

AMENDED IN ASSEMBLY MARCH 11, 2008

AMENDED IN ASSEMBLY JUNE 11, 2007

AMENDED IN SENATE MARCH 12, 2007

SENATE BILL

No. 158

Introduced by Senator Florez

January 30, 2007

~~An act to amend Section 2890.2 of the Public Utilities Code, relating to telecommunications.~~*An act to repeal and add Article 3.5 (commencing with Section 1288.5) of Chapter 2 of Division 2 of the Health and Safety Code, relating to health facilities.*

LEGISLATIVE COUNSEL'S DIGEST

SB 158, as amended, Florez. ~~Telecommunications: mobile telephony services: handsets.~~*Hospitals: infection control.*

Existing law provides for the licensure and regulation by the State Department of Public Health of health facilities, including general acute care hospitals, acute psychiatric hospitals, and special hospitals, as defined. A violation of these provisions is a crime.

Existing law requires health facilities to implement various measures to protect against the spread of infection in health facilities.

Existing law establishes the Hospital Infectious Disease Control Program, which, among other things, requires the department and general acute care hospitals to implement various measures relating to disease surveillance and the prevention of health care associated infection (HAI). In that regard, the department is required, by July 1, 2007, to appoint a Health Care Associated Infection Advisory Committee, composed of specified members, to make recommendations

related to methods of reporting cases of hospital acquired infections occurring in general acute care hospitals, as provided.

Existing law also requires each general acute care hospital, in collaboration with infection prevention and control professionals, and with the participation of senior health care facility leadership, as a component of its strategic plan, at least once every 3 years, to prepare a written report that examines the hospital's existing resources and evaluates the quality and effectiveness of the hospital's infection surveillance and prevention program, including specified information.

This bill would repeal the above-described provisions relating to the Hospital Infectious Disease Control Program and require the department to establish a health care infection surveillance, prevention, and control program, as specified.

The bill would require the State Public Health Officer to appoint an advisory committee that shall make recommendations on methods of reporting designated HAI and evaluating process measures to prevent HAI. The bill would require the department to adopt hospital staffing regulations for hospital infection surveillance, prevention, and control programs, among other requirements.

By changing the definition of an existing crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

~~Under existing law, the Federal Communications Commission licenses and partially regulates providers of commercial mobile radio service, including providers of cellular radiotelephone service (cellular), broadband Personal Communications Services (PCS), and digital Specialized Mobile Radio (SMR) services (collectively, mobile telephony service providers). Under existing law, no state or local government may regulate the entry of, or the rates charged by, any commercial mobile radio service, but a state or local government is generally not prohibited from regulating the other terms and conditions of commercial mobile radio service. Existing law requires a provider of mobile telephony services to provide subscribers with a means by which a subscriber can obtain reasonably current and available information on the subscriber's calling plan or plans and service usage.~~

~~This bill would require that a provider of mobile telephony services, upon request, remove or deactivate any device in a handset that prevents the subscriber from using that handset to activate service with a different mobile telephony services provider, upon the customer completing the term of a service contract or, if the handset is purchased separate and apart from a service contract, upon completing the purchase of the handset.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.
State-mandated local program: ~~no~~-yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. (a) *The Legislature finds and declares all of the*
2 *following:*
3 (1) *Health care associated infections (HAI), especially those*
4 *related to antibiotic-resistant organisms, are increasing in*
5 *California.*
6 (2) *There is currently no system within the State Department of*
7 *Public Health to determine the incidence or prevalence of HAI or*
8 *to determine if current infection prevention and control measures*
9 *are effective in reducing HAI.*
10 (3) *A significant percentage of HAI can be prevented with*
11 *intense programs for surveillance and the development,*
12 *implementation, and constant evaluation and monitoring of*
13 *prevention strategies.*
14 (4) *There is currently no regulatory oversight of health care*
15 *association infection control programs by the department.*
16 (5) *The protection of patients in a general acute care hospital*
17 *is of paramount importance to the citizens of California.*
18 (6) *During the past two decades, HAI, especially those that are*
19 *resistant to commonly used antibiotics, have increased*
20 *dramatically.*
21 (7) *Existing state law requires the department to establish and*
22 *maintain an inspection and reporting system to ensure that general*
23 *acute care hospitals are in compliance with state statutes and*
24 *regulations. Existing law also requires general acute care hospitals*
25 *receiving funding from the Centers for Medicare and Medicaid*
26 *Services to be in compliance with the federal regulations known*
27 *as the “conditions of participation.”*

1 (b) It is the intent of the Legislature to enact legislation to ensure
2 the occurrence of all of the following:

3 (1) The establishment of general acute care hospital infection
4 surveillance, prevention, and control programs that report
5 designated HAI.

