

1-1 By: Nelson S.B. No. 609
1-2 (In the Senate - Filed February 21, 2005; March 1, 2005,
1-3 read first time and referred to Committee on Health and Human
1-4 Services; March 10, 2005, reported favorably by the following
1-5 vote: Yeas 7, Nays 0; March 10, 2005, sent to printer.)

1-6 A BILL TO BE ENTITLED
1-7 AN ACT

1-8 relating to the establishment of an advisory panel to conduct a
1-9 study on the reporting of health care associated infection rates
1-10 and process measures.

1-11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-12 SECTION 1. Subtitle D, Title 2, Health and Safety Code, is
1-13 amended by adding Chapter 96 to read as follows:

1-14 CHAPTER 96. HEALTH CARE ASSOCIATED INFECTION RATE

1-15 AND PROCESS MEASURE REPORTING

1-16 SUBCHAPTER A. GENERAL PROVISIONS

1-17 Sec. 96.001. DEFINITIONS. (a) In this chapter:

1-18 (1) "Advisory panel" means the Advisory Panel on
1-19 Health Care Associated Infections.

1-20 (2) "Commissioner" means the commissioner of state
1-21 health services.

1-22 (3) "Department" means the Department of State Health
1-23 Services.

1-24 (4) "Health care associated infection" means a
1-25 localized or symptomatic condition resulting from an adverse
1-26 reaction to an infectious agent or its toxins to which a patient is
1-27 exposed in the course of health care delivery.

1-28 (5) "Health care facility" means a hospital licensed
1-29 under Chapter 241 or an ambulatory surgical center licensed under
1-30 Chapter 243.

1-31 (6) "Infection rate" means the number of health care
1-32 associated infections at a health care facility divided by a
1-33 numerical measure over time of the population at risk for
1-34 contracting the infection.

1-35 (7) "Process measure" means a measure of a health care
1-36 facility's compliance with recommended infection control
1-37 practices.

1-38 (b) The advisory panel may modify or define the term
1-39 "infection rate" as necessary to accomplish the purposes of this
1-40 chapter.

1-41 Sec. 96.002. APPLICABILITY OF OTHER LAW. Chapter 2110,
1-42 Government Code, does not apply to the advisory panel created under
1-43 Subchapter B.

1-44 Sec. 96.003. EXPIRATION. This chapter expires January 1,
1-45 2007.

1-46 [Sections 96.004-96.050 reserved for expansion]

1-47 SUBCHAPTER B. ADVISORY PANEL ON

1-48 HEALTH CARE ASSOCIATED INFECTIONS

1-49 Sec. 96.051. ESTABLISHMENT. The commissioner shall
1-50 establish the Advisory Panel on Health Care Associated Infections
1-51 within the regulatory licensing unit of the health care quality
1-52 section of the department.

1-53 Sec. 96.052. MEMBERSHIP. The advisory panel is composed of
1-54 14 members as follows:

1-55 (1) two infection control practitioner members who:

1-56 (A) are certified by the Certification Board of
1-57 Infection Control and Epidemiology; and

1-58 (B) are practicing in hospitals in this state, at
1-59 least one of which must be a rural hospital;

1-60 (2) two infection control practitioner members who:

1-61 (A) are certified by the Certification Board of
1-62 Infection Control and Epidemiology; and

1-63 (B) are nurses licensed to engage in professional
1-64 nursing under Chapter 301, Occupations Code;

