

116TH CONGRESS
2D SESSION

S. 3380

To improve patient safety by supporting State-based quality improvement efforts and through enhanced data collection and reporting, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 3, 2020

Mr. WHITEHOUSE introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To improve patient safety by supporting State-based quality improvement efforts and through enhanced data collection and reporting, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Patient Safety Im-
5 provement Act of 2020”.

1 **SEC. 2. SUPPORTING STATE AND LOCAL COLLABORATIVES**
2 **TO ADDRESS HEALTH CARE-ASSOCIATED IN-**
3 **FECTIONS.**

4 Part B of title III of the Public Health Service Act
5 (42 U.S.C. 243 et seq.) is amended by adding at the end
6 the following:

7 **“SEC. 320B. EFFORTS TO REDUCE HEALTH CARE-ASSOCI-**
8 **ATED INFECTIONS.**

9 “(a) GRANT PROGRAM TO REDUCE HEALTH CARE-
10 ASSOCIATED INFECTIONS.—

11 “(1) IN GENERAL.—The Secretary shall award
12 competitive grants to eligible entities to support
13 State-based collaboratives in implementing evidence-
14 based, regional approaches to infection prevention,
15 control, and reporting.

16 “(2) PURPOSE.—Amount awarded under grants
17 under paragraph (1) may be used to support the fol-
18 lowing activities:

19 “(A) Inter-professional and inter-facility
20 learning activities.

21 “(B) Building statewide learning collabora-
22 tives.

23 “(C) Conducting a needs assessment to
24 identify gaps in health care-associated infection
25 prevention and reporting in a State or region.

1 “(D) Other activities determined appro-
2 priate by the Secretary.

3 “(3) ELIGIBILITY.—To be eligible to receive a
4 grant under this subsection, an entity shall be a
5 public or private nonprofit entity that submits to the
6 Secretary an application at such time, in such man-
7 ner, and containing such information as the Sec-
8 retary may require, including—

9 “(A) a description of the activities to be
10 carried out under the grant, including the par-
11 ticipants in any collaborative established to
12 carry out such activities;

13 “(B) a list of the specific goals of the enti-
14 ty for the regional or statewide reduction of
15 health care-associated infection rates;

16 “(C) an assurance that the entity will pub-
17 licly report performance on a set of quality and
18 outcomes measures in carrying out activities
19 under the grant to reduce health care-associ-
20 ated infections; and

21 “(D) any other information determined ap-
22 propriate by the Secretary.

23 “(4) PRIORITY.—In awarding grants under this
24 subsection, the Secretary shall prioritize applicants

1 that collaborate with multiple stakeholders across a
2 region or State.

3 “(5) AUTHORIZATION OF APPROPRIATIONS.—

4 There is authorized to be appropriated such sums as
5 may be necessary to carry out this subsection.

6 “(b) PREVENTION EPICENTER PROGRAM EXPANSION
7 GRANTS.—

8 “(1) IN GENERAL.—The Centers for Disease
9 Control and Prevention shall expand the Prevent
10 Epicenters Program to up to five additional sites.
11 New sites shall work with State or regional preven-
12 tion collaboratives to develop tools, strategies, and
13 evidence-based interventions to—

14 “(A) prevent or limit infection rates in
15 health care facilities across the continuum of
16 care and in community settings;

17 “(B) facilitate public health research on
18 the prevention and control of drug-resistant or-
19 ganisms and emerging microbial threats; and

20 “(C) assess the feasibility, cost effective-
21 ness, and appropriateness of surveillance and
22 prevention programs in different health care
23 settings.

1 “(2) AUTHORIZATION OF APPROPRIATIONS.—

2 There is authorized to be appropriated such sums as

3 may be necessary to carry out this subsection.”.

4 **SEC. 3. IMPROVING COMMUNICATION DURING CARE TRAN-**
5 **SITIONS.**

6 (a) IMPROVING PROVIDER COMMUNICATION RE-
7 GARDING PATIENT INFECTIONS IN MEDICARE AND MED-
8 ICAID.—

9 (1) IN GENERAL.—The Secretary of Health and
10 Human Services (referred to in this Act as the “Sec-
11 retary”) shall award competitive grants to support
12 the development and evaluation of programs aimed
13 at improving inter-facility communication about
14 health care-associated infections, multidrug-resistant
15 organisms, emerging microbial threats, and anti-
16 microbial use during transitions of care.

