

SECOND REGULAR SESSION

[P E R F E C T E D]

SENATE BILL NO. 579

98TH GENERAL ASSEMBLY

INTRODUCED BY SENATORS SCHAAF, BROWN AND ONDER.

Read 1st time December 1, 2015, and ordered printed.

Read 2nd time January 7, 2016, and referred to the Committee on Veterans' Affairs and Health.

Reported from the Committee January 21, 2016, with recommendation that the bill do pass.

Taken up for Perfection February 3, 2016. Bill declared Perfected and Ordered Printed.

ADRIANE D. CROUSE, Secretary.

4862S.02P

AN ACT

To repeal sections 192.020 and 192.667, RSMo, and to enact in lieu thereof two new sections 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Section A. Section 192.020 and 192.667, RSMo, are repealed and two new
2 sections enacted in lieu thereof, to be known as sections 192.020 and 192.667, to read
3 as follows:

192.020. 1. It shall be the general duty and responsibility of the department
2 of health and senior services to safeguard the health of the people in the state and all
3 its subdivisions. It shall make a study of the causes and prevention of diseases. It
4 shall designate those diseases which are infectious, contagious, communicable or
5 dangerous in their nature and shall make and enforce adequate orders, findings, rules
6 and regulations to prevent the spread of such diseases and to determine the
7 prevalence of such diseases within the state. It shall have power and authority, with
8 approval of the director of the department, to make such orders, findings, rules and
9 regulations as will prevent the entrance of infectious, contagious and communicable
10 diseases into the state.

11 2. The department of health and senior services shall include in its list of
12 communicable or infectious diseases which must be reported to the department
13 methicillin-resistant staphylococcus aureus (MRSA), **carbapenem-resistant**
14 **enterobacteriaceae (CRE) as specified by the department**, and vancomycin-
15 resistant enterococcus (VRE).

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

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

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

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

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

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

25 4. **By January 1, 2017**, the infection control advisory panel created by
26 section 197.165 shall make [a recommendation] **recommendations** to the
27 department regarding the [appropriateness of implementing all or part of the
28 nosocomial] **Centers for Medicare and Medicaid Services' health care-**
29 **associated** infection data collection, analysis, and public reporting requirements [of
30 this act by authorizing] **for** hospitals, ambulatory surgical centers, and other facilities
31 [to participate] in the federal Centers for Disease Control and Prevention's National
32 [Nosocomial Infection Surveillance System] **Healthcare Safety Network**, or its
33 successor, **in lieu of all or part of the data collection, analysis, and public**
34 **reporting requirements of this section. The advisory panel**
35 **recommendations shall address which hospitals shall be required as a**
36 **condition of licensure to use National Healthcare Safety Network for data**
37 **collection; the use of National Healthcare Safety Network for risk**
38 **adjustment and analysis on hospital submitted data; and the use of the**

39 **Centers for Medicare and Medicaid Services' Hospital Compare site, or its**
40 **successor for public reporting of the incidence of health care-associated**
41 **infection metrics.** The advisory panel shall consider the following factors in
42 developing its recommendation:

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

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

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

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

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

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

61 5. [Based on] **After considering** the [affirmative recommendation]
62 **recommendations** of the infection control advisory panel, and provided that the
63 requirements of subsection [12] **13** of this section can be met, the department [may
64 or may not] **shall** implement **guidelines from** the federal Centers for Disease
65 Control and Prevention [Nosocomial Infection Surveillance System] **National**
66 **Healthcare Safety Network**, or its successor[, as an alternative means of complying
67 with the requirements of subsections 2, 3, and 6 to 12 of this section. If the
68 department chooses to implement the use of the federal Centers for Disease Control
69 Prevention Nosocomial Infection Surveillance System, or its successor, as an
70 alternative means of complying with the requirements of subsections 2, 3, and 6 to 12
71 of this section,]. It shall be a condition of licensure for hospitals [and ambulatory
72 surgical centers which opt to participate in the federal program to] **that meet the**
73 **minimum public reporting requirements of the National Healthcare Safety**
74 **Network and the Centers for Medicare and Medicaid Services to participate**
75 **in the National Healthcare Safety Network or its successor. Such hospitals**
76 **shall** permit the [federal program] **National Healthcare Safety Network or its**

