

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: _____
 () Publish Date: _____
 Dept. Affected: Health & Social Services
 RDU Public Health
 Component Women, Children and Family Health

Revision Date/Time (Note if correction): Updated 3/3/06
 Title RELATING TO NEWBORN HEARING SCREENING

Sponsor RAMRAS
 Requester SENATE (HES) Component No. 2788

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	39.4	47.4	55.8	64.6	64.6	64.6
Miscellaneous						
TOTAL OPERATING	39.4	47.4	55.8	64.6	64.6	64.6

CAPITAL EXPENDITURES

CHANGE IN REVENUES (0)

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts		(29.7)	(111.6)	(115.9)	(119.8)	(126.2)
1003 GF Match						
1004 GF	39.4	77.1	167.4	180.5	184.4	190.8
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	39.4	47.4	55.8	64.6	64.6	64.6

Estimate of any current year (FY2006) cost: _____
 Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

Full-time						
Part-time						
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 identified with a positive screen or high risk factors receive a second screen or diagnostic work-up, are enrolled in early intervention and receive treatment as needed. Projected costs associated with maintenance of the Early Hearing Detection and Intervention program (EHDI) are based on the following assumptions: 1) The number of newborns screened is based on the average number of births currently at 10,000 per year. 2) The diagnostic rate of hearing loss is estimated to be at 0.3% of the 10,000 births=30 newly diagnosed infants per year, however, not all newborns with hearing loss will be immediately identified. 3) 95% of newborns would be screened by FY 07; and 98% by FY 08 and beyond. (Continued on P.2)

Prepared by: Richard Mandsager, M.D. Phone 465-3090
 Division Public Health Date/Time 03/03/2006
 Approved by: Karleen Jackson, Commissioner Date 03/07/2006
 Agency Department of Health and Social Services

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ANALYSIS CONTINUATION

4) There is a need to follow an additional 10% of all newborns each year who are at high risk for later onset hearing loss during their first three years of life. Thus, the program requires a reporting and surveillance system for tracking all newborns and assisting them with ongoing hearing screening, diagnostic and intervention services.

At present the Division of Public Health is receiving two federal grants to support the maintenance of this program. One grant, scheduled to expire in March 2008, covers the expenses associated with maintaining the newborn hearing program, including assisting hospitals with implementation and education, and professional and public educational information. The second grant will end in August of 2008 and covers costs associated with the statewide early detection/intervention surveillance and tracking system. This provides funds for infrastructure costs through FY08. General Funds are also being requested in FY08 to fund the fourth quarter activities after the expiration of the continuation grant. This portion is shown as a fund switch from Federal to GF.

The increased line item expenditures shown on page 1 will be utilized for:

GRANTS AND CLAIMS (\$39.4 in FY 07): Additional funds for special hearing resources would be needed for the existing Early Prevention/ILP programs to work with the anticipated increased volume as children are identified earlier and thus require services during the 0-3 period. The additional grant funds would be awarded incrementally over the next five fiscal years to allow for increased capacity-building to support special hearing services for children identified with hearing loss in preparation for school readiness and learning. The dollar figure is based on:

1) An average FY 05 cost of \$3,100 per newly enrolled infant, with a 3% inflation factor built in annually. 2) Only assumes about 50% of the newly diagnosed infants would enroll in the early intervention hearing resources program (12 new infants in FY 07; 14 in FY 08; 16 in FY 09; and 18 in FY 10, FY 11 and FY12).

The General Funds replacing Federal Funds (and so not shown as line item expenditures on page 1) will be allocated by cost category as follows:

PERSONAL SERVICES (\$72.0 covers all of these personnel expenses in FY 09 and assumes a 3.5 percent annual merit increase):

a) 0.5 FTE - EHDI Health Program Manager II (R/19). This position oversees the maintenance of the reporting and surveillance activities of the program, assures early intervention referrals, tracks high-risk infants through the age of 3, provides outreach education to providers, and technical assistance to health care facilities throughout the state.

b) 0.5 FTE - Administrative Clerk III (R/10). This position provides administrative support and data entry for the activities required for maintenance of a statewide newborn hearing screening program.

TRAVEL (\$1.0 in FY 08): Travel costs are included for the EHDI manager to visit screening sites for TA and program compliance. Additional travel funds would be required in FY 09 with the termination of federal funding.

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ANALYSIS CONTINUATION

SUPPLIES (\$1.0 in FY 08): This includes the cost of postage to mail brochures and technical assistance resources.

CONTRACTUAL (\$27.7 in FY 08): Includes the actual cost of supporting web-based data and surveillance system. Cost averages at \$3.00 per newborn. Costs also include those needed for the reprinting of educational materials for parents and providers. Slight increases in contractual costs are included in FY09 and beyond.