAY PROMULGATE AND ENFORCE SUCH RULES AND REGULATIONS AS HE OR SHE DEEMS NECESSARY TO EFFECTUATE THE PURPOSES OF THIS SECTION.

S 2. This act shall take effect on the one hundred eightieth day after it shall have become a law; provided that effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of the provisions of this act on its effective date is authorized to be made on or before such effective date.