77 **successor** to disclose facility-specific **infection** data to the department as **required**
78 **under this section, and as** necessary to provide the public reports required by the
79 department. **It shall be a condition of licensure for** any [hospital or] ambulatory
80 surgical center which does not voluntarily participate in the National [Nosocomial
81 Infection Surveillance System] **Healthcare Safety Network**, or its successor, [shall
82 be] **to submit facility-specific data to the department as** required [to abide by
83 all of the requirements of subsections 2, 3, and 6 to 12 of this section] **under this**
84 **section, and as necessary to provide the public reports required by the**
85 **department.**

86 6. The department shall not require the resubmission of data which has been
87 submitted to the department of health and senior services or the department of social
88 services under any other provision of law. The department of health and senior
89 services shall accept data submitted by associations or related organizations on behalf
90 of health care providers by entering into binding agreements negotiated with such
91 associations or related organizations to obtain data required pursuant to section
92 192.665 and this section. A health care provider shall submit the required
93 information to the department of health and senior services:

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

96 (2) If no binding agreement has been reached within ninety days of August
97 28, 1992, between the department of health and senior services and such associations
98 or related organizations; or

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

100 7. Information obtained by the department under the provisions of section
101 192.665 and this section shall not be public information. Reports and studies
102 prepared by the department based upon such information shall be public information
103 and may identify individual health care providers. The department of health and
104 senior services may authorize the use of the data by other research organizations
105 pursuant to the provisions of section 192.067. The department shall not use or
106 release any information provided under section 192.665 and this section which would
107 enable any person to determine any health care provider's negotiated discounts with
108 specific preferred provider organizations or other managed care organizations. The
109 department shall not release data in a form which could be used to identify a
110 patient. Any violation of this subsection is a class A misdemeanor.

111 8. The department shall undertake a reasonable number of studies and
112 publish information, including at least an annual consumer guide, in collaboration
113 with health care providers, business coalitions and consumers based upon the
114 information obtained pursuant to the provisions of section 192.665 and this

115 section. The department shall allow all health care providers and associations and
116 related organizations who have submitted data which will be used in any [report]
117 **publication** to review and comment on the [report] **publication** prior to its
118 publication or release for general use. [The department shall include any comments
119 of a health care provider, at the option of the provider, and associations and related
120 organizations in the publication if the department does not change the publication
121 based upon those comments.] The [report] publication shall be made available to the
122 public for a reasonable charge.

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

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

133 11. The department of health may promulgate rules providing for collection
134 of data and publication of [nosocomial infection incidence rates] **the incidence of**
135 **health care-associated infections** for other types of health facilities determined
136 to be sources of infections; except that, physicians' offices shall be exempt from
137 reporting and disclosure of [infection incidence rates] **such infections**.

138 12. **By January 1, 2017, the advisory panel shall recommend and the**
139 **department shall adopt in regulation with an effective date of no later than**
140 **January 1, 2018, the requirements for the reporting of the following types**
141 **of infections as specified in this subsection:**

142 (1) **A minimum of four surgical procedures for hospitals and a**
143 **minimum of two surgical procedures for ambulatory surgical centers that**
144 **meet the following criteria:**

145 (a) **Are usually associated with an elective surgical procedure. An**
146 **elective surgical procedure is a planned, nonemergency surgical procedure,**
147 **which may be either medically required such as a hip replacement or**
148 **optional such as breast augmentation;**

149 (b) **Demonstrate a high priority aspect such as affecting a large**
150 **number of patients, having a substantial impact for a smaller population,**
151 **or associated with substantial cost, morbidity, or mortality; or**

152 (c) **Are infections for which reports are collected by the National**

153 **Healthcare Safety Network or its successor;**

154 **(2) Central line-related bloodstream infections;**

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

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

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

165 **13.** In consultation with the infection control advisory panel established
166 pursuant to section 197.165, the department shall develop and disseminate to the
167 public reports based on data compiled for a period of twelve months. Such reports
168 shall be updated quarterly and shall show for each hospital, ambulatory surgical
169 center, and other facility [a risk-adjusted nosocomial infection incidence rate for the
170 following types of infection:

171 (1) Class I Surgical site infections;

172 (2) Ventilator-associated pneumonia;

173 (3) Central line-related bloodstream infections;

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

176 The department, in consultation with the advisory panel, shall be authorized to collect
177 and report data on subsets of each type of infection described in this subsection]
178 **metrics on risk adjusted health care-associated infections under this**
179 **section.**

180 [13. In the event the provisions of this act are implemented by requiring
181 hospitals, ambulatory surgical centers, and other facilities to participate in the federal
182 Centers for Disease Control and Prevention National Nosocomial Infection
183 Surveillance System, or its successor,]

184 **14.** The types of infections, **under subsection 12 of this section,** to be
185 publicly reported shall be determined by the department by rule and shall be
186 consistent with the infections tracked by the National [Nosocomial Infection
187 Surveillance System] **Healthcare Safety Network,** or its successor.

