

BILL ANALYSIS

Senate Research Center
81R2891 ALB-D

S.B. 1816
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As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Methicillin-resistant staphylococcus aureus (MRSA) is a deadly, virulent strain of staph infection that has caused concern across the nation. This communicable staph infection is highly resistant to antibiotics and is projected to soon be the cause of more deaths than any infectious diseases tracked by the Centers for Disease Control and Prevention, including HIV/AIDS.

H.B. 1082, passed during the 80th Legislature, Regular Session, 2007, created the electronic MRSA registry pilot program to track the prevalence of MRSA infections in Bexar, Brazos, Potter, and Randall counties; so far only six months of data has been gathered. This bill would extend the program to September 1, 2011, and enable the San Antonio Metropolitan Health District to continue to track the occurrence of MRSA, collect data, and analyze findings.

As proposed, S.B. 1816 extends the MRSA pilot program to continue to track the occurrence and analyze data of MRSA within the area served by the health authority. This bill also requires a health authority that participates in the program to administer the program locally and report to the Department of State Health Services.

[**Note:** While the statutory reference in this bill is to the Texas Department of Health (TDH), the following amendments affect the Department of State Health Services, as the successor agency to TDH.]

RULEMAKING AUTHORITY

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

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 81.0445, Health and Safety Code, as follows:

Sec. 81.0445. New heading: MRSA REPORTING PROCEDURES PROGRAM. (a) Requires the executive commissioner of the Health and Human Services Commission (HHSC) by rule to develop, and the Texas Department of Health (TDH) to establish, a program, rather than a pilot program, to research and implement procedures for reporting cases of methicillin-resistant Staphylococcus aureus (MRSA). Requires that a health authority not be required to participate in the program.

(b) Requires a health authority that participates in the program to administer the program locally and report to TDH as required by this section. Deletes existing text requiring TDH 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 program to:

(1) require all clinical laboratories, including hospital laboratories and clinical reference laboratories, within the area served by each health authority participating in the program to report all positive cases of MRSA to the health authority program administrator using automated and secure

electronic transmission. Makes conforming changes and a nonsubstantive change;

(2) track the prevalence of MRSA;

(3) evaluate, on a biennial basis, rather than study, the cost and feasibility of expanding the list of reportable diseases established under this chapter to include MRSA;

(4) 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, rather than the health authority;

(5) collect data and analyze findings regarding the prevalence, rather than the sources and possible prevention, of MRSA;

(6) provide for the reporting to the public by TDH of information regarding MRSA; and

(7) compile and make available to the public a summary regarding Subdivisions (1)-(6). Deletes existing text requiring the program to compile and make available to the public a summary, by location, of the infections reported, and (8) make recommendations to TDH regarding Subdivisions (1)-(7).

(d) Requires TDH, in consultation with each health authority participating in the program, not later than September 1 of each even-numbered year, to submit to the legislature a report concerning the effectiveness of the program. Deletes existing text requiring TDH, in consultation with the health authority administering the pilot program, not later than September 1, 2009, 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. Deletes Subsection (e) providing that this section expires, and the pilot program is abolished, September 1, 2009.

SECTION 2. (a) Effective date, except as provided by Subsection (b) of this section: upon passage or the 91st day after the last day of the legislative session.

(b) Effective date, the change in law made by this Act to Section 81.0445(d), Health and Safety Code: September 1, 2009.