

Amendment No. 506

Senate Amendment to Senate Bill No. 92 First Reprint (BDR 40-529)

Proposed by: Senator Hardy

Amendment Box: Replaces Amendment No. 383.

Amends: Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

ASSEMBLY ACTION				Initial and Date	SENATE ACTION				Initial and Date	
Adopted	☐	Lost	☐	_____		Adopted	☐	Lost	☐	_____
Concurred In	☐	Not	☐	_____		Concurred In	☐	Not	☐	_____
Receded	☐	Not	☐	_____		Receded	☐	Not	☐	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) *green bold italic underlining* is new language proposed in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill that is proposed to be retained in this amendment; and (6) *green bold underlining* is newly added transitory language.

EWR/MSM



Date: 4/19/2013

S.B. No. 92—Makes certain changes related to the health of infants. (BDR 40-529)



SENATE BILL NO. 92—COMMITTEE ON
HEALTH AND HUMAN SERVICES

FEBRUARY 6, 2013

Referred to Committee on Health and Human Services

SUMMARY—Makes certain changes related to the health of infants.
(BDR 40-529)FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to public health; requiring that infants born in certain institutions be examined for critical congenital heart disease; providing an exception for written parental objection; requiring certain hospitals to submit certain information to the Health Division of the Department of Health and Human Services; authorizing the Division to provide this information to an entity to conduct a study of the effectiveness of pulse oximetry screening; requiring the Division to submit a report under certain circumstances to the Director of the Legislative Counsel Bureau for submittal to the Legislative Committee on Health Care and the Legislative Commission; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Any physician, midwife, nurse, obstetric center or hospital attending or assisting any infant, or the mother of any infant, at childbirth is required to examine and test the infant for certain preventable and inheritable disorders. If the tests reveal such a disorder, the physician, midwife, nurse, obstetric center or hospital is required to: (1) report the condition to the State Health Officer, the local health officer of the county or city within which the infant or the mother of the infant resides, and the local health officer of the county or city in which the child is born; and (2) discuss the condition and treatment of the condition with the parents or other persons responsible for the care of the infant. (NRS 442.008) ~~(This)~~ Section 1 of this bill requires any physician, midwife or nurse attending or assisting any infant ~~or the mother of any infant,~~ at childbirth at an obstetric center or a hospital which regularly offers obstetric services in the normal course of business to examine the infant for critical congenital heart disease, including conducting pulse oximetry screening, and to report any ~~positive~~ results indicating the infant may suffer from critical congenital heart disease to the attending physician of the infant. Section 1 also requires the attending physician of an infant whose test results have indicated that the infant may suffer from critical congenital heart disease to conduct an examination to determine if the infant does suffer from critical congenital heart disease. If the attending physician determines that the infant suffers from critical congenital heart disease, the attending physician is required to report the condition to the State Health Officer and discuss such results with the parent of or other

person responsible for the infant. ~~(This bill)~~ Section 1 provides an exception to the requirement for examination in the event of written parental objection.

Section 2 of this bill requires, during the period between July 1, 2013, and March 1, 2014, a hospital that conducts pulse oximetry screening to submit the positive results of such screening and certain information concerning these results to the Health Division of the Department of Health and Human Services. Section 2 also authorizes the Division to provide the information to an entity to study this information. If a study is conducted, the study must: (1) evaluate the effectiveness of the pulse oximetry screening; and (2) formulate recommendations concerning the implementation of the requirements prescribed by section 1. Section 2 further requires the Division, if a study is conducted, to submit a report containing the results of the study to the Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Health Care and the Legislative Commission. Finally, Section 2 requires the Legislative Committee on Health Care, if a study is conducted, to use the report to formulate recommendations concerning the implementation of these requirements.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 442 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 3, any physician, midwife or nurse attending or assisting in any way any infant ~~or the mother of any infant,~~ at childbirth at an obstetric center or a hospital which regularly offers obstetric services in the normal course of business and not only on an emergency basis shall make or cause to be made an examination of the infant, to determine whether the infant may suffer from critical congenital heart disease, including, without limitation, conducting pulse oximetry screening. ~~to determine whether the infant suffers from critical congenital heart disease.~~ If the physician, midwife or nurse who conducts the examination is not the attending physician of the infant, the physician, midwife or nurse shall submit the results of the examination to the attending physician of the infant.

2. If the examination reveals that an infant ~~suffers~~ may suffer from critical congenital heart disease, the attending physician ~~or midwife or nurse attending or assisting at the birth~~ of the infant shall ~~not~~ conduct an examination to confirm whether the infant does suffer from critical congenital heart disease. If the attending physician determines that the infant suffers from critical congenital heart disease, the attending physician must:

(a) Report the condition to the State Health Officer or a representative of the State Health Officer; and

(b) Discuss the condition with the parent, parents or other persons responsible for the care of the infant and inform them of the treatment necessary for the amelioration of the condition.

3. An examination of an infant is not required pursuant to this section if either parent files a written objection with the person responsible for conducting the examination or with the obstetric center or hospital at which the infant is born.

4. The State Board of Health may adopt such regulations as necessary to carry out the provisions of this section.

Sec. 2. 1. During the period beginning on July 1, 2013, and ending on March 1, 2014, if a hospital conducts pulse oximetry screening to determine whether an infant suffers from critical congenital heart disease and the results

1 of such screening are positive, the hospital shall submit to the Health Division
2 of the Department of Health and Human Services:

3 (a) The positive results;

4 (b) Information concerning whether critical congenital heart disease was
5 detected in the infant before the pulse oximetry screening; and

6 (c) Information concerning measures taken by the hospital because of the
7 positive result, including, without limitation, measures taken to verify the
8 positive result and to provide follow-up care and treatment to the infant.

9 2. The Division may make the information submitted pursuant to
10 subsection 1 available to an entity to study. If a study is conducted pursuant to
11 this subsection, the entity must, without limitation:

12 (a) Evaluate, based on the information, the effectiveness of the pulse
13 oximetry screening; and

14 (b) Formulate recommendations concerning the implementation of section
15 1 of this act.

16 3. Except as otherwise provided in subsection 2, the Division shall keep
17 confidential all personal identifying information contained in the information
18 submitted pursuant to subsection 1. Any entity to which information is made
19 available pursuant to subsection 2 shall keep confidential all personal
20 identifying information contained within the information made available to the
21 entity pursuant to subsection 2.

22 4. If a study is conducted pursuant to subsection 2, on or before April 1,
23 2014, the Division shall submit a report of the results of the study to the
24 Director of the Legislative Counsel Bureau for transmittal to the Legislative
25 Committee on Health Care and the Legislative Commission. The report must
26 include, without limitation, recommendations concerning the implementation
27 of section 1 of this act.

28 5. If a study is conducted pursuant to subsection 2, the Legislative
29 Committee on Health Care shall study the report submitted pursuant to
30 subsection 4 and provide to the Legislature, as a result of its consideration of
31 the report, any recommendations for legislation concerning the
32 implementation of section 1 of this act.

33 6. As used in this section, "personal identifying information" means any
34 information designed, commonly used or capable of being used, alone or in
35 conjunction with any other information, to identify a person.

36 Sec. 3. 1. This section and section 2 of this act become effective on July
37 1, 2013.

38 2. Section 1 of this act becomes effective on October 1, 2014.