

IN THE SENATE

SENATE BILL NO. 1014

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1 RELATING TO HEALTH AND SAFETY; AMENDING THE HEADING FOR CHAPTER 9, TITLE 39,
2 IDAHO CODE; REPEALING SECTION 39-902, IDAHO CODE, RELATING TO REPORT
3 TO HEALTH OFFICER; REPEALING SECTION 39-903, IDAHO CODE, RELATING TO
4 GERMICIDE TO BE INSTILLED IN EYES OF NEWBORN BABY; REPEALING SECTION
5 39-905, IDAHO CODE, RELATING TO DUTIES OF LOCAL HEALTH OFFICER; RE-
6 PEALING SECTION 39-906, IDAHO CODE, RELATING TO DUTIES OF DIRECTOR;
7 REPEALING SECTION 39-907, IDAHO CODE, RELATING TO BIRTH REPORTS NOT
8 SHOWING COMPLIANCE; REPEALING SECTION 39-910, IDAHO CODE, RELATING TO
9 DUTIES OF DIRECTOR IN ENFORCING ACT; AMENDING CHAPTER 9, TITLE 39, IDAHO
10 CODE, BY THE ADDITION OF A NEW SECTION 39-902, IDAHO CODE, TO PROVIDE FOR
11 DUTIES REGARDING REPORTABLE DISEASES IN THE BIRTH OF A CHILD; AMENDING
12 CHAPTER 9, TITLE 39, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 39-903,
13 IDAHO CODE, TO REQUIRE THAT OCULAR ANTIBIOTIC PROPHYLAXIS BE APPLIED
14 TO THE EYES OF NEWBORN BABIES; AMENDING SECTION 39-904, IDAHO CODE,
15 TO CLARIFY LANGUAGE REGARDING CERTAIN STATEMENTS; AMENDING SECTION
16 39-909, IDAHO CODE, TO REDESIGNATE THE SECTION AND TO REVISE PROVISIONS
17 REGARDING CERTAIN REQUIRED TESTS; AMENDING CHAPTER 9, TITLE 39, IDAHO
18 CODE, BY THE ADDITION OF A NEW SECTION 39-906, IDAHO CODE, TO PROVIDE
19 FOR BLOOD SPECIMEN COLLECTION; AMENDING SECTION 39-912, IDAHO CODE, TO
20 REDESIGNATE THE SECTION AND TO MAKE A TECHNICAL CORRECTION; PROVIDING
21 THAT CERTAIN ADMINISTRATIVE RULES CONTAINED IN IDAPA 16.02.12 SHALL BE
22 NULL, VOID, AND OF NO FORCE AND EFFECT; AND DECLARING AN EMERGENCY AND
23 PROVIDING AN EFFECTIVE DATE.
24

25 Be It Enacted by the Legislature of the State of Idaho:

26 SECTION 1. That the Heading for Chapter 9, Title 39, Idaho Code, be, and
27 the same is hereby amended to read as follows:

28 CHAPTER 9

29 ~~PREVENTION OF BLINDNESS AND OTHER PREVENTABLE DISEASES IN INFANTS AND~~
30 NEWBORNS

31 SECTION 2. That Section [39-902](#), Idaho Code, be, and the same is hereby
32 repealed.

33 SECTION 3. That Section [39-903](#), Idaho Code, be, and the same is hereby
34 repealed.

35 SECTION 4. That Section [39-905](#), Idaho Code, be, and the same is hereby
36 repealed.

37 SECTION 5. That Section [39-906](#), Idaho Code, be, and the same is hereby
38 repealed.

1 SECTION 6. That Section 39-907, Idaho Code, be, and the same is hereby
2 repealed.

3 SECTION 7. That Section 39-910, Idaho Code, be, and the same is hereby
4 repealed.

5 SECTION 8. That Chapter 9, Title 39, Idaho Code, be, and the same is
6 hereby amended by the addition thereto of a NEW SECTION, to be known and des-
7 ignated as Section 39-902, Idaho Code, and to read as follows:

8 39-902. REPORTABLE DISEASES. It shall be the duty of any person, hos-
9 pital, or health care facility assisting in the birth of a child to report in-
10 flammation of the eyes of the newborn as described in section 39-901, Idaho
11 Code, or other reportable disease in accordance with department of health
12 and welfare rules to either the department of health and welfare or the local
13 health district.

