

- SUBJECT:** Mutual aid agreements for newborn screening laboratory services
- COMMITTEE:** Public Health — favorable, without amendment
- VOTE:** 9 ayes — Kolkhorst, Naishtat, Coleman, J. Davis, Gonzales, Hopson, Laubenberg, McReynolds, Zerwas
- 0 nays
- 2 absent — S. King, Truitt
- WITNESSES:** For — Charleta Guillory, March of Dimes, Texas Pediatric Society, Texas Medical Association, Texas Academy of Family Physicians; (*Registered, but not testifying*: Tom Banning, Texas Academy of Family Physicians; Ed Berger, Seton Family of Hospitals; Matthew Wall, Texas Hospital Association)
- Against — None
- On — Susan Tanksley, Texas Department of State Health Services
- BACKGROUND:** Health and Safety Code, ch. 33 requires the Texas Department of State Health Services (DSHS) to provide or contract for testing services for newborns in an effort to combat mental retardation and other catastrophic health problems in affected children.
- The Texas Newborn Screening Program (NBS) currently tests approximately 400,000 newborns in the state each year for 27 disorders, including phenylketonuria (PKU), other heritable diseases, and hypothyroidism. Babies that appear healthy at birth can have genetic disorders that, if untreated, can cause debilitating illness, mental retardation, or death. In most instances, the diagnosis is unanticipated as the parents are unaware of being "silent carriers" of any genetic disorder. Every baby born in Texas is screened twice — first at 24-48 hours and again at one-to-two weeks. Abnormal results are reported to NBS for follow-up and case management.
- Newborn screening has been required by the state since 1965, when testing began for one condition known to cause mental retardation. Today,

the State Health Laboratory in Austin is the largest laboratory of its type in the world. The lab analyzes approximately 3,000 newborn screening samples daily, resulting in over 20 million test results annually for the NBS program.

Health and Safety Code, sec. 12.0122 allows the state to enter into contracts for the sale or provision of laboratory services with governmental entities or non-profit public health clinics in or outside of the state.

DIGEST:

HB 1671 would allow DSHS to enter into mutual aid agreements with other states for newborn screening laboratory services. The bill would allow Texas to provide newborn screening services to another state or to receive newborn screening services from another state in the event of a disaster or other unexpected interruption of service. The bill would require that the identity of each newborn child and the child's family remain confidential and that all blood specimens and related records be returned to the originating state.

This bill would take effect September 1, 2009.

**SUPPORTERS
SAY:**

Disasters make everyday business difficult if not impossible to carry out, as the 2005 and 2008 hurricane seasons demonstrated. Currently, it is unclear whether DSHS could contract with other states to ensure that potentially life-saving genetic testing of newborns would continue if a crisis forced the closure of the State Health Lab.

HB 1671 would clarify existing law to give DSHS explicit authority to enter into mutual agreements with other states to continue newborn screening services in the event of an unexpected interruption of service. These agreements between states are necessary due to the specialized nature of public health services. Very few private, commercial laboratories in the nation offer the type of genetic testing performed by state labs, and none are able to handle the volume of screenings. For this reason, it is imperative that Texas be able to enter into mutual aid contracts with other states.

The bill would not specify all of the details of the agreements, such as the fee for services or what each party would pay for, but simply would authorize DSHS to begin the contract process with other states. The expectation, however, would be that each state would pay for its own

newborns' testing. A few states already have these types of agreements. For example, when Hurricane Katrina wiped out the Louisiana State Health Lab in New Orleans, Iowa performed newborn screenings for Louisiana until that state's lab was operational again.

Early detection is critical in treating the disorders that are identified by the Newborn Screening Program and has meant the difference between life and death for approximately 600 Texas babies each year. Unforeseen emergencies should not be allowed to interfere with the effective screening service that Texas has developed. By allowing DSHS to establish reciprocity agreements with other states, HB 1671 would ensure that during an emergency this vital testing for newborns was not interrupted, thus assuring the best outcomes for every child born in Texas.

**OPPONENTS
SAY:**

The bill should specify who would be responsible for payment of newborn screening services. It is unclear if Texas performed screenings for another state who would pay for the testing — Texas or the other state.