S T A T E O F N E W Y O R K

2189

2009-2010 Regular Sessions

I N S E N A T E

February 13, 2009

Introduced by Sen. GOLDEN -- read twice and ordered printed, and when printed to be committed to the Committee on Aging

AN ACT to amend the elder law and the public health law, in relation to establishing a coordinated statewide policy, investigation and reporting requirements with respect to infections, including certain staphylococcus infections

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Legislative Intent. The legislature hereby finds and declares that Staphylococcus Aureus, or "staph" infections, including MRSA or methicillin-resistant staph aureus infections, occur most frequently in hospital and health-care facilities, but that there have been increased recent reports of community-associated MRSA infections.

The legislature further finds that the danger that staph and other infections will become life-threatening is greater among the young and the old and those undergoing health procedures, and declares that the goal of the state should be to not only reduce or eliminate the number of infections including MRSA in health-care facilities but to reduce or eliminate health-care setting and community setting infections altogether.

The legislature finds since 2004, there have been 50 reported MRSA-related outbreaks in hospitals in this state, and that nationally, serious MRSA infections occur in approximately 94,000 persons annually and are associated with approximately 19,000 deaths, and that of these infections, about 86% are healthcare-associated and 14% are community-associated.

The legislature further finds that in New York hospitals, according to a state health department pilot program, about five percent of central-line associated bloodstream infections in critical care unit patients involve MRSA, while 95 percent of infections involve other bacterial infections, and that the data shows that MRSA is the fourth-leading

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

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cause associated with coronary bypass graft surgical site infections, and that approximately ten percent of these infections were associated with MRSA; and that 11% of colon procedures were associated with MRSA.

The legislature further finds and declares that danger from these infections is worsening, as increasingly these infections cannot be cured with commonly used antibiotics, evidenced by the fact that in 1974, only 2% of staph infections were drug-resistant, while today over 60% are drug resistant or MRSA.

The legislature hereby declares that infections are becoming an increasing danger in health care, educational, and other settings, programs, and facilities in this state, and declares that by enacting this act, it intends to require the creation of an interagency state plan to increase research, services, screening, and education concerning these infections in health care and community settings.

S 2. Subdivision 14 of section 202 of the elder law, as added by section 24-d of part B of chapter 58 of the laws of 2007, is amended and a new subdivision 15 is added to read as follows:

14. to, in cooperation with the department of state:

(a) prepare or cause to be prepared and made available to cities, towns and villages model zoning and planning guidelines that foster age-integrated communities including mixed-use age-integrated communities; and

(b) make recommendations, in consultation with the division of housing and community renewal, to the governor and legislature for assisting mixed-use age-integrated housing development or redevelopment demonstration projects in urban, suburban and rural areas of the state. The director of the office for the aging and secretary of state shall establish an advisory committee for purposes of this subdivision. Such committee shall include, but not be limited to, top representatives of local government, senior citizen organizations, developers, senior service providers and planners[.]; AND

15. TO, IN COOPERATION AND AFTER CONSULTATION WITH THE DEPARTMENT OF HEALTH, ESTABLISH REGULATIONS CONCERNING THE USE AND IMPLEMENTATION OF BEST PRACTICES FOR THE PREVENTION, PROHIBITION, REPORTING, AND TREATMENT OF STAPHYLOCOCCUS AND OTHER INFECTIONS BY SERVICES AND PROGRAMS BY OR UNDER THE JURISDICTION OF THE OFFICE. THE OFFICE SHALL ADDITIONALLY PROMOTE PUBLIC AWARENESS CONCERNING THE THREAT TO THE AGING FROM SUCH INFECTIONS, SHALL FOSTER AND SUPPORT STUDIES, RESEARCH AND EDUCATION RELATING TO THIS THREAT, AND SHALL ACT AS OR AID IN THE DEVELOPMENT OF A CLEARINGHOUSE FOR INFORMATION RELATING TO THE NEEDS OF THE AGING WITH RESPECT TO SUCH. THE OFFICE MAY ENTER INTO CONTRACTS, WITHIN AMOUNTS AVAILABLE BY APPROPRIATION THEREFOR, WITH INDIVIDUALS, ORGANIZATIONS AND INSTITUTIONS, IN FURTHERANCE OF THESE DUTIES.

