



2013 ASSEMBLY BILL 111

April 1, 2013 - Introduced by Representatives KLEEFISCH, STRACHOTA, BALLWEG, BERCEAU, BERNARD SCHABER, BIES, BILLINGS, BORN, BROOKS, GENRICH, GOYKE, HEBL, JACQUE, KAHL, KERKMAN, T. LARSON, MASON, MURSAU, NERISON, OHNSTAD, A. OTT, RIEMER, RIPP, SPIROS, C. TAYLOR, TITTL, VRUWINK, WRIGHT, YOUNG and ZEPNICK, cosponsored by Senators PETROWSKI, CARPENTER, DARLING, HANSEN, LASSA, LEHMAN, LEIBHAM, OLSEN, RISSER, SCHULTZ and L. TAYLOR. Referred to Committee on Health.

- 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.

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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.

