

## BILL ANALYSIS

Senate Research Center  
79R6732 YDB-D

S.B. 609  
By: Nelson  
Health and Human Services  
3/4/2005  
As Filed

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

The United States Centers for Disease Control report that nearly two million patients annually acquire an infection while being treated for another illness or disease, and nearly 88,000 die as a direct or indirect result of the secondary infection. Moreover, nearly \$5 billion is added to the United States' health care costs every year as a result of infections acquired while patients are being treated for other health problems.

Consumer access to information regarding healthcare-associated infection rates will enable consumers to make more informed choices on health care. However, the state must ensure that mandatory public reporting will provide useful information to the public and include process measures that benefit a facility's quality improvement efforts. Currently, there are no laws with respect to healthcare-associated infection rates and process measures.

As proposed, S.B. 609 creates a multidisciplinary advisory panel to study and recommend definitions and methodologies for collecting and reporting evidence-based data on infection rates and process measures. The advisory panel would be required to consider differences in patient populations, data collection and reporting standardization, and data collection and reporting systems from entities such as the United States Centers for Disease Control and the Joint Commission on Accreditation of Health Care Organizations related to infection rates and process measures. S.B. 609 also requires the Department of State Health Services to report on the advisory panel's recommendations for legislation concerning the collection and reporting of infection rates, process measures, or both by November 1, 2006.

### RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### SECTION BY SECTION ANALYSIS

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

#### CHAPTER 96. HEALTH CARE ASSOCIATED INFECTION RATE AND PROCESS MEASURE REPORTING

##### SUBCHAPTER A. GENERAL PROVISIONS

Sec. 96.001. DEFINITIONS. (a) Defines "advisory panel," "commissioner," "department," "health care associated infection," "health care facility," "infection rate," and "process measure."

(b) Authorizes the Advisory Panel on Health Care Associated Infections (advisory panel) to modify or define the term "infection rate" as necessary to accomplish the purposes of this chapter.

Sec. 96.002. APPLICABILITY OF OTHER LAW. Provides that Chapter 2110 (State Agency Advisory Committees), Government Code, does not apply to the advisory panel created under Subchapter B.

Sec. 96.003. EXPIRATION. Provides that this chapter expires January 1, 2007.

[Reserves Sections 96.004-96.050 for expansion]

#### SUBCHAPTER B. ADVISORY PANEL ON HEALTH CARE ASSOCIATED INFECTIONS

Sec. 96.051. ESTABLISHMENT. Requires the commissioner of state health services (commissioner) to establish the advisory panel within the regulatory licensing unit of the health care quality section of the Department of State Health Services.

Sec. 96.052. MEMBERSHIP. Provides that the advisory panel is composed of 14 members and sets forth the persons to be included on the panel.

Sec. 96.053. MEMBER ELIGIBILITY. Prohibits a person from being a member of the advisory panel if the person is required to register as a lobbyist under Chapter 305, Government Code, because of the person's activities for compensation on behalf of a profession related to health care.

Sec. 96.054. OFFICERS. Requires the members of the advisory panel to elect a presiding officer and an assistant presiding officer from among the members.

Sec. 96.055. COMPENSATION; EXPENSES. (a) Provides that except as provided by Subsection (b), a member of the advisory panel is not entitled to compensation for service on the advisory panel or reimbursement for travel expenses.

(b) Requires a member who is a representative of a state agency to be reimbursed for travel expenses incurred while conducting the business of the advisory panel from the funds of the agency the person represents.

Sec. 96.056. VACANCY. Requires a vacancy on the advisory panel to be filled by the commissioner.

Sec. 96.057. ABOLISHED. Abolishes the advisory panel on January 1, 2007.

[Reserves Sections 96.058-96.100 for expansion]

#### SUBCHAPTER C. POWERS AND DUTIES OF ADVISORY PANEL

Sec. 96.101. GENERAL POWERS AND DUTIES. (a) Requires the advisory panel, using nationally accepted measures, to study and recommend definitions and methodologies for collecting and reporting evidence-based data on infection rates, process measures, or both.

(b) Requires the advisory panel to consider certain methodologies and actions in developing the recommendations described in Subsection (a).

Sec. 96.102. REPORT TO LEGISLATURE. (a) Requires the commissioner, not later than November 1, 2006, to file a report with the presiding officer of each house of the legislature on the advisory panel's recommendations for legislation regarding the collection and reporting of infection rates, process measures, or both.

(b) Requires the report to include a recommendation that the legislation set September 1, 2007, as the date for hospitals and ambulatory surgery centers to comply with the legislation.

SECTION 2. Requires the commissioner of the Department of State Health Services, as soon as practicable after the effective date of this Act, to appoint members to the Advisory Panel on Health Care Associated Infections as required by Chapter 96, Health and Safety Code, as added by this Act.

SECTION 3. Effective date: September 1, 2005.