

Enacted State Laws Related to Infection Prevention – Through 2009

STATE	ENACTED LAW
Alabama	<ul style="list-style-type: none"> • Public Act 2009-490, formerly SB 89 was signed into law on May 13, 2009. The law requires the Alabama Department of Public Health to develop regulations, in consultation with the State Board of Health and the Health Care Data Advisory Council, for hospital reporting of HAIs. According to the law, the Advisory Council will include two infection control professionals who would be appointed by the Alabama Hospital Association and one “active member of APIC” currently practicing in a clinical setting, who would be appointed by the State Health Officer. Among the HAIs to be reported will be surgical site infections, ventilator-associated pneumonia, and central line-related bloodstream infections, although the regulations may add or make substitutions to this list. HAI data will be made available to the public after being statistically risk adjusted and reviewed by facilities submitting the data.
Alaska	<ul style="list-style-type: none"> • SJR 19 creating the Task Force to Assess Public Reporting of Health Care Associated Infections was permanently filed by the Alaska State Legislature on August 18, 2006. The resolution required Task Force members, including a representative of the Alaska Chapter of APIC, to review experiences with public reporting of HAIs and develop a white paper for use by the legislature to draft subsequent legislation on HAI reporting. The white paper would include review of reporting mechanisms, data sources and possible outcome and process measures to be reported, and timeline for implementation. The resolution required the Task Force to deliver its report to the legislature by January 31, 2007, after which it would be terminated.
Arizona	<ul style="list-style-type: none"> • SB 1356 was signed into law on April 28, 2008. This law established the infection prevention and control advisory committee.
Arkansas	<ul style="list-style-type: none"> • HB 2735, The Health Facility Infection Disclosure Act of 2007, was signed by the Governor on April 4, 2007 and became Public Act 845. This act requires health facilities to collect data on healthcare-associated infections for coronary artery bypass surgical site infections; total hip or knee arthroplasty surgical site infection; knee arthroscopy surgical site infection; hernia repair surgical site infection; and central line-associated bloodstream infection in an intensive care unit. Facilities may voluntarily submit quarterly reports to the Division of Health of the state Department of Health and Human Services. The Division will summarize the quarterly reports and submit an annual report to the legislature and make it available to the public on the Division's website. The act also requires establishment of an advisory committee on healthcare associated infections to assist in development of all aspects of

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	<p>the methodology for collecting, analyzing, and disclosing the data collected by the facilities. The advisory committee will include infection control professionals with expertise in healthcare associated infections.</p>
<p>California</p>	<ul style="list-style-type: none"> • Chapter 294, formerly SB 158, was signed into law on September 25, 2008. The law requires health facilities to develop, implement, and comply with a patient safety plan for the purpose of improving the health and safety of patients and reducing preventable patient safety events. It establishes a healthcare infection surveillance, prevention, and control program within the State Department of Public Health, and require the Department, the Healthcare-Associated Infection Advisory Committee (established under earlier law), and general acute care hospitals to take specified actions to implement the program. • Chapter 296, formerly SB 1058, was signed into law on September 25, 2008. The “Medical Facility Infection Control and Prevention Act”. The law requires hospitals to implement procedures for the screening, prevention, and reporting of specified healthcare-associated infections. The law requires screening of all high-risk patients in hospitals for MRSA and quarterly reporting of incidences of MRSA bloodstream infection, clostridium difficile infection, and vancomycin-resistant enterococcal bloodstream infection. The law establishes a phased-in system for reporting incidence rates of central line associated bloodstream infections and certain surgical site infections. Hospitals will report using CDC's National Healthcare Safety Network (NHSN). The health department must make this information publicly available on its website. • Chapter 526, formerly SB 739, was signed into law on September 28, 2006. This law adds a section to the California Health and Safety Code to establish the Hospital Infectious Disease Control Program, which requires the state health department and general acute care hospitals to implement various process measures relating to disease surveillance and the prevention of health care associated infection (HAI). The act also establishes a Healthcare Associated Infection (HAI) Advisory Committee to make recommendations related to methods of reporting cases of hospital acquired infections occurring in general acute care hospitals. In accordance with the law, the report of the Advisory Committee was submitted to the Department of Health Services on July 1, 2007.
<p>Colorado</p>	<ul style="list-style-type: none"> • HB 09-1025 was signed into law on March 20, 2009. This law exempts ambulatory surgical centers and certified dialysis treatment centers from the requirement that an individual who collects data on hospital-acquired infection rates be nationally certified in infection control. • Chapter 316, formerly HB 06-1045 was signed into law on June 2, 2006. This law requires health facilities to collect data on infection rates for: 1) Cardiac Surgical Site Infections; 2) Orthopedic Surgical Site Infections; and 3) Central

