

SECOND REGULAR SESSION

SENATE BILL NO. 910

97TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHAAF.

Read 1st time February 24, 2014, and ordered printed.

TERRY L. SPIELER, Secretary.

6203S.011

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Section A. Section 192.667, RSMo, is repealed and one new section
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. [Within one year of August 28,
6 1992,] Ambulatory surgical centers as defined in section 197.200 shall provide
7 patient abstract data to the department. The department shall specify by rule
8 the types of information which shall be submitted and the method of submission.

9 2. The department shall collect data on required nosocomial infection
10 incidence rates from hospitals, ambulatory surgical centers, and other facilities
11 as necessary to generate the reports required by this section. Hospitals,
12 ambulatory surgical centers, and other facilities shall provide such data in
13 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
16 adjustment, and reporting of nosocomial infection incidence rates and the types
17 of infections and procedures to be monitored pursuant to subsection 12 of this
18 section. In promulgating such rules, the department shall:

19 (1) Use methodologies and systems for data collection established by the

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

20 federal Centers for Disease Control and Prevention National Nosocomial Infection
21 Surveillance System, or its successor; and

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

24 4. The infection control advisory panel created by section 197.165 shall
25 make a recommendation to the department regarding the appropriateness of
26 implementing all or part of the nosocomial infection data collection, analysis, and
27 public reporting requirements of this act by authorizing hospitals, ambulatory
28 surgical centers, and other facilities to participate in the federal Centers for
29 Disease Control and Prevention's National Nosocomial Infection Surveillance
30 System, or its successor. The advisory panel shall consider the following factors
31 in developing its recommendation:

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

35 (2) Whether the data provided to the public are subject to the same or
36 greater accuracy of risk adjustment than would be provided under subsections 2,
37 3, and 6 to 12 of this section;

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

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

44 (5) Whether the National Nosocomial Infection Surveillance System, or its
45 successor, has the capacity to receive, analyze, and report the required data for
46 all facilities;

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

50 5. Based on the affirmative recommendation of the infection control
51 advisory panel, and provided that the requirements of subsection 12 of this
52 section can be met, the department may or may not implement the federal
53 Centers for Disease Control and Prevention Nosocomial Infection Surveillance
54 System, or its successor, as an alternative means of complying with the
55 requirements of subsections 2, 3, and 6 to 12 of this section. If the department

56 chooses to implement the use of the federal Centers for Disease Control
57 Prevention Nosocomial Infection Surveillance System, or its successor, as an
58 alternative means of complying with the requirements of subsections 2, 3, and 6
59 to 12 of this section, it shall be a condition of licensure for hospitals and
60 ambulatory surgical centers which opt to participate in the federal program to
61 permit the federal program to disclose facility-specific data to the department as
62 necessary to provide the public reports required by the department. Any hospital
63 or ambulatory surgical center which does not voluntarily participate in the
64 National Nosocomial Infection Surveillance System, or its successor, shall be
65 required to abide by all of the requirements of subsections 2, 3, and 6 to 12 of this
66 section.

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

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

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

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

82 7. Information obtained by the department under the provisions of section
83 192.665 and this section shall not be public information. Reports and studies
84 prepared by the department based upon such information shall be public
85 information and may identify individual health care providers. The department
86 of health and senior services may authorize the use of the data by other research
87 organizations pursuant to the provisions of section 192.067. The department
88 shall not use or release any information provided under section 192.665 and this
89 section which would enable any person to determine any health care provider's
90 negotiated discounts with specific preferred provider organizations or other
91 managed care organizations. The department shall not release data in a form

92 which could be used to identify a patient. Any violation of this subsection is a
93 class A misdemeanor.

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

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

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

116 11. The department of health may promulgate rules providing for
117 collection of data and publication of nosocomial infection incidence rates for other
118 types of health facilities determined to be sources of infections; except that,
119 physicians' offices shall be exempt from reporting and disclosure of infection
120 incidence rates.

