PRINTER'S NO. 3239

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2263 Session of 2012

INTRODUCED BY WHITE, BISHOP, BOBACK, V. BROWN, BROWNLEE, CALTAGIRONE, CREIGHTON, DALEY, FRANKEL, JOSEPHS, KORTZ, KOTIK, KULA, MATZIE, MURT, MYERS, M. O'BRIEN, PARKER, THOMAS AND YOUNGBLOOD, MARCH 19, 2012

REFERRED TO COMMITTEE ON HUMAN SERVICES, MARCH 19, 2012

AN ACT

Amending the act of September 9, 1965 (P.L.497, No.251), entitled, as amended, "An act requiring physicians, hospitals and other institutions to administer or cause to be administered tests for genetic diseases upon infants in certain cases," providing for congenital heart defects screening.

The General Assembly finds and declares as follows:

(1) 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 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.

(2) 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 defect.

(3) 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.

(4) Pulse oximetry is a noninvasive 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.

(5) Many newborn lives could potentially be saved by earlier detection and treatment of CHDs if birthing facilities in this Commonwealth were required to perform this simple, noninvasive newborn screening in conjunction with current CH screening methods.

This act shall be referred to as the James Matthew Mannix Act.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Section 3 of the act of September 9, 1965 (P.L.497, No.251), known as the Newborn Child Testing Act, is amended by adding a subsection to read:

Section 3. Newborn Child Screening and Follow-up Program.--*

* *

(a.1) The department shall require each health care provider that provides birthing and newborn care services to perform a pulse oximetry screening a minimum of 24 hours after birth on each newborn child in its care.

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Section 2. This act shall take effect in 90 days.