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	<p>line related bloodstream infections. This law also requires individuals collecting HAI data to be certified if in a facility with 51 or more beds. Facilities will report the infection data to the CDC National Healthcare Safety Network (NHSN). Data will be collected annually beginning July 31, 2007.</p>
Connecticut	<ul style="list-style-type: none"> • Public Act 09-2, formerly HB 6602, was signed into law on March 3, 2009. The general deficit mitigation legislation includes a requirement to amend the state Medicaid plan to prohibit payments for increased costs due to treatment of CMS-identified hospital-acquired conditions. • Public Act 08-12, formerly SB 579, was signed into law on April 29, 2008. The law requires each hospital to develop a plan to reduce the incidence of MRSA. The plan would be submitted to the state health department and be available to the public. • Public Act 06-142, signed into law on June 6, 2006, creates an 11-member Committee on Healthcare Associated Infections responsible for developing, operating, and monitoring a mandatory reporting system for healthcare-associated infections. The Committee will provide a report to the Department of Public Health by October 1, 2007 detailing the appropriate standardized measures, reporting measures, and processes designed to prevent healthcare associated infections. The first annual report will be made public on October 1, 2008.
Delaware	<ul style="list-style-type: none"> • The Hospital Infections Disclosure Act, formerly HB 47, requires public reporting of rates of certain hospital-acquired infections. It was signed by the Governor on July 12, 2007.
District of Columbia	<ul style="list-style-type: none"> • None
Florida	<ul style="list-style-type: none"> • HB 1629, "Relating to Affordable Healthcare" was signed into law by Governor Jeb Bush on June 14, 2004, becoming Chapter 2004-297. Among many other provisions, this bill allows patients to obtain information regarding hospital infection rates in an understandable format. [See Section 11 of the bill, p.28; Florida Statutes, Section 408.05(3)(1)1.a.]
Georgia	<ul style="list-style-type: none"> • None
Hawaii	<ul style="list-style-type: none"> • None
Idaho	<ul style="list-style-type: none"> • None
Illinois	<ul style="list-style-type: none"> • HJR 103 was adopted on May 14, 2008. This resolution designates a Joint Task Force on Multidrug-Resistant

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	<p>Organism (MDRO) Education for the purpose of spearheading the effort to educate parents, students, teachers and school administrators about the dangers of MDROs and ways to prevent the spread of MDROs.</p> <ul style="list-style-type: none"> • SR 546 was adopted April 10, 2008. This resolution designates the week of June 8, 2008 as MRSA Awareness Week in Illinois, for the purpose of raising awareness of MRSA and methods of preventing it. • Public Act 095-0282, formerly HB 192, requires the Department of Public Health to perform certain functions in relation to the prevention and control of Multidrug-Resistant Organisms (MDROs). In particular requires the Department to: (1) adopt rules for all health care facilities subject to licensure certification registration or other regulation by the Department requiring compliance with the 2006 recommendations of the U.S. Centers for Disease Control and Prevention for the prevention and control of MDROs; (2) conduct a public information campaign for health care providers not subject to regulation by the Department; (3) create and administer a training program for health care providers; and (4) recommend and approve tests or testing procedures used in determining preventing and controlling MDRO infection. Requires hospitals (including the University of Illinois Hospital) and Department of Human Services mental health and developmental disability facilities to implement comprehensive interventions and routine testing procedures. Effective immediately. Approved by Governor August 20, 2007. • Public Act 095-0312, formerly SB 233, requires every hospital to establish a methicillin-resistant Staphylococcus aureus (MRSA) control program and sets forth items that must be included in such a program. Provides that for all hospital patients who are identified with nosocomial S. aureus bloodstream infection or asymptomatic colonization due to MRSA the Department of Public Health shall require the annual reporting of such cases as a communicable disease or condition. In provisions of the Hospital Licensing Act concerning the reporting of communicable reportable diseases and conditions provides that after the effective date of this amendatory Act such reportable diseases and conditions shall include nosocomial Staphylococcus aureus bloodstream infections and asymptomatic colonization due to MRSA. Approved by Governor August 20, 2007. • Public Act 093-563, formerly SB 59, creates the Hospital Report Card Act. Provides requirements for staffing levels. Requires hospitals to prepare a quarterly report detailing specified information as a condition of licensure. Requires the Department of Public Health to submit a report summarizing the quarterly reports by region to the General Assembly and publish that report on its website. Provides protection for whistleblowers. Approved by Governor August 20, 2003.
Indiana	<ul style="list-style-type: none"> • Approved by the Governor April 20, 2009, HB 1592 requires long-term care facilities to offer and provide annual

