

SJR

19

SFIN

FILE

SENATE FINANCE COMMITTEE REPORT

REPORTED OUT
APR 20 2006
 SENATE FINANCE COMMITTEE

DATE: 3/1/06

FURTHER:

 DATE TURNED IN TO OFFICE: 21 April 2006

Finance Committee considered SENATE JOINT RESOLUTION NO. 19

SJR 19 TASK FORCE ON HOSPITAL INFECTIONS

Relating to creating the Task Force to Assess Public Reporting of Health Care Associated Infections.

and recommends:

- be replaced with _____ CS SJR 19 (FIN)
 adopt previous _____ CS _____ (_____)
 attached amendment(s)
 adopt Letter of Intent by _____ Committee
 further referral to _____ Committee

CS Senate Bill:
 Same Title
 New Title

SCS House Bill:
 Same Title
 Technical Title Change
 New Title w/ SCR #____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Ind.	Zero	FN#
fiscal note forthcoming					

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Ind.	Zero	FN#

 APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>[Signature]</i>	✓		✓	
<i>[Signature]</i>			✓	
<i>[Signature]</i>				
COCHAIR: <i>[Signature]</i>	✓			
COCHAIR: <i>[Signature]</i>	✓			

THE
FOLLOWING
DOCUMENT(S)
ARE
POOR
ORIGINAL
COPIES

FISCAL NOTE

REPORTED OUT
APR 20 2006
 SENATE FINANCE COMMITTEE

STATE OF ALASKA
 2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: CS SJR 19 (FIN)
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Legislature
 Title "Relating to creating the Task Force to RDU Budget and Audit Committee
Assess Public Reporting of Health Care Associated...." Component: Legislative Finance
 Sponsor Senator Gary Stevens
 Requestor Senate Finance Component No. 774

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0
Travel	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	0.0	0.0	0.0	0.0	0.0	0.0
Supplies	0.0	0.0	0.0	0.0	0.0	0.0
Equipment	0.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
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CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2006) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

CS SJR19 (FIN) establishes a 10 member Task Force to Assess Public Reporting of Health Care Associated Infections. The 10 members are appointed jointly by the President of the Senate and the Speaker of the House. Public members of the Task Force may not receive compensation, per diem, or reimbursement for travel or other expenses incurred while serving on the Task Force, except that persons appointed as consumers of health care are entitled to reimbursement for lodging and travel expenses incurred while serving on the Task Force. The Senate Finance Committee will absorb the lodging and travel expenses for the public members appointed as consumers of health care. The Task Force will study the issue and issue a white paper of its findings to the Legislature by January 31, 2007. The Task Force may meet during and between Legislative sessions. The Legislative Affairs Agency will absorb costs to teleconference meetings and the costs to print the white paper.

Prepared by: Karla Schofield, Deputy Director Phone 465-6626
 Division Legislative Affairs Agency Date/Time 4/24/06 4:49 PM
 Approved by: Pamela Varni, Executive Director Date 4/24/2006
 Agency Legislative Affairs Agency

SENATE JOINT RESOLUTION NO. 19

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FOURTH LEGISLATURE - SECOND SESSION

BY SENATOR GARY STEVENS

Introduced: 2/14/06

Referred: Health, Education and Social Services, Finance

A RESOLUTION

1 **Relating to creating the Task Force to Assess Public Reporting of Health Care**
2 **Associated Infections.**

3 **BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 **WHEREAS** infections associated with health care are a major public health problem
5 in the United States, with an estimated 2,000,000 infections occurring each year; and

6 **WHEREAS** infections associated with health care cost 90,000 lives and
7 \$4,500,000,000 in excess health care costs each year; and

8 **WHEREAS**, since 2002, six states have enacted legislation that requires hospitals to
9 report hospital-acquired infections to the public; and

10 **WHEREAS** advocates of mandatory reporting, including the Consumers Union,
11 believe that making information about infections associated with health care available to the
12 public will enable patients to make more informed choices about their health care and will
13 improve overall health care quality; and

14 **WHEREAS** the state does not currently expressly require reporting of infections
15 associated with health care and hospital-acquired infections, except as part of a risk
16 management program;

1 **BE IT RESOLVED** by the Alaska State Legislature that the Task Force to Assess
2 Public Reporting of Health Care Associated Infections is established in the Legislative
3 branch; the task force is composed of 10 members appointed jointly by the president of the
4 senate and the speaker of the house of representatives a follows:

5 (1) two state senators;

6 (2) two state representatives;

