HOUSE BILL REPORT
HB 1123

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to reducing the spread of methicillin-resistant staphylococcus aureus.

Brief Description: Reducing the spread of multidrug resistant organisms.

Sponsors: Representatives Campbell, Morrell, Hunter, Pedersen, Chase, Ormsby, Simpson, Wood and Conway.

Brief History:
Committee Activity:
Health Care & Wellness: 1/27/09, 2/20/09 [DPS].

Brief Summary of Substitute Bill

- Requires hospitals to adopt a policy regarding methicillin-resistant staphylococcus aureus (MRSA).
- Requires hospitals to report incidences of MRSA to the Department of Health.
- Requires the Advisory Committee on Health Care-Associated Infections to make annual recommendations on expanding MRSA testing requirements.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Cody, Chair; Driscoll, Vice Chair; Ericksen, Ranking Minority Member; Bailey, Campbell, Clibborn, Green, Herrera, Hinkle, Kelley, Moeller, Morrell and Pedersen.

Staff: Jim Morishima (786-7191)

Background:

Methicillin-Resistant Staphylococcus Aureus.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Staphylococcus aureus, or "staph," are bacteria that live on the skin and can cause infections ranging from pimples or boils to more serious infections of the internal organs. The majority of staph infections are minor and do not require treatment with antibiotics. More severe staph infections, however, are often treated with antibiotics. Methicillin-resistant staphylococcus aureus (MRSA) is a strain of staph that has become resistant to methicillin and other antibiotics.

Methicillin-resistant staphylococcus aureus is spread by touch or contact and can enter the body through cuts or surgical incisions. Methicillin-resistant staphylococcus aureus can lead to a range of health consequences from minor skin infections to more serious infections of organs and bones. Most MRSA infections are acquired in hospitals and other health care settings, but the number of MRSA infections acquired in the community has been increasing.

The Incidence of MRSA.

In 2007 the Centers for Disease Control and Prevention (CDC) estimated that approximately 94,360 people nationwide developed a serious MRSA infection in 2005. Of these people, the CDC estimated that approximately 18,650 died during a hospital stay related to the infection.

In Washington, the Department of Health (DOH) and local health jurisdictions have issued a variety of reports relating to MRSA, which all indicate that the incidence of MRSA in Washington is increasing. For example, data collected by the DOH from hospitals and laboratories participating in Washington's Antibiotic Resistance Sentinel Network indicated that the percentage of staph infections identified as MRSA increased from 28 percent to 43 percent between 2002 and 2004. Data collected by several counties from hospitals, long-term care facilities, and outpatient clinics indicated that the rates of MRSA infections increased between 2003 and 2006.

More recently, in November of 2007, the Governor asked the DOH to monitor for invasive MRSA infections through voluntary lab reporting. Although the monitoring project confirmed that MRSA infections are occurring statewide, the DOH found that the utility of the data was limited. For example, the DOH found that it was impossible to use the data to calculate the total incidence of MRSA in the general population, to determine the severity of a given infection, or to determine whether a given patient was hospitalized.

In 2008 the DOH began to require hospitals to report incidences of MRSA through its Comprehensive Abstract Reporting System (CHARS). The CHARS collects data on patients discharged from a hospital. Information from the CHARS is used to help public health personnel, consumers, purchasers, payers, providers, and researchers make informed decisions regarding health care and health care policy.

Public Education About MRSA.

The DOH has developed a variety of materials to educate the public about MRSA. For example, the DOH collaborated with the Tacoma-Pierce County Health Department, Group Health Cooperative, and Multi-Care Health Systems to create a "Living with MRSA" booklet. The booklet contains a variety of information on MRSA including how it is transmitted, how it is treated, and how a person with MRSA should care for himself or

herself. The DOH has also developed a fact sheet regarding MRSA skin infections, which includes information on how to prevent the spread of the infection.

Hospital Polices on Infection Control.

The DOH, by rule, requires hospitals to develop and implement an infection-control program, which must include written policies and procedures that are consistent with CDC guidelines. The policies must be specific to service areas when appropriate and must address a variety of issues, including the use of equipment, prevention of cross contamination, environmental management and housekeeping, occupational health, attire, traffic patterns, antisepsis and hand-washing, scrub technique and surgical preparation, biohazard waste management, barrier and transmission precautions, and pharmacy and therapeutics.