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	<p>influenza vaccination to employees who have direct contact with patients or residents.</p> <ul style="list-style-type: none"> • Approved by the Governor May 2, 2007, SB 207 requires the state Department of Health subject to appropriation by the general assembly to enter into an agreement with an agency to collect analyze interpret and disseminate findings on a statewide basis until June 30, 2010 regarding patient safety. Makes it voluntary for certain persons to submit information to the agency and makes the reports and certain other information confidential and privileged. Requires the state department of health to: (1) study and develop quality indicators for infections; (2) publish the indicators; and (3) report to the health finance commission before September 1, 2007 and September 1, 2008 concerning the implementation of the program. • Public Act 566 was signed into law May 23, 2005 and became effective on July 1, 2005. This act establishes the medical informatics commission. This commission is to conduct a study on health care information including a Health Care Quality Indicator Data Program which will include methodologies for health care quality indicator data collection, analysis, distribution, and use as well as a methodology to provide for a case mix system or other scientific criteria to develop and adjust health quality indicators, including infection rates, that may be affected by risks and variables. This commission plan shall be completed no later than December 31, 2006.
Iowa	<ul style="list-style-type: none"> • SF 389 was signed into law on May 19, 2009. This broad healthcare coverage law includes provision prohibiting reimbursement of providers for an otherwise covered service if the service is required solely on account of the provider's avoidable medical error. • HF 2660 was signed into law on May 9, 2008. Although this bill is a part of the appropriations bill for the state Department of Justice, it was amended in the House Appropriations Committee to include a provision to implement infection control practices and education programs in correctional facilities. The amendment was retained throughout the legislative process.
Kansas	<ul style="list-style-type: none"> • None
Kentucky	<ul style="list-style-type: none"> • None
Louisiana	<ul style="list-style-type: none"> • None
Maine	<ul style="list-style-type: none"> • Public Law Chapter 358, formerly SP 519, was signed into law on June 10, 2009. This law requires health care facilities to report suspected sentinel events and sentinel events. The definition of sentinel event is modified to

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	<p>include healthcare facility acquired infections resulting in death, as well as the National Quality Forum’s serious reportable events.</p> <ul style="list-style-type: none"> • Public Law Chapter 594, formerly LD 2297 (SP 917), was signed into law on April 10, 2008. This law requires the Maine Quality Forum to submit an annual report to the legislature that includes HAI quality data and any recommendations for additional data to be collected. The report includes information on statewide collaborative efforts with Infection Control Professionals to prevent and control HAIs and would be made available to the public.
Maryland	<ul style="list-style-type: none"> • SB 286 was signed into law on May 22, 2008. The law requires the Department of Health and Mental Hygiene to establish and promote a public awareness campaign on antibiotic-resistant infections. The campaign develops and disseminates educational materials that include information on the causes and symptoms of antibiotic-resistant infections, including MRSA, and methods to reduce the transmission of such infections. Materials are distributed free of charge to health facilities and clinics, schools, and any other organization the Secretary of Health may wish to include. The campaign began October 1, 2008 and ends September 20, 2010. • Chapter 270, formerly HB 393, was signed into law on April 24, 2008. The law requires confidentiality in reporting communicable diseases or conditions. • SB 135 became law on April 8, 2006 as Chapter 42 of Maryland Public Law. This law requires a comparable evaluation system established by the Maryland Health Care Commission to include healthcare-associated infection information from hospitals. The system should adhere to the current recommendations from the Centers for Disease Control and the HICPAC guidelines on public reporting.
Massachusetts	<ul style="list-style-type: none"> • S 2863 was signed into law on August 10, 2008, becoming Chapter 305. Infection control language (Section 34) in this broad health care quality bill requires hospitals to report infection control data through CDC’s National Healthcare Safety Network. Specific reporting requirements are to be determined in regulations promulgated by the state Department of Public Health. • H 4479 was signed into law on April 12, 2006, becoming Chapter 58. This broad health care reform law included a section (Sec. 2) which directed the State Department of Public Health Division of Health Care Quality to develop a Statewide Infection Prevention and Control Program. To accomplish this, an Expert Panel was convened to make recommendations for a statewide program that would include proposals for prevention and reporting of HAIs. The