2-1 (3) three board-certified or board-eligible physician
2-2 members who:
2-3 (A) are licensed to practice medicine in this
2-4 state under Chapter 155, Occupations Code, at least two of whom have
2-5 active medical staff privileges at a hospital in this state;
2-6 (B) are active members of the Society for
2-7 Healthcare Epidemiology of America; and
2-8 (C) have demonstrated expertise in infection
2-9 control in health care facilities;
2-10 (4) one member who is a chief executive officer of a
2-11 hospital licensed under Chapter 241;
2-12 (5) one member who is a chief executive officer of an
2-13 ambulatory surgical center licensed under Chapter 243;
2-14 (6) three members who:
2-15 (A) are department employees representing the
2-16 department in epidemiology and the licensing of hospitals or
2-17 ambulatory surgical centers; and
2-18 (B) serve as nonvoting members of the advisory
2-19 panel; and
2-20 (7) two members who represent the public as consumers.
2-21 Sec. 96.053. MEMBER ELIGIBILITY. A person may not be a
2-22 member of the advisory panel if the person is required to register
2-23 as a lobbyist under Chapter 305, Government Code, because of the
2-24 person's activities for compensation on behalf of a profession
2-25 related to health care.
2-26 Sec. 96.054. OFFICERS. The members of the advisory panel
2-27 shall elect a presiding officer and an assistant presiding officer
2-28 from among the members.
2-29 Sec. 96.055. COMPENSATION; EXPENSES. (a) Except as
2-30 provided by Subsection (b), a member of the advisory panel is not
2-31 entitled to compensation for service on the advisory panel and is
2-32 not entitled to reimbursement for travel expenses.
2-33 (b) A member who is a representative of a state agency shall
2-34 be reimbursed for travel expenses incurred while conducting the
2-35 business of the advisory panel from the funds of the agency the
2-36 person represents in accordance with the General Appropriations
2-37 Act.
2-38 Sec. 96.056. VACANCY. A vacancy on the advisory panel shall
2-39 be filled by the commissioner.
2-40 Sec. 96.057. ABOLISHED. The Advisory Panel on Health Care
2-41 Associated Infections is abolished January 1, 2007.
2-42 [Sections 96.058-96.100 reserved for expansion]
2-43 SUBCHAPTER C. POWERS AND DUTIES OF ADVISORY PANEL
2-44 Sec. 96.101. GENERAL POWERS AND DUTIES. (a) The advisory
2-45 panel, using nationally accepted measures, shall study and
2-46 recommend definitions and methodologies for collecting and
2-47 reporting evidence-based data on:
2-48 (1) infection rates;
2-49 (2) process measures; or
2-50 (3) both infection rates and process measures.
2-51 (b) In developing the recommendations described in
2-52 Subsection (a), the advisory panel shall consider:
2-53 (1) adjusting the reported infection rates to account
2-54 for the differences in patient populations and for factors outside
2-55 the control of the health care facility;
2-56 (2) standardizing data collection methodology and
2-57 reporting;
2-58 (3) reviewing data collection and reporting systems of
2-59 other entities related to infection rates, such as the National
2-60 Nosocomial Infections Surveillance System of the federal Centers
2-61 for Disease Control and Prevention;
2-62 (4) reviewing data collection and reporting systems of
2-63 other entities related to process measures, such as the Joint
2-64 Commission on Accreditation of Healthcare Organizations or the
2-65 Centers for Medicare and Medicaid Services;
2-66 (5) maximizing the efficient use of the resources
2-67 required for health care facilities to conduct required
2-68 surveillance and reporting;
2-69 (6) recognizing the potential unintended consequences

3-1 of public reporting that is poorly designed or executed and that may
3-2 diminish the overall quality of this state's health care or mislead
3-3 or fail to protect health care consumers who use the data; and
3-4 (7) providing additional benefits to health care
3-5 consumers.

3-6 Sec. 96.102. REPORT TO LEGISLATURE. (a) Not later than
3-7 November 1, 2006, the commissioner shall file a report with the
3-8 presiding officer of each house of the legislature on the advisory
3-9 panel's recommendations for legislation regarding the collection
3-10 and reporting of infection rates, process measures, or both.

3-11 (b) The report shall include a recommendation that the
3-12 legislation set September 1, 2007, as the date for hospitals and
3-13 ambulatory surgical centers to comply with the legislation.

3-14 SECTION 2. As soon as practicable after the effective date
3-15 of this Act, the commissioner of the Department of State Health
3-16 Services shall appoint members to the Advisory Panel on Health Care
3-17 Associated Infections as required by Chapter 96, Health and Safety
3-18 Code, as added by this Act.

3-19 SECTION 3. This Act takes effect September 1, 2005.

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