

HOUSE AMENDMENTS TO HOUSE BILL 2524

By COMMITTEE ON HEALTH CARE

April 11

1 On page 1 of the printed bill, line 2, after “ORS” delete the rest of the line and line 3 and insert
2 “442.445; and declaring an emergency.”.

3 Delete lines 5 through 28 and delete pages 2 through 4 and insert:

4 **“SECTION 1. The Legislative Assembly finds that Oregonians should be free from in-**
5 **fections acquired during the delivery of health care. Action taken in this state to prevent**
6 **health care acquired infections should be trustworthy, effective, transparent and reliable.**

7 **“SECTION 2. As used in sections 1 to 6 of this 2007 Act:**

8 **“(1) ‘Health care facility’ has the meaning given that term in ORS 442.015.**

9 **“(2) ‘Health care acquired infection’ means a localized or systemic condition that:**

10 **“(a) Results from an adverse reaction to the presence of an infectious agent or its toxin;**
11 **and**

12 **“(b) Was not present or incubating at the time of admission to the health care facility.**

13 **“(3) ‘Risk-adjusted methodology’ means a standardized method used to ensure that in-**
14 **trinsic and extrinsic risk factors for a health care acquired infection are considered in the**
15 **calculation of health care acquired infection rates.**

16 **“SECTION 3. (1) There is established in the Office for Oregon Health Policy and Research**
17 **the Oregon Health Care Acquired Infection Reporting Program. The program shall:**

18 **“(a) Provide useful and credible infection measures, specific to each health care facility,**
19 **to consumers;**

20 **“(b) Promote quality improvement in health care facilities; and**

21 **“(c) Utilize existing quality improvement efforts to the extent practicable.**

22 **“(2) The office shall adopt rules to:**

23 **“(a) Require health care facilities to report to the office health care acquired infection**
24 **measures, including but not limited to health care acquired infection rates;**

25 **“(b) Specify the health care acquired infection measures that health care facilities must**
26 **report; and**

27 **“(c) Prescribe the form, manner and frequency of reports of health care acquired in-**
28 **fection measures by health care facilities.**

29 **“(3) In prescribing the form, manner and frequency of reports of health care acquired**
30 **infection measures by health care facilities, to the extent practicable and appropriate to**
31 **avoid unnecessary duplication of reporting by facilities, the office shall align the require-**
32 **ments with the requirements for health care facilities to report similar data to the Depart-**
33 **ment of Human Services and to the Centers for Medicare and Medicaid Services.**

34 **“(4) The office shall utilize, to the extent practicable and appropriate, a credible and re-**
35 **liable risk-adjusted methodology in analyzing the health care acquired infection measures**

1 reported by health care facilities.

2 “(5) The office shall provide health care acquired infection measures and related infor-
3 mation to health care facilities in a manner that promotes quality improvement in the health
4 care facilities.

5 “(6) The office shall adopt rules prescribing the form, manner and frequency for public
6 disclosure of reported health care acquired infection measures. The office shall disclose up-
7 dated information to the public no less frequently than every six months beginning January
8 1, 2010, and no less frequently than every calendar quarter beginning January 1, 2011.

9 “(7) Individually identifiable health information submitted to the office by health care
10 facilities pursuant to this section may not be disclosed to, made subject to subpoena by or
11 used by any state agency for purposes of any enforcement or regulatory action in relation
12 to a participating health care facility.

13 SECTION 4. (1) There is established the Health Care Acquired Infection Advisory Com-
14 mittee to advise the Administrator of the Office for Oregon Health Policy and Research re-
15 garding the Oregon Health Care Acquired Infection Reporting Program. The advisory
16 committee shall consist of 16 members appointed by the administrator as follows:

17 “(a) Seven of the members shall be health care providers or their designees, including:

18 “(A) A hospital administrator who has expertise in infection control and who represents
19 a hospital that contains fewer than 100 beds;

20 “(B) A hospital administrator who has expertise in infection control and who represents
21 a hospital that contains 100 or more beds;

22 “(C) A long term care administrator;

23 “(D) A hospital quality director;

24 “(E) A physician with expertise in infectious disease;

25 “(F) A registered nurse with interest and involvement in infection control; and

26 “(G) A physician who practices in an ambulatory surgical center and who has interest
27 and involvement in infection control.

