(b) The executive director shall determine the grant review process under this section. The executive director may terminate grants that do not meet contractual obligations.

(c) The executive director shall report at least annually to the oversight committee on the progress and continued merit of each research program funded by the institute.

SECTION 15. Subchapter F, Chapter 102, Health and Safety Code, is amended by adding Section 102.262 to read as follows:

Sec. 102.262. PUBLIC INFORMATION. The following information is public information and may be disclosed under Chapter 552, Government Code:

(1) the applicant's name and address;
(2) the amount of funding applied for;
(3) the type of cancer to be addressed under the proposal; and
(4) any other information designated by the institute with the consent of the grant applicant.

SECTION 16. Sections 102.151(a) and (c), Health and Safety Code, are repealed.

SECTION 17. Not later than December 1, 2009, the governor, lieutenant governor, and speaker of the house of representatives each shall designate one member of the Cancer Prevention and Research Institute of Texas Oversight Committee appointed by that person to serve a term expiring January 31, 2011, one member appointed by that person to serve a term expiring January 31, 2013, and one member appointed by that person to serve a term expiring January 31, 2015.

SECTION 18. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected 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 September 1, 2009.

Passed by the House on May 7, 2009: Yeas 141, Nays 2, 1 present, not voting; passed by the Senate on May 21, 2009: Yeas 30, Nays 0.

Approved June 19, 2009.

CHAPTER 369

H.B. No. 1362

AN ACT
relating to the pilot program for reporting of methicillin-resistant Staphylococcus aureus infections.

Be it enacted by the Legislature of the State of Texas:

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 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];

(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].

(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-resistant 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].

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 3. (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 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.

Passed by the House on May 4, 2009: Yeas 144, Nays 0, 1 present, not voting; the House concurred in Senate amendments to H.B. No. 1362 on May 23, 2009: Yeas 139, Nays 5, 1 present, not voting; passed by the Senate, with amendments, on May 21, 2009: Yeas 31, Nays 0.

Approved June 19, 2009.

Effective June 19, 2009, except as provided by § 3(b).