

SENATE BILL No. 794

October 5, 2005, Introduced by Senators GEORGE, HARDIMAN, ALLEN, BIRKHOLZ, KUIPERS, GOSCHKA, McMANUS, JACOBS and BERNERO and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
(MCL 333.1101 to 333.25211) by adding sections 5430 and 5432.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 SEC. 5430. (1) THE NEWBORN SCREENING QUALITY ASSURANCE
2 ADVISORY COMMITTEE IS CREATED IN THE DEPARTMENT. THE NEWBORN
3 SCREENING QUALITY ASSURANCE ADVISORY COMMITTEE SHALL CONSIST OF 9
4 MEMBERS AND BE APPOINTED BY THE DEPARTMENT AS FOLLOWS:

5 (A) ONE INDIVIDUAL REPRESENTING A MICHIGAN NONPROFIT HEALTH
6 CARE CORPORATION.

7 (B) ONE INDIVIDUAL REPRESENTING THE MICHIGAN HEALTH AND
8 HOSPITAL ASSOCIATION.

9 (C) ONE INDIVIDUAL REPRESENTING THE MICHIGAN STATE MEDICAL
10 SOCIETY.

1 (D) ONE INDIVIDUAL REPRESENTING THE MICHIGAN OSTEOPATHIC
2 ASSOCIATION.

3 (E) ONE INDIVIDUAL REPRESENTING THE DEPARTMENT'S MEDICAL
4 SERVICES ADMINISTRATION.

5 (F) ONE INDIVIDUAL REPRESENTING THE DEPARTMENT'S PUBLIC HEALTH
6 ADMINISTRATION.

7 (G) ONE INDIVIDUAL WHO IS A NEONATOLOGIST WITH EXPERIENCE AND
8 BACKGROUND IN NEWBORN SCREENING.

9 (H) TWO INDIVIDUALS REPRESENTING THE GENERAL PUBLIC.

10 (2) THE NEWBORN SCREENING QUALITY ASSURANCE ADVISORY COMMITTEE
11 SHALL MEET ANNUALLY TO REVIEW THE LIST OF NEWBORN SCREENING TESTS
12 REQUIRED UNDER SECTION 5431 AND UNDER DEPARTMENT RULES,
13 REGULATIONS, AND GUIDELINES. THE NEWBORN SCREENING QUALITY
14 ASSURANCE ADVISORY COMMITTEE SHALL, ON AN ANNUAL BASIS, SUBMIT A
15 WRITTEN REPORT TO THE DEPARTMENT REGARDING THE APPROPRIATENESS OF
16 THE EXISTING LIST OF REQUIRED NEWBORN SCREENING TESTS. THE NEWBORN
17 SCREENING QUALITY ASSURANCE ADVISORY COMMITTEE SHALL ALSO INCLUDE
18 IN THE REPORT RECOMMENDATIONS TO REVISE THE LIST TO INCLUDE
19 ADDITIONAL NEWBORN SCREENING TESTS THAT ARE NATIONALLY RECOGNIZED
20 IN THE SCIENTIFIC LITERATURE OR NATIONAL STANDARDS FOR CONDITIONS
21 THAT CAN BE AMELIORATED OR TREATED IF IDENTIFIED BY A NEWBORN
22 SCREENING TEST AND TO REMOVE CERTAIN TESTS THAT ARE NO LONGER
23 SUPPORTED IN THE SCIENTIFIC LITERATURE OR NATIONAL STANDARD AS
24 BEING EFFECTIVE FOR AMELIORATING OR TREATING CONDITIONS THAT CAN BE
25 IDENTIFIED BY NEWBORN SCREENING.

