

HCS SS SCS SB 1279 -- MISSOURI HOSPITAL INFECTION CONTROL ACT

SPONSOR: Steelman (Schaaf)

COMMITTEE ACTION: Voted "do pass" by the Committee on Health Care Policy by a vote of 11 to 0.

This substitute creates the Missouri Nosocomial Infection Control Act of 2004. The substitute:

- (1) Requires the Department of Health and Senior Services to include in its list of reported communicable and infectious diseases methicillin-resistant staphylococcus aureus and vancomycin-resistant enterococcus;
- (2) Authorizes the department to collect, analyze, and disclose nosocomial data obtained from hospital patient medical records. Currently, the department obtains this information to conduct epidemiological studies;
- (3) Creates various definitions, including "nosocomial infection," "nosocomial infection incidence rate," "antibiogram," and "other facility";
- (4) Requires laboratories performing culture and sensitivity testing on humans in Missouri to submit data on health care associated infections to the department. The data may include antibiograms. No later than July 1, 2005, the data must include the number of patients by hospital, ambulatory surgical center, or other facility with methicillin-resistant staphylococcus aureus or vancomycin-resistant enterococcus;
- (5) Requires the Infection Control Advisory Panel to develop a recommended plan to use laboratory and health care provider data as a means to enhance the ability of health care providers and the department to track the incidence and distribution of preventable infections and to monitor the trends in the development of antibiotic-resistant microbes;
- (6) Requires the department to collect data on the required nosocomial infection incidence rates from hospitals, ambulatory surgical centers, and other facilities which are necessary to generate the required reports;
- (7) Requires the department to develop rules governing the collection, risk adjustment, and reporting of nosocomial infection incidence rates and the types of specified medical procedures to be monitored by July 1, 2005;
- (8) Requires the department to use data collection methodologies

established by the National Nosocomial Infection Surveillance System of the Centers for Disease Control and Prevention;

(9) Requires the advisory panel to recommend to the department the appropriateness of implementing all or part of the nosocomial infection data collection and public reporting requirements;

(10) Allows the department to implement or not implement the federal Centers for Disease Control and Prevention's Nosocomial Infection System or an alternative infection control system;

(11) Exempts physician's offices from reporting and disclosing infection incidence rates;

(12) Requires the department, in consultation with the advisory panel, to submit quarterly reports of nosocomial infections to the public. The department is also required to post the reports on their web site beginning December 31, 2006. The reports will also be distributed on an annual basis to the Governor and the General Assembly;

(13) Requires the quarterly reports to reveal risk-adjusted nosocomial infection incidence rate data for class I surgical site infections, ventilator associated pneumonia, central-line bloodstream infections, and other infections;

(14) Requires information collected on infections to be subject to confidentiality protections. However, the information can be provided in provider-specific form to appropriate facility and professional licensing authorities for the purpose of licensing hospitals and ambulatory surgical centers;

(15) Requires the department to collect and publish nosocomial infection incidence rates if the Hospital Industry Data Institute fails to do so by July 31, 2008;

(16) Requires hospitals, ambulatory surgical centers, and other facilities to have procedures for monitoring and enforcing compliance with infection control regulations;

(17) Gives infection control officers the authority to require hospitals and ambulatory surgical centers to terminate a practice which falls outside accepted medical practices for preventing nosocomial infections;

(18) Prohibits hospitals and ambulatory surgical centers from taking retaliatory actions against infection control officers and other employees who discuss any aspect of care with an agent of the department concerning potential hospital infection issues or complaints;

(19) Requires the department to review and update standards for an infection control program by July 1, 2005, and specifies the subject areas for the standards;

(20) Gives the department access to all data and information held by hospitals, ambulatory surgical centers, and other medical facilities relating to their infection control practices. Facilities that willfully impede access to the information will be subject to a suspension of all or a portion of state funding;

(21) Creates an Infection Control Advisory Panel and specifies the composition of the panel; and

(22) Prohibits information disclosed by the public for the purpose of compliance with the substitute from being used to establish a standard of care in a private civil suit.

FISCAL NOTE: Estimated Cost on General Revenue Fund of \$647,679 in FY 2005, \$705,476 in FY 2006, and \$723,569 in FY 2007. Estimated Income on Other State Funds of \$0 to Unknown in FY 2005, FY 2006, and FY 2007.

PROPOSERS: Supporters say that current hospital infection control practices are inadequate. The bill will promote better antiseptic practices among hospital personnel, provide access to data concerning the prevalence of nosocomial infections, and give patients a choice among health care providers based on their reporting of infection data to the Department of Health and Senior Services.

Testifying for the bill were Representative Schaaf for Senator Steelman; Missouri Hospital Association; and St. Louis Area Business Coalition.

OPPOSERS: There was no opposition voiced to the committee.

Joseph Deering, Legislative Analyst