

AMENDED IN ASSEMBLY APRIL 24, 2012

AMENDED IN ASSEMBLY APRIL 9, 2012

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 1731

Introduced by Assembly Member Block

February 16, 2012

An act to add Article 6.6 (commencing with Section 124121) to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1731, as amended, Block. Newborn screening program: critical congenital heart disease.

Existing law provides for the Newborn and Infant Hearing Screening, Tracking, and Intervention program, under which general acute care hospitals with licensed perinatal services, as specified, are required to administer to newborns a hearing screening test for the identification of hearing loss, as prescribed, using protocols developed by the State Department of Health Care Services, or its designee.

This bill would require general acute care hospitals with licensed perinatal services to offer to parents of a newborn, prior to discharge, a pulse oximetry test for the identification of critical congenital heart disease (CCHD), using protocols approved by the department or its designee, *as specified*. This bill would require the department to phase in implementation of a comprehensive CCHD screening program on or after July 1, 2013, and require 100% participation by these hospitals by December 31, 2016. This bill would require these hospitals to develop a CCHD screening program, as prescribed.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Article 6.6 (commencing with Section 124121)
 2 is added to Chapter 3 of Part 2 of Division 106 of the Health and
 3 Safety Code, to read:

4
 5 Article 6.6. Newborn Critical Congenital Heart Disease
 6 Screening Program
 7

8 124121. The Legislature finds and declares the following:

9 (a) Congenital heart disease affects about seven to nine of every
 10 1,000 live births in the United States and is the most common
 11 cause of death in the first year of life, with defects accounting for
 12 3 percent of all infant deaths and more than 40 percent of all deaths
 13 due to congenital malformations.

14 (b) Critical congenital heart disease (CCHD) is a group of
 15 defects that cause severe and life-threatening symptoms and require
 16 intervention within the first days or first year of life.

17 (c) Current methods for detecting CCHD generally include
 18 prenatal ultrasound screening and careful and repeated clinical
 19 examinations.

20 (d) CCHD is often missed during the routine clinical exam that
 21 generally is scheduled prior to a newborn’s discharge, and many
 22 cases of CCHD are also missed during discharge and postdischarge
 23 clinical exams.

24 (e) Fetal ultrasound screening programs improve detection of
 25 major congenital heart defects; however, prenatal diagnosis alone
 26 picks up less than half of all cases.

27 (f) Pulse oximetry is a noninvasive test that estimates the
 28 percentage of hemoglobin in blood that is saturated with oxygen.

29 (g) Virtually all hospitals, including small hospitals, frequently
 30 use pulse oximetry as a standard of care in their newborn nurseries.

31 (h) Many newborn lives could potentially be saved by earlier
 32 detection and treatment of CCHD if hospitals were required to
 33 perform this simple, noninvasive newborn screening method.

34 124122. For purposes of this article, “CCHD” means critical
 35 congenital heart disease.

1 124123. (a) (1) A general acute care hospital with licensed
2 perinatal services shall offer to parents of a newborn, prior to
3 discharge, a pulse oximetry test for the identification of CCHD,
4 using protocols approved by the State Department of Health Care
5 Services or its designee. *The protocols for testing for CCHD shall*
6 *be consistent with those established by the federal Centers for*
7 *Disease Control and Prevention.* The department shall begin
8 phasing in implementation of a comprehensive CCHD screening
9 program by general acute care hospitals with licensed perinatal
10 services on or after July 1, 2013, and a 100-percent participation
11 rate shall be achieved by 2016.

12 (2) A hospital described in paragraph (1) shall be responsible
13 for developing a screening program that provides competent CCHD
14 screening, utilizes appropriate staff and equipment for
15 administering the testing, completes the testing prior to the
16 newborn's discharge from a newborn nursery unit, refers infants
17 with abnormal screening results for appropriate care, maintains
18 and reports data as required by the department, and provides
19 physician and family-parent education.

20 (b) A pulse oximetry test provided for pursuant to subdivision
21 (a) shall be performed by a licensed physician, licensed registered
22 nurse, or an appropriately trained individual who is supervised in
23 the performance of the test by a licensed health care professional.

24 (c) This section shall not apply to a newborn whose parent or
25 guardian objects to the test on the grounds that the test is in
26 violation of his or her beliefs.