

LEGISLATIVE ACTION

Senate House

Comm: RCS 01/25/2012

The Committee on Health Regulation (Gaetz) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Section 383.146, Florida Statutes, is created to read:

383.146 Newborn screening for critical congenital heart disease.-

- (1) DEFINITIONS.—As used in this section, the term:
- (a) "Department" means the Department of Health.
- (b) "Newborn" means an age range from birth through 29 days.

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- (c) "Screening" means measuring blood oxygen saturation using pulse oximetry to determine whether a newborn needs additional diagnostic evaluation for critical congenital heart disease.
- (2) REQUIREMENTS FOR SCREENING OF NEWBORNS; INSURANCE COVERAGE; REFERRAL FOR ONGOING SERVICES.-
- (a) Each licensed hospital that provides maternity and newborn care services shall ensure that, prior to discharge, all newborns are screened for the detection of critical congenital heart disease.
- (b) Each licensed birth center that provides maternity and newborn care services shall ensure that, prior to discharge, all newborns are screened for the detection of critical congenital heart disease.
- (c) If the parent or legal guardian of the newborn objects to the screening, the screening must not be completed, notwithstanding any other provision of this section. In such case, the physician, midwife, or other person who is attending the newborn shall maintain a record that the screening has not been performed and attach a written objection that must be signed by the parent or quardian.
- (d) For home births, the health care provider in attendance is responsible for the screening.
- (e) Appropriate documentation of the screening completion, results, interpretation, and recommendations must be placed in the medical record within 24 hours after completion of the screening procedure.
- (f) Each hospital shall formally designate a lead physician who is responsible for programmatic oversight of newborn

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congenital heart disease screening. Each licensed birth center shall designate a licensed health care provider to provide such programmatic oversight. Such physician or health care provider shall ensure that the appropriate referrals are completed following a positive screening test result.

- (g) By October 1, 2012, screening for critical congenital heart disease must be conducted on all newborns in hospitals and birth centers in this state following birth admission.
- (3) RULES.—After consultation with the Genetics and Newborn Screening Advisory Council, the department shall adopt and enforce rules requiring that every newborn in this state be screened for critical congenital heart disease. The department shall adopt such additional rules as are necessary for the administration of this section, including rules providing definitions of terms, rules relating to the methods used and time or times for testing as accepted medical practice indicates, rules relating to charging and collecting fees for the administration of the newborn screening program required by this section, rules for processing requests and releasing test and screening results, and rules requiring mandatory reporting of the results of tests and screenings for this condition to the department.
- (4) POWERS AND DUTIES OF THE DEPARTMENT.—The department shall administer and provide services required pursuant to this section and shall:
- (a) Furnish to all physicians, county health departments, perinatal centers, birth centers, and hospitals forms on which the results of tests for critical congenital heart disease shall be reported to the department.



(b) Have the authority to charge and collect fees sufficient to administer the newborn screening program required under this section.

Section 2. This act shall take effect July 1, 2012.

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======== T I T L E A M E N D M E N T ========== And the title is amended as follows:

Delete everything before the enacting clause and insert:

A bill to be entitled

An act relating to newborn screening for critical congenital heart disease; creating s. 383.146, F.S.; providing definitions; providing requirements for screening newborns for critical congenital heart disease; providing an exception; requiring that the physician, midwife, or other person attending the newborn maintain a record if the screening has not been performed and attach a written objection signed by the parent or quardian; requiring appropriate documentation of the screening completion in the medical record; requiring that each hospital and each licensed birth center designate a lead physician and a licensed health care provider, respectively, to provide programmatic oversight for the screening; requiring that the screening for critical congenital heart disease be conducted on all newborns in hospitals and birth centers in this state; authorizing the Department of Health to adopt rules to administer the screening program; providing powers and duties of



the department; providing an effective date.

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WHEREAS, congenital heart disease is the most common birth defect in infants, affecting 8 out of every 1,000 newborn babies, and

WHEREAS, early detection of congenital heart disease is crucial to the health of a newborn baby because, if the condition goes undiagnosed, it can cause major problems later in the child's life, and

WHEREAS, pulse oximetry is a noninvasive method of monitoring the oxygen level in the blood and is recommended as a method of screening a patient for critical congenital heart disease, and

WHEREAS, physical exertion and participation in sports can cause excess stress on the heart and, if the disease is not detected and is severe enough, participation in strenuous activity can result in death, NOW, THEREFORE,