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	Expert panel completed its work on January 31, 2008.
Michigan	<ul style="list-style-type: none"> • None
Minnesota	<ul style="list-style-type: none"> • Chapter 147, formerly HF 1078, was signed by the Governor on May 25, 2007. Included in this broad law is a provision requiring hospitals to establish MRSA control programs that meet Minnesota Department of Health MRSA recommendations. In developing the recommendations, the Department of Health will consider the following infection control practices: 1) identification of MRSA-colonized patients in all ICUs or other at-risk patients; 2) isolation of identified MRSA-colonized or MRSA–infected patients in an appropriate manner; 3) adherence to hand hygiene requirements; and 4) monitor trends in the incidence of MRSA in the hospital over time and modify interventions if MRSA infection rates do not decrease. The Department of Health will review MRSA recommendations annually and revise as necessary. The law became Sec. 144.585, Minnesota Statutes 2007. • Chapter 267, formerly SF 367, was signed into law on May 31, 2006. This cost containment law also contains a provision which would allow the Commissioner of Health to consult with infection control specialists and others to obtain recommendations for implementing infection control reporting in hospitals and nursing homes. The commissioner may also consult with the group to: 1) select HAI reporting measures; 2) design, implement, validate and evaluate the reporting system; and 3) ensure that the reporting measures remain flexible and adaptable to changing national standards. (Art. 1, sec. 10)
Mississippi	<ul style="list-style-type: none"> • None
Missouri	<ul style="list-style-type: none"> • The Missouri Nosocomial Infection Control Act of 2004 (SB 1279) requires public reporting of risk-adjusted infection rates in hospitals and ambulatory surgical centers. Introduced by Senator Sarah Steelman and Representatives Rob Schaaf and Sue Schoemehl, this law creates an advisory panel to dictate the rules for data collection, analysis, risk adjustment, and types of infections. The advisory panel will consider the standards established by the CDC for: 1) class I surgical site infections; 2) ventilator-associated pneumonia; 3) central line bloodstream infections; and 4) other categories. Hospitals will make quarterly reports. The first report has a deadline of December 1, 2006. (Governor approved June 28, 2004)
Montana	<ul style="list-style-type: none"> • None
Nebraska	<ul style="list-style-type: none"> • None
Nevada	<ul style="list-style-type: none"> • SB 319 was signed into law on June 2, 2009. The law requires medical facilities to report sentinel events through

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	<p>NHSN. Requires health department to make annual summary of sentinel events reports available to the public on the health department website. Requires facilities to conduct a root cause analysis of sentinel event events. Sentinel events include facility-acquired infections that are not detected as present on admission, including surgical site infections, ventilator-associate pneumonia, central line-related bloodstream infection, and urinary tract infections.</p> <ul style="list-style-type: none"> • AB 206 was signed into law on May 22, 2009. The law requires medical facilities (including hospitals and ASCs) to submit a summary of sentinel event reports (which are already required under earlier law) to the state health department. Sentinel events include facility-acquired infections that are not detected as present on admission, including surgical site infections, ventilator-associate pneumonia, central line-related bloodstream infection, and urinary tract infections. This law allows the health department to request additional information or conduct and audit or investigation of a medical facility upon receipt of the summary report. • Chapter 219, formerly NV SB 325 was signed into law on Tuesday, May 26, 2009. The law requires each hospital to establish a MRSA program that includes: identification of all MRSA-colonized patients in intensive care units and other at-risk patients identified by the hospital through active surveillance testing; isolation of identified MRSA-colonized or MRSA-infected patients in an appropriate manner; monitoring and strict enforcement of hand hygiene; and maintenance of records and reporting of identified cases of MRSA to the State Health Officer. The state health officer would compile aggregate data on the number of MRSA infections and whether they were present on admission or acquired during the hospital stay. The information will be made available to the public on the health department website. • Chapter 191, formerly AB 59, adds a facility-acquired infection to the definition of a sentinel event which must be reported to the Health Division of the Department of Human Resources. A facility-acquired infection includes: 1) surgical site infections 2) ventilator associated pneumonia 3) central line related bloodstream infections and 4) urinary tract infections. The law was enacted May 31, 2005.
<p>New Hampshire</p>	<ul style="list-style-type: none"> • Chapter 292, formerly HB 1741, was signed into law on June 15, 2006. This law, effective July 1, 2007 requires hospitals to report on infections to the department of health and human services. The Commissioner of the Department of Health and Human Services is required to establish a statewide database for the purposes of public reporting. Infections to be reported will include: Central line related bloodstream infections; Ventilator associated pneumonia; and surgical wound infections. Hospitals will also initially identify, track, and report process measures including: Adherence rates of central line insertion practices; surgical antimicrobial prophylaxis; and Coverage rates

