

26:2H-12.35

LEGISLATIVE HISTORY CHECKLIST

Compiled by the NJ State Law Library

LAWS OF: 2007 **CHAPTER:** 120

NJSA: 26:2H-12.35 (Requires hospitals to implement infection prevention programs)

BILL NO: S2580 (Substituted for A4179)

SPONSOR(S): Buono and Others

DATE INTRODUCED: March 12, 2007

COMMITTEE: **ASSEMBLY:**

SENATE: Health, Human Services and Senior Citizens

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: **ASSEMBLY:** June 21, 2007

SENATE: June 18, 2007

DATE OF APPROVAL: August 2, 2007

FOLLOWING ARE ATTACHED IF AVAILABLE:

[FINAL TEXT OF BILL](#) (First reprint enacted)

S2580

[SPONSOR'S STATEMENT:](#) (Begins on page 4 of original bill) [Yes](#)

COMMITTEE STATEMENT: **ASSEMBLY:** No

[SENATE:](#) [Yes](#)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

A4179

[SPONSOR'S STATEMENT:](#) (Begins on page 4 of original bill) [Yes](#)

COMMITTEE STATEMENT: [ASSEMBLY:](#) [Yes](#)

SENATE: No

[FLOOR AMENDMENT STATEMENT:](#) [Yes](#)

LEGISLATIVE FISCAL ESTIMATE: No

VETO MESSAGE: No

[GOVERNOR'S PRESS RELEASE ON SIGNING:](#) [Yes](#) [8-2-07](#)

FOLLOWING WERE PRINTED:

To check for circulating copies, contact New Jersey State Government

Publications at the State Library (609) 278-2640 ext.103 or <mailto:refdesk@njstatelib.org>

REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: Yes

"New law aims to wipe out deadly staph infection," The Star-Ledger, 8-3-07, p.13.

"Corzine signs law that may help stymie rise in deadly staph infection," Courier News, 8-3-07, p.B1.

"N.J. targets hospital infection," Home News Tribune, 8-3-07, p.1.

"Law targets N.J. hospital infections," The Philadelphia Inquirer, 8-3-07, p.B1.

"Red Bank woman marvels at recovery; N.J. targets 'superbug' infections," Asbury Park Press, 8-3-07, p.A10.

"N.J. hospitals to begin screening for drug-resistant 'superbug'," The Record, 8-3-07, p.A04.

IS 4/16/08

P.L. 2007, CHAPTER 120, *approved August 2, 2007*
Senate, No. 2580 (*First Reprint*)

1 AN ACT concerning the prevention of health care facility-acquired
2 infections and supplementing Title 26 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. The Legislature finds and declares that:

8 a. Two million patients in this country become infected after
9 entering hospitals each year and about 90,000 of those patients die
10 as a result of those infections;

11 b. Methicillin-Resistant Staphylococcus aureus (MRSA) is a
12 common staph infection which is resistant to powerful antibiotics
13 and which is increasingly prevalent in health care settings;

14 c. MRSA can survive on cloth and plastic for up to 90 days,
15 and is frequently transmitted by contaminated hands, clothes and
16 non-invasive instruments, so that the number of patients who can
17 become infected from even one carrier multiplies dramatically;

18 d. The federal Centers for Disease Control and Prevention
19 (CDC) estimates that one in 20 patients entering a hospital carries
20 MRSA, and reported that MRSA accounted for 60% of infections in
21 American hospitals in 2004, up from 2% in 1974;

22 e. The annual nationwide cost to treat hospitalized patients
23 infected with MRSA is estimated to be more than \$4 billion;

24 f. These infections are preventable, and recent data support a
25 multi-faceted approach to successfully combat them, including
26 routine screening, isolation of colonized and infected patients, strict
27 compliance with hygiene guidelines, and a change in culture to
28 ensure that infection prevention and control is everyone's job and is
29 a natural component of care at each patient encounter each day;

30 g. Virtually all published analyses comparing the costs of
31 screening patients upon admission and adopting effective infection
32 control practices with the costs of caring for infected patients have
33 concluded that caring for infected patients is much more expensive;

34 h. Routine screening and isolation of all patients with MRSA in
35 hospitals in Denmark and Holland have reduced MRSA to 10% of
36 their bacterial infections, and a pilot program undertaken by the
37 Department of Veterans Affairs (VA) Pittsburgh Healthcare System
38 that reduced MRSA infections in its surgical care unit by 70% was
39 so successful that all VA health care facilities have been directed to
40 develop and implement similar approaches to prevent the spread of

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted May 10, 2007.

