

2316--A

2013-2014 Regular Sessions

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 -- Multi-Sponsored by -- M. of A. ARROYO, AUBRY, BARCLAY, BLANKENBUSH, BRENNAN, CLARK, COLTON, COOK, CROUCH, CURRAN, DINOWITZ, DUPREY, FARRELL, FINCH, HEVESI, LUPARDO, McLAUGHLIN, MONTESANO, O'DONNELL, PALMESANO, PERRY, RAI, RIVERA, ROBINSON, SIMANOWITZ, WALTER -- read once and referred to the Committee on Health -- 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

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

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1 ultrasound screenings can detect some major CHDs, these screenings,
2 alone, identify less than half of all CHD cases. CCHD cases are often
3 missed during routine clinical exams performed prior to a newborn's
4 discharge from a birthing facility.

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

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

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

19 S 2500-K. NEWBORN INFANT CRITICAL CONGENITAL HEART DEFECT SCREENING.

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

27 2. FACILITIES SUBJECT TO THE PROVISIONS OF THIS SECTION THAT ADMINIS-
28 TER A NEWBORN INFANT PULSE OXIMETRY SCREENING FOR CRITICAL CONGENITAL
29 HEART DEFECTS SHALL REPORT TO THE DEPARTMENT IN A MANNER AND FORMAT
30 REQUIRED BY THE COMMISSIONER:

31 (A) THE RESULTS OF EACH NEWBORN INFANT PULSE OXIMETRY SCREENING FOR
32 CRITICAL CONGENITAL HEART DEFECTS PERFORMED; AND

33 (B) SUCH OTHER INFORMATION OR DATA AS MAY BE REQUIRED BY THE COMMIS-
34 SIONER PURSUANT TO REGULATION TO FULFILL THE PURPOSES OF THIS SECTION.

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