

FIRST REGULAR SESSION

SENATE BILL NO. 435

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR WHITE.

Read 1st time February 25, 2019, and ordered printed.

ADRIANE D. CROUSE, Secretary.

2209S.011

AN ACT

To repeal section 192.667, RSMo, and to enact in lieu thereof one new section relating to infection control data 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Section A. Section 192.667, RSMo, is repealed and one new section
2 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
2 the department charge data as required by the department. All hospitals shall
3 at least annually provide patient abstract data and financial data as required by
4 the department. Hospitals as defined in section 197.020 shall report patient
5 abstract data for outpatients and inpatients. Ambulatory surgical centers and
6 abortion facilities as defined in section 197.200 shall provide patient abstract
7 data to the department. The department shall specify by rule the types of
8 information which shall be submitted and the method of submission.

9 2. The department shall collect data on the incidence of health
10 care-associated infections from hospitals, ambulatory surgical centers, abortion
11 facilities, and other facilities as necessary to generate the reports required by this
12 section. Hospitals, ambulatory surgical centers, abortion facilities, and other
13 facilities shall provide such data in compliance with this section. **In order to
14 streamline government and to eliminate duplicative reporting
15 requirements, if the Centers for Medicare and Medicaid Services, or its
16 successor entity, requires hospitals to submit health care-associated
17 infection data, then hospitals and the department shall not be required
18 to comply with the health care-associated infection data reporting
19 requirements of subsections 2 to 17 of this section applicable to**

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

20 **hospitals, except that the department shall post a link on its website to**
21 **publicly reported data by hospitals on the Centers for Medicare and**
22 **Medicaid Services' Hospital Compare website, or its successor.**

23 3. The department shall promulgate rules specifying the standards and
24 procedures for the collection, analysis, risk adjustment, and reporting of the
25 incidence of health care-associated infections and the types of infections and
26 procedures to be monitored pursuant to subsection 13 of this section. In
27 promulgating such rules, the department shall:

28 (1) Use methodologies and systems for data collection established by the
29 federal Centers for Disease Control and Prevention's National Healthcare Safety
30 Network, or its successor; and

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

33 4. By January 1, 2017, the infection control advisory panel created by
34 section 197.165 shall make recommendations to the department regarding the
35 Centers for Medicare and Medicaid Services' health care-associated infection data
36 collection, analysis, and public reporting requirements for hospitals, ambulatory
37 surgical centers, and other facilities in the federal Centers for Disease Control
38 and Prevention's National Healthcare Safety Network, or its successor, in lieu of
39 all or part of the data collection, analysis, and public reporting requirements of
40 this section. The advisory panel recommendations shall address which hospitals
41 shall be required as a condition of licensure to use the National Healthcare Safety
42 Network for data collection; the use of the National Healthcare Safety Network
43 for risk adjustment and analysis of hospital submitted data; and the use of the
44 Centers for Medicare and Medicaid Services' Hospital Compare website, or its
45 successor, for public reporting of the incidence of health care-associated infection
46 metrics. The advisory panel shall consider the following factors in developing its
47 recommendation:

48 (1) Whether the public is afforded the same or greater access to
49 facility-specific infection control indicators and metrics;

50 (2) Whether the data provided to the public is subject to the same or
51 greater accuracy of risk adjustment;

52 (3) Whether the public is provided with the same or greater specificity of
53 reporting of infections by type of facility infections and procedures;

54 (4) Whether the data is subject to the same or greater level of
55 confidentiality of the identity of an individual patient;

56 (5) Whether the National Healthcare Safety Network, or its successor, has
57 the capacity to receive, analyze, and report the required data for all facilities;

58 (6) Whether the cost to implement the National Healthcare Safety
59 Network infection data collection and reporting system is the same or less.

