

By: Senator(s) Tollison

To: Public Health and  
Welfare; Appropriations

SENATE BILL NO. 2893

1 AN ACT ENTITLED THE HOSPITAL INFECTIONS DISCLOSURE ACT TO  
2 DIRECT HOSPITALS TO COLLECT DATA ON HOSPITAL-ACQUIRED INFECTION  
3 RATES FOR CERTAIN CLINICAL PROCEDURES; TO PROVIDE FOR THE  
4 APPOINTMENT OF AN ADVISORY COUNCIL TO DEVELOP A METHOD FOR  
5 COLLECTING SUCH DATA; TO PROVIDE FOR ANNUAL REPORTS; TO PROVIDE  
6 FOR CONFIDENTIALITY; TO PROVIDE CIVIL PENALTIES FOR NONCOMPLIANCE;  
7 TO AMEND SECTIONS 41-9-15 AND 41-9-17, MISSISSIPPI CODE OF 1972,  
8 TO PROVIDE THAT COMPLIANCE WITH INFECTIONS DISCLOSURE REQUIREMENT  
9 IS A CONDITION FOR ISSUANCE AND RENEWAL OF A HOSPITAL'S LICENSE;  
10 AND FOR RELATED PURPOSES.

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

12 **SECTION 1.** (1) This act may be cited as the Hospital  
13 Infections Disclosure Act.

14 (2) For purposes of this act:

15 (a) "Department" means the Mississippi State Department  
16 of Health.

17 (b) "Hospital" means an acute care health care facility  
18 licensed under Section 41-9-1 et seq.

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

24 (3) (a) Individual hospitals shall collect data on  
25 hospital-acquired infection rates for the specific clinical  
26 procedures determined by the department by regulation, including  
27 the following categories:

- 28 (i) Surgical site infections;
- 29 (ii) Ventilator-associated pneumonia;
- 30 (iii) Central line-related bloodstream infections;
- 31 (iv) Urinary tract infections; and

32 (v) Other categories as provided under subsection  
33 (4) of this section.

34 (b) Hospitals shall submit quarterly reports on their  
35 hospital-acquired infection rates to the department. Quarterly  
36 reports shall be submitted, in a format set forth in regulations  
37 adopted by the department, to the department by April 30, July 31,  
38 October 31 and January 31 each year for the previous quarter.  
39 Data in quarterly reports must cover a period ending not earlier  
40 than one (1) month prior to submission of the report. Quarterly  
41 reports shall be made available to the public at each hospital and  
42 through the department. The first quarterly report shall be due  
43 in 2006. If the hospital is a division or subsidiary of another  
44 entity that owns or operates other hospitals or related  
45 organizations, the quarterly report shall be for the specific  
46 division or subsidiary and not for the other entity.

47 (4) The Executive Director of the Mississippi State  
48 Department of Health shall appoint an advisory committee,  
49 including representatives from public and private hospitals,  
50 hospital infection control departments, direct care nursing staff,  
51 physicians, epidemiologists with expertise in hospital-acquired  
52 infections, academic researchers, consumer organizations, health  
53 insurers, health maintenance organizations, organized labor and  
54 purchasers of health insurance, such as employers. The advisory  
55 committee shall have a majority of members representing interests  
56 other than hospitals. The advisory committee shall assist the  
57 department in the development of all aspects of the department's  
58 methodology for collecting, analyzing and disclosing the  
59 information collected under this act, including collection  
60 methods, formatting and methods and means for release and  
61 dissemination. In developing the methodology for collecting and  
62 analyzing the infection rate data, the department and advisory  
63 committee shall consider existing methodologies and systems for  
64 data collection, such as the Centers for Disease Control's

65 National Nosocomial Infection Surveillance Program, or its  
66 successor; however, the department's discretion to adopt a  
67 methodology shall not be limited or restricted to any existing  
68 methodology or system. The data collection and analysis  
69 methodology shall be disclosed to the public prior to any public  
70 disclosure of hospital-acquired infection rates. The department  
71 and the advisory committee shall evaluate on a regular basis the  
72 quality and accuracy of hospital information reported under this  
73 act and the data collection, analysis and dissemination  
74 methodologies. The department may, after consultation with the  
75 advisory committee, require hospitals to collect data on  
76 hospital-acquired infection rates in categories additional to  
77 those set forth in subsection (3).

78 (5) The department shall annually submit to the Legislature  
79 a report summarizing the hospital quarterly reports and shall  
80 publish the annual report on its website. The first annual report  
81 shall be submitted and published in 2007. The department may  
82 issue quarterly informational bulletins at its discretion,  
83 summarizing all or part of the information submitted in the  
84 hospital quarterly reports. All reports issued by the department  
85 shall be risk adjusted. The annual report shall compare the  
86 risk-adjusted hospital-acquired infection rates, collected under  
87 Section 1 of this act, for each individual hospital in the state.  
88 The department, in consultation with the advisory committee, shall  
89 make this comparison as easy to comprehend as possible. The  
90 report shall also include an executive summary, written in plain  
91 language, that shall include, but not be limited to, a discussion  
92 of findings, conclusions and trends concerning the overall state  
93 of hospital-acquired infections in the state, including a  
94 comparison to prior years. The report may include policy  
95 recommendations as appropriate. The department shall publicize  
96 the report and its availability as widely as practicable to  
97 interested parties, including, but not limited to, hospitals,

98 providers, media organizations, health insurers, health  
99 maintenance organizations, purchasers of health insurance,  
100 organized labor, consumer or patient advocacy groups and  
101 individual consumers. The annual report shall be made available  
102 to any person upon request.

