

HOUSE COMMITTEE OF REFERENCE REPORT

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Chairman of Committee

February 23, 2016  
Date

Committee on Health, Insurance, & Environment.

After consideration on the merits, the Committee recommends the following:

HB16-1236 be amended as follows, and as so amended, be referred to the Committee of the Whole with favorable recommendation:

1 Amend printed bill, page 2, strike lines 1 through 5 and substitute:

2 "SECTION 1. In Colorado Revised Statutes, 25-3-601, **amend**  
3 (3); **repeal** (4); and **add** (2.5) as follows:

4 **25-3-601. Definitions.** As used in this part 6, unless the context  
5 otherwise requires:

6 (2.5) "HEALTH CARE-ASSOCIATED INFECTION" MEANS A  
7 LOCALIZED OR SYSTEMIC CONDITION THAT RESULTS FROM AN ADVERSE  
8 REACTION TO THE PRESENCE OF AN INFECTIOUS AGENT OR ITS TOXINS THAT  
9 WAS NOT PRESENT OR INCUBATING AT THE TIME OF ADMISSION TO THE  
10 HEALTH FACILITY.

11 (3) "Health facility" means a hospital, a hospital unit, an  
12 ambulatory surgical center, ~~or~~ a dialysis treatment clinic currently  
13 licensed or certified by the department pursuant to the department's  
14 authority under section 25-1.5-103 (1) (a), OR OTHER STATE LICENSED OR  
15 CERTIFIED FACILITY THAT SUBMITS DATA TO THE NATIONAL HEALTHCARE  
16 SAFETY NETWORK, OR ITS SUCCESSOR.

17 (4) ~~"Hospital-acquired infection" means a localized or systemic~~  
18 ~~condition that results from an adverse reaction to the presence of an~~  
19 ~~infectious agent or its toxins that was not present or incubating at the time~~  
20 ~~of admission to the health facility.~~

21 **SECTION 2.** In Colorado Revised Statutes, 25-3-602, **amend** (1),  
22 (2), (3) (a), (4) (a) (I), (4) (a) (II), (4) (a) (IV), (5) (a), (5) (c) introductory

1 portion, and (7) (a); and **repeal** (5) (b) and (5) (d) as follows:

2 **25-3-602. Health facility reports - repeal.** (1) (a) A health  
3 facility SPECIFIED BY THE DEPARTMENT shall collect data on  
4 ~~hospital-acquired~~ HEALTH CARE-ASSOCIATED infection rates for specific  
5 clinical procedures ~~including the following categories:~~ AND HEALTH CARE  
6 ASSOCIATED INFECTIONS AS DETERMINED BY THE DEPARTMENT.

7 ~~(I) Cardiac surgical site infections;~~  
8 ~~(H) Orthopedic surgical site infections; and~~  
9 ~~(HH) Central line-related bloodstream infections.~~

10 (b) The advisory committee may define criteria to determine when  
11 data on a procedure ~~listed~~ OR HEALTH CARE-ASSOCIATED INFECTION  
12 DESCRIBED in paragraph (a) of this subsection (1) shall be collected.

13 (c) An individual who collects data on ~~hospital-acquired~~ HEALTH  
14 CARE-ASSOCIATED infection rates shall take the test for the appropriate  
15 national certification for infection control and become certified within six  
16 months after the individual becomes eligible to take the certification test,  
17 AS RECOMMENDED BY THE CERTIFICATION BOARD OF INFECTION  
18 CONTROL AND EPIDEMIOLOGY, INC., OR ITS SUCCESSOR. Mandatory  
19 national certification requirements shall not apply to individuals  
20 collecting data on ~~hospital-acquired~~ HEALTH CARE-ASSOCIATED infections  
21 in hospitals licensed for fifty beds or less, licensed ambulatory surgical  
22 centers, ~~and certified~~ LICENSED dialysis treatment centers, LICENSED  
23 LONG-TERM CARE FACILITIES, AND OTHER LICENSED OR CERTIFIED HEALTH  
24 FACILITIES SPECIFIED BY THE DEPARTMENT. Qualifications for these  
25 individuals may be met through ongoing education, training, experience,  
26 or certification, as defined by the department.

27 (2) Each ~~physician~~ HEALTH CARE PROVIDER who performs a  
28 clinical procedure ~~listed in~~ SUBJECT TO DATA COLLECTION AS DETERMINED  
29 BY THE DEPARTMENT PURSUANT TO subsection (1) of this section shall  
30 report to the health facility at which the clinical procedure was performed  
31 a ~~hospital-acquired~~ HEALTH CARE-ASSOCIATED infection that the  
32 ~~physician~~ HEALTH CARE PROVIDER diagnoses at a follow-up appointment  
33 with the patient using standardized criteria and methods consistent with  
34 guidelines determined by the advisory committee. The reports made to the  
35 health facility under this subsection (2) shall be included in the reporting  
36 the health facility makes under subsection (3) of this section.