1 MRSA in at least one unit, with the goal to apply successful
2 strategies facility-wide; and

3 i. It is a matter of public health and fiscal policy that patients
4 in New Jersey's health care facilities receive health care that
5 incorporates these best practices in infection control, not only to
6 protect their health and lives, but also to ensure the economic
7 viability of New Jersey's health care institutions.

8
9 2. a. Within one month after the effective date of this act, all
10 general hospitals licensed by the Department of Health and Senior
11 Services pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall
12 implement an infection prevention program in their intensive care
13 unit or units, as applicable, and if the hospital has no intensive care
14 unit, then in another high-risk unit such as a surgical unit, or other
15 unit where there is significant risk of facility-acquired infections.

16 Ultimately, the hospital shall expand the infection prevention
17 program to all areas of the hospital, with the exception of an
18 inpatient psychiatric unit, if applicable. The expansion of the
19 infection prevention program shall be completed as quickly as
20 feasible, taking into account the hospital's patient population,
21 physical plant and other facility-specific circumstances.

22 b. In addition to any other best practices and effective
23 strategies,
24 the hospital shall incorporate the following strategies:

25 (1) identification and isolation of both colonized and infected
26 patients by screening patients upon admission in order to break the
27 chain of transmission;

28 (2) contact precautions for patients found to be MRSA positive,
29 as "contact precautions" is defined by the Centers for Disease
30 Control and Prevention;

31 (3) patient cultures for MRSA upon discharge or transfer from
32 the unit where the infection prevention program has been
33 implemented, and flagging of patients who are readmitted to the
34 hospital;

35 (4) strict adherence to hygiene guidelines;

36 (5) a written infections prevention and control policy with input
37 from frontline caregivers; and

38 (6) a worker education requirement regarding modes of
39 transmission of MRSA, use of protective equipment, disinfection
40 policies and procedures, and other preventive measures.

41 ¹c. A general hospital shall report to the Department of Health
42 and Senior Services, in a manner and according to a schedule
43 prescribed by the Commissioner of Health and Senior Services, the
44 number of cases of hospital-acquired MRSA that occur in its
45 facility.¹

46

47 3. A general hospital that is in violation of the provisions of
48 this act shall be subject to such penalties as the Commissioner of

S2580 [1R]

1 Health and Senior Services may determine pursuant to sections 13
2 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14).

3

4 4. To the extent that funds permit, the commissioner shall
5 report within 18 months after the effective date this act and
6 annually thereafter to the Governor and, pursuant to section 2 of
7 P.L.1991, c.164 (C.52:14-19.1), the Senate and General Assembly
8 standing reference committees on health, on the effect of this act in
9 reducing MRSA infections in hospitals.

10

11 5. This act shall take effect on the 30th day after enactment.

12

13

14

15

16 Requires hospitals to implement infection prevention programs
17 and to report number of certain infections to DHSS.

SENATE, No. 2580

STATE OF NEW JERSEY 212th LEGISLATURE

INTRODUCED MARCH 12, 2007

Sponsored by:

Senator BARBARA BUONO

District 18 (Middlesex)

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Co-Sponsored by:

Senators Allen, Asselta and Karcher

SYNOPSIS

Requires hospitals to implement infection prevention programs.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/11/2007)

1 AN ACT concerning the prevention of health care facility-acquired
2 infections and supplementing Title 26 of the Revised Statutes.

3

4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6

7 1. The Legislature finds and declares that:

8 a. Two million patients in this country become infected after
9 entering hospitals each year and about 90,000 of those patients die
10 as a result of those infections;

11 b. Methicillin-Resistant Staphylococcus aureus (MRSA) is a
12 common staph infection which is resistant to powerful antibiotics
13 and which is increasingly prevalent in health care settings;

14 c. MRSA can survive on cloth and plastic for up to 90 days,
15 and is frequently transmitted by contaminated hands, clothes and
16 non-invasive instruments, so that the number of patients who can
17 become infected from even one carrier multiplies dramatically;

18 d. The federal Centers for Disease Control and Prevention
19 (CDC) estimates that one in 20 patients entering a hospital carries
20 MRSA, and reported that MRSA accounted for 60% of infections in
21 American hospitals in 2004, up from 2% in 1974;

