

Bill as Introduced

HB 600-FN - AS AMENDED BY THE HOUSE

7Apr2021... 0899h

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***.

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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 commercial*
5 *insurance or Medicaid paid to hospitals*, for the tests required under paragraph I. *To the*
6 *extent possible, the commissioner shall structure these fees to be reimbursable without out*
7 *of pocket cost pursuant to 45 C.F.R. 147.130.* All such fees shall be paid into the newborn
8 screening fund, hereby established in the state treasury. Moneys from the newborn screening fund
9 established under this section shall be nonlapsing and shall be continually appropriated for use by
10 the department to cover laboratory analysis and related newborn screening program costs.

11 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
<i>Funding Source:</i>	<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

HB 600-FN - AS AMENDED BY THE SENATE

7Apr2021... 0899h

05/06/2021 1238s

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COMMITTEE: Health, Human Services and Elderly Affairs

HOUSE: OTP/A 2020 CONSENT. SENATE: OTP/A 5-0 CONSENT

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LBA
21-0096
1/13/21

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AGENCIES CONTACTED:

Department of Health and Human Services and Insurance Department

CHAPTER 145
HB 600-FN - FINAL VERSION

7Apr2021... 0899h
05/06/2021 1238s
05/20/2021 1539s

2021 SESSION

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HOUSE BILL

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CHAPTER 145
HB 600-FN - FINAL VERSION

7Apr2021... 0899h
05/06/2021 1238s
05/20/2021 1539s

21-0096
08/11

STATE OF NEW HAMPSHIRE

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12 analysis and related newborn screening program costs.

13 145:2 Effective Date. This act shall take effect 120 days after its passage.

Approved: July 23, 2021
Effective Date: November 20, 2021

Amendments

Sen. Bradley, Dist 3
Sen. Sherman, Dist 24
April 26, 2021
2021-1190s
12/08

Amendment to HB 600-FN

1 Amend the bill by replacing section 1 with the following:

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UNAPPROVED

Health and Human Services
April 28, 2021
2021-1238s
12/04

Amendment to HB 600-FN

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Sen. Rosenwald, Dist 13
May 10, 2021
2021-1373s
12/05

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Senate Finance
May 18, 2021
2021-1539s
12/05

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Committee Minutes

SENATE CALENDAR NOTICE
Health and Human Services

Sen Jeb Bradley, Chair
Sen James Gray, Vice Chair
Sen Kevin Avard, Member
Sen Tom Sherman, Member
Sen Rebecca Whitley, Member

Date: April 8, 2021

HEARINGS

Wednesday	04/14/2021	
(Day)	(Date)	
Health and Human Services	REMOTE 000	9:00 a.m.
(Name of Committee)	(Place)	(Time)
9:00 a.m.	HB 600-FN	relative to funding for newborn screening.
9:15 a.m.	HB 582	relative to prescriptions for the treatment of attention deficit disorder, attention deficit disorder with hyperactivity, or narcolepsy.
9:30 a.m.	HB 120	relative to administration of psychotropic medications to children in foster care.
9:45 a.m.	HB 220	establishing medical freedom in immunizations.

Committee members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. Link to Zoom Webinar: <https://www.zoom.us/j/98999311863>
2. To listen via telephone: Dial (for higher quality, dial a number based on your current location): 1-301-715-8592, or 1-312-626-6799 or 1-929-205-6099, or 1-253-215-8782, or 1-346-248-7799, or 1-669-900-6833
3. Or iPhone one-tap: 13017158592,,98999311863# or 13126266799,,98999311863#
4. Webinar ID: [989 9931 1863](https://www.zoom.us/j/98999311863)
5. To view/listen to this hearing on YouTube, use this link:
<https://www.youtube.com/channel/UCjBZdtrjRnQdmg-2MPMiWrA>

6. To sign in to speak, register your position on a bill and/or submit testimony, use this link:
<http://gencourt.state.nh.us/remotecommittee/senate.aspx>

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: remotesenate@leg.state.nh.us or call (603-271-6931).

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

HB 600-FN

Rep. Marsh
Sen. Bradley

HB 582

Rep. Walz

HB 120

Rep. Marsh
Rep. Crawford
Sen. Sherman

HB 220

Rep. Lang
Rep. Binford
Rep. Bordes

Rep. Salloway

Rep. Woods

Rep. P. Schmidt
Rep. Schapiro
Sen. Bradley

Rep. Nunez
Rep. Harvey-Bolia
Rep. Pauer

Rep. Woods

Rep. Gay
Rep. Cushman
Sen. Rosenwald

Rep. Rouillard
Rep. Rice
Sen. Avar

Rep. Nelson

Rep. Salloway
Rep. Deshaies
Sen. Whitley

Rep. Pearl
Rep. Notter

Kirsten Koch 271-3266

Jeb Bradley
Chairman

Senate Health and Human Services Committee

Kirsten Koch 271-3266

HB 600-FN, relative to funding for newborn screening.

Hearing Date: April 14, 2021

Time Opened: 9:04 a.m.

Time Closed: 9:55 a.m.

Members of the Committee Present: Senators Bradley, Gray, Avard, Sherman and Whitley

Members of the Committee Absent : None

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

Sponsors:

Rep. Marsh

Rep. Salloway

Rep. Woods

Rep. Nelson

Sen. Bradley

Who supports the bill: Senator Bradley, District 3; Rep. Marsh, Carroll 8; Paula Minnehan, NHHA; Courtney Tanner, Dartmouth-Hitchcock.

Who opposes the bill: Heidi Kroll, AHIP; Andrew Hosmer, Harvard Pilgrim Health Care; Sabrina Dunlap, Anthem.

Who is neutral on the bill: Sai Cherala, NH DHHS

Summary of Testimony Presented:

Representative William Marsh, Carroll 8

- Rep. Marsh said he brought this bill at the request of the New Hampshire Hospital Association (NHHA) and this bill is relative to funding newborn screening tests.
- Rep. Marsh said, this bill will not change the newborn screening test program; it will just change how the billing is sent out.
- Rep. Marsh said the way it works now is the DHHS charges for the filtered paper use to take blood samples. The filtered paper is a supply and cost of it went up. Currently there is no charge for this paper.
- Rep. Marsh said, this bill asks the commissioner to restructure billing so that newborn screening testing can be billed to insurance companies to cover the cost of the filtered paper.
- Rep. Marsh said, Texas had done this in 2001. It was mandated by federal law in 2014 without mandate or deductible. This bill does not mandate change in insurance law.

