

1 WHEREAS, The national cost associated with hospital-acquired infections
2 range from a 1999 estimate by the Centers for Disease Control and Prevention of
3 \$5,000,000,000 annually to more recent studies projecting costs of \$30,000,000,000 to
4 \$100,000,000,000 annually with as much as 76% of the cost being paid by Medicare
5 and Medicaid; and

6 WHEREAS, Methicillin-resistant Staphylococcus aureus (MRSA) and
7 vancomycin-resistant Enterococcus (VRE) are two of the most frequent causes of
8 antimicrobial-resistant hospital-acquired infections; and

9 WHEREAS, MRSA is endemic in almost all of Maryland's health care
10 institutions; and

11 WHEREAS, The Society for Healthcare Epidemiology of America (SHEA)
12 published guidelines in 2003 designed to control hospital-acquired MRSA and VRE,
13 because the infections were recognized to be out of control; and

14 WHEREAS, More than 60 studies published in peer-reviewed scientific journals
15 and approximately 30 studies presented at national infection control meetings have
16 shown that the approaches recommended by the SHEA guidelines are effective in
17 controlling and even eradicating MRSA and VRE; and

18 WHEREAS, Routine identification of MRSA carriers with active surveillance
19 cultures and isolation of all MRSA colonized patients in hospitals in Denmark,
20 Finland, the Netherlands, and in western Australia have been associated with the
21 control of hospital-acquired MRSA infections to very low levels; and

22 WHEREAS, Implementation and routine use of the approach recommended by
23 the SHEA guidelines in various individual institutions in the United States has
24 shown that the SHEA guidelines are effective in controlling MRSA and VRE; and

25 WHEREAS, Studies conducted at the University of Maryland and The Johns
26 Hopkins University have suggested that the approach recommended by the SHEA
27 guidelines would be more effective than the current approach used by Maryland
28 health care facilities, which is to use standard precautions for the majority of patients
29 colonized with MRSA and VRE and to use contact precautions for the minority of
30 MRSA-infected patients identified by routine clinical microbiology cultures; and

31 WHEREAS, Studies have shown that health care workers fail to cleanse their
32 hands a majority of the time after caring for a patient despite federal regulations
33 requiring training of all health care workers on the importance and technique for
34 cleansing hands; and

35 WHEREAS, Standard precautions require health care workers to cleanse their
36 hands before and after each patient contact, but studies have shown that examination
37 of a patient by health care workers with MRSA or VRE often results in the invisible
38 contamination of the health care worker's white coat or uniform and medical
39 equipment, which can transmit MRSA or VRE to the next patient visited; and

1 WHEREAS, MRSA and VRE can remain on and contaminate cloth or plastic
2 surfaces for up to 90 days; and

3 WHEREAS, Institutions that have implemented the SHEA guidelines have
4 experienced a significant economic benefit, with cost effectiveness studies concluding
5 that it is much less expensive to follow the SHEA guidelines and control epidemic
6 spread than to pay for the treatment of antimicrobial-resistant infections; and

7 WHEREAS, The SHEA guidelines require institutions to implement a
8 three-pronged approach including: (1) identification and contact isolation of carriers
9 of MRSA and VRE; (2) strict adherence to hand washing and hygiene guidelines; and
10 (3) prudent use of antimicrobial agents; and

11 WHEREAS, The implementation of SHEA guidelines by hospitals, nursing
12 homes, and rehabilitation facilities would protect the health and lives of Marylanders,
13 increase the economic viability of health care institutions, and reduce State
14 expenditures for MRSA and VRE; now, therefore

15 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
16 MARYLAND, That the Laws of Maryland read as follows:

17 **Article - Health - General**

18 19-308.9.

19 (A) EACH HOSPITAL OR NURSING FACILITY IN THE STATE SHALL ESTABLISH A
20 HEALTH CARE-ASSOCIATED INFECTIONS PREVENTION AND CONTROL PROGRAM
21 BASED ON GUIDELINES PREPARED BY THE SOCIETY FOR HEALTH CARE
22 EPIDEMIOLOGY OF AMERICA THAT REQUIRES:

23 (1) IDENTIFICATION OF COLONIZED OR INFECTED PATIENTS THROUGH
24 ACTIVE SURVEILLANCE CULTURES;

25 (2) ISOLATION OF IDENTIFIED PATIENTS IN AN APPROPRIATE MANNER;
26 AND

27 (3) STRICT ADHERENCE TO HAND WASHING AND HYGIENE GUIDELINES.

28 (B) THE DEPARTMENT, IN CONSULTATION WITH THE MARYLAND HOSPITAL
29 ASSOCIATION, THE HEALTH FACILITIES ASSOCIATION OF MARYLAND, MID-ATLANTIC
30 LIFESPAN, AND OTHER INTERESTED STAKEHOLDERS, SHALL DEVELOP A SYSTEM
31 REQUIRING:

32 (1) HOSPITALS AND NURSING FACILITIES IN THE STATE TO REPORT
33 ANNUALLY ON INCIDENTS OF METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS
34 AND VANCOMYCIN-RESISTANT ENTEROCOCCUS TO THE DEPARTMENT; AND

35 (2) THE DEPARTMENT TO SUBMIT AN ANNUAL REPORT TO THE
36 GOVERNOR AND GENERAL ASSEMBLY ON THE INCIDENTS OF
37 METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS AND

1 VANCOMYCIN-RESISTANT ENTEROCOCCUS IN HOSPITALS AND NURSING FACILITIES
2 IN THE STATE.

3 SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1,
4 2006, the Department of Health and Mental Hygiene shall report to the Senate
5 Education, Health, and Environmental Affairs Committee, the Senate Finance
6 Committee, and the House Health and Government Operations Committee, in
7 accordance with § 2-1246 of the State Government Article, on legislative
8 recommendations to develop the system required by § 19-308.9(b) of the Health -
9 General Article, as enacted by this Act.

10 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
11 July 1, 2006.