

# 26:2H-12.39

## LEGISLATIVE HISTORY CHECKLIST

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**LAWS OF:** 2007                    **CHAPTER:** 196

**NJSA:** 26:2H-12.39    (Hospitals report infection rates to DHSS)

**BILL NO:** S147                    (Substituted for A4328)

**SPONSOR(S):** Vitale and others

**DATE INTRODUCED:** January 10, 2006

**COMMITTEE:**                    **ASSEMBLY:**

**SENATE:** Health, Human Services and Senior Citizens

**AMENDED DURING PASSAGE:** No

**DATE OF PASSAGE:**            **ASSEMBLY:** June 21, 2007

**SENATE:** June 18, 2007

**DATE OF APPROVAL:** October 31, 2007

**FOLLOWING ARE ATTACHED IF AVAILABLE:**

[FINAL TEXT OF BILL](#) (Senate Committee Substitute enacted)

**S147/919**

[SPONSOR'S STATEMENT \(S147\)](#): (Begins on page 3 of original bill) [Yes](#)  
[SPONSOR'S STATEMENT \(S919\)](#) (Begins on page 3 of original bill) [Yes](#)

**COMMITTEE STATEMENT:**                                    **ASSEMBLY:** No  
   **SENATE:** [Yes](#)

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at [www.njleg.state.nj.us](http://www.njleg.state.nj.us))

**FLOOR AMENDMENT STATEMENT:** No  
**LEGISLATIVE FISCAL ESTIMATE:** No

**A4328/445**

[SPONSOR'S STATEMENT \(A4328\)](#): (Begins on page 4 of original bill) [Yes](#)  
[SPONSOR'S STATEMENT \(A445\)](#): (Begins on page 3 of original bill) [Yes](#)

**COMMITTEE STATEMENT:**                                    **ASSEMBLY:** [Yes](#)  
   **SENATE:** No

**FLOOR AMENDMENT STATEMENT:** No  
**LEGISLATIVE FISCAL ESTIMATE:** No

**VETO MESSAGE:** No

**GOVERNOR'S PRESS RELEASE ON SIGNING:**

Yes

**FOLLOWING WERE PRINTED:**

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext 103 or <mailto:refdesk@njstatelib.org>

**REPORTS:** No

**HEARINGS:** No

**NEWSPAPER ARTICLES:** No

IS 5/21/08

§§1-7 -  
C.26:2H-12.39 to  
26:2H-12.45  
§8 –  
C.26:2H-12.25a  
§9 - Note to §§1-8

P.L. 2007, CHAPTER 196, *approved October 31, 2007*  
Senate Committee Substitute for  
Senate, Nos. 147 and 919

1 AN ACT concerning general hospitals, and supplementing Title 26  
2 of the Revised Statutes and P.L.2004, c.9 (C.26:2H-12.23 et  
3 seq.).

4  
5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:

7  
8 1. Sections 1 through 7 of this act shall be known and may be  
9 cited as the “Health Care Facility-Associated Infection Reporting  
10 and Prevention Act.”

11  
12 2. The Legislature finds and declares:

13 a. Health care facility-associated infections constitute a major  
14 public health problem in this country, affecting from 5% to 10% of  
15 hospitalized patients annually, resulting in an estimated two million  
16 infections, and 90,000 deaths, and adding an estimated \$4.5 to \$5.7  
17 billion in health care costs;

18 b. Many health care facility-associated infections can be  
19 prevented, and a goal of zero health care facility-associated  
20 infections is desirable. There are many simple and effective  
21 practices in hospitals that can dramatically reduce the incidence of  
22 health care facility-associated infections, such as hand washing,  
23 using gloves and properly sterilized equipment, and following the  
24 same established best practices, every time, for procedures such as  
25 the insertion of an intravenous tube to deliver fluids and  
26 medication;

27 c. The uniform reporting of health care facility-associated  
28 infections to the State, and the review and analysis of this data by  
29 the Department of Health and Senior Services, will provide a  
30 measurable means to assist hospitals in improving patient  
31 outcomes;

32 d. The federal Centers for Disease Control and Prevention  
33 recommends that states establishing public reporting systems for  
34 health care facility-associated infections focus on major site  
35 categories to report rates of health care facility-associated infections  
36 related to procedures and conditions including, but not limited to,  
37 urinary tract infections, surgical site infections, ventilator-  
38 associated pneumonia, and central line-related bloodstream

**EXPLANATION** – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Senate SLP committee amendments adopted February 6, 2006.

<sup>2</sup>Assembly ALP committee amendments adopted June 14, 2007.

1 infections. A focus on major site categories helps ensure that data  
2 collection is concentrated in populations where health care facility-  
3 associated infections are more prevalent, and that the infection rates  
4 reported are most useful for targeting prevention practices and  
5 making comparisons among hospitals and within hospitals, over  
6 time;

7 e. The Department of Health and Senior Services currently  
8 provides comparative hospital performance data in its annual New  
9 Jersey Hospital Performance Report, and including information  
10 about hospital infection rates will further enhance the value of the  
11 report to the public and health care providers; and

12 f. Therefore, it is a matter of public health and fiscal policy  
13 that patients in New Jersey's hospitals receive health care that  
14 incorporates best practices in infection control, not only to protect  
15 their health and lives, but also to ensure the economic viability of  
16 New Jersey's hospitals.

