

HOUSE BILL REPORT

SHB 1285

As Passed House:
March 2, 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:

Committee Activity:

Health Care & Wellness: 1/30/15, 2/6/15 [DPS].

Floor Activity:

Passed House: 3/2/15, 97-0.

Brief Summary of Substitute Bill

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

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, DeBolt, Jinkins, Johnson, Moeller, Robinson, Short, Tharinger and Van De Wege.

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

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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 of Substitute 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, 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.

Appropriation: None.

Fiscal Note: Available on original bill.

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

Staff Summary of Public Testimony:

(In support) One in three infants are affected by CCHD. Many of these defects are not detected until after the infant is born. Infants with CCHD often do not show outward signs and as a result are diagnosed late, which can cause severe complications. Pulse oximetry is a painless and quick way to diagnose CCHD prior to the development of life-threatening

symptoms. This screening is currently recommended in federal guidelines and 35 other states require it. This test can also help detect conditions like pneumonia and sepsis. The test should be performed consistent with American Pediatric Association guidelines, which recommend that the test be performed as close to 24 hours after the birth as possible. Cost can be a barrier for midwives performing these screenings. The bill should allow parents to opt out of the screening for religious reasons.

(Opposed) None.

Persons Testifying: Representative Riccelli, prime sponsor; Lindsey Hovind and Amy Norton, American Heart Association; Matt Park, Northwest Congenital Heart Care; Toni Camp; April Thomas; Jordan Camp Thomas; and Audrey Levine, Midwives Association of Washington State.

Persons Signed In To Testify But Not Testifying: None.