

SUMMARY OF STATE LAWS ON MRSA

Methicillin-resistant *Staphylococcus aureus* (MRSA), an antibiotic resistant bacteria, causes an estimated 95,000 infections and 19,000 deaths each year and 85% of these infections are acquired in a hospital or other health care setting (for example, a nursing home, dialysis center, or ambulatory surgical center). Many US hospitals and other countries (northern European and Western Australia) use comprehensive evidence-based prevention techniques that have significantly reduced MRSA related infections in the health care setting. The effective prevention strategies endorsed by the Centers for Disease and Prevention (CDC), Society for Healthcare Epidemiologists of America (SHEA), and the Association for Professionals in Infection control and Epidemiology (APIC) include: screening selected high risk patients for MRSA using a nasal swab ("active surveillance testing) to identify incoming patients who are colonized or infected with MRSA, isolating patients with MRSA to prevent transmission to other patients, using contact precautions (gloves, gowns, masks) with these patients, strict hand hygiene, and disinfecting the hospital environment.

State Laws relating to MRSA

California (2008) – [SB 1058/Chapter 296, SB158](#)

In addition to requiring public reporting of hospital infection rates, these bills require screening of certain incoming patients for MRSA, plus follow up prevention; disclosure to patients when diagnosed with MRSA infections and information on how to prevent transmission; hospital-wide reporting of MRSA, VRE, and c. difficile infections; improved oversight by the licensing agency; training on prevention of infections at the hospital level, including physicians.

Illinois (2007) – [SB 233](#)

The IL law requires all hospitals to establish an MRSA control program to identify all MRSA-colonized ICU patients and patients at risk of carrying MRSA. Hospitals must appropriately isolate MRSA-colonized or infected patients, monitor and strictly enforce hand hygiene compliance, and report MRSA cases to the Department of Health. The Department will produce a public report on MRSA cases.

New Jersey (2007) – [S2580; Public Law 2007, c.120](#)

The NJ law requires hospitals to implement best practices and effective strategies to prevent hospital-acquired infections in intensive care units (or other high risk units if they have no ICU). These must include identifying patients colonized or infected with MRSA, isolating those patients to prevent transmission to other patients, using contact precautions as defined by the CDC, culturing patients for MRSA upon discharge or transfer, flagging patients who are readmitted, strict adherence to hygiene guidelines, and worker education. Each facility must report the number of cases to the Commissioner of Health and Senior Services.

Pennsylvania – S968

The PA law requires each hospital and ambulatory surgical facility to develop and implement an infection control plan that includes a system to identify patients colonized or infected with MRSA or other multiple drug resistant organisms (MDRO). This system is to include cultures and screening for nursing home residents coming into the hospital and other high risk patients. The Department of Health is charged with developing the protocols for hospitals to use.

Minnesota (2007) – HF 1078

The MN law requires every hospital to establish a MRSA control program that meets standards to be recommended by the state Department of Health. These standards must be reviewed annually. **Standards have been approved** which closely follows the CDC guidelines for MRSA prevention to be implemented by January 1, 2009. The draft recommends active surveillance cultures and enhanced Contact Precautions only when the “prevalence of hospital-acquired MRSA infections is not decreasing,” with no requirement to create a baseline from which to measure this or report cases or prevalence to the agency. One section titled, “Review of Specific Infections Prevention and Control Interventions,” is a good summary of MRSA related issues that many would find informative.

Tennessee (2008) – Public Chapter No. 999

This is a weak law that requires each hospital and nursing home to do a facility-level risk assessment of MRSA infections and if MRSA infections are not being reduced, suggests that facilities implement a comprehensive program to reduce these infections. There is no requirement that the facilities report their risk assessment findings or account for reductions in MRSA infections to any state entity. The law does not require, but states that hospital and nursing home infection control programs may include various infection interventions, including screening patients being admitted for MRSA colonization. The law also states that hospitals and nursing homes should tell patients of their MRSA status, but falls short of requiring this.

S. 268 This 2007 TN law created an Infections task force to analyze data on the incidence and trend for “invasive MRSA,” which is **a reportable condition** in Tennessee: To see the March 2007 **report**.

Texas (2007) – HB 1082

The TX law creates a pilot program in Bexar County (San Antonio) requiring labs to report cases of MRSA to the county with authority; info about MRSA, including location of the infections reported; will be made public. This may serve as a model for statewide reporting in the future.

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