

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE HOUSE BILL 1285**

Chapter 37, Laws of 2015

64th Legislature  
2015 Regular Session

NEWBORN SCREENING--CRITICAL CONGENITAL HEART DISEASE

EFFECTIVE DATE: 7/24/2015

Passed by the House March 2, 2015  
Yeas 97 Nays 0

FRANK CHOPP

**Speaker of the House of Representatives**

Passed by the Senate April 8, 2015  
Yeas 48 Nays 0

BRAD OWEN

**President of the Senate**

Approved April 21, 2015 10:55 PM

JAY INSLEE

**Governor of the State of Washington**

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1285** as passed by House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

**Chief Clerk**

FILED

April 21, 2015

**Secretary of State  
State of Washington**

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**SUBSTITUTE HOUSE BILL 1285**

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Passed Legislature - 2015 Regular Session

**State of Washington                      64th Legislature                      2015 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Riccelli, G. Hunt, Van De Wege, Harris, Cody, Holy, Jinkins, Clibborn, Robinson, Walkinshaw, Peterson, Fitzgibbon, Ormsby, Bergquist, Tarleton, Farrell, Moeller, S. Hunt, Tharinger, Stanford, and Gregerson)

READ FIRST TIME 02/10/15.

1            AN ACT Relating to screening newborns for critical congenital  
2 heart disease; adding a new section to chapter 70.83 RCW; and  
3 creating a new section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5            NEW SECTION.    **Sec. 1.** The legislature finds the following:

6            (1) Critical congenital heart disease is an abnormality in the  
7 structure or function of the heart that exists at birth, may cause  
8 life-threatening symptoms, and requires early medical  
9 intervention. Congenital heart disease is the most common cause of  
10 death in the first year of life. Outwardly healthy babies may be  
11 discharged from hospitals before signs of disease are detected.

12            (2) Pulse oximetry is a low-cost, noninvasive test that is  
13 effective at detecting congenital heart defects that otherwise would  
14 go undetected.

15            (3) Critical congenital heart disease was added to the national  
16 recommended uniform screening panel in 2011, and the majority of  
17 states have established a statewide screening for the disease.

18            (4) Requiring all hospitals and health care providers attending  
19 births to screen newborns for critical congenital heart disease has  
20 the potential to save newborn lives with early detection and  
21 treatment.

1        NEW SECTION.    **Sec. 2.**    A new section is added to chapter 70.83  
2    RCW to read as follows:

3        (1) Prior to discharge of an infant born in a hospital, the  
4    hospital shall:

5        (a) Perform critical congenital heart disease screening using  
6    pulse oximetry according to recommended American academy of  
7    pediatrics guidelines;

8        (b) Record the results of the critical congenital heart disease  
9    screening test in the newborn's medical record; and

10       (c) If the screening test indicates a suspicion of abnormality,  
11    refer the newborn for appropriate care and report the test results to  
12    the newborn's attending physician and parent, parents, or guardian.

13       (2)(a) Except as provided in (b) of this subsection, a health  
14    care provider attending a birth outside of a hospital shall, no  
15    sooner than twenty-four hours after the birth of an infant born  
16    outside of a hospital, but no later than forty-eight hours after the  
17    birth:

18       (i) Perform critical congenital heart disease screening using  
19    pulse oximetry according to recommended American academy of  
20    pediatrics guidelines;

21       (ii) Record the results of the critical congenital heart disease  
22    screening test in the newborn's medical record; and

23       (iii) If the screening test indicates a suspicion of abnormality,  
24    refer the newborn for appropriate care and report the test results to  
25    the newborn's attending physician and parent, parents, or guardian.

26       (b) If the health care provider does not perform the test  
27    required in (a) of this subsection because he or she does not possess  
28    the proper equipment, the health care provider shall notify the  
29    parent, parents, or guardian in writing that the health care provider  
30    was unable to perform the test and that the infant should be tested  
31    by another health care provider no sooner than twenty-four hours  
32    after the birth, but no later than forty-eight hours after the birth.

33       (3) No test may be given to a newborn infant under this section  
34    whose parent, parents, or guardian object thereto on the grounds that  
35    such tests conflict with their religious tenets and practices.

36       (4) The state board of health may adopt rules to implement the  
37    requirements of this section.

38       (5) For purposes of this section, the following terms have the  
39    following meanings unless the context clearly requires otherwise:

1           (a) "Critical congenital heart disease" means an abnormality in  
2 the structure or function of the heart that exists at birth, causes  
3 severe, life-threatening symptoms, and requires medical intervention  
4 within the first year of life.

5           (b) "Newborn" means an infant born in any setting in the state of  
6 Washington.

Passed by the House March 2, 2015.

Passed by the Senate April 8, 2015.

Approved by the Governor April 21, 2015.

Filed in Office of Secretary of State April 21, 2015.

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