60 5. After considering the recommendations of the infection control advisory
61 panel, and provided that the requirements of subsection 13 of this section can be
62 met, the department shall implement guidelines from the federal Centers for
63 Disease Control and Prevention's National Healthcare Safety Network, or its
64 successor. It shall be a condition of licensure for hospitals that meet the
65 minimum public reporting requirements of the National Healthcare Safety
66 Network and the Centers for Medicare and Medicaid Services to participate in the
67 National Healthcare Safety Network, or its successor. Such hospitals shall
68 permit the National Healthcare Safety Network, or its successor, to disclose
69 facility-specific infection data to the department as required under this section,
70 and as necessary to provide the public reports required by the department. It
71 shall be a condition of licensure for any ambulatory surgical center or abortion
72 facility which does not voluntarily participate in the National Healthcare Safety
73 Network, or its successor, to submit facility-specific data to the department as
74 required under this section, and as necessary to provide the public reports
75 required by the department.

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

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

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

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

91 7. Information obtained by the department under the provisions of section

92 192.665 and this section shall not be public information. Reports and studies
93 prepared by the department based upon such information shall be public
94 information and may identify individual health care providers. The department
95 of health and senior services may authorize the use of the data by other research
96 organizations pursuant to the provisions of section 192.067. The department
97 shall not use or release any information provided under section 192.665 and this
98 section which would enable any person to determine any health care provider's
99 negotiated discounts with specific preferred provider organizations or other
100 managed care organizations. The department shall not release data in a form
101 which could be used to identify a patient. Any violation of this subsection is a
102 class A misdemeanor.

103 8. The department shall undertake a reasonable number of studies and
104 publish information, including at least an annual consumer guide, in
105 collaboration with health care providers, business coalitions and consumers based
106 upon the information obtained pursuant to the provisions of section 192.665 and
107 this section. The department shall allow all health care providers and
108 associations and related organizations who have submitted data which will be
109 used in any publication to review and comment on the publication prior to its
110 publication or release for general use. The publication shall be made available
111 to the public for a reasonable charge.

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

116 10. A hospital, as defined in section 197.020, aggrieved by the
117 department's determination of ineligibility for state moneys pursuant to
118 subsection 9 of this section may appeal as provided in section 197.071. An
119 ambulatory surgical center or abortion facility as defined in section 197.200
120 aggrieved by the department's determination of ineligibility for state moneys
121 pursuant to subsection 9 of this section may appeal as provided in section
122 197.221.

123 11. The department of health may promulgate rules providing for
124 collection of data and publication of the incidence of health care-associated
125 infections for other types of health facilities determined to be sources of
126 infections; except that, physicians' offices shall be exempt from reporting and
127 disclosure of such infections.

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

132 (1) Infections associated with a minimum of four surgical procedures for
133 hospitals and a minimum of two surgical procedures for ambulatory surgical
134 centers that meet the following criteria:

135 (a) Are usually associated with an elective surgical procedure. An
136 "elective surgical procedure" is a planned, nonemergency surgical procedure that
137 may be either medically required such as a hip replacement or optional such as
138 breast augmentation;

139 (b) Demonstrate a high priority aspect such as affecting a large number
140 of patients, having a substantial impact for a smaller population, or being
141 associated with substantial cost, morbidity, or mortality; or

142 (c) Are infections for which reports are collected by the National
143 Healthcare Safety Network or its successor;

144 (2) Central line-related bloodstream infections;

145 (3) Health care-associated infections specified for reporting by hospitals,
146 ambulatory surgical centers, and other health care facilities by the rules of the
147 Centers for Medicare and Medicaid Services to the federal Centers for Disease
148 Control and Prevention's National Healthcare Safety Network, or its successor;
149 and

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

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

155 13. In consultation with the infection control advisory panel established
156 pursuant to section 197.165, the department shall develop and disseminate to the
157 public reports based on data compiled for a period of twelve months. Such
158 reports shall be updated quarterly and shall show for each hospital, ambulatory
159 surgical center, abortion facility, and other facility metrics on risk-adjusted
160 health care-associated infections under this section.

161 14. The types of infections under subsection 12 of this section to be
162 publicly reported shall be determined by the department by rule and shall be
163 consistent with the infections tracked by the National Healthcare Safety Network,

164 or its successor.

