

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Bill No. 11, Page 1, Section A, Line 3, by
2 inserting after said section and line the following:

3
4 "192.667. 1. All health care providers shall at least annually provide to the department
5 charge data as required by the department. All hospitals shall at least annually provide patient
6 abstract data and financial data as required by the department. Hospitals as defined in section
7 197.020 shall report patient abstract data for outpatients and inpatients. Ambulatory surgical centers
8 and abortion facilities as defined in section 197.200 shall provide patient abstract data to the
9 department. The department shall specify by rule the types of information which shall be submitted
10 and the method of submission.

11 2. The department shall collect data on the incidence of health care-associated infections
12 from hospitals, ambulatory surgical centers, abortion facilities, and other facilities as necessary to
13 generate the reports required by this section. Hospitals, ambulatory surgical centers, abortion
14 facilities, and other facilities shall provide such data in compliance with this section. In order to
15 streamline government and to eliminate duplicative reporting requirements, if the Centers for
16 Medicare and Medicaid Services, or its successor entity, requires hospitals to submit health care-
17 associated infection data, then hospitals and the department shall not be required to comply with the
18 health care-associated infection data reporting requirements of subsections 2 to 17 of this section
19 applicable to hospitals, except that the department shall post a link on its website to publicly
20 reported data by hospitals on the Centers for Medicare and Medicaid Services' Hospital Compare
21 website, or its successor.

22 3. The department shall promulgate rules specifying the standards and procedures for the
23 collection, analysis, risk adjustment, and reporting of the incidence of health care-associated
24 infections and the types of infections and procedures to be monitored pursuant to subsection 13 of
25 this section. In promulgating such rules, the department shall:

26 (1) Use methodologies and systems for data collection established by the federal Centers for
27 Disease Control and Prevention's National Healthcare Safety Network, or its successor; and

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

30 4. By January 1, 2017, the infection control advisory panel created by section 197.165 shall
31 make recommendations to the department regarding the Centers for Medicare and Medicaid
32 Services' health care-associated infection data collection, analysis, and public reporting
33 requirements for hospitals, ambulatory surgical centers, and other facilities in the federal Centers for
34 Disease Control and Prevention's National Healthcare Safety Network, or its successor, in lieu of all
35 or part of the data collection, analysis, and public reporting requirements of this section. The
36 advisory panel recommendations shall address which hospitals shall be required as a condition of

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1 licensure to use the National Healthcare Safety Network for data collection; the use of the National
 2 Healthcare Safety Network for risk adjustment and analysis of hospital submitted data; and the use
 3 of the Centers for Medicare and Medicaid Services' Hospital Compare website, or its successor, for
 4 public reporting of the incidence of health care-associated infection metrics. The advisory panel
 5 shall consider the following factors in developing its recommendation:

6 (1) Whether the public is afforded the same or greater access to facility-specific infection
 7 control indicators and metrics;

8 (2) Whether the data provided to the public is subject to the same or greater accuracy of risk
 9 adjustment;

10 (3) Whether the public is provided with the same or greater specificity of reporting of
 11 infections by type of facility infections and procedures;

12 (4) Whether the data is subject to the same or greater level of confidentiality of the identity
 13 of an individual patient;

14 (5) Whether the National Healthcare Safety Network, or its successor, has the capacity to
 15 receive, analyze, and report the required data for all facilities;

16 (6) Whether the cost to implement the National Healthcare Safety Network infection data
 17 collection and reporting system is the same or less.

18 5. After considering the recommendations of the infection control advisory panel, and
 19 provided that the requirements of subsection 13 of this section can be met, the department shall
 20 implement guidelines from the federal Centers for Disease Control and Prevention's National
 21 Healthcare Safety Network, or its successor. It shall be a condition of licensure for hospitals that
 22 meet the minimum public reporting requirements of the National Healthcare Safety Network and the
 23 Centers for Medicare and Medicaid Services to participate in the National Healthcare Safety
 24 Network, or its successor. Such hospitals shall permit the National Healthcare Safety Network, or
 25 its successor, to disclose facility-specific infection data to the department as required under this
 26 section, and as necessary to provide the public reports required by the department. It shall be a
 27 condition of licensure for any ambulatory surgical center or abortion facility which does not
 28 voluntarily participate in the National Healthcare Safety Network, or its successor, to submit
 29 facility-specific data to the department as required under this section, and as necessary to provide
 30 the public reports required by the department.

31 6. The department shall not require the resubmission of data which has been submitted to
 32 the department of health and senior services or the department of social services under any other
 33 provision of law. The department of health and senior services shall accept data submitted by
 34 associations or related organizations on behalf of health care providers by entering into binding
 35 agreements negotiated with such associations or related organizations to obtain data required
 36 pursuant to section 192.665 and this section. A health care provider shall submit the required
 37 information to the department of health and senior services:

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

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

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

44 7. Information obtained by the department under the provisions of section 192.665 and this
 45 section shall not be public information. Reports and studies prepared by the department based upon
 46 such information shall be public information and may identify individual health care providers. The
 47 department of health and senior services may authorize the use of the data by other research
 48 organizations pursuant to the provisions of section 192.067. The department shall not use or release
 49 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 publication to review and comment on the publication prior to its publication or release for general use. The 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 or abortion facility 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 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 such infections.

