

## HB 1855 -- INFECTION REPORTING

SPONSOR: Allen

COMMITTEE ACTION: Voted "Do Pass" by the Standing Committee on Health and Mental Health Policy by a vote of 11 to 0. Voted "Do Pass" by the Select Committee on Social Services by a vote of 8 to 0.

This bill requires the Department of Health and Senior Services to include carbapenem-resistant enterobacteriaceae (CRE) in its list of communicable or infectious diseases which must be reported to the department.

Currently, the department is required to disseminate reports to the public based on data compiled showing infection incidence rates for certain infections for hospitals and ambulatory surgical centers. The bill adds other infections to be reported, including: hospital and ambulatory surgical center procedure infections that meet certain requirements, central line-related bloodstream infections, health care-associated infections specified by the Centers for Medicare and Medicaid Services (CMS), and other categories of infections established by the department through rule. The department must make such reports available to the public for at least two years.

The bill requires the Infection Control Advisory Panel to make recommendations to the department regarding CMS' reporting requirements by January 1, 2017. The panel recommendations must address which hospitals are required, as a condition of licensure, to use specified national networks for data collection, risk analysis and adjustment, or public reporting of infection data. As a condition of licensure, those hospitals that meet the minimum public reporting requirements must participate in the National Healthcare Safety Network program. Those hospitals must permit the program to disclose facility-specific data and those facilities not participating in the program must submit facility-specific data to the department as a condition of licensure.

No later than August 28, 2017, each hospital and ambulatory surgical center, excluding mental health facilities, must establish an antibiotic stewardship program for evaluating the judicious use of antibiotics, especially antibiotics that are the last line of defense against resistant infections. The stewardship program procedures must be made available to the department upon inspection. Hospitals are required to meet specified national standards for reporting antimicrobial usage or resistance and must authorize the National HealthCare Safety Network, or its successor, to disclose to the department facility-specific reported data.

Such data must not be disclosed to the public except under specific circumstances. Beginning January 1, 2018, and every year thereafter, the department must report to the General Assembly on the incidence, type, and distribution of antimicrobial-resistant infections in the state.

This bill is the same as SB 579 (2016) and similar to SCS HCS HB 1066 (2015), SCS SB 10 (2015), and SB 910 (2014).

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 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 Representative Allen; St. Louis Area Business Health Coalition; United Healthcare Services, Inc.; Missouri Hospital Association; and the Missouri Ambulatory Surgery Center Association.

OPPOSERS: There was no opposition voiced to the committee.