7 (3) the state chief of epidemiology;

8 (4) a consumer of health care who resides in rural Alaska;

9 (5) a consumer of health care who resides in urban Alaska;

10 (6) a representative of the Alaska Native Tribal Health Consortium;

11 (7) a representative of the Alaska Chapter of the Association of Professionals
12 in Infection Control and Epidemiology; and

13 (8) a representative of the Alaska State Hospital and Nursing Home
14 Association; and be it

15 **FURTHER RESOLVED** that the public members of the task force may not receive
16 compensation, per diem, or reimbursement for travel or other expenses incurred while serving
17 on the task force; and be it

18 **FURTHER RESOLVED** that the task force shall

19 (1) conduct a review of the experience of the public with reporting of
20 infections associated with health care and hospitals; and

21 (2) develop a white paper to be used for drafting legislation for reporting of
22 infections associated with health care and hospitals that addresses the unique health care
23 challenges in the state, including

24 (A) reporting mechanisms;

25 (B) data sources and possible outcome and process measures to be
26 reported;

27 (C) a timeline for implementation of recommendations; and

28 (D) the infrastructure needed for supporting a robust ongoing reporting
29 system for disseminating accurate data; and be it

30 **FURTHER RESOLVED** that the task force may meet during and between legislative
31 sessions; and be it

Conceptual: the state would
pay travel & lodging (not
per diem) expenses for
these members

CS FOR SENATE JOINT RESOLUTION NO. 19(FIN)
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FOURTH LEGISLATURE - SECOND SESSION

BY THE SENATE FINANCE COMMITTEE

Offered:
Referred:

Sponsor(s): SENATOR GARY STEVENS

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- 11 (7) a representative of the Alaska Chapter of the Association of Professionals
 12 in Infection Control and Epidemiology; and
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 18 reimbursement for lodging and travel expenses incurred while serving on the task force; and
 19 be it

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 22 infections associated with health care and hospitals; and
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 24 infections associated with health care and hospitals that addresses the unique health care
 25 challenges in the state, including
- 26 (A) reporting mechanisms;
- 27 (B) data sources and possible outcome and process measures to be
 28 reported;
- 29 (C) a timeline for implementation of recommendations; and
- 30 (D) the infrastructure needed for supporting a robust ongoing reporting
 31 system for disseminating accurate data; and be it

Amendment
 #1

1 **FURTHER RESOLVED** that the task force may meet during and between legislative
2 sessions; and be it

3 **FURTHER RESOLVED** that the task force shall deliver the white paper of its
4 findings to the legislature by January 31, 2007; and be it

5 **FURTHER RESOLVED** that the task force is terminated on February 1, 2007.

6 **COPIES** of this resolution shall be sent to the Honorable Karleen Jackson,
7 Commissioner, Department of Health and Social Services; and the Honorable Ted Stevens
8 and the Honorable Lisa Murkowski, U.S. Senators, and the Honorable Don Young, U.S.
9 Representative, members of the Alaska delegation in Congress.



Official Business

Alaska State Senate

Senate Finance Committee

Mail Stop 3100
State Capitol
Juneau, Alaska 99301-1182

FAX COVER SHEET

DATE: 20 April 2006 TIME: 1:30 pm

TO: Legal Services

NUMBER OF PAGES, INCLUDING COVER SHEET: 2

FROM: MINDY ROWLAND
SENATE FINANCE COMMITTEE SECRETARY
PHONE: 465-4935
FAX: 465-2187

NOTES: Final Please

SJR 19 24-LS 1657 \A
plus 1 amendment - attached

Thanks.
Mindy

SESSION ADDRESS:
Alaska State Capitol
Juneau, Alaska 99801-1182
(907) 465-4925
Fax: (907) 465-3517
Toll Free: 1-800-821-4925

Senator Gary Stevens

Alaska State Legislature

INTERIM ADDRESS:
112 Mill Bay Road
Kodiak, Alaska 99615
(907) 486-4925
Fax: (907) 486-5264

Sponsor Statement for Senate Joint Resolution 19 (February 27, 2006)

Some 2 million infections a year are acquired in hospitals and an estimated 90,000 people die as a result of these infections, making it the sixth-leading cause of death in the country. The cost to the consumers is between \$4.5 and \$11 billion a year. Given these alarming statistics, it is vital for consumers to have full knowledge of how medical facilities fare with infection rates. Passage of SJR 19 can help accomplish this goal by providing lawmakers, state health officials and medical professions the opportunity to craft workable legislative recommendations for the collection of data on hospital-acquired infection rates.

