Chapter 70.83 RCW
PHENYLKETONURIA AND OTHER PREVENTABLE HERITABLE DISORDERS

Sections

Reviser's note: Powers and duties of the department of social and health services and the secretary of social and health services transferred to the department of health and the secretary of health. See RCW 43.70.060.

RCW 70.83.010 Declaration of policy and purpose. It is hereby declared to be the policy of the state of Washington to make every effort to detect as early as feasible and to prevent where possible phenylketonuria and other preventable heritable disorders leading to developmental disabilities or physical defects. [1977 ex.s. c 80 s 40; 1967 c 82 s 1.]

Purpose—Intent—Severability—1977 ex.s. c 80: See notes following RCW 4.16.190.

RCW 70.83.020 Screening tests of newborn infants. (1) It shall be the duty of the department of health to require screening tests of all newborn infants born in any setting. Each hospital or health care provider attending a birth outside of a hospital shall collect and submit a sample blood specimen for all newborns no more than forty-eight hours following birth. The department of health shall conduct screening tests of samples for the detection of phenylketonuria and other heritable or metabolic disorders leading to intellectual disabilities or physical defects as defined by the state board of health: PROVIDED, That no such tests shall be given to any newborn infant whose parents or guardian object thereto on the grounds that such tests conflict with their religious tenets and practices.

(2) The sample required in subsection (1) of this section must be received by the department [of health] within seventy-two hours of the collection of the sample, excluding any day that the Washington state public health laboratory is closed. [2014 c 18 s 1; 2010 c 94 s 18; 1991 c 3 s 348; 1975-'76 2nd ex.s. c 27 s 1; 1967 c 82 s 2.]

Purpose—2010 c 94: See note following RCW 44.04.280.

RCW 70.83.023 Specialty clinics—Defined disorders—Fee for infant screening and sickle cell disease. The department has the authority to collect a fee of eight dollars and forty cents from the

parents or other responsible party of each infant screened for congenital disorders as defined by the state board of health under RCW 70.83.020 to fund specialty clinics that provide treatment services for those with the defined disorders. The fee may also be used to support organizations conducting community outreach, education, and adult support related to sickle cell disease. The fee may be collected through the facility where a screening specimen is obtained. [2010 1st sp.s. c 17 s 1; 2007 c 259 s 8.]

Subheadings not law—2007 c 259: See note following RCW 7.70.060.

RCW 70.83.030 Report of positive test to department of health. Laboratories, attending physicians, hospital administrators, or other persons performing or requesting the performance of tests for phenylketonuria shall report to the department of health all positive tests. The state board of health by rule shall, when it deems appropriate, require that positive tests for other heritable and metabolic disorders covered by this chapter be reported to the state department of health by such persons or agencies requesting or performing such tests. [1991 c 3 s 349; 1979 c 141 s 113; 1967 c 82 s 3.]

RCW 70.83.040 Services and facilities of state agencies made available to families and physicians. When notified of positive screening tests, the state department of health shall offer the use of its services and facilities, designed to prevent intellectual disabilities or physical defects in such children, to the attending physician, or the parents of the newborn child if no attending physician can be identified.

The services and facilities of the department, and other state and local agencies cooperating with the department in carrying out programs of detection and prevention of intellectual disabilities and physical defects shall be made available to the family and physician to the extent required in order to carry out the intent of this chapter and within the availability of funds. [2010 c 94 s 19; 2007 c 259 s 7; 2005 c 518 s 938; 1999 c 76 s 1; 1991 c 3 s 350; 1979 c 141 s 114; 1967 c 82 s 4.]

Purpose—2010 c 94: See note following RCW 44.04.280.

Subheadings not law—2007 c 259: See note following RCW 7.70.060.

Effective date—2005 c 518: See note following RCW 28A.600.110.

RCW 70.83.050 Rules and regulations to be adopted by state board of health. The state board of health shall adopt rules and regulations necessary to carry out the intent of this chapter. [1967 c 82 s 5.]

RCW 70.83.090 Critical congenital heart disease screening. (1) Prior to discharge of an infant born in a hospital, the hospital shall:

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

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

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

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

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

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

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

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

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

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

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

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

(b) "Newborn" means an infant born in any setting in the state of Washington. [2015 c 37 s 2.]

Findings—2015 c 37: "The legislature finds the following:

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

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

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

(4) Requiring all hospitals and health care providers attending births to screen newborns for critical congenital heart disease has

the potential to save newborn lives with early detection and treatment." [2015 c 37 s 1.]