

BILL ANALYSIS

C.S.H.B. 1362
By: Gutierrez
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Staphylococcus aureus is the most common bacteria responsible for skin or soft tissue infections in the United States. In the last 10 years an antibiotic-resistant strain of the Staphylococcus aureus bacteria has emerged, known as methicillin-resistant Staphylococcus aureus (MRSA). Research indicates that 12 percent of all MRSA cases are acquired outside of medical facilities, and more public schools are reporting cases of this stronger infection, which, if left untreated, can lead to pneumonia and bloodstream infections. A national or statewide tracking system of MRSA infection does not currently exist, which makes tracking the prevalence and causes of the infections impossible to determine. H.B. 1082, 80th Legislature, Regular Session, 2007, established a pilot program for a data-gathering system for reporting MRSA.

C.S.H.B. 1362 extends the MRSA-reporting procedures pilot program to September 1, 2011.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill.

ANALYSIS

C.S.H.B. 1362 amends the Health and Safety Code to extend the methicillin-resistant Staphylococcus aureus (MRSA) reporting procedures pilot program to September 1, 2011. The bill clarifies references to MRSA to mean MRSA infections. The bill makes participation in the program by a health authority voluntary. The bill requires a health authority that participates in the program to administer the program locally and report to the Department of State Health Services. The bill clarifies that hospital laboratories and clinical reference laboratories are included among the clinical laboratories required to meet reporting requirements under the pilot program. The bill specifies that the laboratories are required to report all positive cases of MRSA infection to the applicable health authority by using automated and secure electronic data transmission. The bill requires the program to evaluate, rather than study, the cost and feasibility of expanding the list of reportable diseases under the Communicable Disease Prevention and Control Act to include MRSA infections and requires the department to develop a methodology for the electronic transfer of information regarding MRSA infections, rather than the electronic exchange of information regarding the prevalence of infections. The bill requires the program to collect data and analyze findings regarding the prevalence, rather than the sources and possible prevention, of MRSA infections, and removes the specification that the program's summary for the public include a breakdown of infections reported by location. The bill removes the specification that the report to the legislature required to be submitted by the Health and Human Services Commission, in consultation with each participating health authority, include information about the program's effectiveness in tracking and reducing the number of MRSA-related infections within an area served by a health authority. The bill makes changes to the reporting requirement effective September 1, 2009. The bill specifies that the report is required to be submitted not later than September 1, 2011.

EFFECTIVE DATE

Except as otherwise provided, on passage, or, if the act does not receive the necessary vote, the act takes effect August 31, 2009.

COMPARISON OF ORIGINAL AND SUBSTITUTE

C.S.H.B. 1362 differs from the original by extending the pilot program for two years, rather than making the pilot program permanent, and making related conforming changes to the frequency of the required evaluation and the dates by which reports are required to be submitted.

C.S.H.B. 1362 differs from the original by clarifying references to MRSA to mean MRSA infections.

C.S.H.B. 1362 differs from the original by referring to development of a methodology for the electronic transfer, rather than exchange of information regarding MRSA infections.

C.S.H.B. 1362 differs from the original by retaining the requirement in current law that the program make recommendations to the department, whereas the original strikes that requirement.

C.S.H.B. 1362 differs from the original by making technical changes not made in the original.