



98TH GENERAL ASSEMBLY

State of Illinois

2013 and 2014

HB2661

Introduced 2/21/2013, by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

210 ILCS 3/85 new
210 ILCS 85/17 new

Amends the Alternative Health Care Delivery Act and the Hospital Licensing Act. Sets forth the General Assembly's findings concerning the screening of newborns for congenital heart defects. Provides that all birth centers and hospitals must test every newborn for congenital heart defects via a screening test in line with the current standard of care, such as pulse oximetry screening, according to congenital heart defect screening protocols developed by the Department of Public Health in consultation with relevant medical practitioners and stakeholders. Provides that exceptions to mandatory congenital heart defect screenings shall be limited to cases in which the parents object to the screening, or as directed by the congenital heart defect screening protocol.

LRB098 09098 RPM 39235 b

1 AN ACT concerning health facilities.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Alternative Health Care Delivery Act is
5 amended by adding Section 85 as follows:

6 (210 ILCS 3/85 new)

7 Sec. 85. Newborn screening; congenital heart defects.

8 (a) The General Assembly finds as follows:

9 (1) Congenital heart defects (CHDs) are structural
10 abnormalities of the heart that are present at birth. CHDs
11 range in severity from simple problems such as holes
12 between chambers of the heart to severe malformations, such
13 as the complete absence of one or more chambers or valves.
14 Some critical CHDs can cause severe and life-threatening
15 symptoms that require intervention within the first days of
16 life.

17 (2) According to the United States Secretary of Health
18 and Human Services' Advisory Committee on Heritable
19 Disorders in Newborns and Children, congenital heart
20 disease affects approximately 7 to 9 of every 1,000 live
21 births in the United States and Europe. The federal Centers
22 for Disease Control and Prevention states that CHD is the
23 leading cause of infant death due to birth defects.

1 (3) Current methods for detecting CHDs generally
2 include prenatal ultrasound screening and repeated
3 clinical examinations. While prenatal ultrasound
4 screenings can detect some major congenital heart defects,
5 these screenings, alone, identify less than half of all CHD
6 cases, and critical CHD cases are often missed during
7 routine clinical exams performed prior to a newborn's
8 discharge from a birthing facility.

9 (4) Pulse oximetry is a non-invasive test that
10 estimates the percentage of hemoglobin in blood that is
11 saturated with oxygen. When performed on a newborn within a
12 minimum of 24 hours after birth, pulse oximetry screening
13 is often more effective at detecting critical,
14 life-threatening CHDs that otherwise go undetected by
15 current screening methods. Newborns with abnormal pulse
16 oximetry results require immediate confirmatory testing
17 and intervention.

18 (5) Many newborn lives could potentially be saved by
19 earlier detection and treatment of CHDs if birthing
20 facilities in the State were required to perform this
21 simple, non-invasive newborn screening in conjunction with
22 current CHD screening methods.

23 (b) All birth centers must test every newborn for
24 congenital heart defects via a screening test in line with the
25 current standard of care, such as pulse oximetry screening,
26 according to congenital heart defect screening protocols

1 developed by the Department of Public Health in consultation
2 with relevant medical practitioners and stakeholders.

3 (c) Exceptions to mandatory congenital heart defect
4 screenings shall be limited to cases in which the parents
5 object to the screening, or as directed by the congenital heart
6 defect screening protocol.

7 Section 10. The Hospital Licensing Act is amended by adding
8 Section 17 as follows:

9 (210 ILCS 85/17 new)

10 Sec. 17. Newborn screening; congenital heart defects.

11 (a) The General Assembly finds as follows:

12 (1) Congenital heart defects (CHDs) are structural
13 abnormalities of the heart that are present at birth. CHDs
14 range in severity from simple problems such as holes
15 between chambers of the heart to severe malformations, such
16 as the complete absence of one or more chambers or valves.
17 Some critical CHDs can cause severe and life-threatening
18 symptoms that require intervention within the first days of
19 life.

20 (2) According to the United States Secretary of Health
21 and Human Services' Advisory Committee on Heritable
22 Disorders in Newborns and Children, congenital heart
23 disease affects approximately 7 to 9 of every 1,000 live
24 births in the United States and Europe. The federal Centers

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8 cases, and critical CHD cases are often missed during
9 routine clinical exams performed prior to a newborn's
10 discharge from a birthing facility.

11 (4) Pulse oximetry is a non-invasive test that
12 estimates the percentage of hemoglobin in blood that is
13 saturated with oxygen. When performed on a newborn within a
14 minimum of 24 hours after birth, pulse oximetry screening
15 is often more effective at detecting critical,
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17 current screening methods. Newborns with abnormal pulse
18 oximetry results require immediate confirmatory testing
19 and intervention.

20 (5) Many newborn lives could potentially be saved by
21 earlier detection and treatment of CHDs if birthing
22 facilities in the State were required to perform this
23 simple, non-invasive newborn screening in conjunction with
24 current CHD screening methods.

25 (b) All hospitals must test every newborn for congenital
26 heart defects via a screening test in line with the current

1 standard of care, such as pulse oximetry screening, according
2 to congenital heart defect screening protocols developed by the
3 Department of Public Health in consultation with relevant
4 medical practitioners and stakeholders.

5 (c) Exceptions to mandatory congenital heart defect
6 screenings shall be limited to cases in which the parents
7 object to the screening, or as directed by the congenital heart
8 defect screening protocol.