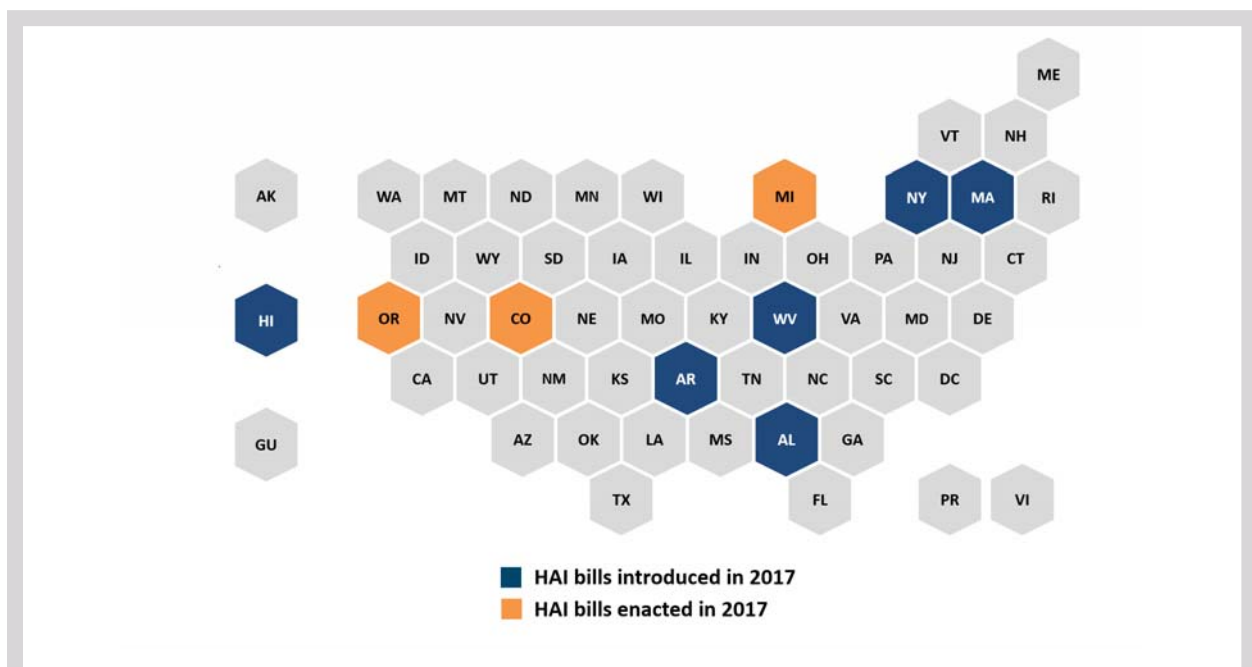


State Legislative Approaches to Address Healthcare-Associated Infections and Antimicrobial or Antibiotic Resistance in 2017

In 2017, ASTHO tracked 28 bills that addressed healthcare-associated infections (HAIs) and antimicrobial or antibiotic resistance (AMR). Bills were introduced in 13 jurisdictions, and enacted in Colorado, Maryland, Michigan, Minnesota, and Oregon. The maps below illustrate jurisdictions where policies were introduced, and the charts summarize the policies considered.

Healthcare-Associated Infections

According to the CDC, one out of every 25 patients in a hospital has an HAI.¹ In 2017, ASTHO tracked 14 pieces of legislation from nine jurisdictions that addressed HAIs, with three bills enacted. Approaches policymakers considered this session included revised reporting requirements, extending requirements for HAI prevention programs to additional health facilities, such as nursing homes, and modifying membership of existing HAI advisory committees.



