

2181

2011-2012 Regular Sessions

I N S E N A T E

January 18, 2011

Introduced by Sens. GOLDEN, DeFRANCISCO -- 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:

1 Section 1. Legislative Intent. The legislature hereby finds and
2 declares that Staphylococcus Aureus, or "staph" infections, including
3 MRSA or methicillin-resistant staph aureus infections, occur most
4 frequently in hospital and health-care facilities, but that there have
5 been increased recent reports of community-associated MRSA infections.
6 The legislature further finds that the danger that staph and other
7 infections will become life-threatening is greater among the young and
8 the old and those undergoing health procedures, and declares that the
9 goal of the state should be to not only reduce or eliminate the number
10 of infections including MRSA in health-care facilities but to reduce or
11 eliminate health-care setting and community setting infections altogether.
12
13 The legislature finds since 2004, there have been 50 reported MRSA-related
14 outbreaks in hospitals in this state, and that nationally, serious
15 MRSA infections occur in approximately 94,000 persons annually and are
16 associated with approximately 19,000 deaths, and that of these
17 infections, about 86% are healthcare-associated and 14% are community-associated.
18
19 The legislature further finds that in New York hospitals, according to
20 a state health department pilot program, about five percent of central-line
21 associated bloodstream infections in critical care unit patients
22 involve MRSA, while 95 percent of infections involve other bacterial
23 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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1 cause associated with coronary bypass graft surgical site infections,
2 and that approximately ten percent of these infections were associated
3 with MRSA; and that 11% of colon procedures were associated with MRSA.

4 The legislature further finds and declares that danger from these
5 infections is worsening, as increasingly these infections cannot be
6 cured with commonly used antibiotics, evidenced by the fact that in
7 1974, only 2% of staph infections were drug-resistant, while today over
8 60% are drug resistant or MRSA.

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

15 S 2. Subdivision 14 of section 202 of the elder law, as added by
16 section 24-d of part B of chapter 58 of the laws of 2007, paragraph (a)
17 as amended by chapter 319 of the laws of 2010, is amended and a new
18 subdivision 15 is added to read as follows:

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

20 (a) prepare or cause to be prepared and made available to cities,
21 towns and villages model zoning and planning guidelines that foster
22 age-integrated communities including provisions to allow for accessory
23 senior citizen units in areas zoned for single family residences and for
24 mixed-use development accommodating senior citizen residential housing;
25 and

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

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

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

49 ARTICLE IV

50 INTERAGENCY TASK FORCE FOR RESEARCH, SERVICES, SCREENING AND
51 EDUCATION RELATED TO STAPHYLOCOCCUS AND OTHER INFECTIONS

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

55 S 401. INTERAGENCY TASK FORCE FOR RESEARCH, SERVICES, SCREENING AND
56 EDUCATION RELATED TO STAPHYLOCOCCUS AND OTHER INFECTIONS. 1. THERE IS

1 HEREBY CREATED THE NEW YORK STATE INTERAGENCY TASK FORCE ON RESEARCH,
2 SERVICES, SCREENING, AND EDUCATION CONCERNING STAPHYLOCOCCUS AND OTHER
3 INFECTIONS, WHOSE PURPOSE SHALL BE TO ESTABLISH A COORDINATED PLAN AND
4 POLICY CONCERNING STAPHYLOCOCCUS INFECTIONS AND OTHER INFECTIONS. THE
5 INTERAGENCY TASK FORCE SHALL CONSIST OF THE DIRECTOR, THE COMMISSIONER
6 OF THE DEPARTMENT OF HEALTH, AND THE COMMISSIONER OF THE DEPARTMENT OF
7 EDUCATION. FOR PURPOSES OF THIS SECTION, THE INTERAGENCY TASK FORCE FOR
8 RESEARCH, SERVICES, SCREENING AND EDUCATION RELATED TO STAPHYLOCOCCUS
9 AND OTHER INFECTIONS SHALL BE REFERRED TO AS THE "TASK FORCE." IN DEVEL-
10 OPING AND IMPLEMENTING ITS PLAN, THE TASK FORCE SHALL HAVE AS PRIMARY
11 ACTIVITIES THE FOLLOWING:

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

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

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

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

23 2. MEMBERS OF THE TASK FORCE SHALL APPOINT A TWENTY-ONE MEMBER ADVI-
24 SORY COMMITTEE TO THE TASK FORCE, WHOSE MEMBERS SHALL CONSIST OF REPRE-
25 SENTATIVES FROM EACH SECTOR OF HEALTH CARE FACILITIES AND PROVIDERS,
26 SCHOOLS AND OTHER INSTITUTIONS WHICH PROVIDE SERVICES AND PROGRAMS BY OR
27 UNDER THE JURISDICTION OF THE MEMBERS OF THE TASK FORCE. EACH MEMBER OF
28 THE TASK FORCE SHALL APPOINT SEVEN MEMBERS TO THE ADVISORY COMMITTEE.
29 THE PURPOSE OF THE ADVISORY COMMITTEE SHALL BE TO REVIEW AND COMMENT ON
30 POLICY PROPOSALS AND PLANS ADVANCED BY THE TASK FORCE.

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

35 4. MEMBERS OF THE TASK FORCE SHALL REQUIRE IMMEDIATE NOTIFICATION
36 THROUGH SIGNAGE OR OTHER APPROPRIATE NOTIFICATION WITHIN AN AFFECTED
37 FACILITY, NOTIFICATION OF SCHOOL PERSONNEL AND PARENTS OF CHILDREN IN AN
38 AFFECTED SCHOOL OR SCHOOLS, OR OF PERSONNEL IN AN AFFECTED FACILITY
39 SERVING THE ELDERLY, WHERE THERE IS AN OCCURRENCE OF METHICILLIN RESIST-
40 ANT STAPHYLOCOCCUS AUREUS (MRSA) OR VANCOMYCIN RESISTANT ENTEROCOCCUS
41 (VRE) IN ANY SUCH SCHOOL OR IN A FACILITY SERVING THE ELDERLY. TASK
42 FORCE MEMBERS SHALL PROVIDE FOR INTERAGENCY CONSISTENCY IN SUCH NOTIFI-
43 CATION, AND MAY EXTEND THE REQUIREMENTS OF THIS SUBDIVISION CONCERNING
44 NOTIFICATION TO APPLY TO OTHER INFECTIONS AND OTHER INSTITUTIONS WHICH
45 PROVIDE SERVICES AND PROGRAMS BY OR UNDER THE JURISDICTION OF THE
46 MEMBERS OF THE TASK FORCE.

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

49 2-A. THE DEPARTMENT SHALL, IN ADDITION TO ITS DUTIES AND RESPONSIBIL-
50 ITIES PURSUANT TO SECTION TWENTY-EIGHT HUNDRED NINETEEN OF THIS CHAPTER,
51 WORK AS A MEMBER OF THE INTERAGENCY TASK FORCE FOR RESEARCH, SERVICES,
52 SCREENING, AND EDUCATION RELATED TO STAPHYLOCOCCUS AND OTHER INFECTIONS
53 ESTABLISHED PURSUANT TO SECTION FOUR HUNDRED ONE OF THE ELDER LAW, AND
54 IN SUCH CAPACITY, SERVE AS THE FOCAL POINT TO DEVELOP COMPREHENSIVE
55 COORDINATED RESPONSES OF VARIOUS STATE AGENCIES WITH REGARD TO STAPHYLO-
56 COCCUS AND OTHER INFECTIONS AND THUS HELP TO ASSURE TIMELY AND APPROPRI-

1 ATE RESPONSES TO ISSUES AND PROBLEMS. IN SUCH CAPACITY, THE DEPARTMENT
2 SHALL:

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

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

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

12 INDIVIDUAL PATIENT IDENTIFYING INFORMATION REPORTED TO THE DEPARTMENT
13 UNDER THIS SUBDIVISION SHALL BE SUBJECT TO PARAGRAPH (J) OF SUBDIVISION
14 ONE OF SECTION TWO HUNDRED SIX OF THIS TITLE. REGULATIONS UNDER THIS
15 SUBDIVISION SHALL INCLUDE STANDARDS TO ASSURE THE PROTECTION OF PATIENT
16 PRIVACY IN DATA COLLECTED AND RELEASED UNDER THIS SUBDIVISION AND STAND-
17 ARDS FOR THE PUBLICATION AND RELEASE OF DATA REPORTED UNDER THIS SUBDI-
18 VISION.

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

24 S 6. This act shall take effect immediately.