

26:2-111.3

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2011 **CHAPTER:** 74

NJSA: 26:2-111.3 (Requires birthing facilities to screen newborns for congenital heart defects prior to discharge)

BILL NO: A3744 (Substituted for S2752)

SPONSOR(S) O'Donnell and others

DATE INTRODUCED: January 20, 2011

COMMITTEE: **ASSEMBLY:** Health and Senior Services

SENATE:

AMENDED DURING PASSAGE: No

DATE OF PASSAGE: **ASSEMBLY:** March 14, 2011

SENATE: April 28, 2011

DATE OF APPROVAL: June 2, 2011

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (Introduced version of bill enacted)

A3744

SPONSOR'S STATEMENT: (Begins on page 3 of introduced bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes .

SENATE: No

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL NOTE: No

S2752

SPONSOR'S STATEMENT: (Begins on page 3 of introduced bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY:** No .

SENATE: Yes

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL NOTE: No

(continued)

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext.103 or <mailto:refdesk@njstatelib.org>

REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: Yes

"Gov. Christie signs bill mandating monitoring of newborns for congenital heart defects," NewJerseyNewsroom.com, 6-2-11

"Among Helicopter Hubbub, Christie Signs a Potentially Lifesaving Bill," NJSPOTLIGHT, 6-3-11

"Bill requires testing for heart defects," The Star-Ledger, 6-3-11

"New Jersey newborns to be tested for heart defects," The Record, 6-3-11

LAW/RWH

P.L.2011, CHAPTER 74, *approved June 2, 2011*
Assembly, No. 3744

1 AN ACT concerning newborn screening and supplementing Title 26
2 of the Revised Statutes.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. The Legislature finds and declares that:

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

15 b. According to the United States Secretary of Health and
16 Human Services' Advisory Committee on Heritable Disorders in
17 Newborns and Children, congenital heart disease affects
18 approximately seven to nine of every 1,000 live births in the United
19 States and Europe; the federal Centers for Disease Control and
20 Prevention states that CHD is the leading cause of infant death due
21 to birth defects;

22 c. Current methods for detecting CHDs generally include
23 prenatal ultrasound screening and repeated clinical examinations;
24 while prenatal ultrasound screenings can detect some major
25 congenital heart defects, these screenings, alone, identify less than
26 half of all CHD cases, and critical CHD cases are often missed
27 during routine clinical exams performed prior to a newborn's
28 discharge from a birthing facility;

29 d. Pulse oximetry is a non-invasive test that estimates the
30 percentage of hemoglobin in blood that is saturated with oxygen;
31 when performed on a newborn a minimum of 24 hours after birth,
32 pulse oximetry screening is often more effective at detecting
33 critical, life-threatening CHDs which otherwise go undetected by
34 current screening methods; newborns with abnormal pulse oximetry
35 results require immediate confirmatory testing and intervention; and

36 e. Many newborn lives could potentially be saved by earlier
37 detection and treatment of CHDs if birthing facilities in the State
38 were required to perform this simple, non-invasive newborn
39 screening in conjunction with current CHD screening methods.

1 2. a. The Commissioner of Health and Senior Services shall
2 require each birthing facility licensed by the Department of Health
3 and Senior Services to perform a pulse oximetry screening, a
4 minimum of 24 hours after birth, on every newborn in its care.

5 b. As used in this section, “birthing facility” means an inpatient
6 or ambulatory health care facility licensed by the Department of
7 Health and Senior Services that provides birthing and newborn care
8 services.

9 c. The commissioner shall adopt rules and regulations,
10 pursuant to the “Administrative Procedure Act,” P.L.1968, c.410
11 (C.52:14B-1 et seq.), necessary to carry out the purposes of this act.

12

13 3. This act shall take effect on the 90th day after enactment, but
14 the commissioner may take such anticipatory administrative action
15 in advance thereof as shall be necessary for the implementation of
16 this act.

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STATEMENT

20

21 This bill requires each birthing facility licensed by the
22 Department of Health and Senior Services to perform a pulse
23 oximetry screening for congenital birth defects (CHDs), a minimum
24 of 24 hours after birth, on every newborn in its care.

