# STATE OF NEW YORK

8671

2017-2018 Regular Sessions

# IN ASSEMBLY

September 11, 2017

Introduced by M. of A. PAULIN, GALEF, JAFFEE, BARRON, ORTIZ, SEAWRIGHT, SIMON, WILLIAMS, WOERNER, McDONOUGH, CROUCH, M. L. MILLER -- read once and referred 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:**

Section 1. Legislative intent. The legislature hereby finds that neonatal abstinence syndrome (NAS) is a public health crisis affecting all levels of society in New York state. Newborns have an alarmingly high rate of testing positive for NAS as a result of high rates of addiction to narcotics and other drugs in many regions of the state. Addressing this public health crisis serves the public interest by helping to ensure that newborns in this state receive appropriate treatment as early as possible to prevent adverse health outcomes.

Between 2010 and 2012, there were 5,857 newborn drug-related diagnoses in this state, a rate of 83.8 diagnoses per 10,000 births. In each of those years, the number of newborns diagnosed with a drug-related illness increased. In the United States, between 2000 and 2009, the number of newborns reported to have neonatal abstinence syndrome nearly tripled. This is indicative of a public health crisis affecting all regions of the state and nation.

Current methods for detecting NAS are inadequate, relying heavily on newborn observation and questioning of the mother regarding opiate or narcotic use. In many instances, newborns are taken home after twenty-four to forty-eight hours. This time period may be inadequate for observation to detect NAS symptoms. Toxicological testing of a newborn's meconium or urine allows hospitals to detect NAS early, thereby enabling such facilities to begin treatment to prevent future adverse health outcomes.

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

LBD06229-01-7

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

(a) It shall be the duty of the administrative officer or other person in charge of each institution caring for infants twenty-eight days or less of age and the person required in pursuance of the provisions of section forty-one hundred thirty of this chapter to register the birth of a child, to cause to have administered to every such infant or child in its or his care a test for phenylketonuria, homozygous sickle cell disease, hypothyroidism, branched-chain ketonuria, galactosemia, homocystinuria, critical congenital heart defects through pulse oximetry screening, **neonatal abstinence syndrome,** and such other diseases and conditions as may from time to time be designated by the commissioner in accordance with rules or regulations prescribed by the commissioner. Testing, the recording of the results of such tests, tracking, follow-up reviews and educational activities shall be performed at such times and in such manner as may be prescribed by the commissioner. The commissioner shall promulgate regulations setting forth the manner in which information describing the purposes of the requirements of this section shall be disseminated to parents or a guardian of the infant tested.

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