COMMITTEE REPORT

May 22, 2013

**S. 341**

Introduced by Senators Alexander, Reese, Fair, Lourie, Cromer, L. Martin, Campbell, Shealy and Ford

S. Printed 5/22/13--H.

Read the first time April 11, 2013.

**THE COMMITTEE ON MEDICAL,**

**MILITARY, PUBLIC AND MUNICIPAL AFFAIRS**

To whom was referred a Bill (S. 341) to amend the Code of Laws of South Carolina, 1976, to enact the “Emerson Rose Act” by adding Section 44‑37‑70 so as to require each, etc., respectfully

**REPORT:**

That they have duly and carefully considered the same and recommend that the same do pass:

LEON HOWARD for Committee.

**STATEMENT OF ESTIMATED FISCAL IMPACT**

ESTIMATED FISCAL IMPACT ON GENERAL FUND EXPENDITURES:

$0 (No additional expenditures or savings are expected)

ESTIMATED FISCAL IMPACT ON FEDERAL & OTHER FUND EXPENDITURES:

$0 (No additional expenditures or savings are expected)

**EXPLANATION OF IMPACT:**

Department of Health & Environmental Control

The department reports that the additional licensing inspection requirement will be absorbed by the staff and the current budget. The provisions of the bill will have no impact on the state general fund or on federal and/or other funds.

*Approved By:*

Brenda Hart

Office of State Budget

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, TO ENACT THE “EMERSON ROSE ACT” BY ADDING SECTION 44‑37‑70 SO AS TO REQUIRE EACH BIRTHING FACILITY LICENSED BY THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL TO PERFORM A PULSE OXIMETRY SCREENING ON EVERY NEWBORN IN ITS CARE, WHEN THE BABY IS TWENTY‑FOUR TO FORTY‑EIGHT HOURS OF AGE, OR AS LATE AS POSSIBLE IF THE BABY IS DISCHARGED FROM THE HOSPITAL BEFORE REACHING TWENTY‑FOUR HOURS OF AGE.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. This act may be cited as the “Emerson Rose Act”.

SECTION 2. The General Assembly finds that:

(1) Congenital heart defects are structural abnormalities of the heart that are present at birth and range in severity from simple problems such as holes between chambers of the heart, to severe malformations, such as the complete absence of one or more chambers or valves. Some critical congenital heart defects can cause severe and life‑threatening symptoms which require intervention within the first days of life.

(2) Congenital heart defects are the leading cause of infant death due to birth defects. According to the United States Secretary of Health and Human Services’ Advisory Committee on Heritable Disorders in Newborns and Children, congenital heart disease affects approximately seven to nine of every thousand live births in the United States and Europe.

(3) Current methods for detecting congenital heart defects generally include prenatal ultrasound screening and repeated clinical examinations. While prenatal ultrasound screenings can detect some major congenital heart defects, these screenings, alone, identify less than half of all congenital heart defect cases, and critical congenital heart defect cases are often missed during routine clinical exams performed prior to a newborn’s discharge from a birthing facility.

(4) Pulse oximetry is a noninvasive test that estimates the percentage of hemoglobin in blood that is saturated with oxygen. When performed on a newborn when the baby is twenty‑four to forty‑eight hours of age, or as late as possible if the baby is discharged from the hospital before reaching twenty‑four hours of age, pulse oximetry screening is often more effective at detecting critical, life‑threatening congenital heart defects which otherwise go undetected by current screening methods.

(5) Newborns with abnormal pulse oximetry results require immediate confirmatory testing and intervention. Many newborn lives potentially could be saved by earlier detection and treatment of congenital heart defects if birthing facilities in the State were required to perform this simple, noninvasive newborn screening in conjunction with current congenital heart defect screening methods.

(6) The American Academy of Pediatrics, the American College of Cardiology Foundation, and the American Heart Association recommend pulse oximetry screening for newborns.

(7) The South Carolina Birth Outcomes Initiative, established by the Department of Health and Human Services to improve care and outcomes for mothers and newborns, has acknowledged the value of pulse oximetry screening of newborns and under this initiative all South Carolina birthing hospitals have committed to implementing this screening for newborns.

SECTION 3. Chapter 37, Title 44 of the 1976 Code is amended by adding:

“Section 44‑37‑70. (A) The Department of Health and Environmental Control shall require each birthing facility licensed by the department to perform a pulse oximetry screening on every newborn in its care, when the baby is twenty‑four to forty‑eight hours of age, or as late as possible if the baby is discharged from the hospital before reaching twenty‑four hours of age.

(B) The Department of Health and Human Services shall work with birthing facilities through their partnership with the Birth Outcomes Initiative to recommend policies for pulse oximetry screening. The Department of Health and Human Services must provide reimbursement for services provided in this section.

(C) For purposes of this section, ‘birthing facility’ means an inpatient or ambulatory health care facility licensed by the Department of Health and Environmental Control that provides birthing and newborn care services.

(D) The department with advice from the Birth Outcome Initiative Leadership Team under the Department of Health and Human Services shall promulgate regulations necessary to implement the provisions of this section.”

SECTION 4. This section takes effect ninety days after approval by the Governor.

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