25 For newborns, pulse oximetry screening involves taping a small
26 sensor to a newborn’s foot while the sensor beams red light through
27 the foot to measure how much oxygen is in the blood. Pulse
28 oximetry screening is effective at detecting CHDs that may
29 otherwise go undetected by current screening methods. Pulse
30 oximetry screenings are non-invasive, painless, and take
31 approximately one minute to perform.

32 According to the United States Secretary of Health and Human
33 Services’ Advisory Committee on Heritable Disorders in Newborns
34 and Children, congenital heart disease affects approximately seven
35 to nine of every 1,000 live births in the United States and Europe;
36 the federal Centers for Disease Control and Prevention states that
37 CHD is the leading cause of infant death due to birth defects.

38 Current methods used to detect CHDs include prenatal
39 ultrasound screening and repeated clinical examinations; however,
40 prenatal ultrasound screenings, alone, identify less than half of all
41 CHD cases. Many newborn lives could potentially be saved by
42 requiring birthing facilities to incorporate pulse oximetry screening
43 as a method for early detection of CHDs in conjunction with current
44 CHD screening methods.

45 The bill takes effect on the 90th day after enactment, but the
46 Commissioner of Health and Senior Services may take such
47 anticipatory administrative action in advance as is necessary to
48 implement the provisions of the bill.

1

2

3

Requires birthing facilities to screen newborns for congenital

4

heart defects prior to discharge.

ASSEMBLY, No. 3744

STATE OF NEW JERSEY 214th LEGISLATURE

INTRODUCED JANUARY 20, 2011

Sponsored by:

Assemblyman JASON O'DONNELL

District 31 (Hudson)

Assemblywoman CONNIE WAGNER

District 38 (Bergen)

Assemblyman RUBEN J. RAMOS, JR.

District 33 (Hudson)

Co-Sponsored by:

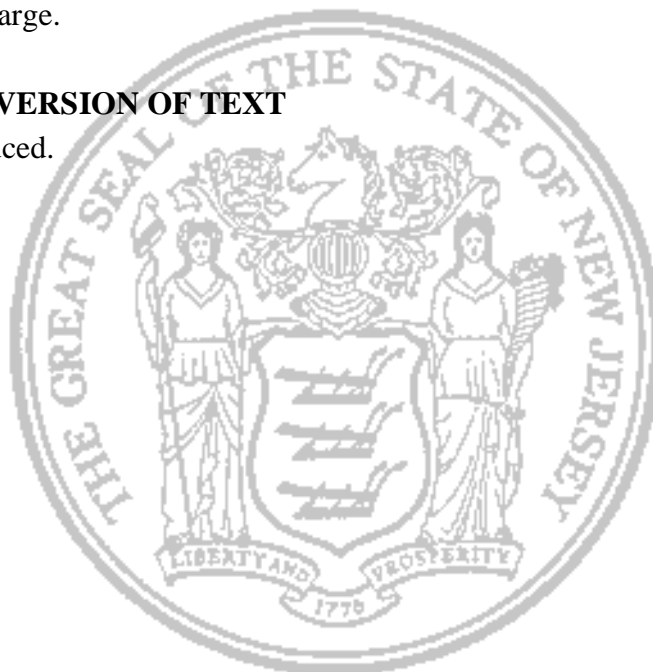
Assemblywoman Jasey, Assemblymen Fuentes, Prieto, Coughlin, Caputo, Giblin, Assemblywomen Rodriguez, Tucker, Assemblymen Mainor, Coutinho, Diegnan, Benson, DeCroce, Assemblywoman Evans, Assemblyman Polistina, Senators Codey, Vitale, Addiego and Gordon

SYNOPSIS

Requires birthing facilities to screen newborns for congenital heart defects prior to discharge.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 4/29/2011)

1 AN ACT concerning newborn screening and supplementing Title 26
2 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. The Legislature finds and declares that:

