

AMENDED IN SENATE MAY 23, 2008
AMENDED IN SENATE APRIL 15, 2008
AMENDED IN SENATE MARCH 26, 2008
AMENDED IN SENATE FEBRUARY 25, 2008

SENATE BILL

No. 1058

Introduced by Senator Alquist

January 7, 2008

An act to add Sections 1255.8 and 120141 to the Health and Safety Code, relating to health.

LEGISLATIVE COUNSEL'S DIGEST

SB 1058, as amended, Alquist. Health facilities: bacterial infections.

Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. A violation of these provisions is a crime.

This bill would establish the Medical Facility Infection Control and Prevention Act, which would require hospitals to implement certain procedures for the screening, prevention, and reporting of specified health facility acquired infections. ~~The bill would also require a laboratory that is licensed by the state to perform specified microbiological testing relating to the identification of bacterial species and the antibiotic resistance patterns of those species to also report any information obtained by that laboratory on the incidence of any facility acquired infections within 5 working days after obtaining the information.~~ *The bill would also require specified laboratories to report positive MRSA test results to the General Acute Care Licensing Program.* This bill would require the department to carry out certain duties in order to implement the bill. Because a violation of the health

facility provisions is a crime, the bill would impose a state-mandated local program.

Existing law permits the State Department of Public Health to take various actions to prevent and control the spread of infectious diseases in this state.

~~This bill would require the department to take various measures to prevent, control, and monitor the spread of infectious diseases, including the sponsoring of local and regional training, the provision of assistance to local health departments, and the development and implementation of develop and implement various Internet-based reporting systems, as prescribed. The bill would allow the department, using existing state and federal resources, to provide various training and support programs to local health departments and health officers.~~

This bill would also authorize the department, subject to appropriation, to sponsor pilot studies to identify methods of reducing facility acquired infections, as prescribed.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) (1) The protection of patients in California health facilities
- 4 is of paramount importance to the citizens of this state.
- 5 (2) During the past two decades health care facility associated
- 6 infections, especially those that are resistant to commonly used
- 7 antibiotics, have increased dramatically.
- 8 (3) The State Department of Public Health needs to develop a
- 9 better, more efficient system to monitor and report the incidence
- 10 of antibiotic-resistant and other infections that are acquired by
- 11 patients in health facilities.
- 12 (4) The department needs to establish and maintain a
- 13 comprehensive inspection and reporting system for health facilities
- 14 that will ensure that those facilities comply with state laws and

1 regulations designed to reduce the incidence of facility associated
2 infections.

3 (b) It is, therefore, the intent of the Legislature to enact
4 legislation that will do all of the following:

5 (1) Ensure that California’s standards for protecting patients
6 from exposure to pathogens in health facilities, including
7 Methicillin-resistant Staphylococcus aureus (MRSA), are adequate
8 to reduce the incidence of antibiotic-resistant infection acquired
9 by patients in these facilities.

10 (2) Require these departments to develop and implement an
11 Internet-based public reporting system that provides updated
12 information regarding the incidence of infections, including
13 associated pathogens acquired in health facilities, as well as the
14 number of infection control personnel relative to the number of
15 licensed beds.

16 (3) Ensure that health facilities implement improved procedures
17 intended to maintain sanitary standards in these facilities, avoid
18 transmission of pathogens that cause infection, and provide
19 adequate training to health care professionals regarding the
20 prevention and treatment of MRSA and other infections in these
21 facilities.

22 SEC. 2. This act shall be known, and may be cited as, the
23 Medical Facility Infection Control and Prevention Act.

24 SEC. 3. Section 1255.8 is added to the Health and Safety Code,
25 to read:

26 1255.8. (a) For purposes of this section, the following terms
27 have the following meanings:

28 (1) “Colonized” means that a pathogen is present on the patient’s
29 body, but is not causing any signs or symptoms of an infection.

30 (2) “Health facility” means a facility licensed as defined in
31 subdivision (a), (b), or (f) of Section 1250.

32 (3) “Health facility acquired infection” means ~~a localized or~~
33 ~~systemic condition resulting from an adverse reaction to the~~
34 ~~presence of an infectious agent not present or incubating at the~~
35 ~~time of admission to the health facility.~~ *health care associated*
36 *infection, as defined by the federal Centers for Disease Control*
37 *and Prevention as any localized or systemic condition resulting*
38 *from an adverse reaction to an infectious agent or its toxin that*
39 *both occurs in a patient in a hospital and was found not to be*
40 *present or incubating in that patient at the time of admission to*

1 *the hospital, unless the infection was related to a previous*
2 *admission to the same hospital, or as defined by the department*
3 *in regulation.*

4 (4) “MRSA” means Methicillin-resistant Staphylococcus aureus.

