

**PROPOSED AMENDMENTS TO
HOUSE BILL 2094**

1 On page 1 of the printed bill, line 2, delete “creating new provisions;” and
2 delete “438.430” and 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
7 shall:

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

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

12 “(3) Make sanitary surveys and investigations and inquiries respecting
13 the causes and prevention of diseases, especially of epidemics.

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

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

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

19 “(7) From time to time, publish and distribute to the public in such form
20 as the authority determines, such information as in its judgment may be
21 useful in carrying on the work or purposes for which the authority was es-
22 tablished.

1 “[8] *Carry out the duties imposed on the authority under ORS chapter*
2 *690.*]

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

4 “431.120. The Oregon Health Authority shall:

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

6 “[2] *Have the custody of all books, papers, documents and other property*
7 *belonging to the State Health Commission, which may be deposited in the*
8 *authority’s office.*]

9 “[3] (2) Give any instructions that may be necessary, and forward them
10 to the various local public health administrators throughout the state.

11 “[4] (3) Routinely conduct epidemiological investigations for each case
12 of sudden infant death syndrome including, but not limited to, the identifi-
13 cation of risk factors such as birth weight, maternal age, prenatal care, his-
14 tory of apnea and socioeconomic characteristics. The authority may conduct
15 the investigations through local health departments only upon adoption by
16 rule of a uniform epidemiological data collection method.

17 “[5] (4) Adopt rules related to loans and grants awarded under ORS
18 285B.560 to 285B.599 or 541.700 to 541.855 for the improvement of drinking
19 water systems for the purpose of maintaining compliance with applicable
20 state and federal drinking water quality standards. In adopting rules under
21 this subsection, the authority shall coordinate the authority’s rulemaking
22 process with the Water Resources Department and the Oregon Business De-
23 velopment Department in order to ensure that rules adopted under this sub-
24 section are consistent with rules adopted under ORS 285B.563 and 541.845.

25 “[6] (5) Control health care capital expenditures by administering the
26 state certificate of need program pursuant to ORS 442.325 to 442.344.

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

28 “442.445. (1) Any health care facility that fails to perform as required in
29 ORS 442.205 and 442.400 to 442.463 or section 3, chapter 838, Oregon Laws
30 2007, and rules of the [*Office for Oregon Health Policy and Research*] **Oregon**

1 **Health Authority** may be subject to a civil penalty.

2 “(2) The [*Administrator of the Office for Oregon Health Policy and Re-*
3 *search*] **Oregon Health Authority** shall adopt a schedule of penalties not
4 to exceed \$500 per day of violation, determined by the severity of the vio-
5 lation.

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

8 “(4) Civil penalties imposed under this section may be remitted or miti-
9 gated upon such terms and conditions as the [*administrator*] **authority** con-
10 siders proper and consistent with the public health and safety.

11 “(5) Civil penalties incurred under any law of this state are not allowable
12 as costs for the purpose of rate determination or for reimbursement by a
13 third-party payer.

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

16 “442.445. (1) Any health care facility that fails to perform as required in
17 ORS 442.205 and 442.400 to 442.463 and rules of the [*Office for Oregon Health*
18 *Policy and Research*] **Oregon Health Authority** may be subject to a civil
19 penalty.

20 “(2) The [*Administrator of the Office for Oregon Health Policy and Re-*
21 *search*] **Oregon Health Authority** shall adopt a schedule of penalties not
22 to exceed \$500 per day of violation, determined by the severity of the vio-
23 lation.

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

26 “(4) Civil penalties imposed under this section may be remitted or miti-
27 gated upon such terms and conditions as the [*administrator*] **authority** con-
28 siders proper and consistent with the public health and safety.

29 “(5) Civil penalties incurred under any law of this state are not allowable
30 as costs for the purpose of rate determination or for reimbursement by a

1 third-party payer.”.

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

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

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

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

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

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

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

13 “(a) Require health care facilities to report to the [*office*] **authority**
14 health care acquired infection measures, including but not limited to health
15 care acquired infection rates;

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

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

20 “(3) In prescribing the form, manner and frequency of reports of health
21 care acquired infection measures by health care facilities, to the extent
22 practicable and appropriate to avoid unnecessary duplication of reporting by
23 facilities, the [*office*] **authority** shall align the requirements with the re-
24 quirements for health care facilities to report similar data to the [*Oregon*
25 *Health Authority*] **Department of Human Services** and to the Centers for
26 Medicare and Medicaid Services.

