FIRST REGULAR SESSION

SENATE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 10

98TH GENERAL ASSEMBLY

Reported from the Committee on Veterans' Affairs and Health, February 26, 2015, with recommendation that the Senate Committee Substitute do pass.

ADRIANE D. CROUSE, Secretary.

0516S.02C

AN ACT

To repeal section 192.667, RSMo, and to enact in lieu thereof one new section relating to infection reporting, with existing penalty provisions.

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

Section A. Section 192.667, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 192.667, to read as follows:

192.667. 1. All health care providers shall at least annually provide to the department charge data as required by the department. All hospitals shall at least annually provide patient abstract data and financial data as required by the department. Hospitals as defined in section 197.020 shall report patient abstract data for outpatients and inpatients. **[**Within one year of August 28, 1992,**]** Ambulatory surgical centers as defined in section 197.200 shall provide patient abstract data to the department. The department shall specify by rule the types of information which shall be submitted and the method of submission.

2. The department shall collect data on required **[**nosocomial**]** **healthcare-associated** infection incidence rates from hospitals, ambulatory surgical centers, and other facilities as necessary to generate the reports required by this section. Hospitals, ambulatory surgical centers, and other facilities shall provide such data in compliance with this section.

3. **[**No later than July 1, 2005,**]** The department shall promulgate rules specifying the standards and procedures for the collection, analysis, risk adjustment, and reporting of **[**nosocomial**]** **health-care associated** infection incidence rates and the types of infections and procedures to be monitored pursuant to subsection 12 of this section. In promulgating such rules, the

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

department shall:

(1) Use methodologies and systems for data collection established by the federal Centers for Disease Control and Prevention National **[**Nosocomial Infection Surveillance System**]** **Healthcare Safety Network**, or its successor; and

(2) Consider the findings and recommendations of the infection control advisory panel established pursuant to section 197.165.

4. **By January 1, 2016,** the infection control advisory panel created by section 197.165 shall make a recommendation to the department **and the general assembly** regarding the appropriateness of implementing all or part of the **[**nosocomial**]** **Centers for Medicare and Medicaid Services' healthcare-associated** infection data collection, analysis, and public reporting requirements **[**of this act by authorizing**]** **for** hospitals, ambulatory surgical centers, and other facilities **[**to participate**]** in the federal Centers for Disease Control and Prevention's National **[**Nosocomial Infection Surveillance System**]** **Healthcare Safety Network**, or its successor**, instead of the data collection and reporting requirements of this section**. The advisory panel shall consider the following factors in developing its recommendation:

(1) Whether the public is afforded the same or greater access to facility-specific infection control indicators and rates **[**than would be provided under subsections 2, 3, and 6 to 12 of this section**]**;

(2) Whether the data provided to the public are subject to the same or greater accuracy of risk adjustment **[**than would be provided under subsections 2, 3, and 6 to 12 of this section**]**;

(3) Whether the public is provided with the same or greater specificity of reporting of infections by type of facility infections and procedures **[**than would be provided under subsections 2, 3, and 6 to 12 of this section**]**;

(4) Whether the data are subject to the same or greater level of confidentiality of the identity of an individual patient **[**than would be provided under subsections 2, 3, and 6 to 12 of this section**]**;

(5) Whether the National **[**Nosocomial Infection Surveillance System**]** **Healthcare Safety Network**, or its successor, has the capacity to receive, analyze, and report the required data for all facilities;

(6) Whether the cost to implement the nosocomial infection data collection and reporting system is the same or less **[**than under subsections 2, 3, and 6 to 12 of this section**]**.

5. **[**Based on the affirmative recommendation of the infection control advisory panel, and provided that the requirements of subsection 12 of this section can be met, the department may or may not implement the federal Centers for Disease Control and Prevention Nosocomial Infection Surveillance System, or its successor, as an alternative means of complying with the requirements of subsections 2, 3, and 6 to 12 of this section. If the department chooses to implement the use of the federal Centers for Disease Control Prevention Nosocomial Infection Surveillance System, or its successor, as an alternative means of complying with the requirements of subsections 2, 3, and 6 to 12 of this section,**]** It shall be a condition of licensure for hospitals and ambulatory surgical centers which opt to participate in the federal program**, the National Healthcare Safety Network or its successor,** to permit the federal program to disclose facility-specific data to the department as **required under section 197.162 and this section, and as** necessary to provide the public reports required by the department. **It shall be a condition of licensure for** any hospital or ambulatory surgical center which does not voluntarily participate in the National **[**Nosocomial Infection Surveillance System**]** **Healthcare Safety Network**, or its successor, **[**shall be**]** **to submit facility-specific data to the department as** required **[**to abide by all of the requirements of subsections 2, 3, and 6 to 12 of this section**]** **under section 197.162 and this section, and as necessary to provide the public reports required by the department**.

6. The department shall not require the resubmission of data which has been submitted to the department of health and senior services or the department of social services under any other provision of law. The department of health and senior services shall accept data submitted by associations or related organizations on behalf of health care providers by entering into binding agreements negotiated with such associations or related organizations to obtain data required pursuant to section 192.665 and this section. A health care provider shall submit the required information to the department of health and senior services:

(1) If the provider does not submit the required data through such associations or related organizations;

(2) If no binding agreement has been reached within ninety days of August 28, 1992, between the department of health and senior services and such associations or related organizations; or

(3) If a binding agreement has expired for more than ninety days.

7. Information obtained by the department under the provisions of section 192.665 and this section shall not be public information. Reports and studies prepared by the department based upon such information shall be public information and may identify individual health care providers. The department of health and senior services may authorize the use of the data by other research organizations pursuant to the provisions of section 192.067. The department shall not use or release any information provided under section 192.665 and this section which would enable any person to determine any health care provider's negotiated discounts with specific preferred provider organizations or other managed care organizations. The department shall not release data in a form which could be used to identify a patient. Any violation of this subsection is a class A misdemeanor.

