

Department of Legislative Services  
Maryland General Assembly  
2008 Session

FISCAL AND POLICY NOTE

House Bill 151 (Delegate Hubbard)  
Health and Government Operations

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**Health - Reportable Conditions - Methicillin-Resistant Staphylococcus Aureus**

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This bill adds Methicillin-resistant Staphylococcus aureus to the list of reportable diseases and conditions in Maryland.

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**Fiscal Summary**

**State Effect:** Depending on how the bill is implemented by regulation, general fund expenditures related to the reporting of MRSA cases could range from minimal to significant in FY 2009 and future years. No effect on revenues.

**Local Effect:** Local health departments' workload could increase significantly due to the reporting of MRSA cases. No effect on revenues. **The bill imposes a mandate on a unit of local government.**

**Small Business Effect:** Potential meaningful for small private labs.

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**Analysis**

**Current Law:** Any medical laboratory director in the State who finds evidence of a reportable disease or condition in a human specimen has to report it within 48 hours to the health officer for the county in which the laboratory is located. Any medical laboratory director in another state who finds evidence of a reportable disease or condition in a human specimen acquired from a person in this State has to report it within 48 hours to the Secretary of Health and Mental Hygiene.

There are 68 reportable diseases or conditions including • Anthrax; • Lyme disease; • Rabies; and • Tuberculosis.

**Background:** 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.

**State Fiscal Effect:** Depending on how the bill is interpreted through regulation, general fund expenditure increases could range from minimal to significant in fiscal 2009 and future years. DHMH advises that in 2007 there were 49,000 total reports made of the current 68 reportable diseases statewide. Further, DHMH estimates that approximately 60,000 MRSA skin infections and 2,000 invasive MRSA infections could be identified in 2009.

If only the estimated 2,000 invasive MRSA cases are required to be reported, Legislative Services advises that DHMH could handle the MRSA case reports with existing resources. However, if all MRSA cases are required to be reported, DHMH advises that its caseload of reportable disease reports would more than double. Thus, DHMH advises that its expenditures would be significantly higher – over \$3 million – based on the reporting and processing of 62,000 MRSA cases annually. This estimate includes providing additional staff at each local health department as well as additional in-house staffing and resources.

**Small Business Effect:** To the extent that laboratories with less than 50 employees identify cases of MRSA in samples, expenditures could increase due to the requirement under the bill that all laboratories must report MRSA cases to local health departments.

## **Additional Information**

**Prior Introductions:** None.

**Cross File:** None.

**Information Source(s):** Department of Health and Mental Hygiene, Virginia  
Department of Health, Department of Legislative Services

**Fiscal Note History:** First Reader - February 10, 2008  
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Analysis by: Sarah K. Harvey

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