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	<p>of influenza vaccination for health care personnel and patients/residents. The commissioner will determine frequency of reporting and other infections such as UTI's based on consultation with experts in infection prevention and control.</p>
<p>New Jersey</p>	<ul style="list-style-type: none"> • S 2312 was signed into law on January 17, 2010, becoming Public Law 2009, Chapter 263. The law extends current hospital infection reporting requirements to ambulatory surgical centers (ASC), and requires the information to be publicly available on the health department website. • S 2471 was signed into law on August 31, 2009. The law prohibits general hospitals from seeking payment from a patient or any third party payer for costs associated with a hospitals-acquired condition, as defined by CMS. The law requires the Department of Health and Senior Services to include in the annual New Jersey Hospital Performance Report hospital-specific data on patient safety indicators as developed by AHRQ, plus air embolism and surgery on the wrong side, wrong body part, wrong person or wrong surgery performed on a patient. • P.L. 2007, Chapter 120, formerly S 2580, was signed into law on August 2, 2007. The law requires all general hospitals to implement an infection prevention program in their intensive care or other significant risk units, and allowing for phase-in to the rest of the hospital (except inpatient psychiatric ward). The program shall incorporate the following: 1) identification and isolation of both colonized and infected patients by screening patients upon admission; 2) contact precautions for patients found to be MRSA positive; 3) patient cultures for MRSA upon discharge or transfer from the unit where the infection prevention program has been implemented, and flagging of patients who are readmitted to the hospital; 4) strict adherence to hygiene guidelines; 5) a written infection prevention and control policy with input from frontline caregivers; and 6) a worker education requirement. Hospitals must report the number of cases of hospital-acquired MRSA that occur in the facility to the Department of Health and Senior Services. • P.L. 2007, Chapter 196, formerly S 147 and S 919, was signed into law on October 31, 2007. This act, known as the "Health Care Facility-Associated Infection Reporting and Prevention Act", requires hospitals to report certain information concerning infection rates to the Department of Health and Senior Services, and for the Department to make the information public. Details of the reporting requirement are to be determined by regulations to be issued by the health commissioner. The regulations will establish standard methods for identifying and reporting HAIs; identify the major site categories for which infections shall be reported, taking into account the categories most likely to improve the delivery and outcome of health care in the State; and specify the methodology for presenting the information to the public, including risk-adjustment.

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New Mexico	<ul style="list-style-type: none"> • HJM 67 in New Mexico was enacted in 2007. It establishes a task to review HAI studies in the US and report back to the legislature on the feasibility of HAI surveillance in NM.
New York	<ul style="list-style-type: none"> • Chapter 477, formerly S 8298, was signed into law on August 5, 2008. This law improves patient safety by 1) strengthening the physician disciplinary process; 2) making information about particular professional misconduct proceedings available to consumers; and 3) improving infection control training and practices. Although this bill is primarily focused on professional medical conduct, the bill also amends current law to add medical students, medical residents and physician assistant students to the requirement that physicians, physician assistants and specialist assistants complete coursework or training in infection control practices as part of the orientation programs conducted by medical schools, medical residency programs, and physician assistant programs, and update this training every four years. Existing law makes it an act of professional misconduct for a physician, physician assistant or specialist assistant to violate these infection control training provisions. A11136 also includes a requirement that the Department of Health conduct a study, to be reported to the Governor and the State Legislature by January 1, 2009, on the viability of, and potential to improve infection control practices by restricting the use of multidose vials and mandating the use of disposable medical equipment engineered for single use. • Chapter 284 of the Public Health Law, formerly A 8698, was signed into law on July 19, 2005. This law requires hospitals to report to the department of health information on hospital acquired infections. Pilot phase reporting (no public reporting by hospital name) will begin January 1, 2007. Annual reports issued after that time (HAI rates for 2008) will provide data by hospital. Reports will include: 1) Central-line related bloodstream infections, and 2) select Surgical Site Wound Infections associated with critical care units. Reporting will not be required more than every 6 months.
North Carolina	<ul style="list-style-type: none"> • HB 1738 was signed into law on August 29, 2007 by Governor Easley. This law establishes the Advisory Commission on Hospital Infection Control and Disclosure for the purpose of preparing state agencies, hospitals, and the public for the reporting and public disclosure of hospital-acquired infection incidence rates, as may be required by law.
North Dakota	<ul style="list-style-type: none"> • None
Ohio	<ul style="list-style-type: none"> • HB 197 was signed into law on August 9, 2005 by Governor Bob Taft. This law requires the development of Council which has been asked to Convene a group of health care consumers, nurses, and experts in infection control, the members of which shall be appointed by the council according to a method selected by the council, to provide

