



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

SB3667

Introduced 2/11/2010, by Sen. William Delgado

SYNOPSIS AS INTRODUCED:

New Act

Creates the Prenatal and Neonatal Congenital Toxoplasmosis Prevention and Treatment Act. Sets forth definitions. Provides that health care professionals shall provide counseling for Toxoplasmosis and testing for *T. gondii* when providing care to a pregnant woman during her pregnancy, unless the woman has been diagnosed prior to the pregnancy or she refuses, and during her delivery, unless she has already been determined to be IgG positive and chronically infected or she refuses. Sets forth circumstances under which every health care professional or facility caring for a newborn infant shall provide counseling and perform Toxoplasmosis testing. Sets forth subject matter requirements for the counseling required under the Act. Provides that consent for testing of a newborn infant shall be presumed when a health care professional or facility seeks to perform a test on a newborn infant whose mother's Toxoplasmosis status is unknown, provided that mandated counseling has taken place. Provides that the Department of Public Health shall adopt necessary rules to implement the Act. Effective immediately.

LRB096 20261 RPM 35854 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the
5 Prenatal and Neonatal Congenital Toxoplasmosis Prevention and
6 Treatment Act.

7 Section 5. Definitions. In this Act:

8 "Acute Acquired Toxoplasmosis" means the disease caused by
9 recent acquisition of *T. gondii*.

10 "Congenital Toxoplasmosis" means an infection of a fetus or
11 newborn infant with *T. gondii*. This infection occurs when a
12 mother acquires *T. gondii* for the first time during pregnancy
13 or when an immunologically compromised mother has a chronic
14 infection and she transmits the infection to the fetus or
15 newborn infant. Such infection may cause brain and eye damage
16 in the fetus or infant.

17 "Department" means the Department of Public Health.

18 "Health care facility" or "facility" means any hospital or
19 other institution that is licensed or otherwise authorized to
20 deliver health care services.

21 "Health care professional" means a physician licensed to
22 practice medicine in all its branches, a physician assistant
23 who has been delegated the provision of health services by his

1 or her supervising physician, or an advanced practice
2 registered nurse who has written collaborative agreements with
3 a collaborating physician that authorizes the provision of
4 health services.

5 "Health care services" means any prenatal medical care or
6 labor delivery services to a pregnant woman and her newborn
7 infant, including hospitalization.

8 "IgG" means Immunoglobulin G. A T. gondii specific IgG
9 antibody means that the person is infected with Toxoplasma
10 gondii.

11 "IgM" means Immunoglobulin M. A T. gondii specific IgM is
12 an antibody that detects recent or acute infection with
13 Toxoplasma gondii, this antibody can be present for years.
14 Other specialized tests can detect whether an infection is very
15 recent.

16 "Toxoplasma gondii", "T. gondii", or "Toxoplasma" means an
17 apicomplexan parasite that can cause disease.

18 "Toxoplasmosis" means the disease caused by Toxoplasma
19 gondii.

20 "U.S. Taxoplasmosis Reference Laboratory" means the Palo
21 Alto Toxoplasma Serology Laboratory in Palo Alto, California.
22 The Palo Alto Laboratory serves as the reference laboratory for
23 the U.S. Centers for Disease Control and Prevention (CDC) and
24 Food and Drug Administration (FDA). The Palo Alto Laboratory
25 performs serologic tests that cannot be reliably completed at
26 commercial laboratories.