37 (3) (a) A health facility shall routinely submit its ~~hospital-acquired~~  
38 HEALTH CARE-ASSOCIATED infection data to the national healthcare safety  
39 network in accordance with national healthcare safety network  
40 requirements and procedures. The data submissions shall begin on or

1 before July 31, 2007, and continue thereafter.

2 (4) (a) The executive director of the department shall appoint an  
3 advisory committee. The advisory committee shall consist of:

4 (I) One representative from a ~~public~~ AN URBAN hospital;  
5 (II) One representative from a ~~private~~ RURAL hospital;  
6 (IV) Four infection control practitioners as follows:  
7 (A) One from a stand-alone ambulatory surgical center; ~~and~~  
8 (B) ~~Three~~ ONE health care ~~professionals~~ PROFESSIONAL certified  
9 by the Certification Board of Infection Control and Epidemiology, Inc.,  
10 or its successor;

11 (C) ONE FROM A LONG-TERM CARE SETTING; AND  
12 (D) ONE OTHER HEALTH CARE PROFESSIONAL.

13 (5) (a) The advisory committee shall recommend additional  
14 clinical procedures based upon the criteria set forth in paragraph (c) of  
15 this subsection (5) AND OTHER HEALTH CARE-ASSOCIATED INFECTIONS  
16 that must be reported pursuant to subsection (1) of this section ~~in the~~  
17 ~~manner specified in paragraph (b) of this subsection (5).~~ The  
18 recommendations of the advisory committee ~~shall~~ MUST be consistent  
19 with information that may be collected by the national healthcare safety  
20 network.

21 ~~(b) (f) On or before November 1, 2008, the advisory committee~~  
22 ~~shall either recommend to the department the addition of abdominal~~  
23 ~~surgical site infections and at least one other clinical procedure to the data~~  
24 ~~collected on hospital-acquired infection rates as required in this section~~  
25 ~~or comply with the provisions of paragraph (d) of this subsection (5) and~~  
26 ~~shall recommend to the department whether to include long-term acute~~  
27 ~~care centers as health facilities that are subject to the reporting~~  
28 ~~requirements of this part 6.~~

29 ~~(H) In addition to the requirements of subparagraph (f) of this~~  
30 ~~paragraph (b), on or before November 1, 2010, the advisory committee~~  
31 ~~shall either recommend to the department the addition of at least two~~  
32 ~~clinical procedures to the data collected on hospital-acquired infection~~  
33 ~~rates as required in this section or comply with the provisions of~~  
34 ~~paragraph (d) of this subsection (5).~~

35 (c) In making its recommendations under paragraph (a) ~~or (b)~~ of  
36 this subsection (5), the advisory committee shall recommend clinical  
37 procedures AND HEALTH CARE-ASSOCIATED INFECTIONS, using the  
38 following considerations:

39 (d) ~~If the advisory committee determines that it is unable to~~  
40 ~~identify at least two clinical procedures for addition to the data collected~~

1 by the deadline, the committee shall report to the department its reasons  
2 for not identifying at least two new clinical procedures.

3 (7) (a) Subsections (4), (5), and (6) of this section and this  
4 subsection (7) are repealed, effective July SEPTEMBER 1, 2016 2021.

5 **SECTION 3.** In Colorado Revised Statutes, 25-3-603, **amend** (3)  
6 (b); and **repeal** (2) as follows:

7 **25-3-603. Department reports.** (2) ~~The department shall issue~~  
8 ~~semi-annual informational bulletins summarizing all or part of the~~  
9 ~~information submitted in the health-facility reports.~~

10 (3) (b) The annual report shall MUST compare the risk-adjusted,  
11 ~~hospital-acquired~~ HEALTH CARE-ASSOCIATED infection rates, collected  
12 under section 25-3-602 FOR HEALTH FACILITIES SPECIFIED BY THE  
13 DEPARTMENT for each individual health facility in the state. The  
14 department, in consultation with the advisory committee, shall make this  
15 comparison as easy to comprehend as possible. The report shall MUST  
16 include an executive summary, written in plain language, that includes,  
17 but is not limited to, a discussion of findings, conclusions, and trends  
18 concerning the overall state of ~~hospital-acquired~~ HEALTH  
19 CARE-ASSOCIATED infections in the state, including a comparison to prior  
20 years when available. The report may include policy recommendations as  
21 appropriate.".

22 Renumber succeeding sections accordingly.

23 Page 2, line 7, strike "(hh)" and substitute "(hh.5) (II)".

24 Page 2, strike lines 16 and 17 and substitute:

25 "(hh.5) September 1, 2021:

26 (II) THE ADVISORY COMMITTEE APPOINTED BY THE EXECUTIVE".

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