

Department of Legislative Services
Maryland General Assembly
2011 Session

FISCAL AND POLICY NOTE
Revised

House Bill 714

(Delegate Hucker, *et al.*)

Health and Government Operations

Finance

Health - Newborn Screening Program - Critical Congenital Heart Disease

This bill requires the Department of Health and Mental Hygiene (DHMH) to adopt any federal recommendations that may be issued by the Secretary of Health and Human Services on the critical congenital heart disease screening of newborns.

In addition, the bill requires the State Advisory Council on Hereditary and Congenital Disorders to develop recommendations on the implementation of critical congenital heart disease screening of newborns in the State. The advisory council must (1) convene experts; (2) examine the impact of implementing mandatory critical congenital heart disease screening; (3) review relevant studies and literature; and (4) submit its findings and recommendations to specified committees by December 31, 2011.

The bill takes effect July 1, 2011.

Fiscal Summary

State Effect: The bill's reporting requirements can be handled with existing resources. However, requiring DHMH to adopt federal recommendations may require additional general fund spending. The federal government does not currently have recommendations for congenital heart disease screenings in newborns, so the bill's impact on State expenditures cannot reliably be determined. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law/Background: DHMH's Newborn Screening Program is a statewide system for screening all newborn infants in the State for certain hereditary and congenital disorders associated with severe problems of health or development (except when the parent or guardian of the newborn objects).

Congenital cardiovascular disease, present in approximately 1% of births, occurs when the heart or blood vessels near the heart do not develop normally before birth. Typically, the cause of such a defect is unknown, although viral infection and heredity can play a role. DHMH advises that pulse oximetry – the screening test for congenital heart disease – must be performed in a hospital (and not in a separate laboratory). Because DHMH's public health laboratory is the sole location authorized to perform tests on specimens from newborn infants collected to screen for hereditary and congenital disorders, congenital heart disease screening is not part of DHMH's Newborn Screening Program. According to the American Heart Association and American Academy of Pediatrics, routine pulse oximetry screening performed 24 hours after birth in a hospital that has on-site pediatric cardiovascular services incurs low cost and risk of harm.

The State Advisory Council on Hereditary and Congenital Disorders gathers and disseminates information on the treatment of hereditary and congenital disorders in Maryland. The advisory council (1) continually evaluates the need for and efficiency of relevant State programs; and (2) institutes and supervises education programs and counseling on hereditary and congenital disorders.

State Fiscal Effect: DHMH advises that the advisory council generally meets on a monthly basis; routinely reviews medical literature; and regularly convenes experts on a voluntary, as-needed basis. Accordingly, DHMH advises, and Legislative Services concurs, that the bill's requirements related to the advisory council can be handled with existing resources.

In addition, it is assumed that DHMH can likely adopt with existing resources any federal screening recommendations that may be issued. Any additional costs would depend on the content and scope of the recommendations themselves and cannot be reliably estimated. However, DHMH speculates that, to implement any such recommendations, at least two additional full-time employees would likely be needed at an annual cost of approximately \$150,000.

Because pulse oximetry screening would be bundled into other newborn charges, DHMH advises that any increased costs to the Medicaid program resulting from the adoption of recommendations is not anticipated to be significant.

Additional Information

Prior Introductions: None.

Cross File: SB 786 (Senators Montgomery and Forehand) - Finance.

Information Source(s): American Heart Association, Department of Health and Mental Hygiene, Department of Legislative Services

Fiscal Note History: First Reader - February 27, 2011
mc/mwc Revised - House Third Reader - March 30, 2011

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