

Legislative Analysis



NEWBORN SCREENING QUALITY ASSURANCE ADVISORY COMMITTEE

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Senate Bill 794

Sponsor: Sen. Tom George

House Committee: Health Policy

Senate Committee: Health Policy

Complete to 1-23-06

A SUMMARY OF SENATE BILL 794 AS PASSED BY THE SENATE 11-3-05

The bill would add a new section to the Public Health Code to create the Newborn Screening Quality Assurance Advisory Committee within the Department of Community Health. The bill would do the following:

- Create a 10-member committee composed of individuals representing Blue Cross Blue Shield of Michigan, hospitals, physicians, HMOs, the Department of Community Health's Public Health Administration and Medical Services Administration, the general public, and a neonatologist with experience and background in newborn screening.
- Require the committee to meet annually to review the list of newborn screening tests required under the code and departmental rules, regulations, and guidelines.
- Require the committee to annually submit a written report to the DCH regarding the appropriateness of the existing list of required tests and make recommendations to include additional screening tests that are nationally recognized in scientific literature or national standards for conditions that can be ameliorated or treated if identified and to remove tests that are no longer supported.
- Conduct a financial review of recommended changes to the list of newborn screening tests. The annual written report would have to include a recommendation for increasing or decreasing the amount charged for the tests under Section 5431 of the code. A recommended change could not exceed any net change in the amount of the actual cost of any proposed additional tests and follow-up minus savings from any proposed deleted tests and follow-up.
- Within 30 days of receiving the annual written report, allow the DCH to approve or reject the recommendations of the committee. If the recommendations are not rejected, or if the DCH failed to act within the 30-day time frame, the recommendations would have to be forwarded to the legislative committees of the House and Senate having oversight of public health issues for approval.
- Within 45 days of receiving them, the legislature would have to approve or reject, by recorded vote, the recommendations without amendment by concurrent resolution adopted by both of the standing committees. If the recommendations were submitted on

a non-legislative session day, the 45 day time period would begin on the first legislative session day after they had been submitted. At least nine session days would have to be included in the time period. The recommendations would take effect six months after being approved or, if the recommendations are not rejected during the 45-day period, they would be considered approved and would take effect six months later.

- Require health professionals and health facilities to report to the DCH the results of all hearing tests and screens conducted on infants less than 12 months of age and on children less than three years of age who had been diagnosed with hearing loss. The report would be on a department-prescribed form and would have to include the type, degree, and symmetry of the diagnosis, along with where and when the diagnosis had been made.

MCL 333.5430 and 333.5432

FISCAL IMPACT:

Senate Bill 794, as passed by the Senate, amends the Public Health Code to create a 10-member Newborn Screening Quality Assurance Advisory Committee empowered to initiate revisions to the list of required newborn genetic disease screening tests, and to propose a fee change based on the revisions. The revisions would take effect unless disapproved by DCH or by the House or Senate standing committees on public health policy.

The proposed changes would replace the current process that necessitates statutory change to revise the base fee. The Department currently has statutory authority to revise the list of newborn screening tests.

This program was established in 1965 and currently functions with the assistance of an advisory committee that serves a technical consulting role, which will continue to be needed for program support. There may be modest costs to implement the bill especially in the first year; however, the essential structure to support the new committee's activities should currently be in place. Current statutory language would be retained which allows the fee to be adjusted annually to reflect the cumulative annual percentage change in the Detroit consumer price index. The current fee for a single test card that covers all newborn screening tests is \$56.83, based on the statutory fee of \$53.71 with recent annual inflationary adjustments.

About 128,000 children are born in Michigan each year. In 2004, 192 infants were identified through this testing as having one of the treatable conditions, and treatment was commenced, helping to prevent or reduce the consequences and costs of these genetic disorders.

The bill's requirement for reporting if a newborn hearing test is administered may have modest cost implications as well, for recording and retention of the data.

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