

AMENDED IN ASSEMBLY AUGUST 12, 2008

AMENDED IN ASSEMBLY JULY 1, 2008

AMENDED IN ASSEMBLY JUNE 17, 2008

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 *or Niles Law*, which would require ~~hospitals~~ *general acute care hospitals* to implement certain procedures for the screening, prevention, and reporting of specified health facility acquired infections. ~~The bill would also require specified laboratories to report positive MRSA test results to the department.~~ This bill would require the department to carry out certain duties in order to implement the bill. The bill would require each ~~hospital~~ *health facility covered by the bill*

to pay a fee per licensed bed and per inpatient day for each licensed facility, as specified. These fees would be deposited into the State Department of Public Health Licensing and Certification Health Care Acquired Infection Fund created by the bill, which would be available, upon appropriation, to the department Program Fund, established under existing law. 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 health facilities to report to the department and the federal centers for Disease Control and Prevention, specified infections. This bill would require the department to develop and implement various Internet-based reporting systems, 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~~ *organisms causing*
- 11 *infection* that are acquired by 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
- 15 regulations designed to reduce the incidence of facility associated
- 16 infections.

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

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

8 ~~(2) Require these departments to develop and implement an~~

9 (2) *Ensure that the department develops and implements an*
10 Internet-based public reporting system that provides updated
11 information regarding the incidence of infections, including
12 associated pathogens acquired in health facilities, as well as the
13 number of infection control personnel relative to the number of
14 licensed beds.

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

21 SEC. 2. This act shall be known, and may be cited as, ~~as~~ *the*
22 *Medical Facility Infection Control and Prevention Act or Nile’s*
23 *Law*.

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) “Committee” means the Healthcare Associated Infection
31 Advisory Committee established pursuant to Section 1288.5.

32 (3) “Health facility” means a ~~facility licensed~~ *licensed facility*
33 as defined in subdivision (a), ~~(b), or (f)~~ of Section 1250.

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

1 *health facility*, unless the infection was related to a previous
2 admission to the same hospital, or as defined by the department
3 ~~in regulation.~~ *admission to the same health facility. Clinical*
4 *evidence may be derived from direct observation of the infection*
5 *site, or review of information in the patient chart or other clinical*
6 *records.*

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

8 (6) “Network” means the federal Centers for Disease Control
9 and Prevention’s National Healthcare Safety Network.

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

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

26 (e)

27 (b) (1) Each patient who is admitted to a general acute care
28 hospital health facility shall be screened tested for MRSA in the
29 following cases, within 24 hours of admission:

30 (A) The patient is scheduled for inpatient surgery and has a
31 documented medical condition making the patient susceptible to
32 infection, based either upon federal Centers for Disease Control
33 and Prevention findings or the recommendations of the committee
34 or its successor.

35 (1) The

36 (B) It has been documented that the patient has been previously
37 discharged from a general acute care hospital within 30 days prior
38 to the current hospital admission.

39 (2)

1 (C) The patient will be admitted to an intensive care unit *or*
2 *burn unit* of the hospital.

3 ~~(3)~~

4 (D) The patient receives inpatient ~~or outpatient~~ dialysis
5 treatment.

6 ~~(4)~~

7 (E) The patient is being transferred from a ~~rehabilitation or~~
8 skilled nursing facility.

9 ~~(5) The patient has other risk factors as determined by the~~
10 ~~department, taking~~

11 (2) *The department may interpret this subdivision to take into*
12 *account the recommendations of the federal Centers for Disease*
13 *Control and Prevention, or recommendations of the committee or*
14 *its successor.*

15 (3) *This subdivision shall not apply to a patient who has tested*
16 *positive for MRSA infection or colonization upon entering the*
17 *facility.*

18 (4) *A patient who tests positive for MRSA infection shall, prior*
19 *to discharge, receive oral and written instruction regarding*
20 *aftercare and precautions to prevent the spread of the infection to*
21 *others.*

22 ~~(d) A patient screened~~

23 (c) *Commencing January 1, 2011, a patient tested in accordance*
24 *with subdivision ~~(e)~~ (b) and who shows evidence of increased risk*
25 *of invasive MRSA shall again be tested for MRSA immediately*
26 *prior to his or her discharge from the facility. A patient who tests*
27 *positive for MRSA pursuant to this subdivision shall not be*
28 *discharged from the facility until both of the following occur:*
29 *discharge from the facility. A patient who is tested pursuant to*
30 *subdivision (b) and who tests positive for MRSA infection shall,*
31 *prior to discharge, receive oral and written instructions regarding*
32 *aftercare and precautions to prevent the spread of the infection to*
33 *others.*

34 (1) ~~The patient, or a surrogate, receives oral and written~~
35 ~~instruction regarding care and needed precautions to prevent the~~
36 ~~spread of the infection to others.~~

