
HOUSE BILL 2428

State of Washington

60th Legislature

2008 Regular Session

By Representatives Campbell, Green, Wood, Hinkle, Ormsby, Morrell, Appleton, Kenney, Hudgins, Kessler, Chase, Upthegrove, Simpson, and Darneille

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1 AN ACT Relating to multidrug resistant organisms; adding a new
2 section to chapter 43.20 RCW; adding a new section to chapter 43.70
3 RCW; and creating a new section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** The legislature finds that methicillin
6 resistant staphylococcus aureus poses a serious threat to the health of
7 the residents of Washington state. In addition to health care
8 facilities, the infection has been recently identified in community
9 settings such as schools and nursing homes. One recent study estimates
10 that the invasive infection is responsible for over eighteen thousand
11 deaths in the United States in 2005.

12 The legislature intends to establish a system for monitoring
13 invasive methicillin resistant staphylococcus aureus and taking
14 measures to prevent its spread in health care settings and the
15 community. The legislature expects the monitoring system to build upon
16 existing reporting mechanisms established through the notifiable
17 conditions system.

1 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.20 RCW
2 to read as follows:

3 (1) Every laboratory shall notify the local health jurisdiction of
4 confirmed cases of invasive methicillin resistant staphylococcus aureus
5 and shall cooperate with public health authorities in any investigation
6 of cases or outbreaks.

7 (2) Every health care provider who receives notification from a
8 laboratory that a patient has a confirmed case of invasive methicillin
9 resistant staphylococcus aureus shall notify the local health
10 jurisdiction of any known risk factors associated with invasive
11 methicillin resistant staphylococcus aureus as they pertain to the
12 patient and which may assist the local health jurisdiction with the
13 identification of the potential source of the infection. Every health
14 care provider shall cooperate with public health authorities in any
15 investigation of cases or outbreaks.

16 (3) Every local health jurisdiction shall:

17 (a) Conduct any necessary investigations or other public health
18 interventions for reported cases of invasive methicillin resistant
19 staphylococcus aureus as required by the circumstances; and

20 (b) Notify the department of confirmed cases of invasive
21 methicillin resistant staphylococcus aureus as reported and a summary
22 of any responses by the local health jurisdiction.

23 (4) The state board shall adopt rules to implement this section,
24 including standards for clinical identification of invasive methicillin
25 resistant staphylococcus aureus by laboratories, requirements for the
26 timing and means of notifications, the contents of notifications, and
27 the responsibilities of local health jurisdictions. The state board
28 shall consider incorporating the notification requirements of this
29 section into existing reporting requirements to minimize the burden on
30 reporting entities.

31 (5) The department shall provide regular summaries of the
32 notifications that it receives by geographic location, the frequency of
33 the cases in different types of facilities, and the risk factors
34 associated with the patients affected.

35 (6) The definitions in this subsection apply throughout this
36 section unless the context clearly requires otherwise.

37 (a) "Case of invasive methicillin resistant staphylococcus aureus"
38 means an instance of methicillin resistant staphylococcus aureus that

1 has been located in a culture that is derived from a normally sterile
2 body site. A normally sterile body site includes, but is not limited
3 to, blood, cerebrospinal fluid, pleural fluid, pericardial fluid,
4 peritoneal fluid, joint/synovial fluid, bone, or internal body site.
5 The state board may establish standards for including sinus-related
6 methicillin resistant staphylococcus aureus and necrotizing methicillin
7 resistant staphylococcus aureus as cases of invasive methicillin
8 resistant staphylococcus aureus.

9 (b) "Health care provider" means any person having direct or
10 supervisory responsibility for the delivery of health care who is
11 licensed or certified by a disciplining authority identified in RCW
12 18.130.040(2).

13 (c) "Laboratory" means any facility licensed as a medical test site
14 under chapter 70.42 RCW.

15 (d) "Local health jurisdiction" means a city, county, city-county,
16 or district public health jurisdiction as defined in chapter 70.05,
17 70.08, or 70.46 RCW.

18 NEW SECTION. **Sec. 3.** A new section is added to chapter 43.70 RCW
19 to read as follows:

20 (1) The department shall provide assistance to local health
21 jurisdictions with the establishment of a strategy to support efforts
22 to prevent the spread of multidrug resistant organisms.

23 (2) Each local health jurisdiction shall establish a multidrug
24 resistant organism control strategy, based upon epidemiologic data,
25 which must include:

26 (a) An infection control and prevention plan that provides
27 guidelines and education strategies for controlling multidrug resistant
28 infections for health care providers, health care facilities, community
29 institutions, and patients;

30 (b) An antibiotic utilization plan that establishes recommendations
31 for health care providers, health care facilities, and patients for the
32 identification and management of skin and soft tissue infections and
33 the appropriate use of antibiotics; and

34 (c) An agricultural education plan that addresses the use of
35 antibiotics and veterinary infection control practices to the extent
36 applicable within the local health jurisdiction.

1 (3) The multidrug resistant organism control strategy must be
2 developed in coordination with local health care providers, health care
3 facilities, community institutions, and public representatives. The
4 multidrug resistant organism control strategy must be submitted to the
5 department by July 1, 2009, and made publicly available within the
6 local health jurisdiction.

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