**South Carolina General Assembly**

120th Session, 2013-2014

**A64, R77, S341**

**STATUS INFORMATION**

General Bill

Sponsors: Senators Alexander, Reese, Fair, Lourie, Cromer, L. Martin, Campbell, Shealy and Ford

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Introduced in the Senate on February 6, 2013

Introduced in the House on April 11, 2013

Last Amended on June 4, 2013

Passed by the General Assembly on June 6, 2013

Governor's Action: June 13, 2013, Signed

Summary: Emerson Rose Act

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

2/6/2013 Senate Introduced and read first time ([Senate Journal‑page 13](file:///h:\SJ%20Archive\2013\02-06-13.docx))

2/6/2013 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 13](file:///h:\SJ%20Archive\2013\02-06-13.docx))

3/21/2013 Senate Committee report: Favorable with amendment **Medical Affairs** ([Senate Journal‑page 18](file:///h:\SJ%20Archive\2013\03-21-13.docx))

3/22/2013 Scrivener's error corrected

4/9/2013 Senate Committee Amendment Amended and Adopted ([Senate Journal‑page 35](file:///h:\SJ%20Archive\2013\04-09-13.docx))

4/9/2013 Senate Read second time ([Senate Journal‑page 35](file:///h:\SJ%20Archive\2013\04-09-13.docx))

4/9/2013 Senate Roll call Ayes‑40 Nays‑0 ([Senate Journal‑page 35](file:///h:\SJ%20Archive\2013\04-09-13.docx))

4/10/2013 Scrivener's error corrected

4/10/2013 Senate Read third time and sent to House ([Senate Journal‑page 32](file:///h:\SJ%20Archive\2013\04-10-13.docx))

4/11/2013 House Introduced and read first time ([House Journal‑page 44](file:///h:\HJ%20Archive\2013\04-11-13.docx))

4/17/2013 House Referred to Committee on **Medical, Military, Public and Municipal Affairs**

5/22/2013 House Committee report: Favorable **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 46](file:///h:\HJ%20Archive\2013\05-22-13.docx))

5/23/2013 Scrivener's error corrected

5/28/2013 House Amended ([House Journal‑page 19](file:///h:\HJ%20Archive\2013\05-28-13.docx))

5/28/2013 House Read second time ([House Journal‑page 19](file:///h:\HJ%20Archive\2013\05-28-13.docx))

5/28/2013 House Roll call Yeas‑104 Nays‑7 ([House Journal‑page 20](file:///h:\HJ%20Archive\2013\05-28-13.docx))

5/29/2013 House Read third time and returned to Senate with amendments ([House Journal‑page 8](file:///h:\HJ%20Archive\2013\05-29-13.docx))

6/4/2013 Senate House amendment amended ([Senate Journal‑page 142](file:///h:\SJ%20Archive\2013\06-04-13.docx))

6/4/2013 Senate Roll call Ayes‑41 Nays‑0 ([Senate Journal‑page 142](file:///h:\SJ%20Archive\2013\06-04-13.docx))

6/4/2013 Senate Roll call Ayes‑43 Nays‑0 ([Senate Journal‑page 142](file:///h:\SJ%20Archive\2013\06-04-13.docx))

6/4/2013 Senate Returned to House with amendments ([Senate Journal‑page 142](file:///h:\SJ%20Archive\2013\06-04-13.docx))

6/6/2013 House Concurred in Senate amendment and enrolled ([House Journal‑page 25](file:///h:\HJ%20Archive\2013\06-06-13.docx))

6/6/2013 House Roll call Yeas‑106 Nays‑0 ([House Journal‑page 25](file:///h:\HJ%20Archive\2013\06-06-13.docx))

6/11/2013 Ratified R 77

6/13/2013 Signed By Governor

6/20/2013 Effective date 09/11/13

6/24/2013 Act No. 64

**VERSIONS OF THIS BILL**

[2/6/2013](file:///p:\pprever\2013-14\341_20130206.docx)

[3/21/2013](file:///p:\pprever\2013-14\341_20130321.docx)

[3/22/2013](file:///p:\pprever\2013-14\341_20130322.docx)

[4/9/2013](file:///p:\pprever\2013-14\341_20130409.docx)

[4/10/2013](file:///p:\pprever\2013-14\341_20130410.docx)

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[5/28/2013](file:///p:\pprever\2013-14\341_20130528.docx)

[6/4/2013](file:///p:\pprever\2013-14\341_20130604.docx)

(A64, R77, S341)

**AN ACT 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, OR ANOTHER APPROVED SCREENING TO DETECT CONGENITAL HEART DEFECTS, 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:

**Citation**

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

**Findings**

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.

**Required screening to detect congenital heart defects in 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 on every newborn in its care a pulse oximetry or other department‑approved screening to detect critical congenital heart defects 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. A department‑approved screening must be based on standards set forth by the United States Secretary of Health and Human Services’ Advisory Committee on Heritable Disorders in Newborns and Children, the American Heart Association, and the American Academy of Pediatrics. If a parent of a newborn objects, in writing, to the screening, for reasons pertaining to religious beliefs only, the newborn is exempt from the screening required by this subsection.

(B) The Department of Health and Human Services shall work with birthing facilities through its partnership with the Birth Outcomes Initiative to recommend policies for critical congenital heart defect screening. The Department of Health and Human Services shall provide reimbursement for services provided pursuant to 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. In promulgating the regulations, the department must consider the best practices in screening, current scientific guidelines and recommendations, and advances in medical technology.”

**Time effective**

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

Ratified the 11th day of June, 2013.

Approved the 13th day of June, 2013.

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