

Local Fiscal Highlights

LOCAL GOVERNMENT	FY 1999	FY 2000	FUTURE YEARS
Public Hospitals			
Revenues	- 0 -	- 0 -	- 0 -
Expenditures	- 0 -	Unknown increase	Unknown increase

Note: For most local governments, the fiscal year is the calendar year. The school district fiscal year is July 1 through June 30.

- Potential increase to public hospitals if testing for additional conditions is required. The bill also establishes minimum fees to be charged by the Department of Health, which may increase in future years. According to the Department of Health, these fees are most likely passed on to the patients as delivery costs. Currently, the screening kit fee is \$27. The minimum amount for the kits listed in the Revised Code is \$14.

Detailed Fiscal Analysis

Existing Conditions

Under current Ohio law, the Ohio Department of Health (DOH) is required to screen all newborns for the presence of the following four diseases: phenylketonuria (PKU); homocystinuria; galactosemia; and hypothyroidism. Under rule 3701-45-01, the public health laboratory also screens newborns for sickle cell and other hemoglobinopathies. According to the Department of Health, in 1996, there were 64 detections of the four genetic disorders listed in the Revised Code.

DISORDER	OCCURRENCE	DISORDERS IDENTIFIED IN 1996
Homocystinuria	1:400,000	0
Galactosemia	1:40,000	5
Phenylketonuria	1:12,000	10
Hypothyroidism	1:5,000	49

Since these four disorders are listed in the Revised Code, DOH is required to screen all newborns for these conditions. In the case of homocystinuria, blood tested prior to 48 hours after birth will not reveal the possible presence of this condition. Even though many infants leave the hospital earlier than two days after birth, the state is required to test for this condition. This means that the newborn's pediatrician at the hospital of birth must make a reasonable effort to retest the infant after the child reaches 48 hours of age.

This bill would amend the Revised Code to allow the Public Health Council to determine in rules the specific disorders for which all newborns will be screened. According to the Department, this change will allow for more flexibility if tests need to be added or subtracted as different diseases emerge and medical testing improves. DOH also notes that the State Genetics Advisory

Committee has recommended that Ohio drop the test for homocystinuria because it is no longer as reliable an indicator of genetic defect as it once was. Some other states test for as many as nine different genetic factors.

Funding

Currently, the fee for newborn screenings, as established in rule is \$27. The Revised Code sets the minimum fee for newborn screening at \$14. As currently set in law, exactly \$10.25 of the \$14 is deposited into the state treasury to the credit of the Genetics Services Fund (4D6). The remaining \$3.75 is credited to the Sickle Cell Fund (4F9). The remaining \$13 collected by the department is credited to Fund 473 and is used to support other activities related to the newborn screening program. Of the fees credited to Fund 4D6, \$3 from each fee is used to defray the costs of phenylketonuria programs. Seven dollars and twenty-five cents of each fee credited to Fund 4D6 are used to defray the costs of developing programs of education, detection, and treatment of genetic diseases and other activities authorized under section 3701.502 of the Revised Code. The funds credited to Fund 4F9 are used to defray the costs of developing programs and activities to deal with sickle cell disease and other activities authorized under section 3701.131 of the Revised Code. In order to perform the screenings, hospitals must purchase a kit from the Department of Health. According to DOH, these costs are most likely passed on to patients as delivery costs.

This bill establishes fee minimums for these activities, rather than exact fees. The fees may be increased through actions of the Public Health Council. Following increases in newborn screening fees, at least \$10.25 shall be deposited into the state treasury to the credit of Fund 4D6, Genetics Services Fund. Additionally, at least \$3.75 shall be credited to Fund 4F9, Sickle Cell Fund. Of the funds deposited into Fund 4D6, not less than \$3 from each fee shall be used to defray costs of PKU programs. Not less than \$7.25 shall be used to defray the costs of the programs authorized by section 3701.502 of the Revised Code.

Potential Expenses

According to DOH, adding disorders to screen for could ultimately lead to a one-time increase in costs if new equipment were purchased or an ongoing increase if additional staff were needed to read the results. Eliminating screening of one of the existing conditions would not save DOH money since all four screenings are run in the same piece of equipment. If costs for running the newborn screening program increased, the Public Health Council would probably increase the fees for the screening kits to cover program operations costs.

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