- Rep. Marsh said he did want to acknowledge that there is an alternative solution to the problem and that is to supplement the newborn screening test program via general funds, or appropriate funds for the program, and roll the fees back.
- Rep. Marsh said, this bill help maintain economic viability of birthing centers in NH.
- Sen. Avard said, it is my understanding this is being paid for by bundle payments?
 - Rep. Marsh said, the per diem rate was not aligned with the increase in fees.
- Sen. Avard said, did the insurance companies negotiate with the hospitals?
 - Rep. Marsh said, they did not reimburse for that increase.
- Sen. Avard asked, couldn't they negotiate this without legislation?
 - Rep. Marsh said, no, hospitals cannot submit these tests for reimbursement without this law.
- Sen. Avard asked, are we going back to a fee for service?
 - Rep. Marsh said, it depends on what they negotiate.
- Sen. Sherman said, this could potentially be bundled into the reimbursement for obstetric services or by the hospital. Is there something that would be more in line with how it is reimbursed with the insurance companies?
 - Rep. Marsh said, it is up to them to negotiate how they will reimburse this.

Paula Minnehan, New Hampshire Hospital Association (NHHA)

- Ms. Minnehan testified in support of the bill.
- Ms. Minnehan said, this bill is targeted on how the newborn screening program is funded. Because the filter paper is 100% paid for by the hospitals, that is how the program is funded. We are looking for a technical change to make this a pediatric test to make sure this is covered by law. This bill is needed for Medicaid and for the hospitals to negotiate with private insurance carriers. This bill does not change the program at all. The hospitals need an opportunity to re-coop some of these costs.
- Sen. Whitely asked, with the rise in newborn screenings, is it likely that we'll be able to catch the need for more medical intervention and save costs in the long run?
 - Ms. Minnehan said, absolutely, yes. I agree with you, Senator. I can send along more information about screening.
- Sen. Bradley asked, is the test being analyzed in Massachusetts?
 - Ms. Minnehan said, there is a contract with U-Mass Amherst, that is one of the only testing facilities in the country that can complete these tests. If parents agree to newborn screening, it will be picked up by a currier, sent to U-Mass, and then back to the state. There is a contract there though.
- Sen. Bradley said, a significant part of the cost is the currier services. Why isn't this done in NH?
 - Ms. Minnehan said, we don't have the capability to do these services. I don't know much about the currier costs. The cost was originally \$40, then it went up to \$71, and the now cost is about \$140 per filter paper. There was a significant increase in cost in the last year or so.
- Sen. Avard asked, did the NHHA contact insurance companies at all to negotiate this?
 - Ms. Minnehan, we attempted to reach out to NH Insurance Department. We were unsuccessful.

- Sen. Sherman asked, is there no other mechanism for hospitals to bill insurance companies?
 - Ms. Minnehan said, historically the paper is considered a “supply” and hospitals have been absorbing the costs. But because the cost has doubled in the past year, hospitals need other options. States do this differently. The cost varies considerably by state.
- Sen. Sherman asked, best practice is mandated by state law. Are there any other prenatal testing not reimbursable by insurance companies?
 - Ms. Minnehan did not know the answer to the question.
- Sen. Whitley asked, it is clear Medicaid covers this. But isn’t it true that this is more than a coverage issue? Isn’t this a mandate issue?
 - Ms. Minnehan said, because the filtered paper is a “supply” Medicaid will be adjusting their program if the bill passes. The department will need to go through rulemaking to modify the reimbursement.

Sabrina Dunlap, Anthem

- Ms. Dunlap testified in opposition of the bill.
- Ms. Dunlap said Anthem supports newborn screening testing.
- Ms. Dunlap said she had no knowledge of this bill or this issue before legislation was filed. Anthem has some concerns with the bill.
- Ms. Dunlap said, there is no purpose for this bill. Testing strips are supply and supply is covered in bundle payments. Generally, we negotiation all-inclusive bundle payments, that usually include supplies. We do not pull-out fees for other supplies.
- Ms. Dunlap said, this is not a positive direction for health care. We are shifting away from fee for service payments.
- Ms. Dunlap said, any issue with testing strips can be remedied outside of a legislative setting.
- Sen. Sherman said, that would be spectacular except the requirement that the hospitals pay is in statute. The question is, who pays for this? Where in the bill requires this to be a fee for service reimbursement scheme? Why can’t it be a part of the negotiated bundle payment?
 - Ms. Dunlap said, that is why we do not need this bill. This bill pulls out the specific supply. It is very odd.
- Sen. Sherman said, if it is part of a lab test, then it is not part of a supply. It is in statute that the hospitals have to pay for this. Why shouldn’t we fix that statute? Wouldn’t you agree with that? We have three options:
 - (1) This would be covered by the general fund.
 - (2) We keep in statute that hospitals have to pay for the paper.
 - (3) We keep the relationship between hospitals and insurance companies for negotiating bundle payments.
 - Ms. Dunlap said, I would note it would be considered a supply. I think number three is the way it should go. The cost should go under the bundle of childbirth.
- Sen. Avard asked, you said the strips are considered supply under Medicaid?

- Ms. Dunlap said, that is what I heard Ms. Minnehan say.
- Sen. Avard asked, if we move forward with this bill, does it set the stage for fee for service for other services?
 - Ms. Dunlap said, I find this whole situation is odd. If we had known about it, we could have worked on it outside of the legislative setting.

Hon. Andrew Hosmer, Harvard-Pilgrim Health Care

- Mr. Hosmer testified in opposition to the bill.
- Mr. Hosmer said Harvard Pilgrim supports the newborn screening program.
- Mr. Hosmer said a bundled payment includes supplies. This is done through negotiated contracts with hospitals. Hospitals can include these supplies in bundled payments. Harvard Pilgrim thought bundled payments included filter paper. The idea that insurance companies have not been paying for these tests seems far-fetched. We were first made aware of this problem when legislation was filed. We have a goal to work in good faith to work out any issues together.
- Sen. Sherman said, I think we are all aware of this bill now after it made it through the House. Everybody seems amenable to not being told what to do by statute. What if we remove the statute that says hospitals have to pay for this if they can get the insurance companies to be a part of this? This would allow for negotiations about the payment.
 - Mr. Hosmer said, that would be a better option that would go after the problem rather than the symptom. This bill seems to be going after the symptom.
- Sen. Sherman, would you be amenable to a potential amendment that there could be a negotiated process among the providers and the carriers?
 - Mr. Hosmer said, yes, and I would be happy to take an active role in drafting that.

