

AMENDMENTS TO LB 225

Introduced by Health and Human Services

1           1. Strike the original sections and insert the following  
2 new sections:

3           Section 1. Sections 1 to 5 of this act shall be known  
4 and may be cited as the Newborn Critical Congenital Heart Disease  
5 Screening Act.

6           Sec. 2. The Legislature finds that:

7           (1) Critical congenital heart disease is among the most  
8 common birth defects;

9           (2) Critical congenital heart disease is the leading  
10 cause of death for infants born with a birth defect;

11           (3) A major cause of infant mortality as a result of  
12 critical congenital heart disease is that a significant number  
13 of newborns affected are not diagnosed in the newborn nursery as  
14 having critical congenital heart disease; and

15           (4) An effective mechanism for critical congenital heart  
16 disease screening of newborns can reduce infant mortality.

17           Sec. 3. For purposes of the Newborn Critical Congenital  
18 Heart Disease Screening Act:

19           (1) Birthing facility means a hospital or other health  
20 care facility in this state which provides birthing and newborn  
21 care services;

22           (2) Critical congenital heart disease screening means  
23 a testing procedure or procedures intended to detect hypoplastic

1 left heart syndrome, pulmonary atresia, tetralogy of Fallot, total  
2 anomalous pulmonary venous return, transposition of the great  
3 arteries, tricuspid atresia, and truncus arteriosus;

4 (3) Department means the Department of Health and Human  
5 Services;

6 (4) Newborn means a child from birth through twenty-nine  
7 days old; and

8 (5) Parent means a natural parent, a stepparent, an  
9 adoptive parent, a legal guardian, or any other legal custodian of  
10 a child.

11 Sec. 4. (1) All newborns in this state shall undergo  
12 critical congenital heart disease screening in accordance with  
13 standards determined in rules and regulations adopted and  
14 promulgated by the department.

15 (2) In a birthing facility, the attending physician of  
16 the newborn shall screen or cause the screening of the newborn  
17 required under subsection (1) of this section.

18 (3) For deliveries that are planned outside of a birthing  
19 facility, the prenatal care provider shall inform the parent of the  
20 importance of critical congenital heart disease screening and the  
21 requirement for all newborns to be screened. The parent shall be  
22 responsible for causing the screening to be performed within the  
23 period and in the manner prescribed by the department.

24 (4) For a birth that does not take place in a birthing  
25 facility, whether or not there is a prenatal care provider, and  
26 the newborn is not admitted to a birthing facility, the person  
27 registering such birth shall be responsible for obtaining critical

1 congenital heart disease screening for the newborn within the  
2 period and in the manner prescribed by the department.

3           Sec. 5. The department shall:

4           (1) In consultation with a panel of persons having  
5 expertise in the field of critical congenital heart disease  
6 screening, develop approved methods of critical congenital heart  
7 disease screening;

8           (2) Develop educational materials explaining critical  
9 congenital heart disease screening and the requirement for all  
10 newborns to be screened. The materials shall be provided to  
11 birthing facilities and health care providers and to parents of  
12 newborns not born in a birthing facility;

13           (3) Apply for all available federal funding to carry out  
14 the Newborn Critical Congenital Heart Disease Screening Act; and

15           (4) Adopt and promulgate rules and regulations necessary  
16 to implement the act.