

Second Regular Session  
Seventieth General Assembly  
STATE OF COLORADO

**REREVISED**

*This Version Includes All Amendments  
Adopted in the Second House*

LLS NO. 16-0440.01 Yelana Love x2295

**HOUSE BILL 16-1236**

**HOUSE SPONSORSHIP**

**Primavera**, Brown, Esgar, Ginal, Joshi, Landgraf, Lontine, McCann, Ryden

**SENATE SPONSORSHIP**

**Crowder**,

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**House Committees**

Health, Insurance, & Environment

**Senate Committees**

Health & Human Services

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**A BILL FOR AN ACT**

101 **CONCERNING CONTINUATION OF THE INFECTION CONTROL ADVISORY**  
102 **COMMITTEE.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries>.)*

**Sunset Process - Health, Insurance, and Environment Committee.** The bill continues the infection control advisory committee until July 1, 2021.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters indicate new material to be added to existing statute.*  
*Dashes through the words indicate deletions from existing statute.*

SENATE  
3rd Reading Unamended  
March 15, 2016

SENATE  
2nd Reading Unamended  
March 14, 2016

HOUSE  
3rd Reading Unamended  
March 1, 2016

HOUSE  
Amended 2nd Reading  
February 29, 2016

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

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

5           (2.5) "HEALTH CARE-ASSOCIATED INFECTION" MEANS A  
6 LOCALIZED OR SYSTEMIC CONDITION THAT RESULTS FROM AN ADVERSE  
7 REACTION TO THE PRESENCE OF AN INFECTIOUS AGENT OR ITS TOXINS THAT  
8 WAS NOT PRESENT OR INCUBATING AT THE TIME OF ADMISSION TO THE  
9 HEALTH FACILITY.

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

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

20           **SECTION 2.** In Colorado Revised Statutes, 25-3-602, **amend** (1),  
21 (2), (3) (a), (4) (a) (I), (4) (a) (II), (4) (a) (IV), (5) (a), (5) (c) introductory  
22 portion, and (7) (a); and **repeal** (5) (b) and (5) (d) as follows:

23           **25-3-602. Health facility reports - repeal.** (1) (a) A health  
24 facility SPECIFIED BY THE DEPARTMENT shall collect data on  
25 ~~hospital-acquired~~ HEALTH CARE-ASSOCIATED infection rates for specific  
26 clinical procedures ~~including the following categories:~~ AND HEALTH CARE  
27 ASSOCIATED INFECTIONS AS DETERMINED BY THE DEPARTMENT.

- 1 ~~(I) Cardiac surgical site infections;~~
- 2 ~~(II) Orthopedic surgical site infections; and~~
- 3 ~~(III) Central line-related bloodstream infections.~~

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

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

21 (2) Each ~~physician~~ HEALTH CARE PROVIDER who performs a  
22 clinical procedure listed in SUBJECT TO DATA COLLECTION AS DETERMINED  
23 BY THE DEPARTMENT PURSUANT TO subsection (1) of this section shall  
24 report to the health facility at which the clinical procedure was performed  
25 a ~~hospital-acquired~~ HEALTH CARE-ASSOCIATED infection that the  
26 ~~physician~~ HEALTH CARE PROVIDER diagnoses at a follow-up appointment  
27 with the patient using standardized criteria and methods consistent with

1 guidelines determined by the advisory committee. The reports made to the  
2 health facility under this subsection (2) shall be included in the reporting  
3 the health facility makes under subsection (3) of this section.

4 (3) (a) A health facility shall routinely submit its ~~hospital-acquired~~  
5 HEALTHCARE-ASSOCIATED infection data to the national healthcare safety  
6 network in accordance with national healthcare safety network  
7 requirements and procedures. The data submissions shall begin on or  
8 before July 31, 2007, and continue thereafter.

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

11 (I) One representative from a ~~public~~ AN URBAN hospital;

12 (II) One representative from a ~~private~~ RURAL hospital;

13 (IV) Four infection control practitioners as follows:

14 (A) One from a stand-alone ambulatory surgical center; ~~and~~

15 (B) ~~Three~~ ONE health care ~~professionals~~ PROFESSIONAL certified  
16 by the Certification Board of Infection Control and Epidemiology, Inc.,  
17 or its successor;

18 (C) ONE FROM A LONG-TERM CARE SETTING; AND

19 (D) ONE OTHER HEALTH CARE PROFESSIONAL.

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

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

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

15           (c) In making its recommendations under paragraph (a) ~~or (b)~~ of  
16 this subsection (5), the advisory committee shall recommend clinical  
17 procedures AND OTHER HEALTH CARE-ASSOCIATED INFECTIONS TO  
18 MONITOR AND REPORT, using the following considerations:

19           ~~(d)~~ If the advisory committee determines that it is unable to  
20 identify at least two clinical procedures for addition to the data collected  
21 by the deadline, the committee shall report to the department its reasons  
22 for not identifying at least two new clinical procedures.

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

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

27           **25-3-603. Department reports.** (2) The department shall issue

1 ~~semi-annual informational bulletins summarizing all or part of the~~  
2 ~~information submitted in the health-facility reports.~~

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

15 **SECTION 4.** In Colorado Revised Statutes, 2-3-1203, **repeal** (3)  
16 (cc) (II); and **add** (3) (hh.5) (II) as follows:

17 **2-3-1203. Sunset review of advisory committees.** (3) The  
18 following dates are the dates on which the statutory authorization for the  
19 designated advisory committee is scheduled for repeal:

20 (cc) July 1, 2016:

21 ~~(H) The advisory committee appointed by the executive director~~  
22 ~~of the department of public health and environment pursuant to section~~  
23 ~~25-3-602 (4), C.R.S., and the advisory committee's functions, as specified~~  
24 ~~in section 25-3-602 (5) and (6), C.R.S.;~~

25 (hh.5) September 1, 2021:

26 (II) THE ADVISORY COMMITTEE APPOINTED BY THE EXECUTIVE  
27 DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

1 PURSUANT TO SECTION 25-3-602 (4), C.R.S., AND THE ADVISORY  
2 COMMITTEE'S FUNCTIONS, AS SPECIFIED IN SECTION 25-3-602 (5) AND (6),  
3 C.R.S.;

4 **SECTION 5. Safety clause.** The general assembly hereby finds,  
5 determines, and declares that this act is necessary for the immediate  
6 preservation of the public peace, health, and safety.