

1.1 A bill for an act

1.2 relating to health; requiring reporting of hospital-acquired infections; establishing  
1.3 an advisory committee; applying sanctions and penalties; proposing coding for  
1.4 new law in Minnesota Statutes, chapter 144.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. [144.586] HOSPITAL INFECTION DISCLOSURE AND  
1.7 PREVENTION.

1.8 Subdivision 1. Title. This section may be cited as the Hospital Infections Disclosure  
1.9 and Prevention Act.

1.10 Subd. 2. Definitions. For the purposes of this section, the following terms have  
1.11 the meanings given.

1.12 (a) "Hospital" means any person or entity required to be licensed under sections  
1.13 144.50 to 144.56.

1.14 (b) "Hospital-acquired infection" means a localized or systemic condition that results  
1.15 from a patient's adverse reaction to the presence of an infectious agent or toxin and that  
1.16 was not present or incubating in the patient at the time of admission to the hospital.

1.17 Subd. 3. Data collection. (a) Hospitals must collect data on hospital-acquired  
1.18 infections and submit that information to the Centers for Disease Control and Prevention's  
1.19 National Healthcare Safety Network (NHSN), or its successor, in accordance with NHSN  
1.20 requirements and procedures. Hospitals must begin submitting this data on or before  
1.21 January 1, 2011.

1.22 (b) Hospitals must submit the following data to the NHSN:

2.1 (1) outcome measures endorsed by the National Quality Forum relating to surgical  
2.2 site infections, postoperative sepsis, ventilator-associated pneumonia, central line-related  
2.3 bloodstream infections, and catheter-associated urinary tract infections; and

2.4 (2) infections specified under paragraph (d).

2.5 (c) Hospitals must provide the commissioner with access to hospital-specific data  
2.6 that the hospital receives from the NHSN database consistent with the requirements of  
2.7 this section.

2.8 (d) A physician who performs a clinical procedure that is required to be reported to  
2.9 the NHSN under this section must report to the hospital at which the clinical procedure  
2.10 was performed a hospital-acquired infection that the physician diagnoses at a follow-up  
2.11 appointment with the patient. The advisory committee established in subdivision 5 must  
2.12 establish standard criteria and methods for these reports. This information must be  
2.13 submitted to the commissioner and must be included in the public reports issued by the  
2.14 commissioner according to subdivision 4.

2.15 (e) Hospitals must not disclose patient identifying information to NHSN or to the  
2.16 commissioner in compliance with the reporting requirements of this section.

2.17 Subd. 4. **Public reports.** (a) The commissioner must report annually to the  
2.18 legislature the data collected under subdivision 3 and must publish the annual report on  
2.19 the Department of Health Web site. The first annual report must be submitted by April 30,  
2.20 2012. Following the initial report, the commissioner must update the public information  
2.21 available on the department's Web site on a quarterly basis.

2.22 (b) Reports issued by the commissioner must be risk adjusted, or use some other  
2.23 method to account for the differences in patient populations among hospitals.

2.24 (c) The annual report must compare hospital-acquired infection rates among  
2.25 hospitals in the state. The commissioner, in consultation with the advisory committee,  
2.26 must make this comparison easily understood by the general public. The report shall also  
2.27 include an executive summary, written in plain language that must include, but is not  
2.28 limited to, a discussion of findings, conclusions, and trends concerning the overall state  
2.29 of hospital-acquired infections in the state, including a comparison to prior years. The  
2.30 report may include policy recommendations, as appropriate.

2.31 (d) The commissioner must publicize the report and its availability to interested  
2.32 parties including, but not limited to, hospitals, providers, media organizations, health  
2.33 insurers, health maintenance organizations, health insurance purchasers, organized labor  
2.34 unions, consumer or patient advocacy groups, and individual consumers.

3.1 (e) No hospital report or disclosure may contain information identifying a patient,  
3.2 employee, or licensed health care professional in connection with a specific infection  
3.3 incident.

3.4 Subd. 5. **Advisory committee.** (a) The commissioner must appoint an advisory  
3.5 committee that includes representatives from public and private hospitals, infection  
3.6 control professionals, direct care nursing staff, physicians, epidemiologists with expertise  
3.7 in hospital-acquired infections, academic researchers, consumer organizations, health  
3.8 insurers, health maintenance organizations, organized labor unions, and group health  
3.9 insurance purchasers. The advisory committee must have a majority of members  
3.10 representing interests other than hospitals.

3.11 (b) The advisory committee must assist the commissioner in the development of  
3.12 all aspects of collecting, analyzing, and disclosing the information obtained under this  
3.13 section, including the methods and means for release and dissemination of the information.

3.14 (c) The commissioner, in cooperation with the advisory committee, must evaluate  
3.15 on a regular basis the quality and accuracy of hospital information collected under this  
3.16 section and the data collection, analysis, and dissemination methodologies.

3.17 (d) The commissioner may, after consultation with the advisory committee, require  
3.18 hospitals to submit data on additional types of hospital-acquired infections to those  
3.19 required in subdivision 3.

3.20 Subd. 6. **Regulatory oversight.** The commissioner has authority to ensure hospital  
3.21 compliance with this section as a condition of licensure under section 144.50.

3.22 Subd. 7. **Penalties.** If a hospital violates the provisions of this section, the  
3.23 commissioner may:

3.24 (1) terminate the hospital's license or impose other sanctions relating to licensure as  
3.25 permitted under section 144.50; or

3.26 (2) impose a civil monetary penalty of up to \$1,000 per day per violation for each  
3.27 day the hospital is in violation of this section.

3.28 **EFFECTIVE DATE.** This section is effective January 1, 2010.