

RCW 70.83.090 Critical congenital heart disease screening. (1)

Prior to discharge of an infant born in a hospital, the hospital shall:

(a) Perform critical congenital heart disease screening using pulse oximetry according to recommended American academy of pediatrics guidelines;

(b) Record the results of the critical congenital heart disease screening test in the newborn's medical record; and

(c) If the screening test indicates a suspicion of abnormality, refer the newborn for appropriate care and report the test results to the newborn's attending physician and parent, parents, or guardian.

(2) (a) Except as provided in (b) of this subsection, a health care provider attending a birth outside of a hospital shall, no sooner than twenty-four hours after the birth of an infant born outside of a hospital, but no later than forty-eight hours after the birth:

(i) Perform critical congenital heart disease screening using pulse oximetry according to recommended American academy of pediatrics guidelines;

(ii) Record the results of the critical congenital heart disease screening test in the newborn's medical record; and

(iii) If the screening test indicates a suspicion of abnormality, refer the newborn for appropriate care and report the test results to the newborn's attending physician and parent, parents, or guardian.

(b) If the health care provider does not perform the test required in (a) of this subsection because he or she does not possess the proper equipment, the health care provider shall notify the parent, parents, or guardian in writing that the health care provider was unable to perform the test and that the infant should be tested by another health care provider no sooner than twenty-four hours after the birth, but no later than forty-eight hours after the birth.

(3) No test may be given to a newborn infant under this section whose parent, parents, or guardian object thereto on the grounds that such tests conflict with their religious tenets and practices.

(4) The state board of health may adopt rules to implement the requirements of this section.

(5) For purposes of this section, the following terms have the following meanings unless the context clearly requires otherwise:

(a) "Critical congenital heart disease" means an abnormality in the structure or function of the heart that exists at birth, causes severe, life-threatening symptoms, and requires medical intervention within the first year of life.

(b) "Newborn" means an infant born in any setting in the state of Washington. [2015 c 37 § 2.]

Findings—2015 c 37: "The legislature finds the following:

(1) Critical congenital heart disease is an abnormality in the structure or function of the heart that exists at birth, may cause life-threatening symptoms, and requires early medical intervention. Congenital heart disease is the most common cause of death in the first year of life. Outwardly healthy babies may be discharged from hospitals before signs of disease are detected.

(2) Pulse oximetry is a low-cost, noninvasive test that is effective at detecting congenital heart defects that otherwise would go undetected.

(3) Critical congenital heart disease was added to the national recommended uniform screening panel in 2011, and the majority of states have established a statewide screening for the disease.

(4) Requiring all hospitals and health care providers attending births to screen newborns for critical congenital heart disease has the potential to save newborn lives with early detection and treatment." [2015 c 37 § 1.]