

TESTIMONY OF

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Before the Joint Standing Committee on Health Coverage, Insurance & Financial Services

Public Hearing Date: February 6, 2024

L.D. 2165

"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"

Senator Bailey and Representative Perry and members of the Joint Standing Committee on Health Coverage, Insurance & Financial Services. My name is Karynlee Harrington; I am the Executive Director of the Maine Health Data Organization (MHDO) and the Maine Quality Forum (MQF). I am here today to present testimony in support of the proposed changes to MHDO's Rule Chapter 270, *Uniform Reporting System for Health Care Quality Data Sets*.

Purpose of the MHDO

Title 22, Chapter 1683, §8703. 1. Describes the purpose of the MHDO which is to create and maintain a useful, objective, reliable and comprehensive health information database that is used to improve the health of Maine citizens and to issue reports, as provided in this chapter. The database must be publicly accessible while protecting patient confidentiality and respecting providers of care. The organization shall collect, process, analyze and report clinical, financial, quality and restructuring data as defined in this chapter.

MHDO Chapter 270, *Uniform Reporting System for Health Care Quality Data Sets*, defines the health care quality data and provisions for submission of these data. Specifically, these provisions include:

- Identification of the organizations required to report;
- Establishment of requirements for the content, form, medium, and time for filing health care quality metrics data;
- Establishment of data reporting standards; and
- Compliance provisions.

MHDO Board of Directors Public Hearing

The MHDO Board of Directors met on February 7, 2023, and authorized the MHDO to initiate major substantive rulemaking to Chapter 270. The proposed rule changes to Chapter 270 was publicly noticed on August 16, 2023, and a public hearing was held on September 7, 2023. MHDO's assistant attorney general reviewed MHDO's proposed changes and confirmed that the changes are consistent with the data collection provisions in MHDO's governing statute and well within the authority of the board. There was no testimony in opposition to the proposed changes. One external entity submitted comments by the deadline of September 18, 2023. The MHDO also submitted a comment to address a technical correction. The MHDO Board of Directors met on December 7, 2023, and after reviewing the comments and the staff's recommendations for how to address the comments, the board unanimously voted to provisionally adopt the changes as proposed, and amended with a technical correction, and authorized staff to submit the proposed changes to the Legislature for review and action.

Summary of Proposed Changes

The focus of the proposed changes to Chapter 270 include:

- Adding a new measure, Urinary Tract Infections (UTIs), for Maine nursing facilities to report in accordance with the federal CDC's National Healthcare Safety Network (NHSN) specifications and the proposed rule.
 - Nursing homes report almost four times as many antibiotic courses of treatment for UTIs in nursing homes residents as compared to UTI events meeting surveillance definitions ([Infect Control Hosp Epidemiol. 2022 Feb; 43\(2\): 238–240.](#)). Post COVID, the nursing home UTI rate in Maine (3.4%) has increased above the national average (2.3%). While the number of UTI events per facility is available through the CMS Minimum Data Set (MDS), the enhanced detail available through NHSN UTI reporting allows greater transparency into the details of the UTI. This detail will allow the Maine CDC and other authorized users working with nursing homes to target both prevention and antimicrobial stewardship activities to reduce both UTI rates and the use of antibiotics in nursing homes.
- Adding a new measure for Maine hospitals to report antimicrobial utilization and resistance (AUR) data to NHSN.
 - Antimicrobial resistance rates continue to increase in hospitals across the United States. Studies have shown that providing timely and reliable feedback of information to clinicians regarding their prescribing practices, such as detailed antimicrobial utilization reports, can improve

appropriateness of antimicrobial use. Collecting these data provides transparency into antimicrobial use and resistance to inform strategies to reduce antimicrobial resistant infections through antimicrobial stewardship, and interrupt transmission of resistant pathogens at the individual facility, healthcare system, and state levels. As of January 1, 2024, hospitals are required by CMS to report AUR data to NHSN. Adding this requirement to Chapter 270 provides Maine with access to use these data for improvement activities.

- Adding a new requirement for both types of facilities to report a subset of NHSN's direct patient identifiers.
 - Access to this information is consistent with the information MHDO receives from Maine hospitals for all inpatient and outpatient hospital encounters as required in 90-590 Chapter 241, *Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets*, and will provide a more comprehensive data set and assist our authorized users in informing analysis in health disparities.

Attached to my testimony is a copy of the Basis Statement that MHDO prepared for the AAG and the MHDO board of directors. The document includes a description of each proposed change, the rationale for the change, the identification of where the public comment came from, a copy of the public comment, and MHDO staff's response and recommendation for how to address the comment. Also attached is a copy of Chapter 270 with the proposed changes made in track changes.

Sources of Information

MHDO relied on the following sources of information in proposing these rule changes:

1. Maine Centers for Disease Control & Prevention, Rita Owskiak, HAI Prevention Coordinator, DHHS.
2. The U.S. CDC National Healthcare Safety Network (NHSN) Specifications Requirements.
3. The Specifications Manual for National Hospital Inpatient Quality Measures.

This concludes my testimony. I would be happy to answer questions now or at the committee's work session.