5 (b) (1) Each health facility shall develop, implement, and
6 periodically evaluate procedures for identifying patients who are
7 colonized by, or infected with, MRSA.

8 (2) Each health facility shall, in accordance with subdivision
9 (d), implement a procedure to screen each patient who is scheduled
10 to undergo an inpatient or outpatient surgery, or who is admitted
11 to an intensive care unit, burn unit, or other unit at high risk for
12 the presence of MRSA. ~~Test results shall be provided to each~~ *If a*
13 *patient tests positive for MRSA, the attending physician shall*
14 *inform the patient or each patient’s surrogate immediately, or as*
15 *soon as practically possible. For individuals testing positive for*
16 *colonization, but not for infection, with MRSA, information shall*
17 *be provided by the health care provider at discharge describing*
18 *MRSA, its care, and how to avoid spreading MRSA to others.*
19 *Additional information on wound care and ways to prevent the*
20 *spread of MRSA shall be provided, upon discharge, to patients*
21 *who test positive for an infection caused by MRSA.*

22 (c) Each patient who is admitted to a general acute care hospital
23 shall be screened for MRSA in the following cases:

24 ~~(1) The patient presents with an open, nondraining wound,~~
25 ~~cellulitis, dermatological lesions, or a pressure ulcer on the skin.~~

26 ~~(2)~~

27 (1) The patient has been previously discharged from a general
28 acute care hospital within 30 days prior to the current hospital
29 admission.

30 ~~(3)~~

31 (2) The patient will be admitted to an intensive care unit of the
32 hospital.

33 ~~(4)~~

34 (3) The patient receives inpatient or outpatient dialysis treatment.

35 ~~(5)~~

36 (4) The patient is being transferred from a rehabilitation or
37 skilled nursing facility.

38 ~~(6) The patient is homeless or is being admitted directly from~~
39 ~~a homeless shelter.~~

40 ~~(7) The patient is being admitted directly from prison.~~

1 ~~(8) The patient is a hospital roommate of another patient who~~
2 ~~has tested positive for MRSA.~~

3 ~~(9) The patient has a prior history of MRSA infection.~~

4 ~~(10) The patient is an intravenous drug user.~~

5 (5) *The patient has other risk factors as determined by the*
6 *department, taking into account the recommendations of the federal*
7 *Centers for Disease Control and Prevention.*

8 (d) A patient screened in accordance with subdivision (c) shall
9 again be tested for MRSA immediately prior to his or her discharge
10 from the facility. A patient who tests positive for MRSA pursuant
11 to this ~~paragraph~~ *subdivision* shall not be discharged from the
12 facility until a ~~licensed medical professional~~ *the attending physician*
13 determines that the patient's infection ~~can be controlled and~~ does
14 not pose a threat to the health and safety of others.

15 (e) Each health facility shall take all reasonable measures to
16 maintain a clean and sanitary environment, that, at a minimum,
17 shall include all of the following:

18 (1) Regular disinfection of all restrooms, countertops, furniture,
19 televisions, telephones, bedding, office equipment, and surfaces
20 in patient rooms, nursing stations, and storage units.

21 (2) Regular removal of accumulations of bodily fluids and
22 intravenous substances, and cleaning and disinfection of all
23 movable medical equipment, including point-of-care testing devices
24 such as glucometers, and transportable medical devices such as
25 cardiac monitors, gurneys, feeding pumps, storage containers, and
26 medication dispensing devices.

27 (3) Regular cleaning and disinfection of all surfaces in common
28 areas in the facility such as elevators, meeting rooms, and lounges.

29 (f) (1) Each health facility shall maintain one infection control
30 staff person for every 100 licensed beds at the facility who shall
31 be responsible for the implementation of infection control
32 programs.

33 (2) An infection control staff person required to be employed
34 by a health facility pursuant to paragraph (1) shall be a properly
35 licensed registered nurse or other qualified infection control
36 professional.

37 (g) Each health facility shall regularly report to the department
38 all cases of a health facility acquired infection, including
39 identification of the pathogen causing each infection. The
40 department shall make those statistics pertaining to health facility

1 acquired infection rates at specified health facilities available on
2 its Internet Web site. This information shall be public and shall
3 include the rate of infections caused by MRSA and other
4 pathogens.

