Last update 1/11/06

2006 legislative session Hospital-acquired infection public reporting bills

Alaska – <u>SB 208</u>

<u>Bill Status:</u> Senate Health, Education and Social Services Cmte. 1/9/05.

Sponsor: Sen. G. Stevens

<u>Other information</u>: requiring hospitals to collect data and disclose reports of hospital-acquired infections.

California – <u>SB 739</u>

Bill Status: In Appropriations Cmte (7/5)

Last Action: Passed with a "do pass" as amended recommendation out of Assembly Health Cmte; Amended in Assembly Health Cmte; Passed Senate (24-15); Sent to Assembly on 6/2; a hearing was held on July 5 in the Assembly Cmte on Health.

Sponsor(s): Sen. Speier

<u>Other information</u>: The Senate committee amendment added a requirement for hospital-specific infection information to be publicly reported.

Kentucky – <u>HB 34</u>; <u>HB 240</u>

<u>Bill Status:</u> Both bills referred to House Cmte on Health and Welfare <u>Sponsor(s):</u> HB 34: Rep. Henley; HB 240: Rep. Gray <u>Other Information:</u> Hospitals and ambulatory surgical centers shall collect data on hospital-acquired infection rates. The Cabinet for Health and Family Services shall submit an annual report to the Legislative Research Commission summarizing all of the hospitals' and ambulatory surgical centers' quarterly reports. Report is available to the public upon request.

Massachusetts – <u>S1308</u>, <u>S727</u>, <u>S736</u>, <u>HB2644</u>, <u>HB2645</u>, <u>HB2729</u>, HB2743, HB2745.

<u>Bill Status:</u> All bills referred to Joint Cmte on Public Heatlh <u>Sponsor(s):</u> S1308: Sen. Morrissey, S727 and S736: Sen. Moore, HB2644 and HB2645: Rep. Atkins, HB 2729: Rep. Patrick, HB2743: Rep. Hall, HB2745: Rep. Hynes.

Mississippi – <u>SB 2340</u>; <u>SB 2293</u>

<u>Bill Status:</u> Referred to Senate Cmte on Public Health & Welfare (1/6/06) <u>Sponsor(s):</u> SB 2340: Sen. Tollison; SB 2293: Sen. Dearing <u>Information:</u> Hospital Infection Disclosure Act

New Hampshire – <u>HB 1741</u>; <u>HB 1742</u>; HB 224

<u>Bill Status:</u> Health, Human Services and Elderly Affairs Cmte <u>Sponsor(s):</u> HB 1741: Rep. Pepino; HB 1742: Rep. Johnson <u>Scheduled hearing:</u> 1/19/06; Rm 205 LOB; 11:00 am. <u>Other Information:</u> Both bills have reporting requirements concerning infections in hospitals. HB 1742 also includes nursing homes.

Ohio – <u>HB197</u>

<u>Bill Status:</u> Assigned to House Health Cmte. Committee hearing held on 6/1/05. No action taken.

<u>Sponsor(s):</u> Reps. Raussen, Gibbs, McGregor, Carmichael, C. Evans, Flowers, D. Evans, Faber, Ujvagi, Koziura, Schaffer, Blasdel. <u>Other Information:</u> HB197 requires various price and performance data, including hospital-acquired infection data, to be reported to the state and made available to the public.

Oklahoma – <u>SB 1098</u>

<u>Bill Status:</u> Prefiled 1/6/06 <u>Sponsor(s):</u> Sen. Adelson

Washington – <u>HB 1015</u>

<u>Bill Status:</u> Reintroduced 1/9/06. Hearing before the House Committee on Health 1/10/06.

Sponsor(s): Rep. Campbell

<u>Other information:</u> Requires hospitals to report their infection rates to the Department of Health. The department is then required to publish an annual report that compares the hospital-acquired infection rates at each individual hospital in the state.

Wisconsin – <u>AB 811</u>

<u>Bill Status:</u> Referred to Cmte on Health <u>Sponsor(s):</u> Rep. Fields Other Information: Requires the Wisconsin Hospital Association collect and publish infection information.



HB34

WWW Version

The hyperlink to a bill draft that precedes a summary contains the most recent version (Introduced/ GA/Enacted) of the bill. If the session has ended, the hyperlink contains the latest version of the bill at the time of sine die adjournment. Note that the summary pertains to the bill as introduced, which is often different from the most recent version.

Includes opposite chamber sponsors where requested by primary sponsors of substantially similar bills in both chambers and jointly approved by the Committee on Committees of both chambers. Opposite chamber sponsors are represented in italics.

HB 34 (BR 232) - M. Henley, G. Lynn

AN ACT relating to hospital-acquired infections.

Create a new section of KRS Chapter 216 to define "Ambulatory surgical center," "Cabinet," "Hospital," and "Hospital-acquired infection"; create a new section of KRS Chapter 216 to require the cabinet to collect data on hospital-acquired infection rates and require a quarterly report from each hospital and ambulatory surgical center on their infection rates; establish an advisory committee to assist the cabinet in evaluating reported data; create a new section of KRS Chapter 216 to require the cabinet to annually report to the Legislative Research Commission a summary of the data received from the hospitals' and ambulatory surgical centers' quarterly reports; create a new chapter of KRS Chapter 216 to create a penalty of termination of licensure, or other sanctions determined by the cabinet and a civil penalty of \$1000 per day per violation for hospitals or ambulatory surgical centers that misleads or withholds information; create a new section of KRS Chapter 216 to make the cabinet responsible for enforcing compliance.

(Prefiled by the sponsor(s).)

Sep 7-To: Interim Joint Committee on Health and Welfare Jan 3-introduced in House; to Health and Welfare (H)

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06RS HB34



HB240

WWW Version

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Includes opposite chamber sponsors where requested by primary sponsors of substantially similar bills in both chambers and jointly approved by the Committee on Committees of both chambers. Opposite chamber sponsors are represented in italics.

HB 240 (BR 1000) - J. Gray

AN ACT relating to hospital-acquired infections.

Create a new section of KRS Chapter 216 to define "Ambulatory surgical center," "Cabinet," "Hospital," and "Hospital-acquired infection"; create a new section of KRS Chapter 216 to require the cabinet to collect data on hospital-acquired infection rates and require a quarterly report from each hospital and ambulatory surgical center on their infection rates; establish an advisory committee to assist the cabinet in evaluating reported data; create a new section of KRS Chapter 216 to require the cabinet to annually report to the Legislative Research Commission a summary of the data received from the hospitals' and ambulatory surgical centers' quarterly reports; create a new chapter of KRS Chapter 216 to create a penalty of termination of licensure, or other sanctions determined by the cabinet and a civil penalty of \$1000 per day per violation for hospitals or ambulatory surgical centers that misleads or withholds information; create a new section of KRS Chapter 216 to make the cabinet responsible for enforcing compliance.

Jan 5-introduced in House Jan 6-to Health and Welfare (H)

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