

By: Senator(s) Dearing

To: Public Health and Welfare

SENATE BILL NO. 2293

1 AN ACT ENTITLED THE "HOSPITAL INFECTIONS DISCLOSURE ACT OF
 2 2006"; TO PROVIDE DEFINITIONS; TO EMPOWER AND DIRECT THE STATE
 3 DEPARTMENT OF HEALTH TO REQUIRE ACUTE CARE HOSPITALS AND
 4 AMBULATORY SURGICAL FACILITIES TO COLLECT AND PROVIDE STATISTICAL
 5 QUARTERLY REPORTS ON HOSPITAL-ACQUIRED INFECTION RATES FOR
 6 SPECIFIC CLINICAL PROCEDURES; TO PROVIDE FOR THE APPOINTMENT OF AN
 7 ADVISORY COMMITTEE TO ASSIST THE DEPARTMENT IN DEVELOPING A
 8 METHODOLOGY FOR SAID REPORTS; TO PROVIDE FOR CONFIDENTIALITY; TO
 9 PROVIDE CIVIL PENALTIES FOR NONCOMPLIANCE WITH SAID REPORTING
 10 REQUIREMENTS; TO AMEND SECTIONS 41-9-15, 41-75-11 AND 41-9-63,
 11 MISSISSIPPI CODE OF 1972, IN CONFORMITY THERETO; AND FOR RELATED
 12 PURPOSES.

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

14 **SECTION 1.** This act shall be known and may be cited as the
 15 "Hospital Infections Disclosure Act of 2006."

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

17 (a) "Department" means the Mississippi Department of
 18 Health.

19 (b) "Hospital" means an acute care health care facility
 20 licensed under the provisions of Sections 41-9-1 through 41-9-35,
 21 Mississippi Code of 1972, and a hospital-affiliated or
 22 freestanding outpatient ambulatory surgical facility licensed
 23 under the provisions of Section 41-75-1 et seq.

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

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

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

39 (2) (a) Hospitals shall submit quarterly reports on their
40 hospital-acquired infection rates to the department. Quarterly
41 reports shall be submitted, in a format set forth in regulations
42 adopted by the department, to the department by April 30, July 31,
43 October 31 and January 31 each year for the previous quarter.
44 Data in quarterly reports must cover a period ending not earlier
45 than one (1) month prior to submission to the report.

46 (b) If the hospital is a division or subsidiary of
47 another entity that owns or operates other hospitals or related
48 organizations, the quarterly report shall be for the specific
49 division or subsidiary and not for the parent hospital.

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

60 (b) The advisory committee shall assist the department
61 in the development of all aspects of the department's methodology
62 for collecting, analyzing and disclosing the information collected
63 under this act, including collection methods, formatting, and
64 methods and means for release and dissemination. In developing
65 the methodology for collecting and analyzing the infection rate

66 data, the department and advisory committee shall consider
67 existing methodologies and systems for data collection, such as
68 the Centers for Disease Control's National Nosocomial Infection
69 Surveillance Program, or its successor, however, the department's
70 discretion to adopt a methodology shall not be limited or
71 restricted to any existing methodology or system. The data
72 collection and analysis methodology shall be disclosed to the
73 public prior to any public disclosure of hospital-acquired
74 infection rates.

75 (4) The department and the advisory committee shall
76 evaluate, on a regular basis, the quality and accuracy of hospital
77 information reported under this act and the data collection,
78 analysis and dissemination methodologies. The department may,
79 after consultation with the advisory committee, require hospitals
80 to collect data on hospital-acquired infection rates in categories
81 additional to those set forth in subsection (1).

82 **SECTION 4.** (1) The department shall annually submit to the
83 Legislature a report summarizing the hospital quarterly reports
84 and shall publish the annual report on its web site. The first
85 annual report shall be submitted and published in 2007. The
86 department may issue quarterly informational bulletins at its
87 discretion, summarizing all or part of the information submitted
88 in the hospital quarterly reports.

89 (2) All reports issued by the department shall be risk
90 adjusted.

91 (3) The annual report shall compare the risk-adjusted
92 hospital-acquired infection rates, collected under Section 3 of
93 this act, for each individual hospital in the state. The
94 department, in consultation with the advisory committee, shall
95 make this comparison as easy to comprehend as possible. The
96 report shall also include an executive summary, written in plain
97 language, that shall include, but not be limited to, a discussion
98 of findings, conclusions and trends concerning the overall state

99 of hospital-acquired infections in the state, including a
100 comparison to prior years. The report may include policy
101 recommendations, as appropriate.

102 (4) The department shall publicize the report and its
103 availability as widely as practical to interested parties,
104 including, but not limited to, hospitals, providers, media
105 organizations, health insurers, health maintenance organizations,
106 purchasers of health insurance, organized labor, consumer or
107 patient advocacy groups, and individual consumers. The annual
108 report shall be made available to any person upon request.