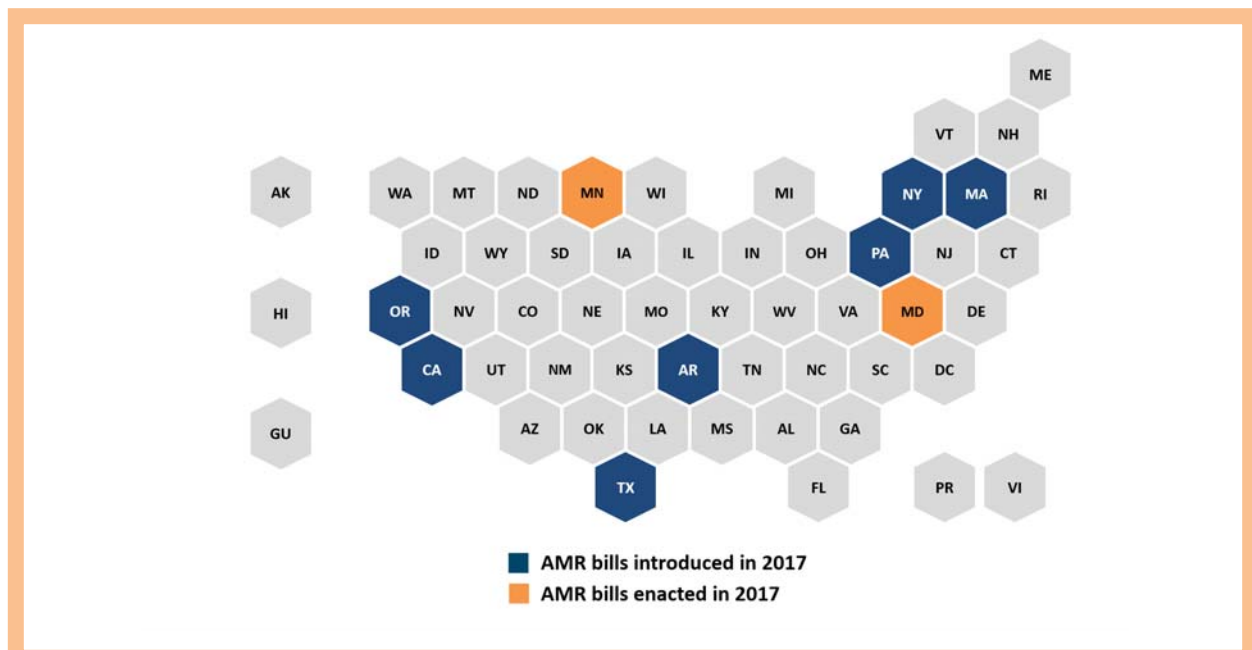
State	Bill Number	Summary	Status
AL	HB 177	Modifies membership on the state’s existing Health Care Data Advisory Council to reflect a proposed consolidation of state-run health benefit programs.	Did not pass
AR	HB 1815	Expands HAI data collection and reporting requirements for health facilities, includes pharmacists in the membership of the state’s Advisory Committee on Healthcare Associated Infections (the committee), requires sending annual reports	Did not pass

		developed by the committee to the governor and legislative council, and tasks the committee with developing recommendations about the use of national guidelines and public reporting to prevent HAIs, and an educational curriculum to train health facility staff about HAIs and antibiotic stewardship. The committee is also required to investigate the development of an electronic reporting system for HAIs, implement an HAI surveillance and prevention program, and adopt a statewide antibiotic stewardship policy.	
CO	SB 56	Shifts the date of an annual report on the state of HAIs in Colorado from July to January.	Passed
HI	SB 1260	Requires the department of health to develop and maintain an online portal to make the information from the annual <i>Healthcare-Associated Infections in Hawaii</i> publicly accessible. Specific functions must include the ability to search the database by infection type to determine prevalence, by hospital to compare the number of infections and hospital performance to national data, and for ways to prevent HAIs	Did not pass
HI	SCR No 71	Senate resolution that requests the department of health to develop an online portal to make the information contained in the annual <i>Healthcare-Associated Infections in Hawaii</i> report accessible to the public.	Did not pass
MA	SB 1176, SB 2202, SB 2211, and SB 3	Defines HAIs and includes HAIs in the definition of patient safety information. Allows state agencies to share patient safety information with the Betsy Lehman Center, an organization committed to patient safety and healthcare error reduction.	Did not pass
MI	HB 4323	Requires hospitals receiving payments for graduate medical education to submit quality data, including HAI metrics, to a nonprofit organization with experience reporting such quality data on a public website to assist consumers identify facilities with superior outcomes. Failure to report the data may result in a 25 percent payment penalty.	Passed
NY	AB 6025 and SB 3253	Expressly creates a private right of action for patients who acquire HAIs from health facilities.	Did not Pass
OR	HB 2301	Removes the sunset provision for the Oregon Health Care Acquired Infection Reporting Program, eliminates an annual report that is duplicative of federal requirements, modifies membership of the Health Care Acquired Infection	Passed