SJR 19 creates the Task Force to Assess Public Reporting of Health Care Associated Infections. This ten member panel will consist of two senators, two representatives, the Chief of Epidemiology for the State of Alaska, one healthcare consumer from rural Alaska, one healthcare consumer from urban Alaska, a representative of the Alaska Native Tribal Health Consortium, a representative from the Alaska Chapter of the Association of Professionals in Infection Control and Epidemiology, and a representative of the Alaska State Hospital and Nursing Home Association.

During the 2006 Legislative Interim, the Task Force will be asked to:

- (1) Review experience to date with public reporting of hospital-associated infections.
- (2) Develop a white paper to be used for drafting legislation for reporting of healthcare associated infections. The white paper will address the unique healthcare challenges of Alaska and would encompass:
 - (a) Mechanism(s) for reporting;
 - (b) Identifying data sources and possible outcome and process measures to be reported;
 - (c) Timeline for implementation;
 - (d) Infrastructure needs for supporting a robust ongoing reporting system for dissemination of accurate data.

I ask for your support of this important legislation.

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

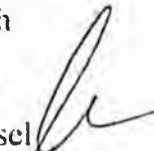
State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

February 16, 2006

SUBJECT: Summary of SJR 19 (Work Order No. 24-LS1657A)

TO: Senator Gary Stevens
Attn: Doug Letch

FROM: Jean M. Mischel
Legislative Counsel 

You have requested a summary of the above-described resolution.

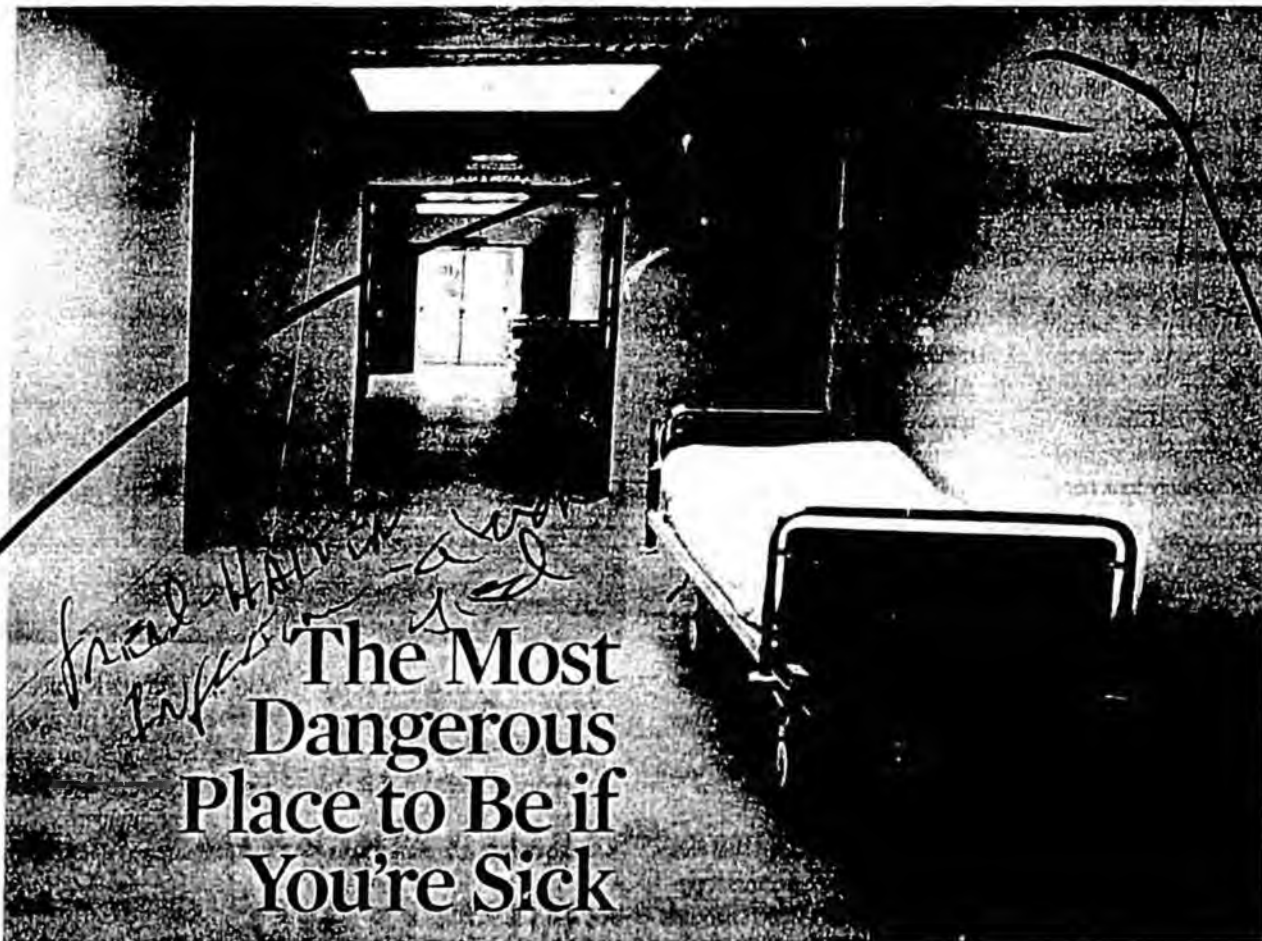
As a preliminary matter, note that a summary of a resolution should not be considered an authoritative interpretation of the resolution and the resolution itself is the best statement of its contents.