165 15. Reports published pursuant to subsection 13 of this section shall be
166 published and readily accessible on the department's internet website. The
167 reports shall be distributed at least annually to the governor and members of the
168 general assembly. The department shall make such reports available to the
169 public for a period of at least two years.

170 16. The Hospital Industry Data Institute shall publish a report of
171 Missouri hospitals', ambulatory surgical centers', and abortion facilities'
172 compliance with standardized quality of care measures established by the federal
173 Centers for Medicare and Medicaid Services for prevention of infections related
174 to surgical procedures. If the Hospital Industry Data Institute fails to do so by
175 July 31, 2008, and annually thereafter, the department shall be authorized to
176 collect information from the Centers for Medicare and Medicaid Services or from
177 hospitals, ambulatory surgical centers, and abortion facilities and publish such
178 information in accordance with this section.

179 17. The data collected or published pursuant to this section shall be
180 available to the department for purposes of licensing hospitals, ambulatory
181 surgical centers, and abortion facilities pursuant to chapter 197.

182 18. The department shall promulgate rules to implement the provisions
183 of section 192.131 and sections 197.150 to 197.160. Any rule or portion of a rule,
184 as that term is defined in section 536.010, that is created under the authority
185 delegated in this section shall become effective only if it complies with and is
186 subject to all of the provisions of chapter 536 and, if applicable, section
187 536.028. This section and chapter 536 are nonseverable and if any of the powers
188 vested with the general assembly pursuant to chapter 536 to review, to delay the
189 effective date, or to disapprove and annul a rule are subsequently held
190 unconstitutional, then the grant of rulemaking authority and any rule proposed
191 or adopted after August 28, 2004, shall be invalid and void.

192 19. No later than August 28, 2017, each hospital, excluding mental health
193 facilities as defined in section 632.005, and each ambulatory surgical center and
194 abortion facility as defined in section 197.200, shall in consultation with its
195 medical staff establish an antimicrobial stewardship program for evaluating the
196 judicious use of antimicrobials, especially antibiotics that are the last line of
197 defense against resistant infections. The hospital's stewardship program and the
198 results of the program shall be monitored and evaluated by hospital quality
199 improvement departments and shall be available upon inspection to the

200 department. At a minimum, the antimicrobial stewardship program shall be
201 designed to evaluate that hospitalized patients receive, in accordance with
202 accepted medical standards of practice, the appropriate antimicrobial, at the
203 appropriate dose, at the appropriate time, and for the appropriate duration.

204 20. Hospitals described in subsection 19 of this section shall meet the
205 National Healthcare Safety Network requirements for reporting antimicrobial
206 usage or resistance by using the Centers for Disease Control and Prevention's
207 Antimicrobial Use and Resistance (AUR) Module when [regulations concerning
208 Stage 3 of the Medicare and Medicaid Electronic Health Records Incentive
209 Programs promulgated by the Centers for Medicare and Medicaid Services that
210 enable the electronic interface for such reporting are effective] **conditions of**
211 **participation promulgated by the Centers for Medicare and Medicaid**
212 **Services requiring the electronic reporting of antibiotic use or**
213 **antibiotic resistance by hospitals become effective.** When such
214 antimicrobial usage or resistance reporting takes effect, hospitals shall authorize
215 the National Healthcare Safety Network, or its successor, to disclose to the
216 department facility-specific information reported to the AUR
217 Module. Facility-specific data on antibiotic usage and resistance collected under
218 this subsection shall not be disclosed to the public, but the department may
219 release case-specific information to other facilities, physicians, and the public if
220 the department determines on a case-by-case basis that the release of such
221 information is necessary to protect persons in a public health
222 emergency. **Nothing in this section shall prohibit a hospital from**
223 **voluntarily reporting antibiotic use or antibiotic resistance data**
224 **through the National Healthcare Safety Network, or its successor, prior**
225 **to the effective date of the conditions of participation requiring the**
226 **reporting.**

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

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