5 ~~(h) In accordance with Section 2505 of Title 17 of the California~~
6 ~~Code of Regulations, each laboratory licensed by the state to~~
7 ~~perform microbiological testing, including, but not limited to,~~
8 ~~routine culture and antibiotic resistance testing, or biochemical,~~
9 ~~biological, genetic or other assays to determine bacterial species~~
10 ~~identification and the antibiotic resistance patterns of those species~~
11 ~~shall also report any information obtained by that laboratory~~
12 ~~pertaining to the discovery or the incidence of any health facility~~
13 ~~acquired infections, including MRSA, within five working days~~
14 ~~after obtaining the information.~~

15 *(h) Laboratories located within facilities specified in paragraph*
16 *(2) of subdivision (a) of Section 1255.8 that process a positive test*
17 *for MRSA shall notify the General Acute Care Licensing Program.*

18 SEC. 4. Section 120141 is added to the Health and Safety Code,
19 to read:

20 120141. The department shall take all of the following measures
21 to prevent, control, and monitor the spread of infectious diseases:

22 ~~(a) Sponsor local and regional training on basic data analysis~~
23 ~~to better prepare local health departments to control and track~~
24 ~~disease outbreaks.~~

25 ~~(b) Provide local health departments and local health officers~~
26 ~~with an inventory of basic electronic disease investigation data~~
27 ~~analysis software.~~

28 ~~(c) Develop statewide exercises that emphasize the complete~~
29 ~~cycle involving communicable disease investigation, including~~
30 ~~surveillance, response investigation, disease control and recovery,~~
31 ~~and that assist local health officers to enhance, improve, and~~
32 ~~evaluate the responses of local health departments to disease~~
33 ~~outbreaks.~~

34 *120141. The department's General Acute Care Hospitals*
35 *Licensing Program shall do all of the following:*

36 ~~(d)~~

37 *(a) Beginning January 1, 2010, develop and implement through*
38 *a phased implementation schedule, an Internet-based public*
39 *reporting system that provides updated, easily understood consumer*
40 *information regarding the relative incidence of central line*

1 associated blood stream infections, including associated pathogens,
2 acquired at each health facility in California, including information
3 on the number of licensed beds, the number of infection control
4 personnel employed at the facility, and a working toll-free
5 telephone number for customers to call for more information on
6 the facility's infection control and prevention initiatives.

7 ~~(e)~~

8 *(b)* Beginning January 1, 2011, develop and implement through
9 a phased implementation schedule, an Internet-based public
10 reporting system that provides updated, easily understood consumer
11 information regarding the relative incidence of surgical site
12 infections, including associated pathogens, acquired at each health
13 facility in California, including information on the number of
14 licensed beds, the number of infection control personnel employed
15 at the facility, and a working toll-free telephone number for
16 customers to call for more information on the facility's infection
17 control and prevention initiatives.

18 ~~(f) Beginning January 1, 2012~~

19 *(c)* *Once standard definitions for ventilator acquired pneumonia*
20 *and catheter acquired urinary tract infection have been developed,*
21 develop and implement through a phased implementation schedule,
22 an Internet-based public reporting system that provides updated,
23 easily understood consumer information regarding incidence of
24 ventilator acquired pneumonia and catheter acquired urinary tract
25 infections acquired at each health facility in California, including
26 information on the number of licensed beds, the number of
27 infection control personnel employed at the facility, and a working
28 toll-free telephone number for customers to call for more
29 information on the facility's infection control and prevention
30 initiatives.

31 ~~(g)~~

32 *(d)* The public reports required in subdivisions ~~(d), (e), and (f)~~
33 *(a), (b), and (c)* shall follow the National Healthcare Safety
34 Network (NHSN) risk adjustment and, when possible, utilize
35 NHSN definitions.

36 ~~(h)~~

37 *(e)* The State Department of Public Health may, upon
38 appropriation, in the Budget Act or other statute sponsor pilot
39 studies to identify methods to reduce health facility acquired
40 infections. These studies should include the establishment of

1 explicit ratios of infection control personnel to licensed beds in a
2 health facility, enhanced Medi-Cal reimbursement strategies, and
3 other methods.

4 (f) *The department may, at its discretion, by using existing state*
5 *or federal resources, sponsor local and regional training to do*
6 *any of the following:*

7 (1) *Teach basic data analysis to better prepare local health*
8 *departments to control and track disease outbreaks.*

9 (2) *Provide local health departments and local health officers*
10 *with an inventory of basic electronic disease investigation data*
11 *analysis software.*

12 (3) *Develop statewide exercises that emphasize the complete*
13 *cycle involving communicable disease investigation, including*
14 *surveillance, response investigation, disease control and recovery,*
15 *and that assist local health officers to enhance, improve, and*
16 *evaluate the response of local health departments to disease*
17 *outbreaks.*

18 SEC. 5. No reimbursement is required by this act pursuant to
19 Section 6 of Article XIII B of the California Constitution because
20 the only costs that may be incurred by a local agency or school
21 district will be incurred because this act creates a new crime or
22 infraction, eliminates a crime or infraction, or changes the penalty
23 for a crime or infraction, within the meaning of Section 17556 of
24 the Government Code, or changes the definition of a crime within
25 the meaning of Section 6 of Article XIII B of the California
26 Constitution.