As Introduced

130th General Assembly Regular Session 2013-2014

H. B. No. 183

Representative Barnes

Cosponsor: Representative Patmon

A BILL

Тс	amend sections 3701.501 and 3701.503 of the	1
	Revised Code to codify the genetic, endocrine, and	2
	metabolic disorders screened for under the	3
	existing Newborn Screening Program and to declare	4
	an emergency.	5

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 3701.501 and 3701.503 of the Revised	б
Code be amended to read as follows:	7
Sec. 3701.501. (A)(1) Except as provided in division (A)(2)	8
of this section, all newborn children shall be screened for the	9
presence of the genetic, endocrine, and metabolic disorders	10
specified in rules, adopted pursuant to <u>division (C) of</u> this	11
section.	12

(2) Division (A)(1) of this section does not apply if the
parents of the child object thereto on the grounds that the
screening conflicts with their religious tenets and practices.

(B) There is hereby created the newborn screening advisory
16 council to advise the director of health regarding the screening
17 of newborn children for genetic, endocrine, and metabolic
18 disorders. The council shall engage in an ongoing review of the
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newborn screening requirements established under this section and 20 shall provide recommendations and reports to the director as the 21 director requests and as the council considers necessary. The 22 director may assign other duties to the council, as the director 23 considers appropriate. 24

The council shall consist of fourteen members appointed by 25 the director. In making appointments, the director shall select 26 individuals and representatives of entities with interest and 27 expertise in newborn screening, including such individuals and 28 entities as health care professionals, hospitals, children's 29 hospitals, regional genetic centers, regional sickle cell centers, 30 newborn screening coordinators, and members of the public. 31

The department of health shall provide meeting space, staff 32 services, and other technical assistance required by the council 33 in carrying out its duties. Members of the council shall serve 34 without compensation, but shall be reimbursed for their actual and 35 necessary expenses incurred in attending meetings of the council 36 or performing assignments for the council. 37

The council is not subject to sections 101.82 to 101.87 of the Revised Code.

(C)(1) The director of health shall adopt rules in accordance
with Chapter 119. of the Revised Code specifying the disorders for
which each newborn child must be screened.

(2) The newborn screening advisory council shall evaluate
genetic, metabolic, and endocrine disorders to assist the director
in determining which disorders should be included in the
screenings required under this section. In determining whether a
disorder should be included, the council shall consider all of the
following:

(a) The disorder's incidence, mortality, and morbidity;
 (b) Whether the disorder causes disability if diagnosis,
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treatment, and early intervention are delayed;	
(c) The potential for successful treatment of the disorder;	52
(d) The expected benefits to children and society in relation	53
to the risks and costs associated with screening for the disorder;	54
(e) Whether a screening for the disorder can be conducted	55
without taking an additional blood sample or specimen.	56
(3) Based on the considerations specified in division (C)(2)	57
of this section, the council shall make recommendations to the	58
director of health for the adoption of rules under division (C)(1)	59
of this section. The director shall promptly and thoroughly review	60
each recommendation the council submits Each hospital and	61
freestanding birthing center shall screen a newborn born in the	62
hospital or center for the presence of all of the following	63
genetic, endocrine, or metabolic disorders:	
<u>(1) Argininemia;</u>	65
(2) Argininosuccinic acidemia;	66
(3) Biotinidase deficiency;	67
(4) Carnitine/acylcarnitine translocase deficiency;	68
(5) Carnitine palmitoyl transferase deficiency type II;	69
<u>(6) Carnitine uptake defect;</u>	70
(7) Citrullinemia;	71
(8) Congenital adrenal hyperplasia;	72
(9) Congenital hypothyroidism;	73
(10) Cystic fibrosis;	74
<u>(11) Galactosemia;</u>	75
<u>(12) Glutaric acidemia type I;</u>	76
<u>(13) Glutaric acidemia type II;</u>	77

<u>(14) Homocystinuria (cystathionine-beta-synthase deficiency);</u>	78
<u>(15) Hypermethioninemia;</u>	79
(16) Isobutyryl-CoA dehydrogenase deficiency;	80
(17) Isovaleric acidemia;	81
(18) Long chain hydroxyacyl-CoA dehydrogenase deficiency;	82
(19) Maple syrup urine disease;	83
(20) Medium chainacyl-CoA dehydrogenase deficiency;	84
(21) Methylmalonic acidemia;	85
(22) Multiple CoA carboxylase deficiency;	86
(23) Phenylketonuria;	87
(24) Propionic acidemia;	88
(25) Short chain acyl-CoA dehydrogenase deficiency;	89
(26) Trifunctional protein deficiency;	90
(27) Tyrosinemia type-I;	91
<u>(28) Tyrosinemia type-II;</u>	92
<u>(29) Tyrosinemia type-III;</u>	93
(30) Very long chain acyl-CoA dehydrogenase deficiency;	94
(31) 2-methylbutyryl-CoA dehydrogenase deficiency;	95
(32) 3-hydroxy-3-methylglutaryl-CoA lyase deficiency;	96
(33) 3-ketothiolase deficiency;	97
(34) 3-methylcrotonyl-CoA carboxylase deficiency;	98
(35) Sickle cell and other hemoglobinopathies.	99
(D) The director shall adopt rules in accordance with Chapter	100
119. of the Revised Code establishing standards and procedures for	101
the screenings required by this section. The rules shall include	102
standards and procedures for all of the following:	103

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(1) Causing rescreenings to be performed when initial	104
screenings have abnormal results;	
(2) Designating the person or persons who will be responsible	106
for causing screenings and rescreenings to be performed;	107
(3) Giving to the parents of a child notice of the required	108
initial screening and the possibility that rescreenings may be	109
necessary;	
(4) Communicating to the parents of a child the results of	111
the child's screening and any rescreenings that are performed and	112
giving to the child's parents information on each disorder for	113
which the child's screening or rescreening result was abnormal;	
(5) Giving notice of the results of an initial screening and	115
any rescreenings to the person who caused the child to be screened	116
or rescreened, or to another person or government entity when the	117
person who caused the child to be screened or rescreened cannot be	118
contacted;	119
(6) Referring children who receive abnormal screening or	120
rescreening results to providers of follow-up services, including	121
the services made available through funds disbursed under division	122

(F) of this section.

