

FIRST REGULAR SESSION

[P E R F E C T E D]

SENATE BILL NO. 230

97TH GENERAL ASSEMBLY

INTRODUCED BY SENATORS BROWN, SATER AND SIFTON.

Read 1st time January 29, 2013, and ordered printed.

Read 2nd time February 14, 2013, and referred to the Committee on Veterans' Affairs and Health.

Reported from the Committee March 7, 2013, with recommendation that the bill do pass.

Taken up for Perfection March 27, 2013. Bill declared Perfected and Ordered Printed.

TERRY L. SPIELER, Secretary.

1080S.01P

AN ACT

To amend chapter 191, RSMo, by adding thereto one new section relating to newborn screenings.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 191, RSMo, is amended by adding thereto one new
2 section, to be known as section 191.334, to read as follows:

191.334. 1. This section shall be known and may be cited as
2 "Chloe's Law".

3 2. Effective January 1, 2014, every newborn infant born in this
4 state shall be screened for critical congenital heart disease in
5 accordance with the provisions of this section.

6 3. Every newborn delivered on or after January 1, 2014, in an
7 ambulatory surgical center, birthing center, or hospital shall be
8 screened for critical congenital heart disease with pulse oximetry or
9 other manner as directed by the department of health and senior
10 services in accordance with the American Academy of Pediatrics and
11 American Heart Association guidelines prior to discharge of the
12 newborn from the facility. Such facilities shall report the screening
13 results on all newborns to the parents or guardian of the newborn and
14 the department of health and senior services in a manner prescribed
15 by the department for surveillance purposes. Such facilities shall
16 develop and implement plans to ensure that newborns with positive
17 screens receive appropriate confirmatory procedures and referral for
18 treatment as indicated.

19 4. If a newborn is delivered in a place other than the facilities
20 listed in subsection 3 of this section, the physician or person who
21 professionally undertakes the pediatric care of the newborn shall
22 ensure that critical congenital heart disease newborn screening is
23 performed. Such physicians and persons shall report the screening
24 results on all newborns to the parents or guardian of the newborn, and
25 the department of health and senior services in a manner prescribed
26 by the department for surveillance purposes.

27 5. The provisions of this section shall not apply if the parents of
28 the newborn object to such testing on the grounds that such tests
29 conflict with their religious tenets and practices. The parent of any
30 newborn who refuses to have the critical congenital heart disease
31 screening test administered after notice of the requirement for such
32 test shall have such refusal documented in writing. Such physicians,
33 persons, or administrators shall obtain the written refusal and make
34 such refusal part of the medical record of the newborn, and shall report
35 such refusal to the department of health and senior services in a
36 manner prescribed by the department.

37 6. Prior to administering the screening, the physician or person
38 who professionally undertakes the pediatric care of the newborn, and
39 administrators of ambulatory surgical centers, birthing centers, or
40 hospitals shall provide to the parents or guardians of newborns a
41 written packet of educational information developed and supplied by
42 the department of health and senior services describing the screening,
43 how it is conducted, available options for confirmatory procedures and
44 treatment, the nature of the critical congenital heart disease, and the
45 possible consequences of treatment and non treatment for critical
46 congenital heart disease.

47 7. The department of health and senior services shall provide
48 consultation and administrative technical support to facilities and
49 persons implementing the requirements of this section including, but
50 not limited to, assistance in:

51 (1) Developing and implementing critical congenital heart
52 disease newborn screening protocols based on the American Academy
53 of Pediatrics and American Heart Association guidelines;

54 (2) Developing and training for facilities and persons on
55 implementation of protocols;

56 **(3) Developing and distributing educational materials for**
57 **families; and**

58 **(4) Implementing reporting requirements.**

59 **8. Any rule or portion of a rule, as that term is defined in section**
60 **536.010 that is created under the authority delegated in this section**
61 **shall become effective only if it complies with and is subject to all of**
62 **the provisions of chapter 536, and, if applicable, section 536.028. This**
63 **section and chapter 536 are nonseverable and if any of the powers**
64 **vested with the general assembly pursuant to chapter 536, to review, to**
65 **delay the effective date, or to disapprove and annul a rule are**
66 **subsequently held unconstitutional, then the grant of rulemaking**
67 **authority and any rule proposed or adopted after August 28, 2013, shall**
68 **be invalid and void.**

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Bill

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