

BILL ANALYSIS

Senate Research Center
82R18414 NAJ-D

C.S.S.B. 620
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Health & Human Services
3/29/2011
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

As a result of S.B. 288, 80th Legislature, Regular Session, 2007, hospitals and ambulatory surgical centers in Texas are required to report health care-associated infections (HAIs) to the Department of State Health Services (DSHS). S.B. 203, 81st Legislature, Regular Session, 2009, added preventable adverse events (PAEs) to the reporting requirements.

Since that time, the federal Centers for Disease Control and Prevention has developed the National Healthcare Safety Network (NHSN), a confidential system for reporting and monitoring HAIs. NHSN is available to all United States health care facilities at no cost to the facility.

Because NHSN was developed after HAI statutory requirements were put in place in Texas, there are several statutory updates needed before NHSN can be used as the Texas HAI reporting system. C.S.S.B. 620 makes these updates by allowing DSHS to designate NHSN to receive HAI reports from Texas health care facilities, changing the reporting frequency to comply with NHSN requirements, and giving DSHS flexibility to leverage NHSN or another federal reporting system in the future for PAE reporting.

C.S.S.B. 620 amends current law relating to the reporting of health care-associated infections and preventable adverse events.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission (executive commissioner) in SECTION 2 (Section 98.103, Health and Safety Code), SECTION 3 (Section 98.1045, Health and Safety Code), and SECTION 6 (Section 98.108, Health and Safety Code) of this bill

Rulemaking authority previously granted to the executive commissioner is modified in SECTION 4 (Section 98.105, Health and Safety Code) and SECTION 6 (Section 98.108, Health and Safety Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 98.102(c), Health and Safety Code, as added by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular Session, 2007, as follows:

(c) Requires that the data reported by health care facilities to the Department of State Health Services (DSHS) contain sufficient patient information to avoid duplicate submission of records, allow DSHS to verify the accuracy and completeness of the data reported, and for data reported under Section 98.103, rather than Section 98.103 or 98.104, allow DSHS to risk adjust facilities' infection rates.

SECTION 2. Amends Section 98.103, Health and Safety Code, as added by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular Session, 2007, by amending Subsection (b) and adding Subsection (d-1), as follows:

(b) Requires a pediatric and adolescent hospital to report to DSHS the incidence of surgical site infections, including the causative pathogen if the infection is laboratory-

confirmed, occurring in the following procedures: cardiac procedures, excluding thoracic cardiac procedures; ventricular, rather than ventriculoperitoneal, shunt procedures; and spinal surgery with instrumentation.

(d-1) Authorizes the executive commissioner of the Health and Human Services Commission (executive commissioner) by rule to designate the federal Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) or its successor, to receive reports of health care-associated infections from health care facilities on behalf of DSHS. Requires a health care facility to file a report required in accordance with a designation made under this subsection in accordance with NHSN's definitions, methods, requirements, and procedures. Requires a health care facility to authorize DSHS to have access to facility-specific data contained in a report filed with NHSN in accordance with a designation made under this subsection.

SECTION 3. Amends Section 98.1045, Health and Safety Code, as added by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular Session, 2007, by adding Subsection (c), as follows:

(c) Authorizes the executive commissioner by rule to designate an agency of the United States Department of Health and Human Services to receive reports of preventable adverse events by health care facilities on behalf of DSHS. Requires a health care facility to authorize DSHS to have access to facility-specific data contained in a report made in accordance with a designation made under this subsection.

SECTION 4. Amends Section 98.105, Health and Safety Code, as added by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular Session, as follows:

Sec. 98.105. REPORTING SYSTEM MODIFICATIONS. Authorizes the executive commissioner, based on the recommendations of the advisory panel, by rule to modify in accordance with this chapter the list of procedures that are reportable under Section 98.103, rather than Section 98.103 or 98.104. Requires that the modifications be based on changes in reporting guidelines and in definitions established by the CDC.

SECTION 5. Amends Sections 98.106(a), (b), and (d) Health and Safety Code, as added by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular Session, as follows:

(a) Requires DSHS to compile and make available to the public a summary, by health care facility, of the infections reported by facilities under Section 98.103, rather than Sections 98.103 and 98.104, and the preventable adverse events reported by facilities under Section 98.1045.

(b) Makes conforming changes.

(d) Requires DSHS to publish the departmental summary at least annually and authorizes DSHS to publish the summary more frequently as DSHS considers appropriate. Requires that data made available to the public include aggregate data covering a period of at least a full calendar quarter.

SECTION 6. Amends Section 98.108, Health and Safety Code, as added by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular Session, as follows:

Sec. 98.108. FREQUENCY OF REPORTING. (a) Requires the executive commissioner, in consultation with the advisory panel, by rule to establish the frequency of reporting by health care facilities required under Sections 98.103 and 98.1045, rather than Sections 98.103, 98.104, and 98.1045.

(b) Prohibits facilities, except as provided by Subsection (c), from being required to report more frequently than quarterly.

(c) Authorizes the executive commissioner to adopt rules requiring reporting more frequently than quarterly if more frequent reporting is necessary to meet the

requirements for participation in the federal Centers for Disease Control and Prevention's National Healthcare Safety Network.

SECTION 7. Amends Section 98.110, Health and Safety Code, as added by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular Session, as follows:

Sec. 98.110. DISCLOSURE AMONG CERTAIN AGENCIES. (a) Creates this subsection from existing text. Authorizes DSHS, notwithstanding any other law, to disclose information reported by health care facilities under Section 98.103 or 98.105, rather than Section 98.103, Section 98.104, or 98.105, to other programs within DSHS, to the Health and Human Services Commission, to other health and human services agencies, as defined by Section 531.001 (Definitions), Government Code, and to the CDC for public health research or analysis purposes only, provided that the research or analysis relates to health care-associated infections or preventable adverse events. Provides that the privilege and confidentiality provisions contained in this chapter apply to such disclosures. Makes a nonsubstantive change.

(b) Provides that if the executive commissioner designates an agency of the United States Department of Health and Human Services to receive reports of health care-associated infections or preventable adverse events, that agency may use the information submitted for purposes allowed by federal law.

SECTION 8. Repealer: Section 98.104 (Alternative for Reportable Surgical Site Infections), Health and Safety Code, as added by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular Session.

SECTION 9. Effective date: upon passage or September 1, 2011.