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

(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