

ASSEMBLY, No. 3744

STATE OF NEW JERSEY 214th LEGISLATURE

INTRODUCED JANUARY 20, 2011

Sponsored by:

Assemblyman JASON O'DONNELL

District 31 (Hudson)

Assemblywoman CONNIE WAGNER

District 38 (Bergen)

Assemblyman RUBEN J. RAMOS, JR.

District 33 (Hudson)

Co-Sponsored by:

Assemblywoman Jasey, Assemblymen Fuentes, Prieto, Coughlin, Caputo, Giblin, Assemblywomen Rodriguez, Tucker, Assemblymen Mainor, Coutinho, Diegnan, Benson, DeCroce, Assemblywoman Evans, Assemblyman Polistina, Senators Codey, Vitale, Addiego and Gordon

SYNOPSIS

Requires birthing facilities to screen newborns for congenital heart defects prior to discharge.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 4/29/2011)

1 AN ACT concerning newborn screening and supplementing Title 26
2 of the Revised Statutes.

3

4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6

7 1. The Legislature finds and declares that:

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

15 b. According to the United States Secretary of Health and
16 Human Services' Advisory Committee on Heritable Disorders in
17 Newborns and Children, congenital heart disease affects
18 approximately seven to nine of every 1,000 live births in the United
19 States and Europe; the federal Centers for Disease Control and
20 Prevention states that CHD is the leading cause of infant death due
21 to birth defects;

22 c. Current methods for detecting CHDs generally include
23 prenatal ultrasound screening and repeated clinical examinations;
24 while prenatal ultrasound screenings can detect some major
25 congenital heart defects, these screenings, alone, identify less than
26 half of all CHD cases, and critical CHD cases are often missed
27 during routine clinical exams performed prior to a newborn's
28 discharge from a birthing facility;

29 d. Pulse oximetry is a non-invasive test that estimates the
30 percentage of hemoglobin in blood that is saturated with oxygen;
31 when performed on a newborn a minimum of 24 hours after birth,
32 pulse oximetry screening is often more effective at detecting
33 critical, life-threatening CHDs which otherwise go undetected by
34 current screening methods; newborns with abnormal pulse oximetry
35 results require immediate confirmatory testing and intervention; and

36 e. Many newborn lives could potentially be saved by earlier
37 detection and treatment of CHDs if birthing facilities in the State
38 were required to perform this simple, non-invasive newborn
39 screening in conjunction with current CHD screening methods.

40

41 2. a. The Commissioner of Health and Senior Services shall
42 require each birthing facility licensed by the Department of Health
43 and Senior Services to perform a pulse oximetry screening, a
44 minimum of 24 hours after birth, on every newborn in its care.

45 b. As used in this section, "birthing facility" means an inpatient
46 or ambulatory health care facility licensed by the Department of
47 Health and Senior Services that provides birthing and newborn care
48 services.

1 c. The commissioner shall adopt rules and regulations,
2 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
3 (C.52:14B-1 et seq.), necessary to carry out the purposes of this act.
4

5 3. This act shall take effect on the 90th day after enactment, but
6 the commissioner may take such anticipatory administrative action
7 in advance thereof as shall be necessary for the implementation of
8 this act.
9

10
11 STATEMENT
12

13 This bill requires each birthing facility licensed by the
14 Department of Health and Senior Services to perform a pulse
15 oximetry screening for congenital birth defects (CHDs), a minimum
16 of 24 hours after birth, on every newborn in its care.

17 For newborns, pulse oximetry screening involves taping a small
18 sensor to a newborn's foot while the sensor beams red light through
19 the foot to measure how much oxygen is in the blood. Pulse
20 oximetry screening is effective at detecting CHDs that may
21 otherwise go undetected by current screening methods. Pulse
22 oximetry screenings are non-invasive, painless, and take
23 approximately one minute to perform.

24 According to the United States Secretary of Health and Human
25 Services' Advisory Committee on Heritable Disorders in Newborns
26 and Children, congenital heart disease affects approximately seven
27 to nine of every 1,000 live births in the United States and Europe;
28 the federal Centers for Disease Control and Prevention states that
29 CHD is the leading cause of infant death due to birth defects.

30 Current methods used to detect CHDs include prenatal
31 ultrasound screening and repeated clinical examinations; however,
32 prenatal ultrasound screenings, alone, identify less than half of all
33 CHD cases. Many newborn lives could potentially be saved by
34 requiring birthing facilities to incorporate pulse oximetry screening
35 as a method for early detection of CHDs in conjunction with current
36 CHD screening methods.

37 The bill takes effect on the 90th day after enactment, but the
38 Commissioner of Health and Senior Services may take such
39 anticipatory administrative action in advance as is necessary to
40 implement the provisions of the bill.