To repeal sections 192.020 and 192.667, RSMo, and to enact in lieu thereof two new sections relating to infection reporting.

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

Section A. Sections 192.020 and 192.667, RSMo, are repealed and two new sections enacted in lieu thereof, to be known as sections 192.020 and 192.667, to read as follows:

192.020. 1. It shall be the general duty and responsibility of the department of health and senior services to safeguard the health of the people in the state and all its subdivisions. It shall make a study of the causes and prevention of diseases. It shall designate those diseases which are infectious, contagious, communicable or dangerous in their nature and shall make and enforce adequate orders, findings, rules and regulations to prevent the spread of such diseases and to determine the prevalence of such diseases within the state. It shall have power and authority, with approval of the director of the department, to make such orders, findings, rules and regulations as will prevent the entrance of infectious, contagious and communicable diseases into the state.

2. The department of health and senior services shall include in its list of communicable or infectious diseases which must be reported to the department methicillin-resistant staphylococcus aureus (MRSA), carbapenem-resistant enterobacteriaceae (CRE) as specified by the department, and vancomycin-resistant enterococcus (VRE).

192.667. 1. All health care providers shall at least annually provide to the department charge data as required by the department. All hospitals shall at least annually provide patient abstract data and financial data as required by the department. Hospitals as defined in section 197.020 shall report patient abstract data for outpatients and inpatients. [Within one year of

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.
August 28, 1992, Ambulatory surgical centers as defined in section 197.200 shall provide patient abstract data to the department. The department shall specify by rule the types of information which shall be submitted and the method of submission.

2. The department shall collect data on required [nosocomial infection incidence rates] metrics on the incidence of health care-associated infections from hospitals, ambulatory surgical centers, and other facilities as necessary to generate the reports required by this section. Hospitals, ambulatory surgical centers, and other facilities shall provide such data in compliance with this section.

3. [No later than July 1, 2005,] The department shall promulgate rules specifying the standards and procedures for the collection, analysis, risk adjustment, and reporting of [nosocomial infection incidence rates] metrics on the incidence of health care-associated infections and the types of infections and procedures to be monitored pursuant to subsection 12 of this section. In promulgating such rules, the department shall:
   (1) Use methodologies and systems for data collection established by the federal Centers for Disease Control and Prevention National [Nosocomial Infection Surveillance System] Healthcare Safety Network, or its successor; and
   (2) Consider the findings and recommendations of the infection control advisory panel established pursuant to section 197.165.

4. By January 1, 2016, the infection control advisory panel created by section 197.165 shall make [a recommendation] recommendations to the department regarding the appropriateness of implementing all or part of the [nosocomial] Centers for Medicare and Medicaid Services’ health care-associated infection data collection, analysis, and public reporting requirements [of this act by authorizing] for hospitals, ambulatory surgical centers, and other facilities [to participate] in the federal Centers for Disease Control and Prevention's National [Nosocomial Infection Surveillance System] Healthcare Safety Network, or its successor, in lieu of all or part of the data collection, analysis, and public reporting requirements of this section. The advisory panel recommendations shall address which hospitals shall be required as a condition of licensure to use National Healthcare Safety Network for data collection; the use of National Healthcare Safety Network for risk adjustment and analysis on hospital submitted data; and the use of the Centers for Medicare and Medicaid Services’ Hospital Compare site, or its successor for public reporting of the incidence of health care-associated infection metrics. The advisory panel shall consider the following factors in developing its recommendation:
   (1) Whether the public is afforded the same or greater access to facility-specific infection control indicators and [rates than would be provided under subsections 2, 3, and 6 to 12 of this section] metrics;
(2) Whether the data provided to the public [are] is subject to the same or greater accuracy of risk adjustment [than would be provided under subsections 2, 3, and 6 to 12 of this section];

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

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

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

(6) Whether the cost to implement the [nosocomial] health care-associated infection data collection and reporting system is the same or less [than under subsections 2, 3, and 6 to 12 of this section].

5. [Based on] After considering the [affirmative recommendation] recommendations of the infection control advisory panel, and provided that the requirements of subsection 12 of this section can be met, the department [may or may not] shall implement guidelines from the federal Centers for Disease Control and Prevention [Nosocomial Infection Surveillance System] National Healthcare Safety Network, or its successor, as an alternative means of complying with the requirements of subsections 2, 3, and 6 to 12 of this section. If the department chooses to implement the use of the federal Centers for Disease Control Prevention Nosocomial Infection Surveillance System, or its successor, as an alternative means of complying with the requirements of subsections 2, 3, and 6 to 12 of this section], it shall be a condition of licensure for hospitals [and ambulatory surgical centers which opt to participate in the federal program to]

that meet the minimum public reporting requirements of the National Healthcare Safety Network and the Centers for Medicare and Medicaid Services to participate in the National Healthcare Safety Network or its successor. Such hospitals shall permit the [federal program] National Healthcare Safety Network or its successor to disclose facility-specific infection data to the department as required under this section, and as necessary to provide the public reports required by the department. It shall be a condition of licensure for any [hospital or] ambulatory surgical center which does not voluntarily participate in the National [Nosocomial Infection Surveillance System] Healthcare Safety Network, or its successor, [shall be] to submit facility-specific data to the department as required [to abide by all of the requirements of subsections 2, 3, and 6 to 12 of this section] under this section, and as necessary to provide the public reports required by the department.
6. The department shall not require the resubmission of data which has been submitted to the department of health and senior services or the department of social services under any other provision of law. The department of health and senior services shall accept data submitted by associations or related organizations on behalf of health care providers by entering into binding agreements negotiated with such associations or related organizations to obtain data required pursuant to section 192.665 and this section. A health care provider shall submit the required information to the department of health and senior services:

(1) If the provider does not submit the required data through such associations or related organizations;
(2) If no binding agreement has been reached within ninety days of August 28, 1992, between the department of health and senior services and such associations or related organizations; or
(3) If a binding agreement has expired for more than ninety days.

