HOUSE CONSUMER AND PUBLIC AFFAIRS COMMITTEE SUBSTITUTE FOR HOUSE BILL 76

57TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2025

AN ACT

RELATING TO NEWBORN INFANT HEALTH; CREATING ADDITIONAL CONGENITAL HEART DISEASE SCREENING REQUIREMENTS FOR NEWBORN INFANTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 24-1-6 NMSA 1978 (being Laws 1973, Chapter 359, Section 6, as amended) is amended to read:

"24-1-6. TESTS REQUIRED FOR NEWBORN INFANTS.--

A. The department shall adopt screening tests for the detection of congenital diseases that shall be given to every newborn infant, except that, after being informed of the reasons for the tests, the parents or guardians of the newborn child may waive the requirements for the tests in writing. The screening tests shall include at a minimum:

(1) 3-methylcrotonyl-CoA deficiency;

(2) 3-OH 3-CH3 glutaric aciduria;

(3) argininosuccinic acidemia;

(4) mitochondrial acetoacetyl-CoA thiolase deficiency;

(5) biotinidase deficiency;

(6) carnitine uptake defect;

(7) citrullinemia;

(8) congenital adrenal hyperplasia;

(9) congenital hypothyroidism;

(10) cystic fibrosis;

(11) galactosemia;

(12) glutaric acidemia type I;

(13) Hb S/beta-thalassemia;

(14) hearing deficiency;

(15) homocystinuria;

(16) isovaleric acidemia;

(17) long-chain L-3-OH acyl-CoA dehydrogenase deficiency;

(18) maple syrup urine disease;

(19) medium chain acyl-CoA dehydrogenase deficiency;

(20) methylmalonic acidemia;

(21) multiple carboxylase deficiency;

(22) phenylketonuria;

(23) proponic acidemia;

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(24) sickle cell anemia;

(25) trifunctional protein deficiency;

(26) tyrosinemia type I;

(27) very long-chain acyl-CoA dehydrogenase deficiency; and

(28) critical congenital heart disease:

(a) by means of a test performed using a pulse oximeter before the newborn infant is discharged from the hospital or birthing facility where the newborn infant was born. For the purposes of this [~~paragraph~~] subparagraph, "pulse oximeter" means a device that measures the oxygen saturation of arterial blood; and

(b) by means of further evaluation if a health care provider determines further evaluation is necessary based on a screening that uses a standard questionnaire developed by the department to evaluate whether a newborn had an abnormal fetal ultrasound or has any diagnosed systemic or genetic disorders associated with heart disease or a family history of: 1) congenital heart disease; 2) sudden cardiac death or aborted sudden cardiac death in a family member under the age of fifty years old; 3) sudden infant death syndrome; 4) unexplained sudden death before the age of fifty; 5) exertional seizures or syncope; 6) first-degree relatives with an implantable defibrillator; 7) first-degree relatives who have been born with heart conditions or have needed surgery during

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childhood; 8) first-degree relatives with cardiomyopathies; 9) first-degree relatives with Marfan or Loeys-Dietz syndrome; or 10) first-degree relatives with heritable pulmonary arterial hypertension.

B. Upon the later of either January 1, 2011 or when the secretary finds that these screening tests are reasonably available, the department shall adopt screening tests for the detection of the following genetic diseases that shall be given to every newborn infant; except that, after being informed of the reasons for the tests, the parents or guardians of the newborn child may waive the requirements of the tests in writing. The screening tests shall include:

(1) acid maltase deficiency or glycogen storage disease type II;

(2) globoid cell leukodystrophy;

(3) Gaucher's disease;

(4) Niemann-Pick disease; and

(5) Fabry disease.

C. In determining which other congenital diseases to screen for, the secretary shall consider the recommendations of the New Mexico pediatric society, [~~of~~] the American society of echocardiography and the American academy of pediatrics.

D. The department shall institute and carry on such laboratory services or may contract with another agency or entity to provide such services as are necessary to detect the

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presence of congenital diseases.

E. The department shall, as necessary, carry on an educational program among physicians, hospitals, public health nurses and the public concerning congenital diseases.

F. The department shall require that all hospitals or institutions having facilities for childbirth perform or have performed screening tests for congenital diseases on all newborn infants except if the parents or guardians of a child object to the tests in writing."

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