6 (2) With assistance from the State Department of Public Health,
7 the development and dissemination of current standards of infection
8 prevention and control practices.

9 (3) Regulatory oversight.

10 (4) General acute care hospital reports of the incidence of
11 designated health care associated pathogens to the department.

12 (5) The development and implementation by the department of
13 an Internet-based public reporting system that summarizes the
14 incidence of health care associated pathogens.

15 (6) General acute care hospital maintenance of a sanitary
16 environment and patient hygiene to avoid transmission of health
17 care associated pathogens.

18 SEC. 2. Article 3.5 (commencing with Section 1288.5) of
19 Chapter 2 of Division 2 of the Health and Safety Code is repealed.

20 SEC. 3. Article 3.5 (commencing with Section 1288.5) is added
21 to Chapter 2 of Division 2 of the Health and Safety Code, to read:

22

23 Article 3.5. Health Care Associated Infections

24

25 1288.5. For purposes of this article, the following definitions
26 shall apply:

27 (a) "Advisory committee" means the Health Care Associated
28 Infections Advisory Committee.

29 (b) "Antibiotic-resistant organism" means any organism that,
30 upon being tested, is found to be resistant to an antibiotic that was
31 previously determined to be effective against that organism. These
32 organisms include, but are not limited to, methicillin-resistant
33 staphylococcus aureus (MRSA), vancomycin-resistant enterococci
34 (VRE), acinetobacter spp., and certain gram negative bacteria.

35 (c) "Health care associated infection" or "HAI" means a health
36 care associated infection, defined by the federal Centers for
37 Disease Control and Prevention (CDC) as, any localized or
38 systemic condition resulting from an adverse reaction to an
39 infectious agent or its toxin that both occurs in a patient in a
40 hospital and was found not to be present or incubating in that

1 *patient at the time of admission to the hospital, unless the infection*
2 *was related to a previous admission to the same hospital.*

3 (d) *“Hospital” means a general acute care hospital as defined*
4 *pursuant to subdivision (a) of Section 1250.*

5 (e) *“MRSA” means methicillin-resistant staphylococcus aureus.*

6 (f) *“National Healthcare Safety Network” or “NHSN” means*
7 *the secure, Internet-based system developed by the CDC to collect*
8 *data related to HAI and the process measures implemented to*
9 *prevent these infections.*

10 (g) *“Professional staff” means a registered nurse, medical*
11 *technologist, or other salaried medical professional who meets*
12 *the education and experience requirements for certification as an*
13 *infection prevention and control professional established by the*
14 *national Certification Board for Infection Control and*
15 *Epidemiology (CBIC) or similar requirements within two years*
16 *of employment as an infection surveillance, prevention, and control*
17 *professional within a hospital or the department, but does not*
18 *include a physician who is appointed or receives a stipend as the*
19 *infection prevention and control committee chairperson or hospital*
20 *epidemiologist.*

21 (h) *“Program” means the health care infection surveillance,*
22 *prevention, and control program within the department.*

23 (i) *“Risk adjustment” means a statistical procedure for*
24 *comparing patient outcomes that takes into account the differences*
25 *in patient populations, including risk factors, such as patients with*
26 *central line catheters, urinary catheters, or the number of patients*
27 *undergoing a specific type of surgical procedure, as a percentage*
28 *of the number of patients who undergo that surgical procedure.*
29 *For purposes of this article, risk adjustment shall duplicate the*
30 *NHSN surgical wound infection risk index or use the number of*
31 *central-catheter or urinary-catheter days as a risk-adjustment*
32 *factor.*

33 (j) *“Serious disability” means a physical or mental impairment*
34 *that substantially limits one or more major life activities of an*
35 *individual, or loss of bodily function, if the impairment lasts more*
36 *than seven days, results in the loss of a body part, or is still present*
37 *or is being treated at the time of discharge.*

38 (k) *“VRE” means vancomycin-resistant enterococci.*

1 1288.6. *The department shall establish a health care infection*
2 *surveillance, prevention, and control program pursuant to this*
3 *article.*

