S T A T E O F N E W Y O R K

270

2013-2014 Regular Sessions

I N S E N A T E

(PREFILED)

January 9, 2013

Introduced by Sen. LARKIN -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to requiring facilities to perform pulse oximetry screening on newborns

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Legislative intent. Congenital heart defects (CHDs) are structural abnormalities of the heart that are present at birth; CHDs range in severity from simple problems such as holes between chambers of the heart, to severe malformations, such as the complete absence of one or more chambers or valves; some critical CHDs can cause severe and life-threatening symptoms which require intervention within the first days of life.

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

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

Pulse oximetry is a non-invasive test that estimates the percentage of hemoglobin in blood that is saturated with oxygen. When performed on a newborn a minimum of 24 hours after birth, pulse oximetry screening is often more effective at detecting critical, life-threatening CHDs which otherwise go undetected by current screening methods. Newborns with

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

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abnormal pulse oximetry results require immediate confirmatory testing and intervention.

The legislature finds and declares that many newborn lives could potentially be saved by earlier detection and treatment of CHDs if birthing facilities in the state of New York were required to perform this simple, non-invasive newborn screening in conjunction with current CHD screening methods.

S 2. The public health law is amended by adding a new section 2500-k to read as follows:

S 2500-K. PULSE OXIMETRY SCREENING OF NEWBORNS. 1. THE COMMISSIONER SHALL ESTABLISH A PROGRAM TO SCREEN NEWBORN INFANTS FOR CONGENITAL HEART DEFECTS THROUGH PULSE OXIMETRY SCREENING. IT SHALL BE THE DUTY OF THE ADMINISTRATIVE OFFICER OR OTHER DESIGNATED PERSON AT EACH FACILITY LICENSED PURSUANT TO ARTICLE TWENTY-EIGHT OF THIS CHAPTER CARING FOR NEWBORN INFANTS TO PERFORM A PULSE OXIMETRY SCREENING A MINIMUM OF TWENTY-FOUR HOURS AFTER BIRTH ON EVERY NEWBORN INFANT IN ITS CARE.

2. FACILITIES SUBJECT TO THE PROVISIONS OF THIS SECTION THAT ADMINISTER A NEWBORN INFANT PULSE OXIMETRY SCREENING FOR CONGENITAL HEART DEFECTS SHALL REPORT TO THE DEPARTMENT IN A MANNER AND FORMAT REQUIRED BY THE COMMISSIONER:

(A) THE RESULTS OF EACH NEWBORN INFANT PULSE OXIMETRY SCREENING PERFORMED; AND

(B) SUCH OTHER INFORMATION OR DATA AS MAY BE REQUIRED BY THE COMMISSIONER PURSUANT TO REGULATION TO FULFILL THE PURPOSES OF THIS SECTION.

S 3. This act shall take effect on the one hundred eightieth day after it shall have become a law; provided, however, that effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized and directed to be made and completed on or before such effective date.