

5583

2015-2016 Regular Sessions

I N   S E N A T E

May 15, 2015

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Introduced by Sen. YOUNG -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to requiring facilities to screen newborns for neonatal abstinence syndrome through toxicological screening of infants' meconium or urine

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1     Section 1. Legislative intent. The legislature hereby finds that  
2     neonatal abstinence syndrome (NAS) is a public health crisis affecting  
3     all levels of society in New York state. Newborns have an alarmingly  
4     high rate of testing positive for NAS as a result of high rates of  
5     addiction to narcotics and other drugs in many regions of the state.  
6     Addressing this public health crisis serves the public interest by help-  
7     ing to ensure that newborns in this state receive appropriate treatment  
8     as early as possible to prevent adverse health outcomes.  
9     Between 2010 and 2012, there were 5,857 newborn drug-related diagnoses  
10    in this state, a rate of 83.8 diagnoses per 10,000 births. In each of  
11    those years, the number of newborns diagnosed with a drug-related  
12    illness increased. In the United States, between 2000 and 2009, the  
13    number of newborns reported to have neonatal abstinence syndrome nearly  
14    tripled. This is indicative of a public health crisis affecting all  
15    regions of the state and nation.  
16    Current methods for detecting NAS are inadequate, relying heavily on  
17    newborn observation and questioning of the mother regarding opiate or  
18    narcotic use. In many instances, newborns are taken home after twenty-  
19    four to forty-eight hours. This time period may be inadequate for obser-  
20    vation to detect NAS symptoms. Toxicological testing of a newborn's  
21    meconium or urine allows hospitals to detect NAS early, thereby enabling  
22    such facilities to begin treatment to prevent future adverse health  
23    outcomes.

EXPLANATION--Matter in *ITALICS* (underscored) is new; matter in brackets  
[ ] is old law to be omitted.

LBD11191-01-5

1 S 2. Subdivision (a) of section 2500-a of the public health law, as  
2 amended by chapter 184 of the laws of 2013, is amended to read as  
3 follows:

4 (a) It shall be the duty of the administrative officer or other person  
5 in charge of each institution caring for infants twenty-eight days or  
6 less of age and the person required in pursuance of the provisions of  
7 section forty-one hundred thirty of this chapter to register the birth  
8 of a child, to cause to have administered to every such infant or child  
9 in its or his care a test for phenylketonuria, homozygous sickle cell  
10 disease, hypothyroidism, branched-chain ketonuria, galactosemia, homo-  
11 cystinuria, critical congenital heart defects through pulse oximetry  
12 screening, NEONATAL ABSTINENCE SYNDROME, and such other diseases and  
13 conditions as may from time to time be designated by the commissioner in  
14 accordance with rules or regulations prescribed by the commissioner.  
15 Testing, the recording of the results of such tests, tracking, follow-up  
16 reviews and educational activities shall be performed at such times and  
17 in such manner as may be prescribed by the commissioner. The commission-  
18 er shall promulgate regulations setting forth the manner in which infor-  
19 mation describing the purposes of the requirements of this section shall  
20 be disseminated to parents or a guardian of the infant tested.

21 S 3. This act shall take effect on the one hundred eightieth day after  
22 it shall have become a law; provided, however, that effective immediate-  
23 ly, the addition, amendment and/or repeal of any rule or regulation  
24 necessary for the implementation of this act on its effective date is  
25 authorized and directed to be made and completed on or before such  
26 effective date.