

# Bill as Introduced

HB 131 - AS INTRODUCED

2021 SESSION

21-0083  
10/08

HOUSE BILL

**131**

AN ACT

relative to reporting of health care associated infections.

SPONSORS:

Rep. Woods, Merr. 23

COMMITTEE:

Health, Human Services and Elderly Affairs

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ANALYSIS

This bill clarifies the information that hospitals must report regarding infections.

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Explanation:

Matter added to current law appears in ***bold italics***.

Matter removed from current law appears [~~in brackets and struckthrough.~~]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty One*

AN ACT relative to reporting of health care associated infections.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1       1 Residential Care and Health Facility Licensing; Reporting of Health Care Associated  
2 Infections. Amend RSA 151:33, II(b) to read as follows:

3               (b) Hospitals shall also initially identify, track, and report process measures including[  
4               ~~(1) Adherence rates of central line insertion practices;~~  
5               ~~(2) Surgical antimicrobial prophylaxis; and~~  
6               ~~(3)]~~ coverage rates of influenza vaccination for health care personnel and  
7 patients/residents.

8       2 Residential Care and Health Facility Licensing; Reporting of Health Care Associated  
9 Infections. Amend RSA 151:33, III and IV to read as follows:

10           III. Subsequent to the initial requirements identified in paragraphs II, II-a, or II-b, the  
11 department shall, from time to time, require the tracking and reporting of other types of infections  
12 **and measures** when reporting protocols are identified by the department, that occur in hospitals,  
13 end-stage renal dialysis centers, and ambulatory surgical facilities in consultation with technical  
14 advisors, **which shall include the Centers for Disease Control and Prevention (CDC),**  
15 **Centers for Medicare and Medicaid Services (CMS) Hospital Inpatient Quality Reporting**  
16 **Program, and the National Quality Forum,** who are regionally or nationally-recognized experts  
17 in the prevention, identification, and control of health care associated infections and the reporting of  
18 performance data. **All required tracking and reporting of other types of infections and**  
19 **measures shall be consistent with the requirements supported by the CDC, CMS Hospital**  
20 **Inpatient Quality Reporting Program, or the National Quality Forum.**

21           IV. The commissioner of the department shall adopt rules, pursuant to RSA 541-A, for  
22 hospital, end-stage renal dialysis center, nursing and residential care facility, the New Hampshire  
23 veterans' home, assisted living residence, and ambulatory surgical facility identification, tracking,  
24 and reporting of infections, **measures,** and/or coverage rates of influenza vaccinations as required in  
25 this section which shall be consistent with the recommendations of recognized centers of expertise in  
26 the identification and prevention of infections including, but not limited to the National Healthcare  
27 Safety Network and the Healthcare Infection Control Practices Advisory Committee of the Centers  
28 for Disease Control and Prevention or its successor, The Joint Commission [~~on the Accreditation of~~  
29 ~~Healthcare Organizations~~], the Centers for Medicare and Medicaid Services, the Hospital Quality  
30 Alliance, the National Quality Forum, and the New Hampshire health care quality [assurance] **and**  
31 **safety** commission under RSA 151-G.

**HB 131 - AS INTRODUCED**

**- Page 2 -**

1        3 Effective Date. This act shall take effect 60 days after its passage.

CHAPTER 79  
HB 131 - FINAL VERSION

2021 SESSION

21-0083  
10/08

HOUSE BILL           **131**

AN ACT               relative to reporting of health care associated infections.

SPONSORS:           Rep. Woods, Merr. 23

COMMITTEE:         Health, Human Services and Elderly Affairs

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ANALYSIS

This bill clarifies the information that hospitals must report regarding infections.