37 (2) ~~The attending physician believes that discharge and~~
38 ~~outpatient treatment do not interfere with the treatment of the~~
39 ~~infection.~~

1 ~~(e) Each health facility shall take all reasonable measures to~~
2 ~~maintain a clean and sanitary environment, that, at a minimum,~~
3 ~~(d) The infection control policy required pursuant to Section~~
4 ~~70739 of Title 22 of the California Code of Regulations, at a~~
5 ~~minimum, shall include all of the following:~~
6 ~~(1) Procedures to reduce health care associated infections.~~
7 ~~(1)~~
8 ~~(2) Regular disinfection of all restrooms, countertops, furniture,~~
9 ~~televisions, telephones, bedding, office equipment, and surfaces~~
10 ~~in patient rooms, nursing stations, and storage units.~~
11 ~~(2)~~
12 ~~(3) Regular removal of accumulations of bodily fluids and~~
13 ~~intravenous substances, and cleaning and disinfection of all~~
14 ~~movable medical equipment, including point-of-care testing devices~~
15 ~~such as glucometers, and transportable medical devices.~~
16 ~~(3)~~
17 ~~(4) Regular cleaning and disinfection of all surfaces in common~~
18 ~~areas in the facility such as elevators, meeting rooms, and lounges.~~
19 ~~(f) (1) Each health facility shall maintain one infection control~~
20 ~~staff person for every 100 licensed beds at the facility who shall~~
21 ~~be responsible for the implementation of infection control~~
22 ~~programs.~~
23 ~~(2) An infection control staff person required to be employed~~
24 ~~by a health facility pursuant to paragraph (1) shall be a properly~~
25 ~~licensed registered nurse or other qualified infection control~~
26 ~~professional.~~
27 ~~(g) Each health facility shall regularly report to the department~~
28 ~~all cases of Clostridium difficile, MRSA, and Vancomycin-resistant~~
29 ~~Enterococci. The department shall make these statistics pertaining~~
30 ~~to these health facility acquired infections at specified health~~
31 ~~facilities available on its Internet Web site. This information shall~~
32 ~~be public and shall include the number of infections caused by~~
33 ~~these pathogens.~~
34 ~~(h) Each health facility shall maintain written policies regarding~~
35 ~~a clean and sanitary environment and make them available to the~~
36 ~~department.~~
37 ~~(i) Health facility to which paragraph (2) of subdivision (b)~~
38 ~~applies shall notify the department whenever a laboratory located~~
39 ~~in the facility obtains a positive test result for MRSA.~~

1 (e) Each facility shall designate an infection control officer
 2 who, in conjunction with the hospital infection control committee,
 3 shall ensure implementation of the testing and reporting provisions
 4 of this section and other hospital infection control efforts. The
 5 reports shall be presented to the appropriate committee within the
 6 facility for review. The name of the infection control officer shall
 7 be made publicly available, upon request.

8 (j)

9 (f) (1) The department shall establish a health care acquired
 10 infection program pursuant to this section.

11 (2) Each ~~hospital~~ health facility shall pay a fee per licensed bed
 12 ~~and per~~ for each licensed facility to be used to cover the costs of
 13 the program established pursuant to paragraph (1). This fee shall
 14 be in addition to the annual licensing and certification program
 15 fees established by the Licensing and Certification Program each
 16 fiscal year. *The fees paid by facilities for the cost of the program*
 17 *established pursuant to this paragraph shall be deposited into the*
 18 *State Department of Public Health Licensing and Certification*
 19 *Program Fund established by Section 1266.9.*

20 ~~(3) The Department of Public Health Licensing and Certification~~
 21 ~~Health Care Acquired Infection Fund is hereby created in the State~~
 22 ~~Treasury. The moneys collected in accordance with this section~~
 23 ~~shall be deposited into the fund and shall be available for~~
 24 ~~expenditure, upon appropriation by the Legislature, to support the~~
 25 ~~operation of the department's health care acquired infection~~
 26 ~~program. Notwithstanding Section 16305.7 of the Government~~
 27 ~~Code, any interest earned on moneys in the fund shall accrue to~~
 28 ~~the fund.~~

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

31 ~~120141. The department's General Acute Care Hospitals~~
 32 ~~Licensing Program shall do all of the following:~~

33 ~~(a) Beginning January 1, 2010, develop and implement through~~
 34 ~~a phased implementation schedule, an Internet-based public~~
 35 ~~reporting system that provides updated, easily understood consumer~~

36 *120141. (a) (1) Each health facility, as defined in paragraph*
 37 *(3) of subdivision (a) of Section 1255.8, shall quarterly report to*
 38 *the department all cases of health-care-acquired MRSA*
 39 *bacteremia, health-facility-acquired Clostridium difficile, and*
 40 *health-care-acquired Vancomycin-resistant Enterococci. The*

1 department shall make the information provided pursuant to this
2 paragraph available on its Web site.