22 e. The annual nationwide cost to treat hospitalized patients
23 infected with MRSA is estimated to be more than \$4 billion;

24 f. These infections are preventable, and recent data support a
25 multi-faceted approach to successfully combat them, including
26 routine screening, isolation of colonized and infected patients, strict
27 compliance with hygiene guidelines, and a change in culture to
28 ensure that infection prevention and control is everyone's job and is
29 a natural component of care at each patient encounter each day;

30 g. Virtually all published analyses comparing the costs of
31 screening patients upon admission and adopting effective infection
32 control practices with the costs of caring for infected patients have
33 concluded that caring for infected patients is much more expensive;

34 h. Routine screening and isolation of all patients with MRSA in
35 hospitals in Denmark and Holland have reduced MRSA to 10% of
36 their bacterial infections, and a pilot program undertaken by the
37 Department of Veterans Affairs (VA) Pittsburgh Healthcare System
38 that reduced MRSA infections in its surgical care unit by 70% was
39 so successful that all VA health care facilities have been directed to
40 develop and implement similar approaches to prevent the spread of
41 MRSA in at least one unit, with the goal to apply successful
42 strategies facility-wide; and

43 i. It is a matter of public health and fiscal policy that patients
44 in New Jersey's health care facilities receive health care that
45 incorporates these best practices in infection control, not only to
46 protect their health and lives, but also to ensure the economic
47 viability of New Jersey's health care institutions.

1 2. a. Within one month after the effective date of this act, all
2 general hospitals licensed by the Department of Health and Senior
3 Services pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall
4 implement an infection prevention program in their intensive care
5 unit or units, as applicable, and if the hospital has no intensive care
6 unit, then in another high-risk unit such as a surgical unit, or other
7 unit where there is significant risk of facility-acquired infections.

8 Ultimately, the hospital shall expand the infection prevention
9 program to all areas of the hospital, with the exception of an
10 inpatient psychiatric unit, if applicable. The expansion of the
11 infection prevention program shall be completed as quickly as
12 feasible, taking into account the hospital's patient population,
13 physical plant and other facility-specific circumstances.

14 b. In addition to any other best practices and effective
15 strategies,

16 the hospital shall incorporate the following strategies:

17 (1) identification and isolation of both colonized and infected
18 patients by screening patients upon admission in order to break the
19 chain of transmission;

20 (2) contact precautions for patients found to be MRSA positive,
21 as "contact precautions" is defined by the Centers for Disease
22 Control and Prevention;

23 (3) patient cultures for MRSA upon discharge or transfer from
24 the unit where the infection prevention program has been
25 implemented, and flagging of patients who are readmitted to the
26 hospital;

27 (4) strict adherence to hygiene guidelines;

28 (5) a written infections prevention and control policy with input
29 from frontline caregivers; and

30 (6) a worker education requirement regarding modes of
31 transmission of MRSA, use of protective equipment, disinfection
32 policies and procedures, and other preventive measures.

33

34 3. A general hospital that is in violation of the provisions of
35 this act shall be subject to such penalties as the Commissioner of
36 Health and Senior Services may determine pursuant to sections 13
37 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14).

38

39 4. To the extent that funds permit, the commissioner shall
40 report within 18 months after the effective date this act and
41 annually thereafter to the Governor and, pursuant to section 2 of
42 P.L.1991, c.164 (C.52:14-19.1), the Senate and General Assembly
43 standing reference committees on health, on the effect of this act in
44 reducing MRSA infections in hospitals.

45

46 5. This act shall take effect on the 30th day after enactment.

STATEMENT

1
2
3 This bill requires hospitals in this State to eliminate
4 antimicrobial-resistant infections by interrupting the chain of
5 transmission within their facilities.

6 The Department of Veterans Affairs (VA) Pittsburgh Healthcare
7 System undertook an MRSA control program that reduced
8 infections in one of its surgical care units by 70%. Because it was
9 so successful, the Veterans Health Administration issued a directive
10 for all VA health care facilities to test similar plans tailored to their
11 own facility's circumstances, to prevent the spread of MRSA. The
12 initial focus was one high-risk unit in the facility with the eventual
13 plan to apply successful strategies throughout the facility. This bill
14 is based on the VA directive in that it allows each facility the
15 flexibility to address infection prevention based on its own
16 circumstances.

