

Department of Legislative Services
Maryland General Assembly
2005 Session

FISCAL AND POLICY NOTE
Revised

House Bill 199 (Delegate Pendergrass, *et al.*)
Health and Government Operations

Finance

Hospitals - Comparable Evaluation System - Healthcare-Associated Infection
Information

This bill specifies that the Maryland Health Care Commission's (MHCC) comparable evaluation system for hospitals and ambulatory surgical facilities must include health care-associated infection information from hospitals. The system must adhere to the current recommendations of the federal Centers for Disease Control and Prevention (CDC) and the CDC Healthcare Infection Contract Practices Advisory Committee regarding public report of health care-associated infections.

The bill takes effect July 1, 2005.

Fiscal Summary

State Effect: MHCC could implement the health care-associated infection information with existing budgeted resources. No effect on revenues.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: MHCC must maintain a medical care database to compile statewide data on health services rendered by health care practitioners and office facilities including diagnosis, procedure, location, and the charge for the procedure. MHCC must publish a report by October 1 annually on the health care data. MHCC also develops and publishes annual report cards (performance evaluations) on HMOs, hospitals, and nursing homes.

Background: On February 28, 2005, the CDC Healthcare Infection Control Practices Advisory Committee issued its *Guidance on Public Reporting of Healthcare-Associated Infections*. The committee recommended that persons who design and implement public reporting systems: (1) use established public health surveillance methods when designing and implementing mandatory reporting systems; (2) create multidisciplinary advisory panels, including persons with expertise in the prevention and control of health care associated infections, to monitor the planning and oversight of public reporting systems; (3) choose appropriate process and outcome measure based on facility type and phase in measure to allow time for facilities to adapt and to permit ongoing evaluation of data validity; and (4) provide regular and confidential feedback of performance data to health care providers.

The committee also recommended that states report on outcome measure for hospitals or long-term care facilities regarding: (1) central line insertion practices; (2) surgical antimicrobial prophylaxis; (3) influenza vaccination coverage among patients and health care personnel; (4) central line associated bloodstream infections; and (5) surgical site infections following selected operations. MHCC is in the process of implementing a health care associated infection plan, using a phased-in approach. The first phase of the plan includes collecting infection prevention measures from hospitals beginning April 1, 2005. The second phase includes working with the Maryland Patient Safety Center (MPSC) to collect central-line catheter associated blood stream infections and ventilator-associated pneumonia rates. MPSC will bear most of the costs associated with developing, researching, and testing the data collection specifications. MHCC will use the program developed by MPSC and bear the expense of collecting the data for these two measures. MHCC expects to release these results publicly in late 2006 or early 2007. The last phase of the plan includes expanding the measures that will be reported by mid-2007, using a system currently under development by the Centers for Disease Control and Prevention (CDC). CDC will bear the cost associated with developing the system. MHCC will develop a scaled-down version for hospitals that do not use the CDC system.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene (Health Services Cost Review Commission, Office of Health Care Quality, Maryland Health Care Commission), Department of Legislative Services

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Analysis by: Susan D. John

Direct Inquiries to:
(410) 946-5510
(301) 970-5510