

110TH CONGRESS  
1ST SESSION

# S. 2525

To prevent health care facility-acquired infections.

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IN THE SENATE OF THE UNITED STATES

DECEMBER 19, 2007

Mr. MENENDEZ (for himself and Mr. DURBIN) introduced the following bill;  
which was read twice and referred to the Committee on Health, Edu-  
cation, Labor, and Pensions

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## A BILL

To prevent health care facility-acquired infections.

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 “MRSA Infection Pre-  
5 vention and Patient Protection Act”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) ACUTE CARE HOSPITAL.—The term “acute  
9 care hospital” means a hospital that maintains and  
10 operates an emergency room (including a trauma or  
11 burn center), surgical unit, birthing facility, and

1 such other unit that is highly susceptible to acquir-  
2 ing or transmitting infections, as determined by the  
3 Secretary through regulations.

4 (2) HOSPITAL.—The term “hospital” has the  
5 meaning given such term in section 1861(e) of the  
6 Social Security Act (42 U.S.C. 1395x(e)) and in-  
7 cludes critical access hospitals (as defined in section  
8 1861(mm) of such Act) and other entities deter-  
9 mined to be hospitals by the Secretary.

10 (3) MRSA.—The term “MRSA” means  
11 Methicillin-Resistant Staphylococcus aureus.

12 (4) SECRETARY.—The term “Secretary” means  
13 the Secretary of Health and Human Services.

14 **SEC. 3. HOSPITAL INFECTION PREVENTION PROGRAMS.**

15 (a) REGULATIONS.—

16 (1) IN GENERAL.—Not later than 5 months  
17 after the date of enactment of this Act, the Sec-  
18 retary, in consultation with the Director of the Cen-  
19 ters for Disease Control and Prevention and such  
20 independent experts as the Secretary determines ap-  
21 propriate, shall promulgate regulations that—

22 (A) define the term “MRSA”;

23 (B) provide a list of best practices for  
24 MRSA and such other antibiotic resistant

1           staphylococcus as the Secretary determines ap-  
2           propriation;

3           (C) define the term “high risk hospital de-  
4           partments” for purposes of applying the best  
5           practices provided for under subparagraph (B),  
6           which may include surgical, burn, neonatal, and  
7           such other department as the Secretary may  
8           designate;

9           (D) provide screening, record keeping, and  
10          other requirements as they relate to reductions  
11          in MRSA.

12          (2) CONSISTENCY.—The regulations promul-  
13          gated under this subsection shall be consistent with  
14          the requirements of this Act.

15          (3) EFFECTIVE DATE.—The regulations pro-  
16          mulgated under paragraph (1) shall take effect on  
17          the date that is 1 month after the date on which  
18          such regulations are published in the Federal Reg-  
19          ister, but in no case later than 6 months after the  
20          date of enactment of this Act.

21          (b) SCREENING REQUIREMENTS.—

22                  (1) IN GENERAL.—Not later than 6 months  
23                  after the date of enactment of this Act, all acute  
24                  care hospitals shall screen all patients entering in-  
25                  tensive care units and other high risk hospital de-

1       partments (as defined in the regulations promul-  
2       gated under subsection (a)(1)).

3               (2) EXTENSION OF REQUIREMENTS.—

4               (A) IN GENERAL.—The Secretary, in con-  
5       sultation with the Director of the Centers for  
6       Disease Control and Prevention, shall establish  
7       a process and a timetable for extending the  
8       screening requirements of paragraph (1) to all  
9       patients admitted to all hospitals.

10              (B) REQUIREMENTS FULLY APPLIED.—

11       The timetable established under subparagraph  
12       (A), shall require that all patients be covered by  
13       the screening requirements under paragraph (1)  
14       by not later than January 1, 2012.

15              (C) WAIVERS.—The Secretary may waive  
16       the requirements of this paragraph—

17              (i) if the Secretary determines that  
18       the rate of MRSA (or similar infections) is  
19       declining; or

20              (ii) if the Secretary determines that  
21       such requirements should not apply to cer-  
22       tain hospitals or units of hospitals because  
23       the danger of acquiring or transmitting  
24       MRSA (or similar infections) is no greater

1           than it is of acquiring MRSA in the com-  
2           munity.

3           (3) MEDICARE PAYMENT ADJUSTMENTS.—Not  
4           later than January 1, 2009, the Secretary shall sub-  
5           mit to the appropriate committees of Congress, a re-  
6           port on whether payment adjustments should be  
7           made under title XVIII of the Social Security Act  
8           (42 U.S.C. 1395 et seq.) to assist certain hospitals  
9           in defraying the cost of screening for, and the subse-  
10          quent treatment of, MRSA (or similar infections). In  
11          preparing such report, the Secretary shall give spe-  
12          cial consideration to the needs of rural, critical ac-  
13          cess, sole community, and Medicare dependent hos-  
14          pitals, and disproportionate share hospitals and  
15          other hospitals with a disproportionate share of im-  
16          mune compromised patients.