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

15 b. According to the United States Secretary of Health and
16 Human Services' Advisory Committee on Heritable Disorders in
17 Newborns and Children, congenital heart disease affects
18 approximately seven to nine of every 1,000 live births in the United
19 States and Europe; the federal Centers for Disease Control and
20 Prevention states that CHD is the leading cause of infant death due
21 to birth defects;

22 c. Current methods for detecting CHDs generally include
23 prenatal ultrasound screening and repeated clinical examinations;
24 while prenatal ultrasound screenings can detect some major
25 congenital heart defects, these screenings, alone, identify less than
26 half of all CHD cases, and critical CHD cases are often missed
27 during routine clinical exams performed prior to a newborn's
28 discharge from a birthing facility;

29 d. Pulse oximetry is a non-invasive test that estimates the
30 percentage of hemoglobin in blood that is saturated with oxygen;
31 when performed on a newborn a minimum of 24 hours after birth,
32 pulse oximetry screening is often more effective at detecting
33 critical, life-threatening CHDs which otherwise go undetected by
34 current screening methods; newborns with abnormal pulse oximetry
35 results require immediate confirmatory testing and intervention; and

36 e. Many newborn lives could potentially be saved by earlier
37 detection and treatment of CHDs if birthing facilities in the State
38 were required to perform this simple, non-invasive newborn
39 screening in conjunction with current CHD screening methods.

40

41 2. a. The Commissioner of Health and Senior Services shall
42 require each birthing facility licensed by the Department of Health
43 and Senior Services to perform a pulse oximetry screening, a
44 minimum of 24 hours after birth, on every newborn in its care.

45 b. As used in this section, "birthing facility" means an inpatient
46 or ambulatory health care facility licensed by the Department of
47 Health and Senior Services that provides birthing and newborn care
48 services.

1 c. The commissioner shall adopt rules and regulations,
2 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
3 (C.52:14B-1 et seq.), necessary to carry out the purposes of this act.
4

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17 For newborns, pulse oximetry screening involves taping a small
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19 the foot to measure how much oxygen is in the blood. Pulse
20 oximetry screening is effective at detecting CHDs that may
21 otherwise go undetected by current screening methods. Pulse
22 oximetry screenings are non-invasive, painless, and take
23 approximately one minute to perform.

24 According to the United States Secretary of Health and Human
25 Services' Advisory Committee on Heritable Disorders in Newborns
26 and Children, congenital heart disease affects approximately seven
27 to nine of every 1,000 live births in the United States and Europe;
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33 CHD cases. Many newborn lives could potentially be saved by
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36 CHD screening methods.

37 The bill takes effect on the 90th day after enactment, but the
38 Commissioner of Health and Senior Services may take such
39 anticipatory administrative action in advance as is necessary to
40 implement the provisions of the bill.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3744

STATE OF NEW JERSEY

DATED: MARCH 7, 2011

The Assembly Health and Senior Services Committee reports favorably Assembly Bill No. 3744.

This bill requires birthing facilities in this State to screen newborns for congenital heart defects (CHDs) prior to discharge.

The bill provides specifically as follows:

- Each birthing facility licensed by the Department of Health and Senior Services (DHSS) is to perform a pulse oximetry screening for CHDs, a minimum of 24 hours after birth, on every newborn in its care.
- The bill defines “birthing facility” to mean an inpatient or ambulatory health care facility licensed by DHSS that provides birthing and newborn care services.
- The bill takes effect on the 90th day after enactment, but authorizes the Commissioner of DHSS to take anticipatory administrative action in advance as necessary to implement its provisions.

This bill is identical to Senate Bill No. 2752 (Codey), which is pending in the Senate Health, Human Services and Senior Citizens Committee.

