

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1066
98TH GENERAL ASSEMBLY

Reported from the Committee on Veterans' Affairs and Health, May 7, 2015, with recommendation that the Senate Committee Substitute do pass.

ADRIANE D. CROUSE, Secretary.

2350S.04C

AN ACT

To repeal sections 192.020 and 192.667, RSMo, and to enact in lieu thereof two new sections relating to infection reporting, with an existing penalty provision.

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Section A. Sections 192.020 and 192.667, RSMo, are repealed and two new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

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

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

192.667. 1. All health care providers shall at least annually provide to

EXPLANATION--Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

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

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

15 3. [No later than July 1, 2005,] The department shall promulgate rules
16 specifying the standards and procedures for the collection, analysis, risk
17 adjustment, and reporting of [nosocomial infection incidence rates] **metrics on**
18 **the incidence of health care-associated infections** and the types of
19 infections and procedures to be monitored pursuant to subsection 12 of this
20 section. In promulgating such rules, the department shall:

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

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

27 4. **By January 1, 2016**, the infection control advisory panel created by
28 section 197.165 shall make [a recommendation] **recommendations** to the
29 department regarding the appropriateness of implementing all or part of the
30 [nosocomial] **Centers for Medicare and Medicaid Services' health care-**
31 **associated** infection data collection, analysis, and public reporting requirements
32 [of this act by authorizing] **for** hospitals, ambulatory surgical centers, and other
33 facilities [to participate] in the federal Centers for Disease Control and
34 Prevention's National [Nosocomial Infection Surveillance System] **Healthcare**
35 **Safety Network**, or its successor, **in lieu of all or part of the data**
36 **collection, analysis, and public reporting requirements of this**
37 **section. The advisory panel recommendations shall address which**

38 **hospitals shall be required as a condition of licensure to use National**
39 **Healthcare Safety Network for data collection; the use of National**
40 **Healthcare Safety Network for risk adjustment and analysis on hospital**
41 **submitted data; and the use of the Centers for Medicare and Medicaid**
42 **Services' Hospital Compare site, or its successor for public reporting**
43 **of the incidence of health care-associated infection metrics.** The advisory
44 panel shall consider the following factors in developing its recommendation:

45 (1) Whether the public is afforded the same or greater access to facility-
46 specific infection control indicators and [rates than would be provided under
47 subsections 2, 3, and 6 to 12 of this section] **metrics;**

48 (2) Whether the data provided to the public [are] **is** subject to the same
49 or greater accuracy of risk adjustment [than would be provided under subsections
50 2, 3, and 6 to 12 of this section];

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

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

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

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

63 5. [Based on] **After considering** the [affirmative recommendation]
64 **recommendations** of the infection control advisory panel, and provided that the
65 requirements of subsection 12 of this section can be met, the department [may or
66 may not] **shall** implement **guidelines from** the federal Centers for Disease
67 Control and Prevention [Nosocomial Infection Surveillance System] **National**
68 **Healthcare Safety Network**, or its successor[, as an alternative means of
69 complying with the requirements of subsections 2, 3, and 6 to 12 of this section.
70 If the department chooses to implement the use of the federal Centers for Disease
71 Control Prevention Nosocomial Infection Surveillance System, or its successor, as
72 an alternative means of complying with the requirements of subsections 2, 3, and
73 6 to 12 of this section,]. It shall be a condition of licensure for hospitals [and

74 ambulatory surgical centers which opt to participate in the federal program to]
75 **that meet the minimum public reporting requirements of the National**
76 **Healthcare Safety Network and the Centers for Medicare and Medicaid**
77 **Services to participate in the National Healthcare Safety Network or**
78 **its successor. Such hospitals shall** permit the [federal program] **National**
79 **Healthcare Safety Network or its successor** to disclose facility-specific
80 **infection** data to the department as **required under this section, and as**
81 necessary to provide the public reports required by the department. **It shall be**
82 **a condition of licensure for** any [hospital or] ambulatory surgical center
83 which does not voluntarily participate in the National [Nosocomial Infection
84 Surveillance System] **Healthcare Safety Network**, or its successor, [shall be]
85 **to submit facility-specific data to the department as** required [to abide by
86 all of the requirements of subsections 2, 3, and 6 to 12 of this section] **under this**
87 **section, and as necessary to provide the public reports required by the**
88 **department.**

89 6. The department shall not require the resubmission of data which has
90 been submitted to the department of health and senior services or the department
91 of social services under any other provision of law. The department of health and
92 senior services shall accept data submitted by associations or related
93 organizations on behalf of health care providers by entering into binding
94 agreements negotiated with such associations or related organizations to obtain
95 data required pursuant to section 192.665 and this section. A health care
96 provider shall submit the required information to the department of health and
97 senior services:

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

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

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

104 7. Information obtained by the department under the provisions of section
105 192.665 and this section shall not be public information. Reports and studies
106 prepared by the department based upon such information shall be public
107 information and may identify individual health care providers. The department
108 of health and senior services may authorize the use of the data by other research
109 organizations pursuant to the provisions of section 192.067. The department

110 shall not use or release any information provided under section 192.665 and this
111 section which would enable any person to determine any health care provider's
112 negotiated discounts with specific preferred provider organizations or other
113 managed care organizations. The department shall not release data in a form
114 which could be used to identify a patient. Any violation of this subsection is a
115 class A misdemeanor.

