



630148

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/06/2013	.	
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	.	

The Committee on Health Policy (Sobel) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Subsection (2) of section 383.14, Florida Statutes, is amended to read:

383.14 Screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.—

(2) RULES.—After consultation with the Genetics and Newborn Screening Advisory Council, the department shall adopt and enforce rules requiring that every newborn in this state shall, before ~~prior to~~ becoming 1 week of age, be subjected to a test



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13 for phenylketonuria and, at the appropriate age, be tested for
14 such other metabolic diseases and hereditary or congenital
15 disorders as the department may deem necessary from time to
16 time. The department shall also adopt and enforce rules that
17 require each ambulatory surgical center and hospital, as defined
18 in s. 395.002, and birth center, as defined in s. 383.302, which
19 provides maternity and newborn care services in this state, to
20 perform screening for critical congenital heart disease (CCHD)
21 by testing for low blood-oxygen saturation using pulse oximetry
22 or alternate peer-reviewed, evidence-based technologies on each
23 newborn after the first 24 hours of life or before a newborn is
24 discharged. After consultation with the Office of Early
25 Learning, the department shall also adopt and enforce rules
26 requiring every newborn in this state to be screened for
27 environmental risk factors that place children and their
28 families at risk for increased morbidity, mortality, and other
29 negative outcomes. The department shall adopt such additional
30 rules as are found necessary for the administration of this
31 section and s. 383.145, including rules providing definitions of
32 terms, rules relating to the methods used and time or times for
33 testing as accepted medical practice indicates, rules relating
34 to charging and collecting fees for the administration of the
35 newborn screening program authorized by this section, rules for
36 processing requests and releasing test and screening results,
37 and rules requiring mandatory reporting of the results of tests
38 and screenings for these conditions to the department.

39 Section 2. This act shall take effect July 1, 2013.

40
41 ===== T I T L E A M E N D M E N T =====



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42 And the title is amended as follows:

43 Delete everything before the enacting clause
44 and insert:

45 A bill to be entitled
46 An act relating to newborn screening for critical
47 congenital heart disease; amending s. 383.14, F.S.;
48 requiring the Department of Health to adopt and
49 enforce rules that require ambulatory surgical
50 centers, hospitals, and birth centers in this state to
51 conduct screening for critical congenital heart
52 defects in all newborns by using certain technologies;
53 providing an effective date.

54
55 WHEREAS, congenital heart defects are structural
56 abnormalities of the heart which are present at birth.
57 Congenital heart defects range in severity from simple problems,
58 such as holes between chambers of the heart, to severe
59 malformations, such as the complete absence of one or more
60 chamber or valve. Some critical congenital heart defects can
61 cause severe and life-threatening symptoms that require
62 intervention within the first days of life, and

63 WHEREAS, congenital heart defects are the leading cause of
64 death of infants who have birth defects, and

65 WHEREAS, according to the United States Secretary of Health
66 and Human Services' Advisory Committee on Heritable Disorders in
67 Newborns and Children, congenital heart defects affect between
68 seven and nine of every 1,000 live births in the United States
69 and Europe, and

70 WHEREAS, annual hospital costs in this country for all



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71 individuals who have congenital heart disease have reached \$2.6
72 billion, and

73 WHEREAS, current methods for detecting congenital heart
74 defects generally include prenatal ultrasound screening and
75 repeated clinical examinations that can identify many affected
76 newborns. These screenings identify less than half of all cases
77 of critical congenital heart defects, and many of these heart
78 defects are frequently missed during routine clinical exams
79 performed before a newborn's discharge from an ambulatory
80 surgical center, hospital, or birth center, and

81 WHEREAS, pulse oximetry is a noninvasive test that
82 estimates the percentage of hemoglobin in blood which is
83 saturated with oxygen. When pulse oximetry is performed on a
84 newborn in a hospital or birth center, this test is effective in
85 detecting critical, life-threatening congenital heart defects
86 that otherwise go undetected by current screening methods, and

87 WHEREAS, newborns who have abnormal pulse oximetry results
88 require immediate confirmatory testing and intervention. Many
89 newborn lives could potentially be saved by earlier detection
90 and treatment of critical congenital heart defects if ambulatory
91 surgical centers, hospitals, and birth centers in this state
92 were required to perform the simple, noninvasive newborn
93 screening in conjunction with current methods of screening for
94 congenital heart defects, NOW THEREFORE,