

Fiscal Note

State of Alaska
2013 Legislative Session

Bill Version: CSSB 87(HSS)
Fiscal Note Number: 1
(S) Publish Date: 4/6/13

Identifier: CSSB087(HSS)-WCFH-4-4-13
Title: NEWBORN SCREENING FOR HEART DEFECTS
Sponsor: MICCICHE
Requester: Senate Health & Social Services Committee

Department: Department of Health and Social Services
Appropriation: Public Health
Allocation: Women, Children and Family Health
OMB Component Number: 2788

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2014	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2014 Request	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
OPERATING EXPENDITURES	FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2013) cost: 0.0

Estimated CAPITAL (FY2014) cost: 0.0

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 06/30/14

Why this fiscal note differs from previous version:

This fiscal note reflects the most current CSSB087(HSS) version which removes most of the reporting requirements and clarifies the department's role. The result is a zero fiscal note.

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	Finance & Management Services		

FISCAL NOTE ANALYSIS #1

STATE OF ALASKA
2013 LEGISLATIVE SESSION

BILL NO. CSSB 87(HSS)

Analysis

This bill amends AS 18.15 to add a new section (AS 18.15.205) to require all providers of birthing services to screen all newborns for congenital heart defects as close to 24 hours after birth as is feasible, or before discharge; order or perform confirmatory testing and intervention for all infants who have abnormal screening results; and report screening results to the parents/guardians and department. Parents or legal guardians are provided information on screening/testing by the provider and may refuse screening or testing. The department is required to establish procedures for submitting reports and summarizing data. Providers who attend fewer than 20 births a year do not have to implement the practice for two years.

The previous fiscal note (Version "C") assumed that the department would implement this bill as a comprehensive newborn screening program modeled on existing newborn hearing and metabolic screening programs in the Division of Public Health. The most current version clarifies that the department's role is limited to collecting and summarizing data. This fiscal note assumes that aggregate data will be reported annually by facility and analysis by the division is limited to counts of births and screenings. The current version applies to all providers of birthing services. The previous version applied only to licensed providers. This increases the volume of data the department will collect. Based on experience with other newborn screening programs, likely most parents/guardians will opt to have the pulse oximetry test. It is expected this volume of aggregate annual data can be handled with existing resources, if limited data is reported.

Costs for the screening test would be billed to insurance companies by providers of birthing services if the parent's insurance provides coverage. For Medicaid enrollees, costs would be included in global fees already paid for delivery services so no additional cost for benefits is anticipated.

New regulations will need to be established following national standard of care guidelines surrounding the screening, referral, and diagnosis of congenital heart defects for children with abnormal screening results and the data reporting.