Hospitals are required to collect and report data concerning health-care associated infections, phased in as follows:

- beginning July 1, 2008, central line-associated bloodstream infections in the intensive care unit;
- beginning January 1, 2009, ventilator-associated pneumonia; and
- beginning January 1, 2010, surgical site infections for cardiac surgery, total hip and total knee replacement, and hysterectomy.

The DOH is required to convene an advisory committee that may include members representing infection control professionals and epidemiologists, licensed health care providers, nursing staff, organizations representing health care providers and facilities, health maintenance organizations, health care payers and consumers, and the DOH. The purpose of the advisory committee is to make recommendations to the DOH regarding its responsibilities relating to the reporting of health-care associated infections.

Summary of Substitute Bill:

Every hospital in the state must adopt a policy on MRSA by January 1, 2010. The policy must contain the following elements:

- a procedure for identifying and testing at-risk patients for MRSA. "At-risk patient" is defined as a patient in the adult or pediatric intensive care unit or a surgical patient identified by the hospital's MRSA risk assessment. A patient in the adult or pediatric intensive care unit must be tested within 24 hours of admission, unless he or she has been previously tested during that hospital stay;
- appropriate procedures for preventing a patient who tests positive for MRSA from transmitting MRSA to other patients, including isolation and cohorting. In hospitals where patients infected or colonized with MRSA will be roomed with patients who are not infected or colonized (or whose status is unknown), the hospital must notify patients that they may be roomed with MRSA-positive patients; and
- a requirement that every patient with a MRSA infection receive oral and written instructions regarding aftercare and precautions against spreading the infection.

A hospital that has identified a hospitalized patient with a MRSA diagnosis must report the infection to the DOH using the CHARS. When making the report, the hospital must use codes used by the U. S. Centers for Medicare and Medicaid Services, when available.

The Advisory Committee on Hospital-Acquired Infections must make an annual recommendation to the DOH as to whether current science supports expanding pre-surgical MRSA screenings.

Substitute Bill Compared to Original Bill:

The substitute bill:

- changes the definition of "at-risk patient" to: (1) a patient in the pediatric or adult intensive care unit ; or (2) any other surgical patient identified as risky by the hospital's MRSA risk assessment; the original bill defined "at-risk patient" as a surgical patient who, because of the nature of the surgical procedure involved, faces great risk of harm if infected with MRSA during the procedure or a patient in the hospital's intensive care unit;
- requires intensive care unit patients to be tested within 24 hours unless they have already been tested during that hospital stay;
- expands the illustrative list of "appropriate procedures" for preventing the transmission of the infection to include cohorting with similarly-colonized or infected patients;
- requires, in a hospital where patients who are colonized or infected may be roomed with patients who are not colonized or infected (or whose status is unknown), the hospital to notify patients that they may be sharing a room with someone infected with MRSA;
- requires every patient with a MRSA infection be provided instructions on aftercare and infection control, as opposed to every patient who has tested positive for MRSA;
- removes the requirement that DOH issue an annual report on MRSA; and
- requires the Advisory Committee on Health Care-Related Infections to make an annual report to the DOH as to whether current science supports expanding pre-surgical screening for MRSA beyond what is required in the act.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) The problem with MRSA is getting worse. This bill heads us in the right direction. Because the needs of hospitals differ, this bill gives hospitals flexibility. Education is an important element of this bill. People need to know about aftercare and how

to prevent the spread of MRSA. This bill will save thousands of dollars and lots of pain and suffering.

(With concerns) Efforts are currently underway in multiple drug-resistant organism prevention. This bill is part of this collaboration. Due to technological advances, some MRSA tests can be performed in a matter of hours. This bill should be focused on patients in the intensive care unit. Surgical patients should be tested, but it is unclear which ones and how they should be tested. Decolonization for MRSA can take up to a week. The MRSA screening should therefore take place in the doctor's office, not in the hospital. Which surgeries should be subject to testing should also be decided in the doctor's office. The decision of whether to screen for MRSA should be left to the hospital. Screening may not be covered by medical insurance or Medicare/Medicaid, so some patients may have to bear the expense of these tests. Most experts agree that mandatory screenings are not the answer to this problem. Other ways to address this issue include hand washing, cleanliness, and stopping the overuse of antibiotics. This is a complex issue; addressing only one prong of the issue does not solve it.

(Opposed) None.

Persons Testifying: (In support) Representative Campbell, prime sponsor.

(With concerns) Lisa Thatcher, Washington State Hospital Association; Taya Briley, Washington State Hospital Association; Jude Van Buren, Department of Health; and Tim Layton, Washington State Medical Association.

Persons Signed In To Testify But Not Testifying: None.