1 Section 10. Toxoplasmosis counseling and offer of
2 Toxoplasmosis testing required.

3 (a) Every health care professional who provides health care
4 services to a pregnant woman shall, unless the woman has been
5 diagnosed with Toxoplasma infection through serologic testing
6 prior to the current pregnancy, provide the woman with
7 Toxoplasmosis counseling and shall test her for T. gondii
8 unless she refuses. The counseling and testing or refusal of
9 testing shall be documented in the woman's medical record. A
10 refusal may be verbal or in writing. A health care professional
11 shall provide the counseling and recommend the testing as early
12 in the woman's pregnancy as possible. For women who are
13 negative for antibodies to T. gondii, IgG testing shall
14 continue throughout pregnancy at an interval of once per month.
15 At any time during pregnancy, if a woman who was previously
16 negative has a positive IgG to T. gondii, then the woman shall
17 be screened for IgM specific for T. gondii. If the IgM is
18 positive, then a sample shall be sent to the U.S. Toxoplasmosis
19 Reference Laboratory in Palo Alto, California for confirmation
20 and to determine a likely date of acquisition. Expert advice
21 will be sought for any woman who seroconverts or who is acutely
22 infected so that treatment for her fetus or infant can be
23 offered without delay to protect the baby from brain and eye
24 disease due to Toxoplasma gondii.

25 (b) Every health care professional during labor or delivery

1 shall, unless the woman receiving care has already been
2 determined to be IgG positive and chronically infected prior to
3 or during the current pregnancy, provide the woman with
4 Toxoplasmosis counseling and Toxoplasmosis testing, unless the
5 woman refuses. A refusal may be verbal or in writing. The
6 counseling and testing or refusal of testing shall be
7 documented in the woman's medical record. The health care
8 facility shall adopt a policy that provides that as soon as
9 possible within medical standards after the infant's birth, the
10 mother's Toxoplasmosis test result, if available, shall be
11 noted in the newborn infant's medical record. It shall also be
12 noted in the newborn infant's medical record if the mother's
13 Toxoplasmosis test result is not available because she has not
14 been tested or has declined testing. Any testing or test
15 results shall be documented in accordance with current
16 standards of patient confidentiality.

17 (c) Every health care professional or facility caring for a
18 newborn infant shall, upon delivery or as soon as possible
19 within medical standards after the infant's birth, provide
20 counseling to the parent or guardian of the infant and perform
21 Toxoplasmosis testing on the infant when the Toxoplasmosis
22 status of the infant's mother is negative in the best
23 prepregnancy test or unknown or when there is evidence of acute
24 acquired gestational *T. gondii* infection.

25 (d) Every health care professional or facility caring for a
26 mother at one month postpartum shall provide counseling and

1 perform Toxoplasmosis testing when her Toxoplasmosis status is
2 negative or unknown.

3 (e) If the mother is not tested as described in subsection
4 (d) of this Section, then every health care professional or
5 facility caring for a newborn infant at one month of age shall
6 provide counseling to the parent or guardian of the infant and
7 perform Toxoplasmosis testing on the infant when the
8 Toxoplasmosis status of the infant's mother is negative or
9 unknown.

10 (f) The counseling required under this Section must be
11 provided in accordance with the federal Health Insurance
12 Portability and Accountability Act and must include all of the
13 following:

14 (1) For the health of the pregnant woman, the voluntary
15 nature of the testing, the benefits of Toxoplasmosis
16 testing, including prevention of acquisition and
17 treatment, and the requirement that Toxoplasmosis testing
18 be performed unless she refuses and the methods by which
19 she can refuse.

20 (2) The benefit of Toxoplasmosis testing for herself
21 and the newborn infant, including interventions and
22 treatment to prevent Toxoplasmosis.

23 (3) The side effects of interventions to prevent and
24 treat Toxoplasmosis.

25 (4) The requirement for mandatory testing of the
26 newborn if the mother's Toxoplasmosis status is unknown at

1 the time of delivery.

2 (5) An explanation of the test, including its purpose,
3 limitations, and the meaning of its results.

4 (6) An explanation of the procedures to be followed.

5 (7) The availability of additional or confirmatory
6 testing, if appropriate.

7 Counseling may be provided in writing, verbally, or by
8 video, electronic, or other means. The woman must be offered an
9 opportunity to ask questions about testing and to decline
10 testing for herself.

11 (g) Consent for testing of a newborn infant shall be
12 presumed when a health care professional or health care
13 facility seeks to perform a test on a newborn infant whose
14 mother's Toxoplasmosis status is unknown, provided that
15 mandated counseling has taken place.

16 (h) The Department of Public Health shall adopt necessary
17 rules to implement this Act.

18 Section 99. Effective date. This Act takes effect upon
19 becoming law.