14 SECTION 9. That Chapter 9, Title 39, Idaho Code, be, and the same is
15 hereby amended by the addition thereto of a NEW SECTION, to be known and des-
16 ignated as Section 39-903, Idaho Code, and to read as follows:

17 39-903. OCULAR ANTIBIOTIC PROPHYLAXIS TO BE APPLIED TO EYES OF NEW-
18 BORN BABY. Except as otherwise provided in this chapter, physicians and mid-
19 wives shall apply ocular antibiotic prophylaxis to the eyes of a newborn for
20 the prevention of gonococcal ophthalmia neonatorum in accordance with the
21 guidelines of the centers for disease control and prevention and the United
22 States preventive services task force as standard medical practice in Idaho.

23 SECTION 10. That Section 39-904, Idaho Code, be, and the same is hereby
24 amended to read as follows:

25 39-904. STATEMENT IN REPORT OF BIRTH. Every physician or midwife
26 shall, in making a report of a birth, state whether ~~or not the above germicide~~
27 ~~was instilled into the ocular antibiotic prophylaxis described in section~~
28 39-903, Idaho Code, was applied to the eyes of said infant the newborn.

29 SECTION 11. That Section 39-909, Idaho Code, be, and the same is hereby
30 amended to read as follows:

31 ~~39-909~~ 39-905. REQUIRED TESTS FOR PHENYLKETONURIA AND PREVENTABLE
32 DISEASES IN NEWBORN INFANTS. (1) Except as otherwise provided in this chap-
33 ter, it shall be the duty of the administrative officer or other person in
34 charge of each hospital, health care facility, or other institution caring
35 for newborn infants or newborns and the person responsible for the regis-
36 tration of the birth of such infants or newborns under section 39-255, Idaho
37 Code, to cause to have administered to every newborn infant or newborn in its
38 or his care a test for phenylketonuria and such other tests for preventable
39 diseases and blood specimen collection as prescribed in this section and
40 section 39-906, Idaho Code, and by the state board of health and welfare
41 department of health and welfare rules. The person administering such tests
42 or blood specimen collection shall carry out the duty and make such reports

1 of the results thereof as required by ~~the state board of health and welfare~~
 2 this section, section 39-906, Idaho Code, and department of health and wel-
 3 fare rules.

4 (2) Pursuant to subsection (1) of this section, all infants and new-
 5 borns shall be tested for at least the following conditions as standard medi-
 6 cal practice in Idaho:

- 7 (a) Biotinidase deficiency;
- 8 (b) Congenital hypothyroidism;
- 9 (c) Critical congenital heart disease (CCHD);
- 10 (d) Galactosemia;
- 11 (e) Maple syrup urine disease; and
- 12 (f) Phenylketonuria.

13 (3) For births occurring outside of a hospital, the birth attendant
 14 shall assure that screening for CCHD is conducted through the use of pulse
 15 oximetry between twenty-four (24) and forty-eight (48) hours after birth
 16 following an algorithm adopted by the department of health and welfare. The
 17 birth attendant or his designee shall record the pulse oximetry results
 18 on the birth certificate and whether the CCHD screening was determined as
 19 "passed," "failed," or "not screened" following the algorithm adopted by
 20 the department of health and welfare. The person performing the screening
 21 is responsible for making an immediate referral for further evaluation of
 22 a newborn whose CCHD results are abnormal and informing the parent or legal
 23 guardian of the need for appropriate intervention.

