

Health Care Availability and Access Committee

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	09500HB0378ham001 LRB095 06245 DRJ 31761 a
1	AMENDMENT TO HOUSE BILL 378
2	AMENDMENT NO Amend House Bill 378 by replacing
3	everything after the enacting clause with the following:
4 5	"Section 1. Short title. This Act may be cited as the MRSA Screening and Reporting Act.
6	Section 5. MRSA control program. In order to improve the
7	prevention of hospital-associated bloodstream infections due
8	to methicillin-resistant Staphylococcus aureus ("MRSA"), every
9	hospital shall establish an MRSA control program that requires:
10	(1) Identification of all MRSA-colonized patients in
11	all intensive care units, and at-risk patients identified
12	by the hospital, through active surveillance testing.
13	(2) Isolation of identified MRSA-colonized or
14	MRSA-infected patients in an appropriate manner.
15	(3) Strict adherence to hand washing and hygiene
16	guidelines.

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(4) Maintenance of records and reporting of cases under Section 10 of this Act.

3 Section 10. Reports to Department of Public Health.

4 (a) For all patients who are identified with nosocomial S. 5 aureus bloodstream infection or asymptomatic colonization due to MRSA pursuant to Section 5, the Department of Public Health 6 shall require the annual reporting of such cases 7 as a 8 communicable disease or condition. The report shall include the 9 total numbers of all nosocomial S. aureus bloodstream 10 infections as well as subsets due to MRSA or MSSA, defined as those S. aureus bloodstream infections that are acquired during 11 12 the initial stay in the hospital with onset of symptoms after 13 72 hours in the hospital or that are present upon readmission 14 to the hospital within 30 days after discharge from the prior 15 stay. The Department shall compile aggregate data from all hospitals for all such patients and shall make such data 16 17 available on its website and in all reports on health 18 statistics and reportable communicable disease cases in 19 Illinois.

(b) The Department of Public Health shall establish by
regulation a list of those communicable diseases and conditions
for which annual reporting of specific data shall be required.

(c) After October 1, 2007, such reportable diseases and
conditions shall include the total number of infections due to
methicillin-resistant Staphylococcus aureus (MRSA) that are

09500HB0378ham001 -3- LRB095 06245 DRJ 31761 a

1 (1) present on admission to a hospital and (2) present on 2 discharge from but not present on admission to a hospital, reported separately, as compiled from diagnostic codes 3 4 contained in hospital discharge data provided to the 5 Department; provided that such reporting requirement shall 6 apply only for patients in all intensive care units and other identified 7 at-risk patients by hospitals for active 8 surveillance testing for MRSA. The Department is authorized to require hospitals or any association of hospitals, after 9 10 October 1, 2007, to submit data to the Department that is coded as "present on admission" and "present on discharge". 11

Section 90. The Regulatory Sunset Act is amended by changing Section 4.21 as follows:

14 (5 ILCS 80/4.21)

Sec. 4.21. Acts repealed on January 1, 2011. The following Acts are repealed on January 1, 2011:

17 The Fire Equipment Distributor and Employee Regulation Act 18 of 2000.

19 The Radiation Protection Act of 1990.

20 The MRSA Screening and Reporting Act.

21 (Source: P.A. 91-752, eff. 6-2-00; 91-835, eff. 6-16-00; 92-16, 22 eff. 6-28-01.)

23 Section 95. The Hospital Licensing Act is amended by

09500HB0378ham001

1 changing Section 6.08 as follows:

(210 ILCS 85/6.08) (from Ch. 111 1/2, par. 147.08) 2 3 Sec. 6.08. (a) Every hospital shall provide notification as 4 required in this Section to police officers, firefighters, 5 emergency medical technicians, and ambulance personnel who have provided or are about to provide emergency care or life 6 support services to a patient who has been diagnosed as having 7 8 dangerous communicable or infectious disease. Such а 9 notification shall not include the name of the patient, and the 10 emergency services provider agency and any person receiving such notification shall treat the information received as a 11 12 confidential medical record.

(b) The Department shall establish by regulation a list of those communicable reportable diseases and conditions for which notification shall be provided.

