

**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION**

**IN OPPOSITION TO**

**L.D. 1687, 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**

Joint Standing Committee on Health & Human Services  
Room 209, Cross State Office Building  
Wednesday, February 17, 2010, 1:00 p.m.

Good afternoon Senator Brannigan, Representative Perry, and Members of the Joint Standing Committee on Health & Human Services. I am Andrew MacLean, Deputy EVP of the Maine Medical Association (MMA), and I am speaking in opposition to L.D. 1687, *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*.

The MMA is a professional association representing more than 3000 physicians, residents, and medical students in Maine whose mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens.

The MMA is disappointed that the complex matter of appropriate infection control and data reporting for MRSA and other health care associated infections (HAIs) is back before this committee after an extensive discussion of the subject and enactment of two pieces of legislation (Resolves 2009, Chapter 82 and P.L. 2009, Chapter 346) during the First Regular Session of the 124<sup>th</sup> Legislature. Witnesses at the hearing on the two bills last session talked about the extensive work of the Maine Infection Prevention Collaborative in addressing HAIs based upon the guidance of the U.S. Centers for Disease Control & Prevention (US CDC), the Society for Healthcare Epidemiology of America (SHEA), and the Infectious Diseases Society of America (IDSA), among others. Still, enactment of L.D.s 960 and 1038 heightened the awareness of the

medical community to legislators' concerns about this important public health issue. While we support the compromise rule developed in the last year, it is not good policy for the legislature to be defining by statute the high-risk patient population or to be prescribing the appropriate data reporting. These decisions should be left to clinicians and epidemiologists based upon the current and ever-evolving science.

I have attached to my testimony, a copy of an article entitled, *States consider requiring hospitals to screen for MRSA* from the February 16/23, 2009 issue of American Medical News that provides a very quick overview of this debate. I have also attached a flow chart for the control and prevention of MRSA from the *Supplement Article: SHEA/IDSA Practice Recommendation – Strategies to Prevent Transmission of Methicillin-Resistant Staphylococcus aureus in Acute Care Hospitals* in the October 2008 Infection Control and Hospital Epidemiology which is referenced in the American Medical News article. These documents demonstrate, I believe, that the medical community is taking seriously the threat of HAIs.

I would like to conclude my testimony by reminding you of the closing comments at the Committee's public hearing on April 7, 2009 of Dr. Doug Salvador, an infectious disease specialist and the Patient Safety Officer at the Maine Medical Center. He said,

I'd like to end with my fears. I fear that a highly specified and difficult to administer bill will rob time, energy, and resources from the work that has been started and jeopardize its success. I fear that public reporting of the wrong measures will cause patients to confidently choose hospitals where their risk of acquiring infection is actually higher. I fear that a highly specified bill will force us to target our improvement efforts too narrowly and not actually improve infection rates – there is no magic bullet, the solution is multifactorial.

The MMA urges you to reject L.D. 1687. I would be happy to respond to any questions you may have.