

SB 108-FN - AS AMENDED BY THE HOUSE

03/12/2015 0635s
15Apr2015... 1223h

2015 SESSION

15-0380
01/09

SENATE BILL ***108-FN***

AN ACT relative to health care associated infections.

SPONSORS: Sen. Stiles, Dist 24; Sen. Carson, Dist 14; Sen. Fuller Clark, Dist 21;
Rep. McMahon, Rock 7; Rep. Hess, Merr 24; Rep. Rosenwald, Hills 30;
Rep. Sherman, Rock 24

COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill makes certain changes to the law governing the reporting of health care associated infections.

This bill is a request of the department of health and human services.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struck through~~].
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Fifteen

AN ACT relative to health care associated infections.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Health Care Associated Infections; Facilities Added. Amend RSA 151:33 through RSA 151:35
2 to read as follows:

3 151:33 Hospitals, ***End-Stage Renal Dialysis Centers, Nursing and Other Residential***
4 ***Care Facilities, Assisted Living Residences,*** and Ambulatory Surgical Facilities Required to
5 Report.

6 I. Any hospital licensed pursuant to this chapter shall maintain a program capable of
7 identifying and tracking infections for the purpose of reporting under this section. ***Nothing in this***
8 ***section shall be construed to mandate or require influenza vaccination for health care***
9 ***personnel and patients/residents.*** Such program shall have the capacity to identify the following
10 elements:

- 11 (a) The specific infectious agents or toxins and site of each infection;
12 (b) The clinical department or unit within the facility where the patient first became
13 infected or was first diagnosed; and
14 (c) The patient's diagnoses at time of admission and any relevant specific surgical,
15 medical, or diagnostic procedure performed during the current admission.

16 II.(a) Hospitals shall initially identify, track, and report infections to include:

- 17 (1) Central line related bloodstream infections;
18 (2) [~~Ventilator associated pneumonia~~] ***Catheter associated urinary tract***
19 ***infections;*** and
20 (3) Surgical wound infections.

21 (b) Hospitals shall also initially identify, track, and report process measures including:

- 22 (1) Adherence rates of central line insertion practices;
23 (2) Surgical antimicrobial prophylaxis; and
24 (3) Coverage rates of influenza vaccination for health care personnel and
25 patients/residents.

26 II-a. Any ambulatory surgical facility licensed pursuant to this chapter shall maintain a
27 program capable of identifying and tracing infections for the purpose of reporting under this section.
28 Such program shall have the capacity to identify the following elements:

- 29 (a) Surgical wound infections.

1 (b) Surgical antimicrobial prophylaxis.

2 (c) Coverage rates of influenza vaccination for health care personnel.

3 ***II-b. Any end-stage renal dialysis center licensed pursuant to this chapter shall***
4 ***maintain a program capable of identifying and tracking infections for the purpose of***
5 ***reporting under this section. Such program shall have the capacity to identify the***
6 ***following elements:***

7 (a) ***Positive blood culture.***

8 (b) ***Vascular access site infection.***

9 (c) ***Intravenous antimicrobial start time.***

10 (d) ***Coverage rates of influenza vaccination for health care personnel.***

11 ***II-c. Any nursing and residential care facility licensed pursuant to this chapter, or***
12 ***any assisted living residence licensed under RSA 161-J shall maintain a program capable***
13 ***of identifying and tracking the coverage rates of influenza vaccination for health care***
14 ***personnel and patients/residents.***

15 III. Subsequent to the initial requirements identified in ~~[paragraph]~~ ***paragraphs II, II-a,***
16 ***or II-b,*** the department shall, from time to time, require the tracking and reporting of other types of
17 infections~~[- including urinary tract infections]~~ when reporting protocols are identified by the
18 department, that occur in hospitals, ***end-stage renal dialysis centers,*** and ambulatory surgical
19 facilities in consultation with technical advisors who are regionally or nationally-recognized experts
20 in the prevention, identification, and control of ~~[hospital]~~ ***health care associated*** infections and the
21 reporting of performance data. ~~[The department shall make progress reports every 6 months to the~~
22 ~~oversight committee on health and human services, established in RSA 126 A:13, concerning the~~
23 ~~development of reporting protocols for tracking of urinary tract infections and shall notify the~~
24 ~~oversight committee on health and human services when the tracking of urinary tract infections has~~
25 ~~commenced.]~~

26 IV. The commissioner of the department shall adopt rules, pursuant to RSA 541-A, for
27 hospital, ***end-stage renal dialysis center, nursing and residential care facility, assisted***
28 ***living residence,*** and ambulatory surgical facility identification, tracking, and reporting of
29 infections ***and/or coverage rates of influenza vaccinations as required in this section*** which
30 shall be consistent with the recommendations of recognized centers of expertise in the identification
31 and prevention of infections including, but not limited to the National Health Care Safety Network
32 and the Healthcare Infection Control Practices Advisory Committee of the Centers for Disease
33 Control and Prevention or its successor, the Joint Commission on the Accreditation of Healthcare
34 Organizations, the Centers for Medicare and Medicaid Services, the Hospital Quality Alliance, the
35 National Quality Forum, and the New Hampshire health care quality assurance commission under
36 RSA 151-G.

