FINAL BILL REPORT
SB 6234

C 105 L 24
Synopsis as Enacted

Brief Description: Screening newborn infants for branched-chain ketoacid dehydrogenase kinase deficiency.

Sponsors: Senators Wilson, L., Hasegawa and Lovick.

Senate Committee on Health & Long Term Care
House Committee on Health Care & Wellness

Background: Washington State's Newborn Screenings. The Department of Health (DOH) must require screening tests of all newborn infants born in any setting. No tests shall be given to any newborn infant whose parents or guardian objects on the grounds of religious tenets and practices.

Annually, DOH performs nearly 12 million tests on more than 172,000 specimens from about 85,000 newborn infants. DOH also provides information and training to parents and health care providers about newborn screenings (NBS). Washington State adds tests to the NBS panel only after a consideration of the following criteria set by the State Board of Health (Board): available technology, diagnostic testing, and treatment available; prevention potential and medical rationale; public health rationale; and cost-benefit and cost-effectiveness.

Branched-Chain Ketoacid Dehydrogenase Kinase Deficiency. Branched-chain ketoacid dehydrogenase kinase (BCKDK) deficiency is a genetic condition which causes branched-chain amino acid depletion. The condition is linked to a neurodevelopmental disorder characterized by autism spectrum disorder, intellectual disability, motor impairment, and microcephaly, which is a condition where a baby's head is much smaller than expected.

Summary: The Board must consider whether to add the BCKDK deficiency screening to the mandatory NBS panel and submit a report to the Governor and the appropriate committees of the Legislature by no later than June 30, 2025. The report must include an evaluation summary and any findings and recommendations on the addition of BCKDK

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deficiency to the mandatory NBS panel.

Votes on Final Passage:

Senate	48	0
House	96	0

Effective: June 6, 2024