103 (6) No hospital report or department disclosure may contain  
104 information identifying a patient, employee or licensed health  
105 care professional in connection with a specific infection  
106 incident. It is the intent of the Legislature that a patient's  
107 right of confidentiality shall not be violated in any manner.  
108 Patient social security numbers and any other information that  
109 could be used to identify an individual patient shall not be  
110 released notwithstanding any other provision of law.

111 (7) A determination that a hospital has violated the  
112 provisions of this section may result in any of the following:

113 (a) Termination of licensure or other sanctions  
114 relating to licensure under Section 41-9-15.

115 (b) A civil penalty of up to One Thousand Dollars  
116 (\$1,000.00) per day per violation for each day the hospital is in  
117 violation of the act, to be imposed by the department.

118 (8) The department shall be responsible for ensuring  
119 compliance with this section as a condition of licensure and shall  
120 enforce such compliance.

121 **SECTION 2.** Section 41-9-15, Mississippi Code of 1972, is  
122 amended as follows:

123 41-9-15. The licensing agency, after notice and opportunity  
124 for hearing to the applicant or licensee, is authorized to deny,  
125 suspend or revoke a license in any case in which it finds that  
126 there has been a substantial failure to comply with the  
127 requirements established under Section 41-9-1 through 41-9-35.

128 Such notice shall be effected by registered mail, or by  
129 personal service, setting forth the particular reasons for the  
130 proposed action and a fixing date not less than thirty (30) days

131 from the date of such mailing or service, at which the applicant  
132 or licensee shall be given an opportunity for a prompt and fair  
133 hearing. On the basis of any such hearing, or upon default of the  
134 applicant or licensee, the licensing agency shall make a  
135 determination specifying its findings of fact and conclusions of  
136 law. A copy of such determination shall be sent by registered  
137 mail or served personally upon the applicant or licensee. The  
138 decision revoking, suspending or denying the license or  
139 application shall become final thirty (30) days after it is so  
140 mailed or served, unless the applicant or licensee, within such  
141 thirty-day period, appeals the decision, pursuant to Section  
142 41-9-31.

143 The procedure governing hearings authorized by this section  
144 shall be in accordance with rules promulgated by the licensing  
145 agency. A full and complete record shall be kept of all  
146 proceedings, and all testimony shall be reported but need not be  
147 transcribed unless the decision is appealed pursuant to Section  
148 41-9-31. Witnesses may be subpoenaed by either party.  
149 Compensation shall be allowed to witnesses as in cases in the  
150 chancery court. Each party shall pay the expense of his own  
151 witnesses. The cost of the record shall be paid by the licensing  
152 agency. Any other party desiring a copy of the transcript shall  
153 pay therefor the reasonable cost of preparing the same.

154 The licensing agency shall be responsible for ensuring  
155 compliance with hospital-acquired infections disclosure  
156 requirements in Section 1 of Senate Bill No. 2893, 2005 Regular  
157 Session, and may impose a civil penalty of One Thousand Dollars  
158 (\$1,000.00) per day per violation for each day the hospital is in  
159 violation of such requirements.

160 **SECTION 3.** Section 41-9-17, Mississippi Code of 1972, is  
161 amended as follows:

162 41-9-17. The licensing agency shall adopt, amend, promulgate  
163 and enforce such rules, regulations and standards with respect to

164 all hospitals to be licensed under Section 41-9-11 as may be  
165 designed to further the accomplishment of the purposes of Sections  
166 41-9-1 through 41-9-35 in promoting safe and adequate treatment of  
167 individuals in hospitals in the interest of public health, safety  
168 and welfare. Any rule, regulation or standard adopted hereunder  
169 shall be considered as promulgated and effective from and after  
170 the time the same is recorded and indexed in a book to be  
171 maintained by the licensing agency in its main office in the State  
172 of Mississippi, entitled "Minimum Standard of Operation for  
173 Mississippi Hospitals." Said book shall be open and available to  
174 all hospitals and the public generally at all reasonable times.  
175 Upon the adoption of any such rule, regulation or standard, the  
176 licensing agency shall mail copies thereof to all hospitals in the  
177 state which have filed with said agency their names and addresses  
178 for this purpose, but the failure to mail the same or the failure  
179 of the hospital to receive the same shall in nowise affect the  
180 validity thereof. No such rules, regulations or standards shall  
181 be adopted or enforced which would have the effect of denying a  
182 license to a hospital or other institution required to be  
183 licensed, solely by reason of the school or system of practice  
184 employed or permitted to be employed therein.

185 In addition, the licensing agency shall ensure compliance  
186 with the hospital-acquired infection disclosure requirements of  
187 Section 1 of Senate Bill No. 2893, 2005 Regular Session, as a  
188 condition of licensure under this chapter.

189 **SECTION 4.** This act shall take effect and be in force from  
190 and after July 1, 2005.