17 Under the bill, all general hospitals are to implement an infection
18 prevention program in their intensive care units. If a hospital has
19 no intensive care units, then the program is to be implemented in
20 other high-risk units such as a surgical unit or other unit where
21 there is significant risk of facility-acquired infections. The
22 strategies that work would be expanded to all areas of the facility,
23 except inpatient psychiatric units, and the expansion is to be
24 completed as quickly as feasible, taking into account the facility's
25 patient population, physical plant and other facility-specific
26 circumstances.

27 In addition to any other best practices and effective strategies,
28 the following elements are to be incorporated into the infection
29 prevention program:

- 30 • identification and isolation of both colonized and infected patients
31 in order to break the chain of transmission;
- 32 • contact precautions for patients found to be MRSA positive, as
33 "contact precautions" is defined by the Centers for Disease
34 Control and Prevention;
- 35 • patient cultures for MRSA upon discharge or transfer from the
36 unit where the infection prevention program has been
37 implemented, and flagging of patients who are readmitted to the
38 facility;
- 39 • strict adherence to hygiene guidelines;
- 40 • a written infections prevention and control policy with input from
41 frontline caregivers; and
- 42 • a worker education requirement regarding modes of MRSA
43 transmission, use of protective equipment, disinfection policies
44 and procedures, and other preventive measures

45 A facility that violates this bill would be subject to such penalties
46 as the commissioner of Health and Senior Services may determine
47 pursuant to N.J.S.A.26:2H-13 and 26:2H-14.

S2580 BUONO, VITALE

5

- 1 The bill also provides that the commissioner is to report to the
- 2 Governor and standing reference committees on health on the effect
- 3 of this bill in reducing MRSA infections in hospitals.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 2580

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 10, 2007

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 2580.

As amended by the committee, this bill requires hospitals in this State to eliminate antimicrobial-resistant infections by interrupting the chain of transmission within their facilities, and to report cases of Methicillin-Resistant *Staphylococcus aureus* (MRSA), to the Department of Health and Senior Services.

The Department of Veterans Affairs (VA) Pittsburgh Healthcare System undertook an infection control program that reduced MRSA infections in one of its surgical care units by 70%. Because of its success, the Veterans Health Administration issued a directive for all VA health care facilities to test similar plans tailored to their own facility's circumstances, to prevent the spread of MRSA. The initial focus was one high-risk unit in the facility with the eventual plan to apply successful strategies throughout the facility. This bill is based on the VA directive in that it allows each facility the flexibility to address infection prevention based on its own circumstances.

Under the bill, all general hospitals are to implement an infection prevention program in their intensive care units. If a hospital has no intensive care unit, then the program is to be implemented in another high-risk unit, such as a surgical unit or other unit where there is significant risk of facility-acquired infections. The strategies that work would be expanded to all areas of the facility, except inpatient psychiatric units, and the expansion is to be completed as quickly as feasible, taking into account the facility's patient population, physical plant and other facility-specific circumstances.

In addition to any other best practices and effective strategies, the following elements are to be incorporated into the infection prevention program:

- identification and isolation of both colonized and infected patients in order to break the chain of transmission;

- contact precautions for patients found to be MRSA positive, as “contact precautions” is defined by the Centers for Disease Control and Prevention;
- patient cultures for MRSA upon discharge or transfer from the unit where the infection prevention program has been implemented, and flagging of patients who are readmitted to the facility;
- strict adherence to hygiene guidelines;
- a written infections prevention and control policy with input from frontline caregivers; and
- a worker education requirement regarding modes of MRSA transmission, use of protective equipment, disinfection policies and procedures, and other preventive measures.

Hospitals are to report the number of cases of hospital-acquired MRSA to the Department of Health and Senior Services (DHSS), in a form and manner to be determined by the commissioner.

A facility that violates this bill would be subject to such penalties, pursuant to sections 13 and 14 of P.L.1971, c.136 (N.J.S.A.26:2H-13 and 26:2H-14).

The bill also provides that the Commissioner of Health and Senior Services is to report to the Governor and legislative standing reference committees on health on the effect of this bill in reducing MRSA infections in hospitals.

The committee amended the bill to include the provisions requiring hospitals to report the number of MRSA cases to DHSS.

