

BILL ANALYSIS

Senate Research Center

S.B. 1128
By: Zaffirini
Health & Human Services
6/4/2015
Enrolled

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

S.B. 1128 seeks to reduce the instances of newborns born with congenital syphilis, a potentially deadly infection, that can be treated easily at low costs. Texas has seen a rising trend of congenital syphilis during the last several years. An infected mother can pass the infection to her baby either in utero or during birth. According to the United States Centers for Disease Control and Prevention, if left untreated congenital syphilis can lead to stillbirth, neonatal death, or infant disorders such as deafness, neurologic impairment, and bone deformities.

When congenital syphilis is diagnosed before the fetus is born, it is easily treatable with antibiotics. If a newborn is born with congenital syphilis, however, the severe consequences of the infection leave the family with much higher medical costs.

S.B. 1128 aligns syphilis testing during pregnancy with testing requirements for HIV, requiring syphilis testing during the first and third trimesters of pregnancy.

S.B. 1128 amends current law relating to certain diagnostic testing during pregnancy.

[**Note:** While the statutory reference in this bill is to the Texas Department of Health (TDH), the following amendments affect the Texas Department of State Health Services, as the successor agency to TDH.]

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 81.090, Health and Safety Code, by amending Subsections (a-1), (c), (c-1), and (c-2) and adding Subsection (p), as follows:

(a-1) Requires a physician or other person permitted by law to attend a pregnant woman during gestation or at delivery of an infant to:

(1) take or cause to be taken a sample of the woman's blood or other appropriate specimen at an examination in the third trimester of the pregnancy, but not earlier than the 28th week of the pregnancy;

(2) submit the sample to an appropriately certified laboratory for a diagnostic test approved by the United States Food and Drug Administration for syphilis and HIV infection; and

(3) Makes no change to this subdivision.

(c) Deletes existing text requiring a physician or other person in attendance at a delivery to submit a sample for syphilis to an appropriately certified laboratory for diagnostic testing approved by the FDA and makes a nonsubstantive change.

(c-1) Requires the physician or other person in attendance at the delivery, if the physician or other person does not find in the woman's medical records results from the diagnostic test for syphilis and HIV infection performed under Subsection (a-1), to

(1) Makes no change to this subdivision;

(2) submit the sample to an appropriately certified laboratory for diagnostic testing approved by the United States Food and Drug Administration for syphilis and HIV infection; and

(3) instruct the laboratory to expedite the processing of the HIV test so that the results are received less than six hours after the time the sample is submitted.

(c-2) Requires the physician or other person responsible for the newborn child, rather than the physician or other person in attendance at the delivery, if the physician or other person responsible for the newborn child does not find in the woman's medical records results from a diagnostic test for syphilis and HIV infection performed under Subsection (a-1), and the diagnostic test for syphilis and HIV infection was not performed before delivery under Subsection (c-1) to:

(1) Makes no change to this subdivision;

(2) submit the sample to an appropriately certified laboratory for a diagnostic test approved by the United States Food and Drug Administration for syphilis and HIV infection; and

(3) instruct the laboratory to expedite the processing of the HIV test so that the results are received less than six hours after the time the sample is submitted.

Makes a conforming change.

(p) Requires the Texas Department of Health, not later than January 1 of each odd-numbered year, to report to the legislature the number of cases of early congenital syphilis and of late congenital syphilis that were diagnosed in this state in the preceding biennium.

SECTION 2. Makes application of Sections 81.090(a-1), (c), (c-1), and (c-2), Health and Safety Code, as amended by this Act, prospective.

SECTION 3. Effective date: September 1, 2015.