17  
18 3. A general hospital licensed pursuant to P.L.1971, c.136  
19 (C.26:2H-1 et seq.) shall be required to report quarterly to the  
20 Department of Health and Senior Services, in a form and manner  
21 prescribed by the Commissioner of Health and Senior Services:

22 a. process quality indicators of hospital infection control that  
23 have been identified by the federal Centers for Medicare and  
24 Medicaid Services, as selected by the commissioner in consultation  
25 with the Quality Improvement Advisory Committee within the  
26 department; and

27 b. beginning 30 days after the adoption of regulations pursuant  
28 to this act, data on infection rates for the major site categories that  
29 define health care facility-associated infection locations, multiple  
30 infections, and device-related and non-device related infections,  
31 identified by the federal Centers for Disease Control and  
32 Prevention, as selected by the commissioner in consultation with  
33 the Quality Improvement Advisory Committee within the  
34 department.

35 The information shall be transmitted in such a manner as to not  
36 include identifying information about patients.

37  
38 4. The commissioner shall promptly advise a hospital in the  
39 event the commissioner determines that based on information  
40 reported by the facility, a change in facility practices or policy is  
41 necessary to improve performance in the prevention of health care  
42 facility-associated infection and quality of care provided at the  
43 facility.

44  
45 5. The commissioner shall make available to members of the  
46 public, on the official Internet website of the Department of Health  
47 and Senior Services, the information reported pursuant to this act, in  
48 such a format as the commissioner deems appropriate to enable

1 comparison among hospitals, with respect to the information, and  
2 shall include information in the New Jersey Hospital Performance  
3 Report annually issued by the commissioner that measures the  
4 performance of general hospitals in the State with respect to process  
5 quality indicators and health care facility-associated infection  
6 among patients.

7  
8 6. The commissioner may, by regulation, expand the health  
9 care facility-associated infection reporting requirements in this act  
10 to other types of health care facilities, as the commissioner  
11 determines appropriate.

12  
13 7. The Commissioner of Health and Senior Services, in  
14 consultation with the Quality Improvement Advisory Committee in  
15 the department, pursuant to the "Administrative Procedure Act,"  
16 P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and  
17 regulations to effectuate the purposes of this act.

18 The regulations shall: establish standard methods for identifying  
19 and reporting health care facility-associated infections; identify the  
20 major site categories for which infections shall be reported, taking  
21 into account the categories most likely to improve the delivery and  
22 outcome of health care in the State; and specify the methodology  
23 for presenting the data to the public, including procedures to adjust  
24 for differences in case mix and severity of infections among  
25 hospitals.

26  
27 8. The Commissioner of Health and Senior Services and the  
28 Commissioner of Human Services shall compile their findings and  
29 recommendations for operational changes related to patient safety  
30 in health care facilities, based on information reported to the  
31 commissioners pursuant to the "Patient Safety Act," P.L.2004, c.9  
32 (C.26:2H-12.23 et seq.).

33 The commissioners shall jointly issue an annual report of their  
34 findings and recommendations to the Governor, and to the  
35 Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1),  
36 to be made available on the official Internet website of the  
37 Department of Health and Senior Services.

38  
39 9. This act shall take effect on the 90th day after enactment,  
40 except that the Commissioner of Health and Senior Services may  
41 take such anticipatory administrative action in advance as shall be  
42 necessary for the implementation of the act.

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46 \_\_\_\_\_  
47 Requires hospitals to report certain information concerning  
48 infection rates to DHSS and requires DHSS to make information  
public.

# SENATE, No. 147

## STATE OF NEW JERSEY 212th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2006 SESSION

**Sponsored by:**

**Senator LEONARD T. CONNORS, JR.**

**District 9 (Atlantic, Burlington and Ocean)**

**Senator HENRY P. MCNAMARA**

**District 40 (Bergen, Essex and Passaic)**

**Co-Sponsored by:**

**Senators Ciesla, Turner, Allen and Karcher**

**SYNOPSIS**

Requires hospitals to report information about patient infections to DHSS.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel



**(Sponsorship Updated As Of: 6/8/2007)**

1 AN ACT concerning patient infections in hospitals and  
2 supplementing Title 26 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6

7 1. The Legislature finds and declares that:

8 a. Nosocomial infections, which are infections acquired by a  
9 patient in a health care facility that are unrelated to the patient's  
10 original condition, remain a significant challenge to health care  
11 facilities;

12 b. According to the federal Centers for Disease Control and  
13 Prevention, nosocomial infections affect approximately two million  
14 patients in acute care facilities in the United States annually at an  
15 estimated direct patient care cost of about \$3.5 billion;

16 c. Epidemiological studies have estimated that one-third of  
17 nosocomial infections can be prevented by well-organized infection  
18 control programs; however, only 6-9% are actually prevented,  
19 according to the Institute of Medicine;

20 d. Acute care hospitals in New Jersey should be required to  
21 report information about nosocomial infections to the Department  
22 of Health and Senior Services in order to provide the department  
23 with data that are essential to developing appropriate measures to  
24 enhance the quality of hospital patient care by ensuring the use of  
25 appropriate infection-control processes; and

26 e. This information should also be made available to the general  
27 public as a means of providing an additional incentive to hospitals  
28 to improve their infection-control efforts, and to enable patients,  
29 employers and health insurers to compare hospitals with respect to  
30 these data.

