

March 6, 2007

State legislatures weigh in on hospital-acquired infection

The issue of hospital-acquired, or nosocomial, infection not only is being talked about and studied by health care professionals, but it also is attracting lawmakers' attention. At least 11 states have passed legislation making it mandatory for a hospital to report to the public its nosocomial infection rates. Other states have convened study committees to evaluate the feasibility of public reporting, while a host of other states have failed to pass legislation in their most recent legislative sessions.

The Centers for Disease Control and Prevention (CDC) estimates that an average of 250 people a day die from nosocomial infection in the United States. Those who survive these infections pay an average of seven times more for their course of treatment. The CDC projects that nosocomial infections add more than \$5 billion to the nation's health care bill each year.¹ Hospital-acquired infections (HAI) result in longer stays and more complicated recoveries requiring additional and expensive treatment.

These numbers are attracting a critical eye from lawmakers across the United States.

Have laws; will report

States that have passed legislation requiring hospital-borne infection reporting include:

California: A new law (SB 739) that requires hospitals to report certain infections to the Department of Health was signed into law in September 2006. It establishes the Hospital Infectious Disease Control Program and will require reporting of HAI at general acute care hospitals to local health departments, although it doesn't require public reporting. Before the law passed, lobbyists encouraged the governor to veto the bill, which they considered weak.²

Colorado: Two new laws were signed in June 2006. The first (HB 1278) creates a Colorado Hospital Report Card, to be developed in part by the Colorado Health and Hospital Association and made available to the public on a Web site by Nov. 30, 2007. The other law (HB 1045) requires hospitals to report certain HAI rates to the National Healthcare Safety Network by July 31, 2007. Those statistics will be available to the public via a Web site by 2008.³

Connecticut: A new law (SB 160) requires the state's hospitals to report all HAI to the Connecticut Department of Health. The department will make that data available to the public by 2008, and annual reports will follow thereafter.⁴

Florida: In 2005, Florida became the first state in the United States to establish a law (HB 1629) requiring hospitals to report HAI rates and mortality rates to the public. Hospitals also must report the number of complications and

readmissions patients have as a result of HAI. To find HAI rates by county, [click here](#) or go to www.floridacomparecare.gov.⁵

Illinois: According to a new law (Public Act 093-563), hospitals are required to report Class I surgical site infections, ventilator-associated pneumonia and central blood-line infections to the Department of Health and the public by August 2007. Four bills (HB 192, HB 378, HJR 5 and SB 233) related to Methicillin-resistant Staphylococcus aureus (MRSA) were in committee as of February 2007.⁶

Maryland: A reporting bill passed in April 2006 (SB 135) requires a comparable evaluation system established by the Maryland Health Care Commission to include HAI information from hospitals. This information also will be made available to the public, although there is still some disagreement among hospitals about which infections to report and how to report them. A new bill (SB 837) proposing the Health Care-Associated Infections Prevention and Control Program would require hospitals and nursing facilities to establish an HAI prevention and control program and reporting system.⁷

Missouri: The third U.S. state to issue a report on HAI rates, Missouri collects, analyzes and discloses HAI data from patient records through the Department of Health and Senior Services. Reporting legislation has been in effect since August 2004, when SB 1279 was signed into law. The first report, which only includes bloodstream infection information, was issued in December 2006. To access the report, [click here](#), click on "Infection Reporting Data," select "Comparison data" or "Profile for individual hospital," select "Central Line-Associated Bloodstream (CLAB) Infection," then click on a particular region.⁸

Nebraska: Two existing laws have been revised (per Section 71-2083) to require annual reporting of surgical infections and unanticipated death or major permanent loss of function associated with HAI. Reporting is made to a patient safety organization, not the public.

Nevada: According to legislation passed in February 2005 (AB 59, Chapter 191), medical facilities are required to report certain HAIs to the Health Division of the Department of Human Resources, although the data is not publicly available.

New Hampshire: A new law (HB 1741) effective July 1, 2007, requires hospitals to report infection rates to the Department of Health and Human Services. It also notes that a statewide database will be established for the purposes of public reporting (although as of February 2007, the bill remained unfunded).⁹

New York: According to Chapter 284 of the Public Health Law signed in July 2005, hospitals must report their HAI rates and make the information available to the public by 2007. The information is scheduled to be available online

in 2008. A new bill, the Hospital Infections Disclosure Act (HB 2622), introduced and referred to the Committee on Assembly Health in January 2007, would require all hospitals to report HAI rates to the Department of Health on a quarterly basis. It also would require the department to report rates to the governor and the Legislature on an annual basis.¹⁰

Ohio: A law signed in August 2006 (HB 197) requires hospitals to report price and performance data, including HAI data, to the state and the public.

Pennsylvania: The Pennsylvania Health Care Cost Containment Council (PCH4) has had the legal authority to collect and relay HAI rates to the public since November 2003 (HR 85). (Pennsylvania was the second state to require public reporting.) PHC4 published its first report, for the 2005 calendar year, in November 2006. To access the report, [click here](#) or go to www.phc4.org. You also can [click here](#) to access a winter update.

