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By: **Senator Stone (By Request) and Senators Green and Kelley**

Introduced and read first time: February 2, 2005

Assigned to: Finance

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A BILL ENTITLED

1 AN ACT concerning

2 **Hospital Infections Disclosure Act**

3 FOR the purpose of requiring the Department of Health and Mental Hygiene to  
4 collect data on hospital-acquired infection rates from hospitals; requiring the  
5 Department to adopt certain regulations governing submission of  
6 hospital-acquired infection rate data; establishing an advisory committee to  
7 assist the Department in the collection of data on hospital-acquired infection  
8 rates from hospitals; providing for membership of the advisory committee;  
9 establishing the duties of the advisory committee; requiring the Department to  
10 publish an annual report concerning hospital-acquired infection rates; requiring  
11 hospitals to collect and disclose certain data regarding hospital-acquired  
12 infections to the Department; establishing certain penalties; defining a certain  
13 term; and generally relating to disclosure of hospital-acquired infections.

14 BY adding to

15 Article - Health - General  
16 Section 19-138 and 19-319(i)  
17 Annotated Code of Maryland  
18 (2000 Replacement Volume and 2004 Supplement)

19 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
20 MARYLAND, That the Laws of Maryland read as follows:

21 **Article - Health - General**

22 19-138.

23 (A) IN THIS SECTION, "HOSPITAL-ACQUIRED INFECTION" MEANS A  
24 LOCALIZED OR SYSTEMIC CONDITION THAT:

25 (1) RESULTS FROM AN ADVERSE REACTION TO THE PRESENCE OF AN  
26 INFECTIOUS AGENT OR ITS TOXIN; AND

27 (2) WAS NOT PRESENT OR INCUBATING AT THE TIME OF ADMISSION TO  
28 THE HOSPITAL.

1 (B) THE DEPARTMENT SHALL COLLECT DATA ON HOSPITAL-ACQUIRED  
2 INFECTIONS FROM EACH HOSPITAL IN THE STATE IN ACCORDANCE WITH § 19-319 OF  
3 THIS ARTICLE.

4 (C) THE DEPARTMENT SHALL ADOPT REGULATIONS THAT:

5 (1) ESTABLISH THE TIMING, FORMAT, AND PROCESS OF SUBMISSION OF  
6 HOSPITAL DATA REPORTS TO THE DEPARTMENT;

7 (2) IDENTIFY THE TYPES OF HOSPITAL-ACQUIRED INFECTIONS ON  
8 WHICH THE HOSPITALS MUST COLLECT AND REPORT DATA, INCLUDING:

9 (I) SURGICAL SITE INFECTIONS;

10 (II) VENTILATOR-ASSOCIATED PNEUMONIA;

11 (III) CENTRAL LINE-RELATED BLOODSTREAM INFECTIONS; AND

12 (IV) URINARY TRACT INFECTIONS; AND

13 (3) ESTABLISH PROCEDURES FOR ENSURING COMPLETE  
14 CONFIDENTIALITY OF PATIENTS, EMPLOYEES, AND LICENSED HEALTH CARE  
15 PROFESSIONALS IN CONNECTION WITH A SPECIFIC INFECTION INCIDENT.

16 (D) (1) THE SECRETARY SHALL ESTABLISH A HOSPITAL INFECTIONS  
17 ADVISORY COMMITTEE TO ADVISE THE SECRETARY ON MATTERS RELATING TO THE  
18 IMPLEMENTATION OF THE PROVISIONS OF THIS SECTION.

19 (2) THE ADVISORY COMMITTEE SHALL CONSIST OF AT LEAST THE  
20 FOLLOWING REPRESENTATIVES APPOINTED ONCE EVERY 2 YEARS:

21 (I) TWO REPRESENTATIVES OF PUBLIC AND PRIVATE HOSPITALS'  
22 INFECTION CONTROL DEPARTMENTS;

23 (II) ONE REPRESENTATIVE OF DIRECT CARE NURSING STAFF;

24 (III) ONE REPRESENTATIVE OF MEDICAL STAFF;

25 (IV) ONE REPRESENTATIVE OF EPIDEMIOLOGISTS WITH EXPERTISE  
26 IN HOSPITAL-ACQUIRED INFECTIONS;

27 (V) ONE REPRESENTATIVE OF ACADEMIC RESEARCHERS IN  
28 HOSPITAL INFECTIONS;

29 (VI) ONE REPRESENTATIVE OF CONSUMER ORGANIZATIONS;

30 (VII) ONE REPRESENTATIVE OF HEALTH INSURERS;

31 (VIII) ONE REPRESENTATIVE OF HEALTH MAINTENANCE  
32 ORGANIZATIONS;

1 (IX) ONE REPRESENTATIVE OF ORGANIZED LABOR; AND

2 (X) ONE REPRESENTATIVE OF PURCHASERS OF HEALTH  
3 INSURANCE, SUCH AS EMPLOYERS.