3 (2) Each health facility shall report quarterly to the department
4 all central line associated blood stream infections and the total
5 central line days.

6 (3) Each health facility shall report quarterly to the department
7 health-care-associated surgical site infections, and the number of
8 specified surgical procedures, pursuant to paragraph (2) of
9 subdivision (b).

10 (b) The department's licensing and certification program shall
11 do both of the following:

12 (1) Commencing January 1, 2011, post on the department's
13 Web site information regarding the ~~relative incidence of incidence~~
14 ~~rate of health-care-acquired~~ central line associated blood stream
15 ~~infections, including associated pathogens,~~ acquired at each health
16 facility in California, including information on the number of
17 licensed beds, the number of infection control personnel employed
18 at the facility, and a working toll-free telephone number for
19 customers to call for more information on the facility's infection
20 control and prevention initiatives.

21 ~~(b) Beginning January 1, 2011, develop and implement through~~
22 ~~a phased implementation schedule, an Internet-based public~~
23 ~~reporting system that provides updated, easily understood consumer~~
24 ~~inpatient days. The information shall be posted in a manner~~
25 ~~consistent with subdivisions (c), (d), and (e).~~

26 (2) Commencing January 1, 2012, post on the department's
27 Web site information regarding the ~~relative incidence of incidence~~
28 ~~rate of deep or organ space~~ surgical site infections, ~~including~~
29 ~~associated pathogens orthopedic, cardiac, and gastrointestinal~~
30 ~~surgical procedures designated as clean and clean-contaminated,~~
31 acquired at each health facility in California, including information
32 on the number of licensed beds, the number of infection control
33 personnel employed at the facility, and a working toll-free
34 telephone number for customers to call for more information on
35 the facility's infection control and prevention initiatives.

36 ~~(c) Beginning January 1, 2011, or the date on which standard~~
37 ~~definitions for ventilator acquired pneumonia and catheter acquired~~
38 ~~urinary tract infection have been adopted by the department,~~
39 ~~whichever date is later, develop and implement through a phased~~
40 ~~implementation schedule, an Internet-based public reporting system~~

1 that provides updated, easily understood consumer information
2 regarding incidence of ventilator acquired pneumonia and catheter
3 acquired urinary tract infections acquired at each health facility in
4 California, including information on the number of licensed beds,
5 the number of infection control personnel employed at the facility,
6 and a working toll-free telephone number for customers to call for
7 more information on the facility's infection control and prevention
8 initiatives.

9 ~~(d) Until the department adopts, by regulation, a risk-adjustment~~
10 ~~process that is consistent with the recommendations of the~~
11 ~~Healthcare Associated Infection Advisory Committee established~~
12 ~~pursuant to Section 1288.5, the public reporting system shall follow~~
13 ~~inpatient days. The information shall be posted in a manner~~
14 ~~consistent with subdivisions (c), (d), and (e).~~

15 *(c) The department shall follow a risk adjustment process that*
16 *is consistent with the federal Centers for Disease Control and*
17 *Prevention's National Healthcare Safety Network (NHSN), or its*
18 *successor, risk adjustment, and use, when possible, its definitions.*
19 *its definitions, unless the department adopts, by regulation, a fair*
20 *and equitable risk adjustment process that is consistent with the*
21 *recommendations of the Healthcare Associated Infection Advisory*
22 *Committee (HAI-AC), established pursuant to Section 1288.5, or*
23 *its successor.*

24 *(d) For purposes of reporting required in subdivisions (a) and*
25 *(b), an infection shall be reported using the NHSN definitions*
26 *unless the department accepts the recommendation of the HAI-AC*
27 *or its successor.*

28 *(e) If the federal Centers for Disease Control and Prevention*
29 *do not use a public reporting model for specific*
30 *health-care-acquired infections, then the department shall base*
31 *its public reporting of incidence rate on the number of inpatient*
32 *days for infection reporting, or the number of specified device days*
33 *for relevant device-related infections, and the number of specified*
34 *surgeries conducted for surgical site infection reporting, unless*
35 *the department adopts a public reporting model that is consistent*
36 *with recommendations of the HAI-AC or its successor.*

37 ~~(e)~~

38 *(f) Health facilities that report data pursuant to the system shall*
39 *report this data to the NHSN and the department, as appropriate.*

1 SEC. 5. No reimbursement is required by this act pursuant to
2 Section 6 of Article XIII B of the California Constitution because
3 the only costs that may be incurred by a local agency or school
4 district will be incurred because this act creates a new crime or
5 infraction, eliminates a crime or infraction, or changes the penalty
6 for a crime or infraction, within the meaning of Section 17556 of
7 the Government Code, or changes the definition of a crime within
8 the meaning of Section 6 of Article XIII B of the California
9 Constitution.

O