

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

As Engrossed: H3/13/13

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.

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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) Birthing facilities shall begin pulse oximetry testing for
2 critical congenital heart defects on all newborns before discharge from the
3 birthing facility no more than ninety (90) days after the department complies
4 with section (d) of this section.

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

8 (1)(A) Provide written guidance on development of hospital
9 policies and procedures related to pulse oximetry screening in newborns to
10 the department and on request to an individual birthing facility; and

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

13 (A) The need for and performance of the pulse oximetry
14 test;

15 (B) Methods for conducting the screening; and

16 (C) Common strategies for follow-up care in infants with
17 abnormal screening results.

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

21 (1) Issue guidance for the performance of screening for critical
22 congenital heart defects via pulse oximetry testing on newborns consistent
23 with evidence-based guidelines;

24 (2) Develop an appropriate and functional system allowing for
25 electronic submission of pulse oximetry test results by the hospital;

26 (3) Provide technical assistance and training to the birthing
27 facilities on the use of the system; and

28 (4) Provide to a birthing facility training and on-site
29 technical assistance upon request, in the performance of pulse oximetry
30 testing.

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

35 (f) The department shall not require the performance of a pulse
36 oximetry test on a newborn if the parents or a legal guardian of the newborn

1 object to the testing on medical, religious, or philosophical grounds.

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/s/Hammer