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| BILL ANALYSIS |

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| C.S.H.B. 3711 |
| By: Sheffield |
| Public Health |
| Committee Report (Substituted) |

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| **BACKGROUND AND PURPOSE** Interested parties express concern that it is too easy for an outbreak of a communicable disease to occur in the state's long-term care facilities. The goal of C.S.H.B. 3711 is to provide for the prevention of and response to communicable diseases in certain long-term care facilities. |
| **CRIMINAL JUSTICE IMPACT**It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision. |
| **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** C.S.H.B. 3711 amends the Health and Safety Code to require the infection prevention and control program of each long-term care facility licensed or regulated as a convalescent or nursing facility, assisted living facility, or intermediate care facility for individuals with an intellectual disability to include monitoring of key infectious agents, including multidrug-resistant organisms, and procedures for making rapid influenza diagnostic tests available to facility residents. The bill requires the Department of State Health Services to establish a regional advisory committee in each designated public health region to address antimicrobial stewardship in such long-term care facilities and to improve antimicrobial stewardship through collaborative action. The bill requires such a regional advisory committee to include physicians, directors of nursing or equivalent consultants with long-term care facilities, public health officials knowledgeable about antimicrobial stewardship, and other interested parties. |
| **EFFECTIVE DATE** September 1, 2017. |
| **COMPARISON OF ORIGINAL AND SUBSTITUTE**While C.S.H.B. 3711 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill. |
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| INTRODUCED | HOUSE COMMITTEE SUBSTITUTE |
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| SECTION 1. Section 81.003, Health and Safety Code, is amended. | SECTION 1. Same as introduced version. |
| SECTION 2. Subchapter A, Chapter 81, Health and Safety Code, is amended by adding Sections 81.014 and 81.015 to read as follows:Sec. 81.014. LONG-TERM CARE FACILITY COMMUNICABLE DISEASE RESPONSE PLAN. Each long-term care facility shall develop a plan for preventing and responding to outbreaks of communicable diseases, including influenza. The plan must include:(1) surveillance for key infectious agents, including multidrug-resistant organisms; and(2) procedures for making rapid influenza diagnostic tests available to facility residents.Sec. 81.015. ANTIMICROBIAL STEWARDSHIP REGIONAL ADVISORY COMMITTEES. (a) The department shall establish a regional advisory committee in each public health region designated under Section 121.007 to monitor antimicrobial stewardship in long-term care facilities.(b) A regional advisory committee established under this section must include members who are physicians and members who are public health officials. | SECTION 2. Subchapter A, Chapter 81, Health and Safety Code, is amended by adding Sections 81.014 and 81.015 to read as follows:Sec. 81.014. LONG-TERM CARE FACILITY INFECTION PREVENTION AND CONTROL PROGRAM. Each long-term care facility's infection prevention and control program must include:(1) monitoring of key infectious agents, including multidrug-resistant organisms; and(2) procedures for making rapid influenza diagnostic tests available to facility residents.Sec. 81.015. ANTIMICROBIAL STEWARDSHIP REGIONAL ADVISORY COMMITTEES. (a) The department shall establish a regional advisory committee in each public health region designated under Section 121.007 to address antimicrobial stewardship in long-term care facilities and to improve antimicrobial stewardship through collaborative action.(b) A regional advisory committee established under this section must include:(1) physicians;(2) directors of nursing or equivalent consultants with long-term care facilities;(3) public health officials knowledgeable about antimicrobial stewardship; and(4) other interested parties. |
| SECTION 3. Subchapter A, Chapter 161, Health and Safety Code, is amended by adding Section 161.0053 to read as follows:Sec. 161.0053. LONG-TERM CARE FACILITY IMMUNIZATION INFORMATION. (a) In this section, "long-term care facility" means a facility licensed or regulated under Chapter 242, 247, or 252.(b) A long-term care facility shall provide educational materials to facility employees regarding:(1) immunizations, including the risks posed to facility residents by employees who are not immunized; and(2) the availability of specific immunizations.(c) A long-term care facility shall provide, on request, current influenza and pneumococcal vaccination data of the facility's personnel to a public health official, facility resident, and resident's family member. | No equivalent provision. |
| SECTION 4. This Act takes effect September 1, 2017. | SECTION 3. Same as introduced version. |

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