SENATE, No. 2752

STATE OF NEW JERSEY 214th LEGISLATURE

INTRODUCED MARCH 3, 2011

Sponsored by:

Senator RICHARD J. CODEY

District 27 (Essex)

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Co-Sponsored by:

Senators Addiego and Gordon

SYNOPSIS

Requires birthing facilities to screen newborns for congenital heart defects prior to discharge.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 4/29/2011)

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11 severe malformations, such as the complete absence of one or more
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13 threatening symptoms which require intervention within the first
14 days of life;

15 b. According to the United States Secretary of Health and
16 Human Services' Advisory Committee on Heritable Disorders in
17 Newborns and Children, congenital heart disease affects
18 approximately seven to nine of every 1,000 live births in the United
19 States and Europe; the federal Centers for Disease Control and
20 Prevention states that CHD is the leading cause of infant death due
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38 Commissioner of Health and Senior Services may take such
39 anticipatory administrative action in advance as is necessary to
40 implement the provisions of the bill.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 2752

STATE OF NEW JERSEY

DATED: MARCH 14, 2011

The Senate Health, Human Services and Senior Citizens Committee reports favorably Senate Bill No. 2752.

This bill requires birthing facilities in this State to screen newborns for congenital heart defects (CHDs) prior to discharge.

The bill provides specifically as follows:

- Each birthing facility licensed by the Department of Health and Senior Services (DHSS) is to perform a pulse oximetry screening for CHDs, a minimum of 24 hours after birth, on every newborn in its care.
- The bill defines “birthing facility” to mean an inpatient or ambulatory health care facility licensed by DHSS that provides birthing and newborn care services.
- The bill takes effect on the 90th day after enactment, but authorizes the Commissioner of DHSS to take anticipatory administrative action in advance as necessary to implement its provisions.

This bill is identical to Assembly Bill No. 3744 (O'Donnell/Wagner/Ramos), which is pending before the General Assembly.

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Governor Christie Signs Legislation to Monitor Newborns for Congenital Heart Defects

Thursday, June 2, 2011 Tags: [Bill Action](#)

Trenton, NJ – Governor Chris Christie signed first-in-the-nation legislation today to protect the health of newborns from potentially life-threatening congenital birth defects by requiring all inpatient or ambulatory health care facilities licensed by the Department of Health and Senior Services to perform pulse oximetry screenings. The screenings must be completed a minimum of 24 hours after birth and on every newborn at a facility. The legislation makes New Jersey the first state to mandate pulse oximetry testing on newborns statewide.

"As the father of four, I know the birth of a child should be a joyous occasion for parents and family," said Governor Christie. "There are times when an infant does not readily exhibit symptoms of a potential defect and the condition may not be detected in a routine exam. This legislation will help identify infants who may have hidden, serious heart problems before they leave the hospital, making a significant difference in the lives of these babies, their families and their treating physicians."

Pulse oximetry is a non-invasive, low-cost test used to identify congenital birth defects in newborns. It measures the percent of oxygen in the blood of an infant and whether a baby's heart and lungs are healthy. The screening involves taping a sensor to the newborn's foot that beams red light through the foot to measure blood oxygen content.

"Before they leave the hospital, the 102,000 babies born in our state each year will now have a simple, painless screening test to ensure that any hidden, but potentially life-threatening heart defects will be detected," said Health and Senior Services Commissioner Mary O'Dowd, who is expecting her first child in a few weeks.

"We expect the pulse oximetry test to detect about 100 congenital heart defects in infants each year, enabling early treatment and preventing life-threatening injury or death," O'Dowd said.

According to the United States Secretary of Health and Human Services' Advisory Committee on Heritable Disorders in Newborns and Children, congenital heart disease affects approximately seven to nine of every 1,000 live births in the United States and Europe. About 100 heart defects a year are detected in newborns in New Jersey.

The federal Centers for Disease Control and Prevention report that congenital heart defects are the leading cause of infant death due to birth defects. When left untreated, congenital birth defects may cause physical and mental disabilities, or even death.

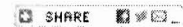
Sponsors of the legislation in the Assembly include Assemblypersons Jason O'Donnell (D-Hudson), Connie Wagner (D-Bergen) and Ruben J. Ramos, Jr. (D-Hudson). Senate version sponsors are Senators Richard J. Codey (D-Essex) and Joseph F. Vitale (D—Middlesex).

Press Contact:
Michael Drewniak
Kevin Roberts
609-777-2600

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Office of the Governor
PO Box 001
Trenton, NJ 08625
609-292-6000