

# SENATE AMENDMENTS

2<sup>nd</sup> Printing

By: Gutierrez

H.B. No. 1362

A BILL TO BE ENTITLED

AN ACT

1  
2 relating to the pilot program for reporting of  
3 methicillin-resistant Staphylococcus aureus infections.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. Section 81.0445, Health and Safety Code, is  
6 amended to read as follows:

7 Sec. 81.0445. MRSA REPORTING PROCEDURES PILOT PROGRAM. (a)  
8 The executive commissioner of the Health and Human Services  
9 Commission by rule shall develop and the department shall establish  
10 a pilot program to research and implement procedures for reporting  
11 cases of methicillin-resistant Staphylococcus aureus (MRSA)  
12 infection. A health authority shall not be required to participate  
13 in the pilot program.

14 (b) A health authority that participates in the pilot  
15 program shall administer the program locally and report to the  
16 department as required by this section. [~~The department shall~~  
17 ~~select to administer the program a health authority that:~~

18 [~~(1) demonstrates an interest in hosting the program,~~  
19 ~~and~~

20 [~~(2) possesses adequate resources to administer the~~  
21 ~~program successfully.]~~

22 (c) The pilot program must:

23 (1) require all clinical laboratories, including  
24 hospital laboratories and clinical reference laboratories, within

1 the area served by each ~~[the]~~ health authority participating in the  
2 pilot program to report all positive cases of methicillin-resistant  
3 Staphylococcus aureus infection to the applicable health authority  
4 using automated and secure electronic data transmission ~~[pilot~~  
5 ~~program administrator]~~;

6 (2) track the prevalence of methicillin-resistant  
7 Staphylococcus aureus infections;

8 (3) evaluate ~~[study]~~ the cost and feasibility of  
9 expanding the list of reportable diseases established under this  
10 chapter to include methicillin-resistant Staphylococcus aureus  
11 infections;

12 (4) develop a methodology for the electronic transfer  
13 ~~[exchange]~~ of information regarding ~~[the occurrence of]~~  
14 methicillin-resistant Staphylococcus aureus infections within the  
15 area served by each ~~[the]~~ health authority participating in the  
16 pilot program;

17 (5) collect data and analyze findings regarding the  
18 prevalence ~~[sources and possible prevention]~~ of  
19 methicillin-resistant Staphylococcus aureus infections;

20 (6) provide for the reporting to the public by the  
21 department of information regarding methicillin-resistant  
22 Staphylococcus aureus infections;

23 (7) compile and make available to the public a summary  
24 report ~~[, by location, of the infections reported]~~; and

25 (8) make recommendations to the department regarding  
26 Subdivisions (1) through (7).

27 (d) Not later than September 1, 2011 ~~[2009]~~, the department,

1 in consultation with each ~~[the]~~ health authority participating in  
2 ~~[administering]~~ the pilot program, shall submit to the legislature  
3 a report concerning the effectiveness of the pilot program ~~[in~~  
4 ~~tracking and reducing the number of methicillin-resistant~~  
5 ~~Staphylococcus aureus infections within the area served by the~~  
6 ~~health authority]~~.

7 (e) This section expires, and the pilot program is  
8 abolished, September 1, 2011 ~~[2009]~~.

9 SECTION 2. (a) Except as provided by Subsection (b) of this  
10 section, this Act takes effect immediately if it receives a vote of  
11 two-thirds of all the members elected to each house, as provided by  
12 Section 39, Article III, Texas Constitution. If this Act does not  
13 receive the vote necessary for immediate effect, this Act takes  
14 effect on the 91st day after the last day of the legislative  
15 session.

16 (b) The change in law made by this Act to Section  
17 81.0445(d), Health and Safety Code, takes effect September 1, 2009.

# ADOPTED

MAY 21 2009

*Atty. Gen.*  
Secretary of the Senate

By: *Patricia VandePutte*

H.B. No. 1362

Substitute the following for H.B. No. 1362:

By: *Nelson*

C.S. H.B. No. 1362

## A BILL TO BE ENTITLED

### AN ACT

1  
2 relating to the pilot program for reporting of methicillin-  
3 resistant Staphylococcus aureus infections.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. Section 81.0445, Health and Safety Code, is  
6 amended to read as follows:

7 Sec. 81.0445. MRSA REPORTING PROCEDURES PILOT PROGRAM.

8 (a) The executive commissioner of the Health and Human Services  
9 Commission by rule shall develop and the department shall  
10 establish a pilot program to research and implement procedures  
11 for reporting cases of methicillin-resistant Staphylococcus  
12 aureus (MRSA) infection. A health authority shall not be  
13 required to participate in the pilot program.

14 (b) A health authority that participates in the pilot  
15 program shall administer the program locally and report to the  
16 department as required by this section. [The department shall  
17 select to administer the program a health authority that:

18 [ (1) demonstrates an interest in hosting the program;  
19 and

20 [ (2) possesses adequate resources to administer the  
21 program successfully.]

