

# HOUSE BILL REPORT

## SHB 3201

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**As Passed House:**  
March 17, 2010

**Title:** An act relating to fees for treatment services and outreach for children with heritable disorders.

**Brief Description:** Fees for infant screening.

**Sponsors:** House Committee on Ways & Means (originally sponsored by Representatives Pettigrew, Linville, Sullivan and Ericks).

**Brief History:**

**Committee Activity:**

Ways & Means: 3/8/10, 3/9/10 [DPS].

**Floor Activity:**

Passed House: 3/10/10, 55-42.

**First Special Session.**

**Floor Activity:**

Passed House: 3/17/10, 55-39.

**First Special Session**

**Floor Activity:**

Passed House: 3/17/10, 55-39.

Senate Amended.

Passed Senate: 3/18/10, 26-17.

House Refuses to Concur.

Senate Insists on Position.

**Brief Summary of Substitute Bill**

- Increases the fee for treatment services for infants with heritable disorders from \$3.50 to \$8.40.
- Authorizes the fee to also be used to support community outreach and education activities related to sickle cell disease.

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**HOUSE COMMITTEE ON WAYS & MEANS**

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 16 members: Representatives Linville, Chair; Ericks, Vice Chair; Sullivan, Vice Chair; Cody, Conway, Darneille, Haigh, Hinkle, Hunt, Hunter, Kagi, Kenney, Kessler, Pettigrew, Priest and Seaquist.

**Minority Report:** Do not pass. Signed by 6 members: Representatives Alexander, Ranking Minority Member; Bailey, Assistant Ranking Minority Member; Dammeier, Assistant Ranking Minority Member; Chandler, Ross and Schmick.

**Staff:** Chris Blake (786-7392).

**Background:**

Newborn infants born in Washington are screened for several heritable genetic disorders before they are discharged from a hospital. In 2007 screenings were performed for approximately 85,000 newborns. The Department of Health (DOH) assesses a one-time charge for the screening, which is added to billings for maternity services. The current fee is \$60.90 per infant. This newborn screening fee does not cover follow-up treatment services for children who screen positive.

The DOH is authorized to collect an additional fee to fund specialty clinics that provide treatment services for hemoglobin diseases, phenylketonuria, congenital adrenal hyperplasia, and congenital hypothyroidism. The fee is currently set at \$3.50. During the 2005-07 biennium, the Legislature authorized the temporary increase of the fee to \$6.60 to fund the cost of treatment for five additional disorders that had been added to the newborn screening panel. Since 2007, the additional cost has been covered through State General Fund resources.

**Summary of Substitute Bill:**

The fee to support specialty clinics that provide services for infants with congenital disorders is increased from \$3.50 to \$8.40. The purposes for which the fee may be used are extended to the support of organizations conducting community outreach, education, and adult support related to sickle cell disease. The fee is a billable expense for the facility that obtains the specimen.

**EFFECT OF SENATE AMENDMENT(S):**

The Senate amendment eliminates the classification of the specialty clinic fee as a billable expense.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) This bill puts the state in a position with the hospitals to negotiate the payment of the fee and still conduct this critical service that provides early indication of the presence of these costly diseases. It is important to continue to support early intervention clinic services for infants who screen positive for certain genetic disorders as well as services for those with sickle cell anemia.

(With concerns) The bill does not only increase the fee, but it also broadens it. When the fee was first enacted in 1999, hospitals were receiving reimbursement for the specialty clinic fee. The bill should be amended to make the fee a billable expense so that hospitals are not providing the sole support for the specialty clinics.

(Opposed) None.

**Persons Testifying:** (In support) Representative Pettigrew, prime sponsor; and Lonnie Johns-Brown, March of Dimes.

(With concerns) Lisa Thatcher, Washington State Hospital Association.

**Persons Signed In To Testify But Not Testifying:** None.