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

30 “(5) The [*office*] **authority** shall provide health care acquired infection

1 measures and related information to health care facilities in a manner that
2 promotes quality improvement in the health care facilities.

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

9 “(7) Individually identifiable health information submitted to the [office]
10 **authority** by health care facilities pursuant to this section may not be dis-
11 closed to, made subject to subpoena by or used by any state agency for pur-
12 poses of any enforcement or regulatory action in relation to a participating
13 health care facility.

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

16 “**Sec. 4.** (1) There is established the Health Care Acquired Infection Ad-
17 visory Committee to advise the [Administrator of the Office for Oregon Health
18 Policy and Research] **Director of the Oregon Health Authority** regarding
19 the Oregon Health Care Acquired Infection Reporting Program. The advisory
20 committee shall consist of 16 members appointed by the [administrator] **di-**
21 **rector** as follows:

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

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

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

28 “(C) A long term care administrator;

29 “(D) A hospital quality director;

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

1 “(F) A registered nurse with interest and involvement in infection con-
2 trol; and

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

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

7 “(A) A consumer representative;

8 “(B) A labor representative;

9 “(C) An academic researcher;

10 “(D) A health care purchasing representative;

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

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

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

16 “(H) The state epidemiologist; and

17 “(I) A health insurer representative.

18 “(2) The [*Administrator of the Office for Oregon Health Policy and Re-*
19 *search*] **Director of the Oregon Health Authority** and the advisory com-
20 mittee shall evaluate on a regular basis the quality and accuracy of the data
21 collected and reported by health care facilities under section 3, chapter 838,
22 Oregon Laws 2007, and the methodologies of the [*Office for Oregon Health*
23 *Policy and Research*] **Oregon Health Authority** for data collection, analysis
24 and public disclosure.

25 “(3) Members of the advisory committee are not entitled to compensation
26 and shall serve as volunteers on the advisory committee.

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

29 “(5) The advisory committee shall make recommendations to the [*admin-*
30 *istrator*] **director** regarding:

1 “(a) The health care acquired infection measures that health care facili-
2 ties must report, which may include but are not limited to:

3 “(A) Surgical site infections;

4 “(B) Central line related bloodstream infections;

5 “(C) Urinary tract infections; and

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

8 “(b) Methods for evaluating and quantifying health care acquired in-
9 fection measures that align with other data collection and reporting meth-
10 odologies of health care facilities and that support participation in other
11 quality interventions;

12 “(c) Requiring different reportable health care acquired infection meas-
13 ures for differently situated health care facilities as appropriate;

14 “(d) A method to ensure that infections present upon admission to the
15 health care facility are excluded from the rates of health care acquired in-
16 fection disclosed to the public for the health care facility under sections 3
17 and 6, chapter 838, Oregon Laws 2007;

18 “(e) Establishing a process for evaluating the health care acquired in-
19 fection measures reported under section 3, chapter 838, Oregon Laws 2007,
20 and for modifying the reporting requirements over time as appropriate;

21 “(f) Establishing a timetable to phase in the reporting and public disclo-
22 sure of health care acquired infection measures; and

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

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

27 “**Sec. 6.** (1) In addition to any report required pursuant to section 3 [*of*
28 *this 2007 Act*], **chapter 838, Oregon Laws 2007**, on or before April 30 of each
29 year, the [*Administrator of the Office for Oregon Health Policy and*
30 *Research*] **Oregon Health Authority** shall prepare an annual report sum-

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

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

13 “(3) The annual report may include findings, conclusions and trends con-
14 cerning the health care acquired infection measures reported under section
15 3 [*of this 2007 Act*], **chapter 838, Oregon Laws 2007**, a comparison to the
16 health care acquired infection measures reported in prior years and any
17 policy recommendations.

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

23 “(5) The annual report and quarterly reports under this section and sec-
24 tion 3 [*of this 2007 Act*], **chapter 838, Oregon Laws 2007**, may not contain
25 information that identifies a patient, a licensed health care professional or
26 an employee of a health care facility in connection with a specific infection
27 incident.

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

