



**LeadingAge Ohio Testimony on SB 102**  
**Senate Health, Human Services and Medicaid Committee**  
**April 10, 2018**

Chairman Burke, Vice Chair Beagle, Ranking Member Tavares and members of the Senate Health, Human Services and Medicaid Committee, thank you for the opportunity to provide testimony on Senate Bill 102 which enacts requirements for nursing homes around reporting of outbreaks of clostridium difficile, or “c-diff,” a bacterial infection that has become common in healthcare settings in recent years.

LeadingAge Ohio is an organization which represents pre- and post-acute providers of long term services and supports. Our almost-500 members serve an estimated 400,000 Ohioans annually through life plan communities (CCRCs), affordable housing, nursing facilities, assisted living and adult day centers, home health providers and hospice and palliative care programs. Many of our members own and operate nursing facilities, to meet the rehabilitation and long-term care needs of aging Ohioans in their communities.

While we agree that c-diff is a serious illness and warrants attention from state agencies and oversight bodies, this heightened attention and oversight is already codified in Ohio. In Ohio’s administrative code, nursing homes are required to report several types of outbreaks, including c-diff outbreaks, to the Ohio Department of Health. C-diff outbreaks would be considered a “Class C” outbreak, under 3701-3-02, paragraph (C), as a “healthcare-associated” illness. Class C outbreaks must be reported as outlined in 3701-30-5 (C):

*Reports related to an actual or suspected outbreak, unusual incident, or epidemic of any disease specified as class "C" in paragraph (C) of rule 3701-3-02 of the Administrative Code shall be provided by the end of **the next business day**, unless the unexpected pattern of cases, suspect cases, deaths, or increased incidence of disease is of major public health concern pursuant to paragraph (A) of rule 3701-3-02 of the Administrative Code, then such reports shall be made according to paragraph (A) of this rule.*

Paragraph (A) of the same rule indicates that reports should be made:

*...by telephone to the local health jurisdiction in which the case or suspected case resides, or if the residence is unknown, to the Ohio department of health. Follow up reports shall be provided in the manner set forth by the director.*

The existing requirement is more stringent than the 48-hour timeframe proposed in SB102. Furthermore, since November 2017, nursing homes have been required to have an Infection Prevention and Control Plan that is reviewed annually based on the facility assessment, as part of Phase Two of the implementation of Medicare’s Requirements of Participation (RoPs). Infection Control is now a mandatory activity for nursing homes, and their infection control plans are surveyed on an annual basis by the Ohio Department of Health.

Under the RoPs, nursing homes are already required to:

*...establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.*

And this program must include:



*§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;*

*§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:*

- (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;*
- (ii) When and to whom possible incidents of communicable disease or infections should be reported;*
- (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;*
- (iv) When and how isolation should be used for a resident; including but not limited to:*
  - (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and*
  - (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.*
- (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and*
- (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.*

The RoPs also require that the facility have a system for recording incidents as well as action taken in response to incidents, and that the Infection Control and Prevention Plan is reviewed and updated annually. This entire program is reviewed no less frequently than the facility's annual survey, and ODH can review it at any time, based on complaints received.

Our members are concerned that the annual reporting requirement is duplicative of the outbreak-based reporting already required of nursing homes. The Ohio Department of Health will already have access to this information based upon the reporting requirements already outlined. The bill's requirements would be duplicative, adding administrative burden without any additional benefit.

Finally, LeadingAge Ohio explicitly supports any efforts that will improve the health and increase the safety of aging Ohioans. Many of our members have been involved in quality improvement efforts around reducing C-diff infections in nursing home settings, led by Ohio's Quality Improvement Organization (QIO), the Health Services Advisory Group (HSAG) since 2015. This work is modeled after the Centers for Disease Control and Prevention's best practices, which have become the industry standard. Our objections to this bill are based on our belief that it will neither improve the health nor increase the safety of nursing home-residing Ohioans.

We are happy to answer any further questions that you may have about nursing home response to c-difficile, including best practices, specific protocols as well as nursing home experiences with successfully treating outbreaks in their communities.