28 “(b) Nine of the members shall be individuals who do not represent health care providers,
29 including:

30 “(A) A consumer representative;

31 “(B) A labor representative;

32 “(C) An academic researcher;

33 “(D) A health care purchasing representative;

34 “(E) A representative of the Department of Human Services;

35 “(F) A representative of the business community;

36 “(G) A representative of the Oregon Patient Safety Commission who does not represent
37 a health care provider on the commission;

38 “(H) The state epidemiologist; and

39 “(I) A health insurer representative.

40 “(2) The Administrator of the Office for Oregon Health Policy and Research and the ad-
41 visory committee shall evaluate on a regular basis the quality and accuracy of the data col-
42 lected and reported by health care facilities under section 3 of this 2007 Act and the
43 methodologies of the Office for Oregon Health Policy and Research for data collection, anal-
44 ysis and public disclosure.

45 “(3) Members of the advisory committee are not entitled to compensation and shall serve

1 as volunteers on the advisory committee.

2 “(4) Each member of the advisory committee shall serve a term of two years.

3 “(5) The advisory committee shall make recommendations to the administrator regard-
4 ing:

5 “(a) The health care acquired infection measures that health care facilities must report,
6 which may include but are not limited to:

7 “(A) Surgical site infections;

8 “(B) Central line related bloodstream infections;

9 “(C) Urinary tract infections; and

10 “(D) Health care facility process measures designed to ensure quality and to reduce
11 health care acquired infections;

12 “(b) Methods for evaluating and quantifying health care acquired infection measures that
13 align with other data collection and reporting methodologies of health care facilities and that
14 support participation in other quality interventions;

15 “(c) Requiring different reportable health care acquired infection measures for differently
16 situated health care facilities as appropriate;

17 “(d) A method to ensure that infections present upon admission to the health care facil-
18 ity are excluded from the rates of health care acquired infection disclosed to the public for
19 the health care facility under sections 3 and 6 of this 2007 Act;

20 “(e) Establishing a process for evaluating the health care acquired infection measures
21 reported under section 3 of this 2007 Act and for modifying the reporting requirements over
22 time as appropriate;

23 “(f) Establishing a timetable to phase in the reporting and public disclosure of health care
24 acquired infection measures; and

25 “(g) Procedures to protect the confidentiality of patients, health care professionals and
26 health care facility employees.

27 “(6) The Office for Oregon Health Policy and Research shall adopt rules implementing the
28 Oregon Health Care Acquired Infection Reporting Program no later than July 1, 2008. Health
29 care facilities shall begin reporting health care acquired infection measures under section 3
30 of this 2007 Act no later than January 1, 2009.

31 “SECTION 5. Notwithstanding the term of office specified by section 4 of this 2007 Act,
32 of the members first appointed to the Health Care Acquired Infection Advisory Committee:

33 “(1) Five shall serve for terms ending January 1, 2010.

34 “(2) Five shall serve for terms ending January 1, 2011.

35 “(3) The remaining members shall serve for a term ending January 1, 2012.

36 “SECTION 6. (1) In addition to any report required pursuant to section 3 of this 2007 Act,
37 on or before April 30 of each year, the Administrator of the Office for Oregon Health Policy
38 and Research shall prepare an annual report summarizing the health care facility reports
39 submitted pursuant to section 3 of this 2007 Act. The Office for Oregon Health Policy and
40 Research shall make the reports available to the public in the manner provided in ORS
41 192.243 and to the Legislative Assembly in the manner provided in ORS 192.245. The first
42 report shall be made available no later than January 1, 2010.