S 3. The elder law is amended by adding a new article 4 to read as follows:

ARTICLE 4
INTERAGENCY TASK FORCE FOR RESEARCH, SERVICES, SCREENING AND EDUCATION RELATED TO STAPHYLOCOCCUS AND OTHER INFECTIONS

SECTION 401. INTERAGENCY TASK FORCE FOR RESEARCH, SERVICES, SCREENING AND EDUCATION RELATED TO STAPHYLOCOCCUS AND OTHER INFECTIONS.

S 401. INTERAGENCY TASK FORCE FOR RESEARCH, SERVICES, SCREENING AND EDUCATION RELATED TO STAPHYLOCOCCUS AND OTHER INFECTIONS. 1. THERE IS HEREBY CREATED THE NEW YORK STATE INTERAGENCY TASK FORCE ON RESEARCH, SERVICES, SCREENING, AND EDUCATION CONCERNING STAPHYLOCOCCUS AND OTHER INFECTIONS, WHOSE PURPOSE SHALL BE TO ESTABLISH A COORDINATED PLAN AND

POLICY CONCERNING STAPHYLOCOCCUS INFECTIONS AND OTHER INFECTIONS. THE INTERAGENCY TASK FORCE SHALL CONSIST OF THE DIRECTOR, THE COMMISSIONER OF THE DEPARTMENT OF HEALTH, AND THE COMMISSIONER OF THE DEPARTMENT OF EDUCATION. FOR PURPOSES OF THIS SECTION, THE INTERAGENCY TASK FORCE FOR RESEARCH, SERVICES, SCREENING AND EDUCATION RELATED TO STAPHYLOCOCCUS AND OTHER INFECTIONS SHALL BE REFERRED TO AS THE "TASK FORCE." IN DEVELOPING AND IMPLEMENTING ITS PLAN, THE TASK FORCE SHALL HAVE AS PRIMARY ACTIVITIES THE FOLLOWING:

A. AFTER CONSULTATION WITH THE ADVISORY COUNCIL, THE TASK FORCE SHALL ESTABLISH BEST PRACTICES STANDARDS FOR INFECTION CONTROL IN SERVICES AND PROGRAMS BY OR UNDER THE JURISDICTION OF THE MEMBERS OF THE TASK FORCE.

B. THE TASK FORCE SHALL UTILIZE DATA AND INFORMATION COMPILED AND MAINTAINED PURSUANT TO LAW TO COORDINATE STATE FUNDED RESEARCH EFFORTS TO ENSURE THE MOST EFFICIENT USE OF FUNDS AVAILABLE FOR THIS PURPOSE.

C. THE TASK FORCE SHALL ADDRESS POTENTIAL GAPS IN IDENTIFICATION AND INTERVENTION, AND THE NEED FOR PUBLIC EDUCATION.

D. THE TASK FORCE SHALL PROVIDE RECOMMENDATIONS TO THE GOVERNOR AND THE LEGISLATURE CONCERNING THE COORDINATED PLAN AND POLICY, ANNUALLY ON OR BEFORE MARCH FIRST.

2. MEMBERS OF THE TASK FORCE SHALL APPOINT A TWENTY-ONE MEMBER ADVISORY COMMITTEE TO THE TASK FORCE, WHOSE MEMBERS SHALL CONSIST OF REPRESENTATIVES FROM EACH SECTOR OF HEALTH CARE FACILITIES AND PROVIDERS, SCHOOLS AND OTHER INSTITUTIONS WHICH PROVIDE SERVICES AND PROGRAMS BY OR UNDER THE JURISDICTION OF THE MEMBERS OF THE TASK FORCE. EACH MEMBER OF THE TASK FORCE SHALL APPOINT SEVEN MEMBERS TO THE ADVISORY COMMITTEE. THE PURPOSE OF THE ADVISORY COMMITTEE SHALL BE TO REVIEW AND COMMENT ON POLICY PROPOSALS AND PLANS ADVANCED BY THE TASK FORCE.

3. THE DEPARTMENT OF HEALTH SHALL SERVE AS THE FOCAL POINT TO DEVELOP COMPREHENSIVE COORDINATED RESPONSES OF THE VARIOUS STATE AGENCIES WITH REGARD TO STAPHYLOCOCCUS AND OTHER INFECTIONS AND THUS HELP TO ASSURE TIMELY AND APPROPRIATE RESPONSES TO ISSUES AND PROBLEMS.

