

2013 DRAFTING REQUEST

Bill

Received: 2/26/2013 Received By: tdodge
 Wanted: As time permits Same as LRB: -0656
 For: Joel Kleefisch (608) 266-8551 By/Representing: Rick Braun
 May Contact: Drafter: tdodge
 Subject: Health - public health Addl. Drafters:
 Extra Copies:

Submit via email: YES
 Requester's email: Rep.Kleefisch@legis.wisconsin.gov
 Carbon copy (CC) to: tamara.dodge@legis.wisconsin.gov

Pre Topic:

No specific pre topic given

Topic:

Requiring congenital heart defect screening in newborns

Instructions:

Draft companion to 13-0656

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/1	tdodge 2/26/2013	jdyer 2/26/2013	rschluet 2/26/2013	_____	lparisi 2/26/2013	mbarman 3/21/2013	State S&L

FE Sent For:

<END>

→ At
Intro.

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/1	tdodge	1/26 jld		_____	_____		State S&L

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<END>

Dodge, Tamara

From: Fiocchi, Tim
Sent: Tuesday, February 26, 2013 11:40 AM
To: Dodge, Tamara
Cc: Braun, Rick
Subject: LRB 0656-3
Attachments: 13-0656_3.pdf

Hi Tamara,

Rep. Kleefisch will be introducing the Assembly companion to the pulse ox bill. If you could send them a companion we'll be ready to introduce it in a couple days.

Thank you,

Tim

Tim Fiocchi
Chief of Staff, Senator Jerry Petrowski
29th Senate District
(608) 266-2502



State of Wisconsin
2013 - 2014 LEGISLATURE



1736/1

LRB-0656/3

TJD:jld:ph

Keep

Companion RM run

In: 2/26/13

Due Thurs
2/28
if possible

2013 BILL

Companion -
no changes

LX

Regen

1 AN ACT to create 253.113 of the statutes; relating to: requiring congenital heart
2 defect screening in newborns and granting rule-making authority.

Analysis by the Legislative Reference Bureau

Under current law, the attending physician or nurse-midwife must ensure that every infant born undergoes a blood test for congenital disorders and metabolic disorders and a screening for hearing loss. This bill requires the physician, nurse-midwife, or certified professional midwife, who attended a birth that occurred in or on route to a hospital to ensure that the infant is screened for a congenital heart defect using pulse oximetry, or a method designated by the Department of Health Services (DHS), before the infant is discharged from the hospital, with certain exceptions. The bill also requires the physician, nurse-midwife, or certified professional midwife, who attended the birth to ensure that a parent or legal guardian of the infant is advised of the screening result and, if the infant has an abnormal screening result, to ensure that a parent or legal guardian of the infant is provided information on available resources for further diagnosis and treatment for a possible congenital heart defect.

The bill requires DHS to periodically review medical literature for new, evidence-based practices in congenital heart defect screening. If a congenital heart defect screening method becomes accepted in the medical community as an effective screening method, DHS is required to designate that method as an appropriate screening method to comply with the screening requirement. DHS may replace pulse oximetry with that method as the only appropriate screening method by rule.

BILL

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 253.113 of the statutes is created to read:

2 **253.113 Newborn congenital heart defect screening.** (1) **DEFINITIONS.** In
3 this section:

4 (a) "Hospital" has the meaning given in s. 50.33 (2).

5 (b) "Infant" means a child from birth to 3 months of age.

6 (c) "Pulse oximetry" means a method of measuring the oxygen saturation of
7 arterial blood in a subject using a sensor attached to a finger, toe, or ear to determine
8 the percentage of oxyhemoglobin in blood pulsating through a network of capillaries.

9 **(2) SCREENING REQUIRED.** Except as provided in sub. (3) and subject to a rule
10 promulgated under sub. (5) (b), the physician, nurse-midwife licensed under s.
11 441.15, or certified professional midwife licensed under s. 440.982, who attended a
12 birth that occurred in a hospital or on route to a hospital shall ensure that the infant
13 is screened for a congenital heart defect using pulse oximetry, or a method designated
14 under sub. (5), before the infant is discharged from the hospital.

15 **(3) EXCEPTIONS.** (a) Subsection (2) does not apply if a parent or legal guardian
16 of the infant objects to congenital heart defect screening on the grounds that the
17 screening conflicts with his or her religious tenets and practices.

18 (b) No screening may be performed under sub. (2) unless a parent or legal
19 guardian of the infant is fully informed of the purposes of congenital heart defect
20 screening and has been given reasonable opportunity to object under par. (a) to the
21 screening.

BILL

1 (4) **SCREENING RESULTS.** The physician, nurse–midwife licensed under s. 441.15,
2 or certified professional midwife licensed under s. 440.982, who is required to ensure
3 that the infant is screened under sub. (2) shall do all of the following:

4 (a) Ensure that a parent or legal guardian of the infant is advised of the
5 screening result.

6 (b) If the infant has an abnormal screening result, ensure that a parent or legal
7 guardian of the infant is provided information on available resources for further
8 diagnosis and treatment for a possible congenital heart defect.

9 (5) **ALTERNATE SCREENING METHOD.** (a) The department shall periodically review
10 medical literature for new, evidence–based practices in congenital heart defect
11 screening. If a congenital heart defect screening method becomes accepted in the
12 medical community as an effective screening method, the department shall
13 designate that method as an appropriate congenital heart defect screening method.
14 The department is not required to designate as an appropriate method the screening
15 method under this subsection by rule.

16 (b) The department, by rule, may replace pulse oximetry, or another screening
17 method, with the screening method under this subsection as the only appropriate
18 congenital heart defect screening method.

19 (6) **RULES.** The department may specify, by rule, how to complete the screening
20 under sub. (2).

21 **SECTION 2. Effective date.**

22 (1) This act takes effect on the first day of the 13th month beginning after
23 publication.

24

(END)

Barman, Mike

From: Dodge, Tamara
Sent: Thursday, March 21, 2013 9:15 AM
To: Barman, Mike
Subject: LRB-1736 Jacketing

Mike,

Could you (or someone up front) jacket LRB-1736 for Representative Kleefisch for the Assembly.

Thanks,
Tami

Tamara J. Dodge

Attorney
Wisconsin Legislative Reference Bureau
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