

BILL ANALYSIS

Senate Research Center
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S.B. 288
By: Nelson
Health & Human Services
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Health care associated infections account for an estimated two million infections and 90,000 deaths annually and cost approximately \$4.5 billion per year. As proposed, S.B. 288 requires public reporting of infections that occurred while the patient received treatment in a health care facility.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 (Sections 98.151 and 98.154, Health and Safety Code) of this bill.

Rulemaking authority is expressly granted to the Department of State Health Services in SECTION 1 (Section 98.151, Health and Safety Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subtitle D, Title 2, Health and Safety Code, by adding Chapter 98, as follows:

CHAPTER 98. HEALTH CARE-ASSOCIATED INFECTION RATES

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 98.001. DEFINITIONS. Defines "advisory panel," "ambulatory surgical center," "commissioner," "department," "executive commissioner," "general hospital," "health care-associated infection," "health care facility," "infection control professional," "infection rate," "outcome measure," "pediatric and adolescent hospital," and "process measure."

Sec. 98.002. APPLICABILITY OF OTHER LAW. Exempts the Advisory Panel on Health Care-Associated Infections (panel) created under Subchapter B, from Chapter 2110 (State Agency Advisory Committees), Government Code.

[Reserves Sections 98.003-98.050 for expansion.]

SUBCHAPTER B. ADVISORY PANEL

Sec. 98.051. ESTABLISHMENT. Requires the commissioner of state health services (commissioner) to create the panel in the regulatory licensing unit of the health care quality section of the Texas Department of State Health Services (DSHS) to permanently oversee a health care-associated infection rate reporting system in Texas.

Sec. 98.052. MEMBERSHIP; TERM. Requires the commissioner to appoint members of the panel. Sets forth the composition and terms of the panel's membership.

Sec. 98.053. MEMBER ELIGIBILITY. Prohibits anyone required to register as a lobbyist under Chapter 305 (Registration of Lobbyist), Government Code, from being a member of the panel.

Sec. 98.054. OFFICERS. Requires the panel to select a presiding officer and assistant presiding officer from its members.

Sec. 98.055. COMPENSATION; EXPENSES. Provides that panel members will not receive compensation or reimbursement for travel expenses. Provides that state agency representatives that are members of the panel will receive refunds for travel expenses related to conducting the business of the panel and that this reimbursement will come from the employee's agency.

Sec. 98.056. VACANCY. Requires any vacancy on the panel to be filled by the commissioner.

Sec. 98.057. MEETINGS; DEPARTMENT ASSISTANCE. Requires the panel to meet at the request of the presiding officer or the commissioner. Requires DSHS to provide the panel with assistance in meeting its responsibilities.

[Reserves Sections 98.058-98.100 for expansion.]

SUBCHAPTER C. DUTIES OF ADVISORY PANEL

Sec. 98.101. GENERAL DUTIES. Requires the panel to develop and oversee a health care-associated infection rate reporting system in Texas. Requires the panel to consider certain criteria for collecting and reporting evidence-based data and developing reporting methods.

Sec. 98.102. REPORT TO LEGISLATURE. Requires the commissioner to report to the presiding officer of each legislative house the panel's suggestions for legislation surrounding the collection and reporting of infection rates and measures not later than November 1 of each even-numbered year.

[Reserves Sections 98.103-98.150 for expansion.]

SUBCHAPTER D. REPORTING INFECTION RATE

Sec. 98.151. COLLECTION OF HEALTH CARE-ASSOCIATED INFECTION DATA. (a) Requires a health care facility to provide DSHS with an infection rate report (report) for the previous quarter. Requires an infection control professional using methods of clinical surveillance complying with DSHS rules to identify the information included in this report.

(b) Sets forth certain infection rates that must be included in the report.

(c) Requires certain medical facilities performing less than 50 procedures listed in Subsections (b)(2) and (4) to report surgical site infection data. Sets forth information that must be included in this data.

(d) Requires the executive commissioner of the Health and Human Services Commission (executive commissioner) and DSHS by rule to phase into the report certain information listed on the federal Centers for Disease Control and Prevention's National Nosocomial Infections Surveillance System list of surgical procedures. Authorizes the executive commissioner and DSHS to include an unlisted procedure if it is appropriate to protect public health and safety or follow federal reporting requirements.

(e) Prohibits a health care facility from using hospital discharge diagnosis codes to establish information that must be reported under this section.

Sec. 98.152. REPORTING SYSTEM. Requires DSHS to use its resources to develop a health-care-associated infection rate reporting system that is flexible and can gather data through electronic communications and review infection control and reporting activities

of health care facilities to ensure that valid data is being supplied and to identify unusual trends.

Sec. 98.153. INFORMATION AVAILABLE TO PUBLIC. Requires DSHS to release the infection rate for certain infections and certain facilities on its Internet website and in a written report. Requires the report to identify each health care facility included in the report.

Sec. 98.154. TRAINING FOR INFECTION CONTROL PROFESSIONALS. Requires the executive commissioner by rule to create training requirements and qualifications for infection control professionals based on suggestions from the Healthcare Infection Control Practices Advisory Committee of the federal Centers for Disease Control and Prevention.

Sec. 98.155. PROTECTION FOR REPORTING. Prohibits a health care facility from retaliating against an employee for reporting required information to DSHS. Provides that an employee can be fired for reasons other than retaliation.

Sec. 98.156. CONFIDENTIALITY. Provides that information obtained under this chapter is confidential and exempt from Chapter 552 (Public Disclosure), Government Code. Prohibits information obtained under this chapter from becoming publicly available unless authorized by this chapter. Authorizes the release of medical or epidemiological information under certain conditions.

Sec. 98.157. CIVIL ACTION. Prohibits public infection rates from being used in a civil action attempting to establish a standard of care for a health care facility.

SECTION 2. Requires the executive commissioner to adopt the rules and procedures to implement Chapter 98, Health and Safety Code, as added by this Act, as soon as possible. Requires DSHS to obtain initial reports based on data from the previous quarter and required by Chapter 98, Health and Safety Code, as added by this Act, by January 1, 2008.

SECTION 3. Requires the commissioner to appoint members to the panel as soon as possible after this effective date of this Act.

SECTION 4. Effective date: upon passage or September 1, 2007.