

1 SB39
2 133677-1
3 By Senator Keahey
4 RFD: Health
5 First Read: 07-FEB-12
6 PFD: 09/19/2011

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8 SYNOPSIS: This bill would require the State Board of
9 Health to adopt rules to ensure that all newborns
10 are screened for congenital heart defects.

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12 A BILL
13 TO BE ENTITLED
14 AN ACT

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16 Relating to health care screening; to provide
17 legislative findings; to require the State Board of Health to
18 adopt rules to ensure that all newborns born in a licensed
19 health care facility are screened for congenital heart
20 defects.

21 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

22 Section 1. The Legislature finds the following:

23 (1) Congenital heart defects (CHDs) are structural
24 abnormalities of the heart that are present at birth. CHDs
25 range in severity from simple problems such as holes between
26 chambers of the heart to severe malformations such as the
27 complete absence of one or more chambers or valves. Some

1 critical CHDs can cause severe and life threatening symptoms
2 which require intervention within the first days of life.

3 (2) According to the United States Secretary of
4 Health and Human Services' Advisory Committee on Heritable
5 Disorders in Newborns and Children, congenital heart disease
6 affects approximately seven to nine of every 1,000 live births
7 in the United States and Europe. The federal Centers for
8 Disease Control and Prevention states that CHD is the leading
9 cause of infant death due to birth defects.

10 (3) Current methods for detecting CHDs generally
11 include prenatal ultrasound screening and repeated clinical
12 examinations. While prenatal ultrasound screenings can detect
13 some major congenital heart defects, these screenings alone
14 identify less than half of all CHD cases, and critical CHD
15 cases are often missed during routine clinical exams performed
16 prior to a newborn's discharge from a birthing facility.

17 (4) Pulse oximetry is a noninvasive test that
18 estimates the percentage of hemoglobin in blood that is
19 saturated with oxygen. When performed on a newborn, a minimum
20 of 24 hours after birth, pulse oximetry screening is often
21 more effective at detecting critical, life threatening CHDs
22 which otherwise go undetected by current screening methods.
23 Newborns with abnormal pulse oximetry results require
24 immediate confirmatory testing and intervention.

25 (5) Many newborn lives could potentially be saved by
26 earlier detection and treatment of CHDs if birthing facilities
27 in the state were required to perform this simple, noninvasive

1 newborn screening in conjunction with current CHD screening
2 methods.

3 Section 2. For the purposes of this act, the
4 following terms shall have the following meanings:

5 (1) BOARD. State Board of Health.

6 (2) CHD. Congenital heart defect.

7 (3) HEALTH CARE FACILITY. General and specialized
8 hospitals and other related health care institutions licensed
9 by the board that provide birthing and newborn care services.

10 Section 3. (a) The board shall require each health
11 care facility to perform a pulse oximetry screening, a minimum
12 of 24 hours after birth, on every newborn in its care.

13 (b) The board shall adopt rules as are necessary to
14 carry out the purpose of this act.

15 Section 4. This act shall become effective on the
16 first day of the third month following its passage and
17 approval by the Governor, or its otherwise becoming law.