

## **BILL ANALYSIS**

Senate Research Center  
81R1044 ALB-D

S.B. 203  
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Health & Human Services  
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As Filed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Numerous studies indicate that conditions caused by anti-microbial resistant bacteria last longer, cost more to treat and are more likely to result in death. According to the U.S. Centers for Disease Control and Prevention (CDC) methicillin-resistant *Staphylococcus aureus* (MRSA), an antibiotic-resistant bacteria, caused an estimated 95,000 infections and 19,000 deaths in 2005. The CDC report found that MRSA infections were primarily related to exposure during health care delivery. In fact, in 2005, 85 percent of all invasive MRSA infections were acquired in a health care setting; about a third of these infections occurred during hospitalization. Furthermore, there is a mounting body of evidence showing that even hospitals, which perform elective surgeries (e.g., face lifts), have high rates of MRSA infection. Finally, MRSA infections are increasingly found in community settings and these strains are becoming more virulent.

A 2006 study of U.S. health care facilities found that 46 out of every 1,000 patients were infected or colonized with MRSA and that 34 per 1,000 were infected.

CDC recommends a multi-faceted approach to successfully combat hospital-acquired infections, including routine screening, isolation of colonized and infected patients, and strict compliance with hygiene guidelines. There is also evidence that control strategies including active surveillance of patients in U.S. hospitals can reduce rates of (MRSA) infection and colonization.

Currently, the Texas Health Care-Associated Infection Reporting System within the infectious disease surveillance and epidemiology branch of the Department of State Health Services (DSHS) requires surgical site infection reporting for a number of certain procedures as well as incidence of laboratory-confirmed central line-associated primary bloodstream infections, but not for MRSA.

As proposed, S.B. 203 requires hospitals to report rates of MRSA infection to DSHS.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Section 98.103(c), Health and Safety Code, as added by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular Session, 2007, to require a general hospital to report certain viruses and infections to the Department of State Health Services, including the incidence of methicillin-resistant *Staphylococcus aureus* (MRSA) infections in any unit in the hospital. Makes a nonsubstantive change.

SECTION 2. Effective date: September 1, 2009.