17 (2) ELIGIBILITY.—To be eligible for a grant
18 under paragraph (1) an applicant for such grant
19 shall be composed of two or more health care pro-
20 viders or facilities that regularly transfer or refer
21 patients to each other.

22 (3) REPORT TO CONGRESS.—Not later than 1
23 year after the end of the grant period under this
24 subsection, the Secretary shall submit a report to
25 Congress on lessons learned by grant awardees, in-

cluding best practices and recommendations for
 guidelines, policies, or payment reforms to improve
 inter-facility communication during care transitions.

(4) AUTHORIZATION OF APPROPRIATIONS.—

There is authorized to be appropriated such sums as
 may be necessary to carry out this subsection.

(b) GUIDANCE ON INTER-FACILITY COMMUNICA-
 TION.—

(1) IN GENERAL.—Not later than 1 year after
 the date of enactment of this Act, the Administrator
 of the Centers for Medicare & Medicaid Services, in
 collaboration with the Director of the Agency for
 Healthcare Research and Quality, shall convene a
 working group to develop guidance for standardized
 communication between health care facilities upon
 the discharge and transfer of individuals who were
 diagnosed and treated for health care-associated in-
 fections.

(2) TOPICS.—The working group convened
 under paragraph (1) shall identify—

(A) types of information related to health
 care-associated infections that should be com-
 municated when an individual is discharged and
 transferred from one health care facility to an-
 other, including—

1 (i) the type of infection or colonization
 2 acquired by an individual, including wheth-
 3 er or not such infection or colonization is
 4 caused by a multidrug-resistant organism;
 5 and

6 (ii) the type of antimicrobial drugs, if
 7 any, that the individual received for the in-
 8 fection from the discharging or transfer-
 9 ring provider and the stop date for those
 10 drugs;

11 (B) methods for transmitting information;

12 (C) timeframes for transmitting informa-
 13 tion; and

14 (D) any other information determined ap-
 15 propriate.

16 (3) WORKING GROUP PARTICIPANTS.—The
 17 working group under paragraph (1) shall be com-
 18 posed of representatives from—

19 (A) patient groups;

20 (B) hospitals;

21 (C) long-term care facilities;

22 (D) accreditation agencies;

23 (E) State and local health departments;

24 and

1 (F) other stakeholders as determined ap-
 2 propriate by the Secretary.

3 (4) GUIDANCE.—Not later than 1 year after
 4 the working group has been convened under para-
 5 graph (1), the Administrator of the Centers for
 6 Medicare & Medicaid Services shall issue guidance
 7 on standardized content and structure for transmit-
 8 ting information regarding individuals who were di-
 9 agnosed and treated for health care-associated infec-
 10 tions.

11 **SEC. 4. IMPROVING DATA ACCURACY AND SURVEILLANCE.**

12 Subpart II of part D of title IX of the Public Health
 13 Service Act (42 U.S.C. 299b–33 et seq.) is amended by
 14 adding at the end the following:

15 **“SEC. 938. HEALTH CARE-ASSOCIATED INFECTIONS AND**
 16 **ANTIMICROBIAL USE.**

17 “(a) IDENTIFYING BEST PRACTICES.—The Centers
 18 for Disease Control and Prevention, in collaboration with
 19 the Agency for Healthcare Research and Quality and the
 20 Centers for Medicare & Medicaid Services, shall convene
 21 stakeholders to identify best practices for the collection
 22 and electronic reporting of data on health care-associated
 23 infections to the National Healthcare Safety Network by
 24 a subsection (d) hospital (as defined in section

1 1886(d)(1)(B) of the Social Security Act (42 U.S.C.
2 1395ww(d)(1)(B))).