4 1288.7. *In order to decrease the incidence of HAI, the*
5 *department shall do all of the following as part of the program:*

6 (a) *Adopt the federal regulations and interpretive guidelines*
7 *regarding the methods by which hospitals shall be surveyed for*
8 *compliance with infection surveillance, prevention, and control.*

9 (b) *Provide annual surveillance, prevention, and control*
10 *education and training to department staff surveyors to effectively*
11 *survey hospitals and other licensed health care facilities for*
12 *compliance with infection surveillance and prevention strategies,*
13 *and regulations. As part of this training, the department shall*
14 *provide guidance on the interpretation of infection surveillance,*
15 *prevention, and control recommendations issued by the CDC and*
16 *professional organizations, including, but not limited to, the*
17 *advisory committee, the Society for Healthcare Epidemiology of*
18 *America, and the Association for Professionals in Infection Control*
19 *and Epidemiology.*

20 (c) *Develop a statewide electronic reporting database to monitor*
21 *increases in specific invasive infections caused by*
22 *antibiotic-resistant organisms, including, but not limited to,*
23 *methicillin-resistant staphylococcus aureus and the incidence of*
24 *health care associated infections, including, but not limited to,*
25 *bloodstream infections, surgical site infections, and pneumonia*
26 *occurring in patients who require mechanical ventilation.*

27 (d) *Develop training and education programs for hospital*
28 *infection prevention professionals.*

29 (e) *Provide consultation and assistance to other state agencies*
30 *in the development and implementation of infection prevention*
31 *guidelines.*

32 (f) *Provide educational materials and Internet-based training*
33 *programs and current infection prevention information on a Web*
34 *site available to the public.*

35 (g) *Assist in the investigation and followup of clusters and*
36 *outbreaks of health care associated infections.*

37 (h) *Provide sufficient laboratory capacity to support health care*
38 *facilities and local health departments with pathogen identification,*
39 *molecular epidemiology, and antimicrobial susceptibility testing*

1 *for the investigation of outbreaks and surveillance of unusual*
2 *pathogens.*

3 *(i) Employ professional staff, consisting of four nurse*
4 *consultants and one nurse consultant supervisor, to provide*
5 *information related to community and health care associated*
6 *pathogens to survey staff within the department, infection control*
7 *personnel, physicians and surgeons, other state agencies*
8 *responsible for the health and welfare of patients.*

9 *1288.8. (a) There is established the Health Care Associated*
10 *Infections Advisory Committee, to be appointed by the State Public*
11 *Health Officer. The advisory committee shall do all of the*
12 *following:*

13 *(1) Recommend methods by which hospitals would be required*
14 *to report designated health care associated infections, including*
15 *those associated with antibiotic-resistant organisms, to the*
16 *National Healthcare Safety Network, the department, and the*
17 *public.*

18 *(2) Recommend evidence-based process measures that would*
19 *be required to be implemented and monitored to prevent the*
20 *acquisition and transmission of health care associated pathogens.*

21 *(3) Recommend methods by which health care workers,*
22 *including nursing staff, physicians, ancillary staff, technicians,*
23 *and contractors would be required to be monitored for compliance*
24 *with hand hygiene, isolation precautions, as well as environmental*
25 *and patient hygiene practices.*

26 *(4) Review the annual reports submitted by hospitals pursuant*
27 *to Section 1288.12 and make corrective action recommendations*
28 *to the department.*

29 *(5) Review and evaluate, on an ongoing basis, federal and state*
30 *legislation and regulations and communicate to the department*
31 *how infection prevention and control programs will be impacted*
32 *by them.*

33 *(6) Annually review infection surveillance, prevention, and*
34 *control deficiencies issued during any hospital survey by the*
35 *department and the Joint Commission on the Accreditation of*
36 *Hospitals.*

37 *(7) Annually provide to the Governor, Legislature, and the*
38 *Chairs of the Senate Health Committee and the Assembly Health*
39 *Committee, and post on the department's Web site, a summary of*

1 *infection rates and process measures implemented to prevent the*
2 *acquisition and transmission of health care associated pathogens.*

3 *(b) The advisory committee shall be composed of not more than*
4 *20 individuals and shall include all of the following:*

5 *(1) A representative from the Office of Statewide Health*
6 *Planning and Development.*

7 *(2) A representative from Medi-Cal.*

8 *(3) A representative from the State Department of Public Health,*
9 *Licensing and Certification Program.*

