

1 NEWBORN SCREENING FOR CRITICAL CONGENITAL

2 HEART DEFECTS

3 2013 GENERAL SESSION

4 STATE OF UTAH

5 Chief Sponsor: Paul Ray

6 Senate Sponsor: Ralph Okerlund

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8 LONG TITLE

9 General Description:

10 This bill amends the Utah Health Code.

11 Highlighted Provisions:

12 This bill:

13 ▶ amends newborn testing requirements to include pulse oximetry for identification of  
14 critical congenital heart defects; ~~H→~~ [and]

14a ▶ requires the Department of Health to conduct a pilot program to determine the most  
14b appropriate methods to implement pulse oximetry screening; and ←H

15 ▶ makes technical changes.

16 Money Appropriated in this Bill:

17 None

18 Other Special Clauses:

19 None

20 Utah Code Sections Affected:

21 AMENDS:

22 26-10-6, as last amended by Laws of Utah 2011, Chapter 366

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24 *Be it enacted by the Legislature of the state of Utah:*

25 Section 1. Section 26-10-6 is amended to read:

26 26-10-6. Testing of newborn infants.

27 (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 ~~that~~ [metabolic diseases] heritable disorders ~~which~~ which may result in an  
 31a intellectual ~~disability~~ or physical ~~disability~~ or ~~brain~~ [brain

32 damage] death ~~and~~ 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~~ [for] ~~an~~ an infant born in a hospital with 100 or more  
 35a live

36 births annually, hearing loss; and

37 (ii) ~~[beginning July 1, 1999,]~~ ~~for~~ [for] ~~an~~ an infant born in a setting other than a hospital  
 37a with

38 100 or more live births annually, hearing loss~~[-];~~ and

39 (d) ~~beginning October 1, 2014,~~ ~~critical congenital heart defects using pulse~~  
 39a 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.

- 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 (ii) 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 (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.

88a **H→ (6) Prior to implementing the test required by Subsection (1)(d), the department**  
 88b **shall conduct a pilot program for testing newborns for critical congenital heart defects using**

- 88c pulse oximetry. The pilot program shall include the development of:
- 88d (a) appropriate oxygen saturation levels that would indicate a need for further medical
- 88e follow-up;  $\hat{S} \rightarrow$  and  $\leftarrow \hat{S}$
- 88f (b) the best methods for implementing the pulse oximetry screening in newborn care
- 88g units  $\hat{S} \rightarrow$  [~~;~~ and
- 88h ~~(c) electronic reporting mechanisms]  $\leftarrow \hat{S}$  .  $\leftarrow \hat{H}$~~