

SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH LEGISLATURE

S.F. No. 473

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DATE	D-PG	OFFICIAL STATUS
02/14/2013	234	Introduction and first reading Referred to Health, Human Services and Housing
03/20/2013	1254a	Comm report: To pass as amended and re-refer to Judiciary
04/02/2013		Comm report: To pass and re-referred to Finance

1.1 A bill for an act
 1.2 relating to health; requiring screening of newborns for critical congenital heart
 1.3 disease; proposing coding for new law in Minnesota Statutes, chapter 144.

1.4 BE 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
 1.8 state-licensed birthing center or facility that provides maternity and newborn care services
 1.9 shall provide screening for congenital heart disease to all newborns prior to discharge
 1.10 using pulse oximetry screening. This screening should occur before discharge from the
 1.11 nursery, after the infant turns 24 hours of age. If discharge prior to 24 hours after birth
 1.12 occurs, 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.

1.14 For premature infants (less than 36 weeks of gestation) and infants admitted to a
 1.15 higher-level nursery (special care or intensive care), pulse oximetry should be performed
 1.16 when medically appropriate, but always prior to discharge.

1.17 Subd. 2. Implementation. The Department of Health shall be responsible for:

1.18 (1) communicating the screening protocol and requirements and providing
 1.19 educational materials for hospitals, health care providers, birthing centers or facilities,
 1.20 parents of newborns, and the public;

1.21 (2) providing training to ensure compliance with and appropriate implementation of
 1.22 the screening;

2.1 (3) establishing 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, and the establishment of a CCHD registry;
2.4 (4) coordinating the implementation of universal standardized screening; and
2.5 (5) acting as a resource for providers as the screening program is implemented,
2.6 and in consultation with the Newborn Screening Advisory Committee, developing and
2.7 implementing policies for early medical and developmental intervention services and
2.8 long-term follow-up services for children and their families identified with a CCHD, up
2.9 to 18 years of age.