

1 State of Arkansas
2 91st General Assembly
3 Regular Session, 2017
4

A Bill

HOUSE BILL 1815

5 By: Representative D. Whitaker
6

For An Act To Be Entitled

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

16 TO CREATE A STATEWIDE ANTIMICROBIAL OR
17 ANTIBIOTIC STEWARDSHIP POLICY FOR THE
18 STATE OF ARKANSAS REGARDING HEALTHCARE
19 SERVICES; AND TO REQUIRE HEALTH
20 FACILITIES TO IMPLEMENT ANTIMICROBIAL OR
21 ANTIBIOTIC STEWARDSHIP POLICIES.
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25 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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27 SECTION 1. DO NOT CODIFY. Legislative findings and intent.

28 (a) The General Assembly finds that:

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

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

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



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

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

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

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

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

16
 17 SECTION 2. Arkansas Code § 20-9-1203 is amended to read as follows:

18 20-9-1203. Health facility reports.

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

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

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

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

28 (i) All cases of healthcare-associated infections;

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

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

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

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

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

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

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

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

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

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

18 (A) The name of the health facility; and

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

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

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

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

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

36 (2) Outpatient surgery centers;

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

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

11 20-9-1205. Reports regarding healthcare-associated infections.

12 (a)(1)(A) In consultation with the Advisory Committee on Healthcare

13 Acquired Infections, the Department of Health shall submit annually a report

14 summarizing the health facility quarterly reports required under this

15 subchapter to:

16 (i) The Governor;

17 (ii) The Legislative Council;

18 (iii) The ~~the~~ Chair of the House Committee on Public

19 Health, Welfare, and Labor; and ~~the~~

20 (iv) The Chair of the Senate Committee on Public

21 Health, Welfare, and Labor.

22 (B) ~~No health facility identifiable~~ Health-facility-

23 identifiable data shall not be included in the annual report, but aggregate

24 statistical data may be included.

25 (2) The department shall publish the annual report on the

26 department's website.

27 (3) The first annual report shall be submitted and published on

28 or before January 1, 2010.

29 (b) The annual report ~~prepared by the department under this subchapter~~

30 ~~regarding healthcare-associated infections~~ shall:

31 (1) Be be appropriately risk-adjusted;

32 (2) Contain an executive summary written in plain language that

33 includes without limitation:

34 (A) A discussion of findings, conclusions, and trends

35 concerning the overall status of healthcare-associated infections in the

36 state, including a comparison to previous years; and

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

3 (3) Be made available to the public.

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

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

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

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

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

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

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

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

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

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

33 20-9-1209. Antimicrobial or antibiotic stewardship.

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

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

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

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

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

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

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

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

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

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

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

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

22 (B) Develop:

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

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

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

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