Heidi Kroll, America's Health Insurance Plans (AHIP)

- Ms. Kroll testified in opposition to this bill.
- Ms. Kroll stated that she supports newborn screening.
- Ms. Kroll said she would prefer a non-legislative solution.
- Ms. Kroll said, this bill would label filtered paper as a lab service instead of a supply. We have an issue with a supply being labeled as a lab service. The hospital is not even providing the lab service.
- Ms. Kroll said, from the carrier's perspective, we have been paying for this test and supplies through the childbirth bundle payments, which includes all supplies. We believe the bundle payment is covering the nurses time to prick the baby's heel and the strip.
- Ms. Kroll said, this could be resolved in a contract renewal. Now that the carriers know this is a concern, this could be brought up in negotiation discussions. Legislative intervention is not necessary.
- Sen. Avard said, there was a suggestion of removing the hospital requirement to pay for it. Does that solve the problem, or kick the can down the road?
 - Ms. Kroll said, I am not sure. I would have to see the language. I am not aware of any prohibition, and we thought we were paying for it.

Tyler Brannen, New Hampshire Insurance Department (NHID)

- Mr. Brannen said, the NHHA reached out on September 30th but he does not recall any communication attempts after that.
- Mr. Brannen said, the NHID cannot represent the carriers.
- Mr. Brannen said, there seems to be a number of problems that this legislation attempts to solve that I don't think it will really solve. To suggest the test strips should be paid for separately gets away from revenue centers and encourage the hospitals to move towards fee for service charges.
- Mr. Brannen said, the hospital could have removed supplies from bundle payments because they can be expensive. Outlier criteria could be expensive, such as pacemakers.
- Mr. Brannen said, the endgame of this is confusing. I do not think this bill is going to get to the solution. This does not change insurance, but it does lead to an unbundling of services.
- Sen. Gray said, my question is about the cost of the test. Does the state add any overhead costs to the state employees or what is done by DHHS?
 - Mr. Brannen said, the costs of the strips is not done by the NHID. I get confused when we talk about who is paying for this, is it the carrier, lab, the individual, the hospitals, or an independent party? The billing code referenced is quite clear that it includes supplies and the test.

Henry Lipman, Department of Health and Human Services (DHHS)

- Mr. Lipman said, this bill is not going to solve the problem, but is going to contribute towards moving in the right direction.
- Sen. Whitley, isn't it true that the lack of service for obstetrics is particularly problematic in the rural part of the state?
 - Mr. Lipman said, yes. Medicaid can support it, but there is a limit of what we can do under law to keep things open.
- Sen. Sherman said, could we bring increased reimbursement into the Medicaid program for what we can reimburse hospitals for?
 - Mr. Lipman said, the obstetric units we have now are in danger of closing.
- Sen. Gray asked, are you the department. that does the costs, and are there overhead fees added to that?
 - Mr. Lipman said, the division of health does that. There is not a need as to why we would be adding fees to that.

Sen. Bradley said, between now and May 12, 2021 the insurance companies, the two departments (DHHS and NHID), and the hospitals need to try to negotiate a solution. I believe the mandate needs to stay on the books.

SENATE CALENDAR NOTICE
Finance

Sen Gary Daniels, Chair
Sen John Reagan, Vice Chair
Sen Bob Giuda, Member
Sen Erin Hennessey, Member
Sen Chuck Morse, Member
Sen Lou D'Allesandro, Member
Sen Cindy Rosenwald, Member

Date: May 13, 2021

Monday	05/17/2021
(Day)	(Date)
Finance	REMOTE 000
(Name of Committee)	(Time)

1:00 p.m.

BUDGET WORK SESSION

Department of Health and Human Services:

Office of the Commissioner

Division of Economic and Housing Stability

Division of Long-Term Supports and Services

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~~EXECUTIVE SESSION MAY FOLLOW~~

Deb Martone 271-4980

Gary L. Daniels
Chairman

Speakers

Senate Remote Testify

Health and Human Services Committee Testify List for Bill HB600 on 2021-04-

Support: 4 Oppose: 3 Neutral: 1 Total to Testify: 6

<u>Name</u>	<u>Email Address</u>	<u>Phone</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>S</u>
Cherala, Sai	Sai.S.Cherala@dhhs.nh.gov	603.715.4278	State Agency Staff	Myself	Neutral	Yes	4
Kroll, Heidi	kroll@geglaw.com	603-496-2345	A Lobbyist	America's Health Insurance Plans (AHIP)	Oppose	Yes	4
Hosmer, Andrew	ahosmer@preti.com	603.496.2078	A Lobbyist	Harvard Pilgrim Health Care	Oppose	Yes	4
Dunlap, Sabrina	sabrina.dunlap@anthem.com	Not Given	A Lobbyist	Anthem	Oppose	Yes	4
Marsh, William	wmarshmd@gmail.com	603.569.6382	An Elected Official	Carroll 8	Support	Yes	4
Minnehan, Paula	pminnehan@nhha.org	603.496.1047	A Lobbyist	NH Hospital Association	Support	Yes	4
Tanner, Courtney	Courtney.Tanner@hitchcock.org	12074688789	A Lobbyist	Dartmouth-Hitchcock	Support	No	4
Bradley, Jeb	jeb.bradley@leg.state.nh.us	603.271.4151	An Elected Official	SD3	Support	No	4

Testimony

Kirsten Koch

From: Cherala, Sai <Sai.S.Cherala@dhhs.nh.gov>
Sent: Thursday, April 15, 2021 10:04 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Kirsten Koch
Cc: Rogers, Abigail; Williams, John
Subject: HB600 FN-Newborn Screening Program Information

Good Morning Senator Bradley and Committee Members,

For the record, my name is Dr. Sai Cherala, Bureau Chief, Bureau of Population Health and Community Services in the Division of Public Health Services. In my role, I provide oversight for New Hampshire Newborn Screening Program (NBSP).

I understand yesterday that due to time constraints and scheduling difficulties, you could not call upon me to provide information in regards to HB600FN. I hope that through this email, I can address the questions that were raised during the public hearing by the committee about the NBSP function, operations, and funding.

