

**Enrolled**  
**House Bill 2524**

Sponsored by Representatives TOMEI, GREENLICK; Representatives BARKER, BARNHART, BOONE, BUCKLEY, CANNON, CLEM, COWAN, DINGFELDER, GALIZIO, GELSER, GILLIAM, HOLVEY, LIM, NELSON, RILEY, ROSENBAUM, SHIELDS, WITT

CHAPTER .....

AN ACT

Relating to health care facility acquired infections; creating new provisions; amending ORS 442.445; appropriating money; and declaring an emergency.

**Be It Enacted by the People of the State of Oregon:**

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

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

- (1) "Health care facility" has the meaning given that term in ORS 442.015.**
- (2) "Health care acquired infection" means a localized or systemic condition that:**
  - (a) Results from an adverse reaction to the presence of an infectious agent or its toxin;**
  - and**
  - (b) Was not present or incubating at the time of admission to the health care facility.**
- (3) "Risk-adjusted methodology" means a standardized method used to ensure that intrinsic and extrinsic risk factors for a health care acquired infection are considered in the calculation of health care acquired infection rates.**

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

- (a) Provide useful and credible infection measures, specific to each health care facility, to consumers;**
- (b) Promote quality improvement in health care facilities; and**
- (c) Utilize existing quality improvement efforts to the extent practicable.**
- (2) The office shall adopt rules to:**
  - (a) Require health care facilities to report to the office health care acquired infection measures, including but not limited to health care acquired infection rates;**
  - (b) Specify the health care acquired infection measures that health care facilities must report; and**
  - (c) Prescribe the form, manner and frequency of reports of health care acquired infection measures by health care facilities.**
- (3) In prescribing the form, manner and frequency of reports of health care acquired infection measures by health care facilities, to the extent practicable and appropriate to avoid unnecessary duplication of reporting by facilities, the office shall align the requirements with**

the requirements for health care facilities to report similar data to the Department of Human Services and to the Centers for Medicare and Medicaid Services.

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

(5) The office shall provide health care acquired infection measures and related information to health care facilities in a manner that promotes quality improvement in the health care facilities.

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

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

**SECTION 4.** (1) There is established the Health Care Acquired Infection Advisory Committee to advise the Administrator of the Office for Oregon Health Policy and Research regarding the Oregon Health Care Acquired Infection Reporting Program. The advisory committee shall consist of 16 members appointed by the administrator as follows:

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

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

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

(C) A long term care administrator;

(D) A hospital quality director;

(E) A physician with expertise in infectious disease;

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

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

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

(A) A consumer representative;

(B) A labor representative;

(C) An academic researcher;

(D) A health care purchasing representative;

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

(F) A representative of the business community;

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

(H) The state epidemiologist; and

(I) A health insurer representative.

(2) The Administrator of the Office for Oregon Health Policy and Research and the advisory committee shall evaluate on a regular basis the quality and accuracy of the data collected and reported by health care facilities under section 3 of this 2007 Act and the methodologies of the Office for Oregon Health Policy and Research for data collection, analysis and public disclosure.

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

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

(5) The advisory committee shall make recommendations to the administrator regarding:

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

- (A) Surgical site infections;
- (B) Central line related bloodstream infections;
- (C) Urinary tract infections; and

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

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

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

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

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

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

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

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

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

- (1) Five shall serve for terms ending January 1, 2010.
- (2) Five shall serve for terms ending January 1, 2011.
- (3) The remaining members shall serve for a term ending January 1, 2012.

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

(2) The annual report shall, for each health care facility in the state, compare the health care acquired infection measures reported under section 3 of this 2007 Act. The office, in consultation with the Health Care Acquired Infection Advisory Committee, shall provide the information in the report in a format that is as easily comprehensible as possible.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**SECTION 9. The amendments to ORS 442.445 by section 8 of this 2007 Act become operative on January 2, 2018.**

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

**SECTION 11. Before the operative date specified in section 10 of this 2007 Act, the Administrator of the Office for Oregon Health Policy and Research may take any action necessary to exercise the duties conferred on the administrator by sections 1 to 6 of this 2007 Act and the amendments to ORS 442.445 by section 7 of this 2007 Act on and after the operative date specified in section 10 of this 2007 Act.**

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

**SECTION 13. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Department of Administrative Services, for the biennium beginning July 1, 2007, out of the General Fund, the amount of \$201,467, which may be expended for carrying out the provisions of sections 1 to 6 and 11 of this 2007 Act.**

**SECTION 14. This 2007 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2007 Act takes effect July 1, 2007.**

**Passed by House June 22, 2007**

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Chief Clerk of House

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Speaker of House

**Passed by Senate June 25, 2007**

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President of Senate

**Received by Governor:**

.....M,....., 2007

**Approved:**

.....M,....., 2007

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Governor

**Filed in Office of Secretary of State:**

.....M,....., 2007

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Secretary of State