

SENATE BILL 750

J3
SB 102/08 – FIN

9lr2712

By: **Senator Gladden**

Introduced and read first time: February 6, 2009

Assigned to: Finance

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 2008 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

21 WHEREAS, Infections due to antimicrobial–resistant organisms transmitted
22 from patient to patient in health care facilities nationwide and in Maryland have
23 become commonplace; and

24 WHEREAS, Over the past 30 years, antimicrobial–resistant organisms have
25 spread out of control and the treatment of infections caused by these organisms is
26 becoming more difficult and expensive, resulting in higher hospital costs and increased

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



mortality than for infections caused by antimicrobial-susceptible strains of the same species; and

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

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

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

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

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

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

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

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

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

WHEREAS, Standard precautions require health care workers to cleanse their hands before and after each patient contact, but studies have shown that examination

1 of a patient by health care workers with MRSA or VRE often results in the invisible
2 contamination of the health care worker's white coat or uniform and medical
3 equipment, which can transmit MRSA or VRE to the next patient visited; and

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

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

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

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

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

20 **Article – Health – General**

21 **19-308.9.**

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

26 (1) IDENTIFICATION OF COLONIZED OR INFECTED PATIENTS
27 THROUGH ACTIVE SURVEILLANCE CULTURES;

28 (2) ISOLATION OF IDENTIFIED PATIENTS IN AN APPROPRIATE
29 MANNER; AND

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

32 (B) THE DEPARTMENT, IN CONSULTATION WITH THE MARYLAND
33 HOSPITAL ASSOCIATION, THE HEALTH FACILITIES ASSOCIATION OF

1 MARYLAND, MID-ATLANTIC LIFESPAN, AND OTHER INTERESTED
2 STAKEHOLDERS, SHALL DEVELOP A SYSTEM REQUIRING:

3 (1) HOSPITALS AND NURSING FACILITIES IN THE STATE TO
4 REPORT ANNUALLY ON INCIDENTS OF METHICILLIN-RESISTANT
5 STAPHYLOCOCCUS AUREUS AND VANCOMYCIN-RESISTANT ENTEROCOCCUS TO
6 THE DEPARTMENT; AND

7 (2) THE DEPARTMENT TO SUBMIT AN ANNUAL REPORT TO THE
8 GOVERNOR AND GENERAL ASSEMBLY ON THE INCIDENCE OF
9 METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS AND
10 VANCOMYCIN-RESISTANT ENTEROCOCCUS IN HOSPITALS AND NURSING
11 FACILITIES IN THE STATE.

12 SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1,
13 2009, the Department of Health and Mental Hygiene shall report to the Senate
14 Finance Committee and the House Health and Government Operations Committee, in
15 accordance with § 2-1246 of the State Government Article, on legislative
16 recommendations to develop the system required by § 19-308.9(b) of the Health –
17 General Article, as enacted by this Act.

18 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
19 July 1, 2009.