

BILL ANALYSIS

Senate Research Center
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H.B. 1082
By: Straus et al. (Van de Putte)
Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

The most common cause of skin or soft tissue infections in the United States is a bacterium often referred to as "staph," also known as *Staphylococcus aureus*. About 20 to 40 percent of the population carries staph bacteria on their skin or in the nose, usually without serious problems. In the past, about 90 percent of staph infections occurred as a result of surgery. However, in the last 10 years an antibiotic-resistant strain of staph bacteria has emerged, known as methicillin-resistant *Staphylococcus aureus* (MRSA). A 2003 study 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. No national or statewide tracking system of MRSA infections currently exists, which makes the exact number and cause of the infections impossible to determine.

H.B. 1082 creates a pilot program for a data-gathering system that would help Texas and the national medical community understand the growing problem of MRSA both inside and outside of healthcare settings and identify ways to reduce or eliminate outbreaks in the future.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 (Section 81.0445, Health and Safety Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter C, Chapter 81, Health and Safety Code, by adding Section 81.0445, as follows:

Sec. 81.0445. MRSA REPORTING PROCEDURES PILOT PROGRAM. (a) Requires the executive commissioner of the Health and Human Services Commission (executive commissioner) 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).

(b) Requires DSHS to select to administer the program a health authority that demonstrates an interest in hosting the program, and possesses adequate resources to administer the program successfully.

(c) Requires the pilot program to require all clinical laboratories within the area served by the health authority to report all cases of MRSA to the pilot program administrator, track the prevalence of MRSA, study the cost and feasibility of expanding the list of reportable diseases established under this chapter to include MRSA, develop a methodology for the electronic exchange of information regarding the occurrence of MRSA within the area served by the health authority, collect data and analyze findings regarding the sources and possible prevention of MRSA, provide for the reporting to the public by the department of information regarding MRSA, compile and make available to the public a summary, by location, of the infections reported, and make recommendations to DSHS regarding Subdivisions (1) through (7).

(d) Requires DSHS, in consultation with the health authority administering the pilot program, to submit to the legislature a report concerning the effectiveness of the pilot program in tracking and reducing the number of MRSA infections within the area served by the health authority not later than September 1, 2009.

(e) Provides that this section expires, and the pilot program is abolished, September 1, 2009.

SECTION 2. Effective date: upon passage or September 1, 2007.