37 V. Each hospital, ***end-stage renal dialysis center, nursing and residential care***

1 *facility, assisted living residence*, and ambulatory surgical facility shall regularly report to the
2 department hospital, *end-stage renal dialysis center, nursing and residential care facility,*
3 *assisted living residence*, and ambulatory surgical facility acquired infections and the infection
4 data it has collected *and/or coverage rates of influenza vaccinations as required in this*
5 *section*. Such reporting shall be done in the manner directed by the department in accordance with
6 rules adopted pursuant to RSA 541-A. The commissioner shall establish data collection and
7 analytical methodologies that meet accepted standards for validity and reliability. In no case shall
8 the frequency of reporting be required to be more frequently than once every 3 months, and reports
9 shall be submitted not more than 60 days after the close of the reporting period.

10 151:34 Statewide Database Required.

11 I. The department shall ~~establish~~ *maintain* a statewide database of all reported infection
12 information *and/or coverage rates of influenza vaccinations as required in RSA 151:33* for
13 the purpose of monitoring quality improvement and infection control activities in hospitals, *end-*
14 *stage renal dialysis centers, nursing and other residential care facilities, assisted living*
15 *residences*, and ambulatory surgical facilities. The database shall be organized so that consumers,
16 hospitals, *end-stage renal dialysis centers, nursing and other residential care facilities,*
17 *assisted living residences*, ambulatory surgical facilities, health care professionals, purchasers,
18 and payers may compare individual hospital, *end-stage renal dialysis center, nursing and other*
19 *residential care facility, assisted living residence*, and ambulatory surgical facility experience
20 with that of other individual hospitals, *end-stage renal dialysis centers, nursing and other*
21 *residential care facilities, assisted living residences*, and ambulatory surgical facilities as well
22 as regional and statewide averages and, where available, national data.

23 II.(a) Subject to subparagraph ~~(e)~~ *(b)*, on or before August 1 of each year, provided that the
24 data collection and analytical methodologies meet accepted standards for validity and reliability, the
25 commissioner shall report on the department's web site infection rates ~~[both exclusive and inclusive~~
26 ~~of adjustments for potential differences in risk factors]~~ for each reporting hospital, *end-stage renal*
27 *dialysis center, nursing and other residential care facility, assisted living facility*, and
28 ambulatory surgical facility, an analysis of trends in the prevention and control of infection rates
29 *and coverage rates of influenza vaccinations as required in RSA 151:33* in hospitals, *end-*
30 *stage renal dialysis centers, nursing and other residential care facilities, assisted living*
31 *residences*, and ambulatory surgical facilities across the state, regional and, if available, national
32 comparisons for the purpose of comparing individual hospital, *end-stage renal dialysis center,*
33 *nursing and other residential care facility, assisted living facility*, and ambulatory surgical
34 facility performance, and a narrative describing lessons for safety and quality improvement that can
35 be learned from leadership hospitals and programs.

36 ~~[(b) The commissioner shall consult with technical advisors who have regionally or~~
37 ~~nationally acknowledged expertise in the prevention and control of infections and infectious diseases~~

1 ~~in order to develop the adjustment for potential differences in risk factors to be used for public~~
2 ~~reporting.~~

3 ~~(c)(1)~~ (b) ~~[Within 180 days of the effective date of this section, the]~~ *The* department
4 shall ~~[establish]~~ *maintain* an infection reporting system capable of receiving electronically
5 transmitted reports from hospitals, *end-stage renal dialysis centers, nursing and other*
6 *residential care facilities, assisted living residences,* and ambulatory surgical facilities.
7 ~~[Whether or not the department has established such a reporting system, hospitals,]~~ *End-stage*
8 *renal dialysis centers, nursing and other residential care facilities, and assisted living*
9 *residences*~~[, and ambulatory surgical facilities]~~ shall begin to submit reports as required by this
10 section within 6 months of the effective date of this section.

