



Senate Fiscal Agency  
P. O. Box 30036  
Lansing, Michigan 48909-7536



BILL ANALYSIS

Telephone: (517) 373-5383  
Fax: (517) 373-1986  
TDD: (517) 373-0543

Senate Bill 794 (Substitute S-1 as reported)  
Sponsor: Senator Tom George  
Committee: Health Policy

Date Completed: 10-31-05

### **RATIONALE**

Under the Public Health Code, all infants born in Michigan receive blood tests for specified conditions and diseases to maximize the benefits of early detection and treatment. Tests are added to or deleted from the list via legislation. Due to advances in medicine and technology, it has been suggested that an advisory committee be created to conduct regular reviews of the list and make recommendations regarding the required tests.

### **CONTENT**

**The bill would amend the Public Health Code to create the Newborn Screening Quality Assurance Advisory Committee within the Department of Community Health (DCH), and require the Committee to make recommendations regarding additions to and deletions from the list of required newborn screening tests. The bill also would require reporting on the results of hearing tests performed on infants and children younger than three.**

The Committee would consist of nine members appointed by the DCH as follows:

- One individual representing a Michigan nonprofit health care corporation.
- One individual representing the Michigan Health and Hospital Association.
- One individual representing the Michigan State Medical Society.
- One individual representing the Michigan Osteopathic Association.
- One individual representing the DCH's Medical Services Administration.
- One individual representing the DCH's Public Health Administration.

- One neonatologist with experience and background in newborn screening.
- Two individuals representing the general public.

The Committee would have to meet annually to review the list of newborn screening tests required under Section 5431 and under DCH rules, regulations, and guidelines. The Committee would have to submit an annual written report to the DCH regarding the appropriateness of the existing list of required tests. The Committee also would have to include in the report recommendations to revise the list to include additional tests that were nationally recognized in the scientific literature or national standards for conditions that can be ameliorated or treated if identified by a newborn screening test, and to remove certain tests that no longer were supported in the scientific literature or national standard as being effective for ameliorating or treating those conditions.

(Section 5431 requires a health professional in charge of the care of a newborn infant, or, if none, the health professional in charge at the birth of an infant to administer or cause to be administered to the infant tests for specified conditions and diseases, and report the results within a time and under conditions prescribed by the Department. The DCH may require that the tests be performed by the Department.)

The Committee would have to conduct a financial review of any recommended changes to the list of newborn screening tests and include in the written report a recommendation for the increase or decrease in the amount charged under

Section 5431 for the tests. The 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.

(Under Section 5431, if the DCH performs any of the required tests, it may charge a maximum fee of \$53.71. The DCH must adjust the amount annually to account for inflation, and provide for a hardship waiver of the fee under circumstances it finds appropriate. The current fee is \$55.72.)

Within 30 days after the DCH received the report, it would have to approve or reject the Committee's recommendations. If the DCH did not reject the recommendations or failed to act within the 30 days, the recommendations would have to be forwarded for approval to the standing committees in the Senate and the House that considered issues pertaining to public health.

Within 45 session days after the recommendations were forwarded and received, the Legislature would have to approve or reject them without amendment by concurrent resolution adopted by both standing committees described above and both houses of the Legislature by recorded vote. If the recommendations were not submitted on a legislative session day, the 45 days would commence on the first legislative session day after they were submitted. If the recommendations were not rejected within 45 days, they would be considered approved, would have to be adopted by the DCH, and would take effect six months after they were adopted by both houses of the Legislature or considered approved.

If a health professional in charge of the care of a newborn infant, or, if none, the health professional in charge at the birth of an infant, the hospital, the health department, or other facility administered or caused to be administered to the infant a hearing test and screening, then that person or facility would have to report to the DCH, on a form as prescribed by the DCH, the results of all hearing tests and screens conducted on infants who were less than 12 months old and on children who had been diagnosed with hearing loss and were younger than three. The report would have to include the

type, degree, and symmetry of the diagnosis, along with where and when the diagnosis was made.

Proposed MCL 333.5430 & 333.5432

## **ARGUMENTS**

*(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)*

### **Supporting Argument**

A comprehensive newborn screening program is the cornerstone of a cost-effective strategy to prevent illness, disability, and death. Identifying conditions and diseases early helps to ensure that infants receive the proper follow-up care and gain access to appropriate treatment and intervention.

Currently, the Legislature votes on additions to or deletions from the list of conditions for which newborns must be tested. Laboratory science is rapidly changing, and recent advances have enabled testing for more diseases and conditions. In such a technical field, experts should make the determination as to which tests should be required, subject to the ability of the Legislature to reject the determination. Under the bill, the Committee would have the flexibility to recommend list updates as needed, which would maximize the use of technology to prevent birth defects, disabilities, and infant mortality, and improve the overall health of the State's children.

Legislative Analyst: Julie Koval

## **FISCAL IMPACT**

The State would likely see a small, indeterminate increase in cost through administration and staff support for the Newborn Screening Quality Assurance Advisory Committee. The State also could experience an increase in cost associated with the mandated collection and retention of certain hearing screening results identified in this bill.

Fiscal Analyst: David Fosdick

A0506\S794a

This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.