10 *(4) A representative from the State Department of Public Health,*
11 *Division of Communicable Disease Control, Infectious Disease*
12 *Branch.*

13 *(5) Six infection prevention and control professionals.*

14 *(6) Three hospital epidemiologists representing licensed acute*
15 *care hospitals.*

16 *(7) Two health care consumers at large.*

17 *(8) Two hospital administrators.*

18 *(9) The remaining committee members shall represent any of*
19 *the following: the insurance industry, a hospital association, a*
20 *medical association, Medicare, and other associations deemed*
21 *necessary by the State Public Health Officer.*

22 *(c) Each committee member shall have one vote. The advisory*
23 *committee shall meet at least quarterly alternating the meeting*
24 *places between northern and southern California. The advisory*
25 *committee shall serve without remuneration, but shall be*
26 *reimbursed for travel-related expenses to include transportation,*
27 *hotel, and meals at the state per diem reimbursement rate.*

28 *1288.9. The department shall adopt regulations that require*
29 *the following staffing for hospital infection surveillance,*
30 *prevention, and control programs:*

31 *(a) Hospitals licensed for not more than 50 beds shall have a*
32 *minimum of 0.5 full-time equivalent (FTE) of professional staff.*

33 *(b) Hospitals licensed for 51-100 beds shall have a minimum*
34 *of one FTE of professional staff.*

35 *(c) Hospitals licensed for 101-200 beds shall have a minimum*
36 *of 2.5 FTE of professional staff.*

37 *(d) Hospitals licensed for 200-300 beds shall have a minimum*
38 *of 3.5 FTE of professional staff.*

39 *(e) Hospitals licensed for 301-400 beds shall have a minimum*
40 *of 4.5 FTE of professional staff.*

1 (f) Hospitals licensed for 401-500 beds shall have a minimum
2 of 5.5 FTE of professional staff.

3 (g) Hospitals licensed for more than 500 beds shall have a
4 minimum of 6.5 FTE of professional staff.

5 1288.10. (a) Each hospital shall submit data for the following
6 HAI to the NHSN and to the program:

7 (1) Surgical site infections.

8 (2) Bloodstream infections not related to central vascular access
9 catheters.

10 (3) Vascular access catheter-related culture positive blood
11 stream infections.

12 (4) Pneumonia occurring in patients requiring mechanical
13 ventilation.

14 (b) Each hospital shall report to the department's licensing and
15 certification district office with jurisdiction over the hospital any
16 HAI or series of infections that cause death or serious disability
17 to a patient, hospital personnel, or visitor. A licensing and
18 certification district office that receives this report shall, within
19 24 hours of receipt, consult with program staff to determine the
20 extent and seriousness of the infection and whether program staff
21 expertise is necessary to the investigation.

22 (c) Each hospital shall, on a quarterly basis, submit the rate of
23 antibiotic-resistant organisms, including, but not limited to, MRSA,
24 *Clostridium difficile*, and vancomycin-resistant enterococci to the
25 department. The data submitted shall designate if the infection
26 with the organism was present within 72 hours after admission or
27 subsequently.

28 1288.12. Each hospital shall annually submit to the department
29 a written report on the effectiveness of the program. The report
30 shall include a year-to-year comparison of all of the following:

31 (a) The number of infection control professionals on staff.

32 (b) The number of hospital discharges.

33 (c) The number of births, including births by caesarean section.

34 (d) The number of emergency department visits.

35 (e) The number of intensive care unit discharges, including,
36 when applicable, the number of neonatal intensive care unit
37 discharges.

38 (f) The number of licensed beds, including the number of special
39 care unit beds.

1 (g) *The number of inpatient and, when applicable, the number*
2 *of outpatient surgical procedures performed.*

3 (h) *The total number of beds, including special care unit beds,*
4 *that will be added in the coming year.*

5 (i) *The total number of full-time equivalent professional staff.*

6 (j) *The annual summary of the incidence of HAI and designated*
7 *antibiotic-resistant organisms, and the process measures*
8 *implemented to reduce these infections.*

9 1288.13. (a) *Each hospital shall develop, implement, monitor,*
10 *and periodically evaluate procedures for identifying patients who*
11 *are colonized or infected with specified health care associated*
12 *pathogens.*

13 (b) *As a part of the procedures described in subdivision (a),*
14 *each hospital shall take a culture for MRSA from every patient*
15 *who is admitted to the hospital under any of the following*
16 *conditions:*

