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*Bill Analysis*  
*Legislative Service Commission*

## **S.B. 17**

123rd General Assembly  
(As Introduced)

Sens. Drake, Prentiss

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### **BILL SUMMARY**

- Requires the Public Health Council to adopt rules identifying the disorders for which screenings of newborn children must be conducted.

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### **CONTENT AND OPERATION**

#### **Screenings for disorders in newborn children**

(sec. 3701.501)

Current law requires the testing of newborn children for the presence of the following diseases: phenylketonuria, homocystinuria, galactosemia, and hypothyroidism. The Public Health Council is authorized to adopt rules requiring tests for other genetic, endocrine, or metabolic disorders. For a disorder to be included by rule, the following conditions must be met: (1) the Council must determine that the disorder is treatable and causes disability when undiagnosed and (2) there must be no need for taking additional blood samples. Under this provision, the Council has adopted rules requiring tests for sickle cell disease and other hemoglobinopathies.

The bill continues the testing of newborn children for genetic, endocrine, or metabolic disorders, but the list of specific diseases for which testing must be done is eliminated. Instead, the bill requires the Public Health Council to adopt rules that identify the disorders for which screening must be conducted.<sup>1</sup> The rules must be adopted in accordance with the Administrative Procedure Act. In identifying the disorders, the Council is required to consider the following criteria:

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<sup>1</sup> "Screening," the term used by the bill in place of "testing," is defined by the bill as a process by which an individual undergoes a procedure to indicate whether the individual is at a greater or lesser risk of having a specific condition.

- (1) Whether the disorder causes disability if diagnosis and treatment are delayed;
- (2) Characteristics of the disorder, including incidence, morbidity, and mortality;
- (3) Availability of effective therapy and potential for successful treatment;
- (4) The number of blood samples or specimen type required to conduct a screening;
- (5) Characteristics of the screening, including sensitivity, specificity, feasibility for mass screening, and cost;
- (6) Expected benefits to children and society in relation to the risks and costs associated with screening for the disorder.

#### **Notice of results**

Under current law, the Public Health Council's rules must prescribe a method for giving notice of the results of the screenings to any of the following, as determined appropriate in the rules: the person who caused the child to be screened, employees designated in the rules of the hospital of birth, or the local health commissioner. Under the bill, the rules may require the notice to be given to any of those listed in current law or to (1) employees of any other facility at which a birth occurs or (2) a person or government entity responsible for providing medical or nursing follow-up care to the child. The bill provides that when notice of results is given to the persons and government entities specified in either current law or the bill parental consent is not necessary.

#### **Immunity from liability in civil actions**

The bill provides that if a good faith effort is made to comply with its provisions and the rules adopted by the Public Health Council a person or government entity responsible for conducting screenings of newborn children or for communicating results of screenings cannot be held liable in damages in a civil action arising out of the conduct of the screenings, failure to conduct any of the screenings, or communication of the results.<sup>2</sup>

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<sup>2</sup> Existing law, which continues under the bill, provides that newborn screening requirements do not apply to a child whose parents have religious objections to screening.

**Use of fees**

(sec. 3701.23)

Current law requires the adoption of rules establishing a fee for newborn screenings of not less than \$14. Of each fee collected, \$10.25 must be deposited in the Genetics Services Fund and \$3.75 must be deposited in the Sickle Cell Fund. The bill provides that the amounts deposited can be *not less than* the amounts specified in current law. Since rules currently set the fee for newborn screenings at \$27, the bill creates the opportunity to deposit greater amounts in the Genetics Services Fund and the Sickle Cell Fund.

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**HISTORY**

ACTION	DATE	JOURNAL ENTRY
Introduced	01-20-99	p. 28

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