

MAINE STATE LEGISLATURE

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124th MAINE LEGISLATURE

SECOND REGULAR SESSION-2010

Legislative Document

No. 1687

H.P. 1188

House of Representatives, January 6, 2010

**Resolve, To Define High-risk Populations for the Purposes of
Hospital Surveillance for Methicillin-resistant Staphylococcus
Aureus and To Implement Public Law 2009, chapter 346**

(EMERGENCY)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.

Reference to the Committee on Health and Human Services suggested and ordered printed.

Millicent M. MacFarland
MILLICENT M. MacFARLAND
Clerk

Presented by Representative GOODE of Bangor.

Cosponsored by Representatives: CLARK of Millinocket, EVES of North Berwick, MARTIN of Orono, STEVENS of Bangor, STUCKEY of Portland.

1 **Emergency preamble. Whereas,** acts and resolves of the Legislature do not
2 become effective until 90 days after adjournment unless enacted as emergencies; and

3 **Whereas,** immediate initiation of screening for methicillin-resistant *Staphylococcus*
4 *aureus* is critical to maintaining the health of the residents of the State; and

5 **Whereas,** immediate initiation of screening for methicillin-resistant *Staphylococcus*
6 *aureus* requires the adoption of a definition of high-risk populations and reporting of
7 screening; and

8 **Whereas,** in the judgment of the Legislature, these facts create an emergency within
9 the meaning of the Constitution of Maine and require the following legislation as
10 immediately necessary for the preservation of the public peace, health and safety; now,
11 therefore, be it

12 **Sec. 1. Implementation of law. Resolved:** That, to implement the Maine
13 Revised Statutes, Title 22, section 8761, the Maine Quality Forum shall by April 1, 2010:

14 1. Define high-risk populations for the purposes of surveillance for methicillin-
15 resistant *Staphylococcus aureus* in all hospitals in this State, consistent with the federal
16 Centers for Disease Control and Prevention guidelines, as persons who:

17 A. Are critical care patients, cancer patients, HIV patients, diabetes patients, dialysis
18 patients, cardiac surgical patients, bariatric surgical patients, surgical patients or
19 former surgical patients;

20 B. Have had antibiotic therapy either repeatedly or within the recent past;

21 C. Have had frequent and repeated health care contacts;

22 D. Are long-term care patients, rehabilitation facility patients or nursing facility
23 patients;

24 E. Have previously had methicillin-resistant *Staphylococcus aureus* or have been
25 caregivers for such persons;

26 F. Have active psoriasis, a burn or other open sore;

27 G. Have an indwelling catheter or other foreign body such as a feeding tube or
28 central line;

29 H. Are orthopedic patients admitted for joint replacement or hardware surgery;

30 I. Are transferred from a prison or jail;

31 J. Are homeless;

32 K. Take drugs intravenously; or

33 L. Are characterized as immunocompromised; and

34 2. Require screening for all high-risk populations upon admission to the hospital and,
35 for those persons screened negative upon admission, repeat screening:

36 A. One week after admission;

1 B. Prior to transfer to a different critical care setting; and

2 C. Prior to discharge; and be it further

3 **Sec. 2. Rulemaking. Resolved:** That, by April 1, 2010, the Maine Health Data
4 Organization shall adopt rules pursuant to the Maine Revised Statutes, Title 22, section
5 8708-A and Resolve 2009, chapter 82 to require the reporting of the results of screening
6 for methicillin-resistant Staphylococcus aureus by all hospitals in the State. The rules
7 must require that hospitals report to the Maine Health Data Organization and to the
8 Department of Health and Human Services, Maine Center for Disease Control and
9 Prevention all positive tests for methicillin-resistant Staphylococcus aureus, including a
10 designation of the infection as acquired in the community or hospital, based on a brief
11 patient interview and the timing of acquisition of the infection. The rules must require
12 reported infection data to be made available to the public through a publicly accessible
13 website. The rules must enable reported test results to form the foundation for evaluating
14 the progress of screening of high-risk populations and a new policy for the prevention of
15 epidemiologically significant organisms, including methicillin-resistant Staphylococcus
16 aureus. Rules adopted pursuant to this section are routine technical rules as defined in
17 Title 5, chapter 375, subchapter 2-A.

18 **Emergency clause.** In view of the emergency cited in the preamble, this
19 legislation takes effect when approved.

20 **SUMMARY**

21 This resolve defines high-risk populations for Maine hospitals to screen for
22 methicillin-resistant Staphylococcus aureus, known as MRSA, to facilitate
23 implementation of Public Law 2009, chapter 346. In addition, this resolve requires that
24 hospitals report positive test results to the Maine Health Data Organization and the
25 Department of Health and Human Services, Maine Center for Disease Control and
26 Prevention.