4 (3) THE SECRETARY SHALL APPOINT THE MEMBERSHIP OF THE  
5 ADVISORY COMMITTEE, BASED ON THE RECOMMENDATION OF THE APPROPRIATE  
6 MEDICAL SOCIETY OR AGENCY.

7 (4) THE ADVISORY COMMITTEE SHALL ASSIST THE DEPARTMENT IN THE  
8 DEVELOPMENT OF THE METHODOLOGY FOR COLLECTING, ANALYZING, AND  
9 DISCLOSING THE INFORMATION COLLECTED UNDER THIS SECTION.

10 (5) IN DEVELOPING THE METHODOLOGY FOR COLLECTING AND  
11 ANALYZING THE INFECTION RATE DATA, THE DEPARTMENT AND ADVISORY  
12 COMMITTEE SHALL CONSIDER EXISTING METHODOLOGIES AND SYSTEMS FOR DATA  
13 COLLECTION, SUCH AS THE FEDERAL CENTERS FOR DISEASE CONTROL AND  
14 PREVENTION'S NATIONAL NOSOCOMIAL INFECTIONS SURVEILLANCE SYSTEM, OR  
15 ITS SUCCESSOR.

16 (E) (1) THE DEPARTMENT, IN CONSULTATION WITH THE ADVISORY  
17 COMMITTEE, SHALL PUBLISH AN ANNUAL REPORT SUMMARIZING:

18 (I) THE COLLECTION AND ANALYSIS METHODOLOGY OF THE  
19 INFECTION RATE DATA DEVELOPED BY THE DEPARTMENT; AND

20 (II) THE HOSPITAL-ACQUIRED INFECTION DATA SUBMITTED BY  
21 THE HOSPITALS.

22 (2) THE ANNUAL REPORT SHALL:

23 (I) COMPARE RISK-ADJUSTED HOSPITAL-ACQUIRED INFECTION  
24 RATES FOR EACH HOSPITAL IN THE STATE; AND

25 (II) DISCUSS ANY FINDINGS, CONCLUSIONS, AND TRENDS  
26 CONCERNING HOSPITAL-ACQUIRED INFECTIONS STATEWIDE, INCLUDING A  
27 COMPARISON TO PRIOR YEARS.

28 (3) THE DEPARTMENT SHALL PUBLISH THE FIRST ANNUAL REPORT  
29 REQUIRED UNDER THIS SUBSECTION ON OR BEFORE DECEMBER 1, 2006.

30 19-319.

31 (I) (1) IN THIS SUBSECTION, "HOSPITAL-ACQUIRED INFECTION" MEANS A  
32 LOCALIZED OR SYSTEMIC CONDITION THAT:

33 (I) RESULTS FROM AN ADVERSE REACTION TO THE PRESENCE OF  
34 AN INFECTIOUS AGENT OR ITS TOXIN; AND

35 (II) WAS NOT PRESENT OR INCUBATING AT THE TIME OF  
36 ADMISSION TO THE HOSPITAL.

1           (2)     AS A CONDITION OF LICENSURE, EACH HOSPITAL SHALL, IN  
2 ACCORDANCE WITH THE REGULATIONS ADOPTED BY THE DEPARTMENT UNDER §  
3 19-138 OF THIS TITLE:

4           (I)     COLLECT DATA ON HOSPITAL-ACQUIRED INFECTIONS; AND

5           (II)    SUBMIT THE DATA ON THE HOSPITAL'S HOSPITAL-ACQUIRED  
6 INFECTION RATES TO THE DEPARTMENT.

7           (3)     IF A HOSPITAL FAILS TO COLLECT OR REPORT THE DATA ON  
8 HOSPITAL-ACQUIRED INFECTIONS REQUIRED UNDER THIS SUBSECTION IN  
9 ACCORDANCE WITH REGULATIONS ESTABLISHED BY THE DEPARTMENT, THE  
10 SECRETARY MAY IMPOSE THE FOLLOWING PENALTIES:

11           (I)     TERMINATION OF LICENSURE; OR

12           (II)    A CIVIL PENALTY OF UP TO \$1,000 PER DAY PER VIOLATION FOR  
13 EACH DAY THE HOSPITAL IS IN VIOLATION OF THIS SUBSECTION.

14     SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
15 October 1, 2005.