31

32 2. a. The Commissioner of Health and Senior Services shall  
33 prescribe, by regulation, requirements to be adopted by each general  
34 hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.)  
35 with regard to reporting the incidence and type of nosocomial  
36 infections in hospital patients to the Department of Health and  
37 Senior Services.

38 For the purpose of this subsection, the commissioner shall direct  
39 each hospital to:

40 (1) maintain written policies and procedures that delineate the  
41 responsibilities of hospital staff for compiling and reporting the  
42 information that is reported pursuant to this subsection;

43 (2) maintain a written record of the information that is reported  
44 pursuant to this subsection for a specified period of time;

45 (3) include in its report the rate of nosocomial infection among  
46 its patients, based upon the number of its inpatients who develop  
47 such infections during the course of their hospital stay as compared  
48 with the total number of inpatients in the hospital during the

1 reporting period, and the type and severity of those infections  
2 according to criteria set forth by the commissioner;

3 (4) report this information according to a schedule to be  
4 determined by the commissioner, but at least annually; and

5 (5) transmit the required information on a form and in a manner  
6 prescribed by the commissioner, which shall not include identifying  
7 information about any patient.

8 b. The department shall make available to members of the  
9 general public, upon request, the information that is reported  
10 pursuant to subsection a. of this section, in such a format as the  
11 commissioner deems appropriate to facilitate comparison among  
12 hospitals with respect to the reported information.

13 c. The requirements to be adopted pursuant to subsection a. of  
14 this section shall take effect no later than the 180th day after the  
15 effective date of this act.

16

17 3. The Commissioner of Health and Senior Services, pursuant to  
18 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et  
19 seq.), shall adopt rules and regulations to effectuate the purposes of  
20 this act.

21

22 4. This act shall take effect immediately.

23

24

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#### STATEMENT

26

27 This bill is designed to ensure that licensed general hospitals in  
28 New Jersey report information about nosocomial patient infections  
29 to the Department of Health and Senior Services.

30 Specifically, the bill provides that the Commissioner of Health  
31 and Senior Services is to prescribe, by regulation, requirements to  
32 be adopted by each general hospital with regard to furnishing the  
33 required information.

34 The commissioner is to direct each hospital to:

35 -- maintain written policies and procedures that delineate the  
36 responsibilities of hospital staff for compiling and reporting the  
37 information that is reported pursuant to the bill;

38 -- maintain a written record of the information that is reported  
39 pursuant to the bill for a specified period of time;

40 -- include in its report the rate of nosocomial infection among its  
41 patients, based upon the number of its inpatients who develop such  
42 infections during the course of their hospital stay as compared with  
43 the total number of inpatients in the hospital during the reporting  
44 period and the type and severity of those infections according to  
45 criteria set forth by the commissioner;

46 -- report this information according to a schedule to be  
47 determined by the commissioner, but at least annually; and

48 -- transmit the required information on a form and in a manner



**S147 CONNORS, MCNAMARA**

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1 prescribed by the commissioner, which is not to include identifying  
2 information about any patient.

3 The bill directs the Department of Health and Senior Services to  
4 make available to members of the general public, upon request, the  
5 information that is reported pursuant to the bill, in such a format as  
6 the commissioner deems appropriate to facilitate comparison among  
7 hospitals with respect to the reported information.

8 The requirements to be adopted pursuant to this bill are to take  
9 effect no later than the 180th day after the effective date of the bill.

**SENATE, No. 919**

**STATE OF NEW JERSEY**  
**212th LEGISLATURE**

INTRODUCED JANUARY 17, 2006

**Sponsored by:**  
**Senator ANTHONY R. BUCCO**  
**District 25 (Morris)**

**SYNOPSIS**

"Hospital Infection Reporting Act."

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT concerning general hospitals and supplementing Title 26 of  
2 the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6

7 1. This act shall be known and may be cited as the "Hospital  
8 Infection Reporting Act."

9

10 2. A general hospital licensed pursuant to P.L.1971, c.136  
11 (C.26:2H-1 et seq.) shall be required to report to the Department of  
12 Health and Senior Services, in a manner prescribed by the  
13 Commissioner of Health and Senior Services, at least two but no  
14 more than five process quality indicators of hospital infection  
15 control that have been identified by the federal Centers for  
16 Medicare and Medicaid Services, as selected by the commissioner  
17 in consultation with the Quality Improvement Advisory Committee  
18 within the department.

19 For the purposes of this section, the hospital, in accordance with  
20 regulations of the commissioner, shall:

21 a. maintain policies and procedures governing the compilation  
22 and reporting of the required information;

23 b. report the required information according to a schedule to be  
24 determined by the commissioner, and compile and maintain a  
25 written record of the information; and

26 c. transmit the required information in such a manner as to not  
27 include identifying information about patients.

28

29 3. The commissioner shall make available to members of the  
30 public, upon request, the information reported pursuant to this act,  
31 in such a format as the commissioner deems necessary to enable  
32 comparison among hospitals with respect to the information, and  
33 shall include information in the New Jersey Hospital Performance  
34 Report annually issued by the commissioner that measures the  
35 performance of general hospitals in the State with respect to  
36 nosocomial infection among patients.

