

By: Nelson

S.B. No. 609

A BILL TO BE ENTITLED

AN ACT

relating to the establishment of an advisory panel to conduct a study on the reporting of health care associated infection rates and process measures.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subtitle D, Title 2, Health and Safety Code, is amended by adding Chapter 96 to read as follows:

CHAPTER 96. HEALTH CARE ASSOCIATED INFECTION RATE

AND PROCESS MEASURE REPORTING

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 96.001. DEFINITIONS. (a) In this chapter:

(1) "Advisory panel" means the Advisory Panel on Health Care Associated Infections.

(2) "Commissioner" means the commissioner of state health services.

(3) "Department" means the Department of State Health Services.

(4) "Health care associated infection" means a localized or symptomatic condition resulting from an adverse reaction to an infectious agent or its toxins to which a patient is exposed in the course of health care delivery.

(5) "Health care facility" means a hospital licensed under Chapter 241 or an ambulatory surgical center licensed under Chapter 243.

1 (6) "Infection rate" means the number of health care
2 associated infections at a health care facility divided by a
3 numerical measure over time of the population at risk for
4 contracting the infection.

5 (7) "Process measure" means a measure of a health care
6 facility's compliance with recommended infection control
7 practices.

8 (b) The advisory panel may modify or define the term
9 "infection rate" as necessary to accomplish the purposes of this
10 chapter.

11 Sec. 96.002. APPLICABILITY OF OTHER LAW. Chapter 2110,
12 Government Code, does not apply to the advisory panel created under
13 Subchapter B.

14 Sec. 96.003. EXPIRATION. This chapter expires January 1,
15 2007.

16 [Sections 96.004-96.050 reserved for expansion]

17 SUBCHAPTER B. ADVISORY PANEL ON
18 HEALTH CARE ASSOCIATED INFECTIONS

19 Sec. 96.051. ESTABLISHMENT. The commissioner shall
20 establish the Advisory Panel on Health Care Associated Infections
21 within the regulatory licensing unit of the health care quality
22 section of the department.

23 Sec. 96.052. MEMBERSHIP. The advisory panel is composed of
24 14 members as follows:

25 (1) two infection control practitioner members who:
26 (A) are certified by the Certification Board of
27 Infection Control and Epidemiology; and

1 (B) are practicing in hospitals in this state, at
2 least one of which must be a rural hospital;

3 (2) two infection control practitioner members who:

4 (A) are certified by the Certification Board of
5 Infection Control and Epidemiology; and

6 (B) are nurses licensed to engage in professional
7 nursing under Chapter 301, Occupations Code;

8 (3) three board-certified or board-eligible physician
9 members who:

10 (A) are licensed to practice medicine in this
11 state under Chapter 155, Occupations Code, at least two of whom have
12 active medical staff privileges at a hospital in this state;

13 (B) are active members of the Society for
14 Healthcare Epidemiology of America; and

15 (C) have demonstrated expertise in infection
16 control in health care facilities;

17 (4) one member who is a chief executive officer of a
18 hospital licensed under Chapter 241;

19 (5) one member who is a chief executive officer of an
20 ambulatory surgical center licensed under Chapter 243;

21 (6) three members who:

22 (A) are department employees representing the
23 department in epidemiology and the licensing of hospitals or
24 ambulatory surgical centers; and

25 (B) serve as nonvoting members of the advisory
26 panel; and

27 (7) two members who represent the public as consumers.

1 Sec. 96.053. MEMBER ELIGIBILITY. A person may not be a
2 member of the advisory panel if the person is required to register
3 as a lobbyist under Chapter 305, Government Code, because of the
4 person's activities for compensation on behalf of a profession
5 related to health care.

6 Sec. 96.054. OFFICERS. The members of the advisory panel
7 shall elect a presiding officer and an assistant presiding officer
8 from among the members.

9 Sec. 96.055. COMPENSATION; EXPENSES. (a) Except as
10 provided by Subsection (b), a member of the advisory panel is not
11 entitled to compensation for service on the advisory panel and is
12 not entitled to reimbursement for travel expenses.

13 (b) A member who is a representative of a state agency shall
14 be reimbursed for travel expenses incurred while conducting the
15 business of the advisory panel from the funds of the agency the
16 person represents in accordance with the General Appropriations
17 Act.

18 Sec. 96.056. VACANCY. A vacancy on the advisory panel shall
19 be filled by the commissioner.

20 Sec. 96.057. ABOLISHED. The Advisory Panel on Health Care
21 Associated Infections is abolished January 1, 2007.

22 [Sections 96.058-96.100 reserved for expansion]

23 SUBCHAPTER C. POWERS AND DUTIES OF ADVISORY PANEL

24 Sec. 96.101. GENERAL POWERS AND DUTIES. (a) The advisory
25 panel, using nationally accepted measures, shall study and
26 recommend definitions and methodologies for collecting and
27 reporting evidence-based data on:

- 1 (1) infection rates;
- 2 (2) process measures; or
- 3 (3) both infection rates and process measures.

4 (b) In developing the recommendations described in
5 Subsection (a), the advisory panel shall consider:

6 (1) adjusting the reported infection rates to account
7 for the differences in patient populations and for factors outside
8 the control of the health care facility;

9 (2) standardizing data collection methodology and
10 reporting;

11 (3) reviewing data collection and reporting systems of
12 other entities related to infection rates, such as the National
13 Nosocomial Infections Surveillance System of the federal Centers
14 for Disease Control and Prevention;

15 (4) reviewing data collection and reporting systems of
16 other entities related to process measures, such as the Joint
17 Commission on Accreditation of Healthcare Organizations or the
18 Centers for Medicare and Medicaid Services;

19 (5) maximizing the efficient use of the resources
20 required for health care facilities to conduct required
21 surveillance and reporting;

22 (6) recognizing the potential unintended consequences
23 of public reporting that is poorly designed or executed and that may
24 diminish the overall quality of this state's health care or mislead
25 or fail to protect health care consumers who use the data; and

26 (7) providing additional benefits to health care
27 consumers.

1 Sec. 96.102. REPORT TO LEGISLATURE. (a) Not later than
2 November 1, 2006, the commissioner shall file a report with the
3 presiding officer of each house of the legislature on the advisory
4 panel's recommendations for legislation regarding the collection
5 and reporting of infection rates, process measures, or both.

6 (b) The report shall include a recommendation that the
7 legislation set September 1, 2007, as the date for hospitals and
8 ambulatory surgical centers to comply with the legislation.

9 SECTION 2. As soon as practicable after the effective date
10 of this Act, the commissioner of the Department of State Health
11 Services shall appoint members to the Advisory Panel on Health Care
12 Associated Infections as required by Chapter 96, Health and Safety
13 Code, as added by this Act.

14 SECTION 3. This Act takes effect September 1, 2005.