Senate Research Center   C.S.S.B. 1816
                                                          By: Van de Putte
                                                 Health & Human Services
                                                                  5/1/2009
                                   Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Methicillin-resistant staphylococcus aureus (MRSA) is a deadly, virulent strain of staph infection that has caused concern across the nation. This communicable staph infection is highly resistant to antibiotics and is projected to soon be the cause of more deaths than any infectious diseases tracked by the Centers for Disease Control and Prevention, including HIV/AIDS.

H.B. 1082, passed during the 80th Legislature, Regular Session, 2007, created the electronic MRSA registry pilot program to track the prevalence of MRSA infections in Bexar, Brazos, Potter, and Randall counties; so far only six months of data has been gathered. This bill would extend the program to September 1, 2011, and enable the San Antonio Metropolitan Health District to continue to track the occurrence of MRSA, collect data, and analyze findings.

C.S.S.B. 1816 amends current law relating to the pilot program for reporting of methicillin-resistant Staphylococcus aureus infections. The bill extends the MRSA pilot program to continue to track the occurrence and analyze data of MRSA within the area served by the health authority. This bill also requires a health authority that participates in the program to administer the program locally and report to the Department of State Health Services.

[**Note:** While the statutory reference in this bill is to the Texas Department of Health (TDH), the following amendments affect the Department of State Health Services, as the successor agency to TDH.]

RULEMAKING AUTHORITY

Rulemaking authority previously granted to the executive commissioner of the Health and Human Services Commission is modified in SECTION 1 (Section 81.0445, Health and Safety Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 81.0445, Health and Safety Code, as follows:

Sec. 81.0445. New heading: MRSA REPORTING PROCEDURES PILOT PROGRAM. (a) Requires the executive commissioner of the Health and Human Services Commission (executive commissioner) by rule to develop, and the Texas Department of Health (TDH) to establish a pilot program to research and implement procedures for reporting cases of methicillin-resistant Staphylococcus aureus (MRSA) infection. Prohibits a health authority from being required to participate in the pilot program.

(b) Requires a health authority that participates in the pilot program to administer the program locally and report to TDH as required by this section. Deletes existing text requiring TDH to select to administer the program a health authority that demonstrates an interest in hosting the program and possesses adequate resources to administer the program successfully.

(c) Requires the pilot program to:

(1) require all clinical laboratories, including hospital laboratories and clinical reference laboratories, within the area served by each health authority participating in the pilot program to report all positive cases of

MRSA infection, including infections contracted in a community setting, a health care facility, and any other setting, to the applicable health authority using automated and secure electronic data transmission, rather than to the pilot program administrator;

(2) track the prevalence of MRSA infections;

(3) evaluate the cost and feasibility of expanding the list of reportable diseases established under this chapter to include MRSA infections;

(4) develop a methodology for the electronic transfer of information regarding, rather that the occurrence of MRSA, MRSA infections within the area served by each health authority participating in the pilot program, rather than the health authority;

(5) collect data and analyze findings regarding the prevalence of MRSA infections;

(6) provide for the reporting to the public by TDH of information regarding MRSA infections;

(7) compile and make available to the public a summary report; and

(8) make recommendations to TDH regarding Subdivisions (1)-(7).

Deletes existing text requiring the pilot program to require all clinical laboratories within the area served by the health authority to report all cases of MRSA to the pilot program administrator; track the prevalence of MRSA; study the cost and feasibility of expanding the list of reportable diseases established under this chapter to include MRSA; develop a methodology for the electronic exchange of information regarding the occurrence of MRSA within the area served by the health authority; collect data and analyze findings regarding the the sources and possible prevention of MRSA; provide for the reporting to the public by TDH of information regarding MRSA; compile and make available to the public a summary, by location, of the infections reported; and make recommendations to TDH regarding Subdivisions (1)-(6).

(d) Requires TDH, in consultation with each health authority participating in the pilot program, not later than September 1, 2011, to submit to the legislature a report concerning the effectiveness of the pilot program. Deletes existing text requiring TDH, in consultation with the health authority administering the pilot program, not later than September 1, 2009, to submit to the legislature a report concerning the effectiveness of the pilot program in tracking and reducing the number of MRSA infections within the area served by the health authority.

(d-1) Provides that a health care facility located in an area served by a health authority participating in the pilot program is not required to report an incident of MRSA infection to the Department of State Health Services (DSHS) under Section 98.103, as added by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular Session, 2007. Requires the health authority to report each incident subject to Section 98.103 to DSHS.

(e) Provides that this section expires, and the pilot program is abolished, September 1, 2011, rather than September 1, 2009.

SECTION 2. Amends Section 98.103, Health and Safety Code, as added by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular Session, 2007, by adding Subsection (e), as follows:

(e) Provides that effective September 1, 2009, this section does not apply to the reporting of MRSA infections by a health care facility located in an area served by a health

authority participating in the pilot program established under Section 81.0445. Provides that this subsection expires September 1, 2011.

SECTION 3. (a) Effective date, except as provided by Subsection (b) of this section: upon passage or the 91st day after the last day of the legislative session.

(b) Effective date, the change in law made by this Act to Section 81.0445(d), Health and Safety Code: September 1, 2009.