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                          Matter removed from current law appears ~~[in brackets and struck through.]~~  
                          Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

CHAPTER 79  
HB 131 - FINAL VERSION

21-0083  
10/08

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty One*

AN ACT relative to reporting of health care associated infections.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

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4

5 ~~(1) Adherence rates of central line insertion practices;~~

6 ~~(2) Surgical antimicrobial prophylaxis; and~~

7 ~~(3)] coverage rates of influenza vaccination for health care personnel and  
8 patients/residents.~~

9 79:2 Residential Care and Health Facility Licensing; Reporting of Health Care Associated  
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16 *Centers for Medicare and Medicaid Services (CMS) Hospital Inpatient Quality Reporting*  
17 *Program, and the National Quality Forum*, who are regionally or nationally-recognized experts  
18 in the prevention, identification, and control of health care associated infections and the reporting of  
19 performance data. *All required tracking and reporting of other types of infections and*  
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21 *Inpatient Quality Reporting Program, or the National Quality Forum.*

22 IV. The commissioner of the department shall adopt rules, pursuant to RSA 541-A, for  
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25 and reporting of infections, *measures*, and/or coverage rates of influenza vaccinations as required in  
26 this section which shall be consistent with the recommendations of recognized centers of expertise in  
27 the identification and prevention of infections including, but not limited to the National Healthcare  
28 Safety Network and the Healthcare Infection Control Practices Advisory Committee of the Centers  
29 for Disease Control and Prevention or its successor, The Joint Commission [~~on the Accreditation of  
Healthcare Organizations~~], the Centers for Medicare and Medicaid Services, the Hospital Quality

**CHAPTER 79**  
**HB 131 - FINAL VERSION**  
**- Page 2 -**

- 1 Alliance, the National Quality Forum, and the New Hampshire health care quality [assurance] *and*
- 2 *safety* commission under RSA 151-G.

79:3 Effective Date. This act shall take effect 60 days after its passage.

Approved: June 18, 2021

Effective Date: August 17, 2021

# Committee Minutes



**SENATE CALENDAR NOTICE**  
**Health and Human Services**

Sen Jeb Bradley, Chair  
Sen James Gray, Vice Chair  
Sen Kevin Avard, Member  
Sen Tom Sherman, Member  
Sen Rebecca Whitley, Member

Date: April 21, 2021

**HEARINGS**

Wednesday	04/28/2021	
(Day)	(Date)	
Health and Human Services	REMOTE 000	9:00 a.m.
(Name of Committee)	(Place)	(Time)
9:00 a.m.	<b>HB 146</b>	requiring health care providers to furnish upon request a list of ingredients contained in an injectable medication that is recommended or administered.
9:15 a.m.	<b>HB 572</b>	relative to pharmacist administration of vaccines and allowing a licensed advanced pharmacy technician to administer vaccines.
9:30 a.m.	<b>HB 131</b>	relative to reporting of health care associated infections.
9:45 a.m.	<b>HB 503</b>	codifying the council on housing stability.

Committee members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. Link to Zoom Webinar: <https://www.zoom.us/j/97247944129>
2. To listen via telephone: Dial(for higher quality, dial a number based on your current location):

1-301-715-8592, or 1-312-626-6799 or 1-929-205-6099, or 1-253-215-8782, or 1-346-248-7799, or 1-669-900-6833

3. Or iPhone one-tap: 16465588656,,97247944129# or 13017158592,,97247944129#

4. Webinar ID: 972 4794 4129

5. To view/listen to this hearing on YouTube, use this link:

<https://www.youtube.com/channel/UCjBZdtrjRnQdmg-2MPMiWrA>

6. To sign in to speak, register your position on a bill and/or submit testimony, use this link:

<http://gencourt.state.nh.us/remotecommittee/senate.aspx>

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: [remotesenate@leg.state.nh.us](mailto:remotesenate@leg.state.nh.us) or call (603-271-6931).

**EXECUTIVE SESSION MAY FOLLOW**

**Sponsors:**

**HB 146**

Rep. Comtois

Rep. Aron

Rep. Cushman

**HB 572**

Rep. Merchant

Sen. Prentiss

**HB 131**

Rep. Woods

**HB 503**

Rep. Long

Rep. Wilhelm

**Kirsten Koch 271-3266**

**Jeb Bradley**  
**Chairman**

# Senate Health and Human Services Committee

*Kirsten Koch 271-3266*

**HB 131**, relative to reporting of health care associated infections.

**Hearing Date:** April 28, 2021

**Time Opened:** 9:39 a.m.

**Time Closed:** 9:52 a.m.

**Members of the Committee Present:** Senators Bradley, Gray, Avard, Sherman and Whitley

**Members of the Committee Absent :** None

**Bill Analysis:** This bill clarifies the information that hospitals must report regarding infections.

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**Sponsors:**

Rep. Woods

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**Who supports the bill:** Rep. Gary Woods, Merrimack 23; Elissa Malcolm, Dartmouth-Hitchcock Value Reporting and Analytics; Paula Minnehan, NH Hospital Association; Katrina Hansen, DHHS; Courtney Tanner, Dartmouth-Hitchcock.

