

FINAL BILL REPORT

SHB 1285

C 37 L 15
Synopsis as Enacted

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).

House Committee on Health Care & Wellness
Senate Committee on Health Care

Background:

Newborn Screenings.

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. The State Board of Health may add disorders to the newborn screenings by rule.

A blood sample is collected for all newborn infants within 48 hours of birth for testing by the Department of Health (DOH). A test may not be given to any newborn infant whose parents object on the basis of religion. If the tests indicate a suspicion of an abnormality, the DOH must report the test results to the infant's attending physician, who must inform the DOH the date upon which the parents were informed of the results.

Critical Congenital Heart Disease.

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.

Summary:

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.

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, he or she 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.

Votes on Final Passage:

House	97	0
Senate	48	0

Effective: July 24, 2015