NBSP is an essential preventive public health program. It is a population based program. It is a complex, integrated system aimed at early identification of disorders for which timely and early intervention can lead to elimination or reduction of death and disability. NBSP ensures that each abnormal screening result is linked to a particular infant who subsequently receives a diagnostic test and, if indicated, referral for appropriate treatment. NBSP follows Recommended Uniform Screening Panel (RUSP), which is a list of disorders that the federal Department of Health and Human Services recommends for states to screen as part of their state newborn screening programs. Disorders on the RUSP are chosen based on evidence that supports the potential net benefit of screening, the ability of states to screen for the disorder, and the availability of effective treatments.

NBSP approximately screens around 12,000 newborns /year. NBSP is responsible for assuring that all infants born in New Hampshire are screened at birth for inherited medical disorders. A few drops of blood are taken from an infant's heel 24-72 hours after birth, on a filter paper and sent to lab for testing. This process is done before the infant leaves the hospital/birthing center. Timing is everything! Some conditions need to be identified in the first week of life. Families may refuse this screening if they wish. This is in accordance with state legislation (RSA 132:10a).

NBSP is responsible for handling screening results and follow-up of out-of-range results with providers and families, as needed. In NH we currently screen all babies for 37 conditions. New Hampshire has a Newborn Screening Advisory Committee that makes recommendations to the state program on clinical, educational or operational aspects of the program. This committee meets at least bi-annually. The department also provides an annual report to the Health and Human Services Oversight Committee on the previous year's NBSP activities. The annual reports are available at following website: <https://www.dhhs.nh.gov/dphs/bchs/mch/newborn.htm>.

NBSP does not receive and state or federal funds. NBSP is funded through a non-lapsing, Newborn Screening Revolving Fund, funded by filter paper fees (Current cost is \$146 per paper), paid by participating health care providers, these include hospitals, birthing centers etc. The annual operational costs are close to \$1.8M. The fund is used to pay for costs related to the lab contract with the University of Massachusetts Medical School, for dried blood spot screening, laboratory, shipping and supplies. The fund also support personnel (1.5 FTE), a metabolic medical consultant, and a database system. The cost of filter paper decision is based on any new screening conditions that are planned to be added, relevant increases in the costs of testing and overall cost of program operations.

NBSP is crucial to New Hampshire babies and families. Our understanding is that this legislation will not impact the process by which hospitals and others pay fees directly to the Department to fully support the operations of NBSP. We

want to insure the stability of the NBSP and our hope is that through this legislation there will be no unintentional consequences on the program. We are assuming that there will be no direct fiscal impact to the newborn screening program itself.

Thank you again for giving me this opportunity to provide information about New Hampshire Newborn Screening Program. Please let me know if you have any questions.

Thanks,
Sai

Sai Cherala, MD MPH
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Bureau of Population Health and Community Services,
Division of Public Health Services,
New Hampshire Department of Health and Human Services,
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Concord, NH 03301
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ATTENTION: please visit the DHHS COVID-19 website for the latest COVID-19 information, resources and guidance: <https://www.nh.gov/covid19/>

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SENATE HEALTH AND HUMAN SERVICES COMMITTEE

April 14, 2021

HB 600 – Relative to Funding for Newborn Screening

Testimony

Good morning, Mr. Chairman, and members of the committee. My name is Paula Minnehan, Senior VP, State Government Relations with the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all specialty hospitals.

The NHHA is supportive of HB 600. We want to thank Representative Marsh for sponsoring the bill as well as all the co-sponsors. The bill is targeted to how the Newborn Health Screening program is funded. The bill allows birthing hospitals and birthing centers to bill for the newborn screening tests and get reimbursed by Medicaid and third-party insurance carriers. The bill also compels the DHHS Commissioner to ensure that families are not responsible for out-of-pocket costs related to this program, as outlined in the federal law. The federal law referenced in the bill mandates coverage for pediatric tests. This bill ensures that the state law is aligned with the federal law.

The current Newborn Health Screening program is funded by the birthing hospitals and birthing centers through fees covering the cost of the filter paper used to process the newborn screening tests. The filter paper fees essentially cover the full cost of the newborn screening program.

The current statute does not allow the facility to bill for the newborn screening tests. The bill before you corrects that limitation and will allow the birthing hospitals and birthing centers to recoup some costs that they now incur.

NHHA believes HB 600 is an important bill to balance the fees needed to support the program with the ability to recoup some costs and we ask that the committee vote Ought to Pass. Thank you for the opportunity to provide our comments. I am happy to answer any questions the committee may have.

Good Morning! For the record I am Rep William Marsh, representing 7 towns in southern Carroll County.

I am pleased today to offer for your consideration HB600, relative to funding newborn screening tests, which I filed at the request of the NH Hospital Association.

NH's newborn screening program is a wonderful program, and the intent of this bill is not to change the program in any way. The issue that I have with the program is how they send out their bills.

Under current law, DHHS bills hospitals for the filter paper on which blood samples are submitted for testing. The cost of this filter paper has doubled in the last year, and is expected to increase as more tests are added to the newborn screening panel. Filter paper is a supply, and this bill cannot be submitted to insurers. There is no charge for the test performed.

We are simply asking the Commissioner to restructure the current fee so that these bills can be submitted to insurers. Instead of billing for "filter paper" the invoice could read "newborn screening panel."

Other states do this. For instance, in the state of Texas, effective Jan. 1, 2001 and after, HCPCS code S3620 was implemented for Newborn Metabolic Screenings. Minnesota uses the same billing code. An American Academy of Pediatrics document about 1 month preventative visits recommends HCPCS code S3620 for newborn screening if not already performed, and a list of CPT codes, most notably V77.7 "Special screening of other inborn errors of metabolism."

Coverage for pediatric preventative services has been mandated by federal law without copay or deductible since 2014 pursuant to 45 CFR 147.130. This bill does not mandate any change whatsoever in insurance law.

