

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 286
95TH GENERAL ASSEMBLY

0460L.02C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 192.667 and 197.150, RSMo, and to enact in lieu thereof two new sections relating to infections, with a penalty provision.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 192.667 and 197.150, RSMo, are repealed and two new sections
2 enacted in lieu thereof, to be known as sections 192.667 and 197.150, to read as follows:

192.667. 1. All health care providers shall at least annually provide to the department
2 charge data as required by the department. All hospitals shall at least annually provide patient
3 abstract data and financial data as required by the department. Hospitals as defined in section
4 197.020, RSMo, shall report patient abstract data for outpatients and inpatients. Within one year
5 of August 28, 1992, ambulatory surgical centers as defined in section 197.200, RSMo, shall
6 provide patient abstract data to the department. The department shall specify by rule the types
7 of information which shall be submitted and the method of submission.

8 2. The department shall collect data on required nosocomial infection incidence rates
9 from hospitals, ambulatory surgical centers, and other facilities as necessary to generate the
10 reports required by this section. Hospitals, ambulatory surgical centers, and other facilities shall
11 provide such data in compliance with this section.

12 3. No later than July 1, 2005, the department shall promulgate rules specifying the
13 standards and procedures for the collection, analysis, risk adjustment, and reporting of
14 nosocomial infection incidence rates and the types of infections and procedures to be monitored
15 pursuant to subsection 12 of this section. In promulgating such rules, the department shall:

16 (1) Use methodologies and systems for data collection established by the federal Centers
17 for Disease Control and Prevention National [Nosocomial Infection Surveillance System]
18 **Healthcare Safety Network**, or its successor; and

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

19 (2) Consider the findings and recommendations of the infection control advisory panel
20 established pursuant to section 197.165, RSMo.

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

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

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

33 (3) Whether the public is provided with the same or greater specificity of reporting of
34 infections by type of facility infections and procedures than would be provided under subsections
35 2, 3, and 6 to 12 of this section;

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

39 (5) Whether the National [Nosocomial Infection Surveillance System] **Healthcare**
40 **Safety Network**, or its successor, has the capacity to receive, analyze, and report the required
41 data for all facilities;

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

44 5. Based on the affirmative recommendation of the infection control advisory panel, and
45 provided that the requirements of subsection 12 of this section can be met, the department may
46 or may not implement the federal Centers for Disease Control and Prevention [Nosocomial
47 Infection Surveillance System] **National Healthcare Safety Network**, or its successor, as an
48 alternative means of complying with the requirements of subsections 2, 3, and 6 to 12 of this
49 section. If the department chooses to implement the use of the federal Centers for Disease
50 Control Prevention [Nosocomial Infection Surveillance System] **National Healthcare Safety**
51 **Network**, or its successor, as an alternative means of complying with the requirements of
52 subsections 2, 3, and 6 to 12 of this section, it shall be a condition of licensure for hospitals and
53 ambulatory surgical centers which opt to participate in the federal program to permit the federal
54 program to disclose facility-specific data to the department as necessary to provide the public

55 reports required by the department. Any hospital or ambulatory surgical center which does not
56 voluntarily participate in the National [Nosocomial Infection Surveillance System] **Healthcare**
57 **Safety Network**, or its successor, shall be required to abide by all of the requirements of
58 subsections 2, 3, and 6 to 12 of this section.

59 6. The department shall not require the resubmission of data which has been submitted
60 to the department of health and senior services or the department of social services under any
61 other provision of law. The department of health and senior services shall accept data submitted
62 by associations or related organizations on behalf of health care providers by entering into
63 binding agreements negotiated with such associations or related organizations to obtain data
64 required pursuant to section 192.665 and this section. A health care provider shall submit the
65 required information to the department of health and senior services:

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

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

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

72 7. Information obtained by the department under the provisions of section 192.665 and
73 this section shall not be public information. Reports and studies prepared by the department
74 based upon such information shall be public information and may identify individual health care
75 providers. The department of health and senior services may authorize the use of the data by
76 other research organizations pursuant to the provisions of section 192.067. The department shall
77 not use or release any information provided under section 192.665 and this section which would
78 enable any person to determine any health care provider's negotiated discounts with specific
79 preferred provider organizations or other managed care organizations. The department shall not
80 release data in a form which could be used to identify a patient. Any violation of this subsection
81 is a class A misdemeanor.

82 8. The department shall undertake a reasonable number of studies and publish
83 information, including at least an annual consumer guide, in collaboration with health care
84 providers, business coalitions and consumers based upon the information obtained pursuant to
85 the provisions of section 192.665 and this section. The department shall allow all health care
86 providers and associations and related organizations who have submitted data which will be used
87 in any report to review and comment on the report prior to its publication or release for general
88 use. The department shall include any comments of a health care provider, at the option of the
89 provider, and associations and related organizations in the publication if the department does not

90 change the publication based upon those comments. The report shall be made available to the
91 public for a reasonable charge.