**Who opposes the bill:** Kate Horgan, NH Association of Counties; Melissa White; John Marino; Jandee Porter; Shayla Anderson; Janelle Lorento; Joseph Lorento; Laura Condon.

**Who is neutral on the bill:** None.

**Summary of Testimony Presented:**

*NOTE: The speakers referred to two acronyms during their testimony. The acronyms are defined below.*

- *Central Line Insertion Practices (CLIP)*
- *Surgical Antimicrobial Prophylaxis and Intravenous Antimicrobial Administration, or previously known as the Surgical Care Improvement Project (SCIP)*

**Representative Gary Woods, Merrimack 23**

- Rep. Woods testified in support of this bill.
- Rep. Wood said, the bill came out of committee with an OTP motion on a vote of 17-3. This bill passed the House 230-130 on roll call.
- Rep. Woods referred to the committee members to his submission of written testimony.
- Rep. Woods said, this bill updates and clarifies standardization rules, and relieves a burden on DHHS.

- Rep. Woods said, lines 4 and 5, stricken two measures that were in place for surgical practices. Over the course of several years the facilities reviewed maintained a 94-95% compliance and no longer need to go through reporting, but will still get scrutiny during on site reviews.
- Rep. Woods said, Section 1 continued reporting of influenza vaccines. This is depersonalized data. It allows DHHS to reliably comment on statuses and form recommendations for the public in NH.
- Rep. Woods said, protocols do not have to mirror national organization, they just have to establish a conforming standard.
- Rep. Woods said, this bill provides a standard of which the department can do its job and advise the state.

### **Elissa Malcolm, Director of Value and Reporting Analytics, Dartmouth-Hitchcock**

- Ms. Malcolm testified in support of this bill.
- Ms. Malcolm said, when the state stays current with scientific measures it makes reporting requirements easier.
- Ms. Malcolm said, this bill allows the state to use the rules process to stay current and reduces the reporting burden for hospitals.
- Ms. Malcolm said, both the state and hospitals have struggled to meet the CLIP and SCIP measures. For the past decade, we have been trying to figure out to how to improve the CLIP measure as a metric. It is a low value metric. While the concept of CLIP is really important, what it measures is our ability to document the line insertion process.
- Ms. Malcolm said, over the past few years, the measure and performance was so high it could no longer be measured by the metrics. The measurements and standards are out of date. This bill fixes both these measures. These are process measures, not outcome measures.
- Ms. Malcolm said, the old metric is a low value measure and time insensitive. It does not serve hospital nor citizens
- Ms. Malcolm said, this bill helps the state to line up with CMS practices and changes with the CDC. This bill allows the state to be flexible.
- Ms. Malcolm said, DHHS has brought positive changes with the rules and process for reporting. The rules changes allows hospitals to report SCIP data through a survey program. This has saved us about eight hours per week.
- Ms. Malcolm said, HB 131 gives the state the means they need to stay current with scientifically valid measures.

### **Paula Minnehan, NH Hospital Association**

- Ms. Minnehan testified in support of the bill.
- Ms. Minnehan said she commends the testimony of Ms. Malcolm and Rep. Woods.
- Ms. Minnehan referred the committee members to her written testimony.

- Ms. Minnehan said she wanted to acknowledge that Rep. Woods introduced this bill, with the exact same language, last year but it got held up due to the pandemic. She said, last year this bill passed in the House and it was heard in the Senate HHS Committee.