3 “(b) DATA COLLECTION PILOT PROGRAM.—

4 “(1) IN GENERAL.—The Director of the Agency
5 for Healthcare Research and Quality, in consultation
6 with the Director of the Centers for Disease Control
7 and Prevention, shall establish and implement a
8 pilot program to identify best practices and innova-
9 tive approaches for the collection and electronic re-
10 porting of data on the incidence of health care-asso-
11 ciated infections by long-term care facilities, ambula-
12 tory surgical centers, and dialysis facilities. Such
13 pilot program should incorporate applicable data val-
14 idation methodologies and other recommendations
15 described in the framework developed under sub-
16 section (c).

17 “(2) REPORT.—Not later than 6 months after
18 the completion of the pilot program under paragraph
19 (1), the Director shall submit to the Secretary and
20 the appropriate committees of Congress a report on
21 the best practices identified through the pilot pro-
22 gram, including the lessons learned and challenges
23 encountered with respect to data collection and elec-
24 tronic reporting in long-term care settings, ambula-
25 tory surgical centers, and dialysis facilities as well as

1 any recommended health care-associated infections
 2 surveillance methods for those settings.

3 “(3) AUTHORIZATION OF APPROPRIATIONS.—

4 There is authorized to be appropriated such sums as
 5 may be necessary to carry out this subsection.

6 “(c) DATA VALIDATION METHODOLOGY.—The Cen-
 7 ters for Disease Control and Prevention shall work with
 8 State and local health departments to develop a standard
 9 methodology for validating data reported by long-term
 10 care facilities to the National Healthcare Safety Network.

11 “(d) STUDY AND REPORT.—

12 “(1) IN GENERAL.—The Comptroller General of
 13 the United States shall conduct a study to evaluate
 14 the adequacy of State health departments’ and other
 15 State oversight agencies’ methods for external vali-
 16 dation of data reported to the National Healthcare
 17 Safety Network by health care facilities.

18 “(2) CONTENTS.—In conducting the study
 19 under paragraph (1), the Comptroller General
 20 shall—

21 “(A) assess the types and frequency of ex-
 22 ternal validation strategies conducted by State
 23 departments of health;

1 “(B) identify barriers to adherence with
2 the Centers for Disease Control and Preven-
3 tion’s external validation guidance; and

4 “(C) recommend strategies to improve the
5 consistency and reliability of data that is re-
6 ported to the National Healthcare Safety Net-
7 work.

8 “(3) REPORT.—Not later than 18 months after
9 the date of enactment of this section, the Comp-
10 troller General shall submit to Congress a report
11 containing the results of the study conducted under
12 paragraph (1), together with recommendations, if
13 any, for such legislation and administration action
14 as the Comptroller General determines appro-
15 priate.”.

16 **SEC. 5. STRENGTHENING ANTIMICROBIAL STEWARDSHIP.**

17 (a) IN GENERAL.—Section 320B of the Public
18 Health Service Act, as added by section 2, is amended by
19 adding at the end the following:

20 “(c) GRANT PROGRAM FOR STATE ANTIMICROBIAL
21 STEWARDSHIP ACTION PLANS.—

22 “(1) IN GENERAL.—The Secretary, acting
23 through the Director of the Centers for Disease
24 Control and Prevention, shall award grants to States

1 for the development and implementation of State
2 antimicrobial stewardship action plans.

3 “(2) ELIGIBILITY.—To be eligible to receive a
4 grant under this subsection, a State shall submit to
5 the Secretary an application at such time, in such
6 manner, and containing such information as the Sec-
7 retary may require, including—

8 “(A) an assurance that development of the
9 plan under the grant will be led by an infectious
10 disease-trained physician with experience in
11 antimicrobial stewardship or a pharmacist with
12 expertise in infectious disease and antimicrobial
13 stewardship; and

14 “(B) an assurance that the plan will focus
15 on collaboration across health care settings and
16 include a summary of resource gaps and chal-
17 lenges.

18 “(3) AUTHORIZATION OF APPROPRIATIONS.—
19 There is authorized to be appropriated such sums as
20 may be necessary to carry out this subsection.”.

