

## **BILL ANALYSIS**

S.B. 609  
By: Nelson  
Public Health  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

The United States Centers for Disease Control report that nearly two million patients annually acquire an infection while being treated for another illness or disease, and nearly 88,000 die as a direct or indirect result of the secondary infection. Moreover, nearly \$5 billion is added to the United States' health care costs every year as a result of infections acquired while patients are being treated for other health problems.

Consumer access to information regarding healthcare-associated infection rates will enable consumers to make more informed choices on health care. However, the state must ensure that mandatory public reporting will provide useful information to the public and include process measures that benefit a facility's quality improvement efforts. Currently, there are no laws with respect to healthcare-associated infection rates and process measures.

As proposed, S.B. 609 creates a multi-disciplinary advisory panel to study and recommend definitions and methodologies for collecting and reporting evidence-based data on infection rates and process measures. The advisory panel would be required to consider differences in patient populations, data collection and reporting standardization, and data collection and reporting systems from entities as the United States Centers for Disease Control and the Joint Commission on Accreditation of Health Care Organizations related to infection rates and process measures. S.B. 609 also requires the Department of State Health Services (DSHS) to report on the advisory panel's recommendations for legislation concerning the collection and reporting of infection rates, process measures, or both by November 1, 2006.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

S.B. 609 would require that an expert panel study and make recommendations concerning the reporting of health care-associated infections by licensed hospitals and licensed ambulatory surgical centers. S.B. 609 sets out definitions for "advisory panel," "commissioner," "department," "health care associated infection," "health care facility," "infection rate," and "process measure." The bill allows the advisory panel to modify or define the term "infection rate" as necessary to accomplish the purpose of this chapter.

The bill establishes a 14-member "Advisory Panel on Health Care Associated Infections." Members would be appointed by the Commissioner of State Health Services (DSHS). The panel would be comprised of consumers, infection control professionals, physicians, and health care facility leaders. Three of the 14 members would be non-voting employees of DSHS, representing epidemiology, hospital licensure, and ambulatory surgical center licensure. The bill provides that a person that is required to register as a lobbyist under the Government Code is not eligible to serve on the advisory panel. Members of the advisory panel shall elect a presiding officer. The bill provides a mechanism to fill vacancies on the advisory panel. A person that serves on the advisory panel is not eligible for reimbursement for travel expenses or compensation. A state employee that serves on the advisory panel shall receive reimbursement for travel expenses while conducting the business of the advisory panel according to the General Appropriations Act. The bill requires the panel to study and recommend definitions and methodologies for collecting and reporting data on infection rates, process measures, or both.

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S.B. 609 requires the panel to consider the following factors: differences in the patient populations and outside factors; standardization of methodology and reporting; the existence of other infection-rate data collection and reporting systems such as the National Nosocomial Infection Surveillance System of the Centers for Disease Control and Prevention; the existence of other process-measure systems such as the Joint Commission on Accreditation of Healthcare Organizations and the Centers for Medicare and Medicaid Services; methods to maximize resources required for surveillance and reporting by health care facilities; methods to minimize unintended consequences; and additional benefits to the consumer. The bill contains a January 1, 2007 abolition date of the advisory panel.

Finally, S.B. 609 requires that the Commissioner of State Health Services file a report regarding the advisory panel's recommendations with the legislature by November 1, 2006. This report would include a recommendation that legislation to be passed by the 80th Session in 2007 contain a compliance date of September 1, 2007. The advisory panel is abolished on January 1, 2007.

**EFFECTIVE DATE**

September 1, 2005.