

SB 170



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

Senate Committee on Health

SB 170, Relating to Health

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

February 6, 2009, 3:00 p.m.

1 **Department's Position:** The Department of Health appreciates the overall concept of this bill as it
2 includes initiatives supportive of our goals and objectives to protect the public health. However, we do
3 not support the approach toward methicillin-resistant *Staphylococcus aureus* (MRSA) control outlined
4 in this measure and the adverse effect such an approach would have on the priorities set forth in the
5 Executive Biennium Budget for Fiscal Years 2009-2010.

6 **Fiscal Implications:** Implementation of requirements to mandate reporting of all *Staphylococcus*
7 *aureus* infections will require significant fiscal and personnel resources that are not currently available
8 to the Department as well as healthcare providers and private clinical laboratories that would be
9 mandated to report. Furthermore, the cost reimbursements related to a permanent staph advisory
10 committee are largely unknown.

11 **Purpose and Justification:** The purpose of this bill is to address methicillin-resistant *Staphylococcus*
12 *aureus* (MRSA), in particular community-associated MRSA, by mandating reporting of all
13 *Staphylococcus aureus* infections and establishing a permanent staph advisory committee. While the
14 Department supports the intent of this measure we do not support this approach.

15 The proposal to require reporting of all *Staphylococcus aureus* infections would be both costly
16 and time intensive to implement for healthcare providers, private clinical laboratories, as well as the

1 Department. Additionally, this approach is not in alignment with that recommended by both the public
2 health and scientific communities.

3 The proposal to establish a permanent staph advisory committee comprising the Director of
4 health or designee and six uncompensated, statewide medical representatives is not a feasible proposal.
5 The proposed responsibilities of this committee are extensive, complicated, and time-consuming.

6 The Department shares community concerns regarding trends observed for MRSA infections and
7 requests that a more judicious, public health science-based approach be used to address MRSA in
8 Hawaii. Thank you for this opportunity to testify.



**TESTIMONY OF THE STATE ATTORNEY GENERAL
TWENTY-FIFTH LEGISLATURE, 2009**

ON THE FOLLOWING MEASURE:

S.B. NO. 170, RELATING TO HEALTH.

BEFORE THE:

SENATE COMMITTEE ON HEALTH

DATE: Friday, February 6, 2009 **TIME:** 3:00 PM

LOCATION: State Capitol, Room 016

TESTIFIER(S): Mark J. Bennett, Attorney General
or Susan R. Kern, Deputy Attorney General

Chair Ige and Members of the Committee:

The Department of the Attorney General provides these comments regarding a legal problem with this bill.

This bill would establish a staph advisory committee within the Department of Health to establish standards with respect to persons infected with staphylococcus aureus bacteria; to research, collect, and analyze data; and to submit annual reports to the Department of Health on reported incidences of staph infection.

The bill, at page 5, lines 2 and 9, amends section 325-2, Hawaii Revised Statutes, to add the term "staphylococcus aureus bacteria" to situations that must be reported to the department. The placement of this new term may create unintended confusion.

The first sentence of section 325-2, in its current form, reads as follows:

Every physician or health care professional having a client affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health by the director of health shall report the incidence or suspected incidence of such disease or condition to the department of health in writing or in the manner specified by the department of health.

Thus, the present version of this section requires the reporting of only those diseases or conditions which the Director of Health determines to be dangerous to public health. Because of the addition of the term "staphylococcus aureus bacteria" between the terms "disease" and "condition," the bill could be read to require the reporting of all diseases, whether the director of health has determined them to be dangerous to public health, or not.

If the bill is amended, beginning at page 4, line 22, as follows, this interpretation can be avoided:

Every physician or health care professional having a client affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health by the director of health, including staphylococcus aureus bacteria infections, shall report the incidence of suspected incidence of [~~sueh~~] the disease or condition to the department of health in writing or in the manner specified by the department of health.

The same problem exists in the second sentence of the proposed amended section, in reference to laboratory directors. A similar change should be made there.

In addition, this bill, at page 4, lines 1-3, requires the staph advisory committee to adopt rules in accordance with chapter 91 "as it may consider necessary for the conduct of its business." This wording could be read to limit the authorized rule-making to the internal processes of the committee.

Therefore, we suggest that the bill be amended, at page 4, lines 1-3, to read:

"(b) The committee shall adopt rules in accordance with chapter 91 as it may consider necessary to accomplish the purposes of this section."



THE QUEEN'S MEDICAL CENTER

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Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

Friday, February 6, 2009 – 3:00 p.m.
State Capitol, Conference Room 016
Deliver to: Committee Clerk, Room 215, 1 copy
SENATE COMMITTEE ON HEALTH

SB 170 Relating to Staphylococcal Infections, Reporting and Establishment of a Staphylococcal Advisory Committee

Chair Ige, Vice Chair Green and Members of the Committee,

My name is Mary Kim, Infection Prevention and Control Coordinator at The Queen's Medical Center testifying in support to SB 170, with modifications, and offering the following comments and recommendations for your consideration.