ASSEMBLY, No. 4179

STATE OF NEW JERSEY 212th LEGISLATURE

INTRODUCED MAY 14, 2007

Sponsored by:

Assemblywoman LINDA R. GREENSTEIN

District 14 (Mercer and Middlesex)

Assemblywoman LINDA STENDER

District 22 (Middlesex, Somerset and Union)

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington and Camden)

Assemblyman ROBERT M. GORDON

District 38 (Bergen)

Co-Sponsored by:

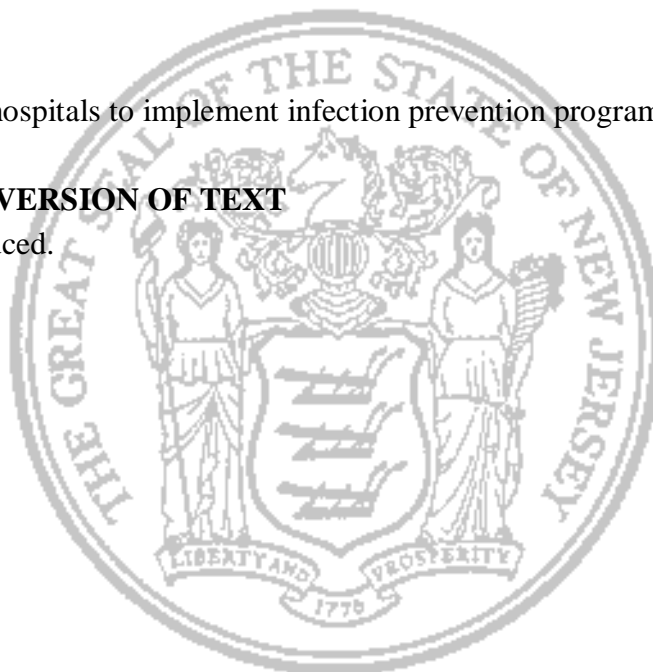
**Assemblymen Giblin, Epps, Assemblywoman Voss, Assemblymen
Conners, Scalera, Schaer, Moriarty, Burzichelli, Fisher, Albano, Van
Drew, Whelan and Gusciora**

SYNOPSIS

Requires hospitals to implement infection prevention programs.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/22/2007)

1 AN ACT concerning the prevention of health care facility-acquired
2 infections and supplementing Title 26 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. The Legislature finds and declares that:

8 a. Two million patients in this country become infected after
9 entering hospitals each year and about 90,000 of those patients die
10 as a result of those infections;

11 b. Methicillin-Resistant Staphylococcus aureus (MRSA) is a
12 common staph infection which is resistant to powerful antibiotics
13 and which is increasingly prevalent in health care settings;

14 c. MRSA can survive on cloth and plastic for up to 90 days,
15 and is frequently transmitted by contaminated hands, clothes and
16 non-invasive instruments, so that the number of patients who can
17 become infected from even one carrier multiplies dramatically;

18 d. The federal Centers for Disease Control and Prevention
19 (CDC) estimates that one in 20 patients entering a hospital carries
20 MRSA, and reported that MRSA accounted for 60% of infections in
21 American hospitals in 2004, up from 2% in 1974;

22 e. The annual nationwide cost to treat hospitalized patients
23 infected with MRSA is estimated to be more than \$4 billion;

24 f. These infections are preventable, and recent data support a
25 multi-faceted approach to successfully combat them, including
26 routine screening, isolation of colonized and infected patients, strict
27 compliance with hygiene guidelines, and a change in culture to
28 ensure that infection prevention and control is everyone's job and is
29 a natural component of care at each patient encounter each day;

30 g. Virtually all published analyses comparing the costs of
31 screening patients upon admission and adopting effective infection
32 control practices with the costs of caring for infected patients have
33 concluded that caring for infected patients is much more expensive;

34 h. Routine screening and isolation of all patients with MRSA in
35 hospitals in Denmark and Holland have reduced MRSA to 10% of
36 their bacterial infections, and a pilot program undertaken by the
37 Department of Veterans Affairs (VA) Pittsburgh Healthcare System
38 that reduced MRSA infections in its surgical care unit by 70% was
39 so successful that all VA health care facilities have been directed to
40 develop and implement similar approaches to prevent the spread of
41 MRSA in at least one unit, with the goal to apply successful
42 strategies facility-wide; and

43 i. It is a matter of public health and fiscal policy that patients
44 in New Jersey's health care facilities receive health care that
45 incorporates these best practices in infection control, not only to
46 protect their health and lives, but also to ensure the economic
47 viability of New Jersey's health care institutions.

