

**PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB FILE NO. R088-201

**The following document is the initial draft regulation proposed
by the agency submitted on 06/18/2020**

Section 1. *Chapter 442 of NAC is hereby amended by adding thereto the provision set forth as sections 2 and 3, inclusive of this regulation.*

Section 2. *Any physician, midwife, nurse, obstetric center or hospital of any nature attending or assisting in any way any infant, or the mother of any infant, at childbirth shall collect and send to the State Public Health Laboratory or cause to be collected and sent to the State Public Health Laboratory a sufficient specimen sample and provide all available information including:*

- 1. The name and gender of the infant and the name, address, and phone number of the mother;*
- 2. The feeding history of the infant;*
- 3. The gestational age of the infant at birth;*
- 4. The age of the infant at the time of testing;*
- 5. The use of antibiotics or hyperalimentation; and*
- 6. Any additional information the State Public Health Laboratory may require.*

(a) Make or cause to be made an examination of the infant, including standard tests that do not require laboratory services, to the extent required by regulations of the Board as is necessary for the discovery of conditions indicating such preventable or inheritable disorders.

(b) Assure required payment for laboratory testing performed is submitted directly to the State Public Health Laboratory either at the time of testing or when the newborn screening kit is obtained as defined by the State Public Health Laboratory.

Section 3.

1. If the examination and non-laboratory tests prior to discharge from delivery facility reveal the existence of such conditions in an infant, the physician, midwife, nurse, obstetric center or hospital attending or assisting at the birth of the infant shall immediately:

(a) Report the condition to the Chief Medical Officer or the representative of the Chief Medical Officer, the local health officer of the county or city within which the infant or the mother of the infant resides, and the local health officer of the county or city in which the child is born; and

(b) Discuss the condition with the parent, parents or other persons responsible for the care of the infant and inform them of the treatment necessary for the amelioration of the condition.

2. If the examination and laboratory tests reveal the existence of such conditions in an infant before or after the infant has been discharged the State Public Health Lab shall immediately:

(a) Report the condition to the healthcare provider of the infant.

(b) Report the condition to the University of Nevada Reno Newborn Screening Program Disorder Specialist who will:

(1) Recommend confirmatory or diagnostic testing

(2) Collaborate with the Primary Care Physician or Healthcare Provider to medically manage the affected infant until diagnosis is confirmed

(c) Coordinate confirmatory or additional testing in consultation with the University of Nevada Reno Newborn Screening Program Disorder Specialists to assure timely management of the infant.

(d) Make recommendations that the Primary Care Physician will:

(1) Notify the parents of follow-up testing and requirements to confirm presumptive diagnosis, including but not limited to referrals to genetic counseling and genetic testing for parents if possible.

(2) Discuss the condition with the parent, parents or other persons responsible for the care of the infant and inform them of the treatment necessary for the amelioration of the condition.

(e) In the absence of a primary care physician, the University of Nevada Newborn Screening Program Disorder specialist will contact the parents to discuss the condition and provide referral and medical management.

3. The parent or guardian of an infant with an abnormal or questionable examination test result shall upon notification promptly take the child to a physician who shall ensure that a quantitative evaluation of the problem indicated by the examination test result is performed.

Section 4. NAC 442.044 is amended to read as follows:

1. Each hospital in which an infant receives *extended* care shall collect the first blood sample upon admission and prior to any procedures, 2nd blood sample 48-72 hours and 3rd blood sample at 28 days or discharge, whichever comes first ~~for more than 15 consecutive days shall take a second blood sample~~ from the infant before the infant is discharged from that hospital.

2. A blood sample must be taken from any infant, regardless of age, who requires an additive blood transfusion or a partial or complete exchange blood transfusion before the transfusion is begun. A second blood sample must be taken from the infant between the 3rd and 7th day after the transfusion is completed- *and follow criteria as set in the current edition of the Clinical and Laboratory Standards Institute (CLSI) newborn screening standards posted on the CLSI website accessed at: <https://clsi.org/standards/products/newborn-screening/documents/>*