

SENATE BILL REPORT

ESB 5141

As Passed Senate, March 12, 1999

Title: An act relating to newborn screening fees.

Brief Description: Allowing the department of health to charge a fee for newborn screening services.

Sponsors: Senators Thibaudeau, Deccio, Prentice and Winsley; by request of Department of Health.

Brief History:

Committee Activity: Health & Long-Term Care: 1/18/99, 2/17/99 [DPA-WM].

Ways & Means: 2/24/99, 3/1/99 [DPA (HEA)].

Passed Senate, 3/12/99, 48-0.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended and be referred to Committee on Ways & Means.

Signed by Senators Thibaudeau, Chair; Wojahn, Vice Chair; Costa, Deccio, Franklin, Johnson and Winsley.

Staff: Rhoda Jones (786-7198)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended by Committee on Health & Long-Term Care.

Signed by Senators Loveland, Chair; Bauer, Vice Chair; Brown, Vice Chair; Fairley, Fraser, Kline, Kohl-Welles, Rasmussen, B. Sheldon, Snyder, Spanel, Thibaudeau, Winsley and Wojahn.

Staff: Brian Sims (786-7431)

Background: All newborn infants born in this state must be screened for several inherited genetic disorders before they are discharged from the hospital. This screening is only waived if there is parental objection for religious reasons. The Department of Health assesses a one-time charge for the screening which is added to the bill for maternity services. The current fee is \$35.75.

The newborn screening is done to detect four congenital diseases: phenylketonuria (PKU), congenital hypothyroidism, congenital adrenal hyperplasia, and hemoglobin diseases, such as sickle cell disease. Early treatment of these disorders prevents serious illness, disability or death in children.

The newborn screening fee does not cover follow-up treatment services for children. Clinics which service these families have been funded largely by federal grants which expire this year.

Summary of Bill: The Department of Health is authorized to collect an additional fee for supplying services in specialty clinics to children with congenital hypothyroidism, congenital adrenal hyperplasia, hemoglobin disorders and phenylketonuria (PKU) under the state's infant screening program.

Appropriation: \$512,000 for the biennium to be collected through a fee increase of \$3.50 per infant.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: These programs prevent the serious repercussions of these congenital disorders.

Testimony Against: None.

Testified: PRO: Mary Selecky, DOH; William, Angela Estill, family with PKU; Ron Scott, UW; Mark Waiters, UW, Fred Hutchinson; Sean, Beth Carry, PKU parents; Andy Davidson, WSITA; Rick Wickman, Blue Cross.