11 ~~[(2) The first 6 months of data submission under this section shall be considered the~~
12 ~~“pilot phase” of the statewide infection reporting system. The purpose of the pilot phase is to ensure,~~
13 ~~by various means, the completeness and accuracy of infection reporting by hospitals.~~

14 ~~(3) No later than 60 days after the conclusion of the pilot phase, the commissioner~~
15 ~~shall issue a report to hospitals and to the oversight committee on health and human services~~
16 ~~assessing the overall accuracy of the data submitted in the pilot phase and provide guidance for~~
17 ~~improving the accuracy of infection reporting.~~

18 ~~(4) After the pilot phase is completed, all data submitted under this section and~~
19 ~~compiled in the statewide infection database established under this section and all public reports~~
20 ~~derived therefrom shall include hospital and ambulatory surgical facility identifiers.~~

21 ~~(5) The first public report required pursuant to subparagraph (4) shall be made not~~
22 ~~later than 7 months after the completion date of the pilot phase.]~~

23 III. To assure the accuracy of the self-reported hospital, *end-stage renal dialysis center,*
24 and ambulatory surgical facility infection data and to assure that public reporting fairly reflects
25 what actually is occurring in each hospital, *end-stage renal dialysis center,* and ambulatory
26 surgical facility, the department shall ~~[make a quarterly report to the oversight committee on health~~
27 ~~and human services on its infection rate data. If the commissioner is not satisfied with the overall~~
28 ~~accuracy of the data submitted, the commissioner shall]~~ validate the results and the methodology
29 used to collect and analyze the data. ~~[The commissioner shall notify the oversight committee on~~
30 ~~health and human services relative to the validation of such data. After notification to the oversight~~
31 ~~committee, the commissioner may release such information to the public.]~~ If~~[- however,]~~ the
32 commissioner concludes that he or she is unable to adequately validate the data, the commissioner
33 shall notify the oversight committee on health and human services of that fact and the reasons
34 therefor and, in that case, the commissioner shall not be required to include hospital, *end-stage*
35 *renal dialysis center, nursing and other residential care facility, assisted living residence,*
36 and ambulatory surgical facility identifiers in the information released to the public.

37 IV. In addition to the department's reporting responsibilities under this section, the

1 department shall beginning in 2012 make a biennial report to the oversight committee on health and
2 human services and the house and senate ways and means committees on or before August 1,
3 regarding the health care associated infections program costs, the amount of federal funding received
4 for the program, and the amount of fees paid by hospitals, *end-stage renal dialysis centers*, and
5 ambulatory surgical centers to support the program.

6 151:35 Limitation. Notwithstanding any provision of law to the contrary, hospitals, *end-stage*
7 *renal dialysis centers, nursing and other residential care facilities, assisted living*
8 *residences*, or ambulatory surgical facilities may provide, and the department may collect under
9 this subdivision, any data or patient identifiers as set forth in the protocols and specifications
10 published and periodically amended by the National Healthcare Safety Network; provided that an
11 individual patient's name, street address, city or town, telephone number, and social security
12 number shall not be included in any data collected.

13 2 Health Care Associated Infections; Payments. Amend the section heading and paragraph I of
14 RSA 151:36 to read as follows:

15 151:36 Payment by Hospitals, *End-Stage Renal Dialysis Centers*, and Ambulatory Surgical
16 Centers.

17 I. The department shall assess a fee to hospitals, *end-stage renal dialysis centers*, and
18 ambulatory surgical centers that are required to report under RSA 151:33 to support the program's
19 approved operating budget.

20 (a) The hospitals' portion shall be proportional to the number of measures reported by all
21 hospitals in the state.

22 (b) The ambulatory surgical centers' portion shall be proportional to the total number of
23 measures reported by ambulatory surgical centers in the state.

24 (c) *The end-stage renal dialysis centers' portion shall be proportional to the*
25 *total number of measures reported by end-stage renal dialysis centers in the state.*

26 3 New Paragraph; Health Care Associated Infections. Amend RSA 151:36 by inserting after
27 paragraph III the following new paragraph:

28 III-a. There shall be proportional fee categories based on the range of patient visits annually
29 at an end-stage renal dialysis center, which shall equal the total amount of payment that is required
30 by all end-stage renal dialysis centers. Of that base amount as stated in subparagraph I(c), each
31 end-stage renal dialysis center required to report shall pay a fee based on the appropriate category
32 for that end-stage renal dialysis center.

33 4 Health Care Associated Infections. Amend RSA 151:36, V to read as follows:

34 V. There is hereby established the health care associated infections fund. The fund shall be
35 composed of fees collected in accordance with RSA 151:36, I-~~III~~ *III-a* and shall be used to carry out
36 the provisions of this subdivision. The fund shall be nonlapsing and shall be continually
37 appropriated to the commissioner for the purposes of this subdivision.

SB 108-FN - AS AMENDED BY THE HOUSE
- Page 6 -

1 5 Effective Date. This act shall take effect 60 days after its passage.

LBAO
15-0380
Amended 04/23/15

SB 108-FN FISCAL NOTE

AN ACT relative to health care associated infections.

FISCAL IMPACT:

The Legislative Budget Assistant has determined that this legislation, **as amended by the House (Amendment #2015-1223h)**, has a total fiscal impact of less than \$10,000 in each of the fiscal years 2016 through 2019.