

**House Bill 1362**  
Senate Amendments  
Section-by-Section Analysis

HOUSE VERSION

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

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

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

~~[(1) demonstrates an interest in hosting the program; and  
[(2) possesses adequate resources to administer the program successfully.]~~

(c) The pilot program must:

(1) require all clinical laboratories, including hospital laboratories and clinical reference laboratories, within the area served by each [the] health authority participating in the pilot program to report all positive cases of methicillin-resistant Staphylococcus aureus infection to the applicable health authority using automated and secure electronic data transmission ~~[pilot program administrator];~~

SENATE VERSION

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

~~[(1) demonstrates an interest in hosting the program; and  
[(2) possesses adequate resources to administer the program successfully.]~~

(c) The pilot program must:

(1) require all clinical laboratories, including hospital laboratories and clinical reference laboratories, within the area served by each [the] health authority participating in the pilot program to report all positive cases of methicillin-resistant Staphylococcus aureus infection, including infections contracted in a community setting, a health care facility, and any other setting, to the applicable health authority using automated and secure electronic data transmission ~~[pilot program administrator];~~

CONFERENCE

**House Bill 1362**  
Senate Amendments  
Section-by-Section Analysis

HOUSE VERSION

- (2) track the prevalence of methicillin-resistant Staphylococcus aureus infections;
  - (3) evaluate [~~study~~] the cost and feasibility of expanding the list of reportable diseases established under this chapter to include methicillin-resistant Staphylococcus aureus infections;
  - (4) develop a methodology for the electronic transfer [~~exchange~~] of information regarding [~~the occurrence of~~] methicillin-resistant Staphylococcus aureus infections within the area served by each [~~the~~] health authority participating in the pilot program;
  - (5) collect data and analyze findings regarding the prevalence [~~sources and possible prevention~~] of methicillin-resistant Staphylococcus aureus infections;
  - (6) provide for the reporting to the public by the department of information regarding methicillin-resistant Staphylococcus aureus infections;
  - (7) compile and make available to the public a summary report [~~, by location, of the infections reported~~]; and
  - (8) make recommendations to the department regarding Subdivisions (1) through (7).
- (d) Not later than September 1, 2011 [~~2009~~], the department, in consultation with each [~~the~~] health authority participating in [~~administering~~] the pilot program, shall submit to the legislature a report concerning the effectiveness of the pilot program [~~in tracking and reducing the number of methicillin-resistant Staphylococcus aureus infections within the area served by the health authority~~].

SENATE VERSION

- (2) track the prevalence of methicillin-resistant Staphylococcus aureus infections;
  - (3) evaluate [~~study~~] the cost and feasibility of expanding the list of reportable diseases established under this chapter to include methicillin-resistant Staphylococcus aureus infections;
  - (4) develop a methodology for the electronic transfer [~~exchange~~] of information regarding [~~the occurrence of~~] methicillin-resistant Staphylococcus aureus infections within the area served by each [~~the~~] health authority participating in the pilot program;
  - (5) collect data and analyze findings regarding the prevalence [~~sources and possible prevention~~] of methicillin-resistant Staphylococcus aureus infections;
  - (6) provide for the reporting to the public by the department of information regarding methicillin-resistant Staphylococcus aureus infections;
  - (7) compile and make available to the public a summary report [~~, by location, of the infections reported~~]; and
  - (8) make recommendations to the department regarding Subdivisions (1) through (7).
- (d) Not later than September 1, 2011 [~~2009~~], the department, in consultation with each [~~the~~] health authority participating in [~~administering~~] the pilot program, shall submit to the legislature a report concerning the effectiveness of the pilot program [~~in tracking and reducing the number of methicillin-resistant Staphylococcus aureus infections within the area served by the health authority~~].

CONFERENCE

**House Bill 1362**  
Senate Amendments  
Section-by-Section Analysis

HOUSE VERSION

SENATE VERSION

CONFERENCE

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

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

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

**No equivalent provision.**

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

(e) Effective September 1, 2009, this section does not apply to the reporting of methicillin-resistant Staphylococcus aureus infections by a health care facility located in an area served by a health authority participating in the pilot program established under Section 81.0445. This subsection expires September 1, 2011.

SECTION 2. (a) Except as provided by Subsection (b) of this section, this Act takes effect immediately if it receives a vote of two-thirds of all the members elected

SECTION 3. Same as House version.

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HOUSE VERSION

to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect on the 91st day after the last day of the legislative session.

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

SENATE VERSION

CONFERENCE