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JOINT COMMITTEE ON PUBLIC HEALTH PASSES PATIENT SAFETY BILL

Bill filed by Co-Chair Jeffrey Sánchez to reduce medical errors and improve patient safety passes unanimously

BOSTON—The Joint Committee on Public Health voted unanimously in favor of House Bill 1519, “An act reducing medical errors and improving patient safety” today. Sponsored by Representative Jeffrey Sánchez, co-chair of the Committee, the bill addresses systemic issues that affect patient safety by encouraging honest, open communication and evaluation of care among health care providers.

“As the dialogue about payment reform in Massachusetts moves toward basing payment on value and not volume, these issues of patient safety and quality become even more important,” Sánchez said. “We need to find the right balance so that the coordination, efficiency, and quality of health care can all be improved in this process.”

House 1519 requires the development of preventive measures to reduce avoidable errors, healthcare associated infections and other unanticipated health outcomes; requires the development of screening procedures for multidrug-resistant organisms, including MRSA; provides whistleblower protection to any person who assists in a complaint with the Board of Registration in Nursing; expands medical peer review laws to any committee formed to perform duties of a medical peer review committee, regardless of whether the committee has an affiliation with a specific hospital, nursing home, or HMO; and requires the study of the impacts of medication errors as well as medical overutilization of services, including the practice of defensive medicine in the Commonwealth.

In addition to addressing patient safety and quality issues, several of the bill’s provisions will tackle health care costs. In the case of hospital acquired infections, the economic burden in Massachusetts is between \$200 and \$400 million annually due to the 34,000 hospital acquired infections that occur in Massachusetts each year. Additionally, the cost of defensive medicine in Massachusetts has been estimated to be nearly \$1.7 billion, or approximately \$253 per person in unnecessary costs. Nationally, the implementation of a 2-minute surgical checklist would save \$15-25 billion annually if all operating rooms in the United States adopted this checklist.

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The Committee also voted to report House 2369, “An act relative to enhancing the practice of nurse midwives.” The bill authorizes certified nurse-midwives to issue written prescriptions and order and interpret tests and therapeutics on their own authority. This bill was amended by the Committee to reflect an agreement between the Massachusetts chapters of the American Congress of Obstetricians and Gynecologists and the American College of Nurse-Midwives which requires nurse-midwives to practice within a health care system and have clinical relationships with obstetrician-gynecologists.

Other bills reported favorably include House 1488, “An Act relative to a Transfusion Related Acute Lung registry”; House 2349, “An Act relative to premature infant hospital discharge and quality improvement”; Senate 1094, “An Act restricting the sale of tobacco products at locations where health professionals are employed”; Senate 1101, “An Act establishing a voluntary rehabilitation program for pharmacists and pharmacy interns”; Senate 1143, “An Act relative to robotic surgery in the Commonwealth”; and Senate 1177, “An Act to provide survivorship plans and wellness resources for cancer patients”.

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