All Hawaii healthcare providers and Infection Preventionists in particular are concerned about the increasing incidence of Staphylococcal colonization and infection, specifically methicillin-resistant *Staphylococcus aureus* (MRSA) in the population of Hawaii. We are aware, because of research conducted by the Association for Professionals in Infection Control and Epidemiology in 2006, that Hawaii had the highest prevalence of MRSA in the United States when the study was done. We are also aware that this problem is not confined to the healthcare facilities in the State, it is a serious community problem as well. Over that past 3 years the Staphylococcus Institute has conducted summer educational programs bringing together members of the community and leaders in Infectious Diseases, Infection Prevention and Control, Pharmacology and Microbiology to share information specific to the MRSA. Unfortunately those efforts have reached only a small portion of those who can bring about the changes that is necessary to bring about a significant and sustained reduction in MRSA colonization and infection in all segments of the population. The Department of Health has been moving toward making MRSA reportable for several years, similar to the requirement to report all cases on Vancomycin-resistant Enterococcus (VRE), a resistant organism that is seen much less frequently in Hawaii.

The first issue with the bill is the need to specify that this is a bill to reduce the incidence of methicillin-resistant *Staphylococcus aureus* through reporting and education. Reporting of all staphylococcus, sensitive or resistant will be overly burdensome for all healthcare providers involved in patient care or infection prevention and control.

Second, having a Staphylococcal Advisory Committee could be beneficial but I feel that the charge, as outline in the proposed legislation, may be, in some cases, redundant and in others

more than a voluntary group of clinicians can be asked to tackle. The redundancy is in the charge to establish standards and guidelines for reporting, screening, identification, diagnosis, control, intervention and monitoring. Several national organizations including The Association for Professionals in Infection Control and Epidemiology, the Society of Healthcare Epidemiologists of America and others have already done significant research and published guidelines on this topic. The Centers for Disease Control and Prevention (CDC) has also published a guideline; Management of Multi-drug Resistant Organisms in Healthcare Settings in 2006. In 2008 the Joint Commission added a requirement for accredited healthcare organizations to have a comprehensive surveillance and control program for multi-drug resistant organisms including *Staphylococcus aureus*. Asking busy clinicians to recreate this work is counterproductive and increases the time and cost needed to achieve the goal of the legislation, which is to reduce the incidence of MRSA in the state.

It also seems unnecessary for the Advisory Committee to “collect data” on MRSA since infection preventionists have been doing just that for a number of years. The charge should be to meet with those involved with infection prevention throughout the state to develop a method of reporting MRSA cases on a real-time basis, just as other communicable diseases are currently reported. Having this reporting capability be web-based would be the ideal.

I would also like to suggest that the composition of the Advisory Committee should be inclusive of those healthcare provider groups that will be affected by the legislation – infectious disease physicians, other physicians, infection preventionists, and laboratory directors, at a minimum. And if this legislation is to be successful, funding must be made available to the Department of Health so that the necessary reporting and analysis infrastructure can be developed. Thank you for the opportunity to testify,

Mary Kim, MSPH, CIC
Coordinator, Infection Prevention and Control
The Queen's Medical Center



APIC - HAWAII

Association for Professionals in Infection Control and Epidemiology, Inc.

LATE

SENATE COMMITTEE ON HEALTH

Senator David Y. Ige, Chair

Senator Josh Green, M.D., Vice Chair

Friday, February 6, 2009 – 3:00 p.m.

State Capitol, Conference Room 016

Deliver to: Committee Clerk, Room 215, 1 copy

SB 170, Relating Staphylococcal Infections, Reporting and Establishment of a Staphylococcal Advisory Committee

Chair Ige, Vice Chair Green and Members of the Committee

My name is Susan M. Slavish. I am an Infection Preventionist and Legislative Liaison for APIC-Hawaii and I am testifying on behalf APIC-Hawaii in support to SB 170, with modifications, and offering the following comments and recommendations for your consideration.

All Hawaii healthcare providers and Infection Preventionists in particular are concerned about the increasing incidence of Staphylococcal colonization and infection, specifically methicillin-resistant *Staphylococcus aureus* (MRSA) in the population of Hawaii. We are aware, because of research conducted by the Association for Professional in Infection Control and Epidemiology in 2006, that Hawaii had the highest prevalence of MRSA in the United States when the study was done. We are also aware that this problem is not confined to the healthcare facilities in the State, it is a serious community problem as well. Over that past 3 years the Staphylococcus Institute has conducted summer educational programs bringing together members of the community and leaders in Infectious Diseases, Infection Prevention and Control, Pharmacology and Microbiology to share information specific to the MRSA. Unfortunately those efforts have reached only a small portion of those who can bring about the changes that are necessary to bring about a significant and sustained reduction in MRSA colonization and infection in all segments of the population. The Department of Health has been moving toward making MRSA reportable for several years, similar to the requirement to report all cases of Vancomycin-resistant

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We would also like to suggest that the composition of the Advisory Committee should be inclusive of those healthcare provider groups that will be affected by the legislation – infectious disease physicians, other physicians, infection preventionists, and laboratory directors, at a minimum.

And if this legislation is to be successful funding must be made available to the Department of Health so that the necessary reporting and analysis infrastructure can be developed.

Thank you for the opportunity to testify,

Susan M. Slavish, BSN, MPH, CIC

Infection Preventionist

APIC-Hawaii Legislative Liaison