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	<p>information about infection issues to the council as needed for the council to perform its duties. The duties of the council include studying the issue of hospitals reporting information regarding their performance in meeting measures for hospital inpatient and outpatient services, including how such reports are made in other states. This bill requires measures on performance, price and volume of care, quality of care data reporting, and price information to be made available to the public. The measures are expected to be approved by the Council one year after the Council is named.</p>
<p>Oklahoma</p>	<ul style="list-style-type: none"> • This broad Medicaid Reform law, formerly HB 2842, was approved by the Governor June 9, 2006. The law provides for the appointment of an Oklahoma Hospital Advisory Council to advise the State Board of Health, the Health Commissioner and the Health Department regarding hospital operations, and to recommend actions to improve patient care. The Advisory Council has the duty and authority to recommend and approve quality indicators and data submission requirements for hospitals, including (1) Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators available as part of the standard inpatient discharge data set, and (2) ventilator-associated pneumonia and device-related blood stream infections in acute care intensive care unit patients. The Advisory Council must publish an annual report of hospital performance to include the facility specific quality indicators required by this section.
<p>Oregon</p>	<ul style="list-style-type: none"> • Chapter 838, formerly HB 2524, was signed into law on July 9, 2007. This law requires health care facilities (including hospitals, long term care facilities, ambulatory surgery centers, freestanding birthing centers, and outpatient renal dialysis facilities) to collect data on health care facility acquired infection rates. Requires health care facilities to submit quarterly reports containing data collected to Department of Human Services. Requires Director of Human Services to establish advisory committee to assist department in analysis of data submitted in quarterly reports. Requires department to prepare annual report and to disclose annual report to public and Legislative Assembly.
<p>Pennsylvania</p>	<ul style="list-style-type: none"> • SR 295 was adopted on May 6, 2008. This resolution designates the week of May 18, 2008 as “MRSA Awareness Week”. • HR 503 was adopted on November 14, 2007. This Resolution urges public awareness of the dangers and prevention methods associated with Methicillin-resistant Staphylococcus aureus infections. • SB 968 was signed into law on July 20, 2007 by the Governor. This law establishes the Patient Safety Authority and the Patient Safety Trust Fund; abrogating regulations; providing for medical professional liability informed consent damages expert qualifications limitations of actions and medical records; establishing the Interbranch Commission on Venue; providing for medical professional liability insurance; establishing the Medical Care Availability and

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	<p>Reduction of Error Fund; providing for medical professional liability claims; establishing the Joint Underwriting Association; regulating medical professional liability insurance; providing for medical licensure regulation; providing for administration; imposing penalties; and making repeals providing for reduction and prevention of health care-associated infection.</p> <ul style="list-style-type: none"> • Pennsylvania passed legislation in November 2003 which through regulatory action requires all acute care hospitals to collect and submit hospital-acquired infection (HAI) data on a list of 14 categories of infections. Beginning January 1, 2004, hospitals were to submit data on surgical site, device associated infections including catheter associated UTIs. Regulators believe the collection of these data will capture 50% of all HAIs. Pennsylvania Hospital Infection Rates: http://www.phc4.org/reports/hai/
Rhode Island	<ul style="list-style-type: none"> • 2382 was signed into law on June 26, 2008. The law adds hospital-acquired infections to the list of incidents that hospitals must report to the state health department. The health department is required to issue an annual report to the governor and state legislative leaders providing aggregate summary information on all reported events and incidents. • S 2210 was signed into law July 10, 2006 by Governor Carcieri. This Health Care Quality Program would require that the health care quality steering committee consult infection control experts regarding measures associated with hospital-acquired infections. This committee will evaluate the inclusion of quality of care reports on the states' hospitals which would be issued annually.
South Carolina	<ul style="list-style-type: none"> • Act 293 (R #0335), formerly S 1318, was signed into law on May 31, 2006, amending the Chapter 7, Title 44, Article 20 of the South Carolina Code of Laws. This law requires the Department of Health & Environmental Control (DHEC) to establish a system for compiling infection data from various medical facilities and to coordinate the activities of an Advisory Committee. Medical facilities will report on: 1) Surgical site infections; 2) ventilator-associated pneumonia; 3) central line related bloodstream infections; and 4) other categories as decided by the Department in consultation with the Committee. Reports will be made every 6 months and begin on February 1, 2008. • The South Carolina Department of Health and Environmental Control is required to update the list of Reportable Conditions in January of each year. The 2008 update added MRSA bloodstream infections to this list. The regulation

