

Department of Legislative Services
Maryland General Assembly
2006 Session

FISCAL AND POLICY NOTE

Senate Bill 135

(Senator Kelley, *et al.*)

Finance

Health and Government Operations

Hospitals - Comparable Evaluation System - Health Care-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, 2006.

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 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.

State Fiscal Effect: MHCC advises that special fund expenditures could increase by \$125,000 in fiscal 2007 to implement the bill. MHCC is currently conducting a pilot program to collect data on surgical infectious measures, and has been able to complete this task within budgeted appropriations. MHCC asserts the bill would require MHCC to collect and report data on all health care-associated infection measures that are not part of the Hospital Performance Evaluation Guide's original strategic plan.

Legislative Services disagrees with this assessment. The bill requires MHCC's Hospital Performance Evaluation Guide to include health care-associated infection information, but specifies MHCC must adhere, to the extent possible, to the current recommendations of the CDC Healthcare Infection Control Practices Advisory Committee regarding public

reporting of health care-associated infections. These recommendations permit states to choose process and outcome measures and phase in the measure(s) gradually to allow time for facilities to adapt.

MHCC already has current plans to add several of the recommended process measures. It is working with the Maryland Patient Safety Center to incorporate data on infection rates, which are scheduled to be incorporated in the 2007 guide. Consequently, Legislative Services advises the bill's requirements could be handled with existing budgeted resources. No effect on revenues.

Additional Information

Prior Introductions: An identical bill, HB 199 of 2005 as amended, passed the House with amendments. It was reported unfavorably by the Senate Finance Committee.

Cross File: HB 78 (Delegate Pendergrass, *et al.*) – Health and Government Operations.

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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