**Katrina Hansen, Chief of Infectious Disease Surveillance, Division of Public Health Services, Department Health and Human Services**

- Ms. Hansen testified in support of this bill.
- Ms. Hansen said, a health care associated infection (HAI) is an infection that a patient acquires during the course of receiving treatment for another condition within a health care setting.
- Ms. Hansen said, NH DHHS does not have concerns and supports the proposed bill.
- Ms. Hansen said, few states monitor CLIP and it is not a nationally collected measure for other organizations (e.g., CMS). Monitoring CLIP data is burdensome for health care facilities as it requires manual data entry for every insertion that occurs. Though CLIP data was useful in understanding adherence initially, it is less relevant now after more than 10 years of reporting and overall high adherence. Other measures may be more relevant with the changing landscape of HAI. Additionally, CLIP is not used routinely by the HAI program to provide recommendations or feedback to hospitals for quality improvement.
- Ms. Hansen said, surgical antibiotic prophylaxis data via SCIP have not been available since 2014 and are no longer a national quality measure. Going forward, NH hospitals would have to report this measure through a different mechanism to DHHS, such as through an online survey. This measure has less utility, and the HAI program would like to focus efforts in working with facilities to collect more meaningful data to measure antibiotic resistance and stewardship.

KNK

Date Hearing Report completed: April 30, 2021

# Speakers

## Senate Remote Testify

### Health and Human Services Committee Testify List for Bill HB131 on 2021-04-

Support: 4 Oppose: 5 Neutral: 0 Total to Testify: 3

<b>Name</b>	<b>Email Address</b>	<b>Phone</b>	<b>Title</b>	<b>Representing</b>	<b>Position</b>	<b>Testifying</b>	<b>?</b>
Malcolm, Elissa	Not Given	Not Given	A Member of the Public	Dartmouth-Hitchcock Value Reporting & Analytics	Support	Yes	✓
WOODS, GARY	gwpops054@gmail.com	603.228.3827	An Elected Official	Myself	Support	Yes	✓
Minnehan, Paula	pminnehan@nhha.org	603.496.1047	A Lobbyist	NH Hospital Association	Support	Yes	✓
Horgan, Kate	khorgan@dupontgroup.com	603.228.3322	A Lobbyist	NH Association of Counties	Oppose	No	✓
Tanner, Courtney	Courtney.Tanner@hitchcock.org	12074688789	A Lobbyist	Dartmouth-Hitchcock	Support	No	✓
Anderson, Shayla	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	✓
Lorento, Janelle	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	✓
Lorento, Joseph	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	✓
Condon, Laura	vaxchoicenh@gmail.com	603.471.0787	A Member of the Public	Myself	Oppose	No	✓

# Testimony





**Dartmouth-Hitchcock Medical Center**

One Medical Center Drive  
Lebanon, NH 03756-0001

Phone (603) 650-0000

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[Dartmouth-Hitchcock.org](http://Dartmouth-Hitchcock.org)

Senator Bradley – Chair  
Senate Health and Human Services Committee

April 28, 2021

Re: HB 131 – Modifications to Healthcare Associated Infections Reporting

Dear Chairman Bradley and Members of the Committee,

Dartmouth-Hitchcock is committed to the appropriate reporting of infection and infection prevention data. As such, we support HB 131, as originally drafted. HB 131 will not only reduce the administrative burden of reporting unnecessary measurements for Dartmouth-Hitchcock and other provider institutions but also better align reporting requirements contemplated in RSA 151:33 with up-to-date measures defined by the CDC, CMS, or National Quality Forum.

HB 131 makes two changes to RSA 151:33. First, the bill removes the obligation to document Central Line Insertion Practices (CLIP). We believe that this measure has become more about efficiency of documentation than the documentation of evidence-based care. (The State performance on this measure is essentially unchanged since 2013, ranging between 98.2% and 98.5%.)

Second, HB 131 removes Surgical Antimicrobial Prophylaxis and Intravenous Antimicrobial Administration (SCIP) from the reporting requirements. SCIP measures were retired by CMS in 2015. Therefore, the definitions of the SCIP measures have not been maintained and are simply not available for hospitals to report.

In conclusion, Dartmouth-Hitchcock strongly supports HB 131, as originally drafted. The removal of both of these measures reduces the reporting burden on the hospitals. We believe that their removal also benefits NH DHHS because it allows our state to stay current with scientifically valid measures through the rules process. HB 131 aligns the infection reporting for NH DHHS with measures defined and vetted by the CDC, CMS, and National Quality Forum.