1 2. a. Within one month after the effective date of this act, all
2 general hospitals licensed by the Department of Health and Senior
3 Services pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall
4 implement an infection prevention program in their intensive care
5 unit or units, as applicable, and if the hospital has no intensive care
6 unit, then in another high-risk unit such as a surgical unit, or other
7 unit where there is significant risk of facility-acquired infections.

8 Ultimately, the hospital shall expand the infection prevention
9 program to all areas of the hospital, with the exception of an
10 inpatient psychiatric unit, if applicable. The expansion of the
11 infection prevention program shall be completed as quickly as
12 feasible, taking into account the hospital's patient population,
13 physical plant and other facility-specific circumstances.

14 b. In addition to any other best practices and effective
15 strategies,

16 the hospital shall incorporate the following strategies:

17 (1) identification and isolation of both colonized and infected
18 patients by screening patients upon admission in order to break the
19 chain of transmission;

20 (2) contact precautions for patients found to be MRSA positive,
21 as "contact precautions" is defined by the Centers for Disease
22 Control and Prevention;

23 (3) patient cultures for MRSA upon discharge or transfer from
24 the unit where the infection prevention program has been
25 implemented, and flagging of patients who are readmitted to the
26 hospital;

27 (4) strict adherence to hygiene guidelines;

28 (5) a written infections prevention and control policy with input
29 from frontline caregivers; and

30 (6) a worker education requirement regarding modes of
31 transmission of MRSA, use of protective equipment, disinfection
32 policies and procedures, and other preventive measures.

33

34 3. A general hospital that is in violation of the provisions of
35 this act shall be subject to such penalties as the Commissioner of
36 Health and Senior Services may determine pursuant to sections 13
37 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14).

38

39 4. To the extent that funds permit, the commissioner shall
40 report within 18 months after the effective date this act and
41 annually thereafter to the Governor and, pursuant to section 2 of
42 P.L.1991, c.164 (C.52:14-19.1), the Senate and General Assembly
43 standing reference committees on health, on the effect of this act in
44 reducing MRSA infections in hospitals.

45

46 5. This act shall take effect on the 30th day after enactment.

STATEMENT

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

This bill requires hospitals in this State to eliminate antimicrobial-resistant infections by interrupting the chain of transmission within their facilities.

The Department of Veterans Affairs (VA) Pittsburgh Healthcare System undertook an MRSA control program that reduced infections in one of its surgical care units by 70%. Because it was so successful, the Veterans Health Administration issued a directive for all VA health care facilities to test similar plans tailored to their own facility's circumstances, to prevent the spread of MRSA. The initial focus was one high-risk unit in the facility with the eventual plan to apply successful strategies throughout the facility. This bill is based on the VA directive in that it allows each facility the flexibility to address infection prevention based on its own circumstances.

Under the bill, all general hospitals are to implement an infection prevention program in their intensive care units. If a hospital has no intensive care units, then the program is to be implemented in other high-risk units such as a surgical unit or other unit where there is significant risk of facility-acquired infections. The strategies that work would be expanded to all areas of the facility, except inpatient psychiatric units, and the expansion is to be completed as quickly as feasible, taking into account the facility's patient population, physical plant and other facility-specific circumstances.

In addition to any other best practices and effective strategies, the following elements are to be incorporated into the infection prevention program:

- identification and isolation of both colonized and infected patients in order to break the chain of transmission;
- contact precautions for patients found to be MRSA positive, as "contact precautions" is defined by the Centers for Disease Control and Prevention;
- patient cultures for MRSA upon discharge or transfer from the unit where the infection prevention program has been implemented, and flagging of patients who are readmitted to the facility;
- strict adherence to hygiene guidelines;
- a written infections prevention and control policy with input from frontline caregivers; and
- a worker education requirement regarding modes of MRSA transmission, use of protective equipment, disinfection policies and procedures, and other preventive measures.

A facility that violates this bill would be subject to such penalties as the commissioner of Health and Senior Services may determine pursuant to N.J.S.A.26:2H-13 and 26:2H-14.

A4179 GREENSTEIN, STENDER

5

- 1 The bill also provides that the commissioner is to report to the
- 2 Governor and standing reference committees on health on the effect
- 3 of this bill in reducing MRSA infections in hospitals.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4179

STATE OF NEW JERSEY

DATED: JUNE 14, 2007

The Assembly Health and Senior Services Committee reports favorably Assembly Bill No. 4179.