Rhode Island: A new law signed in July 2006 (SB 2210) calls for reporting of HAIs and requires a hospital quality steering committee to include hospital infection information in annual reports. A steering committee will determine a format for the “public quality performance measures report.”

South Carolina: The South Carolina Senate passed legislation in 2006 (SB 1318) leading to the Hospital Infection Disclosure Act. This law requires hospitals to file quarterly reports with the department regarding certain HAI rates, which would make the data available to the public by February 2008. A similar House bill (HB 3380) was introduced and referred to the Committee on Medical Military and Municipal affairs in January 2007.¹¹

Tennessee: A law passed in June 2006 (SB 2978) requires that facilities with at least 25 beds report rates of central line-associated bloodstream infections in intensive care units and surgical site infections for coronary artery bypass grafts to the National Healthcare Safety Network, which makes reports available to the public. Two new bills (HB 222 and SB 268) that would require health care facilities to report all staph infections, passed first and second considerations and were referred to the General Welfare, Health and Human Resources Committee in February 2007.

Vermont: An omnibus health care bill (H 881) requires the state health agency to implement infection reporting to the public. The state’s health agency also is planning to report on infection rates on a hospital quality report card. As of March 5, 2007, a model page was available online at www.bishca.state.vt.us. [Click here](#) to access the page.

Virginia: An act to amend the Code of Virginia by adding a section relating to information on HAI (HB 1570, Chapter 444, Sec. 32.1-35.1) requires that acute care hospitals report information about HAI to the Board of Health, which then would release data to the public upon request. Reporting is scheduled to begin July 1, 2008.

In session, under study

The following states are actively pursuing legislation or have passed legislation requiring advisory panels to study the publication of infection rates:

Alaska: In April 2006, the Alaska Legislature adopted a resolution to create a task force to develop recommendations for hospital disclosure (SJR 19). A new bill requiring reporting and sharing of data related to HAI (SB 62) was introduced and referred to the Department of Health Education and Social Services in January 2007.

Delaware: A new bill, the Hospital Infections Disclosure Act (HB 47), which would require hospitals to report quarterly on HAI rates, was introduced and referred to the Health and Human Development Committee in late February 2007.¹²

Georgia: Three new bills were introduced in January 2007. The Hospital Infections Disclosure Act (HB 61) would require certain reports by hospitals and ambulatory surgical centers concerning HAI. It also would provide for an advisory committee on HAI. Another bill (SB 78) would require hospitals and medical facilities to make certain information (including HAI rates) available to the public online and provide estimates of charges to patients. A third bill (SR 22) would create the Hospital Health Care Standards Commission for prevention of HAI.

Indiana: Several bills are being reviewed in Indiana. Act No. 566, establishing a Medical Informatics Commission to conduct a study on health care information including HAI, was signed into law in May 2005. A new bill that would require the Indiana State Department of Health to develop a methodology for collecting, analyzing and publishing HAI rates (HB 1592), was introduced and referred to the Committee on Public Health in January 2007. Another bill (SB 207) would require the Department of Health to study HAI, publish quality indicators and report to the Health Finance Commission before Sept. 1, 2007. It was introduced in January 2007, passed the Health Provider Services Committee unanimously in February, and was referred to the House. A similar bill (SB 513) that would establish an advisory committee was introduced and referred to the Committee on Health and Provider Services in January 2007. Yet another bill (SB 531) would require the state department to establish a Web site to share data with the public. It was introduced and referred to the Committee on Health and Provider Services in January 2007.

Kansas: HB 2271, a bill that would prescribe disclosure and availability of quality and performance indicators by certain health care providers, was introduced in January 2007. HB 2342, the Hospital Infections Disclosure Act, which would establish an advisory committee, was introduced in February 2007 and referred to the Committee on Health and Human Services.

Massachusetts: The state's Department of Public Health team is considering voluntarily making HAI rates public, according to a February 2007 report.¹³ Several bills that would make infection-rate reporting mandatory (HB 2729, HB 2743, HB 2745, HB 2746, S 130 8, S 727, S 736 and SD 2586) were set aside for study in May 2006. A January 2007 article in The Boston Globe states that new legislation was filed in January 2007.¹⁴

Michigan: A bill introduced and referred to the Committee on Health Policy (HB 4158) would require hospitals to submit annual reports on HAI to the health department.

Minnesota: Three new bills were introduced and filed with committees in February 2007. Two of them, the Hospital Information Reporting Disclosure bill (HB 1076) and SB 755, would require hospitals to publicly report performance on prevention measures for HAI. A new law (SF 367, Article 1, Sections 10 and 11) contains a provision that would allow the commissioner of health to consult with infection-control specialists and others to obtain recommendations for implementing HAI reporting in hospitals and nursing homes.

New Jersey: Two new bills (HB 3921 and SB 2308) would require certain health care facilities to implement infection-control policies and practices that incorporate guidelines established by the Society for Healthcare Epidemiology of America (SHEA), in order to reduce the number of HAI. Both bills were introduced and referred to the Assembly Health and Senior Services Committee in January 2007. A third bill that will require health care facilities to adopt certain infection-control practices (HB 4045) was introduced and referred to the same committee in February 2007.

