

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 1123

Chapter 244, Laws of 2009

61st Legislature
2009 Regular Session

MRSA POLICIES--REQUIREMENTS

EFFECTIVE DATE: 07/26/09

Passed by the House April 18, 2009
Yeas 97 Nays 0

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 13, 2009
Yeas 45 Nays 0

BRAD OWEN

President of the Senate

Approved April 28, 2009, 3:43 p.m.

CHRISTINE GREGOIRE

Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 1123** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

Chief Clerk

FILED

April 29, 2009

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE HOUSE BILL 1123

AS AMENDED BY THE SENATE

Passed Legislature - 2009 Regular Session

State of Washington 61st Legislature 2009 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Campbell, Morrell, Hunter, Pedersen, Chase, Ormsby, Simpson, Wood, and Conway)

READ FIRST TIME 02/23/09.

1 AN ACT Relating to reducing the spread of methicillin-resistant
2 staphylococcus aureus; amending RCW 43.70.056; adding a new section to
3 chapter 70.41 RCW; and adding a new section to chapter 70.58 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 70.41 RCW
6 to read as follows:

7 (1) Each hospital licensed under this chapter shall, by January 1,
8 2010, adopt a policy regarding methicillin-resistant staphylococcus
9 aureus. The policy shall, at a minimum, contain the following
10 elements:

11 (a) A requirement to test any patient for methicillin-resistant
12 staphylococcus aureus who is a member of a patient population
13 identified as appropriate to test based on the hospital's risk
14 assessment for methicillin-resistant staphylococcus aureus;

15 (b) A requirement that a patient in the hospital's adult or
16 pediatric, but not neonatal, intensive care unit be tested for
17 methicillin-resistant staphylococcus aureus within twenty-four hours of
18 admission unless the patient has been previously tested during that

1 hospital stay or has a known history of methicillin-resistant
2 staphylococcus aureus;

3 (c) Appropriate procedures to help prevent patients who test
4 positive for methicillin-resistant staphylococcus aureus from
5 transmitting to other patients. For purposes of this subsection,
6 "appropriate procedures" include, but are not limited to, isolation or
7 cohorting of patients colonized or infected with methicillin-resistant
8 staphylococcus aureus. In a hospital where patients, whose
9 methicillin-resistant staphylococcus aureus status is either unknown or
10 uncolonized, may be roomed with colonized or infected patients,
11 patients must be notified they may be roomed with patients who have
12 tested positive for methicillin-resistant staphylococcus aureus; and

13 (d) A requirement that every patient who has a methicillin-
14 resistant staphylococcus aureus infection receive oral and written
15 instructions regarding aftercare and precautions to prevent the spread
16 of the infection to others.

17 (2) A hospital that has identified a hospitalized patient who has
18 a diagnosis of methicillin-resistant staphylococcus aureus shall report
19 the infection to the department using the department's comprehensive
20 hospital abstract reporting system. When making its report, the
21 hospital shall use codes used by the United States centers for medicare
22 and medicaid services, when available.

23 **Sec. 2.** RCW 43.70.056 and 2007 c 261 s 2 are each amended to read
24 as follows:

25 (1) The definitions in this subsection apply throughout this
26 section unless the context clearly requires otherwise.

27 (a) "Health care-associated infection" means a localized or
28 systemic condition that results from adverse reaction to the presence
29 of an infectious agent or its toxins and that was not present or
30 incubating at the time of admission to the hospital.

31 (b) "Hospital" means a health care facility licensed under chapter
32 70.41 RCW.

33 (2)(a) A hospital shall collect data related to health
34 care-associated infections as required under this subsection (2) on the
35 following:

36 (i) Beginning July 1, 2008, central line-associated bloodstream
37 infection in the intensive care unit;

1 (ii) Beginning January 1, 2009, ventilator-associated pneumonia;
2 and

3 (iii) Beginning January 1, 2010, surgical site infection for the
4 following procedures:

5 (A) Deep sternal wound for cardiac surgery, including coronary
6 artery bypass graft;

7 (B) Total hip and knee replacement surgery; and

8 (C) Hysterectomy, abdominal and vaginal.

9 (b) Until required otherwise under (c) of this subsection, a
10 hospital must routinely collect and submit the data required to be
11 collected under (a) of this subsection to the national healthcare
12 safety network of the United States centers for disease control and
13 prevention in accordance with national healthcare safety network
14 definitions, methods, requirements, and procedures.

15 (c)(i) With respect to any of the health care-associated infection
16 measures for which reporting is required under (a) of this subsection,
17 the department must, by rule, require hospitals to collect and submit
18 the data to the centers for medicare and medicaid services according to
19 the definitions, methods, requirements, and procedures of the hospital
20 compare program, or its successor, instead of to the national
21 healthcare safety network, if the department determines that:

22 (A) The measure is available for reporting under the hospital
23 compare program, or its successor, under substantially the same
24 definition; and

25 (B) Reporting under this subsection (2)(c) will provide
26 substantially the same information to the public.

