

FIRST REGULAR SESSION

# HOUSE BILL NO. 1057

100TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE SHAWAN.

2176H.031

DANA RADEMAN MILLER, Chief Clerk

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## AN ACT

To repeal section 192.667, RSMo, and to enact in lieu thereof one new section relating to infection control data reporting.

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*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Section A. Section 192.667, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 192.667, to read as follows: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 shall report patient abstract data for outpatients and inpatients. Ambulatory surgical centers and abortion facilities as defined in section 197.200 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 the incidence of health care-associated infections from hospitals, ambulatory surgical centers, abortion facilities, and other facilities as necessary to generate the reports required by this section. Hospitals, ambulatory surgical centers, abortion facilities, and other facilities shall provide such data in compliance with this section. **If the Centers for Medicare and Medicaid Services requires hospitals to submit health care-associated infection data, then hospitals and the department shall not be required to comply with the health care-associated infection data reporting requirements of subsections 2 to 17 of this section applicable to hospitals, except that the department shall post a link on its website to publicly reported data by hospitals on the Centers for Medicare and Medicaid Services' Hospital Compare website, or its successor.**

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.

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

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

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

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

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

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

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

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

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

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

51           5. After considering the recommendations of the infection control advisory panel, and  
52 provided that the requirements of subsection 13 of this section can be met, the department shall  
53 implement guidelines from the federal Centers for Disease Control and Prevention's National

54 Healthcare Safety Network, or its successor. It shall be a condition of licensure for hospitals that  
55 meet the minimum public reporting requirements of the National Healthcare Safety Network and  
56 the Centers for Medicare and Medicaid Services to participate in the National Healthcare Safety  
57 Network, or its successor. Such hospitals shall permit the National Healthcare Safety Network,  
58 or its successor, to disclose facility-specific infection data to the department as required under  
59 this section, and as necessary to provide the public reports required by the department. It shall  
60 be a condition of licensure for any ambulatory surgical center or abortion facility which does not  
61 voluntarily participate in the National Healthcare Safety Network, or its successor, to submit  
62 facility-specific data to the department as required under this section, and as necessary to provide  
63 the public reports required by the department.

64         6. The department shall not require the resubmission of data which has been submitted  
65 to the department of health and senior services or the department of social services under any  
66 other provision of law. The department of health and senior services shall accept data submitted  
67 by associations or related organizations on behalf of health care providers by entering into  
68 binding agreements negotiated with such associations or related organizations to obtain data  
69 required pursuant to section 192.665 and this section. A health care provider shall submit the  
70 required information to the department of health and senior services:

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

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

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

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

87         8. The department shall undertake a reasonable number of studies and publish  
88 information, including at least an annual consumer guide, in collaboration with health care  
89 providers, business coalitions and consumers based upon the information obtained pursuant to

90 the provisions of section 192.665 and this section. The department shall allow all health care  
91 providers and associations and related organizations who have submitted data which will be used  
92 in any publication to review and comment on the publication prior to its publication or release  
93 for general use. The publication shall be made available to the public for a reasonable charge.

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

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

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

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

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

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

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

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

120 (2) Central line-related bloodstream infections;

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

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

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

128         13. In consultation with the infection control advisory panel established pursuant to  
129 section 197.165, the department shall develop and disseminate to the public reports based on data  
130 compiled for a period of twelve months. Such reports shall be updated quarterly and shall show  
131 for each hospital, ambulatory surgical center, abortion facility, and other facility metrics on  
132 risk-adjusted health care-associated infections under this section.

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

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

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

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

151         18. The department shall promulgate rules to implement the provisions of section  
152 192.131 and sections 197.150 to 197.160. Any rule or portion of a rule, as that term is defined  
153 in section 536.010, that is created under the authority delegated in this section shall become  
154 effective only if it complies with and is subject to all of the provisions of chapter 536 and, if  
155 applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the  
156 powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective  
157 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of  
158 rulemaking authority and any rule proposed or adopted after August 28, 2004, shall be invalid  
159 and void.

160         19. No later than August 28, 2017, each hospital, excluding mental health facilities as  
161 defined in section 632.005, and each ambulatory surgical center and abortion facility as defined

162 in section 197.200, shall in consultation with its medical staff establish an antimicrobial  
163 stewardship program for evaluating the judicious use of antimicrobials, especially antibiotics that  
164 are the last line of defense against resistant infections. The hospital's stewardship program and  
165 the results of the program shall be monitored and evaluated by hospital quality improvement  
166 departments and shall be available upon inspection to the department. At a minimum, the  
167 antimicrobial stewardship program shall be designed to evaluate that hospitalized patients  
168 receive, in accordance with accepted medical standards of practice, the appropriate antimicrobial,  
169 at the appropriate dose, at the appropriate time, and for the appropriate duration.

170 20. Hospitals described in subsection 19 of this section shall meet the National  
171 Healthcare Safety Network requirements for reporting antimicrobial usage or resistance by using  
172 the Centers for Disease Control and Prevention's Antimicrobial Use and Resistance (AUR)  
173 Module when [~~regulations concerning Stage 3 of the Medicare and Medicaid Electronic Health~~  
174 ~~Records Incentive Programs promulgated by the Centers for Medicare and Medicaid Services~~  
175 ~~that enable the electronic interface for such reporting are effective]~~ **conditions of participation**  
176 **promulgated by the Centers for Medicare and Medicaid Services requiring the electronic**  
177 **reporting of antibiotic use or antibiotic resistance by hospitals are effective.** When such  
178 antimicrobial usage or resistance reporting takes effect, hospitals shall authorize the National  
179 Healthcare Safety Network, or its successor, to disclose to the department facility-specific  
180 information reported to the AUR Module. Facility-specific data on antibiotic usage and  
181 resistance collected under this subsection shall not be disclosed to the public, but the department  
182 may release case-specific information to other facilities, physicians, and the public if the  
183 department determines on a case-by-case basis that the release of such information is necessary  
184 to protect persons in a public health emergency. **Nothing in this section shall prohibit a**  
185 **hospital from voluntarily reporting antibiotic use or antibiotic resistance data through the**  
186 **National Healthcare Safety Network, or its successor, prior to the effective date of the**  
187 **conditions of participation requiring the reporting.**

188 21. The department shall make a report to the general assembly beginning January 1,  
189 2018, and on every January first thereafter on the incidence, type, and distribution of  
190 antimicrobial-resistant infections identified in the state and within regions of the state.

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