

MAINE STATE LEGISLATURE

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Date: 6/7/13

L.D. 886
(Filing No. H-411)

HEALTH AND HUMAN SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
126TH LEGISLATURE
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 613, L.D. 886, "Resolve, Regarding Legislative Review of Portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a Major Substantive Rule of the Maine Health Data Organization"

Amend the resolve by striking out all of section 1 and inserting the following:

Sec. 1. Adoption. Resolved: That final adoption of portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a provisionally adopted major substantive rule of the Maine Health Data Organization that has been submitted to the Legislature for review pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A, is authorized if the rule is amended as follows.

1. In section 1, the definitions are deleted for "angiotensin converting enzyme inhibitor," "aspirin," "discharge instructions," "left ventricular function assessment," "left ventricular systolic dysfunction," "oxygenation assessment," "percutaneous coronary intervention" and "thrombolytic/fibrinolytic agent," and a definition is added for "measure steward."

2. In section 2, language is added identifying the federal Centers for Medicare and Medicaid Services as the measure steward, and reference to the Maine Health Data Organization website is deleted.

3. In section 3, the following changes are made:

A. Language is added identifying the National Healthcare Safety Network as the measure steward and exempting certain hospitals from submitting central line catheter-associated blood stream infection rates, and language is deleted referring to a former source document and the Maine Health Data Organization website;

B. For hospital-acquired infections 3, 4 and 5, language is added identifying the Institute for Healthcare Improvement as the measure steward and reference to the Maine Health Data Organization website is deleted;

C. Language is added identifying the National Healthcare Safety Network as the measure steward for methicillin-resistant Staphylococcus Aureus;

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1 D. Language is added identifying the National Healthcare Safety Network as the
2 measure steward for Clostridium difficile laboratory-identified events and providing
3 the Maine Health Data Organization access to the National Healthcare Safety
4 Network for facility-specific reports of Clostridium difficile laboratory-identified
5 events; and

6 E. Language is added limiting the requirements of hospitals to participating
7 hospitals.

8 4. In section 4, language is added identifying the Joint Commission on Accreditation
9 of Healthcare Organizations as the measure steward for nursing-sensitive patient-centered
10 health care outcome measures 1 and 4 and the American Nurses Association as the
11 measure steward for nursing-sensitive patient-centered health care outcome measures 2
12 and 3, and language is added clarifying the source documents for National Database for
13 Nursing Quality Indicators, Guidelines for Data Collection and the Joint Commission on
14 Accreditation of Healthcare Organizations Implementation Guide for the National
15 Quality Forum Endorsed Nursing Sensitive Care Measure Set.

16 5. In section 5, language is deleted that refers to the National Quality Forum
17 consensus standards and the Maine Health Data Organization website; language is added
18 identifying the American Nurses Association as the measure steward for nursing-sensitive
19 system-centered health care measures 1 to 6; language is added identifying the Joint
20 Commission on Accreditation of Healthcare Organizations as the measure steward for
21 nursing-sensitive system-centered health care outcome measures 7a and 7b; and language
22 is added to identify 2 source documents, the National Database for Nursing Quality
23 Indicators, Guidelines for Data Collection on the American Nurses Association's National
24 Quality Forum Endorsed Measures and the Joint Commission on Accreditation of
25 Healthcare Organizations Implementation Guide for the National Quality Forum
26 Endorsed Nursing Sensitive Care Measure Set.

27 6. In section 6, language is added identifying the federal Centers for Medicare and
28 Medicaid Services as the measure steward and citing the source document as the
29 Consumer Assessment of Healthcare Providers and Systems Hospital Survey Quality
30 Assurance Guidelines, Version 8, and replacing the 3 questions for which hospitals or
31 their agents must report the individual survey question raw scores by respondent.

32 7. In section 8, language is added to correct an error in the reference to the most
33 current version of the National Database for Nursing Quality Indicators, Guidelines for
34 Data Collection and the Joint Commission on Accreditation of Healthcare Organizations
35 Implementation Guide for the National Quality Forum Endorsed Nursing Sensitive Care
36 Measure Set and language is deleted with regard to that error.

37 8. At the end of the rule, language is added to require the continuation of data
38 collection when a measure steward announces a modification to a measure required under
39 Chapter 270.'

40 **SUMMARY**

41 This amendment requires a number of technical changes, additions and deletions to
42 Chapter 270: Uniform Reporting System for Quality Data Sets, a major substantive rule

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of the Maine Health Data Organization. These changes, additions and deletions are made at the request of the Maine Health Data Organization.

FISCAL NOTE REQUIRED
(See attached)

COMMITTEE AMENDMENT



126th MAINE LEGISLATURE

LD 886

LR 2013(02)

Resolve, Regarding Legislative Review of Portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a Major Substantive Rule of the Maine Health Data Organization

Fiscal Note for Bill as Amended by Committee Amendment

Committee: Health and Human Services

Fiscal Note Required: Yes

A (H-411)

Fiscal Note

Minor cost increase - Other Special Revenue Funds

Fiscal Detail and Notes

Any additional costs to the Maine Health Data Organization are expected to be minor and can be absorbed within existing budgeted resources.