



Ohio Legislative Service Commission

Final Analysis

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Sub. S.B. 4

130th General Assembly
(As Passed by the General Assembly)

Sens. Manning and Oelslager, Obhof, Jones, Hite, Patton, Lehner, Beagle, Uecker, LaRose, Gardner, Eklund, Bacon, Widener, Faber, Cafaro, Tavares, Brown, Balderson, Coley, Hughes, Kearney, Peterson, Sawyer, Schiavoni, Turner

Reps. Antonio, Bishoff, Brown, R. Hagan, Schuring, Anielski, Ashford, Barborak, Barnes, Beck, Blessing, Boose, Buchy, Budish, Burkley, Butler, Celebrezze, Cera, Damschroder, Driehaus, Duffey, Fedor, Gerberry, Gonzales, Green, Grossman, Hackett, C. Hagan, Heard, Hill, Hottinger, Johnson, Letson, Lundy, Mallory, McClain, Milkovich, Patterson, Pelanda, Ramos, Redfern, Reece, Rogers, Rosenberger, Ruhl, Slaby, Smith, Sprague, Stebelton, Stinziano, Thompson, Wachtmann, Winburn, Batchelder

Effective date: September 27, 2013

ACT SUMMARY

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

CONTENT AND OPERATION

Newborn screenings for critical congenital heart defects

The act generally requires each hospital and freestanding birthing center to conduct a critical congenital heart defects screening on each newborn born in the hospital or center.¹ The act defines "critical congenital heart defects screening" as the

¹ R.C. 3701.5010(B).

identification of a newborn that may have a critical congenital heart defect, through the use of a physiologic test.

According to the U.S. Centers for Disease Control and Prevention (CDC), a critical congenital heart defect is a structural heart defect that often is associated with oxygen deficiency during the newborn period. Infants with these defects are at risk of having serious complications and typically require intervention – often surgical – early in life.²

Exception

The act prohibits a hospital or center from conducting a critical congenital heart defects screening if the newborn's parent objects on grounds that the screening conflicts with the parent's religious tenets and practices.³ A corresponding exception applies under continuing law regarding newborn screenings for genetic, endocrine, and metabolic disorders and hearing impairments.⁴

Timing and notice

Under the act, a critical congenital heart defects screening is to be conducted before a newborn is discharged, unless the newborn is transferred to another hospital. In the case of a transfer, the other hospital must perform the screening when determined to be medically appropriate. The hospital or center must notify the following of the screening results: the newborn's parent, guardian, or custodian and the newborn's attending physician.⁵

Standards and procedures

The act 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 critical congenital heart defects screenings. The rules must address the following:⁶

² CDC, *Pediatric Genetics: Screening for Critical Congenital Heart Defects*, available at www.cdc.gov/ncbddd/pediatricgenetics/pulse.html.

³ R.C. 3701.5010(C).

⁴ R.C. 3701.501 and 3701.505 (not in the act).

⁵ R.C. 3701.5010(B).

⁶ R.C. 3701.5010(D)(1).



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

Screening equipment and methods

When adopting rules regarding screening equipment and methods, the Director must specify equipment and methods that include either (1) the use of pulse oximetry or (2) other equipment and methods that detect critical congenital heart defects at least as accurately as pulse oximetry.⁷ Pulse oximetry is a noninvasive test that measures how much oxygen is in a person's blood. In the case of a newborn, 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 connected to a special monitor that shows the reading.⁸ According to the CDC, newborn screening using pulse oximetry can identify some infants with critical congenital heart defects.⁹

The act also requires that the specified screening equipment and methods be consistent with recommendations issued by nationally recognized organizations that advocate on behalf of medical professionals or individuals with cardiovascular conditions.¹⁰

⁷ R.C. 3701.5010(D)(2).

⁸ Children's National Medical Center, *Frequently Asked Questions*, available at www.childrensnational.org/pulseox/faq.aspx.

⁹ CDC, *Pediatric Genetics: Screening for Critical Congenital Heart Defects*.

¹⁰ R.C. 3701.5010(D).

HISTORY

ACTION	DATE
Introduced	02-12-13
Reported, S. Medicaid, Health & Human Services	03-12-13
Passed Senate (33-0)	03-19-13
Reported, H. Health & Aging	05-29-13
Passed House (93-0)	06-18-13
Senate concurred in House amendments (32-0)	06-20-13

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