

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION

May 3, 2009

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

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

IN RE: SB1816 by Van de Putte (Relating to the pilot program for reporting of methicillin-resistant Staphylococcus aureus infections.), **Committee Report 1st House, Substituted**

No significant fiscal implication to the State is anticipated.

The bill would require the Executive Director of the Health and Human Services Commission (HHSC) to modify rules regarding the methicillin-resistant Staphylococcus aureus (MRSA) reporting pilot program established by the Department of State Health Services (DSHS) to include reported cases of MRSA infection. Under the bill, a health authority would not be required to participate in the program but participating authorities would administer the program locally and report to DSHS.

The pilot program would require all clinical laboratories, including hospital and clinical reference laboratories within an 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 administrator using automated and secure electronic data transmission. The bill would modify existing pilot requirements.

DSHS would be required by September 1, 2011, in consultation with each health authority participating in the pilot program, to submit a report to the legislature concerning the pilot program's effectiveness.

A health care facility located in an area served by a health authority participating in the pilot program would not be required to report an incident of MRSA to DSHS under Section 98.103; the health authority would be required to report each incident to DSHS subject to Section 98.103. The bill would amend the Health and Safety Code to reflect this exemption, and this subsection would expire September 1, 2011.

The pilot program would be abolished September 1, 2011.

This analysis assumes the rulemaking at HHSC can be accomplished within existing resources.

It is assumed DSHS could absorb the costs associated with the bill within existing resources, based on the assumption that 15 health authorities would participate in the voluntary pilot program. DSHS expects this level of participation based on interest in a pilot program to track MRSA that was established after the Eightieth Legislature. DSHS assumes it would not perform MRSA reporting in areas in which the local health authority does not participate or in areas for which DSHS is the health authority.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Local governments that choose to participate in the program could incur costs to collect and report information electronically but participation in the program is voluntary.

Source Agencies: 529 Health and Human Services Commission, 537 State Health Services, Department of
LBB Staff: JOB, CL, JI, LL