12. By January 1, 2017, the advisory panel shall recommend and the department shall adopt in regulation with an effective date of no later than January 1, 2018, the requirements for the reporting of the following types of infections as specified in this subsection:

(1) Infections associated with 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 that 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 being 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 to the federal Centers for Disease Control and Prevention's 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 months. Such reports shall be updated quarterly and shall show for each

1 hospital, ambulatory surgical center, abortion facility, and other facility metrics on risk-adjusted
2 health care-associated infections under this section.

3 14. The types of infections under subsection 12 of this section to be publicly reported shall
4 be determined by the department by rule and shall be consistent with the infections tracked by the
5 National Healthcare Safety Network, or its successor.

6 15. Reports published pursuant to subsection 13 of this section shall be published and
7 readily accessible on the department's internet website. The reports shall be distributed at least
8 annually to the governor and members of the general assembly. The department shall make such
9 reports available to the public for a period of at least two years.

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

17 17. The data collected or published pursuant to this section shall be available to the
18 department for purposes of licensing hospitals, ambulatory surgical centers, and abortion facilities
19 pursuant to chapter 197.

20 18. The department shall promulgate rules to implement the provisions of section 192.131
21 and sections 197.150 to 197.160. Any rule or portion of a rule, as that term is defined in section
22 536.010, that is created under the authority delegated in this section shall become effective only if it
23 complies with and is subject to all of the provisions of chapter 536 and, if applicable, section
24 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the
25 general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and
26 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any
27 rule proposed or adopted after August 28, 2004, shall be invalid and void.

28 19. No later than August 28, 2017, each hospital, excluding mental health facilities as
29 defined in section 632.005, and each ambulatory surgical center and abortion facility as defined in
30 section 197.200, shall in consultation with its medical staff establish an antimicrobial stewardship
31 program for evaluating the judicious use of antimicrobials, especially antibiotics that are the last line
32 of defense against resistant infections. The hospital's stewardship program and the results of the
33 program shall be monitored and evaluated by hospital quality improvement departments and shall be
34 available upon inspection to the department. At a minimum, the antimicrobial stewardship program
35 shall be designed to evaluate that hospitalized patients receive, in accordance with accepted medical
36 standards of practice, the appropriate antimicrobial, at the appropriate dose, at the appropriate time,
37 and for the appropriate duration.

38 20. Hospitals described in subsection 19 of this section shall meet the National Healthcare
39 Safety Network requirements for reporting antimicrobial usage or resistance by using the Centers
40 for Disease Control and Prevention's Antimicrobial Use and Resistance (AUR) Module when
41 ~~[regulations concerning Stage 3 of the Medicare and Medicaid Electronic Health Records Incentive~~
42 ~~Programs promulgated by the Centers for Medicare and Medicaid Services that enable the electronic~~
43 ~~interface for such reporting are effective]~~ conditions of participation promulgated by the Centers for
44 Medicare and Medicaid Services requiring the electronic reporting of antibiotic use or antibiotic
45 resistance by hospitals become effective. When such antimicrobial usage or resistance reporting
46 takes effect, hospitals shall authorize the National Healthcare Safety Network, or its successor, to
47 disclose to the department facility-specific information reported to the AUR Module. Facility-
48 specific data on antibiotic usage and resistance collected under this subsection shall not be disclosed
49 to the public, but 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. Nothing in this section shall prohibit a hospital from voluntarily reporting antibiotic use or antibiotic resistance data through the National Healthcare Safety Network, or its successor, prior to the effective date of the conditions of participation requiring the reporting.

21. The department shall make a report to the general assembly beginning January 1, 2018, 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."; and

Further amend said bill, Page 2, Section 194.225, Line 37, by inserting after all of said section and line the following:

"197.108. 1. The department of health and senior services shall not assign an individual to inspect or survey a hospital, for any purpose, if the inspector or surveyor was an employee of such hospital or another hospital within its organization or a competing hospital within fifty miles of the hospital to be inspected or surveyed in the preceding two years.

2. For any inspection or survey of a hospital, regardless of the purpose, the department shall require every newly hired inspector or surveyor at the time of hiring or any currently employed inspector or surveyor as of August 28, 2019, to disclose:

(1) The name of every hospital in which he or she has been employed in the last ten years and the approximate length of service and the job title at the hospital; and

(2) The name of any member of his or her immediate family who has been employed in the last ten years or is currently employed at a hospital and the approximate length of service and the job title at the hospital.

The disclosures under this subsection shall be made to the department whenever the event giving rise to disclosure first occurs.

3. For purposes of this section, the phrase "immediate family member" shall mean a husband, wife, natural or adoptive parent, child, sibling, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, or grandchild.

4. The information provided under subsection 2 of this section shall be considered a public record under the provisions of section 610.010.

5. Any person may notify the department if facts exist that would lead a reasonable person to conclude that any inspector or surveyor has any personal or business affiliation that would result in a conflict of interest in conducting an inspection or survey for a hospital. Upon receiving such notice, the department, when assigning an inspector or surveyor to inspect or survey a hospital, for any purpose, shall take steps to verify the information and, if the department has reason to believe that such information is correct, the department shall not assign the inspector or surveyor to the hospital or any hospital within its organization so as to avoid an appearance of prejudice or favor to the hospital or bias on the part of the inspector or surveyor."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.