

CHAPTER 241

HEALTH AND ENVIRONMENT

HOUSE BILL 15-1281

BY REPRESENTATIVE(S) Primavera, Court, Danielson, Duran, Esgar, Fields, Ginal, Hamner, Kagan, Kraft-Tharp, Lebsock, Lontine, Melton, Mitsch Bush, Moreno, Pettersen, Rosenthal, Ryden, Salazar, Singer, Tyler, Vigil, Williams, Winter, Hullinghorst; also SENATOR(S) Hodge, Crowder, Guzman, Heath, Jahn, Kefalas, Kerr, Merrifield, Newell, Todd.

AN ACT

CONCERNING NEWBORN CONGENITAL HEART DEFECT SCREENING THROUGH THE USE OF PULSE OXIMETRY, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Legislative declaration. (1) The general assembly finds and declares that:

(a) Congenital heart defects are structural abnormalities of the heart that are present at birth;

(b) Congenital heart defects range in severity from simple problems, such as holes between chambers of the heart, to severe malformations, such as the complete absence of one or more chambers or valves;

(c) Some critical congenital heart defects can cause severe and life-threatening symptoms, which require intervention within the first days of life;

(d) Critical congenital heart defects are the number one killer of infants with birth defects;

(e) According to the United States secretary of health and human services' discretionary advisory committee on heritable disorders in newborns and children, critical congenital heart disease affects approximately 7 to 9 of every 1,000 live births in the United States and Europe;

(f) Hospital costs for all individuals with congenital heart disease can total \$2.6 billion per year;

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

(g) Current methods for detecting critical congenital heart defects generally include prenatal ultrasound screening. These screenings alone identify less than half of all cases. Critical congenital heart defect cases are often missed during routine clinical exams performed prior to a newborn's discharge from a birthing facility, but repeated clinical examinations can identify many affected newborns.

(h) Pulse oximetry is a noninvasive test that estimates the percentage of hemoglobin in blood that is saturated with oxygen and, when performed on newborns in delivery centers, is effective at detecting critical, life-threatening congenital heart defects that otherwise go undetected by current screening methods; and

(i) Newborns with abnormal pulse oximetry results require immediate confirmatory testing and intervention. Many newborn lives could potentially be saved by earlier detection and treatment of critical congenital heart defects if birthing facilities in Colorado were required to perform this simple, noninvasive newborn screening in conjunction with current critical congenital heart disease screening methods.

(2) Therefore, it is the intent of the general assembly to require that birthing facilities perform critical congenital heart defect screening using pulse oximetry.

SECTION 2. In Colorado Revised Statutes, **add 25-4-1004.3** as follows:

25-4-1004.3. Newborn heart defect screening - pulse oximetry - rules.

(1) (a) ON AND AFTER JANUARY 1, 2016, A BIRTHING FACILITY THAT IS BELOW SEVEN THOUSAND FEET OF ELEVATION SHALL TEST ALL INFANTS BORN IN THE FACILITY FOR CRITICAL CONGENITAL HEART DEFECTS USING PULSE OXIMETRY.

(b) UPON RECEIPT OF THE CONFIRMATION OF THE APPROPRIATE ALGORITHM FOR THE PULSE OXIMETRY READING FROM THE NEWBORN SCREENING COMMITTEE, THE NEWBORN SCREENING COMMITTEE SHALL EVALUATE WHETHER PULSE OXIMETRY TESTING IN BIRTHING FACILITIES AT OR ABOVE SEVEN THOUSAND FEET ELEVATION MEETS THE CRITERIA IN SECTION 25-4-1004. UPON CONFIRMATION FROM THE COMMITTEE THAT THE CRITERIA HAVE BEEN MET, THE STATE BOARD OF HEALTH SHALL PROMULGATE RULES PURSUANT TO SECTION 25-4-1004 TO ENSURE THAT ALL NEWBORNS BORN AT OR ABOVE SEVEN THOUSAND FEET ELEVATION ARE SCREENED FOR CRITICAL CONGENITAL HEALTH DEFECTS.

(c) THE CRITICAL CONGENITAL HEART DEFECT SCREENING USING PULSE OXIMETRY MUST BE PERFORMED ON EVERY NEWBORN PRIOR TO THE NEWBORN'S RELEASE FROM THE BIRTHING FACILITY.

(2) EACH BIRTHING FACILITY SHALL REPORT THE RESULTS OF THE PULSE OXIMETRY SCREENINGS TO THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. THE STATE BOARD OF HEALTH MAY PROMULGATE RULES FOR THE IMPLEMENTATION OF THIS SECTION.

(3) AS USED IN THIS SECTION, A "BIRTHING FACILITY" MEANS A GENERAL HOSPITAL OR BIRTHING CENTER LICENSED OR CERTIFIED PURSUANT TO SECTION

25-1.5-103 AND THAT PROVIDES BIRTHING AND NEWBORN CARE SERVICES.

SECTION 3. Appropriation. For the 2015-16 state fiscal year, \$32,386 is appropriated to the department of public health and environment for use by the center for health and environmental information. This appropriation is from the newborn screening and genetic counseling cash funds created in section 25-4-1006 (1), C.R.S., and is based on an assumption that the center will require an additional 0.2 FTE. To implement this act, the center may use this appropriation for the birth defects monitoring and prevention program.

SECTION 4. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly (August 5, 2015, if adjournment sine die is on May 6, 2015); except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2016 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

Approved: May 29, 2015