

STATE REPRESENTATIVE
25th LEGISLATIVE DISTRICT
DAWN MORRELL

State of
Washington
House of
Representatives



APPROPRIATIONS SUBCOMMITTEE
ON HEALTH & HUMAN SERVICES
CHAIR
APPROPRIATIONS
HEALTH CARE & WELLNESS
TECHNOLOGY & ECONOMIC
DEVELOPMENT

July 15, 2014

John Austin, Chair
State Board of Health
PO Box 47990
Olympia WA 98504-7990

Dear Chair Austin:

As a cardiac nurse at Good Samaritan Hospital in Puyallup, I regularly see the toll cardiovascular disease exacts on our friends and neighbors. Cardiovascular disease (CVD) remains the number one killer of Americans and a significant driver of health care costs. Even our youngest Washingtonians, newborn babies, are not untouched by cardiac abnormalities.

Congenital heart defects occur in nearly 1 in 100 live births and are the most common cause of infant death, accounting for 27% of infant deaths that are caused by birth defects. Outwardly-healthy babies may be discharged from hospitals before signs of a cardiac defect are detected. Without timely detection, the health of these babies can quickly decline, ultimately leading to the need for serious medical interventions, often including open-heart surgeries.

I understand that the Washington State Board of Health is planning to update the existing newborn screening rules to reflect the changes made by SHB 2544. I strongly recommend adding critical congenital heart disease (CCHD) screening using pulse oximetry to Washington's newborn screening panel in WAC 246-650-020. Pulse oximetry is a quick, low-cost, non-invasive screening tool that can detect critical congenital defects. Research suggests cost savings associated with early detection of a single case of CCHD could exceed the costs associated with screening 2,000 infants.

The addition of screening for CCHD to the Recommended Uniform Screening Panel was endorsed by Secretary Kathleen Sebelius in 2011. More than 30 other states have established a statewide screening for CCHD. This is a sound practice, and it ought to be a *required* practice in Washington. Relying on voluntary screening by hospitals is inadequate, given the dire consequences of missing a diagnosis and the recent extension of screening requirements outside hospital settings. I urge the State Board of Health to take action to add screening CCHD to Washington's newborn screening panel.

Sincerely,

Representative Dawn Morrell
25th Legislative District
State of Washington

C: Michelle Davis, Executive Director, State Board of Health
John Wiesman, Director, Department of Health
Tami Thompson, Regulatory Affairs Manager, Department of Health

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