

HOUSE AMENDMENTS TO HOUSE BILL 2094

By COMMITTEE ON HEALTH CARE

March 15

1 On page 1 of the printed bill, line 2, delete “creating new provisions;” and delete “438.430” and
2 insert “431.110, 431.120, 442.445”.

3 In line 3, delete “section 12” and insert “sections 3, 4 and 6”.

4 Delete lines 13 through 27 and insert:

5 “**SECTION 2.** ORS 431.110 is amended to read:

6 “431.110. Subject to ORS 417.300 and 417.305, the Oregon Health Authority shall:

7 “(1) Have direct supervision of all matters relating to the preservation of life and health of the
8 people of the state.

9 “(2) Keep the vital statistics and other health related statistics of the state.

10 “(3) Make sanitary surveys and investigations and inquiries respecting the causes and pre-
11 vention of diseases, especially of epidemics.

12 “(4) Investigate, conduct hearings and issue findings in connection with annexations proposed
13 by cities as provided in ORS 222.840 to 222.915.

14 “(5) Have full power in the control of all communicable diseases.

15 “(6) Have authority to send a representative of the authority to any part of the state when
16 deemed necessary.

17 “(7) From time to time, publish and distribute to the public in such form as the authority de-
18 termines, such information as in its judgment may be useful in carrying on the work or purposes for
19 which the authority was established.

20 “[~~(8)~~ Carry out the duties imposed on the authority under ORS chapter 690.]

21 “**SECTION 2a.** ORS 431.120 is amended to read:

22 “431.120. The Oregon Health Authority shall:

23 “(1) Enforce state health policies and rules.

24 “[~~(2)~~ Have the custody of all books, papers, documents and other property belonging to the State
25 Health Commission, which may be deposited in the authority’s office.]

26 “[~~(3)~~ (2) Give any instructions that may be necessary, and forward them to the various local
27 public health administrators throughout the state.

28 “[~~(4)~~ (3) Routinely conduct epidemiological investigations for each case of sudden infant death
29 syndrome including, but not limited to, the identification of risk factors such as birth weight, ma-
30 ternal age, prenatal care, history of apnea and socioeconomic characteristics. The authority may
31 conduct the investigations through local health departments only upon adoption by rule of a uniform
32 epidemiological data collection method.

33 “[~~(5)~~ (4) Adopt rules related to loans and grants awarded under ORS 285B.560 to 285B.599 or
34 541.700 to 541.855 for the improvement of drinking water systems for the purpose of maintaining
35 compliance with applicable state and federal drinking water quality standards. In adopting rules

1 under this subsection, the authority shall coordinate the authority’s rulemaking process with the
2 Water Resources Department and the Oregon Business Development Department in order to ensure
3 that rules adopted under this subsection are consistent with rules adopted under ORS 285B.563 and
4 541.845.

5 “[6] (5) Control health care capital expenditures by administering the state certificate of need
6 program pursuant to ORS 442.325 to 442.344.

7 “**SECTION 2b.** ORS 442.445 is amended to read:

8 “442.445. (1) Any health care facility that fails to perform as required in ORS 442.205 and
9 442.400 to 442.463 or section 3, chapter 838, Oregon Laws 2007, and rules of the [*Office for Oregon*
10 *Health Policy and Research*] **Oregon Health Authority** may be subject to a civil penalty.

11 “(2) The [*Administrator of the Office for Oregon Health Policy and Research*] **Oregon Health**
12 **Authority** shall adopt a schedule of penalties not to exceed \$500 per day of violation, determined
13 by the severity of the violation.

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

15 “(4) Civil penalties imposed under this section may be remitted or mitigated upon such terms
16 and conditions as the [*administrator*] **authority** considers proper and consistent with the public
17 health and safety.

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

20 “**SECTION 2c.** ORS 442.445, as amended by section 8, chapter 838, Oregon Laws 2007, is
21 amended to read:

22 “442.445. (1) Any health care facility that fails to perform as required in ORS 442.205 and
23 442.400 to 442.463 and rules of the [*Office for Oregon Health Policy and Research*] **Oregon Health**
24 **Authority** may be subject to a civil penalty.

