LEGISLATIVE GENERAL COUNSEL
₵ Approved for Filing: R. Frost ₵
₵ 02-15-11 8:41 AM ₵

H.B. 355
1st Sub. (Buff)

Representative Jack R. Draxler proposes the following substitute bill:

HEALTHCARE-ASSOCIATED INFECTIONS

2011 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Jack R. Draxler

Senate Sponsor: _____

LONG TITLE

General Description:

This bill amends the Utah Health Code, Title 26, by requiring an ambulatory surgical facility, a general acute hospital, and a specialty hospital to provide data on healthcare-associated infections and requiring the Department of Health to release a quarterly report on healthcare-associated infections.

Highlighted Provisions:

This bill:

- defines the term "healthcare-associated infection";
- requires an ambulatory surgical facility, a general acute hospital, and a specialty hospital to provide data on healthcare-associated infections to the Department of Health and the National Healthcare Safety Network on a quarterly basis;
- requires the Department of Health to use the data described in the preceding paragraph to prepare and publicly disclose a quarterly report on healthcare-associated infection rates at ambulatory surgical facilities, general acute hospitals, and specialty hospitals, so long as funding allows;
- establishes a protocol for the creation of the quarterly report;
- states that the report shall not be used as evidence in a criminal, civil, or administrative proceeding; and

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- makes technical changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

26-6c-1, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **26-6c-1** is enacted to read:

26-6c-1. Public reporting of healthcare-associated infections.

(1) As used in this section, "healthcare-associated infection" means:

(a) an infection acquired in an ambulatory surgical facility, a general acute hospital, or a specialty hospital by a patient who was admitted for a reason other than the infection; or

(b) an infection occurring in a patient of an ambulatory surgical facility, a general acute hospital, or a specialty hospital in whom the infection was not present or incubating at the time of admission, including infections acquired in the ambulatory surgical facility, general acute hospital, or specialty hospital but appearing after discharge.

(2) In accordance with Subsection (3), an ambulatory surgical facility, a general acute hospital, or a specialty hospital shall submit data on the incidence and rate of healthcare-associated infections and any other data specified by the department by rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act:

(a) to the National Healthcare Safety Network and to the Department of Health in a format established by rule adopted by the department; and

(b) on a quarterly basis, no more than 30 days after the last day of a calendar quarter, for all healthcare-associated infections that occurred in that quarter.

(3) The data described in Subsection (2) shall be broken down into the following categories of infections:

(a) central line associated bloodstream infections;

(b) surgical site infections;

(c) ventilator associated pneumonia;

(d) catheter associated urinary tract infections;

(e) methicillin-resistant staphylococcus aureus (MRSA);

(f) clostridium difficile; and

(g) other infections as designated by department rule.

(4) The department shall, as funding allows:

(a) use the data described in Subsections (2) and (3) to compile a report on healthcare-associated infections in Utah ambulatory surgical facilities, general acute hospitals, and specialty hospitals for public distribution in accordance with the requirements of this Subsection (4);

(b) prepare the report described in Subsection (4)(a) on a quarterly basis;

(c) post the report on the department's website, and in a press release to major Utah news outlets, no later than 90 days after the deadline described in Subsection (2)(b);

(d) include in the report:

(i) data on the rate of healthcare-associated infections per 100 patient admissions, or as defined by the National Healthcare Safety Network, for the infection types described in Subsection (3); and

(ii) data on how the rate of healthcare-associated infections in Utah ambulatory surgical facilities, general acute hospitals, and specialty hospitals compares with the rates in other states;

(e) in compiling the report described in Subsection (4)(a), use data collection and analytical methodologies that meet accepted standards of validity and reliability;

(f) clearly identify and acknowledge, in the report, the limitations of the data sources and analytic methodologies used to develop comparative hospital information;

(g) decide whether information supplied by a facility or hospital under Subsection (5)(b) is appropriate to include in the report;

(h) adjust comparisons among facilities and hospitals for patient case mix and other relevant factors, when appropriate; and

(i) control for provider peer groups, when appropriate.

(5) Before posting or releasing the report described in Subsection (4), the department shall:

(a) disclose to each ambulatory surgical facility, general acute hospital, and specialty hospital whose data is included in the report:

(i) the entire methodology for collecting and analyzing the data; and

(ii) the comparative hospital information and other information the department has compiled for the facility or hospital; and

(b) give the facility or hospital 30 days to suggest corrections or add explanatory comments about the data.

(6) The department shall develop and implement effective safeguards to protect against the unauthorized use or disclosure of ambulatory surgical facility, general acute hospital, and specialty hospital data, including the dissemination of inconsistent, incomplete, invalid, inaccurate, or subjective data.

(7) The report described in Subsection (4)(a):

(a) shall contain only statistical, non-identifying information and may not disclose the identify of:

(i) an employee of an ambulatory surgical facility, a general acute hospital, or a specialty hospital;

(ii) a patient; or

(iii) health care provider; and

(b) may not be used as evidence in a criminal, civil, or administrative proceeding.

(8) The department shall regularly evaluate the quality and accuracy of hospital information reported under this section.

FISCAL NOTE

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SHORT TITLE: Healthcare-associated Infections

SPONSOR: Draxler, J.

2011 GENERAL SESSION, STATE OF UTAH

STATE GOVERNMENT (UCA 36-12-13(2)(b))

Enactment of this bill will cost the Department of Health $9,900 one-time from the General Fund in FY 2011 and another one-time General Fund of $29,600 in FY 2012 for a 0.5 FTE to develop rules for data submissions. Additionally, this bill costs the Department of Health $40,000 ongoing General Fund beginning in FY 2012 to evaluate the accuracy of data provided. Subject to available funding, the bill costs the Department of Health $13,500 one-time General Fund in FY 2011 as well as $140,600 ongoing General Fund beginning in FY 2012, offset by $29,600 one-time in FY 2012, for 1.5 FTEs to manage data submissions.

STATE BUDGET DETAIL TABLE	FY 2011	FY 2012	FY 2013
Revenue	$0	$0	$0
Expenditure:			
General Fund	$0	$180,600	$180,600
General Fund, One-Time	$23,400	$0	$0
Total Expenditure	$23,400	$180,600	$180,600
Net Impact, All Funds (Rev.-Exp.)	($23,400)	($180,600)	($180,600)
Net Impact, General/Education Funds	($23,400)	($180,600)	($180,600)

LOCAL GOVERNMENTS (UCA 36-12-13(2)(c))

Enactment of this bill likely will not result in direct, measurable costs for local governments.

DIRECT EXPENDITURES BY UTAH RESIDENTS AND BUSINESSES (UCA 36-12-13(2)(d))

This bill requires ambulatory surgical facilities, general acute hospitals, and specialty hospitals to comply with new data reporting requirements on a quarterly basis.

2/22/2011, 12:31 PM, Lead Analyst: Frandsen, R.

Office of the Legislative Fiscal Analyst