26 (3) THE NEWBORN SCREENING QUALITY ASSURANCE ADVISORY COMMITTEE
27 SHALL CONDUCT A FINANCIAL REVIEW OF ANY RECOMMENDED CHANGES TO THE

1 LIST OF NEWBORN SCREENING TESTS AND SHALL INCLUDE IN THE WRITTEN
2 REPORT REQUIRED UNDER SUBSECTION (2) A RECOMMENDATION FOR THE
3 INCREASE OR DECREASE IN THE AMOUNT CHARGED PURSUANT TO SECTION 5431
4 FOR NEWBORN SCREENING TEST CARDS. THE RECOMMENDED CHANGE SHALL NOT
5 EXCEED ANY NET CHANGE IN THE AMOUNT OF THE ACTUAL COST OF ANY
6 PROPOSED ADDITIONAL TESTS MINUS SAVINGS FROM ANY PROPOSED DELETED
7 TESTS.

8 (4) WITHIN 30 DAYS AFTER THE DEPARTMENT HAS RECEIVED THE
9 REPORT REQUIRED UNDER SUBSECTION (2), THE DEPARTMENT MAY APPROVE OR
10 REJECT THE RECOMMENDATIONS OF THE NEWBORN SCREENING QUALITY
11 ASSURANCE ADVISORY COMMITTEE. IF THE DEPARTMENT DOES NOT REJECT THE
12 RECOMMENDATIONS OR FAILS TO ACT WITHIN THE 30 DAYS, THEN THE
13 RECOMMENDATIONS SHALL BE FORWARDED TO THE STANDING COMMITTEES IN
14 THE SENATE AND HOUSE OF REPRESENTATIVES THAT CONSIDER ISSUES
15 PERTAINING TO PUBLIC HEALTH FOR APPROVAL.

16 (5) WITHIN 45 SESSION DAYS AFTER THE RECOMMENDATIONS ARE
17 FORWARDED AND RECEIVED, THE LEGISLATURE SHALL APPROVE OR REJECT
18 THOSE RECOMMENDATIONS WITHOUT AMENDMENT BY CONCURRENT RESOLUTION
19 ADOPTED BY BOTH STANDING COMMITTEES OF THE SENATE AND HOUSE OF
20 REPRESENTATIVES THAT CONSIDER ISSUES PERTAINING TO PUBLIC HEALTH
21 AND BOTH HOUSES OF THE LEGISLATURE BY RECORDED VOTE. IF THE
22 RECOMMENDATIONS ARE NOT REJECTED WITHIN 45 SESSION DAYS, THE
23 RECOMMENDATIONS SHALL BE CONSIDERED APPROVED, SHALL BE ADOPTED BY
24 THE DEPARTMENT, AND SHALL TAKE EFFECT 6 MONTHS AFTER THE
25 RECOMMENDATIONS ARE ADOPTED BY BOTH HOUSES OF THE LEGISLATURE OR
26 CONSIDERED APPROVED AS PROVIDED UNDER THIS SUBSECTION.

27 SEC. 5432. IF A HEALTH PROFESSIONAL IN CHARGE OF THE CARE OF A

1 NEWBORN INFANT OR, IF NONE, THE HEALTH PROFESSIONAL IN CHARGE AT
2 THE BIRTH OF AN INFANT, THE HOSPITAL, THE HEALTH DEPARTMENT, OR
3 OTHER FACILITY ADMINISTERS OR CAUSES TO BE ADMINISTERED TO THE
4 INFANT A HEARING TEST AND SCREENING, THEN THAT PERSON OR FACILITY
5 SHALL REPORT TO THE DEPARTMENT, ON A FORM AS PRESCRIBED BY THE
6 DEPARTMENT, THE RESULTS OF ALL HEARING TESTS AND SCREENS CONDUCTED
7 ON INFANTS WHO ARE LESS THAN 12 MONTHS OF AGE AND ON CHILDREN WHO
8 HAVE BEEN DIAGNOSED WITH HEARING LOSS AND ARE LESS THAN 3 YEARS OF
9 AGE. THE REPORT SHALL INCLUDE THE TYPE, DEGREE, AND SYMMETRY OF THE
10 DIAGNOSIS, ALONG WITH WHERE AND WHEN THE DIAGNOSIS WAS MADE.