

State of Arkansas
89th General Assembly
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A Bill

HOUSE BILL 1468

By: Representatives Hammer, Fite, Mayberry, *C. Armstrong, Baltz, Broadaway, Catlett, Copenhaver, Davis, Hickerson, Holcomb, Kizzia*

By: Senators *J. Hutchinson, J. Dismang*

For An Act To Be Entitled

AN ACT TO REQUIRE BIRTHING FACILITIES TO PERFORM PULSE OXIMETRY SCREENINGS FOR CRITICAL CONGENITAL HEART DISEASE ON NEWBORNS BEFORE DISCHARGE; AND FOR OTHER PURPOSES.

Subtitle

TO REQUIRE BIRTHING FACILITIES TO PERFORM PULSE OXIMETRY SCREENINGS FOR CRITICAL CONGENITAL HEART DISEASE ON NEWBORNS BEFORE DISCHARGE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. DO NOT CODIFY. Findings.

The General Assembly finds that:

(1) Congenital heart defects:

(A) Are structural abnormalities of the heart that are present at birth;

(B) Range in severity from simple problems such as holes between chambers of the heart, to severe malformations such as complete absence of one (1) or more chambers of the heart;

(C) May cause severe and life-threatening symptoms that require intervention within the first (5) days of birth; and

(D) Are the number one killer of infants with birth defects;



(2) Each year approximately fifty (50) infants out of approximately forty thousand (40,000) infants born in Arkansas will have a critical congenital heart defect;

(3) In Arkansas, the infant mortality rate is seven-tenths of one percent (0.7%), while mortality among infants with a critical congenital heart defect is twenty-four and eight-tenths percent (24.8%);

(4) Hospital costs for all infants with congenital heart defects can total two billion, six hundred million dollars (\$2,600,000,000) per year, while the estimated cost of critical congenital heart defect screening with pulse oximetry is one dollar (\$1.00) per year to ten dollars (\$10.00) per year, per infant depending on the equipment and personnel performing the test;

(5)(A) Current methods for detecting congenital heart defects generally include prenatal ultrasound screening and repeated clinical examinations designed to identify affected newborns.

(B) The screenings alone identify less than one half (1/2) of all cases, and critical congenital heart defect cases are often missed during routine clinical exams performed before the newborn's discharge from a birthing facility;

(6) Pulse oximetry is a noninvasive test that:

(A) Estimates the percentage of hemoglobin in blood that is saturated with oxygen; and

(B) When performed on newborns in delivery centers is effective at detecting critical, life-threatening congenital heart defects that otherwise go undetected by current screening methods;

(7) Newborns with abnormal pulse oximetry results require immediate confirmatory testing and intervention; and

(8) Many newborns lives potentially could be saved by earlier detection and treatment of congenital heart defects if birthing facilities in Arkansas were required to perform this simple, noninvasive newborn screening in conjunction with current congenital heart disease screening methods.

SECTION 2. Arkansas Code Title 20, Chapter 9, Subchapter 1, is amended to add an additional section to read as follows:

20-9-103. Pulse oximetry screening.

(a) As used in this section, "birthing facility" means an inpatient or

ambulatory health care facility licensed by the Department of Health that provides birthing services or newborn care services, or both.

(b) Birthing facilities shall begin pulse oximetry testing for critical congenital heart defects on all newborns before discharge from the birthing facility no fewer than ninety (90) days and no more than one hundred eighty (180) days after the department complies with section (d) of this section.

(c) To facilitate pulse oximetry testing for critical congenital heart defects on all newborns in the State of Arkansas before discharge from a birthing facility, Arkansas Children's Hospital shall:

(1)(A) Provide written guidance on evidence-based guidelines on development of hospital policies and procedures related to pulse oximetry screening in newborns to the department and on request to an individual birthing facility; and

(2) Provide the department with an educational document that may be distributed to parents or legal guardians of newborns regarding:

(A) The need for and performance of the pulse oximetry test;

(B) Methods for conducting the screening; and

(C) Common strategies for follow-up care in infants with abnormal screening results; and

(3) Through its Department of Pediatrics provide to a birthing facility training and on-site technical assistance upon request in the performance of pulse oximetry testing.

(d) To facilitate pulse oximetry testing for critical congenital heart defects on all newborns in the State of Arkansas before discharge from a birthing facility, the department shall:

(1) Develop an appropriate and functional system allowing for electronic submission of pulse oximetry test results by the hospital; and

(2) Provide technical assistance and training to the birthing facilities on the use of the system.

(e) Testing results submitted to and compiled by the department under this section are confidential and are not subject to examination or disclosure as public information under the Freedom of Information Act of 1967, § 25-19-101 et seq.

(f) The department shall not require the performance of a pulse

oximetry test on a newborn if the parents or a legal guardian of the newborn object to the testing on medical, religious, or philosophical grounds.

/s/Hammer

APPROVED: 04/05/2013