

1 State of Arkansas  
2 89th General Assembly  
3 Regular Session, 2013  
4

# A Bill

HOUSE BILL 1468

5 By: Representatives Hammer, Fite, Mayberry  
6

## For An Act To Be Entitled

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

14 TO REQUIRE BIRTHING FACILITIES TO PERFORM  
15 PULSE OXIMETRY SCREENINGS FOR CRITICAL  
16 CONGENITAL HEART DISEASE ON NEWBORNS  
17 BEFORE DISCHARGE.  
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21 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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23 SECTION 1. DO NOT CODIFY. Findings.

24 The General Assembly finds that:

25 (1) Congenital heart defects:

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

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

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

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

35 (2) Each year approximately fifty (50) infants out of  
36 approximately forty thousand (40,000) infants born in Arkansas will have a



1 critical congenital heart defect;

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

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

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

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

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

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

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

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

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

30  
31 SECTION 2. Arkansas Code Title 20, Chapter 9, Subchapter 1, is amended  
32 to add an additional section to read as follows:

33 20-9-103. Pulse oximetry screening.

34 (a) As used in this section, "birthing facility" means an inpatient or  
35 ambulatory health care facility licensed by the Department of Health that  
36 provides birthing services or newborn care services, or both.

1       (b) A birthing facility shall perform a pulse oximetry screening for  
2 critical congenital heart disease on a newborn before discharge from the  
3 birthing facility under rules adopted by the State Board of Health.

4       (c)(1) The board shall adopt rules to implement this section.

5             (2) The rules shall be based on evidence-based guidelines.

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