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

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I N A S S E M B L Y

January 14, 2013

Introduced by M. of A. GUNTHER, ZEBROWSKI, CERETTO, McDONOUGH, JAFFEE, SIMOTAS, MILLMAN, TENNEY, MARKEY, MAISEL, LAVINE, STEC, SEPULVEDA, ROBERTS, PAULIN, QUART, BRONSON, STECK, ESPINAL, SKOUFIS, KELLNER, BROOK-KRASNY, GABRYSZAK, ABINANTI, LENTOL, BENEDETTO -- Multi-Sponsored by -- M. of A. ARROYO, AUBRY, BARCLAY, BLANKENBUSH, BRENNAN, BUCHWALD, CLARK, COLTON, COOK, CRESPO, CROUCH, CURRAN, DINOWITZ, DUPREY, FARRELL, FINCH, FITZPATRICK, HEVESI, HOOPER, P. LOPEZ, LUPARDO, LUPINACCI, McDONALD, McLAUGHLIN, MONTESANO, MOSLEY, OAKS, O'DONNELL, PALMESANO, PERRY, RAIA, RIVERA, ROBINSON, RODRIGUEZ, SIMANOWITZ, WALTER -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to requiring facilities to screen newborns for critical congenital heart defects through pulse oximetry screening

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; critical CHDs (CCHDs) are a subset of CHDs that cause severe and life-threatening symptoms which require intervention within the first days, weeks or months 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

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

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of infant death due to birth defects and that about forty-eight hundred babies born each year have one of seven CCHDs.

Current methods for detecting CHDs generally include prenatal ultrasound screening and repeated clinical examinations; while prenatal ultrasound screenings can detect some major CHDs, these screenings, alone, identify less than half of all CHD cases. CCHD 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 abnormal pulse oximetry results require immediate confirmatory testing and intervention or a referral to an appropriate health care provider for confirmatory testing and follow-up care, based on the recommendation of the treating health care provider.

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. Subdivision (a) of section 2500-a of the public health law, as amended by chapter 863 of the laws of 1986, is amended to read as follows:

(a) It shall be the duty of the administrative officer or other person in charge of each institution caring for infants twenty-eight days or less of age and the person required in pursuance of the provisions of section forty-one hundred thirty of this chapter to register the birth of a child, to cause to have administered to every such infant or child in its or his care a test for phenylketonuria, homozygous sickle cell disease, hypothyroidism, branched-chain ketonuria, galactosemia, homocystinuria, CRITICAL CONGENITAL HEART DEFECTS THROUGH PULSE OXIMETRY SCREENING, and such other diseases and conditions as may from time to time be designated by the commissioner in accordance with rules or regulations prescribed by the commissioner. Testing, the recording of the results of such tests, tracking, follow-up reviews and educational activities shall be performed at such times and in such manner as may be prescribed by the commissioner. The commissioner shall promulgate regulations setting forth the manner in which information describing the purposes of the requirements of this section shall be disseminated to parents or a guardian of the infant tested.

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.