

HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 483

02/11/2013 Authored by Fritz, Liebling, Zerwas, Huntley, Newton and others
The bill was read for the first time and referred to the Committee on Health and Human Services Policy
02/14/2013 Adoption of Report: Pass and re-referred to the Committee on Civil Law
02/21/2013 Adoption of Report: Pass as Amended and re-referred to the Committee on Health and Human Services Finance
03/18/2013 Adoption of Report: Pass as Amended and Read Second Time

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:

1.18 (1) communicate the screening protocol requirements;

1.19 (2) make information and forms available to the persons with a duty to perform
1.20 testing and reporting, health care providers, parents of newborns, and the public on
1.21 screening and parental options;

1.22 (3) provide training to ensure compliance with and appropriate implementation of
1.23 the screening;

- 2.1 (4) establish 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;
- 2.4 (5) coordinate the implementation of universal standardized screening;
- 2.5 (6) act as a resource for providers as the screening program is implemented, and in
2.6 consultation with the Advisory Committee on Heritable and Congenital Disorders, develop
2.7 and implement 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; and
- 2.9 (7) comply with sections 144.125 to 144.128.