188 [14.] **15.** Reports published pursuant to subsection [12] **13** of this section
189 shall be published **and readily accessible** on the department's internet
190 website. [The initial report shall be issued by the department not later than

191 December 31, 2006.] The reports shall be distributed at least annually to the
192 governor and members of the general assembly. **The department shall make such**
193 **reports available to the public for a period of at least two years.**

194 [15.] 16. The Hospital Industry Data Institute shall publish a report of
195 Missouri hospitals' and ambulatory surgical centers' compliance with standardized
196 quality of care measures established by the federal Centers for Medicare and Medicaid
197 Services for prevention of infections related to surgical procedures. If the Hospital
198 Industry Data Institute fails to do so by July 31, 2008, and annually thereafter, the
199 department shall be authorized to collect information from the Centers for Medicare
200 and Medicaid Services or from hospitals and ambulatory surgical centers and publish
201 such information in accordance with [subsection 14 of] this section.

202 [16.] 17. The data collected or published pursuant to this section shall be
203 available to the department for purposes of licensing hospitals and ambulatory
204 surgical centers pursuant to chapter 197.

205 [17.] 18. The department shall promulgate rules to implement the provisions
206 of section 192.131 and sections 197.150 to 197.160. Any rule or portion of a rule, as
207 that term is defined in section 536.010 that is created under the authority delegated
208 in this section shall become effective only if it complies with and is subject to all of
209 the provisions of chapter 536 and, if applicable, section 536.028. This section and
210 chapter 536 are nonseverable and if any of the powers vested with the general
211 assembly pursuant to chapter 536 to review, to delay the effective date, or to
212 disapprove and annul a rule are subsequently held unconstitutional, then the grant
213 of rulemaking authority and any rule proposed or adopted after August 28, 2004, shall
214 be invalid and void.

215 19. **No later than August 28, 2017, each hospital, excluding mental**
216 **health facilities as defined in section 632.005, and each ambulatory surgical**
217 **center as defined in section 197.200, shall in consultation with its medical**
218 **staff establish an antimicrobial stewardship program for evaluating the**
219 **judicious use of antimicrobials, especially antibiotics that are the last line**
220 **of defense against resistant infections. The hospital's stewardship program**
221 **and the results of the program shall be monitored and evaluated by hospital**
222 **quality improvement departments and shall be available upon inspection**
223 **to the department. At a minimum, the antimicrobial stewardship program**
224 **shall be designed to evaluate that hospitalized patients receive, in**
225 **accordance with accepted medical standards of practice, the appropriate**
226 **antimicrobial, at the appropriate dose, at the appropriate time, and for the**
227 **appropriate duration.**

228 20. **Hospitals described in subsection 19 of this section shall meet the**

229 National Healthcare Safety Network requirements for reporting
230 antimicrobial usage or resistance by using the Center for Disease Control's
231 Antimicrobial Use and Resistance (AUR) Module when regulations
232 concerning stage 3 of Medicare and Medical Electronic Health Record
233 incentive programs promulgated by the Centers for Medicare and Medicaid
234 Services' that enable the electronic interface for such reporting are
235 effective. When such antimicrobial usage or resistance reporting takes
236 effect, hospitals shall authorize the National Healthcare Safety Network, or
237 its successor, to disclose to the department facility-specific information
238 reported to the AUR Module. Facility-specific data on antibiotic usage and
239 resistance collected under this subsection shall not be disclosed to the
240 public, except the department may release case-specific information to
241 other facilities, physicians, and the public if the department determines on
242 a case-by-case basis that the release of such information is necessary to
243 protect persons in a public health emergency.

244 21. The department shall make a report to the general assembly
245 beginning January 1, 2018, and on every January first thereafter on the
246 incidence, type, and distribution of antimicrobial-resistant infections
247 identified in the state and within regions of the state.

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