21 (b) ADVANCING HOSPITAL REPORTING ON ANTI-
22 BIOTIC USE AND ANTIMICROBIAL RESISTANCE.—Not
23 later than 1 year after the date of enactment of this Act,
24 the Administrator of the Centers for Medicare & Medicaid
25 Services shall issue a notice of proposed rulemaking that

1 requires acute care hospitals to report antibiotic use and
 2 antimicrobial resistance using the National Healthcare
 3 Safety Network’s Antimicrobial Use and Resistance Mod-
 4 ule as part of the Hospital Inpatient Quality Reporting
 5 Program.

6 (c) IN GENERAL.—Section 320B of the Public
 7 Health Service Act, as added by section 2 and amended
 8 by subsection (a), is further amended by adding at the
 9 end the following:

10 “(d) PROMOTING THE APPROPRIATE USE OF ANTI-
 11 BIOTICS.—

12 “(1) IN GENERAL.—Beginning on January 1,
 13 2021, and annually thereafter, the Centers for Dis-
 14 ease Control and Prevention shall conduct at least
 15 one antimicrobial stewardship workshop in a State
 16 or region where annual prescriptions for anti-
 17 microbial drugs per capita exceed the national aver-
 18 age.

19 “(2) REQUIREMENTS.—The workshop under
 20 paragraph (1) shall identify regional strategies to
 21 support collaboration across the care continuum to
 22 promote the appropriate use of antimicrobials. In
 23 implementing such workshop, the Director of the
 24 Centers for Disease Control and Prevention should
 25 seek participation from relevant public and private

1 stakeholders with expertise in health care, quality
 2 improvement, and consumer engagement.

3 “(3) AUTHORIZATION OF APPROPRIATIONS.—

4 There is authorized to be appropriated such sums as
 5 may be necessary to carry out this subsection.

6 “(e) STUDY ON PRESCRIPTION DRUG MONITORING
 7 PROGRAMS.—

8 “(1) IN GENERAL.—The Centers for Disease
 9 Control and Prevention shall conduct a study on the
 10 feasibility of requiring ambulatory and outpatient
 11 health care providers to report prescriptions for anti-
 12 microbial drugs to a State prescription drug moni-
 13 toring program, if such a program is available in the
 14 practitioners’ States.

15 “(2) REPORT.—The Centers for Disease Con-
 16 trol and Prevention shall submit a report to Con-
 17 gress on the findings of the study under paragraph
 18 (1) and make recommendations for the use, improve-
 19 ment, or expansion of State prescription drug moni-
 20 toring programs to capture information on prescrip-
 21 tions for antimicrobial drugs.”.

22 **SEC. 6. IMPROVING SAFETY IN PEDIATRIC CARE.**

23 (a) PEDIATRIC SAFETY ADVISORY COUNCIL.—The
 24 Secretary shall establish a Pediatric Safety Advisory
 25 Council (referred to in this section as the “Council”) to

1 advise and make recommendations on policies to improve
2 pediatric safety and reduce the incidence of health care-
3 acquired conditions in children's hospitals and other pedi-
4 atric care settings.

5 (1) MEMBERSHIP.—The Council shall include
6 at least one of each of the following providers:

7 (A) Neonatologist.

8 (B) Pediatrician.

9 (C) Pediatric infectious disease specialist.

10 (D) Pediatric intensive care specialist.

11 (E) Pediatric hospitalist.

12 (b) STUDY ON THE FEASIBILITY OF CHILDREN'S
13 HOSPITALS REPORTING TO THE NATIONAL HEALTH CARE
14 SAFETY NETWORK.—

15 (1) IN GENERAL.—The Centers for Disease
16 Control and Prevention shall conduct a study on the
17 appropriateness and feasibility of requiring free-
18 standing children's hospitals to report information
19 on health care-associated infections to the National
20 Healthcare Safety Network.

21 (2) CONTENT.—The study under paragraph (1)
22 shall evaluate the applicability of National Health-
23 care Safety Network modules, risk adjustment meth-
24 odologies, and case definitions to freestanding chil-
25 dren's hospitals.