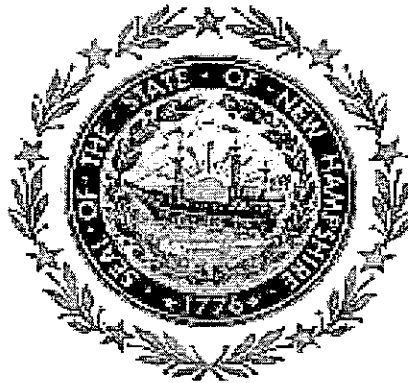
As I told House Finance, you should be aware of the alternate solution to this problem. Currently 45 states including NH pay for newborn screening through fees, although some do supplement the program using general funds. 5 states and DC simply pay for the program out of general funds. In 1/3 of states at least some general fund revenue supports newborn screening. The alternative solution, which would be equally acceptable to the hospitals, would be to appropriate funds for the program, and use HB2 to roll the fees back to the reasonable level they were a few years ago.

Addressing this problem will help maintain the economic viability of the various birthing centers in NH.

Thank you, and I will be glad to take questions.

Annual Report on Newborn Screening to
New Hampshire Health and Human Services Oversight Committee

Calendar Year 2019



New Hampshire Newborn Screening Program
Maternal and Child Health Section
Bureau of Population Health and Community Services
Division of Public Health Services
Department of Health and Human Services

February 21, 2020



NH DIVISION OF
Public Health Services

Improving health, preventing disease, reducing costs for all

INTRODUCTION

The Department of Health and Human Services (DHHS), Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section has responsibility for oversight of the New Hampshire Newborn Screening Program (NBSP). This includes daily management of screening results; assuring that all infants born in New Hampshire are screened; assuring that screening is timely and complete for each infant and that any infants identified through this process receive timely referral to specialty care for confirmation of diagnosis and initiation of treatment. Many disorders identified through newborn screening require care and treatment throughout the lifespan.

RSA 132:10-a requires that all infants born in New Hampshire be screened at birth for a panel of disorders as determined by the State (through a complex decision making process also defined in statute). This statute includes a clause, 132:10-c, which allows parents or guardians to decline this screening if they so desire.

RSA 132:10-a also includes a requirement that DHHS make an annual report to the Health and Human Services DHHS Oversight Committee on the previous year's NBSP activities. Previous years' reports are available on the NBSP website at <https://www.dhhs.nh.gov/dphs/bchs/mch/newborn.htm> that provide additional background and historical information.

CALENDAR YEAR 2019

DATA

From January 1, 2019 through December 31, 2019, the NBSP screened 11,743 infants, born in New Hampshire, which represented more than 99% of all occurring births. Tables 1 and 2 contain the NBSP statistics for 2019. This includes the number of disorders identified in that year; the number of infants who missed newborn screening; the number of infants whose families refused newborn screening; and information on the usage of the metabolic medical consultant services.

Table 1: 2019 NBSP data

Total NH births	11,807
Number of NH births screened	11,743
Screening declined	16
Missed screening	1
Died	14
Transferred out of State (Initial screening completed outside NH)	20

Table 2: NBSP disorders identified for 2019

Disorder	Number positively identified
Congenital Hypothyroidism	3
Cystic Fibrosis	2
Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCAD)	1
Isovaleric Acidemia (IVA)	1
Hemoglobin E (HbE) disease	1
Sickle Cell	1
Glutaric Aciduria Type 1 (GA I)	1
Total	10

**Other findings include infant carrier status, false positives, transient findings and maternal disorders.*

NEWBORN SCREENING ADVISORY COMMITTEE

The Newborn Screening Advisory Committee (NSAC) meets on a bi-annual basis, also in accordance with RSA 132:10-a and Administrative Rule He-P 3008. The NSAC determines recommended additions to the screening panel based on lengthy discussions focused on the following for each disorder:

- The disorder is well-defined with a known incidence.
- The disorder is associated with significant morbidity and/or mortality.
- The disorder can be detected with a screening test that is ethical, safe, accurate, and cost-effective.
- Effective treatment exists for the disorder, and that early treatment, meaning before the onset of symptoms, is more effective in improving health outcomes than later treatment.

Often, clinical specialists are brought in to present and answer questions before a final vote is made. The New England Newborn Screening Program at the University of Massachusetts' Medical School (the Laboratory), the State's contracted laboratory, also presents on test reliability and potential false positives/negatives. At the October 2018 meeting, Spinal Muscular Atrophy (SMA) was voted in as a recommendation for addition to the panel. According to Administrative Rule He-P 3008, there are then several steps necessary before the DHHS Commissioner can weigh in and make a final decision on the addition. This can and often takes several months and includes:

- The development of process and clinical protocols; e.g. where is an "out of range" infant referred to for a second confirmatory test; does the infant need the services

of the NBSAC physician consultant? If treatment is needed, where can this infant be referred to for timely attention?

- Determination if the filter paper fee needs to increase. The purchase of the filter papers by the birthing hospitals are used to collect the specimen from the infant. These fees in accordance with RSA 132:10-a and Administrative Rule He-P 3008 supports the NBSAC through a revolving fund. All of the program expenses are covered by this fund with no use of general funds or federal funds for operations.

Protocols were developed for the potential addition of SMA. In this case, it was determined that the filter paper fee would need to increase from \$71 to \$104 based on the screening for the new disorder as well as an additional Sunday courier pickup (discussed in the forthcoming timeliness section). Since this was the first significant increase in filter paper costs in seven years, financial discussions were held with the New Hampshire Hospital Association and its members. According to statute and administrative rule, hospitals must have at least 30 days-notice before a rate change is to take place.

Also during this this time period, a sole source amendment to the Laboratory contract was being negotiated and scheduled for a hearing at the Governor and his Executive Council meeting.

After all the steps were completed and with the DHHS Commissioner's approval, the NBSAC began testing for SMA late in 2019.

The NBSAC met twice during calendar year 2019. During those meetings, Pompe, X-ALD and MPS-1 were discussed in detail as potential additions to the screening panel. During 2018 and part of 2019, the laboratory was pilot testing the equipment needed for confirmation of the aforementioned disorders. The NBSAC voted to recommend all three disorders at the meeting in October of 2019. The development of protocols, etc. before the submission to the DHHS Commissioner for review is currently taking place.

STAFFING

Because care of children who screen positive for the conditions on New Hampshire's Newborn Screening Panel is complex, involving primary care physicians, metabolic specialists, genetic counselors, and metabolic nutritionists, it is important to have consultation available from specialists to help guide pediatricians and others through the confirmation of diagnosis and long-term clinical management. The NBSAC's longtime medical consultant, Dr. Harvey Levy of Boston Children's Hospital, retired this past year. A procurement process soliciting a new highly specialized medical consultant took place and Dr. Amy Kritzer, also of Boston Children's Hospital was selected.