4. MEMBERS OF THE TASK FORCE SHALL REQUIRE IMMEDIATE NOTIFICATION THROUGH SIGNAGE OR OTHER APPROPRIATE NOTIFICATION WITHIN AN AFFECTED FACILITY, NOTIFICATION OF SCHOOL PERSONNEL AND PARENTS OF CHILDREN IN AN AFFECTED SCHOOL OR SCHOOLS, OR OF PERSONNEL IN AN AFFECTED FACILITY SERVING THE ELDERLY, WHERE THERE IS AN OCCURRENCE OF METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) OR VANCOMYCIN RESISTANT ENTEROCOCCUS (VRE) IN ANY SUCH SCHOOL OR IN A FACILITY SERVING THE ELDERLY. TASK FORCE MEMBERS SHALL PROVIDE FOR INTERAGENCY CONSISTENCY IN SUCH NOTIFICATION, AND MAY EXTEND THE REQUIREMENTS OF THIS SUBDIVISION CONCERNING NOTIFICATION TO APPLY TO OTHER INFECTIONS AND OTHER INSTITUTIONS WHICH PROVIDE SERVICES AND PROGRAMS BY OR UNDER THE JURISDICTION OF THE MEMBERS OF THE TASK FORCE.

S 4. Section 201 of the public health law is amended by adding a new subdivision 2-a to read as follows:

2-A. THE DEPARTMENT SHALL, IN ADDITION TO ITS DUTIES AND RESPONSIBILITIES PURSUANT TO SECTION TWENTY-EIGHT HUNDRED NINETEEN OF THIS CHAPTER, WORK AS A MEMBER OF THE INTERAGENCY TASK FORCE FOR RESEARCH, SERVICES, SCREENING, AND EDUCATION RELATED TO STAPHYLOCOCCUS AND OTHER INFECTIONS ESTABLISHED PURSUANT TO SECTION FOUR HUNDRED ONE OF THE ELDER LAW, AND IN SUCH CAPACITY, SERVE AS THE FOCAL POINT TO DEVELOP COMPREHENSIVE COORDINATED RESPONSES OF VARIOUS STATE AGENCIES WITH REGARD TO STAPHYLOCOCCUS AND OTHER INFECTIONS AND THUS HELP TO ASSURE TIMELY AND APPROPRIATE RESPONSES TO ISSUES AND PROBLEMS. IN SUCH CAPACITY, THE DEPARTMENT SHALL:

(A) REQUIRE STANDARDIZED REPORTING OF SUCH INFECTIONS BY SOURCE;

(B) ESTABLISH GUIDELINES, DEFINITIONS, CRITERIA, STANDARDS AND CODING FOR IDENTIFICATION, TRACKING AND REPORTING OF SUCH INFECTIONS; AND

(C) ADD WHEN THE COMMISSIONER SHALL DETERMINE THAT IT IS FEASIBLE TO DO SO, TO THE STATE-WIDE DATABASE REQUIRED TO BE ESTABLISHED PURSUANT TO SECTION TWENTY-EIGHT HUNDRED NINETEEN OF THIS CHAPTER OF REPORTED HOSPITAL ACQUIRED INFECTION INFORMATION, INFORMATION REPORTED AND COLLECTED PURSUANT TO THIS SUBDIVISION AND SECTION FOUR HUNDRED ONE OF THE ELDER LAW.

INDIVIDUAL PATIENT IDENTIFYING INFORMATION REPORTED TO THE DEPARTMENT UNDER THIS SUBDIVISION SHALL BE SUBJECT TO PARAGRAPH (J) OF SUBDIVISION ONE OF SECTION TWO HUNDRED SIX OF THIS TITLE. REGULATIONS UNDER THIS SUBDIVISION SHALL INCLUDE STANDARDS TO ASSURE THE PROTECTION OF PATIENT PRIVACY IN DATA COLLECTED AND RELEASED UNDER THIS SUBDIVISION AND STANDARDS FOR THE PUBLICATION AND RELEASE OF DATA REPORTED UNDER THIS SUBDIVISION.

S 5. Nothing contained in this act shall prohibit the commissioner of health, the director of the state office for the aging or the commissioner of education from promulgating emergency regulations to carry out their respective duties pursuant to the provisions and requirements of this act.

S 6. This act shall take effect immediately.