27 (ii) If the department determines that reporting of a measure must
28 be conducted under this subsection (2)(c), the department must adopt
29 rules to implement such reporting. The department's rules must require
30 reporting to the centers for medicare and medicaid services as soon as
31 practicable, but not more than one hundred twenty days, after the
32 centers for medicare and medicaid services allow hospitals to report
33 the respective measure to the hospital compare program, or its
34 successor. However, if the centers for medicare and medicaid services
35 allow infection rates to be reported using the centers for disease
36 control and prevention's national healthcare safety network, the
37 department's rules must require reporting that reduces the burden of

1 data reporting and minimizes changes that hospitals must make to
2 accommodate requirements for reporting.

3 (d) Data collection and submission required under this subsection
4 (2) must be overseen by a qualified individual with the appropriate
5 level of skill and knowledge to oversee data collection and submission.

6 (e)(i) A hospital must release to the department, or grant the
7 department access to, its hospital-specific information contained in
8 the reports submitted under this subsection (2), as requested by the
9 department.

10 (ii) The hospital reports obtained by the department under this
11 subsection (2), and any of the information contained in them, are not
12 subject to discovery by subpoena or admissible as evidence in a civil
13 proceeding, and are not subject to public disclosure as provided in RCW
14 42.56.360.

15 (3) The department shall:

16 (a) Provide oversight of the health care-associated infection
17 reporting program established in this section;

18 (b) By January 1, 2011, submit a report to the appropriate
19 committees of the legislature based on the recommendations of the
20 advisory committee established in subsection (5) of this section for
21 additional reporting requirements related to health care-associated
22 infections, considering the methodologies and practices of the United
23 States centers for disease control and prevention, the centers for
24 medicare and medicaid services, the joint commission, the national
25 quality forum, the institute for healthcare improvement, and other
26 relevant organizations;

27 (c) Delete, by rule, the reporting of categories that the
28 department determines are no longer necessary to protect public health
29 and safety;

30 (d) By December 1, 2009, and by each December 1st thereafter,
31 prepare and publish a report on the department's web site that compares
32 the health care-associated infection rates at individual hospitals in
33 the state using the data reported in the previous calendar year
34 pursuant to subsection (2) of this section. The department may update
35 the reports quarterly. In developing a methodology for the report and
36 determining its contents, the department shall consider the
37 recommendations of the advisory committee established in subsection (5)
38 of this section. The report is subject to the following:

1 (i) The report must disclose data in a format that does not release
2 health information about any individual patient; and

3 (ii) The report must not include data if the department determines
4 that a data set is too small or possesses other characteristics that
5 make it otherwise unrepresentative of a hospital's particular ability
6 to achieve a specific outcome; and

7 (e) Evaluate, on a regular basis, the quality and accuracy of
8 health care-associated infection reporting required under subsection
9 (2) of this section and the data collection, analysis, and reporting
10 methodologies.

11 (4) The department may respond to requests for data and other
12 information from the data required to be reported under subsection (2)
13 of this section, at the requestor's expense, for special studies and
14 analysis consistent with requirements for confidentiality of patient
15 records.

16 (5)(a) The department shall establish an advisory committee which
17 may include members representing infection control professionals and
18 epidemiologists, licensed health care providers, nursing staff,
19 organizations that represent health care providers and facilities,
20 health maintenance organizations, health care payers and consumers, and
21 the department. The advisory committee shall make recommendations to
22 assist the department in carrying out its responsibilities under this
23 section, including making recommendations on allowing a hospital to
24 review and verify data to be released in the report and on excluding
25 from the report selected data from certified critical access hospitals.
26 Annually, beginning January 1, 2011, the advisory committee shall also
27 make a recommendation to the department as to whether current science
28 supports expanding presurgical screening for methicillin-resistant
29 staphylococcus aureus prior to open chest cardiac, total hip, and total
30 knee elective surgeries.

31 (b) In developing its recommendations, the advisory committee shall
32 consider methodologies and practices related to health care-associated
33 infections of the United States centers for disease control and
34 prevention, the centers for medicare and medicaid services, the joint
35 commission, the national quality forum, the institute for healthcare
36 improvement, and other relevant organizations.

37 (6) The department shall adopt rules as necessary to carry out its
38 responsibilities under this section.

1 NEW SECTION. **Sec. 3.** A new section is added to chapter 70.58 RCW
2 to read as follows:

3 In completing a certificate of death in compliance with this
4 chapter, a physician, physician assistant, or advanced registered nurse
5 practitioner must note the presence of methicillin-resistant
6 staphylococcus aureus, if it is a cause or contributing factor in the
7 patient's death.

 Passed by the House April 18, 2009.

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