

HOUSE BILL REPORT

HB 1739

As Passed Legislature

Title: An act relating to modernizing hospital policies related to pathogens of epidemiological concern.

Brief Description: Modernizing hospital policies related to pathogens of epidemiological concern.

Sponsors: Representatives Maycumber, Cody and Ramos.

Brief History:

Committee Activity:

Health Care & Wellness: 1/13/22, 1/19/22 [DP].

Floor Activity:

Passed House: 2/9/22, 96-0.

Passed Senate: 3/4/22, 48-0.

Passed Legislature.

Brief Summary of Bill

- Requires hospitals to adopt policies on any pathogen of epidemiological concern, rather than only methicillin-resistant staphylococcus aureus.
- Imposes and changes hospital reporting requirements relating to pathogens of epidemiological concern.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 15 members: Representatives Cody, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Bronoske, Davis, Harris, Macri, Maycumber, Riccelli, Rude, Simmons, Stonier, Tharinger and Ybarra.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Staff: Jim Morishima (786-7191).

Background:

Staphylococcus aureus, or "staph," are bacteria that live on the skin and can cause infections ranging from pimples or boils to more serious infections of the internal organs. The majority of staph infections are minor and do not require treatment with antibiotics. More severe staph infections, however, are often treated with antibiotics. Methicillin-resistant staphylococcus aureus (MRSA) is a strain of staph that has become resistant to methicillin and other antibiotics.

Each licensed hospital in Washington is required to have a policy on MRSA. The policy must contain the following elements:

- a requirement that the hospital test any patient for MRSA who is a member of a patient population identified as appropriate based on the hospital's MRSA risk assessment;
- a requirement that a patient in the adult or pediatric ICU be tested for MRSA within 24 hours of admission unless the patient has already been tested during that hospital stay or has a previous history of MRSA;
- appropriate procedures for preventing a patient who tests positive for MRSA from transmitting MRSA to other patients, including isolation and cohorting—in hospitals where patients infected or colonized with MRSA will be roomed with patients who are not infected or colonized (or whose status is unknown), the hospital must notify patients that they may be roomed with MRSA-positive patients; and
- a requirement that every patient with a MRSA infection receive oral and written instructions regarding aftercare and precautions against spreading the infection.

A hospital that has identified a hospitalized patient with a MRSA diagnosis must report the infection to the Department of Health using the state's Comprehensive Hospital Abstract Reporting System. When making the report, the hospital must use codes used by the United States Centers for Medicare and Medicaid Services, when available.

Summary of Bill:

By January 1, 2023, each licensed hospital in Washington must broaden its methicillin-resistant staphylococcus aureus (MRSA) policy to include the prevention and control of the transmission of pathogens of epidemiological concern, instead of only MRSA. The elements of the policy specific to MRSA are eliminated. Instead, the policy must include:

- a facility risk assessment to identify pathogens of epidemiological concern that considers elements such as the probability of occurrence as determined via surveillance, potential impact, and measures the hospital has implemented to mitigate the risk to patients, health care workers, and visitors; and
- appropriate evidence-based procedures and intervention strategies to identify and help prevent patients from transmitting pathogens of epidemiological concern to other

patients and health care workers.

When a hospital identifies a patient through appropriate testing who has a pathogen of epidemiological concern that is required to be reported to the United States Centers for Disease Control and Prevention's National Healthcare Safety Network, the hospital must make the report as required by the United States Centers for Medicare and Medicaid Services. The requirement for MRSA infections to be reported to the state's Comprehensive Hospital Abstract Reporting System is eliminated.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill reflects changing circumstances and the evolution of different pathogens. Washington's methicillin-resistant staphylococcus aureus (MRSA) specific law has not kept up with the times. It commits resources to only one, well-understood pathogen. New pathogens are constantly emerging, which is one of the key lessons that was learned from treating COVID-19 patients. Hospitals need to be prepared to address changing and accelerating threats. This bill modernizes the state's MRSA law, broadening it to require a broad risk assessment of pathogens that pose the most significant threats to patients and health care workers. The assessment will consider the likelihood of occurrence, seriousness, and measures to prevent outbreaks. This will ensure evidence-based responses to known, emergent pathogens. This bill will increase patient and worker safety by reducing outbreaks and advancing infection control practices and interventions. Trend analysis and disease surveillance from the Centers for Disease Control and Prevention and the Department of Health help to mitigate the impact of pathogens. This bill will allow hospitals to look at the entirety of risk and design sustainable interventions.

(Opposed) None.

Persons Testifying: Representative Jacquelin Maycumber, prime sponsor; Jill Toombs, Association of Professionals in Infection Control and Epidemiology; and Michael Myint, MultiCare.

Persons Signed In To Testify But Not Testifying: None.