



SIERRA.gov

Your resource for governmental issues

November 2007

FLU AND PNEUMONIA VACCINES (STATE)

AB106 / Berg / **signed by Governor and Chaptered (i.e. becomes law)**

Requires hospitals to offer flu and pneumonia vaccines to eligible patients at discharge

HIV CONSENT (STATE)

AB682 / Berg / **signed by Governor and Chaptered**

Repeals prohibition of HIV/AIDS testing without a written consent-would require telling a patient, providing info, and offering opportunity to decline

REQUIRED IMMUNIZATION FOR SCHOOL (STATE)

AB16 / Hernandez / did not move after 9/4/07

Effective July 1, 2009, requires the State Public Health Officer (PHO), in consultation with the California Conference of Local Health Officers (CCLHO), to create a list of diseases, and required doses, for which immunization would be required prior to entry into a private or public elementary or secondary school, child day care center, day care center, or child care and development center. / Active-in Senate Appropriations

MRSA REPORTABLE? (STATE)

AB166 / Bass / did not move-still held in committee or dead This bill adds methicillin resistant staphylococcus aureus (MRSA) or Staph/MRSA skin infection to the list of disputable presumptions for workers compensation claims for public safety personnel

PUBLIC REPORTING (STATE)

AB8 by Nunez was passed by the legislature but was recently vetoed by the Governor. The bill would have mandated public reporting of infection rates at hospitals in 2010. That portion of the bill was tucked in between many other aspects of cost reduction, etc.

CMS PAYMENT (NON-PAYMENT) (STATE)

CMS (From ICT 8/10/07)

Under new Medicare regulations finalized by CMS on August 1, hospitals will no longer receive higher payments for the additional costs of treatment associated with three types of hospital-associated infections (HAIs) and five medical errors. Beginning October 1,

2008, CMS will not assign a higher paying rate to patients who have one of the eight conditions, unless they are documented as present on admission. CMS Inpatient Prospective Payment System final rule gives hospital's financial incentive to prevent HAIs and medical errors.

The eight conditions included in the rule are:

- ◆ Catheter-associated urinary tract infection
- ◆ Vascular catheter-associated infection
- ◆ Surgical site infection-Mediastinitis after coronary artery bypass graft (CABG) surgery
- ◆ Serious preventable event-Object left in surgery
- ◆ Serious preventable event-Air embolism
- ◆ Serious preventable event-Blood incompatibility
- ◆ Pressure ulcers (decubitus ulcers)
- ◆ Falls

<http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/itemdetail.asp?filterType=dual,%20date&filterValue=7&filterByDID=-1&sortByDID=4&sortOrder=ascending&itemID=CMS1201726&intNumPerPage=10>

COMMUNITY & HEALTHCARE ASSOCIATED INFECTIONS (CHAI) BILL (DURBIN) (FEDS)

Introduced Oct 31, 2007. Apparently National APIC is working very closely w/ Senator Durbin on bill language. This synopsis was done by Amy Nichols (IC from UCSF):

Mandatory community-acquired and healthcare-acquired infections reporting to the CDC's National Healthcare Safety Network (NHSN). Although MRSA and other organisms resistant to one or more antimicrobial agents are called out in the introduction, all CHAI are addressed in the reporting requirements; funded 2008-2012.

AHRQ responsibilities:

- 1) Within 90 days of enactment, work with CDC to develop best-practices guidelines for internal infection control plans to prevent, detect, control and treat CHAI at hospitals.
- 2) Establish a set of best practices (evidence-based, appropriate, effective)
 - a) Establish IC oversight committee
 - b) Establish measures for prevention, detection, control and treatment of CHAI, including staff training, education, monitoring, "strict enforcement of hand hygiene procedures."
 - c) System to identify, designate and manage patients known to be colonized or infected with CHAI; exposure follow-up for HCWs; notification to HC facilities prior to transport of such patients
 - d) Intervention protocol that may include active detection and isolation procedures, alternation (*sic*) of the physical plan of

To provide information for inclusion in the newsletter or ask questions, please contact:

Robert Berg, MT(ASCP), CIC, MBA
Sierra Chapter Legislative Representative
bergr@sutterhealth.org

the facility, appropriate antimicrobial use, other IC precautions for infected and colonized patients

- 3) Work in collaboration w/ other agencies w/expertise in ID, RX and prevention of ID
- 4) Publish proposed guidelines for IC plans w/90-day comment period
- 5) Evaluate hospital IC plans as a condition of participation in CMS

To provide information for inclusion in the newsletter or ask questions, please contact:

Robert Berg, MT(ASCP), CIC, MBA
Sierra Chapter Legislative Representative
bergr@sutterhealth.org