

- SUBJECT:** Pilot program for reporting of MRSA infections
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 6 ayes — Kolkhorst, Naishtat, J. Davis, Gonzales, Hopson, S. King
0 nays
5 absent — Coleman, Laubenberg, McReynolds, Truitt, Zerwas
- WITNESSES:** For — Bryan Alsip, City of San Antonio; (*Registered, but did not testify:*
Pamela J. Bolton, Texas Watch; Eileen Garcia-Matthews, Texans Care for
Children)
Against — None
On — Jeff Taylor, Texas Department of State Health Services (DSHS)
- BACKGROUND:** Staphylococcus aureus bacteria, often called “staph,” is a common bacteria that can cause skin and soft tissue infections. Methicillin-resistant Staphylococcus aureus (MRSA) is a strain of staph bacteria that has become resistant to the types of antibiotics most commonly used to treat staph infections.

In 2007, the 80th Legislature enacted HB 1082 by Straus, which implemented a pilot program for local research and reporting of MRSA infections by a health authority. The pilot program is to be abolished September 1, 2009.
- DIGEST:** CSHB 1362 would modify the requirements for the pilot program to research and implement procedures for reporting cases of MRSA infection and would extend the pilot until September 1, 2011. A health authority that participated voluntarily in the pilot program would administer the program locally and report recommendations resulting from the pilot to the Department of State Health Services (DSHS).

All clinical laboratories within the health authority’s service area would report positive cases of MRSA infection to the health authority using automated and secure electronic data transmission. The pilot program

would collect data and analyze findings regarding the prevalence of MRSA infections. A summary report of information regarding MRSA infections would be compiled and made available to the public.

The pilot program would evaluate the cost and feasibility of including MRSA in the list of reportable diseases. A methodology would be developed to transfer electronically all information regarding MRSA infections within a participating health authority's service area.

DSHS, in consultation with each health authority participating in the pilot program, would submit to the Legislature a report concerning the effectiveness of the pilot program by September 1, 2011.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect August 31, 2009.

**SUPPORTERS
SAY:**

CSHB 1362 would provide valuable data, which could be used for a variety of health purposes, about the prevalence of MRSA infections. The pilot also would demonstrate the costs and implementation concerns associated with continued tracking of these infections.

MRSA infections can be aggressive and cause severe or deadly health conditions, including pneumonia and bloodstream infections. Research suggests that the incidence of MRSA infections is increasing at an alarming pace. Disturbingly, many more cases of MRSA among children are being reported. Because there is no national or statewide tracking system for MRSA infections, it is difficult to understand exactly how many infections are occurring and what populations are most affected.

CSHB 1362 would provide data about the prevalence of MRSA infections in the pilot areas, and researchers could identify trends indicating which populations were most at risk of infection. For example, if MRSA infections were identified among a cluster of school-age children, researchers could surmise that the infection likely was spread in a school. Such data would give public health authorities the ability to target public awareness and prevention messages, such as hand-washing campaigns in public schools, to the populations with higher rates of infections.

The pilot authorized in 2007 already was administered successfully in Bexar, Brazos, and Potter-Randall counties in March 2009. Bexar County

alone had over 600 reports of MRSA infection that will provide invaluable data.

Despite this volume of reports, the workload was spread among a number of clinical laboratories. Individual reports are not highly time-intensive to create, so CSHB 1362 would not be overly burdensome to participating clinical laboratories.

**OPPONENTS
SAY:**

While participation in the MRSA infection reporting pilot program would be voluntary for health authorities, CSHB 1362 would not make participation voluntary for clinical laboratories. The state should not mandate the participation of clinical laboratories in a pilot program that would add to their workload by requiring them to develop and submit reports regarding MRSA infections without reimbursement.

NOTES:

The companion bill, SB 1862 by Van de Putte, has been referred to the Senate Health and Human Services Committee.