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

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

132 10. A hospital, as defined in section 197.020, aggrieved by the
133 department's determination of ineligibility for state moneys pursuant to
134 subsection 9 of this section may appeal as provided in section 197.071. An
135 ambulatory surgical center as defined in section 197.200 aggrieved by the
136 department's determination of ineligibility for state moneys pursuant to
137 subsection 9 of this section may appeal as provided in section 197.221.

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

144 12. **By January 1, 2016, the advisory panel shall recommend and**
145 **the department shall adopt in regulation with an effective date of no**

146 later than January 1, 2017, the requirements for the reporting of the
147 following types of infections as specified in this subsection:

148 (1) A minimum of four surgical procedures for hospitals and a
149 minimum of two surgical procedures for ambulatory surgical centers
150 that meet the following criteria:

151 (a) Are usually associated with an elective surgical procedure.
152 An elective surgical procedure is a planned, nonemergency surgical
153 procedure, which may be either medically required such as a hip
154 replacement or optional such as breast augmentation;

155 (b) Demonstrate a high priority aspect such as affecting a large
156 number of patients, having a substantial impact for a smaller
157 population, or associated with substantial cost, morbidity, or mortality;
158 or

159 (c) Are infections for which reports are collected by the National
160 Healthcare Safety Network or its successor;

161 (2) Central line-related bloodstream infections;

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

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

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

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

178 (1) Class I Surgical site infections;

179 (2) Ventilator-associated pneumonia;

180 (3) Central line-related bloodstream infections;

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

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

187 [13. In the event the provisions of this act are implemented by requiring
188 hospitals, ambulatory surgical centers, and other facilities to participate in the
189 federal Centers for Disease Control and Prevention National Nosocomial Infection
190 Surveillance System, or its successor,] **14. The types of infections, under**
191 **subsection 12 of this section,** to be publicly reported shall be determined by
192 the department by rule and shall be consistent with the infections tracked by the
193 National [Nosocomial Infection Surveillance System] **Healthcare Safety**
194 **Network,** or its successor.

195 [14.] **15. Reports published pursuant to subsection 12 of this section shall**
196 **be published and readily accessible** on the department's internet website. The
197 initial report shall be issued by the department not later than December 31,
198 2006. The reports shall be distributed at least annually to the governor and
199 members of the general assembly. **The department shall make such reports**
200 **available to the public for a period of at least two years.**

201 [15.] **16. The Hospital Industry Data Institute shall publish a report of**
202 **Missouri hospitals' and ambulatory surgical centers' compliance with**
203 **standardized quality of care measures established by the federal Centers for**
204 **Medicare and Medicaid Services for prevention of infections related to surgical**
205 **procedures. If the Hospital Industry Data Institute fails to do so by July 31,**
206 **2008, and annually thereafter, the department shall be authorized to collect**
207 **information from the Centers for Medicare and Medicaid Services or from**
208 **hospitals and ambulatory surgical centers and publish such information in**
209 **accordance with [subsection 14 of] this section.**

210 [16.] **17. The data collected or published pursuant to this section shall**
211 **be available to the department for purposes of licensing hospitals and ambulatory**
212 **surgical centers pursuant to chapter 197.**

213 [17.] **18. The department shall promulgate rules to implement the**
214 **provisions of section 192.131 and sections 197.150 to 197.160. Any rule or portion**
215 **of a rule, as that term is defined in section 536.010 that is created under the**
216 **authority delegated in this section shall become effective only if it complies with**
217 **and is subject to all of the provisions of chapter 536 and, if applicable, section**
218 **536.028. This section and chapter 536 are nonseverable and if any of the powers**

219 vested with the general assembly pursuant to chapter 536 to review, to delay the
220 effective date, or to disapprove and annul a rule are subsequently held
221 unconstitutional, then the grant of rulemaking authority and any rule proposed
222 or adopted after August 28, 2004, shall be invalid and void.

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

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

254 **21. The department shall make a report to the general assembly**
255 **beginning January 1, 2017, and on every January first thereafter on the**

256 **incidence, type, and distribution of antimicrobial-resistant infections**
257 **identified in the state and within regions of the state.**

✓