The NBSAC's 1.0 FTE Coordinator also retired after more than a decade in the position. Efforts are currently underway to recruit and fill this this critical job. A 0.6 FTE Nurse Coordinator was hired into the NBSAC bringing many years of nursing experience, both in teaching and in clinical skills. The NBSAC also has a 0.5 FTE Program Assistant who fulfills many of the clerical and administrative duties necessary in such a program.

As was stated previously, the State's Laboratory contractor for the NBSP, the New England Newborn Screening Program at the University of Massachusetts' Medical School had their contract amended and approved by the Governor and his Executive Council for another two years. The Laboratory recently changed their on-line data system, which required the technical assistance of DHHS's information technology and data security staff to help the NBSP get back online and functioning with minimal disruption to the daily workflow.

QUALITY IMPROVEMENT

The NBSP relies on timeliness for optimal results. The age of an infant at specimen draw, days lapsed between draw and arrival at the laboratory and the days between the blood draw and a result are all very important. The process of screening a newborn involves a number of critical steps and often involves multiple individuals within a facility including the staff who complete the demographic information on the filter paper; the staff who obtain the specimen from the infant; and the staff who are responsible for sending the dried specimens to the laboratory. Delays or errors in any one of these steps can impact the entire process and result in delayed identification of infants who need follow-up.

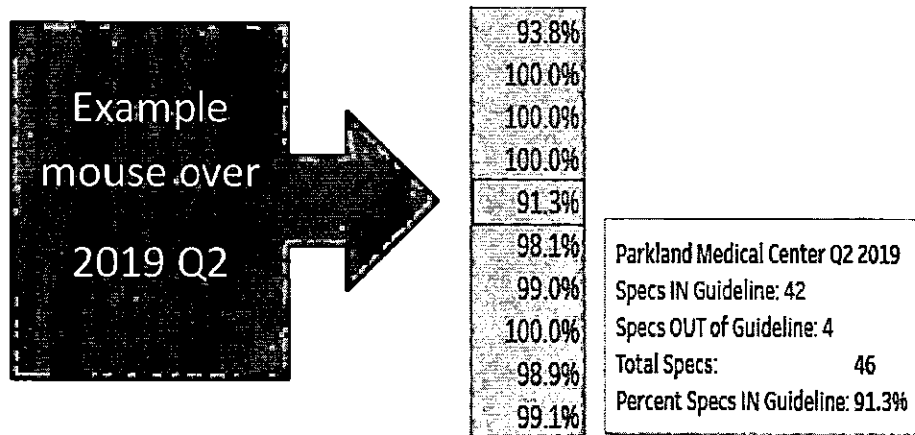
Beginning in early 2015, the NBSP has provided a quarterly timeliness progress report to all birthing hospitals focused on measures primarily within the control of hospital staff.

Specimens should be collected between 24 and 48 hours of life. This is one of the factors that impacts the overall timeline between birth and reporting of screening results to the healthcare provider. Minimizing this time can save infant lives through early detection and intervention. Historical data clearly demonstrate significant progress in meeting the target of $\geq 95\%$ of specimens collected within the 24-48 hour guideline. The target was set at 95% because there are rare instances where a specimen may appropriately be taken outside of the 24-48 hour window. Statewide, more than 97% of specimens collected in hospitals in 2019 were collected between 24 and 48 hours (Table 1A).

Table 1a
Percent of Specimens Collected 24 to 48 Hours After Birth
Target >= 95%

	2015				2016				2017				2018				2019			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Androscoggin Valley Hospital	97.3%	85.7%	93.3%	100.0%	96.2%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Catholic Medical Center	88.1%	88.5%	95.6%	95.7%	89.8%	95.9%	84.6%	94.6%	96.3%	98.2%	97.1%	97.0%	98.0%	96.7%	97.1%	94.7%	95.9%	97.1%	95.6%	97.1%
Cheshire Medical Center	91.0%	92.5%	93.1%	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%	100.0%	98.8%	98.1%	98.9%	100.0%	99.0%	97.9%	100.0%	99.0%	99.0%	100.0%
Concord Hospital	95.3%	89.5%	91.1%	97.4%	88.3%	97.0%	89.5%	97.5%	93.5%	97.6%	96.7%	96.1%	96.9%	98.1%	97.3%	97.8%	97.5%	93.8%	98.3%	98.1%
Dartmouth-Hitchcock Hospital	97.0%	92.8%	98.4%	95.0%	94.6%	94.6%	97.5%	96.0%	97.6%	99.1%	97.6%	98.1%	98.1%	99.0%	94.6%	99.3%	98.7%	95.6%	97.5%	99.0%
Elliot Hospital	97.0%	92.9%	92.1%	97.4%	98.0%	98.0%	79.4%	97.3%	82.8%	81.3%	97.5%	94.4%	94.9%	98.1%	94.6%	94.8%	99.0%	98.2%	96.8%	95.9%
Exeter Hospital	92.7%	91.9%	90.8%	88.3%	89.6%	90.0%	90.1%	97.3%	94.5%	95.1%	95.0%	95.3%	93.4%	97.2%	95.8%	91.3%	95.9%	95.9%	95.8%	95.1%
Frisbie Memorial Hospital	100.0%	93.9%	97.1%	95.2%	96.0%	94.7%	88.9%	94.7%	93.5%	96.3%	93.5%	93.0%	97.1%	98.6%	97.8%	93.5%	95.7%	93.8%	88.2%	98.2%
Littlaton Regional Hospital	91.9%	94.2%	95.7%	93.2%	95.8%	97.7%	85.2%	100.0%	100.0%	97.6%	98.7%	97.1%	96.1%	97.5%	100.0%	95.7%	95.9%	100.0%	100.0%	97.6%
Memorial Hospital	97.3%	98.0%	81.0%	98.3%	97.5%	89.1%	97.7%	95.1%	81.1%	100.0%	97.6%	95.7%	98.2%	97.3%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Monadnock Community Hospital	90.5%	97.1%	93.3%	93.3%	95.2%	98.8%	94.3%	83.8%	95.3%	99.8%	97.5%	95.0%	97.0%	96.1%	98.5%	97.5%	95.7%	100.0%	98.0%	97.4%
Parkland Medical Center	81.4%	87.2%	82.9%	82.1%	92.3%	98.0%	87.0%	84.0%	97.3%	88.5%	97.6%	97.4%	91.2%	85.7%	96.2%	85.8%	97.3%	91.3%	95.1%	91.7%
Portsmouth Regional Hospital	97.3%	97.8%	94.3%	97.4%	93.3%	91.3%	95.8%	97.8%	98.8%	98.0%	97.4%	93.0%	94.6%	97.9%	96.3%	97.1%	97.7%	98.1%	94.2%	96.4%
Southern NH Medical Center	91.5%	90.4%	95.7%	97.7%	94.5%	98.7%	97.0%	98.6%	97.8%	97.1%	97.4%	99.6%	97.1%	99.3%	99.3%	98.7%	93.6%	99.0%	99.4%	99.1%
Spears Memorial Hospital	79.5%	97.7%	97.3%	97.5%	90.5%	89.5%	89.8%	89.5%	95.5%	100.0%	92.7%	97.3%	90.9%	100.0%	95.7%	100.0%	100.0%	100.0%	93.9%	100.0%
St. Joseph Hospital	90.9%	93.2%	95.1%	95.2%	98.5%	98.0%	98.6%	100.0%	98.9%	95.1%	98.2%	98.9%	96.7%	100.0%	85.3%	94.1%	100.0%	93.9%	97.4%	100.0%
Wentworth-Douglass Hospital	94.1%	98.1%	95.5%	97.1%	97.0%	99.0%	97.5%	99.2%	89.2%	97.5%	93.7%	97.1%	98.7%	97.5%	98.3%	96.4%	95.4%	99.1%	97.2%	87.3%

