

By: Representative Janus

To: Public Health and Human
Services

HOUSE BILL NO. 1361

1 AN ACT CREATE THE HOSPITAL INFECTIONS DISCLOSURE ACT; TO
2 REQUIRE HOSPITALS TO COLLECT DATA ON HOSPITAL-ACQUIRED INFECTION
3 RATES FOR THE SPECIFIC CLINICAL PROCEDURES DETERMINED BY THE STATE
4 BOARD OF HEALTH BY REGULATION AND SUBMIT QUARTERLY REPORTS ON
5 THEIR HOSPITAL-ACQUIRED INFECTION RATES TO THE STATE DEPARTMENT OF
6 HEALTH; TO PROVIDE FOR THE APPOINTMENT OF AN ADVISORY COMMITTEE TO
7 ASSIST THE DEPARTMENT IN THE DEVELOPMENT OF ALL ASPECTS OF THE
8 DEPARTMENT'S METHODOLOGY FOR COLLECTING, ANALYZING AND DISCLOSING
9 THE INFORMATION COLLECTED UNDER THIS ACT; TO DIRECT THE DEPARTMENT
10 TO SUBMIT AN ANNUAL REPORT TO THE LEGISLATURE SUMMARIZING THE
11 HOSPITAL QUARTERLY REPORTS; TO PROVIDE THAT HOSPITAL REPORTS AND
12 DEPARTMENT DISCLOSURES SHALL NOT CONTAIN INFORMATION IDENTIFYING A
13 PATIENT, EMPLOYEE OR LICENSED HEALTH CARE PROFESSIONAL IN
14 CONNECTION WITH A SPECIFIC INFECTION INCIDENT; TO PROVIDE
15 PENALTIES FOR VIOLATIONS OF THIS ACT; TO AMEND SECTION 41-9-15,
16 MISSISSIPPI CODE OF 1972, TO CONFORM TO THE PRECEDING PROVISIONS;
17 AND FOR RELATED PURPOSES.

18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

19 **SECTION 1.** This act may be cited as the Hospital Infections
20 Disclosure Act.

21 **SECTION 2.** For purposes of this act:

22 (a) "Department" means the State Department of Health.

23 (b) "Hospital" means an acute care health care facility
24 licensed as a hospital under Section 41-9-1 et seq.

25 (c) "Hospital-acquired infection" means a localized or
26 systemic condition (i) that results from adverse reaction to the
27 presence of an infectious agent(s) or its toxin(s) and (ii) that
28 was not present or incubating at the time of admission to the
29 hospital.

30 **SECTION 3.** (1) Individual hospitals shall collect data on
31 hospital-acquired infection rates for the specific clinical
32 procedures determined by the State Board of Health by regulation,
33 including the following categories:

34 (a) Surgical site infections;
35 (b) Ventilator-associated pneumonia;
36 (c) Central line-related bloodstream infections;
37 (d) Urinary tract infections; and
38 (e) Other categories as provided under subsection (4)
39 of this section.

40 (2) (a) Hospitals shall submit quarterly reports on their
41 hospital-acquired infection rates to the department. Quarterly
42 reports shall be submitted to the department, in a format
43 prescribed by regulation of the State Board of Health, by April
44 30, July 31, October 31 and January 31 of each year for the
45 previous quarter. Data in quarterly reports must cover a period
46 ending not earlier than one (1) month before submission of the
47 report. Quarterly reports shall be made available to the public
48 at each hospital and through the department. The first quarterly
49 report is due on October 31, 2005.

50 (2) If the hospital is a division or subsidiary of another
51 entity that owns or operates other hospitals or related
52 organizations, the quarterly report shall be for the specific
53 division or subsidiary and not for the other entity.

54 (3) (a) The executive director of the department shall
55 appoint an advisory committee, including representatives from
56 public and private hospitals (including from hospital infection
57 control departments), direct care nursing staff, physicians,
58 epidemiologists with expertise in hospital-acquired infections,
59 academic researchers, consumer organizations, health insurers,
60 health maintenance organizations, organized labor and purchasers
61 of health insurance, such as employers. The advisory committee
62 shall have a majority of members representing interests other than
63 hospitals.

64 (b) The advisory committee shall assist the department
65 in the development of all aspects of the department's methodology
66 for collecting, analyzing and disclosing the information collected

67 under this act, including collection methods, formatting and
68 methods and means for release and dissemination.

69 (c) In developing the methodology for collecting and
70 analyzing the infection rate data, the department and the advisory
71 committee shall consider existing methodologies and systems for
72 data collection, such as the Centers for Disease Control's
73 National Nosocomial Infection Surveillance Program, or its
74 successor; however, the department's discretion to adopt a
75 methodology shall not be limited or restricted to any existing
76 methodology or system. The data collection and analysis
77 methodology shall be disclosed to the public before any public
78 disclosure of hospital-acquired infection rates.

