1-1   By: Gutierrez (Senate Sponsor - Van de Putte)   H.B. No. 1362
1-2   (In the Senate - Received from the House May 5, 2009;
1-3   May 6, 2009, read first time and referred to Committee on Health
1-4   and Human Services; May 14, 2009, reported adversely, with
1-5   favorable Committee Substitute by the following vote: Yeas 9,
1-6   Nays 0; May 14, 2009, sent to printer.)

1-7   COMMITTEE SUBSTITUTE FOR H.B. No. 1362   By: Nelson

1-8   A BILL TO BE ENTITLED
1-9   AN ACT
1-10 relating   to   the   pilot   program   for   reporting   of
1-11 methicillin-resistant Staphylococcus aureus infections.
1-12   BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
1-13   SECTION 1. Section 81.0445, Health and Safety Code, is
1-14 amended to read as follows:
1-15   Sec. 81.0445. MRSA REPORTING PROCEDURES PILOT PROGRAM.
1-16 (a) The executive commissioner of the Health and Human Services
1-17 Commission by rule shall develop and the department shall establish
1-18 a pilot program to research and implement procedures for reporting
1-19 cases of methicillin-resistant Staphylococcus aureus (MRSA)
1-20 infection. A health authority shall not be required to participate
1-21 in the pilot program.
1-22   (b) A health authority that participates in the pilot
1-23 program shall administer the program locally and report to the
1-24 department as required by this section. [The department shall
1-25 select to administer the program a health authority that:
1-26   [(1) demonstrates an interest in hosting the program;
1-27 and
1-28   [(2) possesses adequate resources to administer the
1-29 program successfully.]
1-30   (c) The pilot program must:
1-31   (1) require all clinical laboratories, including
1-32 hospital laboratories and clinical reference laboratories, within
1-33 the area served by each [the] health authority participating in the
1-34 pilot program to report all positive cases of methicillin-resistant
1-35 Staphylococcus aureus infection, including infections contracted
1-36 in a community setting, a health care facility, and any other
1-37 setting, to the applicable health authority using automated and
1-38 secure electronic data transmission [pilot program administrator];
1-39   (2) track the prevalence of methicillin-resistant
1-40 Staphylococcus aureus infections;
1-41   (3) evaluate [study] the cost and feasibility of
1-42 expanding the list of reportable diseases established under this
1-43 chapter to include methicillin-resistant Staphylococcus aureus
1-44 infections;
1-45   (4) develop a methodology for the electronic transfer
1-46 [exchange] of information regarding [the occurrence of]
1-47 methicillin-resistant Staphylococcus aureus infections within the
1-48 area served by each [the] health authority participating in the
1-49 pilot program;
1-50   (5) collect data and analyze findings regarding the
1-51 prevalence   [sources   and   possible   prevention]   of
1-52 methicillin-resistant Staphylococcus aureus infections;
1-53   (6) provide for the reporting to the public by the
1-54 department of information regarding methicillin-resistant
1-55 Staphylococcus aureus infections;
1-56   (7) compile and make available to the public a summary
1-57 report[, by location, of the infections reported]; and
1-58   (8) make recommendations to the department regarding
1-59 Subdivisions (1) through (7).
1-60   (d) Not later than September 1, 2011 [2009], the department,
1-61 in consultation with each [the] health authority participating in
1-62 [administering] the pilot program, shall submit to the legislature
1-63 a report concerning the effectiveness of the pilot program [in

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2-1 ~~tracking and reducing the number of methicillin-resistant~~
2-2 ~~Staphylococcus aureus infections within the area served by the~~
2-3 ~~health authority~~].
2-4 (d-1) A health care facility located in an area served by a
2-5 health authority participating in the pilot program is not required
2-6 to report an incident of methicillin-resistance Staphylococcus
2-7 aureus infection to the Department of State Health Services under
2-8 Section 98.103, as added by Chapter 359 (S.B. 288), Acts of the 80th
2-9 Legislature, Regular Session, 2007. The health authority shall
2-10 report each incident subject to Section 98.103 to the Department of
2-11 State Health Services.
2-12 (e) This section expires, and the pilot program is
2-13 abolished, September 1, 2011 [~~2009~~].
2-14 SECTION 2. Section 98.103, Health and Safety Code, as added
2-15 by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular
2-16 Session, 2007, is amended by adding Subsection (e) to read as
2-17 follows:
2-18 (e) Effective September 1, 2009, this section does not apply
2-19 to the reporting of methicillin-resistant Staphylococus aureus
2-20 infections by a health care facility located in an area served by a
2-21 health authority participating in the pilot program established
2-22 under Section 81.0445. This subsection expires September 1, 2011.
2-23 SECTION 3. (a) Except as provided by Subsection (b) of
2-24 this section, this Act takes effect immediately if it receives a
2-25 vote of two-thirds of all the members elected to each house, as
2-26 provided by Section 39, Article III, Texas Constitution. If this
2-27 Act does not receive the vote necessary for immediate effect, this
2-28 Act takes effect on the 91st day after the last day of the
2-29 legislative session.
2-30 (b) The change in law made by this Act to Section
2-31 81.0445(d), Health and Safety Code, takes effect September 1, 2009.

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