New Mexico: Three bills were introduced in 2007. One (HB 165) that would require disclosure of HAI rates, was introduced and referred to the House Judiciary Committee and Health and Government Affairs Committee in January 2007. A similar bill (HB 944) was introduced and referred to the Judiciary Committee and Health and Government Affairs Committee in March 2007. It passed in the Judiciary Committee. The third, which requests the Department of Health to assess the feasibility of HAI surveillance in New Mexico (HJM 67), was introduced and referred to the Health and Government Affairs Committee in February 2007.

Oregon: A new bill (HB 2524) would require health care facilities to collect data on HAI rates and submit quarterly reports to the Department of Human Services. It also establishes an advisory committee and would require the department to prepare an annual report and disclose it to the Legislative Assembly and the public. The bill was referred to the Health Care Committee in February 2007, and a public hearing was scheduled for March 15, 2007.

Texas: Three bills relating to the reporting of HAI, the creation of an advisory panel, and reporting of HAI rates (HB 1398, HB 1885 and SB 288) were introduced in February 2007 and referred to the Public Health Committee. Another bill (SB 288) was read and referred to the Health and Human Services Committee. SB 288 and HB 1398 would require hospitals to report data on primary bloodstream infections, surgical site infections, and respiratory syncytial virus for babies and children.¹⁵ A bill that requires a group of experts to study HAI and make recommendations for reporting them (SB 872) was signed into law in June 2005. Another bill related to MRSA legislation (HB 1082) would establish an MRSA Reporting Procedures Pilot Program. It was read and referred to the Public Health Committee in February 2007.

Washington: A bill requiring reporting of HAI in health care facilities (HB 1106) was scheduled for the executive session in the Appropriations Committee in February 2007 and by early March was "gaining traction."¹⁶ Earlier in

February, the House majority voted to pass the bill and a minority voted not to pass it. Hospitals in Washington had opposed an earlier bill (HB 1015) for two years. It was killed by Senate committee in February 2006.

West Virginia: The Hospital Infection Disclosure Act (HB 2234), which would require hospitals to disclose HAI rates to the public, was introduced in January 2007 and was referred to the Health and Human Resources Committee. Another bill (HB 85) would appoint the Infection Control Advisory Panel and establish a voluntary program to control and prevent infections in certain health care facilities. It was introduced in January 2007 and was referred to the Health and Human Resources Committee. A third bill, which would provide for the appointment of the Infection Control Advisory Panel (SB 85), was introduced and referred to the Health and Human Resources Committee in January 2007.

Wyoming: Draft text for a bill that would provide for posting of prices and quality indicators and a public Web site to post the data, including HAI rates (HD 358), was released in November 2006. Some hospitals already post data voluntarily.¹⁷

In limbo, on hold

While legislation is gaining a foothold in some states, bills have failed or are on hold in a number of others.

Alabama: A bill (HB 750) failed to pass before the end of the 2006 legislative session.

Hawaii: The Hospital Infections Disclosure Act (HB 1438), which would establish a uniform system of reporting HAI to the Department of Health and make that information public, was deferred in February 2007.

Idaho: A bill (HB 618) failed to move out of committee before the 2006 legislative deadline.

Iowa: A bill (HF44) failed to move out of committee before the 2006 legislative deadline.

Kentucky: Several bills introducing legislation requiring mandatory reporting on HAI rates failed to move out of committee before the 2006 legislative deadline. Although an omnibus health care bill (HB 445) requiring this reporting on cost and quality of care in hospitals and ambulatory surgical centers could allow for reporting on infections.

Louisiana: A bill (SB 481) was withdrawn from consideration in May 2006.

Mississippi: Several new bills related to reporting of hospital acquired infections (the Mississippi Patient Safety Act (SB 2078), the Hospital Infections Disclosure Act of 2007 (SB 2079), SB 2285 and HB 1007 were introduced in January 2007, referred to committees, and died in the Insurance Committee on Jan. 30, 2007.

North Carolina: The North Carolina Hospital Association is now posting hospital scores for infection prevention and other categories online, according to nchospitalquality.org, although no legislation has been filed.¹⁸

Oklahoma: Two bills (SB 1098 and SB 1696) failed to move out of committee before the 2006 deadline.

Utah: A master study resolution regarding a study to require hospitals to make their infection rates public (HJR 20, item No. 82, document line 206), was sent to the office of the lieutenant governor in March 2005. A similar bill (SJR 10) previously failed to pass.

Wisconsin: A bill (AB 811) failed to pass before the end of the 2006 session.

The latest news

With so many state legislatures currently in session, the news about pending legislation changes almost every day. The information above is accurate as of March 6, 2007. For the latest updates on HAI reporting legislation, log on to the Association for Professionals in Infection Control and Epidemiology's Web site, www.apic.org. It's an excellent resource and includes accurate and timely updates on pending HAI legislation in every U.S. state. [Click here](#) to view legislation information.

Consumers Union (www.consumersunion.org) also frequently updates reports on new HAI legislation. [Click here](#) to view a recent Consumers Union legislation report in PDF form. For background on laws, [click here](#). For background on pending legislation, [click here](#).

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