22 (c) The pilot program must:

23 (1) require all clinical laboratories, including  
24 hospital laboratories and clinical reference laboratories,

1 within the area served by each ~~[the]~~ health authority  
2 participating in the pilot program to report all positive cases  
3 of methicillin-resistant Staphylococcus aureus infection,  
4 including infections contracted in a community setting, a health  
5 care facility, and any other setting, to the applicable health  
6 authority using automated and secure electronic data  
7 transmission ~~[pilot program administrator];~~

8 (2) track the prevalence of methicillin-resistant  
9 Staphylococcus aureus infections;

10 (3) evaluate ~~[study]~~ the cost and feasibility of  
11 expanding the list of reportable diseases established under this  
12 chapter to include methicillin-resistant Staphylococcus aureus  
13 infections;

14 (4) develop a methodology for the electronic transfer  
15 ~~[exchange]~~ of information regarding ~~[the occurrence of]~~  
16 methicillin-resistant Staphylococcus aureus infections within  
17 the area served by each ~~[the]~~ health authority participating in  
18 the pilot program;

19 (5) collect data and analyze findings regarding the  
20 prevalence ~~[sources and possible prevention]~~ of methicillin-  
21 resistant Staphylococcus aureus infections;

22 (6) provide for the reporting to the public by the  
23 department of information regarding methicillin-resistant  
24 Staphylococcus aureus infections;

25 (7) compile and make available to the public a  
26 summary report ~~[, by location, of the infections reported];~~ and

27 (8) make recommendations to the department regarding

1 Subdivisions (1) through (7).

2 (d) Not later than September 1, 2011 [~~2009~~], the  
3 department, in consultation with each [~~the~~] health authority  
4 participating in [~~administering~~] the pilot program, shall submit  
5 to the legislature a report concerning the effectiveness of the  
6 pilot program [~~in tracking and reducing the number of~~  
7 ~~methicillin-resistant Staphylococcus aureus infections within~~  
8 ~~the area served by the health authority~~].

9 (d-1) A health care facility located in an area served by  
10 a health authority participating in the pilot program is not  
11 required to report an incident of methicillin-resistance  
12 Staphylococcus aureus infection to the Department of State  
13 Health Services under Section 98.103, as added by Chapter 359  
14 (S.B. 288), Acts of the 80th Legislature, Regular Session, 2007.  
15 The health authority shall report each incident subject to  
16 Section 98.103 to the Department of State Health Services.

17 (e) This section expires, and the pilot program is  
18 abolished, September 1, 2011 [~~2009~~].

19 SECTION 2. Section 98.103, Health and Safety Code, as  
20 added by Chapter 359 (S.B. 288), Acts of the 80th Legislature,  
21 Regular Session, 2007, is amended by adding Subsection (e) to  
22 read as follows:

23 (e) Effective September 1, 2009, this section does not  
24 apply to the reporting of methicillin-resistant Staphylococcus  
25 aureus infections by a health care facility located in an area  
26 served by a health authority participating in the pilot program  
27 established under Section 81.0445. This subsection expires

1 September 1, 2011.

2 SECTION 3. (a) Except as provided by Subsection (b) of  
3 this section, this Act takes effect immediately if it receives a  
4 vote of two-thirds of all the members elected to each house, as  
5 provided by Section 39, Article III, Texas Constitution. If  
6 this Act does not receive the vote necessary for immediate  
7 effect, this Act takes effect on the 91st day after the last day  
8 of the legislative session.

9 (b) The change in law made by this Act to Section  
10 81.0445(d), Health and Safety Code, takes effect September 1,  
11 2009.





**LEGISLATIVE BUDGET BOARD**

**Austin, Texas**

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**May 21, 2009**

**TO:** Honorable Joe Straus, Speaker of the House, House of Representatives

**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.), **As Passed 2nd House**

**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 infection, including infections contracted in a community setting, a health care facility, and any other setting, to the applicable health authority administrator using automated and secure electronic data transmission. The bill would modify existing pilot requirements.

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.

A health care facility located in an area served by a health authority participating in the pilot program would not be required to report an incident of MRSA to DSHS under Section 98.103; the health authority would be required to report each incident to DSHS subject to Section 98.103. The bill would amend the Health and Safety Code to reflect this exemption, and this subsection would expire September 1, 2011.

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**

No significant fiscal implication to units of local government is anticipated. 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

**LBB Staff:** JOB, SD, CL, JI, LL



LEGISLATIVE BUDGET BOARD  
Austin, Texas

FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION

May 13, 2009

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

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 2nd 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 infection, including infections contracted in a community setting, a health care facility, and any other setting, to the applicable health authority administrator using automated and secure electronic data transmission. The bill would modify existing pilot requirements.

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.

A health care facility located in an area served by a health authority participating in the pilot program would not be required to report an incident of MRSA to DSHS under Section 98.103; the health authority would be required to report each incident to DSHS subject to Section 98.103. The bill would amend the Health and Safety Code to reflect this exemption, and this subsection would expire September 1, 2011.

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**

No significant fiscal implication to units of local government is anticipated. 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  
**LBB Staff:** JOB, CL, JI, LL





**LEGISLATIVE BUDGET BOARD**

**Austin, Texas**

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**May 8, 2009**

**TO:** Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

**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.), **As Engrossed**

**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

**LBB Staff:** JOB, CL, JI, LL



**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 to 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

**LBB Staff:** JOB, CL, JI, LL



LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION

April 6, 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 reporting of methicillin-resistant Staphylococcus aureus.), **As Introduced**

**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 program to research and implement procedures for reporting cases of methicillin-resistant Staphylococcus aureus (MRSA). 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 program would require all clinical laboratories, including hospital and clinical reference laboratories within an area served by each health authority participating in the 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, 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 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 of even-numbered years in consultation with each health authority participating in the program to submit a report to the legislature concerning the program's effectiveness.

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 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

**LBB Staff:** JOB, CL, JI, LL, BM