37

38 4. The Commissioner of Health and Senior Services, pursuant to  
39 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et  
40 seq.), shall adopt rules and regulations to effectuate the purposes of  
41 this act.

42

43 5. This act shall take effect on the 180th day after enactment,  
44 except that the Commissioner of Health and Senior Services may  
45 take such anticipatory administrative action in advance as shall be  
46 necessary for the implementation of the act.

STATEMENT

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This bill, which is designated the "Hospital Infection Reporting Act," would require general hospitals in New Jersey to report information about infection control to the Department of Health and Senior Services (DHSS).

Specifically, the bill provides as follows:

- A licensed general hospital is required to report to DHSS, in a manner prescribed by the Commissioner of Health and Senior Services, at least two but no more than five process quality indicators of hospital infection control that have been identified by the federal Centers for Medicare and Medicaid Services, as selected by the commissioner in consultation with the Quality Improvement Advisory Committee within DHSS.
- For the purposes of the bill, the hospital, in accordance with regulations of the commissioner, is to:
  - maintain policies and procedures governing the compilation and reporting of the required information;
  - report the required information according to a schedule to be determined by the commissioner, and compile and maintain a written record of the information; and
  - transmit the required information in such a manner as to not include identifying information about patients.
- The commissioner is to make available to members of the public, upon request, the information reported pursuant to the bill, in such a format as the commissioner deems necessary to enable comparison among hospitals with respect to the information, and to include information in the New Jersey Hospital Performance Report annually issued by the commissioner that measures the performance of general hospitals in the State with respect to nosocomial infection among patients.

The bill takes effect on the 180th day after enactment, but authorizes the commissioner to take anticipatory administrative action in advance as necessary for its implementation.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR  
**SENATE, Nos. 147 and 919**

**STATE OF NEW JERSEY**

DATED: JUNE 7, 2007

The Senate Health, Human Services and Senior Citizens Committee reports favorably a Senate committee substitute for Senate Bill Nos. 147 and 919.

This committee substitute establishes the "Health Care Facility-Associated Infection Reporting and Prevention Act."

The substitute provides for uniform reporting by hospitals in the State of process quality indicators of hospital infection control and of health care facility-associated infection rates, to provide a measurable means to assist hospitals in improving patient outcomes by preventing health care facility-associated infections.

Specifically, the substitute provides as follows:

- General hospitals in the State would be required to report the following information quarterly to the Department of Health and Senior Services, in a form and manner prescribed by the Commissioner of Health and Senior Services:
  - process quality indicators of hospital infection control that have been identified by the federal Centers for Medicare and Medicaid Services, as selected by the commissioner in consultation with the Quality Improvement Advisory Committee within the department;
  - beginning 30 days after the adoption of, data on infection rates for the major site categories that define health care facility-associated infection locations, multiple infections, and device-related and non-device related infections, identified by the federal Centers for Disease Control and Prevention, as selected by the commissioner in consultation with the Quality Improvement Advisory Committee; and
  - the information is to be transmitted in such a manner as to not include identifying information about patients.
- The commissioner is directed to promptly advise a hospital in the event the commissioner determines that based on information reported by the facility, a change in facility practices or policy is necessary to improve performance in the prevention of health care facility-associated infections and quality of care provided at the facility.

- The commissioner is required to make available to members of the public, on the official Internet website of the department, the information reported pursuant to this substitute, in such a format as the commissioner deems appropriate to enable comparison among hospitals, with respect to the information, and shall include information in the New Jersey Hospital Performance Report annually issued by the commissioner that measures the performance of general hospitals in the State with respect to process quality indicators and health care facility-associated infection among patients.
- The commissioner may, by regulation, expand the health care facility-associated infection reporting requirements in this act to other types of health care facilities, as he determines appropriate.
- The commissioner, in consultation with the Quality Improvement Advisory Committee, is directed to adopt rules and regulations which: establish standard methods for identifying and reporting healthcare facility-associated infections; identify the major site categories for which infections shall be reported, taking into account the categories most likely to improve the delivery and outcome of health care in the State; and specify the methodology for presenting the data to the public, including procedures to adjust for differences in case mix and severity of infections among hospitals.
- Based on information reported to the Commissioner of Health and Senior Services and the Commissioner of Human Services under the “Patient Safety Act,” N.J.S.A.26:2H-12.23 et seq., the substitute requires the commissioners to compile their findings and recommendations for operational changes related to patient safety in health care facilities, and to jointly issue an annual report of their findings and recommendations to the Governor and to the Legislature, to be made available on the official Internet website of the Department of Health and Senior Services.
- The substitute takes effect on the 90th day after enactment, but the Commissioner of Health and Senior Services may take such anticipatory administrative action in advance as shall be necessary for its implementation.