Thank you for your attention to this matter,

Elissa F. Malcolm, MS  
Director of Value Reporting & Analytics  
Analytics Institute  
[elissa.f.malcolm@hitchcock.org](mailto:elissa.f.malcolm@hitchcock.org)  
(603) 308-9053



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION OF PUBLIC HEALTH SERVICES*

Lori Shihinette  
Commissioner

Lisa M. Morris  
Director

29 HAZEN DRIVE, CONCORD, NH 03301  
603-271-4496 1-800-852-3345 Ext. 4496  
Fax: 603-271-0545 TDD Access: 1-800-735-2964  
[www.dhhs.nh.gov](http://www.dhhs.nh.gov)

Testimony for  
HB 131, relative to the reporting of health care associated infections  
Senate Health, Human Services Committee  
April 28, 2021

Good morning Senator Bradley and members of the committee. My name is Katrina Hansen, and I am the Chief of the Infectious Disease Surveillance Section for the Division of Public Health Services (DPHS). I am here today to provide information and support HB 131, relative to the reporting of healthcare associated infections (HAI).

**Background on Healthcare-Associated Infections**

A healthcare associated infection (HAI) is an infection that a patient acquires during the course of receiving treatment for another condition within a healthcare setting. HAIs cause an estimated 722,000 infections and 75,000 deaths in U.S. acute care hospitals each year. By these estimates, HAI are among the top 10 leading causes of death in the U.S. and, 5–10% of all hospital admissions are complicated by HAI. The most common HAIs are pneumonia, gastrointestinal illness, primary bloodstream infections (BSI), and surgical site infections. Certain HAIs are required to be reported by law. In 2018, there were 197 such infections reported in New Hampshire hospitals and ambulatory surgery centers.

In addition to certain infections, hospitals, ambulatory surgical centers, and end-stage renal dialysis (ESRD) centers also have to report some preventative measures put in place to protect patients (e.g., healthcare personnel [HCP] influenza vaccination). In hospitals, this includes central-line insertion practices (CLIP) and surgical antimicrobial prophylaxis under the previously known surgical care improvement project (SCIP). The proposed bill seeks to remove the requirement to report these two measures.

CLIP monitoring assesses key infection prevention practices that occur during the insertion of a central line, such as performing hand hygiene and wearing gloves. Since the start of public reporting of this measure in New Hampshire, hospitals have improved and maintained high adherence rates to the recommended insertion practices, from 93.5% (2008) to 98.3 (2018).

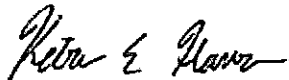
Surgical antimicrobial prophylaxis is the administration of antibiotics prior to a surgical procedure to prevent surgical site infections. Monitoring appropriate administration of these antibiotics was initially included in the reporting law over ten years ago because all hospitals already had to report this measure to Centers for Medicare and Medicaid Services (CMS) through the Surgical Care Improvement Project (SCIP). DHHS collected data from CMS instead of from hospitals directly. However, after 2013,

CMS discontinued collection of these data and hospitals are no longer required to report this measure at the federal level. In the final year that DPHS had access to SCIP data, hospital adherence to best practices was similar or higher than national data for all SCIP measures ( $\geq 98\%$ ). For SCIP measure 1, 97.6% to 98.6 % of patients received prophylactic antibiotic within one hour prior to surgery (2008 and 2013). For SCIP measure 2, 98.6% to 99.3% of patients received the appropriate antibiotic (2008 and 2013). For SCIP measure 3, 96.0% to 98.0% of patients had their prophylactic antibiotic discontinued within 24 hours after surgery (2008 and 2013).

NH DHHS does not have concerns and supports the proposed bill as:

- Few states monitor CLIP and it is not a nationally collected measure for other organizations (e.g., CMS). Monitoring CLIP data is burdensome for healthcare facilities as it requires manual data entry for every insertion that occurs. Though CLIP data was useful in understanding adherence initially, it is less relevant now after more than 10 years of reporting and overall high adherence. Other measures may be more relevant with the changing landscape of HAI. Additionally, CLIP is not used routinely by the HAI program to provide recommendations or feedback to hospitals for quality improvement.
- Surgical antibiotic prophylaxis data via SCIP have not been available since 2014 and are no longer a national quality measure. Going forward, NH hospitals would have to report this measure through a different mechanism to DHHS, such as through an online survey. This measure has less utility and the HAI program would like to focus efforts in working with facilities to collect more meaningful data to measure antibiotic resistance and stewardship.

