

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.