# ASSEMBLY, No. 4328

## STATE OF NEW JERSEY 212th LEGISLATURE

INTRODUCED JUNE 11, 2007

**Sponsored by:**

**Assemblywoman LINDA R. GREENSTEIN**

**District 14 (Mercer and Middlesex)**

**Assemblyman PAUL D. MORIARTY**

**District 4 (Camden and Gloucester)**

**Assemblywoman JOAN M. VOSS**

**District 38 (Bergen)**

**Assemblyman ROBERT M. GORDON**

**District 38 (Bergen)**

**Co-Sponsored by:**

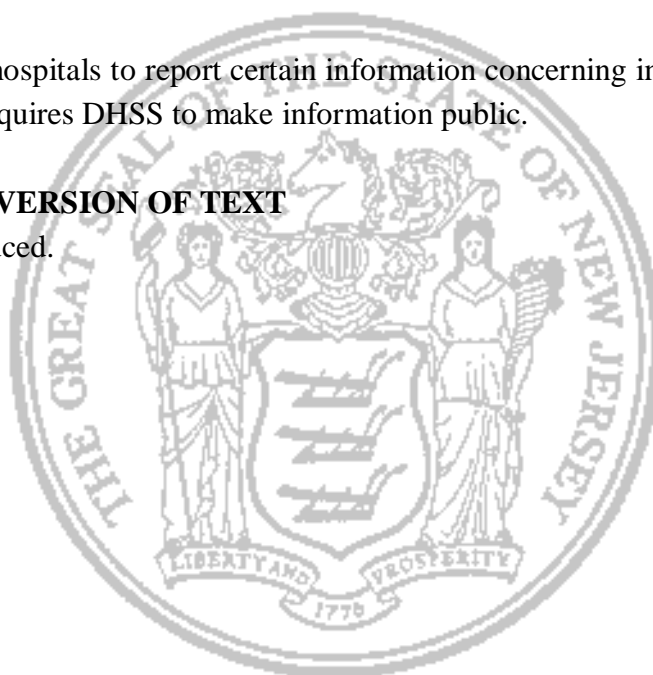
**Assemblyman Epps, Assemblywoman Vainieri Huttle, Assemblyman Johnson, Assemblywoman Oliver, Assemblymen Manzo, Giblin and Steele**

**SYNOPSIS**

Requires hospitals to report certain information concerning infection rates to DHSS and requires DHSS to make information public.

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT concerning general hospitals, and supplementing Title 26  
2 of the Revised Statutes and P.L.2004, c.9 (C.26:2H-12.23 et  
3 seq.).

4  
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
6 *of New Jersey:*

7  
8 1. Sections 1 through 7 of this act shall be known and may be  
9 cited as the “Health Care Facility-Associated Infection Reporting  
10 and Prevention Act.”

11  
12 2. The Legislature finds and declares:

13 a. Health care facility-associated infections constitute a major  
14 public health problem in this country, affecting from 5% to 10% of  
15 hospitalized patients annually, resulting in an estimated two million  
16 infections, and 90,000 deaths, and adding an estimated \$4.5 to \$5.7  
17 billion in health care costs;

18 b. Many health care facility-associated infections can be  
19 prevented, and a goal of zero health care facility-associated  
20 infections is desirable. There are many simple and effective  
21 practices in hospitals that can dramatically reduce the incidence of  
22 health care facility-associated infections, such as hand washing,  
23 using gloves and properly sterilized equipment, and following the  
24 same established best practices, every time, for procedures such as  
25 the insertion of an intravenous tube to deliver fluids and  
26 medication;

27 c. The uniform reporting of health care facility-associated  
28 infections to the State, and the review and analysis of this data by  
29 the Department of Health and Senior Services, will provide a  
30 measurable means to assist hospitals in improving patient  
31 outcomes;

32 d. The federal Centers for Disease Control and Prevention  
33 recommends that states establishing public reporting systems for  
34 health care facility-associated infections focus on major site  
35 categories to report rates of health care facility-associated infections  
36 related to procedures and conditions including, but not limited to,  
37 urinary tract infections, surgical site infections, ventilator-  
38 associated pneumonia, and central line-related bloodstream  
39 infections. A focus on major site categories helps ensure that data  
40 collection is concentrated in populations where health care facility-  
41 associated infections are more prevalent, and that the infection rates  
42 reported are most useful for targeting prevention practices and  
43 making comparisons among hospitals and within hospitals, over  
44 time;

45 e. The Department of Health and Senior Services currently  
46 provides comparative hospital performance data in its annual New  
47 Jersey Hospital Performance Report, and including information



1 about hospital infection rates will further enhance the value of the  
2 report to the public and health care providers; and

3 f. Therefore, it is a matter of public health and fiscal policy that  
4 patients in New Jersey's hospitals receive health care that  
5 incorporates best practices in infection control, not only to protect  
6 their health and lives, but also to ensure the economic viability of  
7 New Jersey's hospitals.

8

9 3. A general hospital licensed pursuant to P.L.1971, c.136  
10 (C.26:2H-1 et seq.) shall be required to report quarterly to the  
11 Department of Health and Senior Services, in a form and manner  
12 prescribed by the Commissioner of Health and Senior Services:

13 a. process quality indicators of hospital infection control that  
14 have been identified by the federal Centers for Medicare and  
15 Medicaid Services, as selected by the commissioner in consultation  
16 with the Quality Improvement Advisory Committee within the  
17 department; and

18 b. beginning 30 days after the adoption of regulations pursuant  
19 to this act, data on infection rates for the major site categories that  
20 define health care facility-associated infection locations, multiple  
21 infections, and device-related and non-device related infections,  
22 identified by the federal Centers for Disease Control and  
23 Prevention, as selected by the commissioner in consultation with  
24 the Quality Improvement Advisory Committee within the  
25 department.

