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An Act To Strengthen the Laws on Methicillin-resistant Staphylococcus Aureus and To Improve Health Care

Be it enacted by the People of the State of Maine as follows:

PART A

Sec. A-1. 22 MRSA §8761, as enacted by PL 2009, c. 346, §1, is amended to read:

§ 8761. Targeted surveillance for methicillin-resistant Staphylococcus aureus

All hospitals licensed under chapter 405 shall perform targeted surveillance for methicillin-resistant Staphylococcus aureus in high-risk populations, as defined by the Maine Quality Forum established pursuant to Title 24-A, section 6951, consistent with the federal Centers for Disease Control and Prevention guidelines and shall report periodically to the Maine Quality Forum. The Maine Quality Forum shall make available to the public, without charge, information submitted by hospitals pursuant to this section. The information made available to the public must include, but is not limited to, the following information with each hospital identified:

- 1. Compliance.** Information on compliance by the hospital;
- 2. Patient information.** Information on the number of patients who were cultured, the number determined to be cultured and the number who refused culturing; and
- 3. Dates.** The dates of surveillance.

Sec. A-2. 22 MRSA §8762 is enacted to read:

§ 8762. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

- 1. High-risk patient.** "High-risk patient" means a patient who is at high risk of being colonized with MRSA because of the patient's medical or social history or because of the medical or surgical procedure for which the patient is hospitalized.
- 2. MRSA.** "MRSA" means methicillin-resistant Staphylococcus aureus.
- 3. Multidrug-resistant organism.** "Multidrug-resistant organism" means MRSA, methicillin-sensitive Staphylococcus aureus, Clostridium difficile or vancomycin-resistant enterococci.

Sec. A-3. 22 MRSA §8763 is enacted to read:

§ 8763. MRSA screening and control measures

Beginning January 1, 2012, a hospital or a nursing or intermediate care facility or unit licensed under chapter 405 shall perform screening for MRSA and shall perform control measures in accordance with this section.

1. Hospital screening. A hospital shall screen high-risk patients for MRSA upon admission. Factors indicating that a patient is a high-risk patient who must be screened include:

- A. Admission of the patient directly from a hospital, nursing facility or rehabilitation hospital or facility or within a year of discharge from a hospital, nursing facility or rehabilitation hospital or facility;
- B. Admission of the patient from a correctional facility;
- C. Admission of the patient to an intensive care department of the hospital;
- D. That the patient receives renal dialysis treatment;
- E. That the patient has an open lesion that appears to be infectious;
- F. That the patient has had or is admitted in order to have surgery involving implantation of a knee, hip, cardiac valve or cardiac stent;
- G. That the patient is from a geographic area with a local epidemic or endemic of MRSA or other infection;
- H. That the patient is admitted in order to have a medical or surgical procedure, or is admitted into a hospital department, with which the hospital has associated the occurrence of MRSA infection in the previous month; or
- I. That the patient has tested positive for MRSA in the past.

2. Nursing or intermediate care facility screening. A nursing or intermediate care facility or unit shall screen all patients for MRSA upon admission.

3. Controlling the spread of MRSA. A hospital or nursing or intermediate care facility or unit, when admitting or providing care or treatment for a patient known to have tested positive for MRSA upon admission or in the preceding 12 months, shall:

- A. Place the patient in a private room or place the patient in a room only with another patient who has tested positive for MRSA, except that a patient who has tested positive for MRSA and who has another infection must be placed in a private room; and
- B. Take contact precautions, including but not limited to practicing hand hygiene before and after contact with the patient, using gloves and gowns and, if the identified MRSA infection is respiratory, using masks.

Sec. A-4. 22 MRSA §8764 is enacted to read:

§ 8764. Public reporting of multidrug-resistant organism infections

Beginning January 1, 2012, a hospital shall report hospital multidrug-resistant organism infections of its patients to the Maine Center for Disease Control and Prevention, referred to in this section as "the center," as provided in this section.

1. Reporting. A hospital shall report all multidrug-resistant organism infections of its patients to the center using the surveillance system designed and operated by the United States Department of Health and Human Services, Centers for Disease Control and Prevention in a format and on a schedule determined by the center.

2. Information from the center. The center shall collect the information reported under this section; organize the information by hospital, diagnosis and medical or surgical procedure; protect the confidentiality of patients and health care practitioners; and make the information available without charge to the public in a manner that is easily accessible and in a format that is easily understood by the general public.

3. Information from hospitals. A hospital shall make the information reported under this section available to the public upon request and shall provide additional information regarding the reported multidrug-resistant organism infections as long as information designated by law or rule as confidential is appropriately protected from disclosure.

Sec. A-5. Maine Revised Statutes headnote amended; revision clause. In the Maine Revised Statutes, Title 22, chapter 1684-A, in the chapter headnote, the words "screening for methicillin-resistant Staphylococcus aureus" are amended to read "multidrug-resistant organisms" and the Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

PART B

Sec. B-1. 22 MRSA §1711-G is enacted to read:

§ 1711-G. Patient's right to personal advocacy in a hospital

A patient admitted to a hospital licensed under chapter 405 has the right to a patient advocate, as chosen by the patient, to stay at the side of the patient at all times within the hospital including during procedures, examinations, consultations and any interactions that may affect the patient's medical or surgical outcome, except as provided in this section, and to participate in health care decisions made with and for the patient without the necessity of a power of attorney for health care as provided in Title 18-A, Article 5, Part 8. The hospital may limit the right to personal advocacy in sterile areas and if the presence of an advocate increases the risk to the patient. A patient may designate more than one person to act as the patient's advocate, except that only one person at a time may exercise the rights of the advocate and be present with the patient. A patient may, but is not required to, provide reimbursement to the advocate.

Sec. B-2. 22 MRSA §1711-H is enacted to read:

§ 1711-H. Patient's right to personal advocacy in a nonhospital setting

A patient in a nonhospital health care setting governed by this chapter has the right to a patient advocate, as chosen by the patient, to stay at the side of the patient at all times including during procedures, examinations, consultations and any interactions that may affect the patient's medical or surgical outcome, except as provided in this section, and to participate in health care decisions made with and for the patient without the necessity of a power of attorney for health care as provided in Title 18-A, Article 5, Part 8. The nonhospital health care setting may limit the right to personal advocacy in sterile areas and if the presence of an advocate increases the risk to the patient. A patient may designate more than one person to act as the patient's advocate, except that only one person at a time may exercise the rights of the advocate and be present with the patient. A patient may, but is not required to, provide reimbursement to the advocate.

SUMMARY

This bill strengthens the laws on the collection and dissemination of information regarding methicillin-resistant Staphylococcus aureus and screening requirements and procedures to control the spread of the infection. The bill requires reporting on multidrug-resistant organism infections and provides for a patient's right to personal advocacy in hospital and other health care settings.