2015 -- H 5757

========
LC001597
========

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2015

_____

A N   A C T

RELATING TO HEALTH AND SAFETY -- MATERNAL AND CHILD HEALTH SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

It is enacted by the General Assembly as follows:

1   SECTION 1. Chapter 23-13 of the General Laws entitled "Maternal and Child Health

2   Services for Children with Special Health Care Needs" is hereby amended by adding thereto the

3   following sections:

4   **23-13-14.1. Legislative intent. --** Congenital heart defects (CHDs) are structural

5   abnormalities of the heart that are present at birth; CHDs range in severity from simple problems

6   such as holes between chambers of the heart, to severe malformations, such as the complete

7   absence of one or more chambers or valves; critical congenital heart defects (CCHDs) are a

8   subset of CHDs that cause severe and life-threatening symptoms which require intervention

9   within the first days, weeks or months of life.

10   According to the United States Secretary of Health and Human Services' Advisory

11   Committee on Heritable Disorders in Newborns and Children, congenital heart disease affects

12   approximately seven (7) to nine (9) of every one thousand (1,000) live births in the United States

13   and Europe. The federal Centers for Disease Control and Prevention states that CHD is the

14   leading cause of infant death due to birth defects and that about forty-eight hundred (4,800)

15   babies born each year have one of seven (7) CCHDs. Current methods for detecting CHDs

16   generally include prenatal ultra-sound screening and repeated clinical examinations; while

17   prenatal ultrasound screenings can detect some major CHDs, these screenings, alone, identify less

18   than half of all CHD cases. CHD cases are often missed during routine clinical exams performed

1   prior to a newborn's discharge from a birthing facility.

2   Pulse oximetry is a non-invasive test that estimates the percentage of hemoglobin in

3   blood that is saturated with oxygen. When performed on a newborn a minimum of twenty-four

4   (24) hours after birth, pulse oximetry screening is often more effective at detecting critical, life-

5   threatening CHDs which otherwise go undetected by current screening methods. Newborns with

6   abnormal pulse oximetry results require immediate confirmatory testing and intervention or a

7   referral to an appropriate health care provider for confirmatory testing and follow-up care, based

8   on the recommendation of the treating health care provider.

9   The legislature finds and declares that many newborn lives could potentially be saved by

10   early detection and treatment of CHDs if birthing facilities in this state were required to perform

11   this simple, non-invasive newborn screening in conjunction with other CHD screening methods.

12   **23-13-14.2. Screening of newborns for congenital heart defects required. –** (a) As

13   used in this section, "birthing facility" means an inpatient or ambulatory health care facility

14   licensed by the department of health that provides birthing and newborn care services.

15   (b) The department of health shall require each birthing facility licensed by the

16   department of health to perform a pulse oximetry screening within twenty-four (24) hours of the

17   birth of every newborn in its care.

18   (c) The director of the department of health shall adopt rules and regulations necessary to

19   carry out the purpose of this act.

20   SECTION 2. This act shall take effect upon passage.

EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

A N   A C T

RELATING TO HEALTH AND SAFETY -- MATERNAL AND CHILD HEALTH SERVICES
FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

***

1   This act would require all birthing facilities to perform a pulse oximetry screening within

2   twenty-four (24) hours of the birth of every newborn in its care.

3   This act would take effect upon passage.

========
LC001597
========