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	requires reporting the infection within 7 days by labs only.
South Dakota	<ul style="list-style-type: none"> • None
Tennessee	<ul style="list-style-type: none"> • Public Chapter 999, formerly HB 3311, was signed into law on May 21, 2008. The law requires that: 1) health care facilities, as part of their infection control program, must perform a local risk assessment for MRSA in the facility; 2) the facility's comprehensive infection control program include implementation of a hand hygiene education and monitoring program, use of contact precautions for patients colonized or infected with MRSA, effective cleaning of patient care equipment and the patient's environment, consideration of use of active surveillance testing for high risk groups (as identified by local risk assessment), feedback surveillance data to key stakeholders, education of healthcare personnel about epidemiologically significant organisms, and patient information about prevention of HAIs; and 3) healthcare facilities should communicate MRSA status of patients transferred or admitted to other facilities. • Public Chapter 157, formerly SB 268, was signed by the Governor on May 15, 2007. The law requires each health care facility that is licensed by the department of health to report to the department on a quarterly basis any instance of an infection that involves staphylococci bacteria detected at the facility. The department would annually report the results of these reports to the general assembly. This report would be separate from any other report the facility is required to submit. The board for licensing health care facilities may assess a civil penalty ranging from \$500 to \$5,000 for each assessment on any facility that fails to comply with this reporting requirement. Adopted amendment changes the bill to require the Infections Task Force created in 2005 to continue to meet at least semiannually to focus on strategies and recommendations for the prevention and control antibiotic resistant infections. The Task Force and Department of Health will report to the General Assembly once each year beginning in 2008. • Public Chapter 904, formerly SB 2978, was signed into law on June 20, 2006. This law requires facilities with an average daily census of at least 25 inpatients, or outpatient facilities that perform an annual average of 25 procedures per day, to join the Centers for Disease Control's National Nosocomial Infection Surveillance System /National Healthcare Safety Network (NNIS/NHSN) system within 120 days of when it becomes open to the facility's type of license. With the exception of burn units and Level 1 trauma units, facilities must grant the Tennessee Department of Health access to the NHSN database on central line associated bloodstream infections (CLABSI) and surgical site infections for coronary artery bypass grafts (CABG). The Department of Health will disseminate public reports, with facility specific rates for facilities with more than 30 central line insertions per year; however, only aggregate statewide performance on CABG surgical infection rates will be permitted. This law also requires the Commissioner

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	<p>of Health to establish a task force to make recommendations to the department of health and the Tennessee Improving Patient Safety Coalition (TIPS) for improvements in patient safety efforts. The task force will also review national consensus standards as they are developed and make recommendations as needed. Further, the law grants the Department of Health authority to put forward rules and regulations to update reporting requirements as recommended by the committee.</p>
Texas	<ul style="list-style-type: none"> • SB 288 was signed into law on June 16, 2007 by the Governor. This act would require reporting of health care-associated infections at certain health care facilities and the creation of an advisory panel. • HB 1082 was signed into law on June 16, 2007 by the Governor. This law enacts a pilot program that requires reporting of Methicillin-resistant Staphylococcus Aureus.
Utah	<ul style="list-style-type: none"> • HJR 20 a resolution to study whether to require hospitals to make their infection rates public was approved on March 11, 2005. • Rule R386-705, which took effect March 1, 2008, requires that hospitals report to the state health department the number of central line patient days and each case of central line-associated blood stream infection for general or specialty care ICU beds. Reports must be made quarterly to the health department and be made available to the public upon request. The rule also requires hospitals and nursing homes to report influenza vaccination rates among healthcare workers and patients for each influenza season. • Rule R386-702, which took effect May 24, 2007, includes “staphylococcus aureus with resistance or intermediate resistance to vancomycin isolated from any site” among the list of conditions of concern to public health and reportable to the state department of health.
Vermont	<ul style="list-style-type: none"> • Governor Jim Douglas signed H 881 on May 31, 2006 which included language to report on measures of hospital-acquired infections that are valid, reliable, and useful, including comparisons to appropriate industry benchmarks. This language was originally included in S 310. The commissioner, along with representatives from the public oversight commission, hospitals, other groups of health care professionals, and members of the public representing patient interests will develop the reporting system. With passage of this law, Vermont became the 11th state to mandate public reporting of hospital-acquired infections.
Virginia	<ul style="list-style-type: none"> • Chapter 444, Sec. 32.1-35.1 requires acute care hospitals to report information about infections to the Centers for

