

State of Arkansas
91st General Assembly
Regular Session, 2017

A Bill

HOUSE BILL 1815

By: Representative D. Whitaker

For An Act To Be Entitled

AN ACT TO CREATE A STATEWIDE ANTIMICROBIAL OR ANTIBIOTIC STEWARDSHIP POLICY FOR THE STATE OF ARKANSAS REGARDING HEALTHCARE SERVICES; TO REQUIRE HEALTH FACILITIES TO IMPLEMENT ANTIMICROBIAL OR ANTIBIOTIC STEWARDSHIP POLICIES; AND FOR OTHER PURPOSES.

Subtitle

TO CREATE A STATEWIDE ANTIMICROBIAL OR ANTIBIOTIC STEWARDSHIP POLICY FOR THE STATE OF ARKANSAS REGARDING HEALTHCARE SERVICES; AND TO REQUIRE HEALTH FACILITIES TO IMPLEMENT ANTIMICROBIAL OR ANTIBIOTIC STEWARDSHIP POLICIES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. DO NOT CODIFY. Legislative findings and intent.

(a) The General Assembly finds that:

(1) Health facilities across the nation have seen a steady increase in the risk of healthcare-associated infection during recent decades;

(2) Approximately five percent to ten percent (5-10%) of hospitalized patients develop one (1) or more healthcare-associated infections every year;

(3) Infections associated with catheters, blood stream infections associated with central venous lines, pneumonia associated with



the use of ventilators, and surgical site infections account for more than eighty percent (80%) of all healthcare-associated infections;

(4)(A) Approximately twenty-five percent (25%) of healthcare-associated infection cases occur among patients in intensive care units.

(B) Of that twenty-five percent (25%), approximately two-thirds (2/3) are linked to antimicrobial resistance or antibiotic resistance; and

(5) A significant percentage of healthcare-associated infection cases can be eliminated with intensive programs for surveillance and prevention of healthcare-associated infections.

(b) It is the intent of the General Assembly to improve existing disease surveillance and infection prevention measures in all health facilities in the State of Arkansas to prevent prolonged and unnecessary hospitalizations and decrease mortality rates resulting from healthcare-associated infections.

SECTION 2. Arkansas Code § 20-9-1203 is amended to read as follows:

20-9-1203. Health facility reports.

(a) A health facility shall collect data on all healthcare-associated infection rates ~~for the following~~ including without limitation:

(1) Central line-associated bloodstream infections in an intensive care unit; and

(2) Other categories as provided under § 20-9-1204(e).

(b)(1)(A) A health facility ~~may voluntarily~~ shall submit quarterly reports to the Department of Health on the ~~health facility's~~ healthcare-associated infection rates of the health facility, including without limitation:

(i) All cases of healthcare-associated infections;

(ii) The number of inpatient days required for each case of healthcare-associated infection;

(iii) Implementation of infection surveillance and infection prevention process measures; and

(iv) The activities of any antimicrobial or antibiotic stewardship program adopted by the health facility.

~~(B)(i) If a health facility elects to submit quarterly reports, the~~ The reports shall be submitted to the department:

(a) In a format prescribed by the department;
and

(b) By April 30, July 31, October 31, and
January 31 of each year.

(ii) Each quarterly report shall cover the
immediately preceding calendar quarter.

(C) Data in the quarterly reports shall cover a period
ending not earlier than one (1) month before the submission of the report.

(2) If the health facility is a division or subsidiary of
another entity that owns or operates other health facilities, the quarterly
report shall be for the specific division or subsidiary and not for the other
entity.

(c)(1) A health facility participating in the Centers for Medicare &
Medicaid Services Hospital Inpatient Quality Reporting Program or its
successor shall authorize the department to have access to the following
information that the health facility submits to the National Healthcare
Safety Network:

(A) The name of the health facility; and

(B) Any information submitted to the National Healthcare
Safety Network in order to satisfy the requirements of the Centers for
Medicare & Medicaid Services Hospital Inpatient Quality Reporting Program.

(2) The information contained in the National Healthcare Safety
Network database and obtained by the department under this section may be
used by the department for surveillance and prevention purposes only and
shall not be used for regulatory purposes.

SECTION 3. Arkansas Code § 20-9-1204(a), concerning the creation of
the Advisory Committee on Healthcare Acquired Infections, is amended to read
as follows:

(a) The Director of the Department of Health shall appoint an Advisory
Committee on Healthcare Acquired Infections, including without limitation
representatives of:

(1) Public and private hospitals, including representatives of
hospitals with fewer than fifty (50) beds and representatives of hospitals
with more than fifty (50) beds;

(2) Outpatient surgery centers;

- (3) Direct-care nursing staff;
- (4) Physicians;
- (5) Pharmacists;
- (6) Infection-control professionals with expertise in healthcare-associated infections;
- ~~(6)~~(7) Academic researchers; and
- ~~(7)~~(8) At least one (1) representative of a consumer organization.

