

BILL ANALYSIS

C.S.H.B. 1848
By: Klick
Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Antibiotic resistance is a serious and escalating public health threat, and the Department of State Health Services has made combating multidrug-resistant organisms a priority. It has been noted that these organisms and other infectious disease agents are especially threatening to long-term care facilities, which are home to some of the state's most vulnerable residents. C.S.H.B. 1848 seeks to promote and protect the health of residents of these facilities by establishing antimicrobial stewardship regional advisory committees and requiring long-term care facility infection prevention and control programs to include, among other things, monitoring of multidrug-resistant organisms.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 1848 amends the Health and Safety Code to require each infection prevention and control program of a state-licensed convalescent nursing facility or related institution, assisted living facility, or intermediate care facility for individuals with an intellectual disability to include monitoring of key infectious agents, including multidrug-resistant organisms, and procedures for making rapid influenza diagnostic tests available to facility residents.

C.S.H.B. 1848 requires the Department of State Health Services to establish a regional advisory committee in each designated public health region to address antimicrobial stewardship in long-term care facilities and to improve antimicrobial stewardship through collaborative action. The bill requires the committee to include physicians, directors of nursing or equivalent consultants with long-term care facilities, public health officials knowledgeable about antimicrobial stewardship, and other interested parties.

EFFECTIVE DATE

September 1, 2019.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 1848 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee

substitute versions of the bill.

The substitute does not include the provision requiring each long-term care facility's infection prevention and control program to include procedures for communicating the presence of multidrug-resistant organism infections when admitting a resident to or transferring a resident from the facility.

The substitute does not include the provision requiring the Health and Human Services Commission to ensure that each such program includes a requirement for the facility to report when two or more confirmed cases of influenza occur among the facility residents within a 72-hour period.