



Ohio Legislative Service Commission

Bill Analysis

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S.B. 4

130th General Assembly

(As Reported by S. Medicaid, Health and Human Services)

Sens. Manning and Oelslager, Obhof, Jones, Hite, Patton, Lehner, Beagle, Uecker, LaRose, Gardner, Eklund, Bacon, Widener, Faber, Cafaro, Tavares, Brown

BILL SUMMARY

- Requires hospitals and freestanding birthing centers to conduct a pulse oximetry screening on each newborn (unless a parent objects on religious grounds) for purposes of detecting critical congenital heart defects.
- Requires the Director of Health to adopt rules establishing standards and procedures for the pulse oximetry screenings.

CONTENT AND OPERATION

Newborn screenings for critical congenital heart defects

Requirement

The bill generally requires each hospital and freestanding birthing center in Ohio to conduct a pulse oximetry screening on each newborn born in the hospital or center.¹ Pulse oximetry is a noninvasive test used to measure how much oxygen is in a baby's blood. A device with a small red light (or probe) is placed on the baby's hand or foot. The probe is attached to a wire, which is attached to a special monitor that shows the reading.²

According to the U.S. Centers for Disease Control and Prevention (CDC), newborn screening using pulse oximetry can identify some infants with critical

¹ R.C. 3701.5010(B).

² Children's National Medical Center, *Frequently Asked Questions* (last visited March 12, 2013), available at <<http://www.childrensnational.org/pulseox/faq.aspx>>.

congenital heart defects (CCHDs). CCHDs are structural heart defects that often are associated with oxygen deficiency among newborns. Such infants are at risk of having serious complications and always require intervention – often surgical – soon after birth. The CDC estimates that about 300 infants with an unrecognized CCHD are discharged from U.S. newborn nurseries each year.³

At present, Ohio does not require that newborns undergo screening for CCHDs. Rather, newborns are currently screened for (1) 35 genetic, endocrine, and metabolic disorders,⁴ and (2) hearing impairments.⁵ The newborn screenings required under current law are not permitted if the newborn's parents object on the grounds that the screenings conflict with their religious tenets and practices.

Timing

The bill requires a pulse oximetry screening to be conducted before a newborn is discharged, unless the newborn is transferred to another hospital. In the case of a transfer, the hospital must perform the screening when determined to be medically appropriate.⁶

Exception

A hospital or center is prohibited from conducting the screening if the newborn's parent objects on grounds that the screening conflicts with the parent's religious tenets and practices.⁷

Notification

The bill requires each hospital or center to notify the following of a newborn's screening results: the newborn's parent, guardian, or custodian; the newborn's attending physician; and the Department of Health.⁸

³ U.S. Centers for Disease Control and Prevention, *Pediatric Genetics: Screening for Critical Congenital Heart Defects* (last visited March 12, 2013), available at <<http://www.cdc.gov/ncbddd/pediatricgenetics/pulse.html>>.

⁴ R.C. 3701.501 (not in the bill) and Ohio Administrative Code 3701-55-02.

⁵ R.C. 3701.505 (not in the bill).

⁶ R.C. 3701.5010(B).

⁷ R.C. 3701.5010(C).

⁸ R.C. 3701.5010(B).



Standards and procedures

The bill requires the Director of Health to adopt rules in accordance with the Administrative Procedure Act (R.C. Chapter 119.) establishing standards and procedures for the mandated screenings. The rules must address the following topics:⁹

- (1) Designating the person or persons who will be responsible for causing screenings to be performed;
- (2) Specifying equipment to be used for and methods of pulse oximetry screening;
- (3) Identifying when the pulse oximetry screening should be performed;
- (4) Providing notice of the required screening to the newborn's parent, guardian, or custodian and attending physician;
- (5) Communicating screening results to the newborn's parent, guardian, or custodian and attending physician;
- (6) Referring newborns who receive abnormal results to providers of follow-up services.

HISTORY

| ACTION | DATE |
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| Introduced | 02-12-13 |
| Reported, S. Medicaid, Health & Human Services | 03-12-13 |

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⁹ R.C. 3701.5010(D).

