

House _____ Amendment NO. _____

Offered By _____

1 AMEND Senate Bill No. 358, Page 2, Section 191.607, Line 16, by inserting after all of said section
2 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. If the Centers
15 for Medicare and Medicaid Services requires hospitals to submit health care-associated infection
16 data, then hospitals and the department shall not be required to comply with the health care-
17 associated infection data reporting requirements of subsections 2 to 17 of this section applicable to
18 hospitals, except that the department shall post a link on its website to publicly reported data by
19 hospitals on the Centers for Medicare and Medicaid Services' Hospital Compare website, or its
20 successor.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

43 7. Information obtained by the department under the provisions of section 192.665 and this
44 section shall not be public information. Reports and studies prepared by the department based upon
45 such information shall be public information and may identify individual health care providers. The
46 department of health and senior services may authorize the use of the data by other research
47 organizations pursuant to the provisions of section 192.067. The department shall not use or release
48 any information provided under section 192.665 and this section which would enable any person to
49 determine any health care provider's negotiated discounts with specific preferred provider

1 organizations or other managed care organizations. The department shall not release data in a form
 2 which could be used to identify a patient. Any violation of this subsection is a class A
 3 misdemeanor.

4 8. The department shall undertake a reasonable number of studies and publish information,
 5 including at least an annual consumer guide, in collaboration with health care providers, business
 6 coalitions and consumers based upon the information obtained pursuant to the provisions of section
 7 192.665 and this section. The department shall allow all health care providers and associations and
 8 related organizations who have submitted data which will be used in any publication to review and
 9 comment on the publication prior to its publication or release for general use. The publication shall
 10 be made available to the public for a reasonable charge.

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

14 10. A hospital, as defined in section 197.020, aggrieved by the department's determination
 15 of ineligibility for state moneys pursuant to subsection 9 of this section may appeal as provided in
 16 section 197.071. An ambulatory surgical center or abortion facility as defined in section 197.200
 17 aggrieved by the department's determination of ineligibility for state moneys pursuant to subsection
 18 9 of this section may appeal as provided in section 197.221.

19 11. The department of health may promulgate rules providing for collection of data and
 20 publication of the incidence of health care-associated infections for other types of health facilities
 21 determined to be sources of infections; except that, physicians' offices shall be exempt from
 22 reporting and disclosure of such infections.

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

26 (1) Infections associated with a minimum of four surgical procedures for hospitals and a
 27 minimum of two surgical procedures for ambulatory surgical centers that meet the following
 28 criteria:

29 (a) Are usually associated with an elective surgical procedure. An "elective surgical
 30 procedure" is a planned, nonemergency surgical procedure that may be either medically required
 31 such as a hip replacement or optional such as breast augmentation;

32 (b) Demonstrate a high priority aspect such as affecting a large number of patients, having a
 33 substantial impact for a smaller population, or being associated with substantial cost, morbidity, or
 34 mortality; or

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

37 (2) Central line-related bloodstream infections;

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

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

43
 44 The department, in consultation with the advisory panel, shall be authorized to collect and report
 45 data on subsets of each type of infection described in this subsection.

46 13. In consultation with the infection control advisory panel established pursuant to section
 47 197.165, the department shall develop and disseminate to the public reports based on data compiled
 48 for a period of twelve months. Such reports shall be updated quarterly and shall show for each
 49 hospital, ambulatory surgical center, abortion facility, and other facility metrics on risk-adjusted

1 health care-associated infections under this section.

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

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

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

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

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

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

37 20. Hospitals described in subsection 19 of this section shall meet the National Healthcare
38 Safety Network requirements for reporting antimicrobial usage or resistance by using the Centers
39 for Disease Control and Prevention's Antimicrobial Use and Resistance (AUR) Module when
40 ~~[regulations concerning Stage 3 of the Medicare and Medicaid Electronic Health Records Incentive~~
41 ~~Programs promulgated by the Centers for Medicare and Medicaid Services that enable the electronic~~
42 ~~interface for such reporting are effective]~~ conditions of participation promulgated by the Centers for
43 Medicare and Medicaid Services requiring the electronic reporting of antibiotic use or antibiotic
44 resistance by hospitals are effective. When such antimicrobial usage or resistance reporting takes
45 effect, hospitals shall authorize the National Healthcare Safety Network, or its successor, to disclose
46 to the department facility-specific information reported to the AUR Module. Facility-specific data
47 on antibiotic usage and resistance collected under this subsection shall not be disclosed to the
48 public, but the department may release case-specific information to other facilities, physicians, and
49 the public if the department determines on a case-by-case basis that the release of such information

1 is necessary to protect persons in a public health emergency. Nothing in this section shall prohibit a
2 hospital from voluntarily reporting antibiotic use or antibiotic resistance data through the National
3 Healthcare Safety Network, or its successor, prior to the effective date of the conditions of
4 participation requiring the reporting.

5 21. The department shall make a report to the general assembly beginning January 1, 2018,
6 and on every January first thereafter on the incidence, type, and distribution of antimicrobial-
7 resistant infections identified in the state and within regions of the state."; and

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