8. The department shall undertake a reasonable number of studies and publish information, including at least an annual consumer guide, in collaboration with health care providers, business coalitions and consumers based upon the information obtained pursuant to the provisions of section 192.665 and this section. The department shall allow all health care providers and associations and related organizations who have submitted data which will be used in any report to review and comment on the report prior to its publication or release for general use. The department shall include any comments of a health care provider, at the option of the provider, and associations and related organizations in the publication if the department does not change the publication based upon those comments. The report shall be made available to the public for a reasonable charge.

9. Any health care provider which continually and substantially, as these terms are defined by rule, fails to comply with the provisions of this section shall not be allowed to participate in any program administered by the state or to receive any moneys from the state.

10. A hospital, as defined in section 197.020, aggrieved by the department's determination of ineligibility for state moneys pursuant to subsection 9 of this section may appeal as provided in section 197.071. An ambulatory surgical center as defined in section 197.200 aggrieved by the department's determination of ineligibility for state moneys pursuant to subsection 9 of this section may appeal as provided in section 197.221.

11. The department of health may promulgate rules providing for collection of data and publication of **[**nosocomial**]** **healthcare-associated**

infection incidence rates for other types of health facilities determined to be sources of infections; except that, physicians' offices shall be exempt from reporting and disclosure of infection incidence rates.

12. **By January 1, 2016, the advisory panel shall recommend and the department shall adopt in regulation by January 1, 2017, a minimum of four surgical procedures for hospitals and a minimum of two surgical procedures for ambulatory surgical centers that meet the criteria specified under subsection 13 of this section for which hospitals and ambulatory surgical centers shall be required to report surgical site infections.**

13. In consultation with the infection control advisory panel established pursuant to section 197.165, the department shall develop and disseminate to the public reports based on data compiled for a period of twelve months. Such reports shall be updated quarterly and shall show for each hospital, ambulatory surgical center, and other facility a risk-adjusted **[**nosocomial**]** **health-care associated** infection incidence rate for the following types of infection **as specified under subsections 3 and 11 of this section**:

(1) **[**Class I**]** Surgical site infections **that meet the following criteria:**

(a) Is usually an elective surgical procedure. An elective surgery is a planned, non-emergency surgical procedure. It may be either medically required (e.g., hip replacement), or optional (e.g., breast augmentation or implant) surgery;

(b) Demonstrates a high priority aspect (e.g., affects large numbers of patients and/or has a substantial impact for a smaller population; associated with substantial cost, morbidity or mortality); and

(c) Is collected by National Healthcare Safety Network, or its successor;

(2) **[**Ventilator-associated pneumonia;

(3)**]** Central line-related bloodstream infections;

[(4)**]** **(3) All health-care associated infections specified for reporting by hospitals, ambulatory surgical centers, and other health care facilities by the rules of the Centers for Medicare and Medicaid Services, or its successor, to the federal Centers for Disease Control and Prevention National Healthcare Safety Network, or its successor; and**

(4) Other categories of infections that may be established by rule by the department.

The department, in consultation with the advisory panel, shall be authorized to collect and report data on subsets of each type of infection described in this subsection.

[13.**]** **14.** In the event the provisions of this act are implemented by requiring hospitals, ambulatory surgical centers, and other facilities to participate in the federal Centers for Disease Control and Prevention National **[**Nosocomial Infection Surveillance System**]** **Healthcare Safety Network**, or its successor, the types of infections to be publicly reported shall be determined by the department by rule and shall be consistent with the infections tracked by the National **[**Nosocomial Infection Surveillance System**]** **Healthcare Safety Network**, or its successor.

[14.**]** **15.** Reports published pursuant to subsection 12 of this section shall be published on the department's internet website. The initial report shall be issued by the department not later than December 31, 2006. The reports shall be distributed at least annually to the governor and members of the general assembly.

[15.**]** **16.** The Hospital Industry Data Institute shall publish a report of Missouri hospitals' and ambulatory surgical centers' compliance with standardized quality of care measures established by the federal Centers for Medicare and Medicaid Services for prevention of infections related to surgical procedures. If the Hospital Industry Data Institute fails to do so by July 31, 2008, and annually thereafter, the department shall be authorized to collect information from the Centers for Medicare and Medicaid Services or from hospitals and ambulatory surgical centers and publish such information in accordance with subsection 14 of this section.

[16.**]** **17.** The data collected or published pursuant to this section shall be available to the department for purposes of licensing hospitals and ambulatory surgical centers pursuant to chapter 197.

[17.**]** **18.** The department shall promulgate rules to implement the provisions of section 192.131 and sections 197.150 to 197.160. Any rule or portion of a rule, as that term is defined in section 536.010 that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers

vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2004, shall be invalid and void.

19. No later than January 15, 2016, each hospital, excluding mental health facilities as defined in section 632.005, and each ambulatory surgical center, as defined in section 197.020, shall in consultation with their medical staff establish an antibiotic stewardship program for evaluating the judicious use of antibiotics, especially antibiotics that are the last line of defense against resistant infections. The hospital's stewardship program and results of the program shall be monitored and evaluated by hospital quality improvement departments and shall be available upon inspection to the department. At a minimum, the antibiotic stewardship program shall be designed to ensure that hospitalized patients receive the right antibiotic, at the right dose, at the right time, and for the right duration. The program should include an appointment of a program leader, at least one prescribing improvement action, and require monitoring and reporting to medical staff prescribing and antibiotic resistance patterns.

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