26 The information shall be transmitted in such a manner as to not  
27 include identifying information about patients.

28

29 4. The commissioner shall promptly advise a hospital in the  
30 event the commissioner determines that based on information  
31 reported by the facility, a change in facility practices or policy is  
32 necessary to improve performance in the prevention of health care  
33 facility-associated infection and quality of care provided at the  
34 facility.

35

36 5. The commissioner shall make available to members of the  
37 public, on the official Internet website of the Department of Health  
38 and Senior Services, the information reported pursuant to this act, in  
39 such a format as the commissioner deems appropriate to enable  
40 comparison among hospitals, with respect to the information, and  
41 shall include information in the New Jersey Hospital Performance  
42 Report annually issued by the commissioner that measures the  
43 performance of general hospitals in the State with respect to process  
44 quality indicators and health care facility-associated infection  
45 among patients.

46

47 6. The commissioner may, by regulation, expand the health care  
48 facility-associated infection reporting requirements in this act to

1 other types of health care facilities, as the commissioner determines  
2 appropriate.

3

4 7. The Commissioner of Health and Senior Services, in  
5 consultation with the Quality Improvement Advisory Committee in  
6 the department, pursuant to the “Administrative Procedure Act,”  
7 P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and  
8 regulations to effectuate the purposes of this act.

9 The regulations shall: establish standard methods for identifying  
10 and reporting health care facility-associated infections; identify the  
11 major site categories for which infections shall be reported, taking  
12 into account the categories most likely to improve the delivery and  
13 outcome of health care in the State; and specify the methodology  
14 for presenting the data to the public, including procedures to adjust  
15 for differences in case mix and severity of infections among  
16 hospitals.

17

18 8. The Commissioner of Health and Senior Services and the  
19 Commissioner of Human Services shall compile their findings and  
20 recommendations for operational changes related to patient safety  
21 in health care facilities, based on information reported to the  
22 commissioners pursuant to the “Patient Safety Act,” P.L.2004, c.9  
23 (C.26:2H-12.23 et seq.).

24 The commissioners shall jointly issue an annual report of their  
25 findings and recommendations to the Governor, and to the  
26 Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1),  
27 to be made available on the official Internet website of the  
28 Department of Health and Senior Services.

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30 9. This act shall take effect on the 90th day after enactment,  
31 except that the Commissioner of Health and Senior Services may  
32 take such anticipatory administrative action in advance as shall be  
33 necessary for the implementation of the act.

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#### STATEMENT

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38 This bill establishes the “Health Care Facility-Associated  
39 Infection Reporting and Prevention Act.”

40 The bill provides for uniform reporting by hospitals in the State  
41 of process quality indicators of hospital infection control and of  
42 health care facility-associated infection rates, to provide a  
43 measurable means to assist hospitals in improving patient outcomes  
44 by preventing health care facility-associated infections.

45 Specifically, the bill provides as follows:

- 46 • General hospitals in the State would be required to report the  
47 following information quarterly to the Department of Health and

- 1 Senior Services, in a form and manner prescribed by the  
2 Commissioner of Health and Senior Services:
- 3 -- process quality indicators of hospital infection control that have  
4 been identified by the federal Centers for Medicare and Medicaid  
5 Services, as selected by the commissioner in consultation with the  
6 Quality Improvement Advisory Committee within the department;  
7 -- beginning 30 days after the adoption of, data on infection rates  
8 for the major site categories that define health care facility-  
9 associated infection locations, multiple infections, and device-  
10 related and non-device related infections, identified by the federal  
11 Centers for Disease Control and Prevention, as selected by the  
12 commissioner in consultation with the Quality Improvement  
13 Advisory Committee; and
- 14 -- the information is to be transmitted in such a manner as to not  
15 include identifying information about patients.
- 16 • The commissioner is directed to promptly advise a hospital in the  
17 event the commissioner determines that based on information  
18 reported by the facility, a change in facility practices or policy is  
19 necessary to improve performance in the prevention of health care  
20 facility-associated infections and quality of care provided at the  
21 facility.
  - 22 • The commissioner is required to make available to members of  
23 the public, on the official Internet website of the department, the  
24 information reported pursuant to this bill, in such a format as the  
25 commissioner deems appropriate to enable comparison among  
26 hospitals, with respect to the information, and shall include  
27 information in the New Jersey Hospital Performance Report  
28 annually issued by the commissioner that measures the  
29 performance of general hospitals in the State with respect to  
30 process quality indicators and health care facility-associated  
31 infection among patients.
  - 32 • The commissioner may, by regulation, expand the health care  
33 facility-associated infection reporting requirements in this act to  
34 other types of health care facilities, as he determines appropriate.
  - 35 • The commissioner, in consultation with the Quality Improvement  
36 Advisory Committee, is directed to adopt rules and regulations  
37 which: establish standard methods for identifying and reporting  
38 healthcare facility-associated infections; identify the major site  
39 categories for which infections shall be reported, taking into  
40 account the categories most likely to improve the delivery and  
41 outcome of health care in the State; and specify the methodology  
42 for presenting the data to the public, including procedures to  
43 adjust for differences in case mix and severity of infections  
44 among hospitals.
  - 45 • Based on information reported to the Commissioner of Health and  
46 Senior Services and the Commissioner of Human Services under  
47 the “Patient Safety Act,” N.J.S.A.26:2H-12.23 et seq., the bill  
48 requires the commissioners to compile their findings and

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- 1        recommendations for operational changes related to patient safety  
2        in health care facilities, and to jointly issue an annual report of  
3        their findings and recommendations to the Governor and to the  
4        Legislature, to be made available on the official Internet website  
5        of the Department of Health and Senior Services.
- 6        • The bill takes effect on the 90th day after enactment, but the  
7        Commissioner of Health and Senior Services may take such  
8        anticipatory administrative action in advance as shall be  
9        necessary for its implementation.