(E)(1) Except as provided in divisions (E)(2) and (3) of this 124
section, all newborn screenings required by this section shall be 125
performed by the public health laboratory authorized under section 126
3701.22 of the Revised Code. 127

(2) If the director determines that the public health
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laboratory is unable to perform screenings for all of the
disorders specified in the rules adopted under division (C) of
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this section, the director shall select another laboratory to
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perform the screenings. The director shall select the laboratory
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by issuing a request for proposals. The director may accept
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proposals submitted by laboratories located outside this state. At

the conclusion of the selection process, the director shall enter 135 into a written contract with the selected laboratory. If the 136 director determines that the laboratory is not complying with the 137 terms of the contract, the director shall immediately terminate 138 the contract and another laboratory shall be selected and 139 contracted with in the same manner. 140

(3) Any rescreening caused to be performed pursuant to this 141 section may be performed by the public health laboratory or one or 142 more other laboratories designated by the director. Any laboratory 143 the director considers qualified to perform rescreenings may be 144 designated, including a laboratory located outside this state. If 145 more than one laboratory is designated, the person responsible for 146 causing a rescreening to be performed is also responsible for 147 selecting the laboratory to be used. 148

(F)(1) The director shall adopt rules in accordance with 149 Chapter 119. of the Revised Code establishing a fee that shall be 150 charged and collected in addition to or in conjunction with any 151 laboratory fee that is charged and collected for performing the 152 screenings required by this section. The fee, which shall be not 153 less than fourteen dollars, shall be disbursed as follows: 154

(a) Not less than ten dollars and twenty-five cents shall be 155 deposited in the state treasury to the credit of the genetics 156 services fund, which is hereby created. Not less than seven 157 dollars and twenty-five cents of each fee credited to the genetics 158 services fund shall be used to defray the costs of the programs 159 authorized by section 3701.502 of the Revised Code. Not less than 160 three dollars from each fee credited to the genetics services fund 161 shall be used to defray costs of phenylketonuria programs. 162

(b) Not less than three dollars and seventy-five cents shall
be deposited into the state treasury to the credit of the sickle
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cell fund, which is hereby created. Money credited to the sickle
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cell fund shall be used to defray costs of programs authorized by

section 3701.131 of the Revised Code.

(2) In adopting rules under division (F)(1) of this section,
the director shall not establish a fee that differs according to
whether a screening is performed by the public health laboratory
or by another laboratory selected by the director pursuant to
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division (E)(2) of this section.

Sec. 3701.503. As used in <u>section 3701.501 and</u> sections 173 3701.504 to 3701.509 of the Revised Code: 174

(A) "Parent" means either parent, unless the parents are
separated or divorced or their marriage has been dissolved or
annulled, in which case "parent" means the parent who is the
residential parent and legal custodian.

(B) "Guardian" has the same meaning as in section 2111.01 of 179the Revised Code.

(C) "Custodian" means, except as used in division (A) of this
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section, a government agency or an individual, other than the
parent or guardian, with legal or permanent custody of a child as
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defined in section 2151.011 of the Revised Code.

(D) "Hearing screening" means the identification of newborns 185
 and infants who may have a hearing impairment, through the use of 186
 a physiologic test. 187

(E) "Hearing evaluation" means evaluation through the use of 188audiological procedures by an audiologist or physician. 189

(F) "Hearing impairment" means a loss of hearing in one or 190both ears in the frequency region important for speech recognition 191and comprehension. 192

(G) "Newborn" means a child who is less than thirty days old. 193

(H) "Infant" means a child who is at least thirty days butless than twenty-four months old.195

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(I) "Freestanding birthing center" has the same meaning as in 196 section 3702.141 of the Revised Code. 197 (J) "Physician" means an individual authorized under Chapter 198 4731. of the Revised Code to practice medicine and surgery or 199 osteopathic medicine and surgery. 200 (K) "Audiologist" means an individual authorized under 201 section 4753.07 of the Revised Code to practice audiology. 202 (L) "Hospital" means a hospital that has a maternity unit or 203 newborn nursery. 204 (M) "Maternity unit" means any unit or place in a hospital 205

where women are regularly received and provided care during all or 206 part of the maternity cycle, except that "maternity unit" does not 207 include an emergency department or similar place dedicated to 208 providing emergency health care. 209

(N) "Board of health" means the board of health of a city or 210
general health district or the authority having the duties of a 211
board of health under section 3709.05 of the Revised Code. 212

Section 2. That existing sections 3701.501 and 3701.503 of213the Revised Code are hereby repealed.214

Section 3. This act is hereby declared to be an emergency 215 measure necessary for the immediate preservation of the public 216 peace, health, and safety. The reason for such necessity is that 217 many of the disorders included in the Newborn Screening Program 218 panel cannot be detected by merely observing a newborn and early 219 detection of a disorder soon after birth can help prevent serious 220 problems, including brain damage, organ damage, and even death. 221