

## **BILL ANALYSIS**

S.B. 203  
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Public Health  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

Numerous studies indicate that conditions caused by antimicrobial-resistant bacteria last longer, cost more to treat, and are more likely to result in death. The Centers for Disease Control and Prevention recommends a multi-faceted approach to successfully combat hospital-acquired infections, including routine screening, isolation of colonized and infected patients, and strict compliance with hygiene guidelines. There is also evidence that control strategies, including active surveillance of patients in U.S. hospitals, can reduce rates of infection and colonization.

S.B. 203 requires a health care facility and a pediatric and adolescent hospital to report the incidence of surgical site infections, including the causative pathogen if the infection is laboratory-confirmed, to the Department of State Health Services (DSHS). The bill also requires a general hospital to report the incidence of certain primary bloodstream infections, including the causative pathogen, to DSHS.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

S.B. 203 amends Sections 98.103(a), (b), and (c), Health and Safety Code, as added by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular Session, 2007, to include the causative pathogen of a surgical site or central line-associated primary bloodstream infection if the infection is laboratory-confirmed in the information a health care facility, pediatric and adolescent hospital, or general hospital, respectively, is required to report to the Department of State Health Services regarding surgical site or bloodstream infections occurring in the specified procedures.

### **EFFECTIVE DATE**

September 1, 2009.