In 2019, hospitals not achieving the 95% target tended to be lower volume (example, Parkland had just four specimens out of guideline in Q2 2019). The percentage alone can be misleading, so the Tableau version sent to all the birthing hospitals of the table provides mouse over functionality to provide important context. Overall, the statewide statistics show that the $\geq 95\%$ target was consistently met throughout 2019.



The timely handoff to the courier is another factor impacting the overall timeline between birth and reporting of screening results to the healthcare provider. Minimizing this time can save infant lives through early detection and intervention. United Parcel Service (UPS) overnight delivery failures beginning in the holiday season of 2017-2018 made

this metric unreliable and it was dropped from the reports given to the birthing hospitals until such time that reliable data become available.

A “What-If” analysis demonstrated the potential impact of dropping the Saturday morning courier pickup and adding a Sunday evening pickup. Specimens picked up Saturday morning are delivered to the lab on Monday because it is not open on Sundays. A Sunday evening pickup was included in the Laboratory contractual amendment and began in October of 2019. These specimens are also delivered to the lab on Monday morning, but include a significant number of weekend specimens obtained after the Saturday pickup took place. In the absence of reliable courier data, empirical evaluation of this change has not been possible. Access to courier data is still being negotiated. The NBSP continues to work on improving this service with the goal of improving timeliness.

In the upcoming year, additional measures for quality improvement will be looked at including the issue of unsaturated filter papers, which require a re-test involving the infant coming back in with accurate results being delayed. This also adds hours into the daily workflow of the NBSP.

DATA SYSTEM

With significant input from the NSAC and the IT departments of all of the birthing hospitals, the Maternal and Child Health Section lead the development of a Request for Proposals (RFP) for a scalable, secure web-based health data management system for the NBSP, the Birth Conditions Program and the Newborn Hearing Screening Program, all of which currently have independent data collection systems. An RFP was released in the summer of 2019, an extensive review process of received proposals was conducted and currently, a contractual process for the selected company is in process, hopefully to end in approval by the Governor and his Executive Council with a potential start date of July 1, 2020. The new web based health data management system will interface with all birthing hospitals systems, state data systems, special screening devices, electronic medical records and the Laboratory using established health data exchange standards.

UPCOMING PLANS

Newborn screening remains a dynamic field. Advances in science and technology are ongoing and will continue to impact the state’s program. The NBSP will continue to monitor and provide quality assurance reports to all locations of birth in the state. In the coming year, the program will maximize the use of data to ensure no infants are missed; ensure that specimens are tested and followed up in a timely manner; and that New Hampshire infants are screened for the appropriate conditions.

Appendix A

New Hampshire Newborn Screening Panel as of January 1, 2020	Acronym
Argininosuccinic Aciduria	ASA
Argininemia	ARG
Biotinidase	BIOT
Carnitine Uptake Defect	CUD
Carnitine Palmitoyltransferase II Deficiency	CPT II
Citrullinemia I (ASA Synthetase Def)	CIT
Cobalamin A, B	Cbl A, B
Congenital Adrenal Hyperplasia	CAH
Congenital Hypothyroidism	CH
Congenital Toxoplasmosis	TOXO
Critical Congenital Heart Disorder	CCHD
Cystic Fibrosis	CF
Galactosemia	GALT
Glutaric Aciduria Type I	GA I
Hemoglobinopathies (3 types)	Hb SS + Hb S/BTh +Hb S/C
3-Hydroxy-3-Methylglutaryl-CoA Lysase Deficiency	HMG
Hyperornithinemia Hyperammoninemia, Homocitrullinemia Syndrome	HHH
Homocystinuria	HCY
Isovaleric Acidemia	IVA
Long Chain 3-hydroxyacyl-CoA Dehydrogenase Deficiency	LCHAD
Maple Syrup Urine Disease	MSUD
Medium Chain Acyl-CoA Dehydrogenase Deficiency	MCAD
3-Methylcrotonyl-CoA Carboxylase Deficiency	3MCC
Methylmalonic Acidemia	MUT
Mitochondrial Acetoacetyl-CoA Thiolase Deficiency	BKT
Multiple Acyl-CoA Dehydrogenase Deficiency	GA2
Multiple Carboxylase Deficiency	MCD
Phenylketonuria	PKU
Propionic Acidemia	PROP
Severe Combined Immunodeficiency Disorder	SCID
Spinal Muscular Dystrophy	SMA
Trifunctional Protein Deficiency	TFP
Tyrosinemia type I	TYR I
Very Long Chain Acyl-CoA Dehydrogenase Deficiency	VLCAD

*Newborn hearing screening is also offered at all NH hospitals with birth facilities.

