

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 647 Infectious Disease Control

SPONSOR(S): Health Quality Subcommittee; Adkins

TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	10 Y, 0 N, As CS	Guzzo	O'Callaghan
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Section 154.001, F.S., provides legislative intent to promote, protect, maintain, and improve the health and safety of all Floridians through a system of coordinated county health department services. The system of county health department services includes environmental health services, communicable disease control services, and primary care services. Communicable disease services are services that protect the health of the general public through the detection, control, and eradication of diseases, which are transmitted primarily by humans.

The powers and duties of the Department of Health (DOH) are enumerated in s. 381.0011, F.S. Current law requires DOH to administer and enforce laws and rules relating to communicable diseases and to provide information to the public on the prevention, control, and cure of diseases, illnesses, and hazards to human health.

The bill revises the legislative intent of county health department services to include the control of communicable diseases and antibiotic-resistant threats.

The bill also revises the statutory duties and powers of DOH to require DOH to document on its website the presence, type, and location of an antibiotic-resistant threat.

Finally, the bill requires DOH to serve as the lead agency for the investigation of antibiotic-resistant threats.

The bill has an indeterminate negative fiscal impact on DOH.

The bill provides an effective date of July 1, 2014.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Surveillance and Prevention

The Department of Health (DOH) is required to conduct monitoring or surveillance for organisms of public health significance.¹ The organisms of public health significance currently under surveillance are based on the diseases recommended to be nationally notifiable by the Council of State and Territorial Epidemiologists (CSTE) and the Centers for Disease Control and Prevention (CDC).² In order to ensure effective disease control and prevention, disease surveillance by DOH is conducted for organisms regardless of their treatment susceptibility due to the fact that both susceptible and resistant organisms have equal ability to cause severe infection, disability, and be contagious to others. Further, DOH conducts surveillance for both susceptible and resistant organisms to track changes in resistance patterns over time.³

Hospitals, laboratories, and physicians are required to report information to DOH, which DOH uses to produce weekly tables and annual summaries of antimicrobial resistance of the organisms under surveillance. The data is available to the public on a DOH website.⁴ Physicians utilize the established protocols of reporting diseases and conditions of public health significance. All outbreaks are required to be reported via telephone (with a subsequent written report within 72 hours), facsimile, electronic data transfer, or other confidential means of communication to the county health department having jurisdiction for the area in which the office of the reporting practitioner, hospital, laboratory or patient's residence is located. DOH uses established protocols developed by the CDC and the CSTE for reporting cases, outbreaks and other infections to the CDC.⁵

DOH is currently proposing to add requirements for disease reporting to Rule 64D-3.029, F.A.C., for electronic reporting of laboratory results for certain antibiotic resistant organisms. If approved, the revised rule will take effect by the end of 2014.⁶

Currently, health care facilities participating in the Medicare and Medicaid performance programs report specific infections to the CDC via the National Healthcare Safety Network. The reporting requirements include infections due to antibiotic resistant bacteria such as *Staphylococcus aureus* and *Clostridium difficile*, as well as certain procedure and device associated infections. The public can compare hospital performance to national benchmarks for healthcare-associated infections for participating hospitals by accessing the federal website.⁷

Currently, DOH has a Healthcare-associated Infection Prevention Program funded through a federal grant from CDC that is guided by a multi-disciplinary advisory board comprised of key stakeholders, including, but not limited to: the Florida Hospital Association, the Florida Health Care Association, the Florida Association for Directors of Nursing Administration in Long-term Care, the Florida Medical Quality Assurance, Inc., Florida's Infectious Disease Society, and the Agency for Health Care Administration. This program works with health care facilities across the continuum to improve infection control policies and practices and to support the implementation of best practices for preventing healthcare-associated infections.⁸

¹ Section 381.0031(8), F.S.

² Rule 64D-3.029, F.A.C.

³ Florida Department of Health, 2014 Agency Legislative Bill Analysis, January 23, 2014 (on file with subcommittee staff).

⁴ See the Department of Health's Disease Reporting and Surveillance website at <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/index.html> (last visited on March 21, 2014).

⁵ *Supra* fn. 3.

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

Disease Control Tools

Nationally recognized guidelines are available for health care facilities to improve treatment and control of infections and communicable diseases. The guidelines are available from CDC, Healthcare Infection Control Practices Advisory Committee (HICPAC), the Society for Healthcare Epidemiology of America, and the Infectious Disease Society of America. These nationally recognized groups also provide tools for outbreak response and provide guidance on what should be included in health care facility protocols for responding to an outbreak.⁹

Further, nationally recognized guidelines are available for health care facilities to assist in developing protocols for responding to outbreaks of multi-drug resistant organisms and treatment-resistant bacteria. For example, the CDC has published a toolkit for preventing the spread of certain treatment resistant bacteria and has developed a toolkit and resources for responding to outbreaks. The HICPAC has published research-based guidelines for preventing the spread of multi-drug resistant organisms.¹⁰

Disease Investigation and Outbreak Response

At the local and state level, DOH currently conducts activities tailored to prevention and control of diseases of public health significance. DOH has existing teams of epidemiologists, statisticians and clinicians who utilize the disease monitoring information reported by hospitals, laboratories and physicians to investigate disease cases and outbreaks, document outbreaks per established protocols, and make infection control recommendations to control the spread of disease. Currently, DOH has emergency response teams located across the state to control disease outbreaks deemed significant to public health. The processes and protocols used by DOH disease control emergency response teams are integrated with existing systems for reporting to the CDC.¹¹

Antibiotic Resistance Threats

The CDC report, *Antibiotic Resistance Threats in the United States, 2013*¹² (report) provides an overview of the burden and threats posed by the antibiotic-resistant germs having the most impact on human health.

