

MedChi

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TO: The Honorable Thomas M. Middleton, Chairman
Members, Senate Finance Committee
The Honorable Karen Montgomery

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise

DATE: March 16, 2011

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 786 – *Health – Newborn Screening Program – Critical Congenital Heart Disease*

The Maryland State Medical Society (MedChi), which represents over 7,300 Maryland physicians and their patients, supports Senate Bill 786 with amendment.

Senate Bill 786 adds the requirement to screen for congenital heart disease to Maryland newborn screening program. The Department of Health and Human Services (HHS) Advisory Committee for Heritable Disorders in Newborns and Children has recommended the addition of screening for critical cyanotic congenital heart disease to the core panel for universal screening of all newborns. Screening is done through the use of pulse oximetry, a simple test that can be incorporated by hospitals into their procedures for screening newborns. MedChi thinks it is a requirement that has merit and should be adopted by the General Assembly.

MedChi would, however, note the need to amend the legislation as drafted to more appropriately incorporate congenital heart disease screening into the screening tests provided to all newborns in the State. A number of years ago, this General Assembly removed the delineated list of tests that comprised Maryland's newborn screening program and placed that list in regulation. However, Senate Bill 786 would again list the screening requirement in statute. MedChi believes its addition is better handled through regulation. Furthermore, the use of pulse oximetry to screen for congenital heart disease should not be implemented and administered by the State Laboratory Department within DHMH. Pulse oximetry will not be conducted by the State laboratory with the balance of the newborn screening tests. It will be administered by the hospitals. While the

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requirement to conduct the screening should be mandated, DHMH's role should be required to develop clinical guidelines that can be utilized by the hospitals to implement the mandate and DHMH should have authority to monitor compliance. However, the compliance monitoring function should be vested in an office within DHMH that can more appropriately oversee the program.

MedChi believes that the addition of a requirement to screen for congenital heart disease in newborns is a notable enhancement to an already nationally recognized newborn screening program. With its amendments noted, MedChi urges a favorable report on Senate Bill 786.

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