

SENATE BILL REPORT

SHB 1285

As of March 20, 2015

Title: An act relating to screening newborns for critical congenital heart disease.

Brief Description: Requiring critical congenital heart disease screening for newborns.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Riccelli, G. Hunt, Van De Wege, Harris, Cody, Holy, Jinkins, Clibborn, Robinson, Walkinshaw, Peterson, Fitzgibbon, Ormsby, Bergquist, Tarleton, Farrell, Moeller, S. Hunt, Tharinger, Stanford and Gregerson).

Brief History: Passed House: 3/02/15, 97-0.

Committee Activity: Health Care: 3/12/15.

SENATE COMMITTEE ON HEALTH CARE

Staff: Kathleen Buchli (786-7488)

Background: Newborn infants born in any setting are screened for a variety of heritable or metabolic disorders, including phenylketonuria, cystic fibrosis, congenital hypothyroidism, and maple syrup urine disease. In order to accomplish these screenings, a blood sample is collected for all newborn infants within 48 hours of birth for testing by the Department of Health (DOH). If the tests indicate a suspicion of an abnormality, DOH must report the test results to the infant's attending physician, who must inform DOH the date upon which the parents were informed of the results. Parents who object based on religious grounds may opt out of the screening.

Critical Congenital Heart Disease (CCHD) is a group of congenital heart defects that can cause life-threatening symptoms. CCHD can include abnormal or absent heart chambers, holes in the heart, or abnormalities in the heart's function. The Recommended Uniform Screening Panel issued by the United States Department of Health and Human Services includes CCHD.

Newborn screening for CCHD involves test called pulse oximetry. This test estimates the amount of oxygen in a baby's blood. Low levels of oxygen in the blood can be a sign of a critical CCHD. The test is done using a machine called a pulse oximeter, with sensors placed on the baby's skin.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Bill: Prior to discharge of an infant born in a hospital, the hospital must perform CCHD screening using pulse oximetry according to recommended American Academy of Pediatrics guidelines, record the results in the newborn's medical record, and, if the 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 or guardian.

A health care provider attending a birth outside of a hospital must provide the same CCHD screening as the hospital between 24 and 48 hours after the birth. If the health care provider is unable to provide the screening due to lack of equipment, the health care provider must notify the parents or guardian in writing that the health care provider was unable to perform the test and the infant should be tested by another health care provider between 24 and 48 hours after the birth.

A parent who objects on religious grounds may opt out of the screening.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: Many cases of CCHD are not detected until after birth. Early detection saves lives and stops further complications that would make treatment harder and more difficult for the infant. CCHD is the most common cause of infant deaths from birth defects. Some infants with CCHD are not being diagnosed before discharge from the hospital. The pulse oximeter is low cost and noninvasive. The screening procedure is endorsed by the American Academy of Pediatrics. The bill acknowledges out-of-hospital births and provides that if the test is not provided out of home, the parents must be notified that the test was not performed. It also provides an exemption for those who would object based on religious grounds.

Persons Testifying: PRO: Representative Riccelli, prime sponsor; Lindsay Hovind, American Heart Assn.; Matthew Park MD, NW Congenital Heart Care; Jesse Smith, Aimee Lybbert, citizens.

Persons Signed in to Testify But Not Testifying: No one.