

# Support HB 1006: Modernize Colorado's Newborn Screening Program

(Rep. Hamner/Rep. Liston & Sen. Gardner/Sen. Moreno)

All babies born in the United States receive newborn screening. Newborn screening helps in the early identification of potentially life-threatening genetic and metabolic conditions as well as hearing loss. The newborn screening program in Colorado is managed by the Colorado Department of Public Health and Environment (CDPHE). The newborn screening law has not been updated in nearly twenty years. A strong newborn screening program is critical to ensure that every baby in Colorado can reach their full potential.

## Strengthen Genetic and Metabolic Screening Program:

The bill requires CDPHE to annually review new recommended conditions at the national level, consider input from the medical community and other child health advocates, and add new conditions as deemed appropriate by the agency.

**Protect Timeliness of Screenings:** State rule currently requires the lab to be open six days per week with exceptions for holidays and weekends. In the interest of saving more babies, the bill will update the statute to ensure the lab is open a minimum of six days per week every week of the year without exceptions.

**Enhance Newborn Hearing Screening Program:** In 2016, approximately 2,000 Colorado babies needed to be rescreened after failing the initial hearing screening and 160 babies were ultimately diagnosed with hearing loss. Unless accurate diagnosis and treatment begins before six months of age, life-long deficits in cognition, language and speech can be the result.

## Supporters

American Academy of Pediatrics, Colorado Chapter | Children's Hospital Colorado | Clayton Early Learning | Colorado Academy of Audiology | Colorado Association of Family Physicians | Colorado Children's Campaign | Colorado Speech-Language-Hearing Association | Denver Health | March of Dimes | Marion Downs Center | MEDNAX National Medical Group | National Jewish Health | Rocky Mountain Hospital for Children | The Resource Exchange | Thrive Skilled Pediatric Care | UC Health | University of Colorado School of Medicine

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## Fiscal Impact of HB 1006

The current newborn screening fee for genetic and metabolic screening is \$92 which is paid to CDPHE by the submitting birthing facility or healthcare provider. The fee was last increased in 2012 and with HB 1006, the fee would be increased to \$111 per baby.

The fee covers CDPHE laboratory analysis of the baby's blood spot sample to test for 37 genetic and metabolic conditions, and, for positive tests, an initial connection to a pediatric specialist covering many of the initial diagnostic laboratory tests. HB 1006 also requires CDPHE to address the high number of false positive tests through second-tier testing which may lead to a reduced need for unnecessary additional diagnostic testing.

**HB 1006 establishes a new cash fund and fee for hearing screening.** Birthing facilities would submit a \$4 fee to CDPHE which would establish an early hearing detection and intervention specialist to follow-up with families and medical providers with support and resources.

## Cost-Effectiveness of Newborn Screening

Research has shown the cost-effectiveness of newborn screening. For example, the Association of Public Health Laboratories reports that **1 in 2,000 babies nationally will be diagnosed with congenital hypothyroidism and newborn screening can save up to \$400 million per year** in preventing IQ loss associated with special education and other services that may be necessary without early and inexpensive thyroid hormone supplementation. It has also been estimated that a child who does not receive early intervention for hearing loss could cost schools an additional **\$420,000 in special education, and \$1 million in lost wages and health complications.**