The Whereas clauses state the findings of the legislature regarding the rate and costs of hospital acquired infections and other infections associated with health care.

The Resolve clauses establish a 10 member task force to conduct a review of and report on infections associated with health care and hospitals and reporting mechanisms.

JMM:med
06-135.med

[BULLETIN BOARD]



When Leroy Rickabaugh had surgery to remove a bladder tumor at Mercy Medical Center in Des Moines, Iowa, last October, he expected to be in the hospital for just a few days.

Instead, he ended up staying for nearly three weeks after he contracted a bacterial infection that also hit several other patients on his ward. "I didn't get more seriously sick," Rickabaugh, 74, says, "but they wouldn't let me out until it cleared up."

In a way, Rickabaugh was lucky. Of the 2 million or so Americans each year who contract infections while in the hospital, about 90,000 die, because of them. Hospital infections, in fact, are the nation's sixth-leading cause of death.

Health care and consumer activists have been pushing for laws that would require hospitals to publicly disclose their infection statistics, in the hope of pressuring them into adopting more effective anti-infection measures. So far they've scored victories in five states: Florida, Illinois, Missouri, Pennsylvania and Virginia. About 30 other states are considering similar legislation.

"It's a problem begging for attention, one that costs a lot of lives and money," says Lisa McGiffert, director of the Stop Hospital Infection Project for Consumers Union. "Clearly, hospitals aren't doing all that they can."

Now, with efforts in the states accelerating, comes a push for a nationwide standard.

"We have an information shortage about hospital infections," says Kenneth W. Kizer, M.D., president of the National Quality Forum, a Washington-based nonprofit organization. "But if we have 50 different standards for measuring the problem, we'll have information chaos."

**First the bad news:
About 90,000
Americans die each
year from infections
they contract while
in the hospital.**

Most infection-fighting measures aren't new, but experts say they're not consistently followed. Hungarian physician Ignaz Semmelweis proved in 1847 that the transmission of infections in hospitals could be

reduced by hand washing. But many doctors, nurses and other staff members still do not wash their hands between patients. Another simple but often overlooked precaution: ensuring that surgery patients receive the correct antibiotic up to one hour before incisions are made.

"Doctors and nurses get so caught up in their work that they don't even realize how far their own practices fall short, until they see the data out there," says David Schulke of the Washington-based American Health Quality Association. "We need to get that data to them."

—Patrick J. Kiger

Myth: Hospitals Keep You Safe from Germs

Hospital Infections Kill Tens of Thousands Every Year



(ABC NEWS)



Oct. 14, 2005 — There's a deadly threat hiding inside America's hospitals. What's even scarier, your hospital is probably keeping it a secret. Maureen Daly's mother was a healthy 63-year-old woman when she had surgery to fix a broken shoulder. However, after being admitted to the hospital, Daly's mother got an infection that left her immobilized on a respirator. Daly was told that life-threatening germs are an inevitable fact of hospital life.

Daly was shocked. "I cannot accept that it would be a fact of life that you can walk into a hospital with a broken shoulder and leave practically dead," she said. Her mother died four months later. It turns out hospital infections are the fourth-leading cause of death in the United States.

Betsy McCaughey, former lieutenant governor of New York and founder of the Committee to Reduce Infection Deaths, said, "These infections kill as many people each year in our country as AIDS, breast cancer and auto accidents combined."

McCaughey said it's secrecy that's allowed the problem to grow. "Most states have not required hospitals to report their infections, or provide that information to the public," she said.

