

HCS HB 1477 & 1563 -- MISSOURI HOSPITAL INFECTION CONTROL ACT

SPONSOR: Holand (Schaaf)

COMMITTEE ACTION: Voted "do pass" by the Committee on Health Care Policy by a vote of 13 to 0.

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

(1) Authorizes the Department of Health and Senior Services to collect, analyze, and disclose nosocomial data obtained from hospital patient medical records. Currently, the department obtains this information to conduct epidemiological studies;

(2) Creates various definitions, including "nosocomial infection," "nosocomial infection incidence rate," and "other facility";

(3) Requires the department to maintain the confidentiality of a patient's medical records;

(4) Requires the department to collect patient abstract data and nosocomial incidence infection rates from hospitals, ambulatory surgical centers, and other facilities as determined by administrative rule. The collection of nosocomial infection data does not extend to a physician's office;

(5) Requires the department to develop rules governing the collection, risk adjustment, and reporting of nosocomial infection incidence rates by July 1, 2005;

(6) Requires the department to use data collection methodologies established by the National Nosocomial Infection Surveillance Program of the Centers for Disease Control and Prevention;

(7) Requires the department to submit quarterly reports of nosocomial infections to the public. The department is also required to post the reports on their web site beginning April 1, 2006. The reports will also be distributed on an annual basis to the Governor and the General Assembly;

(8) Requires the quarterly reports to reveal risk-adjusted nosocomial infection incidence rate data for methicillin-resistant staphylococcus aureus, vancomycin-resistant enterococcus infections, and other infections;

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

(10) Requires the nosocomial infection data collected or published to be available to the department for the purpose of licensing hospitals and ambulatory surgical centers;

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

(12) Gives infection control officers the authority to require hospitals to terminate a practice or procedure which does not meet the standard of care for the prevention of nosocomial infections;

(13) 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;

(14) Requires each hospital and ambulatory surgical center to have an active multi-disciplinary infection control committee responsible for implementing and monitoring compliance with the substitute or similar federal regulations;

(15) Requires the department to develop rules to establish standards for an infection control program by July 1, 2005, and specifies the subject areas for the standards;

(16) Requires that on-site surveys of hospitals by non-governmental entities who evaluate the quality of health care delivered be unannounced. Announced survey results will not be used to issue statements about the quality of the hospital surveyed;

(17) 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 subpoena; and

(18) 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 \$430,739 in FY 2005, \$536,824 in FY 2006, and \$550,587 in FY 2007. No impact on Other State Funds in FY 2005, FY 2006, and FY 2007.

PROPOSERS: Supporters say that current hospital infection control practices are inadequate. Recent figures reveal that

over 1,000 Missouri patients experienced staphylococcus infections and 217 deaths occurred as a result of the infection. A recent report from the Centers for Disease Control and Prevention estimate that costs associated with treating nosocomial infections amount to \$5 billion annually. 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; Raymond T. Wagner, Jr.; Raymond Wagner III; Kim Gardner; Audrey Ikemeier; and Cynthia McMaster.

OPPONENTS: Those who oppose the bill say that current law allows the Attorney General to represent the Department of Health and Senior Services in actions brought against persons or governmental entities who violate the licensure law for hospitals. The bill needs to consider issues of data collection, standardization, and analyzing comparative data pertaining to the incidence of hospital-based infections.

Testifying against the bill was Missouri Hospital Association.

OTHERS: Others testifying on the bill say that since the 1980s, hospital-based infections have become more serious and deadly. A number of factors are correlated with the increased number of hospital-based infections, including staff reductions, increased use of antibiotics, and a lack of hand washing among hospital personnel.

Others testifying on the bill were Missouri Trial Lawyers Association; and Department of Health and Senior Services.

Joseph Deering, Legislative Analyst