Thank you for the opportunity to testify. We would be happy to address any questions you may have at this time.



Katrina Hansen, MPH  
Chief, Infectious Disease Surveillance Section



**SENATE HEALTH AND HUMAN SERVICES COMMITTEE**

**April 28, 2021**

**HB 131 – Relative to Reporting of Health Care Associated Infections**

**Testimony**

Good morning, Mr. Chairman, and members of the committee. My name is Paula Minnehan, Senior VP, State Government Relations with the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all specialty hospitals.

The NHHA is in strong support of HB 131. This bill was introduced by Representative Woods in 2020 and passed the full House and was heard in this committee but ultimately did not get signed into law. The bill language before you includes the exact same language that was passed last year.

We continue to see advances in patient safety and quality, that can out pace established measures of performance. Adherence to central line insertion practices (CLIP) and surgical antimicrobial prophylaxis are two examples of this. Both are considered "process" measures which are ideal when new practices are established to ensure adherence. They become insignificant when those practices become embedded into the culture of daily care and clinical performance. Adherence to CLIP was noted to be 97% in the 2019 Healthcare Associated Infection report. Surgical antimicrobial practices, as part of the surgical care improvement project (SCIP) was retired in 2017 as a measure by CMS as it was "topped out" due to consistently high performance.

Rigorous surveillance of infections attributed to central lines and surgical site infections continues, as more important "outcome" measures. Ongoing monitoring of any infections would identify lapses in processes, should they occur. In addition, other priority areas such as antibiotic stewardship continue to focus on aspects of these measures or are captured in other required reporting. For these reasons, these two measures, "adherence rates of central line insertion practices" and "surgical antimicrobial prophylaxis", should be removed from state statute.

NHHA is in strong support of HB 131 and we ask that you support the bill. Thank you for the opportunity to provide our comments.

# **HB 131 -- Senate Hearing**

4/28/21

This bill essentially updates, clarifies standardization rules and helps relieve some of the administrative burden of both the DHHS and the facilities they review.

In section 1 of the Bill, lines 4 and 5 are stricken as the facilities involved have met the standard in these areas at the ~95% level for several years. Therefore, the actual process of reporting these entities is no longer required, but they will still be reviewed in these areas during actual onsite visits. This lowers the administrative burden of the facility but still maintains vigilance during onsite reviews.

Also in section 1 is the continued reporting of influenza vaccination rates. This is aggregate data, does not mandate vaccination and is completely depersonalized. Availability of this data allows DHHS to reliably comment on the health status in this sector of health care related facilities. This information in turn will help DHHS discharge its responsibility to inform and formulating recommendations for the general New Hampshire population.

In section 2 of the Bill, lines 14-16 identifies the national organization in specified areas that shall be consulted in promulgating reporting protocols. This does not require these protocols mirror the national organization verbatim but identifies the standard to which the protocols should conform. This last point is emphasized in the language of lines 18-20.

Regarding the addition of the term "measures". They have been added to make this RSA consistent with federal law (42 U.S.C. 1395aaa-1). This does not expand the current review mechanism or areas to be reviewed beyond what is currently in place.

Lastly, there are alterations in lines 28-31 by addition and deletion which have the sole function of bringing the title of the entities cited up to their current designations.

Thank you,

Rep. Gary Woods, Merr. 23

# Voting Sheets

# Senate Health and Human Services Committee

## EXECUTIVE SESSION RECORD

2021-2022 Session

Bill # HB 131

Hearing Date: 4/28/21

Executive Session Date: 5/12/21

Motion: OTP Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: Consent Calendar Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: \_\_\_\_\_ Vote: \_\_\_\_\_

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Motion: \_\_\_\_\_ Vote: \_\_\_\_\_

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reported out by: Sen. Gray

Notes: \_\_\_\_\_

# Committee Report



STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE  
FOR THE CONSENT CALENDAR

Wednesday, May 12, 2021

THE COMMITTEE ON Health and Human Services

to which was referred **HB 131**

AN ACT

relative to reporting of health care associated  
infections.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS

BY A VOTE OF: 5-0

Senator James Gray  
For the Committee

This bill clarifies the information that hospitals must report regarding infections. This bill brings reporting requirements up to date with modern practices, current definitions, and establishes more efficient reporting methods for hospitals.