Pennsylvania is one of only six states that has passed a law requiring the reporting of infections. Experts say public disclosure forces hospitals to reduce infection rates. Dr. Rick Shannon, chief of medicine at Allegheny General Hospital in Pittsburgh, looked at the data on patients in the hospital's intensive care units. He was stunned.

"Fifty-one percent of everyone who got these infections died. Half the people who got one died," he said. Dr. Shannon wasted no time. He gave an order to the ICU staff. Reduce hospital infections to zero — in just 90 days.

Staff nurses said they didn't think it could be done.

But after just one week, the ICU staff identified the culprit. It wasn't a superbug — it was the staff. And the fact they each had their own way of washing hands, changing dressings, and putting in catheters. "No one actually knew what the right way to do it was. And not knowing what the right way to do it was that all these little errors could creep in that would lead to infection," Dr. Shannon said.

Dr. Shannon and his team quickly found solutions, like putting in more hand-sanitizers and raising the head of the bed 30 degrees to prevent pneumonia. The results were unbelievable.

"Ninety days later, we went from 49 infections to zero," he said.

And the results a year later are equally impressive. Only one patient in the ICU has died from an infection.

McCaughey says it's important for the public to know about infection rates at hospitals. "The public has a right to this information. If you are going into the hospital, you should be able to find out which hospital in your area has a serious infection problem, so you can stay away from that hospital," she said. Her advocacy group is working to pass more state laws — like Pennsylvania's — requiring hospitals to release this data.

And McCaughey says there's a simple thing you can do to keep yourself safe from dangerous germs in any hospital.

"Ask doctors and nurses to clean their hands before touching you. If you are worried about being too aggressive, just remember, your life is at stake," she said.

ASHNHA Testimony on SJR 19
Presented by: Rod Betit, President/CEO
April 20, 2006

The membership of the Alaska State Hospital and Nursing Home Association (ASHNHA) supports SJR 19 and believes it to be important legislation.

Although some complications from surgery and other health care are unavoidable, we agree with the sponsor that care can be improved through better adherence to evidence-based practice recommendations and by giving more attention to designing systems of care with redundant safeguards.

Alaska hospitals have been actively implementing measures to reduce hospital acquired infections for some time now. Research shows, for example, that delivering antibiotics to a patient within one hour prior to beginning surgery can dramatically cut post-surgery infection rates.

While Alaska's hospitals have been addressing these and other reasons for hospital acquired infections, we believe creation of this Task Force will allow us to do several things:

- o First it will allow us to educate employers, community leaders and the public about our initiatives to strengthen health care quality for all Alaskans
- o Second, it will provide us with valuable input into the deliberations of 'next steps' for addressing other factors leading to hospital acquired infections, and
- o Third, it will provide a deliberative environment to design a reporting system that will track infection rates in Alaska that will be meaningful for Alaskans.

ASHNHA urges this Committee to move SJR 19 forward.

ASHNHA Represents the Following Alaska Health Care Providers

The *Alaska State Hospital and Nursing Home Association* represents 23 acute care hospitals, 2 behavioral health facilities, 6 assisted living facilities (Alaska Pioneer Homes), and 5 nursing facilities. ASHNHA's rich composition of private, federal, state, and tribal health care facilities provides a balanced viewpoint on important health care policy matters. ASHNHA's Legislative Committee evaluates health care legislation weekly and authorizes the position expressed in this testimony. Our member facilities include:

Alaska Regional Hospital, Alaska Native Medical Center, Alaska Pioneer Home System, Alaska Psychiatric Institute, Bartlett Regional Hospital, Bassett Army Community Hospital, Central Peninsula General Hospital, Cordova Community Medical Center, Denali Center Nursing Home, Fairbanks Memorial Hospital, Heritage Place Nursing Home, Kakanak General Hospital, Ketchikan General Hospital, Maniilaq Health Center, Mary Conrad Center, Mat-Su Regional Hospital, Mt. Edgecumbe Hospital SEARHC, North Star Behavioral Health, Norton Sound Regional Hospital, Petersburg Medical Center, Providence Alaska Medical Center, Providence Extended Care Center, Providence Kodiak Island Medical Center, Providence Seward Medical & Care Center, Providence Valdez Medical Center, Sitka Community Hospital, South Peninsula Hospital, USAF 3rd Medical Group- Elmendorf, Wrangell Medical Center, Wildflower Court Nursing Home, Yukon Kuskokwim Delta Regional Hospital.

