

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL**No. 1202** Session of
2011

INTRODUCED BY LEACH, ORIE, FONTANA, HUGHES, BREWSTER, FARNESE,
COSTA, BROWNE, WASHINGTON, TARTAGLIONE AND BLAKE,
JULY 25, 2011

REFERRED TO PUBLIC HEALTH AND WELFARE, JULY 25, 2011

AN ACT

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

7 The General Assembly finds and declares as follows:

8 (1) Congenital heart defects (CHDs) are structural
9 abnormalities of the heart that are present at birth. CHDs
10 range in severity from simple problems such as holes between
11 chambers of the heart, to severe malformations, such as
12 complete absence of one or more chambers or valves. Some
13 critical CHDs can cause severe and life-threatening symptoms
14 which require intervention within the first days of life.

15 (2) According to the United States Secretary of Health
16 and Human Services' Advisory Committee on Heritable Disorders
17 in Newborns and Children, congenital heart disease affects
18 approximately seven to nine of every 1,000 live births in the
19 United States and Europe. The Federal Centers for Disease

1 Control and Prevention states that CHD is the leading cause
2 of infant death due to birth defect.

3 (3) Current methods for detecting CHDs generally include
4 prenatal ultrasound screening and repeated clinical
5 examinations. While prenatal ultrasound screenings can detect
6 some major congenital heart defects, these screenings, alone,
7 identify less than half of all CHD cases, and critical CHD
8 cases are often missed during routine clinical exams
9 performed prior to a newborn's discharge from a birthing
10 facility.

11 (4) Pulse oximetry is a noninvasive test that estimates
12 the percentage of hemoglobin in blood that is saturated with
13 oxygen. When performed on a newborn a minimum of 24 hours
14 after birth, pulse oximetry screening is often more effective
15 at detecting critical, life-threatening CHDs which otherwise
16 go undetected by current screening methods. Newborns with
17 abnormal pulse oximetry results require immediate
18 confirmatory testing and intervention.

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

24 This section shall be known and may be cited as the James
25 Matthew Mannix section.

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

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

1 Section 4.1. Congenital Heart Defects (CHDs) Screening.--The
2 department shall require each health care provider that provides
3 birthing and newborn care services to perform a pulse oximetry
4 screening a minimum of 24 hours after birth on every newborn
5 child in its care.

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