

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**April 6, 2009**

**TO:** Honorable Lois W. Kolkhorst, Chair, House Committee on Public Health

**FROM:** John S. O'Brien, Director, Legislative Budget Board

**IN RE: HB1386** by Davis, Yvonne (Relating to the reporting of health care-associated infections at health care facilities.), **As Introduced**

**No significant fiscal implication to the State is anticipated.**

The bill would require a health care facility to report to the Department of State Health Services (DSHS) the incidence of health care-associated infections occurring at the facility including information relating to the types of patients treated, the source of the infection of each reported infection, which infections occurred in seven specified procedures, and which infections resulted in the death of the patient. The bill would require a pediatric and adolescent hospital and a health care facility that only performs an average of 50 of the seven procedures per month to meet these reporting requirements. The bill would repeal the alternate requirements these facilities previously had to meet.

The bill would require the DSHS' departmental summary to contain additional information relating to the types of patients treated by each health care facility, the source of the patients' infections, which infections occurred in the procedures listed in Section 98.103(a)(3), which infections resulted in the death of a patient.

The bill would allow the Executive Commissioner of the Health and Human Services Commission (HHSC) to modify by rule the list of procedures and additional information that must be specified in a facility's report to DSHS and in DSHS' summary, based on recommendations of the advisory panel.

The bill would require changes in reports to DSHS for a reporting period beginning on or after March 1, 2010, and changes in the departmental summary that covers a reporting period beginning on or after March 1, 2010.

The provisions of the bill would not result in significant staffing or systems costs relative to the current requirements of Chapter 98 of the Health and Safety Code.

DSHS has proposed using the National Healthcare Safety Network (NHSN) developed by the Centers for Disease Control to capture the majority of data currently required for collection under Chapter 98. At present, the NHSN system captures some of the information this bill would require and contains a limited number of open fields which could be used by the state to collect the additional information required by the bill, at no cost. There would be some cost associated with reviewing NHSN data on the number of deaths associated with infections and death certificates, but these costs are not expected to be significant.

This analysis assumes modifications to Chapter 98 made by the bill would not significantly increase staffing needs. The bill would not result in an increased number of facilities reporting to DSHS; it would change the content of reported information. This analysis assumes the bill would not result in an increased need for the training delivered but rather, would result in a change in training content and delivery. This analysis also assumes the increased volume of data collected as a result of the bill would not result in significant staffing changes relative to staff that would be required to implement Chapter 98 with regard to the departmental summary, public reporting, and risk adjustment requirements.

It is assumed HHSC rulemaking could be accomplished within existing resources.

**Local Government Impact**

A local governmental entity that owns a hospital could incur costs to meet the reporting requirements.

**Source Agencies:** 537 State Health Services, Department of

**LBB Staff:** JOB, CL, JI, LL