The CDC conducted an assessment of antibiotic resistance threats and categorized the threat level of each bacteria as urgent, serious, or concerning. In general, threats assigned to the urgent and serious categories require more monitoring and prevention activities, whereas the threats in the concerning category require less. Regardless of category, threat-specific CDC activities are tailored to meet the epidemiology of the infectious agent and to address any gaps in the ability to detect resistance and to protect against infections.¹³

Threat level “urgent” bacteria are immediate public health threats that require urgent and aggressive action. Microorganisms with a threat level of urgent include clostridium difficile, carbapenem-resistant enterobacteriaceae, and drug-resistant Neisseria gonorrhoeae.¹⁴

Threat level “serious” bacteria are a serious concern and require prompt and sustained action to ensure the problem does not grow. Microorganisms with a threat level of serious include:¹⁵

- Multidrug-resistant Acinetobacter;
- Drug-resistant Campylobacter;

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

¹² Centers for Disease Control and Prevention, report entitled *Antibiotic Resistance Threats in the United States, 2013*, April 23, 2013, available at <http://www.cdc.gov/drugresistance/threat-report-2013/> (last visited March 25, 2014).

¹³ *Id.*

¹⁴ *Id.*

¹⁵ *Id.*

- Fluconazole-resistant *Candida* (a fungus);
- Extended spectrum β -lactamase producing Enterobacteriaceae;
- Vancomycin-resistant Enterococcus;
- Multidrug-resistant *Pseudomonas aeruginosa*;
- Drug-resistant non-typhoidal *Salmonella*;
- Drug-resistant *Salmonella Typhi*;
- Drug-resistant *Shigella*;
- Methicillin-resistant *Staphylococcus aureus* (MRSA);
- Drug-resistant *Streptococcus pneumoniae*; and
- Drug-resistant tuberculosis.

Threat level “concerning” bacteria require careful monitoring and prevention. Microorganisms with a threat level of concerning include Vancomycin-resistant *Staphylococcus aureus* (VRSA), Erythromycin-resistant Group A *Streptococcus*, and Clindamycin-resistant Group B *Streptococcus*.¹⁶

Effect of Proposed Changes

The bill amends s. 154.001, F.S., to revise the legislative intent of county health department services to include the control of communicable diseases and antibiotic-resistant threats.

The bill also amends s. 381.0011, F.S., to revise the statutory duties and powers of DOH to require DOH to provide information to the public relating to the prevention, control, and cure of antibiotic-resistant threats, as defined and prioritized by the CDC in the report entitled “Antibiotic Resistance Threats in the United States, 2013. Further, the bill requires DOH to document on its website the presence, type, and location of an antibiotic-resistant threat.

Finally, the bill requires DOH to serve as the lead agency for the investigation of antibiotic-resistant threats.

B. SECTION DIRECTORY:

Section 1: Amends s. 154.001, F.S., relating to a system of coordinated county health department services; legislative intent.

Section 2: Amends s. 381.0011, F.S., relating to duties and powers of the Department of Health.

Section 3: Provides an effective date of July 1, 2014.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill has an indeterminate negative fiscal impact on DOH associated with the requirement for DOH to document information on antibiotic-resistant threats on its website.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

¹⁶ *Id.*

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

No additional rule-making authority is necessary to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 24, 2014, the Health Quality Subcommittee adopted a strike-all amendment and reported the bill favorably as a committee substitute. The amendment made the following changes to the bill:

- Removed the requirement to develop an internet website to collect information related to treatment-resistant bacterial infections to be disseminated to the public, and thus removes the requirement for certain licensed health care professionals in Florida to report confirmed treatment-resistant bacterial infections and their location using the website;
- Removed the requirement to create a research panel tasked with making recommendations to state agencies on needed research programs and developing protocols for control of treatment-resistant bacterial infections;
- Removed the requirement to create an interagency task force to identify emergency response protocols for the 29 types of healthcare facilities licensed by the Agency for Health Care Administration;
- Removed the requirement to create a volunteer response team to investigate, and report outbreaks of treatment-resistant bacterial infections to DOH and the Centers for Disease Control and Prevention (CDC);
- Included within a legislative intent provision related to county health departments that they shall be used to control communicable diseases and antibiotic-resistant threats, as defined and prioritized by the CDC;
- Required DOH to provide information to the public relating to “antibiotic-resistant threats,” as defined by and prioritized in a named CDC report;
- Required DOH to document on its website the presence, type, and location of antibiotic-resistant threats; and
- Required DOH, in fulfilling its duty to coordinate emergency preparedness and disaster response, to also serve as the lead agency for the investigation of antibiotic-resistant threats.