**ASSEMBLY, No. 445**

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**STATE OF NEW JERSEY**

**212th LEGISLATURE**

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PRE-FILED FOR INTRODUCTION IN THE 2006 SESSION

**Sponsored by:**

**Assemblyman JOSEPH VAS**

**District 19 (Middlesex)**

**Assemblyman PATRICK J. DIEGNAN, JR.**

**District 18 (Middlesex)**

**Assemblyman JEFF VAN DREW**

**District 1 (Cape May, Atlantic and Cumberland)**

**Co-Sponsored by:**

**Assemblymen Connors, Cryan, Corodemus and McKeon**

**SYNOPSIS**

"Hospital Infection Reporting Act."

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel



**(Sponsorship Updated As Of: 2/10/2006)**

1 AN ACT concerning general hospitals and supplementing Title 26 of  
2 the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6

7 1. This act shall be known and may be cited as the "Hospital  
8 Infection Reporting Act."

9

10 2. A general hospital licensed pursuant to P.L.1971, c.136  
11 (C.26:2H-1 et seq.) shall be required to report to the Department of  
12 Health and Senior Services, in a manner prescribed by the  
13 Commissioner of Health and Senior Services, at least two but no  
14 more than five process quality indicators of hospital infection  
15 control that have been identified by the federal Centers for  
16 Medicare and Medicaid Services, as well as related clinical  
17 outcomes data, as selected by the commissioner in consultation with  
18 the Quality Improvement Advisory Committee within the  
19 department.

20 For the purposes of this section, the hospital, in accordance with  
21 regulations of the commissioner, shall:

22 a. maintain policies and procedures governing the compilation  
23 and reporting of the required information;

24 b. report the required information according to a schedule to be  
25 determined by the commissioner, and compile and maintain a  
26 written record of the information; and

27 c. transmit the required information in such a manner as to not  
28 include identifying information about patients.

29

30 3. The commissioner shall make available electronically on the  
31 Internet website of the Department of Health and Senior Services  
32 the information reported pursuant to this act, in such a format as the  
33 commissioner deems necessary to enable comparison among  
34 hospitals with respect to the information, and shall include  
35 information in the New Jersey Hospital Performance Report  
36 annually issued by the commissioner that measures the performance  
37 of general hospitals in the State with respect to nosocomial  
38 infection among patients.

39

40 4. The Commissioner of Health and Senior Services, pursuant to  
41 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et  
42 seq.), shall adopt rules and regulations to effectuate the purposes of  
43 this act.

44

45 5. This act shall take effect on the 180th day after enactment,  
46 except that the Commissioner of Health and Senior Services may  
47 take such anticipatory administrative action in advance as shall be  
48 necessary for the implementation of the act.

STATEMENT

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This bill, which is designated the "Hospital Infection Reporting Act," would require general hospitals in New Jersey to report information about infection control to the Department of Health and Senior Services (DHSS).

Specifically, the bill provides as follows:

- A licensed general hospital is required to report to DHSS, in a manner prescribed by the Commissioner of Health and Senior Services, at least two but no more than five process quality indicators of hospital infection control that have been identified by the federal Centers for Medicare and Medicaid Services, as well as related clinical outcomes data, as selected by the commissioner in consultation with the Quality Improvement Advisory Committee within DHSS.
  - For the purposes of the bill, the hospital, in accordance with regulations of the commissioner, is to:
    - maintain policies and procedures governing the compilation and reporting of the required information;
    - report the required information according to a schedule to be determined by the commissioner, and compile and maintain a written record of the information; and
    - transmit the required information in such a manner as to not include identifying information about patients.
  - The commissioner is to make available electronically on the DHSS Internet website the information reported pursuant to the bill, in such a format as the commissioner deems necessary to enable comparison among hospitals with respect to the information, and to include information in the New Jersey Hospital Performance Report annually issued by the commissioner that measures the performance of general hospitals in the State with respect to nosocomial infection among patients.
- The bill takes effect on the 180th day after enactment, but authorizes the commissioner to take anticipatory administrative action in advance as necessary for its implementation.

# ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

## STATEMENT TO

### ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, Nos. 4328 and 445

# STATE OF NEW JERSEY

DATED: JUNE 14, 2007

The Assembly Health and Senior Services Committee reports favorably an Assembly Committee Substitute for Assembly Bill Nos. 4328 and 445.

This committee substitute, which is designated as the "Health Care Facility-Associated Infection Reporting and Prevention Act," provides for uniform reporting by hospitals in the State of process quality indicators of hospital infection control and of health care facility-associated infection rates, in order to provide a measurable means to assist hospitals in improving patient outcomes by preventing health care facility-associated infections.

