

1 State of Arkansas *As Engrossed: H3/13/13 S3/28/13*

2 89th General Assembly

A Bill

3 Regular Session, 2013

HOUSE BILL 1468

4

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

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

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For An Act To Be Entitled

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

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Subtitle

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

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

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25 SECTION 1. DO NOT CODIFY. Findings.

26 The General Assembly finds that:

27 (1) Congenital heart defects:

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

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

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

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



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

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

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

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

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

20 (6) Pulse oximetry is a noninvasive test that:

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

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

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

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

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

35 20-9-103. Pulse oximetry screening.

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

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

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

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

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

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

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

19 (B) Methods for conducting the screening; and

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

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

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

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

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

32 (e) Testing results submitted to and compiled by the department under
33 this section are confidential and are not subject to examination or
34 disclosure as public information under the Freedom of Information Act of
35 1967, § 25-19-101 et seq.

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

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

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/s/Hammer

APPROVED: 04/05/2013