Answers to Frequently Asked Questions

Q: How much does the screening cost for the parents of a newborn?

The screening costs about \$2.00 if a reusable probe is used. It costs about \$8.00 if a disposable, single-use probe is utilized.

Q: How reliable are the screenings?

Newborn screening with pulse oximetry helps detect more than 75 percent of critical heart lesions, with a sensitivity rate of more than 99% and a false positive rate of less than .03 percent.

O: Who manufactures the equipment for pulse oximetry testing?

To date, only Masimo corporation has been certified by the FDA as having proper testing equipment. This is because the equipment must meet a number of criteria, including that it be motion-tolerant, be able to report function oxygen saturation and have been validated in low-blood oxygen conditions.

Q: In the long run, does screening for CCHDs save money?

Yes. If an abnormal screening is detected it can lead to faster medical intervention preventing disability or death later on. The cost of screening is minimal compared to the cost of caring for a disabled child later. Not to mention the individual benefits for the child and the family.

Q: Does the Department of Health and Social Services currently have the regulatory authority to require this test?

No.

Q: Will this screening be covered by health insurers in Alaska?

Yes. See AS 21.42.345(b) and AS 21.42.351.

Q: How many other diseases are newborns screened for in Alaska?

Currently, the Department of Health and Social Services requires that 46 tests be performed on newborn infants. The vast majority of these tests are performed through the use of blood spot testing. Blood spot testing involves drawing a small amount of blood from the newborn and then sending that sample to a lab in Oregon for evaluation.

Q: How many infants will this impact?

It is estimated that 1 in 100 children will be born with a congenital heart defect. Heart disease kills more children in their first year of life than any other birth defect.