16 <u>(b-5) The Department shall establish by regulation a list</u> 17 <u>of those communicable diseases and conditions for which annual</u> 18 <u>reporting of specific data shall be required. This subsection</u> 19 <u>(b-5) is inoperative after December 31, 2010.</u>

20 <u>(b-10) After October 1, 2007, such reportable diseases and</u> 21 <u>conditions shall include the total number of infections due to</u> 22 <u>methicillin-resistant Staphylococcus aureus (MRSA) that are</u> 23 <u>(1) present on admission to a hospital and (2) present on</u> 24 <u>discharge from but not present on admission to a hospital,</u> 25 reported separately, as compiled from diagnostic codes 09500HB0378ham001

1 contained in hospital discharge data provided to the Department; provided that such reporting requirement shall 2 apply only for patients in all intensive care units and other 3 4 at-risk patients identified by hospitals for active 5 surveillance testing for MRSA. The Department is authorized to 6 require hospitals or any association of hospitals, after October 1, 2007, to submit data to the Department that is coded 7 as "present on admission" and "present on discharge". This 8 9 subsection (b-10) is inoperative after December 31, 2010.

10 (c) The hospital shall send the letter of notification 11 within 72 hours after a confirmed diagnosis of any of the communicable diseases listed by the Department pursuant to 12 13 subsection (b), except confirmed diagnoses of Acquired Immunodeficiency Syndrome (AIDS). If there is a confirmed 14 15 diagnosis of AIDS, the hospital shall send the letter of 16 notification only if the police officers, firefighters, emergency medical technicians, or ambulance personnel have 17 indicated on the ambulance run sheet that a reasonable 18 possibility exists that they have had blood or body fluid 19 20 contact with the patient, or if hospital personnel providing 21 the notification have reason to know of a possible exposure.

(d) Notification letters shall be sent to the designated contact at the municipal or private provider agencies listed on the ambulance run sheet. Except in municipalities with a population over 1,000,000, a list attached to the ambulance run sheet must contain all municipal and private provider agency 09500HB0378ham001 -6- LRB095 06245 DRJ 31761 a

1 personnel who have provided any pre-hospital care immediately prior to transport. In municipalities with a population over 2 3 1,000,000, the ambulance run sheet must contain the company 4 number or unit designation number for any fire department 5 personnel who have provided any pre-hospital care immediately 6 prior to transport. The letter shall state the names of crew members listed on the attachment to the ambulance run sheet and 7 8 the name of the communicable disease diagnosed, but shall not 9 contain the patient's name. Upon receipt of such notification 10 letter, the applicable private provider agency or the 11 designated infectious disease control officer of a municipal fire department or fire protection district shall contact all 12 13 personnel involved in the pre-hospital or inter-hospital care 14 and transport of the patient. Such notification letter may, but 15 is not required to, consist of the following form: 16 NOTIFICATION LETTER 17 (NAME OF HOSPITAL) 18 (ADDRESS) 19 TO:.... (Name of Organization) 20 FROM:.... (Infection Control Coordinator) DATE:.... 21 As required by Section 6.08 of the Illinois Hospital 22 23 Licensing Act,(name of hospital) is hereby providing 24 notification that the following crew members or agencies 25 transported or provided pre-hospital care to a patient on

(date), and the transported patient was later diagnosed as

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09500HB0378ham001 -7- LRB095 06245 DRJ 31761 a

1 having (name of communicable disease): (list of crew members). The Hospital Licensing Act requires you to maintain 2 this information as a confidential medical record. Disclosure 3 4 of this information may therefore result in civil liability for 5 individual or the company breaching the patient's confidentiality, or both. 6

7 If you have any questions regarding this patient, please 8 contact me at(telephone number), between(hours). 9 Questions regarding exposure or the financial aspects of 10 obtaining medical care should be directed to your employer.

(e) Upon discharge of a patient with a communicable disease to emergency personnel, the hospital shall notify the emergency personnel of appropriate precautions against the communicable disease, but shall not identify the name of the disease.

(f) The hospital may, in its discretion, take any measures in addition to those required in this Section to notify police officers, firefighters, emergency medical technicians, and ambulance personnel of possible exposure to any communicable disease. However, in all cases this information shall be maintained as a confidential medical record.

(g) Any person providing or failing to provide notification under the protocol required by this Section shall have immunity from any liability, either criminal or civil, that might result by reason of such action or inaction, unless such action or inaction is willful.

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(h) Any person who willfully fails to provide any

notification required pursuant to an applicable protocol which has been adopted and approved pursuant to this Section commits a petty offense, and shall be subject to a fine of \$200 for the first offense, and \$500 for a second or subsequent offense.

5 (i) Nothing in this Section shall preclude a civil action 6 by a firefighter, emergency medical technician, or ambulance 7 crew member against an emergency services provider agency, 8 municipal fire department, or fire protection district that 9 fails to inform the member in a timely fashion of the receipt 10 of a notification letter.

11 (Source: P.A. 92-363, eff. 1-1-02.)

Section 99. Effective date. This Act takes effect upon becoming law.".