

## **BILL ANALYSIS**

Senate Research Center  
79R1843 MCK-D

S.B. 357  
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Health and Human Services  
3/31/05  
As Filed

### **AUTHOR'S/SPONSOR'S STATEMENT OF INTENT**

More Americans die each year from hospital-acquired infections than from automobile accidents and homicides combined. The Centers for Disease Control and Prevention estimate that there are 90,000 infection-related deaths each year, at an estimated cost of \$5 billion to the nation's health care system.

As proposed, S.B. 357 requires each hospital to collect data on the hospital-acquired infection rate related to specific clinical procedures. Each hospital would be required to complete a report to the Department of State Health Services (DSHS) each quarter, detailing infection rates, as well as complete an annual report to the Texas Legislature summarizing the quarterly reports. S.B. 357 also requires the commissioner of DSHS to create an advisory committee to assist in the development of all aspects of the methodology for collecting, analyzing, and disclosing the information collected. S.B. 357 provides a penalty of denial, suspension, or revocation of a hospital's license for failure to comply.

### **RULEMAKING AUTHORITY**

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 3 of this bill.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Subtitle D, Title 2, Health and Safety Code, by adding Chapter 96, as follows:

#### CHAPTER 96. HOSPITAL-ACQUIRED INFECTION RATES

Sec. 96.001. DEFINITIONS. Defines "department," "hospital," and "hospital-acquired infection."

Sec. 96.002. COLLECTION OF HOSPITAL-ACQUIRED INFECTION RATE DATA. Requires each hospital to collect data on the hospital-acquired infection rate related to specific clinical procedures. Requires the hospital to report the hospital-acquired infection rate for certain categories.

Sec. 96.003. QUARTERLY REPORTS. (a) Requires each hospital to report to the Department of State Health Services (department) its specific hospital-acquired infection rates not later than the last day of the month following each calendar quarter.

(b) Provides that, if the hospital is a division or subsidiary of another entity that owns or operates other hospitals or related organizations, a quarterly report must be made for each specific hospital.

(c) Requires the department to prescribe the form of the quarterly report.

(d) Requires each hospital to make its quarterly reports available to the public.

Sec. 96.004. ANNUAL REPORT TO LEGISLATURE. (a) Requires the department to submit a report to the legislature summarizing the hospital quarterly reports not later than January 31 of each year.

(b) Requires the annual report to make easily understandable comparisons of the risk-adjusted hospital-acquired infection rates for each individual hospital in the state.

(c) Requires the report to include certain details regarding the trends concerning the overall state of hospital-acquired infections.

(d) Authorizes the report to include policy recommendations, as appropriate.

Sec. 96.005. PUBLICATION OF INFORMATION. (a) Requires the department to publish each quarterly report and the annual report on the department's Internet website.

(b) Authorizes the department to issue quarterly information bulletins at its discretion, summarizing all or part of the information submitted in the hospital quarterly reports.

(c) Requires the department to publicize the availability of the reports as widely as practicable to certain interested parties.

(d) Requires the department to make the annual report available to any person upon request.

Sec. 96.006. ADVISORY COMMITTEE. (a) Requires the commissioner of the department to appoint an advisory committee to assist the department in the development of all aspects of the department's methodology for collecting, analyzing, and disclosing the information collected under this chapter.

(b) Sets forth requirements for the composition of the advisory committee.

(c) Requires a majority of the members of the advisory committee to represent interests other than hospitals.

(d) Sets forth requirements for developing and disclosing the methodology for collecting and analyzing the infection rate data.

(e) Requires the department and the advisory committee to evaluate on a regular basis the quality and accuracy of hospital information reported under this chapter and the data collection, analysis, and dissemination methodologies.

(f) Provides that Chapter 2110 (State Agency Advisory Committees), Government Code, applies to the advisory committee except that Sections 2110.002 (Composition of Advisory Committees) and 2110.008 (Duration of Advisory Committees), Government Code, do not apply to the committee.

Sec. 96.007. PRIVACY. Prohibits a hospital report or department disclosure from containing information identifying a patient, employee, or licensed health care professional in connection with a specific infection incident.

Sec. 96.008. CIVIL PENALTY. (a) Provides that a hospital that violates this chapter is liable to the state for a civil penalty in an amount not to exceed \$1,000 for each violation.

(b) Provides that each day a violation occurs constitutes a separate violation.

(c) Requires the attorney general to bring an action in the name of the state at the department's request to collect a civil penalty under this section.

(d) Authorizes the attorney general to recover reasonable expenses incurred in obtaining a civil penalty under this section.

SECTION 2. Amends Section 241.053(a), Health and Safety Code, to further authorize the department to deny, suspend, or revoke a hospital's license if the department finds that the hospital failed to comply with a provision of Chapter 96 or a rule adopted under Chapter 96.

SECTION 3. Requires the executive commissioner of the Health and Human Services Commission to adopt any rules necessary to implement Chapter 96, Health and Safety Code, as added by this Act, not later than January 1, 2006, and to require the submission of the initial reports required to be made under that chapter not later than April 30, 2006.

SECTION 4. Effective date: September 1, 2005.