

Newborn Screening for Critical Congenital Heart Disease

2013 Session Data/Results Reporting Model Legislative Language (as of Mar 5, 2013)

Ohio – 130th General Assembly
2013-2014
S.B. No. 4

As Introduced

A BILL

To enact section 3701.5010 of the Revised Code to require a pulse oximetry screening for each newborn born in a hospital or freestanding birthing center.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That section 3701.5010 of the Revised Code be enacted to read as follows:

Sec. 3701.5010. (A) As used in this section:

- (1) "Freestanding birthing center" has the same meaning as in section 3702.141 of the Revised Code;
 - (2) "Hospital," "maternity unit," "newborn," and "physician" have the same meanings as in section 3701.503 of the Revised Code;
 - (3) "Pulse oximetry screening" means the identification of newborns that may have congenital heart defects, through the use of a noninvasive test that estimates the percentage of hemoglobin in blood that is saturated with oxygen.
- (B) Except as provided in division (C) of this section, each hospital and each freestanding birthing center shall conduct a pulse oximetry screening on each newborn born in the hospital or center, unless the newborn is being transferred to another hospital. The pulse oximetry screening shall be performed before discharge. If the newborn is transferred to another hospital, that hospital shall conduct the pulse oximetry screening when determined to be medically appropriate. The hospital or center shall promptly notify the newborn's parent, guardian, or custodian and attending physician of the screening results. **The hospital or center shall notify the department of health of the screening results for each newborn screened.**
- (C) No newborn shall be required to undergo pulse oximetry screening if the newborn's parent objects on the grounds that pulse oximetry screening conflicts with the parent's religious tenets and practices.
- (D) **The director of health shall adopt rules in accordance with Chapter 119.** of the Revised Code establishing standards and procedures for the pulse oximetry screening required by this section, including all of the following:
- (1) Designating the person or persons who will be responsible for causing screenings to be performed;**
 - (2) Specifying equipment to be used for and methods of pulse oximetry screening;**
 - (3) Identifying when the pulse oximetry screening should be performed;**
 - (4) Providing notice of the required screening to the newborn's parent, guardian, or custodian;**
 - (5) Communicating screening results to the newborn's parent, guardian, or custodian and attending physician;**
 - (6) Referring newborns who receive abnormal screening results to providers of follow-up services.**

Florida 2013 Session HB 81, SB 124

(3) RULES.

86 After consultation with the Genetics and
87 Newborn Screening Advisory Council, the department shall adopt
88 and enforce rules requiring that every newborn in this state be
89 screened for critical congenital heart disease. The department
90 shall adopt the additional rules as are necessary for the
91 administration of this section, **including rules providing**
92 definitions of terms, rules relating to the methods used and
93 time or times for testing as accepted medical practice
94 indicates, rules relating to charging and collecting fees for
95 the administration of the newborn screening program required
by
96 this section, rules for processing requests and releasing test
97 and screening results, and rules requiring mandatory reporting
98 of screenings and test results for this condition to the
99 department.

100 (4) POWERS AND DUTIES OF THE DEPARTMENT.

The department
101 shall administer and provide services required pursuant to this
102 section and shall:
103 **(a) Furnish to all physicians, county health departments,**
104 perinatal centers, birth centers, and hospitals forms on which
105 the results of tests for critical congenital heart disease shall
106 be reported to the department.
107 (b) Have the authority to charge and collect fees
108 sufficient to administer the newborn screening program required
109 under this section.
110 Section 2. This act shall take effect
July 1, 2013.

Minnesota 1st Engrossment - 88th Legislature (2013 - 2014) HF 483

1.1 A bill for an act
1.2relating to health; requiring screening of newborns for critical congenital heart
1.3disease;proposing coding for new law in Minnesota Statutes, chapter 144.
1.4BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:



- 1.5 Section 1. **[144.1251] NEWBORN SCREENING FOR CRITICAL CONGENITAL**
- 1.6**HEART DISEASE (CCHD).**
- 1.7 Subdivision 1. **Required testing and reporting.** Each licensed hospital or
- 1.8state-licensed birthing center or facility that provides maternity and newborn care services
- 1.9shall provide screening for congenital heart disease to all newborns prior to discharge
- 1.10using pulse oximetry screening. This screening should occur before discharge from the
- 1.11nursery, after the infant turns 24 hours of age. If discharge prior to 24 hours after birth
- 1.12occurs, screening should occur as close as possible to the time of discharge. **Results of this**
- 1.13**screening must be reported to the Department of Health.**
- 1.14For premature infants (less than 36 weeks of gestation) and infants admitted to a
- 1.15higher-level nursery (special care or intensive care), pulse oximetry should be performed
- 1.16when medically appropriate, but always prior to discharge.
- 1.17 Subd. 2. **Implementation.** The Department of Health shall:
- 1.18(1) communicate the screening protocol requirements;
- 1.19(2) make information and forms available to the persons with a duty to perform
- 1.20testing and reporting, health care providers, parents of newborns, and the public on
- 1.21screening and parental options;
- 1.22(3) provide training to ensure compliance with and appropriate implementation of
- 1.23the screening;
- 2.1**(4) establish the mechanism for the required data collection and reporting of**
- 2.2**screening and follow-up diagnostic results to the Department of Health according to the**
- 2.3**Department of Health's recommendations.;**
- 2.4(5) coordinate the implementation of universal standardized screening;
- 2.5(6) act as a resource for providers as the screening program is implemented, and in
- 2.6consultation with the Advisory Committee on Heritable and Congenital Disorders, develop
- 2.7and implement policies for early medical and developmental intervention services and
- 2.8long-term follow-up services for children and their families identified with a CCHD; and
- 2.9(7) comply with sections 144.125 to 144.128.

Additional bill language and statutory language: cchdscreeningmap.org