



Senate

General Assembly

File No. 452

February Session, 2008

Substitute Senate Bill No. 579

Senate, April 4, 2008

The Committee on Public Health reported through SEN. HANDLEY of the 4th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2008*) On or before January 1, 2009,
2 each hospital shall develop a plan to reduce the incidence of persons
3 contracting the methicillin-resistant staphylococcus aureus infection at
4 such hospital. Such plan shall minimally include the strategies the
5 hospital will implement to reduce the incidence of such infections.
6 Such plan shall be submitted to the Department of Public Health and
7 shall be a public record. As used in this section, "hospital" means a
8 hospital licensed under chapter 368v of the general statutes;
9 "methicillin-resistant staphylococcus aureus" means the strain of
10 staphylococcus aureus bacteria, also known as MRSA, that is resistant
11 to oxacillin or methicillin and detected and defined according to the
12 Clinical and Laboratory Standards Institute's Performance Standards
13 for Antimicrobial Susceptibility Testing.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2008</i>	New section

Statement of Legislative Commissioners:

In the last sentence the word "and" was inserted after "Clinical" to accurately reflect the name of the organization.

PH *Joint Favorable Subst.-LCO*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The John Dempsey Hospital at the University of Connecticut Health Center can develop and submit a plan to reduce the incidence of methicillin-resistant staphylococcus aureus (MRSA) infection within its normally budgeted resources.

The Department of Public Health will be able to receive each hospital's plan and maintain the plans as public records within its normally budgeted resources.

The Out Years

No fiscal impact is anticipated in future years.

OLR Bill Analysis**sSB 579****AN ACT CONCERNING METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS.****SUMMARY:**

By January 1, 2009, this bill requires each licensed hospital to develop a plan to reduce the incidence of methicillin-resistant staphylococcus aureus (MRSA) infection at the hospital. The MRSA plan must at least include the hospital's strategies for reducing such infections. Each hospital must provide its plan, which is a public record, to the Department of Public Health.

MRSA means the strain of staphylococcus aureus bacteria that is resistant to oxacillin or methicillin and detected and defined according to the Clinical and Laboratory Standards Institute's (CLSI) Performance Standards for Antimicrobial Susceptibility Testing.

The bill applies to licensed hospitals which, under current law, are establishments for the lodging, care and treatment of persons suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals.

EFFECTIVE DATE: July 1, 2008

BACKGROUND**CLSI**

CLSI is a global, nonprofit standards-developing organization that promotes the development and use of voluntary consensus standards and guidelines within the health care community. It includes over 2,000 member organizations concerned with improving health care quality.

In 1977, CLSI was first accredited by the American National Standards Institute as a voluntary consensus standards organization. At about the same time, CLSI became the home of the National Reference System for the Clinical Laboratory—a collection of broadly understood reference systems intended to improve the comparability of test results consistent with the needs of medical practice.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 20 Nay 8 (03/14/2008)