

FISCAL NOTE

STATE OF ALASKA
2003 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: _____
 () Publish Date: _____
 Dept. Affected: Health & Social Services
 BRU State Health Services
 Component Maternal, Child, & Family Hlth

Revision Date/Time (Note if correction): _____
 Title NEWBORN HEARING SCREENING

Sponsor FOSTER
 Requester HOUSE (HES)

Component No. 290

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Personal Services		133.6	141.1	149.1	157.7	166.8
Travel		7.0	7.0	7.0	7.0	7.0
Contractual		7.1	6.1	6.6	6.1	6.6
Supplies						
Equipment						
Land & Structures						
Grants & Claims	46.0	64.7	78.3	92.7	95.1	97.4
Miscellaneous						
TOTAL OPERATING	46.0	212.4	232.5	255.4	265.9	277.8

CAPITAL EXPENDITURES

CHANGE IN REVENUES (0)

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF		12.4	32.5	55.4	65.9	77.8
1005 GF/Program Receipts						
1037 GF/Mental Health	46.0	200.0	200.0	200.0	200.0	200.0
Other(Specify Type-do not abbreviate)						
TOTAL	46.0	212.4	232.5	255.4	265.9	277.8

Estimate of any current year (FY2003) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2004 budget proposal:

POSITIONS

Full-time						
Part-time		4	4	4	4	4
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The intent of this bill is to ensure all newborns are provided with hearing screening within 30 days of their birth, and that those with diagnosed hearing impairment receive appropriate early intervention and education services.

Projected costs associated with maintenance of a Newborn Hearing Screening program by the department are based on the following assumptions:

- 1) The number of newborns to be screened is based on the average annual birth rate of 10,000 births/year.
- 2) The diagnosis rate of hearing loss is 0.3% (of 10,000 = 30 babies/year diagnosed with hearing loss)
- 3) 80% of newborns will be screened in FY 04; 90% of newborns will be screened in FY 05, and 100% of newborns will be screened in FY 06 and beyond. (Continued on page 2)

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 Division Public Health
 Approved by: Joel S. Gilbertson, Commissioner
 Agency Department of Health and Social Services

Phone 465-3090
 Date/Time 03/13/2003
 Date 03/17/2003

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ANALYSIS CONTINUATION

4. There will be a need to follow up on 10% of all newborns who are at high risk for developing hearing loss in the first three years of life, thus requiring tracking and surveillance.

At present, MCFH is receiving two federal grants to support the development of this program. One grant, scheduled to be completed in March 2003, covers the expenses associated with the development of the universal newborn hearing program including assisting hospitals with implementation and education, and professional and public educational information. The second grant will end in August 2004 and covers the start up costs associated with the statewide early detection/ intervention surveillance and tracking system.

In the FY04 DHSS reorganization, this program has been transferred from Maternal, Child and Family Health to the Medical Assistance Administration component. Any fiscal note funding should be budgeted in Health Care Services BRU, MAA component.

FY 04

Due to the availability of federal funds to support start-up of this program through FY 04, the only projected costs of implementing this legislation next fiscal year are for support for the grantee that provides early intervention and learning services for infants with hearing loss.

GRANTS AND CLAIMS: The annual cost for the grantee agency, Alaska Hearing Resources, to provide services to a child with hearing loss is \$4,600.00. Anticipate an additional 10 children identified and requiring services = \$46.0 in FY 04 (increasing incrementally over subsequent years as grantee capacity expands).

FY 05 and Beyond:

In order to continue implementation of this program after federal grant funds run out, there will be a need for state funds to sustain program staffing and other needed services.

PERSONAL SERVICES (\$133.6 in FY 05):

- a. 0.5 FTE Early Hearing Detection and Intervention Program Manager (Range 19). This position oversees the maintenance of the reporting and surveillance activities of the program as well as assuring early intervention referrals, tracking high risk infants through the age of 3, providing outreach education to providers and technical assistance to health care facilities throughout the state.
- b. 0.5 FTE Health Program Associate (Range 16): This position provides support for the tracking and surveillance activities including data abstraction from medical records of high risk and newly diagnosed newborns through age 3. This position also assists the manager in the delivery of technical assistance to hospitals and health care providers as needed.
- c. 0.5 FTE Administrative Clerk III (Range 10). This position provides administrative support for the activities required for maintenance of a statewide newborn hearing screening program.

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ANALYSIS CONTINUATION

d. 0.5 FTE Analyst Programmer IV (Range 20). This position maintains the database for tracking and surveillance, assists hospitals in maintaining their databases for integrity, troubleshoots web transmissions and provides overall computer server support.

TRAVEL (\$7.0 in FY 05) Travel costs are included for the EHDI Program Manager to visit screening sites to provide technical assistance and ensure program compliance. Travel dollars are also included for the Health Program Associate's visits to hospitals, audiology offices and Early Intervention sites to abstract medical history and clinical data as needed.

CONTRACTUAL (\$7.1 in FY 05) Printing of educational materials for parents and providers.

GRANTS AND CLAIMS (\$ 64.7 in FY05)

Additional resources would be needed in this existing Early Intervention/ILP program to work with the anticipated increased volume as children are identified and enter the early intervention system for services. At present there exists limited grantees in the state early intervention system to work with all children in Alaska who have hearing loss. The additional grant funds would be awarded incrementally over the next 6 fiscal years to allow for increased capacity building to support the special services needed by these children with hearing loss.

Provide services to approximately 4 more children with hearing loss than base FY04 grants funding level.