

**Medical Director** of the Newborn Intensive Care Unit at The Children's Hospital at Providence (Anchorage)

**Vice President** of the Alaska Chapter of the American Academy of Pediatrics (AAP). **District VIII representative** to the executive committee of the AAP Section on Perinatal Pediatrics.

*1) It puts evidence based medical practices into statute (evidence based medical practices change)*

- **I believe that there is now strong evidence for this practice as a standard of care for newborns**
- **Legislating “evidence-based practice” is not necessarily the best way to assure up-to-date medical practice by physicians, but I would support any way of accomplishing the goal of screening for this serious and (usually) treatable condition for babies born in our state, where early detection greatly impacts outcomes. This is an example of a condition where early diagnosis makes a real difference in outcomes.**

*2) It mandates pulse oximetry as the testing method, but does not address what happens if a new technology/new method is developed to detect CCHD*

- **If we do pursue this route, there are two important points to consider:**
  - 1. Pulse oximetry is the *current* gold standard. If new technology is developed, the legislation must accommodate a way to update practice to the improved technique**

*3) It says nothing about home births*

- 2. The bill, as written, does not address the important issue of babies born at home. If this is the right thing to do for babies, then it should include ALL infants born in Alaska.**

*4) There is no fiscal note, or provision for support of this new activity*

- 3. Unfunded mandates place an unreasonable burden on the practitioner, and have limited practical success of achieving the desired goal of testing our babies**