	NEWBORN SCREENING FOR CRITICAL CONGENITAL
	HEART DEFECTS
	2013 GENERAL SESSION
	STATE OF UTAH
	Chief Sponsor: Paul Ray
	Senate Sponsor: Ralph Okerlund
	LONG TITLE
(General Description:
	This bill amends the Utah Health Code.
]	Highlighted Provisions:
	This bill:
	 amends newborn testing requirements to include pulse oximetry for identification of
C	critical congenital heart defects; and
	 makes technical changes.
I	Money Appropriated in this Bill:
	None
(Other Special Clauses:
	None
l	Utah Code Sections Affected:
ł	AMENDS:
	26-10-6, as last amended by Laws of Utah 2011, Chapter 366
1	Be it enacted by the Legislature of the state of Utah:
	Section 1. Section 26-10-6 is amended to read:
	26-10-6. Testing of newborn infants.
	(1) Except in the case where parents object on the grounds that they are members of a



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28	specified, well-recognized religious organization whose teachings are contrary to the tests
29	required by this section, each newborn infant shall be tested for:
30	(a) phenylketonuria (PKU);
31	(b) other metabolic diseases which may result in an intellectual disability or brain
32	damage and for which:
33	(i) a preventive measure or treatment is available; and
34	(ii) there exists a reliable laboratory diagnostic test method; [and]
35	(c) (i) [beginning July 1, 1998,] for an infant born in a hospital with 100 or more live
36	births annually, hearing loss; and
37	(ii) [beginning July 1, 1999,] for an infant born in a setting other than a hospital with
38	100 or more live births annually, hearing loss[-]; and
39	(d) critical congenital heart defects using pulse oximetry.
40	(2) In accordance with Section 26-1-6, the department may charge fees for:
41	(a) materials supplied by the department to conduct tests required under Subsection (1);
42	(b) tests required under Subsection (1) conducted by the department;
43	(c) laboratory analyses by the department of tests conducted under Subsection (1); and
44	(d) the administrative cost of follow-up contacts with the parents or guardians of tested
45	infants.
46	(3) Tests for hearing loss under Subsection (1) shall be based on one or more methods
47	approved by the Newborn Hearing Screening Committee, including:
48	(a) auditory brainstem response;
49	(b) automated auditory brainstem response; and
50	(c) evoked otoacoustic emissions.
51	(4) Results of tests for hearing loss under Subsection (1) shall be reported to:
52	(a) parents when results of tests for hearing loss under Subsection (1) suggest that
53	additional diagnostic procedures or medical interventions are necessary; and
54	(b) the department.
55	(5) (a) There is established the Newborn Hearing Screening Committee.
56	(b) The committee shall advise the department on:
57	(i) the validity and cost of newborn infant hearing loss testing procedures; and
58	(ii) rules promulgated by the department to implement this section.

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59	(c) The committee shall be composed of at least 11 members appointed by the
60	executive director, including:
61	(i) one representative of the health insurance industry;
62	(i) one pediatrician;
63	(iii) one family practitioner;
64	(iv) one ear, nose, and throat specialist nominated by the Utah Medical Association;
65	(v) two audiologists nominated by the Utah Speech-Language-Hearing Association;
66	(v) two addroiogists nonlinated by the stall specen Eanguage Hearing Hissociation, (vi) one representative of hospital neonatal nurseries;
67	(vii) one representative of the Early Intervention Baby Watch Program administered by
68	the department;
69	(viii) one public health nurse;
70	(ix) one consumer; and
71	(x) the executive director or his designee.
72	(d) Of the initial members of the committee, the executive director shall appoint as
73	nearly as possible half to two-year terms and half to four-year terms. Thereafter, appointments
74	shall be for four-year terms except:
75	(i) for those members who have been appointed to complete an unexpired term; and
76	(ii) as necessary to ensure that as nearly as possible the terms of half the appointments
77	expire every two years.
78	(e) A majority of the members constitute a quorum and a vote of the majority of the
79	members present constitutes an action of the committee.
80	(f) The committee shall appoint a chairman from its membership.
81	(g) The committee shall meet at least quarterly.
82	(h) A member may not receive compensation or benefits for the member's service, but
83	may receive per diem and travel expenses in accordance with:
84	(i) Section 63A-3-106;
85	(ii) Section 63A-3-107; and
86	(iii) rules made by the Division of Finance pursuant to Sections 63A-3-106 and
87	63A-3-107.
88	(i) The department shall provide staff for the committee.

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Office of Legislative Research and General Counsel