

Department of Legislative Services
Maryland General Assembly
2009 Session

FISCAL AND POLICY NOTE

Senate Bill 504 (Senator Gladden)
Education, Health, and Environmental Affairs

Baltimore City - Health Care Facilities and Clinics - Reporting of Methicillin-Resistant Staphylococcus Aureus Incidents

This bill requires nursing homes, assisted living facilities, and outpatient clinics that offer or oversee dialysis or HIV/AIDS services in Baltimore City to report incidents of Methicillin-Resistant Staphylococcus Aureus (MRSA) to the Commissioner of Health for Baltimore City. The report has to include strategies being employed to reduce or eliminate future incidents. By December 1, 2010, the commissioner must compile the reports and use them to report any findings and recommendations to the Secretary of Health and Mental Hygiene, the Governor, and specified legislative committees. Then, by December 31, 2010, the commissioner and Secretary have to brief the specified legislative committees on the findings and recommendations.

The bill takes effect July 1, 2009, and terminates June 30, 2011.

Fiscal Summary

State Effect: The bill does not affect governmental finances.

Local Effect: Expenditures for Baltimore City increase by almost \$175,000 in FY 2010 to collect, analyze, and report data as required under the bill. Future years reflect inflation and the termination of the bill on June 30, 2011. **This bill imposes a mandate on a unit of local government.**

Small Business Effect: Potential meaningful for small businesses that incur additional expenses associated with surveillance and reporting activities.

Analysis

Current Law: The Patients' Safety Act of 2001 (Chapter 318 of 2001) required the Maryland Health Care Commission (MHCC), in consultation with the Department of Health and Mental Hygiene, to study the feasibility of developing a system for reducing the incidence of preventable adverse medical events in the State, including a reporting system.

Background: MHCC submitted its report on January 1, 2003. The report recommended: (1) the establishment of the Maryland Patient Safety Center; (2) the use of the State's regulatory authority to promote systems improvement; and (3) limited mandatory reporting.

Staphylococcus aureus is a leading cause of bloodstream and other invasive infections. MRSA is bacteria that are resistant to certain antibiotics. Staph infections, including MRSA, occur most frequently among people in hospitals and health care facilities (such as nursing homes and dialysis centers) who have weakened immune systems. Invasive MRSA infections occur in approximately 94,000 persons nationally each year and are associated with approximately 19,000 deaths. Of these infections, about 86% are health care associated and 14% are community associated.

In October 2007, emergency regulations were adopted in Virginia to require laboratory reporting to the health department of MRSA infections in normally sterile sites. A normally sterile site is defined as blood, cerebrospinal, amniotic, pleural, peritoneal, pericardial, and joint fluid; bone and bone marrow; and certain internal body sites. The regulations exclude urine, wounds, and sputum, which are not considered sterile sites for surveillance purposes.

South Carolina requires public reporting of hospital-acquired infections, including MRSA bloodstream infections collected more than 48 hours after hospital admission.

Local Fiscal Effect: Baltimore City advises that 34 nursing homes, 31 assisted living facilities, 30 dialysis centers, at least 15 publicly funded HIV/AIDS service providers, and an unknown number of private HIV/AIDS outpatient clinical providers will be required to report to the Commissioner of Health under the bill.

Expenditures for Baltimore City increase by approximately \$175,000 in fiscal 2010 which reflects a three-month start-up delay. This estimate reflects the cost of hiring contractual employees including one epidemiologist, one health analyst, one data entry specialist, and a part-time information technology specialist to collect, enter, maintain, and analyze the reported data and compile the data for required reports. This estimate

includes salaries, fringe benefits, one-time start-up costs, and operating expenses for the subsequent year.

Small Business Effect: Small businesses may incur additional expenses associated with surveillance and reporting. However, the number of nursing homes, assisted living facilities, and outpatient clinics in Baltimore City that are considered small businesses cannot be reliably determined.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Baltimore City, Department of Health and Mental Hygiene, Department of Legislative Services

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ncs/mwc

Analysis by: Sarah K. Volker

Direct Inquiries to:
(410) 946-5510
(301) 970-5510