

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/CS/HB 647 Infectious Disease Control

SPONSOR(S): Health Care Appropriations Subcommittee; 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	11 Y, 0 N, As CS	Rodriguez	Pridgeon
3) Health & Human Services Committee			

SUMMARY ANALYSIS

This bill directs the Department of Health (DOH) to convene a study group of affected stakeholders to assess the efficacy of the state's current system of surveillance, reporting, public notification, prevention, and response activities related to antibiotic-resistant bacteria.

The bill requires the study group to submit a report of its findings, an action plan for implementation, and recommendations for necessary legislation, to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2015.

The bill has a fiscal impact on state government expenditures. The bill provides a nonrecurring appropriation of \$50,000 to the Department of Health to cover the increase of state expenditures associated with the study group.

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

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.*

infection control policies and practices and to support the implementation of best practices for preventing healthcare-associated infections.⁸

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

⁸ *Id.*

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.*

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

This bill directs DOH to convene a study group of affected stakeholders to assess the efficacy of the state’s current system of surveillance, reporting, public notification, prevention, and response activities related to antibiotic-resistant bacteria.

The study group must include representatives of facilities licensed under ch. 395, F.S. (hospitals, ambulatory surgical centers, and mobile surgical facilities), ch. 400, F.S. (nursing homes and related health care facilities), ch. 429, F.S. (assisted care communities), part I of ch. 483, F.S. (clinical laboratories), physicians, nurses, veterinarians, the Agency for Health Care Administration, the Department of Elder Affairs and DOH. At least one member of the study group must be a certified infection control practitioner. DOH is authorized to reimburse travel.

The study group is directed to evaluate what types of bacteria are currently reported and how; how information is distributed to the public; the coordination of response activities between state and federal agencies, local government, school boards, affected facilities, and the public. The study group is also required to examine ways to expand public access to information that relates to the presence of antibiotic resistant bacterial infections.

The bill requires the study group to submit a report of its findings, an action plan for implementation, and recommendations for necessary legislation, to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2015.

The bill has a fiscal impact on state government expenditures. The bill provides a nonrecurring appropriation of \$50,000 to DOH to cover the increase of state expenditures associated with the study group.

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

B. SECTION DIRECTORY:

Section 1: Creates a study group within DOH to evaluate activities related to antibiotic-resistant bacteria and requires DOH to provide a report to the Governor and Legislature.

Section 2: Provides an appropriation.

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

¹⁶ *Id.*

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill has a significant fiscal impact on DOH associated with the requirement for DOH to convene a study group of affected stakeholders to assess the efficacy of the state's current system of surveillance, reporting, public notification, prevention, and response activities related to antibiotic-resistant bacteria.

The bill provides a nonrecurring appropriation of \$50,000 from the Administrative Trust Fund to DOH to cover the increase of state expenditures associated with the study group.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

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. RULEMAKING AUTHORITY:

No additional rulemaking 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.

On April 8, 2014, the Health Care Appropriations Subcommittee adopted a strike-all amendment to CS/HB 647 and reported the bill favorably as a committee substitute. The amendment made the following changes to the bill:

- Removed the requirement for DOH to provide information to the public relating to “antibiotic-resistant threats,” as defined by and prioritized in a named CDC report;
- Removed the requirement for DOH to document on its website the presence, type, and location of antibiotic-resistant threats;
- Removed the requirement for 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;
- Created a study group within DOH to evaluate activities related to antibiotic-resistant bacteria and required DOH to provide a report to the Governor and Legislature; and
- Provided an appropriation of \$50,000 to DOH.

The analysis is drafted to the committee substitute as passed by the Health Care Appropriations Subcommittee.