

HB 600-FN - AS AMENDED BY THE SENATE

7Apr2021... 0899h
05/06/2021 1238s

2021 SESSION

21-0096
08/11

HOUSE BILL ***600-FN***

AN ACT relative to funding for newborn screening.

SPONSORS: Rep. Marsh, Carr. 8; Rep. Salloway, Straf. 5; Rep. Woods, Merr. 23; Rep. Nelson,
Carr. 5; Sen. Bradley, Dist 3

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill instructs the commissioner of the department of health and human services on the setting of fees for newborn screening tests.

Explanation: Matter added to current law appears in ***bold italics***.
 Matter removed from current law appears ~~[in brackets and struckthrough]~~
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT relative to funding for newborn screening.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Newborn Health Screening; Funding. Amend RSA 132:10-a, II to read as follows:

2 II. Notwithstanding any provision of law to the contrary, the commissioner of the
3 department of health and human services shall establish fees, pursuant to RSA 541-A, to be paid
4 ***directly*** by hospitals ***in their entirety, acknowledging that fees may be offset by***
5 ***reimbursement from commercial insurance, Medicaid, or other payors, paid to hospitals*** for
6 the tests required under paragraph I. ***Nothing in this section is intended to prescribe the***
7 ***reimbursement method or the reimbursement level from a payor. To the extent possible,***
8 ***the commissioner shall structure these fees to be reimbursable without out of pocket cost to***
9 ***the patient pursuant to 45 C.F.R. 147.130.*** All such fees shall be paid into the newborn screening
10 fund, hereby established in the state treasury. Moneys from the newborn screening fund established
11 under this section shall be nonlapsing and shall be continually appropriated for use by the
12 department to cover laboratory analysis and related newborn screening program costs.

13 2 Effective Date. This act shall take effect 120 days after its passage.

**HB 600-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to funding for newborn screening.

FISCAL IMPACT: ☒ State ☐ County ☐ Local ☐ None

STATE:	Estimated Increase / (Decrease)			
	FY 2021	FY 2022	FY 2023	FY 2024
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	Indeterminable Increase	\$225,000	\$225,000
Funding Source:	<input checked="" type="checkbox"/> General Medicaid Funds <input type="checkbox"/> Education <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Other - Federal			

METHODOLOGY:

This bill amends RSA 132:10-a, II by making clear that fees charged to hospitals for newborn screening may be offset by commercial insurance and Medicaid paid to hospitals. With respect to Medicaid reimbursements to hospitals, the Department of Health and Human Services estimates that approximately 12,000 newborn screens are done annually and approximately one-fourth (3,000) of the births are covered by Medicaid. The Department assumes that Medicaid would reimburse hospitals up to \$75 for the cost of each test, resulting in an annual cost to the Medicaid program of \$225,000, of which half (\$112,500) would be paid for with state funds and half with federal funds. In addition, the Department anticipates a one-time system cost to the Medicaid program, but notes that such cost is indeterminable. The Department further notes that the bill does not change the process by which hospitals pay fees to the Department to support the newborn screening program. Instead, the bill provides a mechanism for hospitals to receive compensation to offset the cost for purchasing filter papers and administration in support of the program. The Department assumes that, if enacted, there would be no direct fiscal impact to the newborn screening program itself, only to the Medicaid program in the form of reimbursements to hospitals.

With respect to private insurance reimbursements, the Insurance Department assumes that any and all revenues a hospital realizes are available to be used to offset any costs or fees that the hospital may be liable for. Hence, unless the legislation results in an increase in billed services, the Department assumes that the bill has no impact on claim costs, premium rates or the State's premium tax revenue.

It is assumed any fiscal impact from this bill will begin in FY 2022.

AGENCIES CONTACTED:

Department of Health and Human Services and Insurance Department