
Health Care & Wellness Committee

HB 1285

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

Sponsors: 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 Summary of Bill

- Requires newborn infants to be screened for critical congenital heart disease.

Hearing Date: 1/30/15

Staff: Jim Morishima (786-7191).

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.

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.

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 of Bill:

A hospital or a health care provider attending a birth outside of a hospital must, prior to discharge, perform CCHD screening using pulse oximetry, 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.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.