This bill requires hospitals in this State to eliminate antimicrobial-resistant infections by interrupting the chain of transmission within their facilities, and to report cases of Methicillin-Resistant Staphylococcus arueus (MRSA) to the Department of Health and Senior Services (DHSS).

The Department of Veterans Affairs (VA) Pittsburgh Healthcare System undertook an infection control program that reduced MRSA infections in one of its surgical care units by 70%. Because of its success, the Veterans Health Administration issued a directive for all VA health care facilities to test similar plans tailored to their own facility's circumstances, to prevent the spread of MRSA. The initial focus was one high-risk unit in the facility with the eventual plan to apply successful strategies throughout the facility. This bill is based on the VA directive in that it allows each facility the flexibility to address infection prevention based on its own circumstances.

The bill provides specifically as follows:

- Each general hospital is to implement an infection prevention program in its intensive care unit.
- If a hospital has no intensive care unit, the program is to be implemented in another high-risk unit, such as a surgical unit or other unit where there is significant risk of facility-acquired infections.
- The strategies that work would be expanded to all areas of the facility, except inpatient psychiatric units, and the expansion is to be completed as quickly as feasible, taking into account the patient population, physical plant and other facility-specific circumstances.
- In addition to any other best practices and effective strategies, the following elements are to be incorporated into the infection prevention program:
 - identification and isolation of both colonized and infected patients in order to break the chain of transmission;
 - contact precautions for patients found to be MRSA positive, as "contact precautions" is defined by the federal Centers for Disease Control and Prevention;

-- patient cultures for MRSA upon discharge or transfer from the unit where the infection prevention program has been implemented, and flagging of patients who are readmitted to the facility;

-- strict adherence to hygiene guidelines;

-- a written infections prevention and control policy with input from frontline caregivers; and

-- a worker education requirement regarding modes of MRSA transmission, use of protective equipment, disinfection policies and procedures, and other preventive measures.

- Hospitals are to report the number of cases of hospital-acquired MRSA to DHSS, in a form and manner to be determined by the commissioner.
- A facility that violates the bill is subject to such penalties, pursuant to sections 13 and 14 of P.L.1971, c.136 (N.J.S.A.26:2H-13 and 26:2H-14).
- The Commissioner of Health and Senior Services is to report to the Governor and legislative standing reference committees on health on the effect of this bill in reducing MRSA infections in hospitals.
- The bill takes effect on the 30th day after enactment.

This bill is similar to Senate Bill No. 2580 (1R) (Buono/Vitale), which is currently pending before the Senate.

STATEMENT TO
ASSEMBLY, No. 4179

with Assembly Floor Amendmentss
(Proposed By Assemblywoman GREENSTEIN)

ADOPTED: JUNE 21, 2007

This amendment requires hospitals to report the number of cases of hospital-acquired Methicillin-Resistant Staphylococcus aureus (MRSA) infections to the Department of Health and Senior Services, in a form and manner to be determined by the Commissioner of Health and Senior Services.



[Home](#)

[About the Governor](#)

[Message](#)

[Cabinet](#)

[News Room](#)

[Press Releases](#)

[Event Photos](#)

[Video Clips](#)

[Audio Clips](#)

[Newsletters](#)

[Speeches](#)

[Executive
Orders/Resolutions](#)

[Kids Site](#)

[Governor's Internship
Program](#)

[Boards, Authorities and
Commissions](#)

[Home](#) > [News Room](#) > [Press Releases](#) > Aug-2-07 Governor Corzine Signs Healthcare Related Legislation

Aug-2-07 Governor Corzine Signs Healthcare Related Legislation

NEWS RELEASE:

Governor Jon S. Corzine
August 2, 2007

FOR MORE INFORMATION:

Press Office - 609-777-2600

GOVERNOR CORZINE SIGNS HEALTHCARE RELATED LEGISLATION

SOUTH PLAINFIELD - Governor Jon S. Corzine today signed three healthcare related bills at the South Plainfield Senior Citizen Center.

The first, S2580/A4179, requires hospitals to implement an infection prevention program to eliminate antimicrobial-resistant infections and requires hospitals to report cases of Methicillin-Resistant Staphylococcus Arueus (MRSA) to the New Jersey Department of Health and Senior Services.

"Each year, two million patients in this country become infected with MRSA after entering the hospital," said Governor Corzine. "Staph infections are highly avoidable and having this prevention program in place to protect patients is a matter of good public health policy for New Jersey."