109 (5) No hospital report or department disclosure may contain
110 information identifying a patient, employee or licensed health
111 care professional in connection with a specific infection
112 incident.

113 **SECTION 5.** It is the expressed intent of the Legislature
114 that a patient's right of confidentiality shall not be violated in
115 any manner. Patient social security numbers and any other
116 information that could be used to identify an individual patient
117 shall not be released notwithstanding any other provision of law.

118 **SECTION 6.** A determination that a hospital has violated the
119 provisions of this act may result in any of the following:

120 (a) Termination of licensure or other sanctions
121 relating to licensure.

122 (b) A civil penalty of up to One Thousand Dollars
123 (\$1,000.00) per day per violation for each day the hospital is in
124 violation of the act.

125 **SECTION 7.** The department shall be responsible for ensuring
126 compliance with this act as a condition of licensure and shall
127 enforce such compliance according to the provisions of Sections
128 41-9-1 through 41-9-35 and Section 41-75-1 et seq.

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

131 41-9-15. The licensing agency, after notice and opportunity
132 for hearing to the applicant or licensee, is authorized to deny,
133 suspend or revoke a license in any case in which it finds that
134 there has been a substantial failure to comply with the
135 requirements established under Sections 41-9-1 through 41-9-35,
136 which shall specifically include the provisions of the Hospital
137 Infections Disclosure Act, being Sections 1 through 7 of Senate
138 Bill No. _____, 2006 Regular Session.

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

154 The procedure governing hearings authorized by this section
155 shall be in accordance with rules promulgated by the licensing
156 agency. A full and complete record shall be kept of all
157 proceedings, and all testimony shall be reported but need not be
158 transcribed unless the decision is appealed pursuant to Section
159 41-9-31. Witnesses may be subpoenaed by either party.
160 Compensation shall be allowed to witnesses as in cases in the
161 chancery court. Each party shall pay the expense of his own
162 witnesses. The cost of the record shall be paid by the licensing

163 agency. Any other party desiring a copy of the transcript shall
164 pay therefor the reasonable cost of preparing the same.

165 **SECTION 9.** Section 41-75-11, Mississippi Code of 1972, is
166 amended as follows:

167 41-75-11. The licensing agency after notice and opportunity
168 for a hearing to the applicant or licensee is authorized to deny,
169 suspend or revoke a license in any case in which it finds that
170 there has been a substantial failure to comply with the
171 requirements established under this chapter, specifically
172 including the provisions of the Hospital Infections Disclosure
173 Act, Sections 1 through 7 of Senate Bill No. _____, 2006 Regular
174 Session. Such notice shall be effected by registered mail, or by
175 personal service setting forth the particular reasons for the
176 proposed action and fixing a date not less than thirty (30) days
177 from the date of such mailing or such service, at which time the
178 applicant or licensee shall be given an opportunity for a prompt
179 and fair hearing. On the basis of any such hearing, or upon
180 default of the applicant or licensee, the licensing agency shall
181 make a determination specifying its findings of fact and
182 conclusions of law. A copy of such determination shall be sent by
183 registered mail or served personally upon the applicant or
184 licensee. The decision revoking, suspending or denying the
185 license or application shall become final thirty (30) days after
186 it is so mailed or served, unless the applicant or licensee,
187 within such thirty (30) day period, appeals the decision to the
188 chancery court in the county in which such facility is located in
189 the manner prescribed in Section 43-11-23, Mississippi Code of
190 1972. The procedure governing hearings authorized by this section
191 shall be in accordance with rules promulgated by the licensing
192 agency. A full and complete record shall be kept of all
193 proceedings, and all testimony shall be recorded but need not be
194 transcribed unless the decision is appealed pursuant to Section
195 43-11-23, Mississippi Code of 1972. Witnesses may be subpoenaed

196 by either party. Compensation shall be allowed to witnesses as in
197 cases in the chancery court. Each party shall pay the expense of
198 his own witnesses. The cost of the record shall be paid by the
199 licensing agency provided any other party desiring a copy of the
200 transcript shall pay therefor the reasonable cost of preparing the
201 same.

202 **SECTION 10.** Section 41-9-63, Mississippi Code of 1972, is
203 amended as follows:

204 41-9-63. All hospitals, their officers or employees and
205 medical and nursing personnel practicing therein, shall with
206 reasonable promptness prepare, make and maintain true and accurate
207 hospital records complying with such methods and minimum standards
208 as may be prescribed from time to time by rules and regulations
209 adopted by the licensing agency, which shall specifically include
210 the requirements of the Hospital Infections Disclosure Act,
211 Sections 1 through 7 of Senate Bill No. _____, 2006 Regular
212 Session.

213 **SECTION 11.** This act shall take effect and be in force from
214 and after July 1, 2006.