24 (4) For births occurring in a hospital, the administrator of the re-
 25 sponsible institution or his designee shall record the pulse oximetry re-
 26 sults on the birth certificate and whether the CCHD screening was determined
 27 as "passed," "failed," or "not screened" following the algorithm adopted by
 28 the department of health and welfare. The administrator of the responsi-
 29 ble institution or his designee shall make a referral for further evaluation
 30 of a newborn whose CCHD results are abnormal and inform the parent or legal
 31 guardian of the need for appropriate intervention.

32 SECTION 12. That Chapter 9, Title 39, Idaho Code, be, and the same is
 33 hereby amended by the addition thereto of a NEW SECTION, to be known and des-
 34 ignated as Section 39-906, Idaho Code, and to read as follows:

35 39-906. DRIED BLOOD SPECIMEN COLLECTION. (1) All infants or newborns
 36 shall have a dried blood specimen collection as standard medical practice in
 37 Idaho as required in this section.

38 (2) For healthy infants, the initial dried blood specimen for newborn
 39 screening must be obtained between twenty-four (24) and forty-eight (48)
 40 hours of age. All infants must be retested. A test kit shall be given to the
 41 parents or responsible party at the time of discharge from the institution
 42 where initial newborn care was rendered, with instructions to collect a
 43 second dried blood specimen. The preferred time for sample collection for
 44 healthy infants is between ten (10) and fifteen (15) days of age.

45 (3) For infants admitted to the neonatal intensive care unit (NICU),
 46 the initial dried blood specimen for newborn screening must be obtained upon
 47 admission to the NICU. Newborns who require a blood transfusion, hyperal-
 48 imentation, or dialysis shall have a dried blood specimen collected for
 49 screening prior to these procedures.

1 (4) For infants with a low birth weight, infants with an illness requir-
2 ing three (3) or more weeks of hospitalization, or other infants admitted to
3 the NICU, the first newborn screening specimen should be collected upon ad-
4 mission to the NICU, the second at twenty-four (24) to forty-eight (48) hours
5 of age, and the third at twenty-eight (28) days or four (4) weeks of age.

6 (5) For newborns transferred from one hospital to another, the origi-
7 nating hospital shall ensure that the dried blood specimen is drawn. If the
8 newborn is too sick to have a dried blood specimen drawn for screening prior
9 to transfer and a dried blood specimen is not obtained, the originating hos-
10 pital shall document this fact and notify the hospital to which the newborn
11 is being transferred that a dried blood specimen for newborn screening has
12 not been obtained.

13 (6) Prior to the discharge of an infant from the institution where ini-
14 tial newborn care or specialized medical care was rendered, the administra-
15 tor of the institution shall ensure that an adequate dried blood specimen has
16 been collected regardless of the time the infant is discharged from the in-
17 stitution.

18 (7) For births occurring outside of a hospital, the birth attendant
19 shall ensure that an acceptable dried blood specimen is properly collected
20 for newborn screening as required by this section.

21 (8) The person obtaining the newborn screening specimen shall fully
22 complete the data card attached to the sample kit.

23 (9) Within twenty-four (24) hours after collection, the dried blood
24 specimen shall be mailed to the laboratory by first class mail or its equiva-
25 lent, except when mailing service is not available. When mailing service is
26 not available on weekends or holidays, dried blood specimens shall be mailed
27 to the laboratory on the first available mail pick-up day. The preferred
28 method of mailing, following a weekend or holiday, is by expedited mail ser-
29 vice.

30 (10) The administrator of the responsible institution or a person des-
31 ignated by the administrator of the responsible institution shall maintain
32 a record of all dried blood specimens collected for newborn screening. Such
33 records shall contain:

- 34 (a) The name of the infant;
- 35 (b) The name of the attending physician or other attendant;
- 36 (c) The date the specimen was collected;
- 37 (d) The name of the person who collected the specimen; and
- 38 (e) A tracking number, if a courier service was used.