43 “(2) The annual report shall, for each health care facility in the state, compare the health
44 care acquired infection measures reported under section 3 of this 2007 Act. The office, in
45 consultation with the Health Care Acquired Infection Advisory Committee, shall provide the

1 **information in the report in a format that is as easily comprehensible as possible.**

2 **“(3) The annual report may include findings, conclusions and trends concerning the**
3 **health care acquired infection measures reported under section 3 of this 2007 Act, a com-**
4 **parison to the health care acquired infection measures reported in prior years and any policy**
5 **recommendations.**

6 **“(4) The office shall publicize the annual report and its availability to interested persons,**
7 **including providers, media organizations, health insurers, health maintenance organizations,**
8 **purchasers of health insurance, organized labor, consumer and patient advocacy groups and**
9 **individual consumers.**

10 **“(5) The annual report and quarterly reports under this section and section 3 of this 2007**
11 **Act may not contain information that identifies a patient, a licensed health care professional**
12 **or an employee of a health care facility in connection with a specific infection incident.**

13 **“SECTION 7.** ORS 442.445 is amended to read:

14 **“442.445. (1) Any health care facility that fails to perform as required in ORS 442.400 to 442.463**
15 **or section 3 of this 2007 Act and rules of the Office for Oregon Health Policy and Research may**
16 **be subject to a civil penalty.**

17 **“(2) The Administrator of the Office for Oregon Health Policy and Research shall adopt a**
18 **schedule of penalties not to exceed \$500 per day of violation, determined by the severity of the vi-**
19 **olation.**

20 **“(3) Civil penalties under this section shall be imposed as provided in ORS 183.745.**

21 **“(4) Civil penalties imposed under this section may be remitted or mitigated upon such terms**
22 **and conditions as the administrator considers proper and consistent with the public health and**
23 **safety.**

24 **“(5) Civil penalties incurred under any law of this state are not allowable as costs for the pur-**
25 **pose of rate determination or for reimbursement by a third-party payer.**

26 **“SECTION 8.** ORS 442.445, as amended by section 7 of this 2007 Act, is amended to read:

27 **“442.445. (1) Any health care facility that fails to perform as required in ORS 442.400 to 442.463**
28 **[or section 3 of this 2007 Act] and rules of the Office for Oregon Health Policy and Research may**
29 **be subject to a civil penalty.**

30 **“(2) The Administrator of the Office for Oregon Health Policy and Research shall adopt a**
31 **schedule of penalties not to exceed \$500 per day of violation, determined by the severity of the vi-**
32 **olation.**

33 **“(3) Civil penalties under this section shall be imposed as provided in ORS 183.745.**

34 **“(4) Civil penalties imposed under this section may be remitted or mitigated upon such terms**
35 **and conditions as the administrator considers proper and consistent with the public health and**
36 **safety.**

37 **“(5) Civil penalties incurred under any law of this state are not allowable as costs for the pur-**
38 **pose of rate determination or for reimbursement by a third-party payer.**

39 **“SECTION 9. The amendments to ORS 442.445 by section 8 of this 2007 Act become op-**
40 **erative on January 2, 2018.**

41 **“SECTION 10. Except as provided in section 11 of this 2007 Act, sections 1 to 6 of this**
42 **2007 Act and the amendments to ORS 442.445 section 7 of this 2007 Act become operative on**
43 **January 1, 2008.**

44 **“SECTION 11. Before the operative date specified in section 10 of this 2007 Act, the Ad-**
45 **ministrator of the Office for Oregon Health Policy and Research may take any action nec-**

1 **essary to exercise the duties conferred on the administrator by sections 1 to 6 of this 2007**
2 **Act and the amendments to ORS 442.445 by section 7 of this 2007 Act on and after the op-**
3 **erative date specified in section 10 of this 2007 Act.**

4 **“SECTION 12. Sections 1 to 6 of this 2007 Act are repealed on January 2, 2018.**

5 **“SECTION 13. This 2007 Act being necessary for the immediate preservation of the public**
6 **peace, health and safety, an emergency is declared to exist, and this 2007 Act takes effect**
7 **July 1, 2007.”.**

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