17 (1) *The patient has open, nondraining or draining wounds,*
18 *cellulitis, dermatological lesions, and pressure ulcers.*

19 (2) *The patient is readmitted to the hospital with an infection*
20 *within 30 days after discharge.*

21 (3) *The patient is admitted to an intensive care unit.*

22 (4) *The patient is discharged from an intensive care unit more*
23 *than 48 hours after admission to the unit.*

24 (5) *The patient is receiving dialysis.*

25 (6) *The patient resides in a rehabilitation or skilled nursing*
26 *facility or homeless shelter, is homeless, or is transferred from*
27 *another hospital.*

28 (7) *The patient's roommate tests culture-positive for MRSA.*

29 (8) *The patient has a history of MRSA.*

30 (9) *The patient is an injection drug user.*

31 (10) *The patient is admitted from a correctional facility.*

32 1288.14. (a) *Each hospital shall develop, implement, monitor,*
33 *and periodically evaluate compliance with policies and procedures*
34 *to prevent HAI. The results of these evaluations shall be monitored*
35 *by the hospital's infection prevention and control committee and*
36 *reported to an executive committee of the medical staff and the*
37 *board of directors.*

38 (b) *No later than July 1, 2009, and every four years thereafter,*
39 *physicians designated as the hospital epidemiologist or hospital*
40 *infection control committee chairpersons shall participate in a*

1 training program that is specific to infection surveillance,
2 prevention, and control. Documentation of attendance shall be
3 placed in the physicians' credentialing file.

4 (c) The hospital's infection surveillance, prevention, and control
5 committee shall meet not less than four times each year and shall
6 quarterly report the incidence of HAI and compliance with process
7 measures to the executive committee of the medical staff and the
8 governing body of the hospital.

9 (d) To prevent transmission of health care associated infections,
10 all permanent, temporary, and contractual hospital employees
11 who have contact with a patient shall be trained in infection
12 prevention and control measures. The training shall be given to
13 new employees prior to having any patient contact, annually, and
14 when new prevention measures have been adopted.

15 (e) Nonambulatory patients and patients who require assistance
16 with bathing shall be completely bathed at least daily.

17 (f) Patient occupied rooms, including all equipment and
18 frequently touched surfaces, shall be cleaned and disinfected daily,
19 and when soiled with blood or other body fluids and at the time
20 of patient transfer or discharge. Equipment and surfaces in nurses'
21 stations, utility, and medication rooms, and public areas shall be
22 cleaned and disinfected daily.

23 SEC. 4. No reimbursement is required by this act pursuant to
24 Section 6 of Article XIII B of the California Constitution because
25 the only costs that may be incurred by a local agency or school
26 district will be incurred because this act creates a new crime or
27 infraction, eliminates a crime or infraction, or changes the penalty
28 for a crime or infraction, within the meaning of Section 17556 of
29 the Government Code, or changes the definition of a crime within
30 the meaning of Section 6 of Article XIII B of the California
31 Constitution.

32 SECTION 1. ~~Section 2890.2 of the Public Utilities Code is~~
33 ~~amended to read:~~

34 ~~2890.2. (a) A provider of mobile telephony services, as defined~~
35 ~~in Section 224.4, shall provide subscribers with a means by which~~
36 ~~a subscriber can obtain reasonably current and available~~
37 ~~information, as determined by the provider, on the subscriber's~~
38 ~~calling plan or plans and service usage, including roaming usage~~
39 ~~and charges.~~

- 1 ~~(b) On or before January 1, 2007, a provider of mobile telephony~~
2 ~~services shall provide subscribers with a means by which a~~
3 ~~subscriber can obtain reasonably current and available information,~~
4 ~~as determined by the provider, on the subscriber's text messaging~~
5 ~~and Internet usage and charges.~~
- 6 ~~(c) Each provider of mobile telephony services shall inform~~
7 ~~subscribers at the time service is established of the availability of~~
8 ~~the information described in subdivisions (a) and (b) and how it~~
9 ~~may be obtained.~~
- 10 ~~(d) A provider of mobile telephony services shall, upon request,~~
11 ~~remove or deactivate any device in a handset that prevents the~~
12 ~~subscriber from using that handset to activate service with a~~
13 ~~different mobile telephony services provider, upon the customer~~
14 ~~completing the term of a service contract or, if the handset is~~
15 ~~purchased separate and apart from a service contract, upon~~
16 ~~completing the purchase of the handset.~~