## ONE HUNDRED THIRD LEGISLATURE - FIRST SESSION - 2013 COMMITTEE STATEMENT LB225

Hearing Date: Thursday January 24, 2013
Committee On: Health and Human Services

Introducer: Smith

One Liner: Adopt the Newborn Critical Congenital Heart Disease Screening Act

## **Roll Call Vote - Final Committee Action:**

Advanced to General File with amendment(s)

Vote Results:

Aye: 7 Senators Campbell, Cook, Crawford, Gloor, Howard, Krist, Watermeier

Nay: Absent:

**Present Not Voting:** 

Proponents: Representing:

Senator Jim Smith District #14

Dr. Robert L. Spicer Children's Hospital and Medical Center

Cole M. Klein Self Tiffany Mytty-Klein Self

Dr. David Minderman Methodist Women's Hospital Neo Natal Care PC;

American Academy of Pediatrics, NE Chapter

Jill Duis American Heart Association

Mary Larsen March of Dimes

Don Wesely Nebraska Nurses Association

Opponents: Representing:

Neutral: Representing:

## Summary of purpose and/or changes:

Pursuant to LB 225, the Legislature finds that critical congenital heart disease is among the most common birth defects and is the leading cause of death for infants born with a birth defect. A significant amount of newborns affected by the disease are not diagnosed in the newborn nursery--making critical congenital heart disease a major cause of infant morality. An effective mechanism for diagnosing the disease is to screen the newborns for the disease--thereby giving reason for this act.

LB 225 requires that all birthing facilities in Nebraska conduct a critical congenital heart disease screening on newborns and report the results to the newborn's physician. However, birthing facilities are exempted from this requirement when deliveries are planned outside of the facility. When the delivery is planned outside of a birthing facility, the prenatal care provider must inform the parent of the required screening. When the birth does not take place in a birthing facility and is not done with a prenatal care provider, the person registering the birth is responsible for obtaining screening for the newborn.

LB 225 also requires a panel of experts, in conjunction with the Department of Health and Human Services (DHHS), develop approved methods of screening protocols under the act. The department must develop a mechanism for

hospitals to report data to the department to monitor the effectiveness of the screening. The department must annually report its findings to the Legislature. Additionally, DHHS will be responsible for developing educational materials explaining the importance and requirement of screening. Finally, DHHS must apply for federal funds for the program and is responsible for promulgating rules and regulations necessary for the act's implementation.

## **Explanation of amendments:**

The Committee Amdendment becomes the bill. The amendment states that the Legislature finds that critical congenital heart disease is among the most common birth defects and is the leading cause of death for infants born with a birth defect. A significant amount of newborns affected by the disease are not diagnosed in the newborn nursery --making critical congenital heart disease a major cause of infant morality. An effective mechanism for diagnosing the disease is to screen the newborns for the disease--thereby giving reason for this act.

The amendment defines critical congenital heart disease screening (CCHD) and a birthing facility. The amendment requires that in all birthing facilities in Nebraska the attending physician of a newborn shall screen or cause the CCHD screening on newborns. For deliveries planned outside of a birthing facility, the prenatal care provider shall inform the parent of the requirement for CCHD screening and the parent shall be responsible for causing the screening to be performed. For deliveries outside of a birthing facility, whether or not there is a prenatal care provider, and the newborn is not admitted to a birthing facility, the person registering the birth shall be responsible for causing the screening to be performed.

The amendment requires a panel of experts, in consultation with the Department of Health and Human Services (DHHS) to develop approved methods of screening protocols under the act. Additionally, DHHS will be responsible for developing educational materials explaining the importance and requirement of screening. Finally, DHHS must apply for federal funds for the program and is responsible for promulgating rules and regulations necessary for the act's implementation.

Kathy Campbell, Chairperson