Kirsten Koch 271-3266

FOR THE CONSENT CALENDAR

**HEALTH AND HUMAN SERVICES**

**HB 131**, relative to reporting of health care associated infections.

Ought to Pass, Vote 5-0.

Senator James Gray for the committee.

This bill clarifies the information that hospitals must report regarding infections. This bill brings reporting requirements up to date with modern practices, current definitions, and establishes more efficient reporting methods for hospitals.

## General Court of New Hampshire - Bill Status System

**Docket of HB131**

Docket Abbreviations

**Bill Title:** relative to reporting of health care associated infections.*Official Docket of HB131.:*

<b>Date</b>	<b>Body</b>	<b>Description</b>
1/4/2021	H	<b>Introduced</b> (in recess of) 01/06/2021 and referred to Health, Human Services and Elderly Affairs <b>HJ 2</b> P. 36
1/20/2021	H	Public Hearing: 01/26/2021 10:00 am Members of the public may attend using the following link: To join the webinar: <a href="https://www.zoom.us/j/94852322897">https://www.zoom.us/j/94852322897</a> / Executive session on pending legislation may be held throughout the day (time permitting) from the time the committee is initially convened.
3/2/2021	H	Executive Session: 03/02/2021 12:30 pm Members of the public may attend using the following links: To join the webinar: <a href="https://www.zoom.us/j/99282187833">https://www.zoom.us/j/99282187833</a>
3/4/2021	H	Majority Committee Report: Ought to Pass (Vote 17-3; RC) <b>HC 18</b> P. 47
3/4/2021	H	Minority Committee Report: Inexpedient to Legislate
4/8/2021	H	<b>Ought to Pass:</b> MA <b>RC 230-130</b> 04/08/2021 <b>HJ 6</b> P. 73
4/13/2021	S	Introduced 04/08/2021 and Referred to Health and Human Services; <b>SJ 12</b>
4/21/2021	S	Remote <b>Hearing:</b> 04/28/2021, 09:30 am; Links to join the hearing can be found in the Senate Calendar; <b>SC 21</b>
5/12/2021	S	Committee Report: Ought to Pass, 05/20/2021; Vote 5-0; CC; <b>SC 24</b>
5/20/2021	S	<b>Ought to Pass:</b> MA, VV; OT3rdg; 05/20/2021; <b>SJ 16</b>
6/11/2021	S	Enrolled Adopted, VV, (In recess 06/10/2021); <b>SJ 19</b>
6/11/2021	H	Enrolled (in recess of) 06/10/2021 <b>HJ 10</b> P. 21
6/21/2021	H	Signed by Governor Sununu 06/18/2021; Chapter 79; Eff: 08/17/2021

NH House

NH Senate

# Other Referrals

**Senate Inventory Checklist for Archives**

Bill Number: HB 131

Senate Committee: HHS

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

**Bill Hearing Documents: {Legislative Aides}**

- Bill version as it came to the committee
- All Calendar Notices
- Hearing Sign-up sheet(s)
- Prepared testimony, presentations, & other submissions handed in at the public hearing
- Hearing Report
- Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

**Committee Action Documents: {Legislative Aides}**

All amendments considered in committee (including those not adopted): none

\_\_\_ - amendment # \_\_\_\_\_    \_\_\_ - amendment # \_\_\_\_\_  
 \_\_\_ - amendment # \_\_\_\_\_    \_\_\_ - amendment # \_\_\_\_\_

- Executive Session Sheet
- Committee Report

**Floor Action Documents: {Clerk's Office}**

All floor amendments considered by the body during session (only if they are offered to the senate):

\_\_\_ - amendment # \_\_\_\_\_    \_\_\_ - amendment # \_\_\_\_\_  
 \_\_\_ - amendment # \_\_\_\_\_    \_\_\_ - amendment # \_\_\_\_\_

**Post Floor Action: (if applicable) {Clerk's Office}**

- \_\_\_ Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):
- \_\_\_ Enrolled Bill Amendment(s)
- \_\_\_ Governor's Veto Message

**All available versions of the bill: {Clerk's Office}**

\_\_\_ as amended by the senate    \_\_\_ as amended by the house  
 final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Kirsten Koch  
Committee Aide

7/26/21  
Date

Senate Clerk's Office AK