

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION

April 21, 2009

TO: Honorable Lois W. Kolkhorst, Chair, House Committee on Public Health

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

IN RE: HB1362 by Gutierrez (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) by rule to develop and the Department of State Health Services (DSHS) to establish a pilot program to research and implement procedures for reporting cases of methicillin-resistant Staphylococcus aureus (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 to the health authority administrator using automated and secure electronic data transmission, track the prevalence of MRSA infections, evaluate on a biennial basis the cost and feasibility of expanding the list of reportable diseases established under the chapter to include MRSA, develop a methodology for the electronic exchange of information regarding the occurrence of MRSA within the area served by each health authority participating in the pilot program, collect data and analyze findings regarding the prevalence of MRSA, provide for the public reporting of information by DSHS regarding MRSA, and compile and make available a public summary. 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. The pilot program would be abolished September 1, 2011.

The bill would take effect September 1, 2009.

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

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

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