

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; critical congenital heart
8 defects.

9 (a) The General Assembly finds as follows:

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

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

1 leading cause of infant death due to birth defects.

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

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

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

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

1 according to critical congenital heart defect screening
2 protocols developed by the Department of Public Health in
3 consultation with relevant medical practitioners and
4 stakeholders.

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

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

11 (210 ILCS 85/17 new)

12 Sec. 17. Newborn screening; critical congenital heart
13 defects.

14 (a) The General Assembly finds as follows:

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

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24 and Human Services' Advisory Committee on Heritable

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3 births in the United States and Europe. The federal Centers
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5 leading cause of infant death due to birth defects.

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16 saturated with oxygen. When performed on a newborn within a
17 minimum of 24 hours after birth, pulse oximetry screening
18 is often more effective at detecting critical,
19 life-threatening CHDs that otherwise go undetected by
20 current screening methods. Newborns with abnormal pulse
21 oximetry results require immediate confirmatory testing
22 and intervention.

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

1 current CHD screening methods.

2 (b) All birthing hospitals must test every newborn for
3 critical congenital heart defects via a screening test in line
4 with the current standard of care, such as pulse oximetry
5 screening, according to critical congenital heart defect
6 screening protocols developed by the Department of Public
7 Health in consultation with relevant medical practitioners and
8 stakeholders.

9 (c) Exceptions to mandatory critical congenital heart
10 defect screenings shall be limited to cases in which the
11 parents object to the screening, or as directed by the critical
12 congenital heart defect screening protocol.