79 (d) The department and the advisory committee shall
80 evaluate on a regular basis the quality and accuracy of hospital
81 information reported under this act and the data collection,
82 analysis and dissemination methodologies.

83 (4) The department, after consultation with the advisory
84 committee, may require hospitals to collect data on
85 hospital-acquired infection rates in categories in addition to
86 those specifically set forth in subsection (1) of this section.

87 **SECTION 4.** (1) The department shall submit an annual report
88 to the Legislature summarizing the hospital quarterly reports and
89 shall publish the annual report on its website. The first annual
90 report shall be submitted and published in 2006. The annual
91 report required by this section may be included in the annual
92 report published under Section 41-9-29. The department may issue
93 quarterly informational bulletins at its discretion, summarizing
94 all or part of the information submitted in the hospital quarterly
95 reports.

96 (2) All reports issued by the department shall be risk
97 adjusted.

98 (3) The annual report shall compare the risk-adjusted
99 hospital-acquired infection rates collected under Section 3 of

100 this act for each individual hospital in the state. The
101 department, in consultation with the advisory committee, shall
102 make this comparison as easy to comprehend as possible. The
103 report also shall include an executive summary, written in plain
104 language, that shall include, but not be limited to, a discussion
105 of findings, conclusions and trends concerning the overall state
106 of hospital-acquired infections in the state, including a
107 comparison to prior years. The report may include policy
108 recommendations, as appropriate.

109 (4) The department shall publicize the annual report and its
110 availability as widely as practical to interested parties,
111 including, but not limited to, hospitals, providers, media
112 organizations, health insurers, health maintenance organizations,
113 purchasers of health insurance, organized labor, consumer or
114 patient advocacy groups and individual consumers. The annual
115 report shall be made available to any person upon request.

116 (5) No hospital report or department disclosure may contain
117 information identifying a patient, employee or licensed health
118 care professional in connection with a specific infection
119 incident.

120 **SECTION 5.** It is the expressed intent of the Legislature
121 that a patient's right of confidentiality shall not be violated in
122 any manner. Patient social security numbers and any other
123 information that could be used to identify an individual patient
124 shall not be released, notwithstanding any other provision of law.

125 **SECTION 6.** If the department determines that a hospital has
126 violated any of the provisions of this act, the hospital may be
127 subject to any of the following:

128 (a) Suspension or revocation of licensure or other sanctions
129 relating to licensure under Section 41-9-1 et seq.

130 (b) A civil penalty of up to One Thousand Dollars
131 (\$1,000.00) per day per violation for each day the hospital is in
132 violation of the act.

133 **SECTION 7.** The department shall be responsible for ensuring
134 compliance with this act as a condition of licensure under Section
135 41-9-1 et seq. and shall enforce that compliance according to the
136 provisions of Section 41-9-1 et seq.

137 **SECTION 8.** Section 41-9-15, Mississippi Code of 1972, is
138 amended as follows:

139 41-9-15. The licensing agency, after notice and opportunity
140 for hearing to the applicant or licensee, may deny, suspend or
141 revoke a license in any case in which it finds that there has been
142 a substantial failure to comply with the requirements established
143 under Section 41-9-1 through 41-9-35 or the provisions of Section
144 1 through 7 of this act.

145 The notice shall be effected by registered mail, or by
146 personal service, setting forth the particular reasons for the
147 proposed action and a fixing date not less than thirty (30) days
148 from the date of the mailing or service, at which the applicant or
149 licensee shall be given an opportunity for a prompt and fair
150 hearing. On the basis of any such hearing, or upon default of the
151 applicant or licensee, the licensing agency shall make a
152 determination specifying its findings of fact and conclusions of
153 law. A copy of that determination shall be sent by registered
154 mail or served personally upon the applicant or licensee. The
155 decision revoking, suspending or denying the license or
156 application shall become final thirty (30) days after it is so
157 mailed or served, unless the applicant or licensee, within the
158 thirty-day period, appeals the decision, under Section 41-9-31.

159 The procedure governing hearings authorized by this section
160 shall be in accordance with rules promulgated by the licensing
161 agency. A full and complete record shall be kept of all
162 proceedings, and all testimony shall be reported but need not be
163 transcribed unless the decision is appealed under Section 41-9-31.
164 Witnesses may be subpoenaed by either party. Compensation shall
165 be allowed to witnesses as in cases in the chancery court. Each

166 party shall pay the expense of his own witnesses. The cost of the
167 record shall be paid by the licensing agency. Any other party
168 desiring a copy of the transcript shall pay * * * the reasonable
169 cost of preparing the same.

170 **SECTION 9.** This act shall take effect and be in force from
171 and after July 1, 2005.