

BILL ANALYSIS

Senate Research Center
81R147515 ALB-F

H.B. 1362
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Health & Human Services
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Engrossed

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 schools in both Texas and the nation. This is a communicable staph infection that is highly resistant to antibiotics typically used to treat staph. It is projected that MSRA will soon be the cause of more deaths than any infectious diseases tracked by the Center for Disease Control and Prevention (CDC), including HIV/AIDS.

This bill extends the electronic MRSA registry pilot program, which tracks the prevalence of MRSA infections, in Bexar, Brazos, Potter, and Randall counties established by H.B. 1082, enacted in 2007, to September 1, 2011. To date, only six months of data has been gathered due to the need to establish rules prior to beginning this pilot. An extension of the MRSA pilot program will enable San Antonio Metropolitan Health District to continue to track the occurrence, collect data, and analyze findings of MRSA within the area served by the health authority.

H.B. 1362 amends current law relating to the pilot program for reporting of MRSA infections.

[**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

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

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

Sec. 81.0445. MRSA REPORTING PROCEDURES PILOT PROGRAM. (a) Requires the executive commissioner of the Health and Human Services Commission (HHSC) 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 to a health authority that demonstrates an interest in hosting the program and possesses adequate resources to administer the program successfully.

(c) Requires that the pilot program:

(1) require all clinical laboratories, including hospital laboratories and clinical reference laboratories, within the area served by each health authority, rather than the health authority, participating in the pilot program to report all positive cases of MRSA infection 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, rather than study, 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, rather than exchange, of information regarding MRSA infections, rather than regarding the occurrence of MRSA, within the area served by each health authority, rather than the health authority, participating in the pilot program;

(5) collect data and analyze findings regarding the prevalence of MRSA infections; rather than regarding the sources and possible prevention of MRSA;

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

(7) compile and make available to the public a summary report, rather than a summary, by location, of the information reported; and

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

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

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

SECTION 2. Effective date, except as provided by Subsection (b): upon passage or the 91st day after the last day of the legislative session.

(b) Provides that the change in law made by this Act to Section 81.0445(d), Health and Safety Code, takes effect September 1, 2009.