121 12. In consultation with the infection control advisory panel established
122 pursuant to section 197.165, the department shall develop and disseminate to the
123 public reports based on data compiled for a period of twelve months. Such
124 reports shall be updated quarterly and shall show for each hospital, ambulatory
125 surgical center, and other facility a risk-adjusted nosocomial infection incidence
126 rate for the following types of infection:

127 (1) Class I surgical site infections **associated with:**

128 **(a) Caesarean sections and vaginal births;**
129 **(b) Hip and knee replacements;**
130 **(c) Hysterectomies, including abdominal, vaginal, and**
131 **laparoscopic;**

132 (2) [Ventilator-associated pneumonia] **Ventilator-associated events;**

133 (3) Central line-related bloodstream infections;

134 (4) **All infections specified for reporting by hospitals, ambulatory**
135 **surgical centers and other health care facilities by the Centers for**
136 **Medicare and Medicaid Services, or its successor;**

137 **(5) Other categories of infections that may be established by rule by the**
138 department.

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

142 13. In the event the provisions of this act are implemented by requiring
143 hospitals, ambulatory surgical centers, and other facilities to participate in the
144 federal Centers for Disease Control and Prevention National Nosocomial Infection
145 Surveillance System, or its successor, the types of infections to be publicly
146 reported shall be determined by the department by rule and shall be consistent
147 with the infections tracked by the National Nosocomial Infection Surveillance
148 System, or its successor.

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

154 15. The Hospital Industry Data Institute shall publish a report of
155 Missouri hospitals' and ambulatory surgical centers' compliance with
156 standardized quality of care measures established by the federal Centers for
157 Medicare and Medicaid Services for prevention of infections related to surgical
158 procedures. If the Hospital Industry Data Institute fails to do so by July 31,
159 2008, and annually thereafter, the department shall be authorized to collect
160 information from the Centers for Medicare and Medicaid Services or from
161 hospitals and ambulatory surgical centers and publish such information in
162 accordance with subsection 14 of this section.

163 16. The data collected or published pursuant to this section shall be

164 available to the department for purposes of licensing hospitals and ambulatory
165 surgical centers pursuant to chapter 197.

166 17. The department shall promulgate rules to implement the provisions
167 of section 192.131 and sections 197.150 to 197.160. Any rule or portion of a rule,
168 as that term is defined in section 536.010 that is created under the authority
169 delegated in this section shall become effective only if it complies with and is
170 subject to all of the provisions of chapter 536 and, if applicable, section
171 536.028. This section and chapter 536 are nonseverable and if any of the powers
172 vested with the general assembly pursuant to chapter 536 to review, to delay the
173 effective date, or to disapprove and annul a rule are subsequently held
174 unconstitutional, then the grant of rulemaking authority and any rule proposed
175 or adopted after August 28, 2004, shall be invalid and void.

176 **18. No later than January 15, 2015, the department shall**
177 **promulgate rules specifying the standards and procedures for each**
178 **hospital and ambulatory surgical center to establish an antibiotic**
179 **stewardship program for evaluating the judicious use of antibiotics,**
180 **especially antibiotics that are the last line of defense against resistant**
181 **infections. The stewardship program procedures shall be reported**
182 **publicly and results of the programs shall be monitored by hospital**
183 **quality improvement departments and shall be reported quarterly to**
184 **the department, which shall make those results available to the public**
185 **on its website. In promulgating such rules the department shall:**

186 **(1) Use methodologies and systems for data collection established**
187 **by the federal Centers for Disease Control and Prevention National**
188 **Healthcare Safety Network, or its successor;**

189 **(2) Consider the findings and recommendations of the infection**
190 **control advisory panel established pursuant to section 197.165; and**

191 **(3) Establish a timeline for implementation, with antibiotic use**
192 **reporting to begin by January 1, 2015, and reporting of antibiotic**
193 **resistant infections to begin by January 1, 2016.**

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