



Ohio Legislative Service Commission

Bill Analysis

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S.B. 4

130th General Assembly
(As Reported by H. Health and Aging)

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

BILL 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 mandated 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 critical congenital heart defects screening on each newborn born in the hospital or center.¹ The bill defines "critical congenital heart defects screening" as the 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), critical congenital heart defects (CCHDs) are structural heart defects that often are associated with oxygen deficiency among newborns. Such infants are at risk of having serious

¹ R.C. 3701.5010(B).

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.²

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,³ and (2) hearing impairments.⁴ 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 the screening to be conducted before a newborn is discharged, unless the newborn is transferred to another hospital. In the case of a transfer, that hospital must perform the screening when determined to be medically appropriate.⁵

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.⁶

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 and the newborn's attending physician.⁷

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:⁸

² U.S. Centers for Disease Control and Prevention, *Pediatric Genetics: Screening for Critical Congenital Heart Defects* (last visited April 11, 2013), available at <<http://www.cdc.gov/ncbddd/pediatricgenetics/pulse.html>>.

³ R.C. 3701.501 (not in the bill) and Ohio Administrative Code 3701-55-02.

⁴ R.C. 3701.505 (not in the bill).

⁵ R.C. 3701.5010(B).

⁶ R.C. 3701.5010(C).

⁷ R.C. 3701.5010(B).



(1) Designating the person or persons who will be 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 bill requires the Director of Health to 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.⁹ 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.¹⁰ According to the CDC, newborn screening using pulse oximetry can identify some infants with critical congenital heart defects.¹¹

The bill also requires that the specified screening equipment and methods be consistent with recommendations issued by nationally recognized organizations that

⁸ R.C. 3701.5010(D).

⁹ R.C. 3701.5010(D).

¹⁰ Children's National Medical Center, *Frequently Asked Questions* (last visited April 11, 2013), available at <<http://www.childrensnational.org/pulseox/faq.aspx>>.

¹¹ U.S. Centers for Disease Control and Prevention, *Pediatric Genetics: Screening for Critical Congenital Heart Defects* (last visited April 11, 2013), available at <<http://www.cdc.gov/ncbddd/pediatricgenetics/pulse.html>>.



advocate on behalf of medical professionals or individuals with cardiovascular conditions.¹²

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

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¹² R.C. 3701.5010(D).

