

BILL ANALYSIS

Senate Research Center

C.S.S.B. 203
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Health & Human Services
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Committee Report (Substituted)

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.

The Centers for Disease Control and Prevention 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 infection and colonization.

C.S.S.B. 203 requires a health care facility and a pediatric and adolescent hospital to report the incidence of surgical site infections, including the causative pathogen if the infection is laboratory-confirmed. The bill also requires a general hospital to report the incidence of certain primary bloodstream infections, including the causal pathogen.

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 Sections 98.103(a), (b), and (c), Health and Safety Code, as added by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular Session, 2007, as follows:

- (a) Requires a health care facility, other than a pediatric and adolescent hospital, to report to the Department of State Health Services (DSHS) the incidence of surgical site infections, including the causative pathogen if the infection is laboratory-confirmed, occurring in certain procedures.
- (b) Requires a pediatric and adolescent hospital to report the incidence of surgical site infections, including the causative pathogen if the infection is laboratory-confirmed, occurring in certain procedures to DSHS.
- (c) Requires a general hospital to report certain viruses and infections to DSHS including the causative pathogen.

SECTION 2. Effective date: September 1, 2009.