25 “(2) The [*Administrator of the Office for Oregon Health Policy and Research*] **Oregon Health**
26 **Authority** shall adopt a schedule of penalties not to exceed \$500 per day of violation, determined
27 by the severity of the violation.

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

29 “(4) Civil penalties imposed under this section may be remitted or mitigated upon such terms
30 and conditions as the [*administrator*] **authority** considers proper and consistent with the public
31 health and safety.

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

34 On page 2, delete lines 35 through 45 and delete page 3 and insert:

35 “**SECTION 6.** Section 3, chapter 838, Oregon Laws 2007, as amended by section 1157, chapter
36 595, Oregon Laws 2009, is amended to read:

37 “**Sec. 3.** (1) There is established in the [*Office for Oregon Health Policy and Research*] **Oregon**
38 **Health Authority** the Oregon Health Care Acquired Infection Reporting Program. The program
39 shall:

40 “(a) Provide useful and credible infection measures, specific to each health care facility, to
41 consumers;

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

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

44 “(2) The [*office*] **authority** shall adopt rules to:

45 “(a) Require health care facilities to report to the [*office*] **authority** health care acquired in-

1 fection measures, including but not limited to health care acquired infection rates;

2 “(b) Specify the health care acquired infection measures that health care facilities must report;
3 and

4 “(c) Prescribe the form, manner and frequency of reports of health care acquired infection
5 measures by health care facilities.

6 “(3) In prescribing the form, manner and frequency of reports of health care acquired infection
7 measures by health care facilities, to the extent practicable and appropriate to avoid unnecessary
8 duplication of reporting by facilities, the [office] **authority** shall align the requirements with the
9 requirements for health care facilities to report similar data to the [Oregon Health Authority] **De-**
10 **partment of Human Services** and to the Centers for Medicare and Medicaid Services.

11 “(4) The [office] **authority** shall utilize, to the extent practicable and appropriate, a credible and
12 reliable risk-adjusted methodology in analyzing the health care acquired infection measures reported
13 by health care facilities.

14 “(5) The [office] **authority** shall provide health care acquired infection measures and related
15 information to health care facilities in a manner that promotes quality improvement in the health
16 care facilities.

17 “(6) The [office] **authority** shall adopt rules prescribing the form, manner and frequency for
18 public disclosure of reported health care acquired infection measures. The [office] **authority** shall
19 disclose updated information to the public no less frequently than every [six months beginning Jan-
20 uary 1, 2010, and no less frequently than every] calendar quarter [beginning January 1, 2011].

21 “(7) Individually identifiable health information submitted to the [office] **authority** by health
22 care facilities pursuant to this section may not be disclosed to, made subject to subpoena by or used
23 by any state agency for purposes of any enforcement or regulatory action in relation to a partic-
24 ipating health care facility.

25 “**SECTION 7.** Section 4, chapter 838, Oregon Laws 2007, as amended by section 1158, chapter
26 595, Oregon Laws 2009, is amended to read:

27 “**Sec. 4.** (1) There is established the Health Care Acquired Infection Advisory Committee to
28 advise the [Administrator of the Office for Oregon Health Policy and Research] **Director of the**
29 **Oregon Health Authority** regarding the Oregon Health Care Acquired Infection Reporting Pro-
30 gram. The advisory committee shall consist of 16 members appointed by the [administrator] **director**
31 as follows:

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

33 “(A) A hospital administrator who has expertise in infection control and who represents a hos-
34 pital that contains fewer than 100 beds;

35 “(B) A hospital administrator who has expertise in infection control and who represents a hos-
36 pital that contains 100 or more beds;

37 “(C) A long term care administrator;

38 “(D) A hospital quality director;

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

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

41 “(G) A physician who practices in an ambulatory surgical center and who has interest and in-
42 volvement in infection control.

43 “(b) Nine of the members shall be individuals who do not represent health care providers, in-
44 cluding:

45 “(A) A consumer representative;

1 “(B) A labor representative;

2 “(C) An academic researcher;

3 “(D) A health care purchasing representative;

4 “(E) A representative of the [*Oregon Health Authority*] **Department of Human Services**;

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

6 “(G) A representative of the Oregon Patient Safety Commission who does not represent a health

7 care provider on the commission;

8 “(H) The state epidemiologist; and

9 “(I) A health insurer representative.