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	<p>Disease Control and Prevention's National Healthcare Safety Network. Such hospitals shall release their infection data to the Board of Health. The specific infections to be reported, the hospitals required to report, and patient populations to be included shall be prescribed by Board regulation. Such hospital infection rate data may be released to the public by the Board, upon request. The law was signed by the governor on March 21, 2005. Reporting began July 1, 2008.</p>
Washington	<ul style="list-style-type: none"> • Chapter 113, previously HB 2828, was signed into law on March 18, 2010. The bill requires hospitals to report certain healthcare-associated infections which include: central line-associated bloodstream infection in the intensive care unit, ventilator-associated pneumonia and surgical site infections to the Washington State Hospital Association's quality benchmarking system until the National Healthcare Safety Network (NHSN) releases a revised module that interfaces with a majority of computer systems of Washington hospitals. • Chapter 261, previously HB 1106, legislation requiring the mandatory reporting of infections in health care facilities was signed by the Governor on May 2, 2007. • Chapter 273, previously HB 1414 was signed into law by the Governor on May 2, 2007. This is an act relating to licensing ambulatory surgical facilities; amending RCW 70.56.010 18.130.070 and 18.71.0195; reenacting and amending RCW 43.70.510 70.41.200 and 42.56.360; adding a new chapter to Title 70 RCW; creating a new section; prescribing penalties; and providing an effective date.
West Virginia	<ul style="list-style-type: none"> • Chapter 114, formerly HB 4418, was signed into law on April 8, 2008. The law requires hospitals to report information on healthcare-associated infections in a manner prescribed by the CDC's National Healthcare Safety Network, and establishes NHSN as the reporting mechanism for all West Virginia Hospitals. The West Virginia Health Care Authority will make this information available to the public. The law also requires the Health Care Authority to create an Infection Control Advisory Panel, which includes three CBIC-certified infection control practitioners who work in the area of infection control. At least two of the ICPs must be registered professional nurses, and they must represent both rural and urban practice. The advisory panel would: 1) provide guidance to hospitals in their collection of HAIs; 2) provide evidence-based practices in the control and prevention of HAIs; 3) establish reasonable goals to reduce the number of HAIs; 4) develop plans for analyzing infection-related data from hospitals; 5) develop healthcare-associated advisories for hospital distribution; and 6) review and recommend to the Health Care Authority the manner in which the reporting is made available to the public to assure that the public understands the meaning of the report.
Wisconsin	<ul style="list-style-type: none"> • None

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Wyoming	<ul style="list-style-type: none">• None
Federal	<ul style="list-style-type: none">• The Ryan White Reauthorization Act was signed into law on October 30, 2009 becoming Public Law 111-87. As part of the reauthorization the emergency responder notification provision was added back into the legislation. The new notification provision adds one new component: In the list of potentially life-threatening diseases developed by the Secretary of Health will include specific infectious diseases that are routinely transmitted through airborne and aerosolized means.• The Omnibus Appropriations Act, 2009 was signed into law on March 11, 2009 becoming Public Law 111-8. This law finalizes federal funding for the programs that fall under nine spending bills that were not finalized in 2008. Included among these programs is the Labor, Health and Human Services and Education Appropriations bill. Among the programs addressed under this bill are the following: NHSN, CDC funding to address re-use of syringes in outpatient setting, state plans for HAI reduction, additional funding for states to address public health and preventive health activities like addressing HAIs, funding to add hospitals to the Comprehensive Unit Based Program (CUSP) based on the Keystone Program and encourage AHRQ to expand this approach to other HAIs, funding for ARHQ to continue efforts related to MRSA, funding for agencies to carry out the HHS HAI Action Plan.• The American Recovery and Reinvestment Act of 2009 was signed into law on February 17, 2009 becoming Public Law 111-5. This \$787 billion economic recovery law provides \$1,000,000,000 for a Prevention and Wellness Fund, of which \$50,000,000 shall be provided to States for an additional amount to carry out activities to implement healthcare-associated infections reduction strategies.