

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:

1 Under existing law, a physician, midwife, nurse, obstetric center or hospital
2 attending or assisting any infant, or the mother of any infant, at childbirth is
3 required to examine and test the infant for certain preventable and inheritable
4 disorders. If the tests reveal such a disorder, the physician, midwife, nurse, obstetric
5 center or hospital is required to: (1) report the condition to the State Health Officer,
6 the local health officer of the county or city within which the infant or the mother
7 of the infant resides, and the local health officer of the county or city in which the
8 child is born; and (2) discuss the condition and treatment of the condition with the
9 parents or other persons responsible for the care of the infant. (NRS 442.008)
10 **Section 1** of this bill requires any physician, midwife or nurse attending or assisting
11 any infant at childbirth at an obstetric center or a hospital which regularly offers
12 obstetric services in the normal course of business to examine the infant for critical
13 congenital heart disease, including conducting pulse oximetry screening, and to



report any 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. **Section 1** provides an exception to the requirement for examination in the event of written parental objection. **Section 3** of this bill makes the provisions of **section 1** become effective on July 1, 2015.

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 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. 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 may suffer from critical congenital heart disease, the attending physician of the infant shall 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:



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

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

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

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

12 **Sec. 2.** 1. During the period beginning on July 1, 2013, and
13 ending on March 1, 2014, if a hospital conducts pulse oximetry
14 screening to determine whether an infant suffers from critical
15 congenital heart disease and the results of such screening are
16 positive, the hospital shall submit to the Health Division of the
17 Department of Health and Human Services:

18 (a) The positive results;

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

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

26 2. The Division may make the information submitted pursuant
27 to subsection 1 available to an entity to study. If a study is
28 conducted pursuant to this subsection, the entity must, without
29 limitation:

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

32 (b) Formulate recommendations concerning the implementation
33 of section 1 of this act.

34 3. Except as otherwise provided in subsection 2, the Division
35 shall keep confidential all personal identifying information
36 contained in the information submitted pursuant to subsection 1.
37 Any entity to which information is made available pursuant to
38 subsection 2 shall keep confidential all personal identifying
39 information contained within the information made available to the
40 entity pursuant to subsection 2.

41 4. If a study is conducted pursuant to subsection 2, on or before
42 April 1, 2014, the Division shall submit a report of the results of the
43 study to the Director of the Legislative Counsel Bureau for
44 transmittal to the Legislative Committee on Health Care and the
45 Legislative Commission. The report must include, without



1 limitation, recommendations concerning the implementation of
2 section 1 of this act.

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

8 6. As used in this section, “personal identifying information”
9 means any information designed, commonly used or capable of
10 being used, alone or in conjunction with any other information, to
11 identify a person.

12 **Sec. 3.** 1. This section and section 2 of this act become
13 effective on July 1, 2013.

14 2. Section 1 of this act becomes effective on July 1, 2015.