39 (11) The administrator of the responsible institution shall ensure
40 that a protocol for collection and submission of dried blood specimens for
41 newborn screening has been developed, documented, and implemented. The
42 protocol shall clearly define and document individual responsibilities,
43 including but not limited to requiring that the attending physician or birth
44 attendant request that the blood specimen collection be performed. The re-
45 sponsible institution may make an appropriate charge for this service and
46 seek reimbursement when available.

47 (12) The administrator of the responsible institution or a person des-
48 ignated by the administrator of the responsible institution shall record on
49 the birth certificate whether the dried blood specimen for newborn screen-
50 ing has been collected. When a birth occurs outside a hospital, the person

1 responsible for registering the birth of the child shall record on the birth
2 certificate whether the dried blood specimen for newborn screening has been
3 collected and submitted within twenty-four (24) hours following collection.

4 (13) The department of health and welfare shall provide access to new-
5 born screening laboratory services. If the administration of the respon-
6 sible institution or the person required to register the birth of a child
7 chooses to utilize this service, the department shall collect a fee equal to
8 the cost of the test kit, analytical services, and follow-up services pro-
9 vided by the laboratory. The fees must be remitted to the department before
10 the laboratory provides the test kit to those responsible for ensuring the
11 infant is tested according to this chapter.

12 (14) Laboratories receiving dried blood specimens for newborn screen-
13 ing of infants born in Idaho are encouraged to participate in the centers
14 for disease control and prevention newborn screening quality assurance pro-
15 gram. Dried blood specimens for newborn screening shall be processed within
16 twenty-four (24) hours of receipt by the laboratory or before the close of
17 the next business day. Normal test results may be reported by mail to the
18 submitter. Other results shall be reported in accordance with department of
19 health and welfare rules.

20 (15) (a) Laboratories receiving dried blood specimens for newborn
21 screening shall immediately report any unsatisfactory dried blood
22 specimens to the submitting institution that originated the dried blood
23 specimen or to the health care provider responsible for the newborn's
24 care, with an explanation of the results. The laboratory shall request
25 a repeat dried blood specimen for newborn screening from the institu-
26 tion or individual submitting the original sample or from the responsi-
27 ble provider as instructed by the newborn screening quality assurance
28 program. Upon notification from the laboratory and as instructed by the
29 newborn screening quality assurance program, the health care provider
30 responsible for the newborn's care at the time of the report shall col-
31 lect a repeat dried blood specimen to be appropriately forwarded to the
32 laboratory for screening.

33 (b) Laboratories receiving dried blood specimens for newborn screening
34 shall report positive or suspicious results on an infant's dried blood
35 specimen to the attending physician or midwife, or, if there is none or
36 the physician or midwife is unknown, to the person who registered the
37 infant's birth, and shall make recommendations on the necessity of fol-
38 low-up testing.

39 (c) Confirmed positive cases of biotinidase deficiency, congenital hy-
40 pothyroidism, galactosemia, maple syrup urine disease, and phenylke-
41 tonuria must be reported as required by department of health and welfare
42 rules.

43 SECTION 13. That Section 39-912, Idaho Code, be, and the same is hereby
44 amended to read as follows:

45 ~~39-912~~ 39-907. EXEMPTION BECAUSE OF RELIGIOUS BELIEF. The provisions
46 of this ~~act~~ chapter shall not apply to any child whose parent or guardian
47 objects thereto on the grounds that it conflicts with the tenets or prac-
48 tices of a recognized church or religious denomination of which said parent
49 or guardian is an adherent or member.

1 SECTION 14. The rules contained in IDAPA 16.02.12, Idaho Department of
2 Health and Welfare, relating to Newborn Screenings, shall be null, void, and
3 of no force and effect on and after July 1, 2025.

4 SECTION 15. An emergency existing therefor, which emergency is hereby
5 declared to exist, this act shall be in full force and effect on and after
6 July 1, 2025.