10 “(2) The [*Administrator of the Office for Oregon Health Policy and Research*] **Director of the**

11 **Oregon Health Authority** and the advisory committee shall evaluate on a regular basis the quality

12 and accuracy of the data collected and reported by health care facilities under section 3, chapter

13 838, Oregon Laws 2007, and the methodologies of the [*Office for Oregon Health Policy and*

14 *Research*] **Oregon Health Authority** for data collection, analysis and public disclosure.

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

16 volunteers on the advisory committee.

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

18 “(5) The advisory committee shall make recommendations to the [*administrator*] **director** re-

19 garding:

20 “(a) The health care acquired infection measures that health care facilities must report, which

21 may include but are not limited to:

22 “(A) Surgical site infections;

23 “(B) Central line related bloodstream infections;

24 “(C) Urinary tract infections; and

25 “(D) Health care facility process measures designed to ensure quality and to reduce health care

26 acquired infections;

27 “(b) Methods for evaluating and quantifying health care acquired infection measures that align

28 with other data collection and reporting methodologies of health care facilities and that support

29 participation in other quality interventions;

30 “(c) Requiring different reportable health care acquired infection measures for differently situ-

31 ated health care facilities as appropriate;

32 “(d) A method to ensure that infections present upon admission to the health care facility are

33 excluded from the rates of health care acquired infection disclosed to the public for the health care

34 facility under sections 3 and 6, chapter 838, Oregon Laws 2007;

35 “(e) Establishing a process for evaluating the health care acquired infection measures reported

36 under section 3, chapter 838, Oregon Laws 2007, and for modifying the reporting requirements over

37 time as appropriate;

38 “(f) Establishing a timetable to phase in the reporting and public disclosure of health care ac-

39 quired infection measures; and

40 “(g) Procedures to protect the confidentiality of patients, health care professionals and health

41 care facility employees.

42 “**SECTION 8.** Section 6, chapter 838, Oregon Laws 2007, is amended to read:

43 “**Sec. 6.** (1) In addition to any report required pursuant to section 3 [*of this 2007 Act*], **chapter**

44 **838, Oregon Laws 2007**, on or before April 30 of each year, the [*Administrator of the Office for*

45 *Oregon Health Policy and Research*] **Oregon Health Authority** shall prepare an annual report

1 summarizing the health care facility reports submitted pursuant to section 3 [of this 2007 Act],
2 **chapter 838, Oregon Laws 2007**. The [Office for Oregon Health Policy and Research] **authority** shall
3 make the reports available to the public in the manner provided in ORS 192.243 and to the Legis-
4 lative Assembly in the manner provided in ORS 192.245. [The first report shall be made available no
5 later than January 1, 2010.]

6 “(2) The annual report shall, for each health care facility in the state, compare the health care
7 acquired infection measures reported under section 3 [of this 2007 Act], **chapter 838, Oregon Laws**
8 **2007**. The [office] **authority**, in consultation with the Health Care Acquired Infection Advisory
9 Committee, shall provide the information in the report in a format that is as easily comprehensible
10 as possible.

11 “(3) The annual report may include findings, conclusions and trends concerning the health care
12 acquired infection measures reported under section 3 [of this 2007 Act], **chapter 838, Oregon Laws**
13 **2007**, a comparison to the health care acquired infection measures reported in prior years and any
14 policy recommendations.

15 “(4) The [office] **authority** shall publicize the annual report and its availability to interested
16 persons, including providers, media organizations, health insurers, health maintenance organizations,
17 purchasers of health insurance, organized labor, consumer and patient advocacy groups and indi-
18 vidual consumers.

19 “(5) The annual report and quarterly reports under this section and section 3 [of this 2007
20 Act], **chapter 838, Oregon Laws 2007**, may not contain information that identifies a patient, a li-
21 censed health care professional or an employee of a health care facility in connection with a specific
22 infection incident.

23 “**SECTION 9. This 2013 Act being necessary for the immediate preservation of the public**
24 **peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect**
25 **on its passage.”**