SECTION 4. Arkansas Code § 20-9-1205 is amended to read as follows:

20-9-1205. Reports regarding healthcare-associated infections.

(a)(1)(A) In consultation with the Advisory Committee on Healthcare Acquired Infections, the Department of Health shall submit annually a report summarizing the health facility quarterly reports required under this subchapter to:

- (i) The Governor;
- (ii) The Legislative Council;
- (iii) The ~~the~~ Chair of the House Committee on Public Health, Welfare, and Labor; and ~~the~~
- (iv) The Chair of the Senate Committee on Public Health, Welfare, and Labor.

(B) ~~No health facility identifiable~~ Health-facility-identifiable data shall not be included in the annual report, but aggregate statistical data may be included.

(2) The department shall publish the annual report on the department's website.

(3) The first annual report shall be submitted and published on or before January 1, 2010.

(b) ~~The annual report prepared by the department under this subchapter regarding healthcare-associated infections shall:~~

- (1) Be be appropriately risk-adjusted;
- (2) Contain an executive summary written in plain language that includes without limitation:

(A) A discussion of findings, conclusions, and trends concerning the overall status of healthcare-associated infections in the state, including a comparison to previous years; and

(B) Policy recommendations of the department and the committee; and

(3) Be made available to the public.

~~(e) The annual report shall include an executive summary written in plain language that shall include without limitation:~~

~~(1) A discussion of findings, conclusions, and trends concerning the overall status of healthcare associated infections in the state, including a comparison to previous years; and~~

~~(2) Policy recommendations of the department and the committee.~~

~~(d) The annual report shall be made available to any person upon request.~~

~~(e)(c)~~ No A health facility report or department disclosure shall not contain information identifying a patient, employee, or healthcare professional in connection with a specific infection incident.

~~(f)(d)~~ No An annual report or other department disclosure shall not contain information that identifies or could be used to identify a specific health facility.

~~(g)(1)~~(e)(1) As part of the process of preparing the annual report, effective safeguards to protect against the dissemination of inconsistent, incomplete, invalid, inaccurate, or subjective health facility data shall be developed and implemented.

(2) These safeguards may include the exclusion of certain data or data from health facilities with a low volume of patients or procedures if the use of the data would skew the results reported.

~~(h)(f)~~ The department shall develop, with the assistance of the ~~committee~~ Advisory Committee on Healthcare Acquired Infections, a process of regular and confidential feedback for health facilities regarding the data collected so that each health facility's data will be available to that health facility for its quality improvement efforts.

SECTION 5. Arkansas Code Title 20, Chapter 9, Subchapter 12, is amended to add an additional section to read as follows:

20-9-1209. Antimicrobial or antibiotic stewardship.

(a) The Advisory Committee on Healthcare Acquired Infections shall make recommendations on:

(1) The use of national guidelines and public reporting of

process measures for preventing the spread of healthcare-associated infections that are reported to the Department of Health; and

(2) An educational curriculum to train healthcare facility employees in healthcare-associated infection surveillance, prevention, and control as well as antimicrobial or antibiotic stewardship.

(b) On or before July 1, 2018, the department shall:

(1) Investigate the development of an electronic reporting database for healthcare-associated infections;

(2) Implement a healthcare-associated infection surveillance and prevention program to:

(A) Designate infection prevention professionals to serve as consultants to the licensing and certification of health facilities; and

(B) Provide education and training to healthcare facility employees regarding healthcare-associated infection surveillance, prevention, and control as well as antimicrobial or antibiotic stewardship;

(3) Adopt and implement a statewide antimicrobial or antibiotic stewardship policy which shall include a process to evaluate the judicious use of antibiotics; and

(4) Require a health facility, as a condition to licensure, to:

(A) Adopt and implement an antimicrobial or antibiotic stewardship policy;

(B) Develop:

(i) A process for evaluating the judicious use of antibiotics; and

(ii) A multidisciplinary antimicrobial or antibiotic stewardship workgroup to assist health facilities in establishing antimicrobial or antibiotic stewardship policies; and

(C) Appoint at least one (1) physician or pharmacist who is knowledgeable about the subject of antimicrobial or antibiotic stewardship to the multidisciplinary antimicrobial or antibiotic stewardship workgroup.