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

95 10. A hospital, as defined in section 197.020, RSMo, aggrieved by the department's
96 determination of ineligibility for state moneys pursuant to subsection 9 of this section may appeal
97 as provided in section 197.071, RSMo. An ambulatory surgical center as defined in section
98 197.200, RSMo, aggrieved by the department's determination of ineligibility for state moneys
99 pursuant to subsection 9 of this section may appeal as provided in section 197.221, RSMo.

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

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

- 109 (1) Class I surgical site infections;
110 (2) Ventilator-associated pneumonia;
111 (3) Central line-related bloodstream infections;
112 (4) Other categories of infections that may be established by rule by the department.
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114 The department, in consultation with the advisory panel, shall be authorized to collect and report
115 data on subsets of each type of infection described in this subsection.

116 13. In the event the provisions of this act are implemented by requiring hospitals,
117 ambulatory surgical centers, and other facilities to participate in the federal Centers for Disease
118 Control and Prevention National [Nosocomial Infection Surveillance System] **Healthcare Safety**
119 **Network**, or its successor, the types of infections to be publicly reported shall be determined by
120 the department by rule and shall be consistent with the infections tracked by the National
121 Nosocomial Infection Surveillance System, or its successor.

122 14. Reports published pursuant to subsection 12 of this section shall be published on the
123 department's Internet web site. The initial report shall be issued by the department not later than
124 December 31, 2006. The reports shall be distributed at least annually to the governor and
125 members of the general assembly.

126 15. The Hospital Industry Data Institute shall publish a report of Missouri hospitals' and
127 ambulatory surgical centers' compliance with standardized quality of care measures established
128 by the federal Centers for Medicare and Medicaid Services for prevention of infections related
129 to surgical procedures. If the Hospital Industry Data Institute fails to do so by July 31, 2008, and
130 annually thereafter, the department shall be authorized to collect information from the Centers
131 for Medicare and Medicaid Services or from hospitals and ambulatory surgical centers and
132 publish such information in accordance with subsection 14 of this section.

133 16. The data collected or published pursuant to this section shall be available to the
134 department for purposes of licensing hospitals and ambulatory surgical centers pursuant to
135 chapter 197, RSMo.

136 17. The department shall promulgate rules to implement the provisions of section
137 192.131 and sections 197.150 to 197.160, RSMo. Any rule or portion of a rule, as that term is
138 defined in section 536.010, RSMo, that is created under the authority delegated in this section
139 shall become effective only if it complies with and is subject to all of the provisions of chapter
140 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo,
141 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter
142 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are
143 subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed
144 or adopted after August 28, 2004, shall be invalid and void.

197.150. 1. The department shall require that each hospital, ambulatory surgical center,
2 and other facility have in place procedures for monitoring and enforcing compliance with
3 infection control regulations and standards. Such procedures shall be coordinated with
4 administrative staff, personnel staff, and the quality improvement program. Such procedures
5 shall include, at a minimum, requirements for the facility's infection control program to conduct
6 surveillance of personnel with a portion of the surveillance to be done in such manner that
7 employees and medical staff are observed without their knowledge of such observation, provided
8 that this unobserved surveillance requirement shall not be considered to be grounds for licensure
9 enforcement action by the department until the department establishes clear and verifiable
10 criteria for determining compliance. Such surveillance also may include monitoring of the rate
11 of use of hand hygiene products.

12 **2. Beginning January 1, 2010, the department shall require every hospital licensed**
13 **in this state to establish a methicillin-resistant staphylococcus aureus (MRSA) control**
14 **program. The program shall be developed by the hospital's administrative staff, medical**
15 **staff, and quality improvement program, and shall:**

- 16 **(1) Establish procedures to isolate identified MRSA-colonized and MRSA-infected**
17 **patients or use alternative methods to reduce the risk of MRSA transmission when private**
18 **rooms are not available;**
- 19 **(2) Establish procedures, protocols, and education for staff known to be MRSA-**
20 **colonized or MRSA-infected;**
- 21 **(3) Establish an infection-control intervention protocol that includes at a minimum**
22 **the following elements:**
- 23 **(a) Infection control precautions, based on nationally recognized standards, for**
24 **general surveillance of infected or colonized patients;**
- 25 **(b) Intervention protocols based on evidence-based standards;**
- 26 **(c) Physical plant operations related to infection control and environmental**
27 **cleaning;**
- 28 **(d) Strict hand washing hygiene protocols and the use of contact barriers;**
- 29 **(e) Appropriate use of antimicrobial agents; and**
- 30 **(f) Mandatory educational programs for personnel.**

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