Under the legislation, it will be mandatory for all general hospitals to implement an infection prevention program in their intensive care units. If a hospital has no intensive care unit, the program should then be implemented in another high-risk unit where there is significant risk of facility-acquired infections.

"According to the Centers for Disease Control, MRSA has become the dominant cause of hospital staph infections over the past three decades, rising from 2% of all reported cases in 1974 to more than 63% of all cases in the United States," said Senator Buono, D-Middlesex. "Fortunately, there are simple, proven ways to reduce the prevalence of this infection, saving countless lives. Once again, New Jersey is leading the way in making sure our residents have the best health care possible."

"MRSA infections can be a death sentence for patients with compromised immune systems, such as the elderly," said Senator Vitale, D-Middlesex, the Chair of the Senate Health, Human Services and Senior Citizens Committee. "We want our hospitals and healthcare facilities to be as safe as possible. This new law will go a long way to protecting the State's most vulnerable patients from these drug-resistant, hospital-acquired infections, and improve the overall safety of New Jersey's health care system."

"Changing the way hospitals treat infections in their own buildings would close a troublesome safety gap in our state's health-care safety net," said Assemblywoman Linda Greenstein (D-Middlesex). "Stronger measures are needed to counteract the insidious threat of drug-resistant superbugs."

"At a time when drug-resistant infection strains are on the rise around the globe, we need our laws to keep abreast of disturbing trends in the health care system so patients' safety is never overlooked and never compromised," said Assemblywoman Linda Stender (D-Union).

"Drug-resistant superbugs are the new public enemy number-one in health-care facilities all across the country," said Assemblyman Herb Conaway, Jr., M.D. (D-Burlington), one of only two physicians in the state Legislature. "The containment procedures prescribed under this law will help hospitals fulfill their missions of saving lives and preventing disease."

"Infections prolong illnesses and injuries," said Assemblyman Robert Gordon (D-Bergen). "Uniform procedures to contain the spread of drug-resistant strains will help hold down health-care costs and save lives."

Sponsors of the legislation were Senator Barbara Buono (District 18); Senator Joseph Vitale (District 19); Assemblywoman Linda Greenstein (District 14); Assemblywoman Linda Stender (District 22); Assemblyman Herb Conaway, Jr. (District 7) and Assemblyman Robert Gordon (District 38).

Governor Corzine also signed A3817, which establishes a three year-pilot program to conduct comprehensive eye examinations for second grade students.

"By implementing this program, we hope to minimize the number of children whose vision problems too often go undetected, resulting in their being categorized as special education students," said Governor Corzine.

"Eye-screening will help ensure that children with undiagnosed vision impairments are not incorrectly classified as needing to be enrolled in special education classes," Assemblyman Patrick Diegnan (D-Middlesex) said. "There are indications that a growing number of parents of students with poor eyesight are erroneously being told their child needs placement in a special education program."

Primary sponsors of the legislation were Assemblyman Patrick Diegnan (District 18) former Assemblyman (current Parole Board Chairman) Peter Barnes (District 18), Assemblyman Joseph Malone (District 30) and Assemblyman Joseph Vas (District 19).

Governor Corzine also signed A1190, which requires the placement of organ donation information and materials at public institutions of higher education.

"Organ donation saves lives by offering hope to those afflicted with organ failure," Corzine said. "This legislation will boost public awareness of its benefits and increase participation in donation programs across the state."

"Every effort that we make to promote organ donating helps to save lives," said Diegnan. "Advances in medical science now allow for a wide variety of organ transplants, but more needs to be done so rates of organ donations can keep pace with the scientific advances."

Primary sponsors of the legislation were Assemblyman Patrick Diegnan (District 18) and Assemblyman Douglas Fisher (District 3).

###

Photos and audio and video clips from Governor Corzine's public events are available in the Governor's Newsroom section on the State of New Jersey web page, <http://www.nj.gov/governor/news/>



[Contact Us](#) | [Privacy Notice](#) | [Legal Statement](#) | [Accessibility Statement](#) 

Statewide: [NJ Home](#) | [Services A to Z](#) | [Departments/Agencies](#) | [FAQs](#)
Copyright © State of New Jersey, 2006

Office of the Governor
PO Box 001
Trenton, NJ 08625
609-292-6000

Office of the Governor
South Jersey Office
856-614-3200