

SENATE BILL 837

J3
SB 535/06 – FIN

71r2658

By: **Senator Gladden**
Introduced and read first time: February 19, 2007
Assigned to: Rules

A BILL ENTITLED

1 AN ACT concerning

2 **Hospitals and Nursing Facilities – Health Care–Associated Infections**
3 **Prevention and Control Program**

4 FOR the purpose of requiring hospitals and nursing facilities to establish a certain
5 health care–associated infections prevention and control program; requiring the
6 Department of Health and Mental Hygiene, in consultation with certain groups
7 and stakeholders, to develop a certain system regarding the reporting of certain
8 health care–associated infections; requiring the Department to make a certain
9 report to certain committees of the General Assembly on or before a certain
10 date; and generally relating to hospitals and nursing facilities and health
11 care–associated infections.

12 BY adding to
13 Article – Health – General
14 Section 19–308.9
15 Annotated Code of Maryland
16 (2005 Replacement Volume and 2006 Supplement)

17 Preamble

18 WHEREAS, Access to safe care in hospitals, nursing homes, rehabilitation
19 facilities, and clinics is a fundamental right of patients requiring health care and is an
20 essential right of all of the citizens of Maryland; and

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 WHEREAS, Infections due to antimicrobial-resistant organisms transmitted
2 from patient to patient in health care facilities nationwide and in Maryland have
3 become commonplace; and

4 WHEREAS, Over the past 30 years, antimicrobial-resistant organisms have
5 spread out of control and the treatment of infections caused by these organisms is
6 becoming more difficult and expensive to treat, resulting in higher hospital costs and
7 increased mortality than for infections caused by antimicrobial-susceptible strains of
8 the same species; and

9 WHEREAS, The national cost associated with hospital-acquired infections
10 range from a 1999 estimate by the Centers for Disease Control and Prevention of
11 \$5,000,000,000 annually to more recent studies projecting costs of \$30,000,000,000 to
12 \$100,000,000,000 annually with as much as 76% of the cost being paid by Medicare
13 and Medicaid; and

14 WHEREAS, Methicillin-resistant *Staphylococcus aureus* (MRSA) and
15 vancomycin-resistant *Enterococcus* (VRE) are two of the most frequent causes of
16 antimicrobial-resistant hospital-acquired infections; and

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

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

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

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

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

33 WHEREAS, Studies conducted at the University of Maryland and The Johns
34 Hopkins University have suggested that the approach recommended by the SHEA

1 guidelines would be more effective than the current approach used by Maryland
2 health care facilities, which is to use standard precautions for the majority of patients
3 colonized with MRSA and VRE and to use contact precautions for the minority of
4 MRSA–infected patients identified by routine clinical microbiology cultures; and

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

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

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

16 WHEREAS, Institutions that have implemented the SHEA guidelines have
17 experienced a significant economic benefit, with cost effectiveness studies concluding
18 that it is much less expensive to follow the SHEA guidelines and control epidemic
19 spread than to pay for the treatment of antimicrobial–resistant infections; and

20 WHEREAS, The SHEA guidelines require institutions to implement a
21 three–pronged approach including: (1) identification and contact isolation of carriers of
22 MRSA and VRE; (2) strict adherence to hand washing and hygiene guidelines; and (3)
23 prudent use of antimicrobial agents; and

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

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

30 **Article – Health – General**

31 **19–308.9.**

1 **(A) EACH HOSPITAL OR NURSING FACILITY IN THE STATE SHALL**
2 **ESTABLISH A HEALTH CARE-ASSOCIATED INFECTIONS PREVENTION AND**
3 **CONTROL PROGRAM BASED ON GUIDELINES PREPARED BY THE SOCIETY FOR**
4 **HEALTH CARE EPIDEMIOLOGY OF AMERICA THAT REQUIRES:**

5 **(1) IDENTIFICATION OF COLONIZED OR INFECTED PATIENTS**
6 **THROUGH ACTIVE SURVEILLANCE CULTURES;**

7 **(2) ISOLATION OF IDENTIFIED PATIENTS IN AN APPROPRIATE**
8 **MANNER; AND**

9 **(3) STRICT ADHERENCE TO HAND WASHING AND HYGIENE**
10 **GUIDELINES.**

11 **(B) THE DEPARTMENT, IN CONSULTATION WITH THE MARYLAND**
12 **HOSPITAL ASSOCIATION, THE HEALTH FACILITIES ASSOCIATION OF**
13 **MARYLAND, MID-ATLANTIC LIFESPAN, AND OTHER INTERESTED**
14 **STAKEHOLDERS, SHALL DEVELOP A SYSTEM REQUIRING:**

15 **(1) HOSPITALS AND NURSING FACILITIES IN THE STATE TO**
16 **REPORT ANNUALLY ON INCIDENTS OF METHICILLIN-RESISTANT**
17 **STAPHYLOCOCCUS AUREUS AND VANCOMYCIN-RESISTANT ENTEROCOCCUS TO**
18 **THE DEPARTMENT; AND**

19 **(2) THE DEPARTMENT TO SUBMIT AN ANNUAL REPORT TO THE**
20 **GOVERNOR AND GENERAL ASSEMBLY ON THE INCIDENCE OF**
21 **METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS AND**
22 **VANCOMYCIN-RESISTANT ENTEROCOCCUS IN HOSPITALS AND NURSING**
23 **FACILITIES IN THE STATE.**

24 SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1,
25 2007, the Department of Health and Mental Hygiene shall report to the Senate
26 Finance Committee, and the House Health and Government Operations Committee, in
27 accordance with § 2-1246 of the State Government Article, on legislative
28 recommendations to develop the system required by § 19-308.9(b) of the Health –
29 General Article, as enacted by this Act.

30 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
31 July 1, 2007.