

SECOND REGULAR SESSION

SENATE BILL NO. 864

96TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR WRIGHT-JONES.

Read 1st time February 29, 2012, and ordered printed.

TERRY L. SPIELER, Secretary.

6022S.011

AN ACT

To repeal sections 191.710 and 210.105, RSMo, and to enact in lieu thereof two new sections relating to rehospitalizations of premature infants.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Sections 191.710 and 210.105, RSMo, are repealed and two new
2 sections enacted in lieu thereof, to be known as sections 191.710 and 210.105, to
3 read as follows:

191.710. The MO HealthNet program and the health care for uninsured
2 children program under sections 208.631 to 208.659, in consultation with
3 statewide organizations focused on premature infant health care, shall:

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

10 (2) [Urge] **Require** hospitals serving infants eligible for medical
11 assistance under the MO HealthNet and health care for uninsured children
12 programs to report to the state the causes and incidence of all re-hospitalizations
13 of infants born premature at earlier than thirty-seven weeks gestational age
14 within their first six months of life; and

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

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

210.105. 1. There is hereby created the "Missouri Task Force on
2 Prematurity and Infant Mortality" within the children's services commission to
3 consist of the following eighteen members:

4 (1) The following six members of the general assembly:

5 (a) Three members of the house of representatives, with two members to
6 be appointed by the speaker of the house and one member to be appointed by the
7 minority leader of the house;

8 (b) Three members of the senate, with two members to be appointed by
9 the president pro tem of the senate and one member to be appointed by the
10 minority leader of the senate;

11 (2) The director of the department of health and senior services, or the
12 director's designee;

13 (3) The director of the department of social services, or the director's
14 designee;

15 (4) The director of the department of insurance, financial institutions and
16 professional registration, or the director's designee;

17 (5) One member representing a not-for-profit organization specializing in
18 prematurity and infant mortality;

19 (6) Two members who shall be either a physician or nurse practitioner
20 specializing in obstetrics and gynecology, family medicine, pediatrics or
21 perinatology;

22 (7) Two consumer representatives who are parents of individuals born
23 prematurely, including one parent of an individual under the age of eighteen;

24 (8) Two members representing insurance providers in the state;

25 (9) One small business advocate; and

26 (10) One member of the small business regulatory fairness
27 board. Members of the task force, other than the legislative members and
28 directors of state agencies, shall be appointed by the governor with the advice and
29 consent of the senate by September 15, 2011.

30 2. A majority of a quorum from among the task force membership shall
31 elect a chair and vice chair of the task force.

32 3. A majority vote of a quorum of the task force is required for any action.

33 4. The chairperson of the children's services commission shall convene the
34 initial meeting of the task force by no later than October 15, 2011. The task force
35 shall meet at least quarterly; except that the task force shall meet at least twice
36 prior to the end of 2011. Meetings may be held by telephone or video conference

37 at the discretion of the chair.

38 5. Members shall serve on the commission without compensation, but
39 may, subject to appropriation, be reimbursed for actual and necessary expenses
40 incurred in the performance of their official duties as members of the task force.

41 6. The goal of the task force is to seek evidence-based and cost-effective
42 approaches to reduce Missouri's preterm birth and infant mortality rates.

43 7. The task force shall:

44 (1) Submit findings to the general assembly;

45 (2) Review appropriate and relevant evidence-based research regarding
46 the causes and effects of prematurity and birth defects in Missouri;

47 (3) Examine existing public and private entities currently associated with
48 the prevention and treatment of prematurity and infant mortality in Missouri;

49 (4) Develop cost-effective strategies to reduce prematurity and infant
50 mortality; and

51 (5) Issue findings and propose to the appropriate public and private
52 organizations goals, objectives, strategies, and tactics designed to reduce
53 prematurity and infant mortality in Missouri, including recommendations on
54 public policy for consideration during the next appropriate session of the general
55 assembly.

56 8. **The MO HealthNet division shall submit any reports received**
57 **from hospitals regarding rehospitalizations of premature infants under**
58 **subdivision (2) of section 191.710 to the task force by October 1, 2012,**
59 **and annually thereafter by October first, until such time as the task**
60 **force has expired.** On or before December 31, 2013, the task force shall submit
61 a report on their findings to the governor and general assembly. The report shall
62 include any dissenting opinions in addition to any majority opinions.

63 9. The task force shall expire on January 1, 2015, or upon submission of
64 a report under subsection 8 of this section, whichever is earlier.

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