

HCS SCS SB 10 -- INFECTION REPORTING

SPONSOR: Schaaf (Allen)

COMMITTEE ACTIONS: Voted "Do Pass with Amendments" by the Standing Committee on Health and Mental Health Policy by a vote of 8 to 0. Voted "Do Pass with HCS" by the Select Committee on Social Services by a vote of 10 to 0.

This bill changes the laws regarding infection reporting. In its main provisions, the bill:

(1) Adds carbapenem-resistant enterobacteriaceae (CRE) to the list of communicable or infectious diseases that must be reported to the Department of Health and Human Services;

(2) Requires the infection control advisory panel to make recommendations to the department regarding implementation of the Centers for Medicare and Medicaid Services' health care-associated infection data collection, analysis, and public reporting requirements and specifies certain reporting requirements that must be considered by the panel;

(3) Requires as a condition of licensure that specified hospitals participate in the National Healthcare Safety Network (NHSN) and permit the NHSN to disclose facility-specific infection data to the department;

(4) By January 1, 2016, requires the advisory panel to recommend requirements for specified types of infections and by January 1, 2017, the department to adopt the recommendations in regulations;

(5) Requires the department to develop and disseminate publications based on data compiled for a period of 24 months;

(6) Requires the department to make specified reports available to the public for a minimum of two years;

(7) Requires, no later than August 28, 2016, each hospital, excluding mental health facilities, and each ambulatory surgical center, to establish an antimicrobial stewardship program for evaluating the judicious use of antimicrobials, especially antibiotics that are the last line of defense against resistant infections and specifies certain requirements of the stewardship program;

(8) Requires specified hospitals to meet the National Health Safety Network requirements for reporting antimicrobial usage or resistance by using the Center for Disease Control's Antimicrobial

Use and Resistance (AUR) Module when regulations concerning stage three of Medicare and Medical Electronic Health Record incentive programs established by the Center for Medicare and Medicaid Services that enable the electronic interface for the reporting are effective and specifies the process for when the reporting takes effect; and

(9) Requires the department to make a report to the General Assembly beginning January 1, 2017, and on every January 1 thereafter on the incidence, type, and distribution of antimicrobial-resistant infections identified in the state and within regions of the state.

PROPOSERS: Supporters say that the bill is the next phase of a health policy journey to address hospital-derived infections that started in 2004. The bill modernizes previously passed language and adopts best practices that have been developed in the past 10 years. One in every 25 patients will contract a hospital-derived infection. Patients deserve the highest level of protection from these superbug killers. Hospital-associated infections (HAIs) are the fourth most common cause of death and are a big cause of death in the United States. These infections are very costly to the insurer and any employer providing health insurance, as well as a huge cost to workers compensation and health insurance paid for by the state. The law needs to be updated because so much has changed since 2004.

Testifying for the bill were Senator Schaaf; St. Louis Area Business Health Coalition; Missouri Hospital Association; and Ray Wagner.

OPPOSERS: There was no opposition voiced to the committee.