1 (3) REPORT.—The Centers for Disease Control
 2 and Prevention shall submit a report to Congress on
 3 the findings of the study under paragraph (1) and
 4 make recommendations for—

5 (A) increasing the number of children’s
 6 hospitals that report to the National Healthcare
 7 Safety Network; and

8 (B) an alternative means to collect data on
 9 health care-associated infections that occur dur-
 10 ing a patient’s stay at a children’s hospital.

11 **SEC. 7. OTHER PATIENT SAFETY IMPROVEMENTS.**

12 (a) IN GENERAL.—Section 320B of the Public
 13 Health Service Act, as added by section 2 and amended
 14 by section 5, is further amended by adding at the end the
 15 following:

16 “(f) CONTINUING EDUCATION ON INFECTION CON-
 17 TROL AND PATIENT SAFETY.—

18 “(1) IN GENERAL.—The Secretary shall estab-
 19 lish a program to provide incentives (in the form of
 20 grants or other assistance) to State medical boards
 21 that require health care professionals (as defined by
 22 the medical board) to complete accredited course-
 23 work or training in infection control or other patient
 24 safety topics as a condition of receiving a new or re-
 25 newed license to practice in the State.

1 “(2) EXEMPTION.—A State medical board that
 2 receives assistance under paragraph (1) may provide
 3 an exemption from the coursework or training re-
 4 quirement under such paragraph for those health
 5 care professionals who have specialized training in
 6 infection control (such as an infectious disease spe-
 7 cialist or certified infection control practitioner), who
 8 are not actively practicing in the State, and who do
 9 not provide direct patient care.

10 “(3) AUTHORIZATION OF APPROPRIATIONS.—
 11 There is authorized to be appropriated such sums as
 12 may be necessary to carry out this subsection.”.

13 (b) ENGAGING HOSPITAL LEADERSHIP IN PATIENT
 14 SAFETY IN MEDICARE AND MEDICAID.—

15 (1) MEDICARE.—Section 1866(a)(1) of the So-
 16 cial Security Act (42 U.S.C. 1395cc(a)(1)) is
 17 amended—

18 (A) in subparagraph (X), by striking
 19 “and” at the end;

20 (B) in subparagraph (Y), by striking the
 21 period and inserting “; and”; and

22 (C) by adding at the end the following new
 23 subparagraph:

24 “(Z) in the case of hospitals, including
 25 critical access hospitals, to require that, not less

1 than once every 5 years, all members of the
 2 board of such hospital receive training (which
 3 may include coursework at an accredited insti-
 4 tution of higher education) on patient safety
 5 topics relevant to a hospital (or critical access
 6 hospital, as the case may be) setting.”.

7 (2) EFFECTIVE DATE.—In the case of the re-
 8 quirement imposed by the amendments made by
 9 paragraph (1), such requirement shall apply to
 10 agreements entered into or renewed on or after the
 11 date that is 30 days after the date of the enactment
 12 of this Act.

13 (c) CORE QUALITY MEASURES COLLABORATIVE.—

14 (1) IN GENERAL.—The Administrator for the
 15 Centers for Medicare & Medicaid Services shall es-
 16 tablish a Core Quality Measures Collaborative to
 17 harmonize quality measure reporting requirements
 18 across public and commercial quality improvement
 19 and reporting programs.

20 (2) STAKEHOLDER INPUT.—Administrator for
 21 the Centers for Medicare & Medicaid Services shall
 22 seek input from a broad array of stakeholders to
 23 identify priorities for clinical areas and care settings
 24 that could benefit from core quality measure sets

1 and to inform the quality measures that are included
2 in core sets. Stakeholders shall include—

3 (A) commercial health plans;

4 (B) Medicare and Medicaid managed care
5 plans;

6 (C) physician and other provider organiza-
7 tions;

8 (D) patient groups; and

9 (E) quality improvement groups.

10 (3) FRAMEWORK AND GOALS.—Not later than
11 1 year after the date of enactment of this Act, the
12 Administrator for the Centers for Medicare & Med-
13 icaid Services shall publish a framework and goals
14 for the Collaborative under paragraph (1).

○