Specifically, the substitute provides as follows:

- General hospitals in the State are to report the following information quarterly to the Department of Health and Senior Services (DHSS), in a form and manner prescribed by the Commissioner of Health and Senior Services (without including identifying information about patients):
  - process quality indicators of hospital infection control that have been identified by the federal Centers for Medicare and Medicaid Services, as selected by the commissioner in consultation with the Quality Improvement Advisory Committee within DHSS; and
  - beginning 30 days after the adoption of regulations pursuant to the substitute, data on infection rates for the major site categories that define health care facility-associated infection locations, multiple infections, and device-related and non-device related infections, identified by the federal Centers for Disease Control and Prevention, as selected by the commissioner in consultation with the Quality Improvement Advisory Committee.
- The commissioner is directed to promptly advise a hospital in the event the commissioner determines that based on information reported by the facility, a change in facility practices or policy is necessary to improve performance in the prevention of health care facility-associated infections and quality of care provided at the facility.
- The commissioner is required to make available to members of the public, on the official DHSS Internet website, the information



reported pursuant to this substitute, in such a format as the commissioner deems appropriate to enable comparison among hospitals, with respect to the information, and to include information in the New Jersey Hospital Performance Report annually issued by the commissioner that measures the performance of general hospitals in the State with respect to process quality indicators and health care facility-associated infection among patients.

- The commissioner may, by regulation, expand the health care facility-associated infection reporting requirements of the substitute to other types of health care facilities, as the commissioner determines appropriate.
- The commissioner, in consultation with the Quality Improvement Advisory Committee, is directed to adopt rules and regulations which: establish standard methods for identifying and reporting healthcare facility-associated infections; identify the major site categories for which infections are to be reported, taking into account the categories most likely to improve the delivery and outcome of health care in the State; and specify the methodology for presenting the data to the public, including procedures to adjust for differences in case mix and severity of infections among hospitals.
- Based on information reported to the Commissioner of Health and Senior Services and the Commissioner of Human Services under the “Patient Safety Act,” P.L.2004, c.9 (C.26:2H-12.23 et seq.), the two commissioners are directed to compile their findings and recommendations for operational changes related to patient safety in health care facilities, and to jointly issue an annual report of their findings and recommendations to the Governor and to the Legislature, to be made available on the official DHSS Internet website.
- The substitute takes effect on the 90th day after enactment, but authorizes the Commissioner of Health and Senior Services to take anticipatory administrative action in advance as necessary for its implementation.

This substitute is identical to the Senate Committee Substitute for Senate Bill Nos. 147 and 919 (Vitale/Connors/McNamara), which is currently pending before the Senate.

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Oct-31-07 Governor Signs Legislation Requiring Disclosure Of Hospital Acquired Infection Rates

## NEWS RELEASE

Governor Jon S. Corzine  
October 31, 2007

## FOR MORE INFORMATION:

Press Office  
609-777-2600

### **Governor Signs Legislation Requiring Disclosure Of Hospital Acquired Infection Rates**

HAMILTON - Governor Jon S. Corzine today signed legislation requiring New Jersey hospitals to report statistics on all hospital acquired infections to the Department of Health and Senior Services (DHSS). This marks the first time the state will have a comprehensive, detailed system of reporting for hospital acquired infections, enabling hospitals to develop protocols to combat this problem.

“I am proud to sign this legislation, which will put the spotlight on this scourge of deadly infections,” Governor Corzine said. “This will help hospitals put procedures in place to prevent these infections and give family-members access to information they need to make informed decisions about the care of their loved ones.”

The legislation requires New Jersey hospitals to report to DHSS on hospital-acquired infections rates and on steps the hospitals are taking to control such infections. It also requires the department to make that information available on its website to allow consumers to compare rates across hospitals.

“There is always a risk of infection when receiving treatment at a hospital, even in New Jersey’s best facilities,” said Senator Vitale, D-Middlesex and sponsor of the legislation. “Not only will we empower consumers with information regarding the infection rates at various hospitals so that they can make the best decisions regarding their health care, hospitals will meet established standards of care thus dramatically lowering these rates.

Every day, patients are at risk of various and serious hospital acquired infections. This new policy will literally save lives.”

“Patients have a basic right to know if a local hospital is an infectious hotspot,” said Assemblywoman Linda Greenstein (D-Middlesex, Mercer). “No one should fear that a trip to the hospital could lead to a life-threatening illness. The secrecy surrounding hospital infection rates is a disservice to consumers and is harmful to the reputation of our nationally renowned health care system.”

“Enhancing the public’s access to infection rates will further motivate hospitals to enhance their own efforts to combat infections,” said Assemblyman Paul Moriarty (D-Gloucester, Camden), another Assembly sponsor. “Ensuring the timely and accurate public reporting of infection rates can be a win-win for hospitals and consumers.”

This bill, S-147/A-4328, was sponsored in the Senate by Senators Connors (R-Atlantic, Burlington, Ocean), Bucco (R-Morris), and McNamara (R-Bergen, Essex, Passaic). It was also sponsored in the Assembly by Assemblymembers Voss (D-Bergen), Gordon (D-Bergen), Vas (D-Middlesex), Diegnan (D-Middlesex), and Van Drew (D-Cape May, Atlantic, Cumberland).

###

Photos and audio and video clips from Governor Corzine's public events are available in the Governor's Newsroom section on the State of New Jersey web page, <http://www.nj.gov/governor/news/>



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