

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1099
93RD GENERAL ASSEMBLY

Reported from the Committee on Health Care Policy March 9, 2006 with recommendation that House Committee Substitute for House Bill No. 1099 Do Pass by Consent. Referred to the Committee on Rules pursuant to Rule 25(26)(f).

STEPHEN S. DAVIS, Chief Clerk

3922L.02C

AN ACT

To repeal section 192.667, RSMo, and to enact in lieu thereof one new section relating to nosocomial infection reporting requirements for health care providers, with a penalty provision and an emergency clause.

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

Section A. Section 192.667, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 192.667, to read as follows:

- 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, RSMo, shall report patient abstract data for outpatients and inpatients. Within one year of August 28, 1992, ambulatory surgical centers as defined in section 197.200, RSMo, 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 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

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.

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, or its
18 successor; and

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 Surveillance
26 System, or its successor. The advisory panel shall consider the following factors in developing
27 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, or its successor,
40 has the capacity to receive, analyze, and report the required data for all facilities;

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

43 5. Based on the affirmative recommendation of the infection control advisory panel, and
44 provided that the requirements of subsection 12 of this section can be met, the department may
45 or may not implement the federal Centers for Disease Control and Prevention Nosocomial
46 Infection Surveillance System, or its successor, as an alternative means of complying with the
47 requirements of subsections 2, 3, and 6 to 12 of this section. If the department chooses to
48 implement the use of the federal Centers for Disease Control Prevention Nosocomial Infection
49 Surveillance System, or its successor, as an alternative means of complying with the

50 requirements of subsections 2, 3, and 6 to 12 of this section, it shall be a condition of licensure
51 for hospitals and ambulatory surgical centers which opt to participate in the federal program to
52 permit the federal program to disclose facility-specific data to the department as necessary to
53 provide the public reports required by the department. Any hospital or ambulatory surgical
54 center which does not voluntarily participate in the National Nosocomial Infection Surveillance
55 System, or its successor, shall be required to abide by all of the requirements of subsections 2,
56 3, and 6 to 12 of this section.

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

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

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

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

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

80 8. The department shall undertake a reasonable number of studies and publish
81 information, including at least an annual consumer guide, in collaboration with health care
82 providers, business coalitions and consumers based upon the information obtained pursuant to
83 the provisions of section 192.665 and this section. The department shall allow all health care
84 providers and associations and related organizations who have submitted data which will be used
85 in any report to review and comment on the report prior to its publication or release for general

86 use. The department shall include any comments of a health care provider, at the option of the
87 provider, and associations and related organizations in the publication if the department does not
88 change the publication based upon those comments. The report shall be made available to the
89 public for a reasonable charge.

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

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

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

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

107 (1) Class I surgical site infections;

108 (2) Ventilator-associated pneumonia; **provided that, upon the recommendation of the**
109 **infection control advisory panel, one or more other quality indicators designed to better**
110 **measure the risk of transmission of ventilator-associated pneumonia from one patient to**
111 **another may be substituted for a risk-adjusted nosocomial infection incidence rate;**

112 (3) Central line-related bloodstream infections;

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

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

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

121 shall be consistent with the infections tracked by the National Nosocomial Infection Surveillance
122 System, or its successor.

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

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

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

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

Section B. Because immediate action is necessary to prevent the risk of transmission of
2 ventilator-associated pneumonia from one patient to another, section A of this act is deemed
3 necessary for the immediate preservation of the public health, welfare, peace, and safety, and is
4 hereby declared to be an emergency act within the meaning of the constitution, and section A of
5 this act shall be in full force and effect upon its passage and approval.

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