

## CHAPTER 105

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**GOVERNMENT - STATE**


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**HOUSE BILL 16-1236**

BY REPRESENTATIVE(S) Primavera, Brown, Esgar, Ginal, Joshi, Landgraf, Lontine, McCann, Ryden, Hamner, Mitsch Bush, Rosenthal, Winter, Hullinghorst;  
also SENATOR(S) Crowder, Aguilar, Donovan, Guzman, Heath, Jones, Kefalas, Merrifield, Newell, Roberts, Todd.

**AN ACT****CONCERNING CONTINUATION OF THE INFECTION CONTROL ADVISORY COMMITTEE.**

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

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

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

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

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

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

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

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*Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.*

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

~~(I) Cardiac surgical site infections;~~

~~(II) Orthopedic surgical site infections; and~~

~~(III) Central line-related bloodstream infections.~~

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

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

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

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

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

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

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

(IV) Four infection control practitioners as follows:

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

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

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

(D) ONE OTHER HEALTH CARE PROFESSIONAL.

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

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

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

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

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

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

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

**25-3-603. Department reports.** (2) ~~The department shall issue semi-annual~~

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

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

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

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

(cc) July 1, 2016:

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

(hh.5) September 1, 2021:

(II) THE ADVISORY COMMITTEE APPOINTED BY THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO SECTION 25-3-602 (4), C.R.S., AND THE ADVISORY COMMITTEE'S FUNCTIONS, AS SPECIFIED IN SECTION 25-3-602 (5) AND (6), C.R.S.;

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

Approved: April 15, 2016