

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 809 Session of 2013

INTRODUCED BY WHITE, BISHOP, O'BRIEN, BOBACK, BROWNLEE, HAGGERTY, NEILSON, SCHLOSSBERG, BIZZARRO, COHEN, READSHAW, CALTAGIRONE, KORTZ, THOMAS, MATZIE, MURT, MAHONEY, P. DALEY, KINSEY, YOUNGBLOOD, CONKLIN, SABATINA AND PARKER, FEBRUARY 25, 2013

REFERRED TO COMMITTEE ON HUMAN SERVICES, FEBRUARY 25, 2013

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 of the Commonwealth of Pennsylvania
 8 hereby finds and declares as follows:

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

16 (2) According to the United States Secretary of Health
 17 and Human Services' Advisory Committee on Heritable Disorders
 18 in Newborns and Children, congenital heart disease affects

1 approximately seven to nine of every 1,000 live births in the
2 United States and Europe. The Centers for Disease Control and
3 Prevention states that CHD is the leading cause of infant
4 death due to birth defect.

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

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

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

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

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

30 Section 1. Section 3 of the act of September 9, 1965

1 (P.L.497, No.251), known as the Newborn Child Testing Act, is
2 amended by adding a subsection to read:

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

4 * *

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

9 * * *

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