J3 5lr0651

By: Delegates Pendergrass, Hubbard, Barkley, Conroy, Donoghue, Dumais, Glassman, Goldwater, Gordon, Gutierrez, Heller, Kaiser, Krysiak, Lee, Love, Malone, Mandel, Menes, Montgomery, Oaks, Ross, and Sossi

Introduced and read first time: January 24, 2005 Assigned to: Health and Government Operations

## A BILL ENTITLED

	$\Delta N$	$\Delta$ ( "I"	concerning
1	$\Delta \mathbf{M}$	$\Lambda$ CI	COHCCHIII

2	Hospital Infections Disclosure Ac	:1

- 3 FOR the purpose of requiring the Maryland Health Care Commission to collect data
- 4 on hospital-acquired infection rates from hospitals; requiring the Maryland
- 5 Health Care Commission to adopt certain regulations governing submission of
- 6 hospital-acquired infection rate data; requiring the Maryland Health Care
- 7 Commission to publish hospital-acquired infection rate data; requiring the
- 8 Maryland Health Care Commission to publish an annual report concerning
- 9 hospital-acquired infection rates; requiring hospitals to collect and disclose
- certain data regarding hospital-acquired infections to the Maryland Health
- 11 Care Commission; establishing certain penalties; defining certain terms; and
- 12 generally relating to disclosure of hospital-acquired infections.
- 13 BY adding to
- 14 Article Health General
- 15 Section 19-138 and 19-319(i)
- 16 Annotated Code of Maryland
- 17 (2000 Replacement Volume and 2004 Supplement)
- 18 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
- 19 MARYLAND, That the Laws of Maryland read as follows:
- 20 Article Health General
- 21 19-138.
- 22 (A) IN THIS SECTION, "HOSPITAL-ACQUIRED INFECTION" MEANS AN
- 23 INFECTION THAT:
- 24 (1) MEETS THE CURRENT STATISTICAL EPIDEMIOLOGIC DEFINITION OF
- 25 A NOSOCOMIAL INFECTION, AS STANDARDIZED BY THE FEDERAL CENTERS FOR
- 26 DISEASE CONTROL AND PREVENTION'S NATIONAL NOSOCOMIAL INFECTIONS
- 27 SURVEILLANCE SYSTEM, OR ITS SUCCESSOR;

33 YEARS.

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_			CHOIT	Terre cor i or moese blee 177
1		(2)	IS ACQ	UIRED BY A PATIENT DURING HOSPITAL CARE; AND
2 3	PATIENT'S	(3) ADMISS		DETECTED AS PRESENT OR INCUBATING AT THE TIME OF A A HOSPITAL.
	(B) INFECTION THIS ARTIO	IS FROM		ION SHALL COLLECT DATA ON HOSPITAL-ACQUIRED HOSPITAL IN THE STATE IN ACCORDANCE WITH § 19-319 OF
7	(C)	THE CO	OMMISS	ION SHALL ADOPT REGULATIONS THAT:
8 9	HOSPITAL	(1) DATA R		LISH THE TIMING, FORMAT, AND PROCESS OF SUBMISSION OF TO THE COMMISSION;
10 11	WHICH TH	(2) IE HOSP		FY THE TYPES OF HOSPITAL-ACQUIRED INFECTIONS ON IUST COLLECT AND REPORT DATA, INCLUDING:
12			(I)	SURGICAL SITE INFECTIONS;
13			(II)	VENTILATOR-ASSOCIATED PNEUMONIA;
14			(III)	CENTRAL LINE-RELATED BLOODSTREAM INFECTIONS; AND
15			(IV)	URINARY TRACT INFECTIONS; AND
			Y OF PA	LISH PROCEDURES FOR ENSURING COMPLETE TIENTS, EMPLOYEES, AND LICENSED HEALTH CARE REPORTS TO BE SUBMITTED BY HOSPITALS.
			FROM	OMMISSION SHALL MAKE AVAILABLE TO THE PUBLIC THE HOSPITALS ON HOSPITAL-ACQUIRED INFECTIONS RE SEPTEMBER 1, 2006.
	DATA AVA 19-134(E) 0		E IN THE	OMMISSION MAY MAKE THE HOSPITAL-ACQUIRED INFECTION HOSPITAL EVALUATION SYSTEM AUTHORIZED UNDER § LE.
		ZING TH		OMMISSION SHALL PUBLISH AN ANNUAL REPORT STAL-ACQUIRED INFECTION DATA SUBMITTED BY THE
28		(2)	THE AN	NNUAL REPORT SHALL:
29 30	RATES FO	R EACH	(I) HOSPIT	COMPARE RISK-ADJUSTED HOSPITAL-ACQUIRED INFECTION AL IN THE STATE; AND
31 32	HOSPITAL	-ACQUII	(II) RED INF	DISCUSS ANY FINDINGS AND TRENDS CONCERNING ECTIONS STATEWIDE, INCLUDING COMPARISONS TO PRIOR

## **UNOFFICIAL COPY OF HOUSE BILL 199**

1 THE COMMISSION SHALL PUBLISH THE FIRST ANNUAL REPORT 2 REQUIRED UNDER THIS SUBSECTION ON OR BEFORE DECEMBER 1, 2006. 3 19-319. IN THIS SUBSECTION, "HOSPITAL-ACQUIRED INFECTION" MEANS AN (I) (1) **5 INFECTION THAT:** MEETS THE CURRENT STATISTICAL EPIDEMIOLOGIC (I) 7 DEFINITION OF A NOSOCOMIAL INFECTION, AS STANDARDIZED BY THE FEDERAL 8 CENTERS FOR DISEASE CONTROL AND PREVENTION'S NATIONAL NOSOCOMIAL 9 INFECTIONS SURVEILLANCE SYSTEM, OR ITS SUCCESSOR: 10 (II)IS ACQUIRED BY A PATIENT DURING HOSPITAL CARE; AND 11 (III)IS NOT DETECTED AS PRESENT OR INCUBATING AT THE TIME 12 OF A PATIENT'S ADMISSION TO A HOSPITAL. AS A CONDITION OF LICENSURE, EACH HOSPITAL SHALL, IN 13 (2) 14 ACCORDANCE WITH THE REGULATIONS ADOPTED BY THE MARYLAND HEALTH CARE 15 COMMISSION UNDER § 19-138 OF THIS TITLE: 16 COLLECT DATA ON HOSPITAL-ACQUIRED INFECTIONS; AND (I) SUBMIT THE DATA ON THE HOSPITAL'S HOSPITAL-ACQUIRED 17 (II)18 INFECTION RATES TO THE MARYLAND HEALTH CARE COMMISSION. 19 IF A HOSPITAL FAILS TO COLLECT OR REPORT THE DATA ON 20 HOSPITAL-ACQUIRED INFECTIONS REQUIRED UNDER THIS SUBSECTION IN 21 ACCORDANCE WITH REGULATIONS ESTABLISHED BY THE MARYLAND HEALTH CARE 22 COMMISSION, THE SECRETARY MAY IMPOSE THE FOLLOWING PENALTIES: 23 DELICENSURE OF THE HOSPITAL; OR (I) A FINE OF UP TO \$1,000 PER DAY PER VIOLATION FOR EACH DAY (II)25 A VIOLATION CONTINUES. SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 27 July 1, 2005.