

HB 1066 -- INFECTION REPORTING

SPONSOR: Allen

This bill changes the laws regarding infection reporting. Currently, the Department of Health and Senior Services must develop public reports containing the risk-adjusted nosocomial infection incidence rate for Class I surgical site infections, ventilator-associated pneumonia, central line-related bloodstream infections, and other categories of infections that may be established by rule by the department. The bill changes the infections that must be included in the report to:

- (1) Class I surgical site infections associated with caesarean sections and vaginal births, hip and knee replacements, and hysterectomies including abdominal, vaginal, and laparoscopic;
- (2) Ventilator-associated events;
- (3) Central line-related bloodstream infections;
- (4) All infections specified for reporting by hospitals, ambulatory surgical centers, and other health care facilities by the Centers for Medicare and Medicaid Services or its successor; and
- (5) Other categories of infections that may be established by rule by the department.

No later than January 15, 2016, the bill requires the department to promulgate rules specifying the standards and procedures for each hospital and ambulatory surgical center to 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 program procedures must be reported publicly and results of the program must be monitored by hospital quality improvement departments. Results must also be reported quarterly to the department and the department must make the results available to the public on the department's website. In promulgating the rules, the department must;

- (1) Use methodologies and systems for data collection established by the federal Centers for Disease Control and Prevention National Healthcare Safety Network or its successor;
- (2) Consider the findings and recommendations of the Infection Control Advisory Panel within the department; and
- (3) Establish a time line for implementation, with antibiotic use

reporting to begin by January 1, 2016, and reporting of antibiotic resistant infections to begin by January 1, 2017.