		Committee by including the state health officer or designee and removing the state epidemiologist, and clarifies that the adoption of rules is not mandatory.	
WV	HB 3711	Eliminates the West Virginia Health Care Authority and shifts responsibility for the HAI reporting to the Department of Health and Human Resources.	Did not pass

Antimicrobial and Antibiotic Resistance

With the rise of antimicrobial resistant bacteria, common infections and medical procedures, including surgery and childbirth, will become more dangerous.ⁱⁱ Already, CDC estimates that at least 2 million people in the US are infected with antibiotic-resistant bacteria annually, and over 20,000 individuals die as a result.ⁱⁱⁱ ASTHO tracked 15 pieces from legislation from nine jurisdictions, with two bills enacted. Policy approaches include expanding antimicrobial stewardship policies, ensuring appropriate use of antibiotics in animal populations, and improving tracking and reporting of antimicrobial resistant infections.



State	Bill Number	Summary	Status
AR	HB 1815	Tasks the Advisory Committee on Healthcare Acquired Infections to adopt and implement a statewide antimicrobial or antibiotic stewardship policy. Specific features include a process to evaluate the judicious use of antibiotics and a requirement that health facilities adopt stewardship programs as a condition of licensure.	Did not pass

CA	SB 43	Requires acute care hospitals and laboratories to submit annual antibiograms to the department of public health and tasks the department with developing an antibiogram report and estimating of the number of deaths caused by antimicrobial-resistant infections.	Did not pass
MA	H 2905	Allows owners of livestock to administer medically important antimicrobial drugs subject to a prescription or veterinary feed directive issued by a licensed veterinarian	Did not pass
MD	HB 602 and SB 422	Prohibits the use of medically important antimicrobial drugs in livestock or poultry solely to promote weight gain or improve feed efficiency and tasks the department of agriculture with collecting and reporting on publicly-available data on the use of medically important antimicrobial drugs in animal populations.	Passed
MN	HF 895, HF 1545, and SF 780	Allocates \$120,000 to the University of Minnesota to develop a software tool or application to assist food producers understand the movement of pathogens in livestock and poultry populations, monitor antibiotic resistance, and implement biosecurity measures.	Passed (HF 1545)
NY	AB 6985	Adds reporting requirements for suspected cases of <i>methicillin-resistant staphylococcus aureus</i> . Physicians overseeing such cases must arrange for culturing and laboratory tests and report discharge or death of patients to the health commissioner, labs must send results to the health commissioner, and the health commissioner must report cases to local health officials.	Did not pass
NY	AB 8575 and SB 1884	Prohibits the use of antimicrobial agents in animal populations raised to provide food for human consumption as a “feed or water additive, for animal growth promotion, feed efficiency, weight gain, routine disease prevention, or other routine purpose in the absence of any clinical sign of disease in the animal.”	Did not pass
OR	HB 2396 and SB 785	Prohibits administration of medically important antibiotics to food-producing animals for growth promotion, feed efficiency, weight gain, or disease prevention unless specific criteria are met and requires concentrated animal feeding operators to file annual reports with the Oregon Health Authority on the administration and use of medically important antibiotic.	Did not pass
PA	SB 246	Prohibits the administration of nontherapeutic amounts of specified antibiotics and use of antimicrobial agents for growth promotion, requires operators to submit annual	Did not pass

		reports attesting to compliance with the prohibitions, and grants authority for the department of health to promulgate rules and regulations and conduct inspections.	
TX	HB 3711	Requires long-term care facilities to monitor key infections including multi-drug resistant organisms and requires the Department of State Health Services to establish Antimicrobial Stewardship Regional Advisory committees in each public health region in the state to address and improve practices in long-term care facilities.	Did not pass

ⁱ Scott RD. *The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention*. CDC. March 2009. Available https://www.cdc.gov/hai/pdfs/hai/scott_costpaper.pdf. Accessed 1-18-2018.

ⁱⁱ *National Action Plan for Combatting Antibiotic-Resistant Bacteria*. White House. March 2015. Available https://obamawhitehouse.archives.gov/sites/default/files/docs/national_action_plan_for_combating_antibiotic-resistant_bacteria.pdf. Accessed 1-18-2018.

ⁱⁱⁱ *Ibid.*