

State of Misconsin 2011 - 2012 LEGISLATURE



2011 ASSEMBLY BILL 622

February 23, 2012 – Introduced by Representatives Kleefisch, Kerkman, Lemahieu, Pasch, Brooks, Spanbauer, Fields, Jacque, Ripp, Hebl, Vruwink, C. Taylor, Wynn, Strachota, Petrowski, Berceau and Richards, cosponsored by Senators Lassa, Taylor, Risser and Erpenbach. Referred to Committee on Health.

- AN ACT to create 253.113 of the statutes; relating to: requiring pulse oximetry
- in newborns.

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 to ensure that the infant is screened for a congenital heart defect using pulse oximetry before the infant is discharged from the hospital. 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.

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:

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253.113 Newborn pulse-oximetry screening.	(1)	DEFINITIONS.	In this
section:			

- (a) "Hospital" has the meaning given in s. 50.33 (2).
- (b) "Infant" means a child from birth to 3 months of age.
- (c) "Pulse oximetry" means a method of measuring the oxygen saturation of arterial blood in a subject using a sensor attached to a finger, toe, or ear to determine the percentage of oxyhemoglobin in blood pulsating through a network of capillaries.
- (2) Screening required. Except as provided in sub. (3), the physician, nurse-midwife licensed under s. 441.15, or certified professional midwife licensed under s. 440.982, who attended a birth shall ensure that the infant is screened for a congenital heart defect using pulse oximetry before the infant is discharged from the hospital.
- (3) EXCEPTIONS. (a) Subsection (2) does not apply if a parent or legal guardian of the infant objects to pulse oximetry on the grounds that the screening conflicts with his or her religious tenets and practices.
- (b) No screening may be performed under sub. (2) unless a parent or legal guardian of the infant is fully informed of the purposes of pulse oximetry and has been given reasonable opportunity to object under par. (a) to the screening.
- (4) SCREENING RESULTS. The physician, nurse-midwife licensed under s. 441.15, or certified professional midwife licensed under s. 440.982, who is required to ensure that the infant is screened under sub. (2) shall do all of the following:
- (a) Ensure that a parent or legal guardian of the infant is advised of the screening result.

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(b) If the infant has an abnormal screening result, 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.

(5) Rules. The department may specify, by rule, how to complete the screening under sub. (2).

SECTION 2. Nonstatutory provisions.

(1) A physician, nurse-midwife, or certified professional midwife, who attended the birth of an infant in a hospital in which 500 or fewer infants were delivered in the 2011 calendar year is not required to comply with section 253.113 of the statutes, as created by this act, until the first day of the 7th month beginning after the effective date of this subsection.

SECTION 3. Effective date.

(1) This act takes effect on the first day of the 7th month beginning after publication.

15 (END)