17          (c) BEST PRACTICES.—In addition to any other best  
18          practices contained in the regulations promulgated under  
19          subsection (a), all hospitals shall comply with the fol-  
20          lowing:

21               (1) A hospital shall require contact (barrier)  
22          precautions, as determined by the Secretary, be  
23          taken when treating patients who test positive for  
24          MRSA colonization (as defined by the Centers for  
25          Disease Control and Prevention).

1           (2) Where possible, a hospital will isolate, with  
2           the same staffing ratio per bed as in the non-iso-  
3           lated beds of the hospital, or cohort patients colo-  
4           nized or infected with MRSA, control and monitor  
5           the movements of such patients within the hospital,  
6           and take whatever steps are needed to stop the  
7           transmission of MRSA bacteria to patients who did  
8           not come into the hospital infected or colonized with  
9           such bacteria. The Secretary may suspend the appli-  
10          cation of this paragraph in the case of an emer-  
11          gency.

12          (3) All patients tested for MRSA shall be in-  
13          formed of the results and such results shall be noted  
14          in the patient's medical records.

15          (4) Patients being discharged from intensive  
16          care units shall be tested again for MRSA, and  
17          those patients testing positive will be informed of  
18          their status, and that status will be noted in the pa-  
19          tient's medical records in case of readmittance to a  
20          hospital.

21          (5) A hospital shall educate their staff con-  
22          cerning modes of transmission of MRSA, use of pro-  
23          tective equipment, disinfection policies and proce-  
24          dures, and other preventive measures.

25          (d) REPORTING.—

1           (1) IN GENERAL.—Not later than January 1,  
2           2009, all hospitals shall, using the National  
3           Healthcare Safety Network of the Centers for Dis-  
4           ease Control and Prevention, report the number of  
5           cases of hospital-acquired MRSA and other resistant  
6           infection rates that occur in the hospital facility.  
7           The Secretary shall develop a process for the risk  
8           adjustment of such reports by hospitals.

9           (2) PUBLICATION.—The Secretary shall develop  
10          a system for the publication of hospital-specific  
11          MRSA and other infection rates.

12         (e) NON-HOSPITAL MEDICARE PROVIDERS.—

13           (1) MRSA INFECTION REPORTING.—The Sec-  
14          retary, using the MRSA and other infection informa-  
15          tion identified under section (b) and such other bill-  
16          ing and coding information as necessary, shall de-  
17          velop a system of identifying infected transferred pa-  
18          tients. The Secretary shall define by regulation the  
19          term infected transferred patient, and such term  
20          shall include any patient who, after discharge from,  
21          or treatment at, a non-hospital Medicare provider  
22          (including, but not limited to, a skilled nursing facil-  
23          ity, end stage renal disease program, or ambulatory  
24          surgical center), is admitted directly (or within 5  
25          days of such discharge or treatment) to the hospital

1 with MRSA (or other infection). The Secretary shall  
2 establish a system to promptly inform any facility  
3 that has transferred an infected patient. Unless such  
4 facility can provide a reasonable explanation that the  
5 infection was not acquired in that facility, the facil-  
6 ity shall submit to the Secretary a MRSA infection  
7 action plan to reduce such infections.

8 (2) ASSISTANCE.—The Secretary shall promul-  
9 gate regulations to develop a program to provide  
10 technical assistance and educational materials to  
11 non-hospital Medicare providers described in para-  
12 graph (1) in order to assist in preventing subsequent  
13 MRSA infections.

14 (3) PUBLICATION OF CERTAIN INFORMATION.—  
15 If a non-hospital Medicare provider identified in a  
16 report submitted under paragraph (1) fails to take  
17 steps, as described in the action plan submitted  
18 under such paragraph, to combat MRSA infections,  
19 the Secretary shall publish the name of the provider  
20 and the number of MRSA infections from such pro-  
21 vider in the previous year.

22 (f) ASSISTANCE.—

23 (1) IN GENERAL.—To provide for the rapid im-  
24 plementation of MRSA screening programs and ini-  
25 tiatives through the installation of certified MRSA

1 screening equipment and the provision of necessary  
2 support services, a hospital may submit an applica-  
3 tion to the Secretary for a 1-year increase in the  
4 amount of the capital-related costs payment made to  
5 the hospital under the prospective payment system  
6 under section 1886(g) of the Social Security Act (42  
7 U.S.C. 1395ww(g)). The Secretary shall approve all  
8 requests that the Secretary determines are reason-  
9 able and necessary.

10 (2) REPAYMENT.—A hospital that receives an  
11 increase under paragraph (1) shall, not later than 4  
12 years after the date of receipt of such increase, reim-  
13 burse the Secretary for the costs of such increase.  
14 Such costs shall include the accrual of interest at  
15 the rate payable for Federal Treasury notes. Such  
16 reimbursement may be in the form of reduced cap-  
17 ital-related costs payments to the hospital under the  
18 system described in paragraph (1) for the years fol-  
19 lowing the year in which the increase was received.

20 (3) CERTIFICATION SYSTEM.—Not later than 6  
21 months after the date of enactment of this Act, the  
22 Secretary shall promulgate regulations for the devel-  
23 opment of a system to certify appropriate MRSA

- 1 screening and support services for purposes of this
- 2 subsection.

