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BILL ANALYSIS

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Senate Bill 794 (as introduced 10-5-05)
Sponsor: Senator Tom George
Committee: Health Policy

Date Completed: 10-25-05

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 newborn screening test cards. The recommended change could not exceed any net change in the amount of

the actual cost of any proposed additional tests minus savings from any proposed deleted tests.

(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.)

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 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

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

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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.