

## HOUSE BILL No. 2283

By Committee on Health and Human Services

2-3

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9 AN ACT concerning the department of health and environment; relating  
10 to nosocomial infections; establishing an advisory committee; amend-  
11 ing K.S.A. 65-430 and repealing the existing section.  
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13 *Be it enacted by the Legislature of the State of Kansas:*

14 New Section 1. This act shall be known as and may be cited as the  
15 “hospital infections disclosure act.”

16 New Sec. 2. For the purposes of this act:

17 (a) “Department” means the department of health and environment.

18 (b) “Hospital” means any general or specialty hospital as defined in  
19 K.S.A. 65-425, and amendments thereto.

20 (c) “Hospital-acquired infection” means a localized or systemic con-  
21 dition (1) that results from an adverse reaction to the presence of an  
22 infectious agent or its toxin and (2) that was not present or incubating at  
23 the time of admission to the hospital.

24 (d) “Nosocomial infection” means a hospital-acquired infection.

25 (e) “Secretary” means the secretary of health and environment.

26 New Sec. 3. (a) Individual hospitals shall collect data on nosocomial  
27 infection rates for the specific procedures determined by the department,  
28 including, but not limited to, the following categories:

29 (1) Surgical site infections;

30 (2) ventilator-associated pneumonia;

31 (3) central line-related bloodstream infections;

32 (4) urinary tract infections; and

33 (5) other categories as provided under subsection (d) of this section.

34 (b) (1) Hospitals shall submit quarterly reports to the department on  
35 dates set by the secretary, in a format set forth by the secretary by rules  
36 and regulations. Data in the quarterly reports shall cover a period ending  
37 not earlier than one month prior to the submission of the report. Quar-  
38 terly reports shall be made available to the public at each hospital and  
39 through the department. The first quarterly report shall be due in 2006.

40 (2) If the hospital is a division or subsidiary of another entity that  
41 owns or operates other hospitals or related organizations, the quarterly  
42 report shall be for the specific division or subsidiary and not for the other  
43 entity.

1 (c) (1) The secretary shall appoint an advisory committee, including  
2 representatives from public and private hospitals, hospital infection con-  
3 trol departments, direct care nursing staff, licensed physicians, epidemi-  
4 ologists with expertise in nosocomial infections, academic researchers,  
5 consumer organizations, health insurers, health maintenance organiza-  
6 tions, organized labor and purchasers of health insurance, such as em-  
7 ployers. The majority of the members shall represent interests other than  
8 hospitals.

9 (2) The advisory committee shall assist the department in the devel-  
10 opment of all aspects of the department's methodology for collecting,  
11 analyzing and disclosing the information collected under this act, includ-  
12 ing collection methods, formatting and methods and means for release  
13 and dissemination of the data.

14 (3) In developing the methodology for collecting and analyzing the  
15 infection rate data, the department and the advisory committee shall con-  
16 sider existing methodologies and systems for data collection, such as the  
17 center for disease control's national nosocomial infection surveillance pro-  
18 gram or its successor. However, the department's discretion to adopt a  
19 methodology shall not be limited or restricted to any existing methodology  
20 or system. The data collection and analysis methodology shall be disclosed  
21 to the public prior to any public disclosure of nosocomial infection rates.

22 (4) The department and the advisory committee shall evaluate on a  
23 regular basis the quality and accuracy of hospital information reported  
24 under this act and the data collection, analysis and dissemination  
25 methodologies.

26 (d) The department may, after consultation with the advisory com-  
27 mittee, require hospitals to collect data on nosocomial infection rates in  
28 categories additional to those set forth in subsection (a).

29 New Sec. 4. (a) The department shall annually submit to the gov-  
30 ernor and the legislature a report summarizing the hospital quarterly re-  
31 ports and shall publish such report on its website. The first annual report  
32 shall be submitted and published in 2007. The department may issue  
33 quarterly information bulletins at its discretion, summarizing all or part  
34 of the information submitted in the hospital quarterly reports.

35 (b) All reports issued by the department shall be risk-adjusted.

36 (c) The annual report shall compare the risk-adjusted nosocomial in-  
37 fection rates collected under section 3, and amendments thereto, for each  
38 individual hospital in the state. The department, in consultation with the  
39 advisory committee, shall make this comparison as easy to understand as  
40 possible. The report shall include an executive summary, written in plain  
41 language, that shall include, but not be limited to, a discussion of the  
42 findings, conclusions and trends concerning the overall state of nosocom-  
43 ial infections in the state, including prior years. The report may include

1 policy recommendations as appropriate.

2 (d) The department shall publicize the report and its availability as  
3 widely as practical to interested parties, including, but not limited to,  
4 hospitals, providers, media organizations, health insurers, health main-  
5 tenance organizations, purchasers of health insurance, organized labor,  
6 consumer or patient advocacy groups and individual consumers. The an-  
7 nual report shall be made available upon request.

8 (e) No hospital report or department disclosure may contain infor-  
9 mation identifying a patient, employee or licensed health care profes-  
10 sional in connection with a specific infection incident.

11 New Sec. 5. It is the express intent of the legislature that a patient's  
12 right of confidentiality shall not be violated in any manner. Patient social  
13 security numbers and any other information that could be used to identify  
14 an individual patient shall not be released notwithstanding any other pro-  
15 vision of law.

16 New Sec. 6. A determination that a hospital has violated the provi-  
17 sions of this act may result in the following:

18 (a) Termination of licensure or other sanctions relating to licensure  
19 of hospitals.

20 (b) A civil penalty of up to \$1,000 per day for each day the hospital  
21 is in violation of the act.

22 New Sec. 7. The department shall be responsible for ensuring the  
23 provisions of this act as a condition of licensure under K.S.A. 65-425 et  
24 seq., and amendments thereto, and shall enforce such compliance ac-  
25 cording to the provisions for hospital licensure.

26 Sec. 8. K.S.A. 65-430 is hereby amended to read as follows: 65-430.  
27 The licensing agency may deny, suspend or revoke a license in any case  
28 in which it finds that there has been a substantial failure to comply with  
29 the requirements established under this law, a failure to report any in-  
30 formation required to be reported by K.S.A. 65-28,121 or 65-4216 and  
31 amendments to such sections, ~~or~~ a failure to maintain a risk management  
32 program as required by K.S.A. 65-4922 and amendments thereto, *or a*  
33 *failure to comply with the requirements of section 3, and amendments*  
34 *thereto*, after notice and an opportunity for hearing to the applicant or  
35 licensee in accordance with the provisions of the Kansas administrative  
36 procedure act.

37 Sec. 9. K.S.A. 65-430 is hereby repealed.

38 Sec. 10. This act shall take effect and be in force from and after its  
39 publication in the statute book.