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

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

9. Any health care provider which continually and substantially, as these terms are defined by rule, fails to comply with the provisions of this section shall not be allowed to participate in any program administered by the state or to receive any moneys from the state.
10. A hospital, as defined in section 197.020, aggrieved by the department's determination of ineligibility for state moneys pursuant to subsection 9 of this section may appeal as provided in section 197.071. An ambulatory surgical center as defined in section 197.200 aggrieved by the department's determination of ineligibility for state moneys pursuant to subsection 9 of this section may appeal as provided in section 197.221.

11. The department of health may promulgate rules providing for collection of data and publication of [nosocomial infection incidence rates] metrics on the incidence of health care-associated infections for other types of health facilities determined to be sources of infections; except that, physicians' offices shall be exempt from reporting and disclosure of [infection incidence rates] such infections.

12. By January 1, 2016, the advisory panel shall recommend and the department shall adopt in regulation with an effective date of no later than January 1, 2017, the requirements for the reporting of the following types of infections as specified in this subsection:

(1) A minimum of four surgical procedures for hospitals and a minimum of two surgical procedures for ambulatory surgical centers that meet the following criteria:
   (a) Are usually associated with an elective surgical procedure. An elective surgical procedure is a planned, nonemergency surgical procedure, which may be either medically required such as a hip replacement or optional such as breast augmentation;
   (b) Demonstrate a high priority aspect such as affecting a large number of patients, having a substantial impact for a smaller population, or associated with substantial cost, morbidity, or mortality; or
   (c) Are infections for which reports are collected by the National Healthcare Safety Network or its successor;

(2) Central line-related bloodstream infections;

(3) Health care-associated infections specified for reporting by hospitals, ambulatory surgical centers, and other health care facilities by the rules of the Centers for Medicare and Medicaid Services, or its successor, to the federal Centers for Disease Control and Prevention National Healthcare Safety Network, or its successor; and

(4) Other categories of infections that may be established by rule by the department.

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

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

(1) Class I Surgical site infections;
(2) Ventilator-associated pneumonia;
(3) Central line-related bloodstream infections;
(4) Other categories of infections that may be established by rule by the department.

The department, in consultation with the advisory panel, shall be authorized to collect and report data on subsets of each type of infection described in this subsection] metrics on risk adjusted health care-associated infections under this section.

[13. In the event the provisions of this act are implemented by requiring hospitals, ambulatory surgical centers, and other facilities to participate in the federal Centers for Disease Control and Prevention National Nosocomial Infection Surveillance System, or its successor,]

14. The types of infections, under subsection 12 of this section, to be publicly reported shall be determined by the department by rule and shall be consistent with the infections tracked by the National [Nosocomial Infection Surveillance System] Healthcare Safety Network, or its successor.

[14.] 15. Reports published pursuant to subsection 12 of this section shall be published and readily accessible on the department's internet website. The initial report shall be issued by the department not later than December 31, 2006. The reports shall be distributed at least annually to the governor and members of the general assembly. The department shall make such reports available to the public for a period of at least two years.

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

[16.] 17. The data collected or published pursuant to this section shall be available to the department for purposes of licensing hospitals and ambulatory surgical centers pursuant to chapter 197.

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

19. No later than August 28, 2016, each hospital, excluding mental health facilities
as defined in section 632.005, and each ambulatory surgical center as defined in section
197.200, shall in consultation with its medical staff establish an antimicrobial stewardship
program for evaluating the judicious use of antimicrobials, especially antibiotics that are
the last line of defense against resistant infections. The hospital’s stewardship program
and the results of the program shall be monitored and evaluated by hospital quality
improvement departments and shall be available upon inspection to the department. At
a minimum, the antimicrobial stewardship program shall be designed to evaluate that
hospitalized patients receive, in accordance with accepted medical standards of practice,
the appropriate antimicrobial, at the appropriate dose, at the appropriate time, and for the
appropriate duration.

20. Hospitals described in subsection 19 of this section shall meet the National
Health Safety Network requirements for reporting antimicrobial usage or resistance by
using the Center for Disease Control's Antimicrobial Use and Resistance (AUR) Module
when regulations concerning stage 3 of Medicare and Medical Electronic Health Record
incentive programs promulgated by the Center for Medicare and Medicaid Services' that
enable the electronic interface for such reporting are effective. When such antimicrobial
usage or resistance reporting takes effect, hospitals shall authorize the National Health
Care Safety Network, or its successor, to disclose to the department facility-specific
information reported to the AUR Module. Facility-specific data on antibiotic usage and
resistance collected under this subsection shall not be disclosed to the public, except the
department may release case-specific information to other facilities, physicians, and the
public if the department determines on a case-by-case basis that the release of such
information is necessary to protect persons in a public health emergency.

21. The department shall make a report to the general assembly beginning January
1, 2017, and on every January first thereafter on the incidence, type, and distribution of
antimicrobial-resistant infections identified in the state and within regions of the state.