

270--B

2013-2014 Regular Sessions

I N   S E N A T E

(PREFILED)

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Introduced by Sens. LARKIN, ADDABBO, BOYLE, BRESLIN, GRISANTI, KENNEDY, KRUEGER, LATIMER, LAVALLE, MAZIARZ, MONTGOMERY, PERALTA -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported favorably from said committee and committed to the Committee on Finance -- committee discharged, bill amended, 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:

1     Section 1. Legislative intent. Congenital heart defects (CHDs) are  
2 structural abnormalities of the heart that are present at birth; CHDs  
3 range in severity from simple problems such as holes between chambers of  
4 the heart, to severe malformations, such as the complete absence of one  
5 or more chambers or valves; critical CHDs (CCHDs) are a subset of CHDs  
6 that cause severe and life-threatening symptoms which require inter-  
7 vention within the first days, weeks or months of life.  
8     According to the United States Secretary of Health and Human Services'  
9 Advisory Committee on Heritable Disorders in Newborns and Children,  
10 congenital heart disease affects approximately seven to nine of every  
11 1,000 live births in the United States and Europe. The federal Centers  
12 for Disease Control and Prevention states that CHD is the leading cause  
13 of infant death due to birth defects and that about forty-eight hundred  
14 babies born each year have one of seven CCHDs.  
15     Current methods for detecting CHDs generally include prenatal ultra-  
16 sound screening and repeated clinical examinations; while prenatal  
17 ultrasound screenings can detect some major CHDs, these screenings,

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

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1 alone, identify less than half of all CHD cases. CCHD cases are often  
2 missed during routine clinical exams performed prior to a newborn's  
3 discharge from a birthing facility.

4 Pulse oximetry is a non-invasive test that estimates the percentage of  
5 hemoglobin in blood that is saturated with oxygen. When performed on a  
6 newborn a minimum of 24 hours after birth, pulse oximetry screening is  
7 often more effective at detecting critical, life-threatening CHDs which  
8 otherwise go undetected by current screening methods. Newborns with  
9 abnormal pulse oximetry results require immediate confirmatory testing  
10 and intervention or a referral to an appropriate health care provider  
11 for confirmatory testing and follow-up care, based on the recommendation  
12 of the treating health care provider.

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

18 S 2. Subdivision (a) of section 2500-a of the public health law, as  
19 amended by chapter 863 of the laws of 1986, is amended to read as  
20 follows:

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

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