

111TH CONGRESS
1ST SESSION

H. R. 3104

To require public reporting of health care-associated infections data by hospitals and ambulatory surgical centers, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 26, 2009

Mr. TIM MURPHY of Pennsylvania introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require public reporting of health care-associated infections data by hospitals and ambulatory surgical centers, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Healthy Hospitals Act
5 of 2009”.

1 **SEC. 2. REQUIREMENT FOR PUBLIC REPORTING OF**
2 **HEALTH CARE-ASSOCIATED INFECTIONS**
3 **DATA BY HOSPITALS AND AMBULATORY SUR-**
4 **GICAL CENTERS.**

5 (a) IN GENERAL.—Part B of title II of the Public
6 Health Service Act (42 U.S.C. 238 et seq.) is amended
7 by adding at the end the following section:

8 **“SEC. 249. REQUIREMENT FOR PUBLIC REPORTING OF**
9 **HEALTH CARE-ASSOCIATED INFECTIONS**
10 **DATA BY HOSPITALS AND AMBULATORY SUR-**
11 **GICAL CENTERS.**

12 “(a) REPORTING REQUIREMENT.—In accordance
13 with Centers for Disease Control and Prevention reporting
14 protocols of the National Healthcare Safety Network, a
15 hospital or ambulatory surgical center shall report to the
16 Centers for Disease Control and Prevention’s National
17 Healthcare Safety Network the data on each health care-
18 associated infection occurring in the hospital or center and
19 patient demographic information that may affect such
20 data.

21 “(b) PUBLIC POSTING OF DATA.—The Secretary
22 shall promptly post, on the official public Internet site of
23 the Department of Health and Human Services, the data
24 reported under subsection (a). Such data shall be set forth
25 in a manner that promotes the comparison of data on each
26 health-care associated infection—

1 “(1) among hospitals and ambulatory surgical
2 centers; and

3 “(2) by patient demographic information.

4 “(c) ANNUAL REPORT TO CONGRESS.—For each
5 year for which data is reported under subsection (a) for
6 any calendar quarter in the year, the Secretary shall sub-
7 mit to the Congress a report that summarizes each of the
8 following:

9 “(1) The number and types of each health care-
10 associated infection reported under subsection (a) in
11 hospitals and ambulatory surgical centers during
12 such year.

13 “(2) Factors that contribute to the occurrence
14 of each such infections.

15 “(3) Based on the most recent information
16 available to the Secretary on the composition of the
17 professional staff of hospitals and ambulatory sur-
18 gical centers, the number of certified infection con-
19 trol professionals on the staff of hospitals and ambu-
20 latory surgical centers.

21 “(4) The total increases or decreases in health
22 care costs that resulted from increases or decreases
23 in the rates of occurrence of each such infection dur-
24 ing such year.

1 “(5) Recommendations for best practices to
2 eliminate the rates of occurrence of each such infec-
3 tion in hospitals and ambulatory surgical centers.

4 “(d) CIVIL MONEY PENALTY.—The Secretary may
5 impose a civil money penalty of not more than \$5,000 for
6 each knowing violation of subsection (a) by a hospital or
7 ambulatory surgical center. A civil money penalty under
8 this subsection shall be imposed and collected in the same
9 manner as a civil money penalty under subsection (a) of
10 section 1128A of the Social Security Act is imposed and
11 collected under that section.

12 “(e) NON-PREEMPTION OF STATE LAWS.—Nothing
13 in this section shall be construed as preempting or other-
14 wise affecting any provision of State law relating to the
15 disclosure of information on health care-associated infec-
16 tions or patient safety procedures for a hospital or ambu-
17 latory surgical center.

18 “(f) HEALTH CARE-ASSOCIATED INFECTION.—For
19 purposes of this section:

20 “(1) IN GENERAL.—The term ‘health care-asso-
21 ciated infection’ means an infection that develops in
22 a patient who is cared for in any setting where
23 health care is delivered (such as an acute care hos-
24 pital, chronic care facility, ambulatory clinic, dialysis
25 center, surgical center, or home) and is related to re-

1 ceiving health care. In ambulatory and home set-
2 tings, such term applies to any infection that is as-
3 sociated with a medical or surgical intervention.

4 “(2) RELATED TO RECEIVING HEALTH CARE.—
5 The term ‘related to receiving health care’, with re-
6 spect to an infection, means that the infection was
7 not incubating or present at the time the health care
8 involved was provided.

9 “(g) APPLICATION TO CRITICAL ACCESS HOS-
10 PITALS.—For purposes of this section, the term ‘hospital’
11 includes a critical access hospital, as defined in section
12 1861(mm)(1) of the Social Security Act.”.

13 (b) EFFECTIVE DATE.—With respect to section 249
14 of the Public Health Service Act (as added by subsection
15 (a) of this section), the requirement under such section
16 that hospitals and ambulatory surgical centers submit re-
17 ports takes effect upon the expiration of the one-year pe-
18 riod beginning on the date of the enactment of this Act.

19 **SEC. 3. SENSE OF CONGRESS.**

20 It is the sense of the Congress that health care pro-
21 viders and facilities should take measures to reduce the
22 rate of occurrence of health care-associated infections to
23 zero, with respect to patients to whom such providers and
24 facilities furnish services.

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