Voting Sheets

Senate Health and Human Services Committee

EXECUTIVE SESSION RECORD

2021-2022 Session

Bill # HB 600 FN

Hearing Date: 4/14/21

Executive Session Date: 4/28/21

Motion: Amendment 1190s Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Motion: OTPA Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Motion: Consent Calendar Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Motion: _____ Vote: _____

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reported out by: Sen. Sherman

Notes: _____

Senate Finance Committee

EXECUTIVE SESSION

Bill # HB 600-FW

Hearing date: N/A

Executive session date: 05/17/21

Motion of: Move Amend # 13735

VOTE: 7-0

<u>Made by</u> Daniels <input type="checkbox"/>	<u>Seconded</u> Daniels <input type="checkbox"/>	<u>Reported</u> Daniels <input type="checkbox"/>
<u>Senator:</u> Reagan <input type="checkbox"/>	<u>by Senator:</u> Reagan <input type="checkbox"/>	<u>by Senator:</u> Reagan <input type="checkbox"/>
Giuda <input type="checkbox"/>	Giuda <input type="checkbox"/>	Giuda <input type="checkbox"/>
Rosenwald <input checked="" type="checkbox"/>	Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>
D'Allesandro <input type="checkbox"/>	D'Allesandro <input checked="" type="checkbox"/>	D'Allesandro <input type="checkbox"/>
Morse <input type="checkbox"/>	Morse <input type="checkbox"/>	Morse <input type="checkbox"/>
Hennessey <input type="checkbox"/>	Hennessey <input type="checkbox"/>	Hennessey <input type="checkbox"/>

Motion of: OTCA

VOTE: 7-0

<u>Made by</u> Daniels <input type="checkbox"/>	<u>Seconded</u> Daniels <input type="checkbox"/>	<u>Reported</u> Daniels <input checked="" type="checkbox"/>
<u>Senator:</u> Reagan <input type="checkbox"/>	<u>by Senator:</u> Reagan <input type="checkbox"/>	<u>by Senator:</u> Reagan <input type="checkbox"/>
Giuda <input type="checkbox"/>	Giuda <input type="checkbox"/>	Giuda <input type="checkbox"/>
Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>
D'Allesandro <input checked="" type="checkbox"/>	D'Allesandro <input type="checkbox"/>	D'Allesandro <input type="checkbox"/>
Morse <input type="checkbox"/>	Morse <input type="checkbox"/>	Morse <input type="checkbox"/>
Hennessey <input type="checkbox"/>	Hennessey <input checked="" type="checkbox"/>	Hennessey <input type="checkbox"/>

<u>Committee Member</u>	<u>Present</u>	<u>Yes</u>	<u>No</u>	<u>Reported out by</u>
Senator Daniels, Chairman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Senator Reagan, Vice-Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Giuda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Hennessey	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Rosenwald	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Morse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator D'Allesandro	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Amendments: _____

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE
FOR THE CONSENT CALENDAR

Thursday, April 29, 2021

THE COMMITTEE ON Health and Human Services

to which was referred **HB 600-FN**

AN ACT relative to funding for newborn screening.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 5-0

AMENDMENT # 1238s

Senator Tom Sherman
For the Committee

This bill instructs the commissioner of the department of health and human services on the setting of fees for newborn screening tests. It addresses a barrier that did not allow for hospitals to bill insurance carriers for the cost of the newborn screening tests. This bill, as amended, keeps funding intact for the newborn screening program and ensures that hospitals have the capacity to include this testing when they bill carriers. As amended, it also establishes that these fees will be reimbursable without out-of-pocket cost to the patient.

Kirsten Koch 271-3266

FOR THE CONSENT CALENDAR

HEALTH AND HUMAN SERVICES

HB 600-FN, relative to funding for newborn screening.

Ought to Pass with Amendment, Vote 5-0.

Senator Tom Sherman for the committee.

This bill instructs the commissioner of the department of health and human services on the setting of fees for newborn screening tests. It addresses a barrier that did not allow for hospitals to bill insurance carriers for the cost of the newborn screening tests. This bill, as amended, keeps funding intact for the newborn screening program and ensures that hospitals have the capacity to include this testing when they bill carriers. As amended, it also establishes that these fees will be reimbursable without out-of-pocket cost to the patient.

General Court of New Hampshire - Bill Status System

Docket of HB600

Docket Abbreviations

Bill Title: relative to funding for newborn screening.*Official Docket of HB600.:*

Date	Body	Description
1/13/2021	H	Introduced (in recess of) 01/06/2021 and referred to Health, Human Services and Elderly Affairs HJ 2 P. 56
1/20/2021	H	Public Hearing: 02/01/2021 09:15 am Members of the public may attend using the following link: To join the webinar: https://www.zoom.us/j/96551569054 / Executive session on pending legislation may be held throughout the day (time permitting) from the time the committee is initially convened.
2/3/2021	H	Committee Report: Ought to Pass (Vote 21-0; CC) HC 12 P. 8
2/24/2021	H	Ought to Pass: MA VV 02/24/2021 HJ 3 P. 11
2/24/2021	H	Referred to Finance 02/24/2021 HJ 3 P. 11
3/8/2021	H	Division III Work Session: 03/16/2021 09:30 am Members of the public may attend using the following link: To join the webinar: https://www.zoom.us/j/93701004543
3/17/2021	H	Division III Work Session: 03/22/2021 09:30 am Members of the public may attend using the following link: To join the webinar: https://www.zoom.us/j/93701004543
3/25/2021	H	Executive Session: 03/29/2021 09:00 am Members of the public may attend using the following link: To join the webinar: https://www.zoom.us/j/92166004660
3/30/2021	H	Committee Report: Ought to Pass with Amendment #2021-0899h (Vote 20-0; CC) HC 18 P. 14
4/7/2021	H	Amendment #2021-0899h: AA VV 04/07/2021 HJ 5 P. 31
4/7/2021	H	Ought to Pass with Amendment 2021-0899h: MA VV 04/07/2021 HJ 5 P. 31
4/7/2021	H	Reconsider (Rep. Osborne): MF VV 04/07/2021 HJ 5 P. 50
4/7/2021	S	Introduced 04/01/2021 and Referred to Health and Human Services; SJ 11
4/8/2021	S	Remote Hearing: 04/14/2021, 09:00 am; Links to join the hearing can be found in the Senate Calendar; SC 19
4/29/2021	S	Committee Report: Ought to Pass with Amendment #2021-1238s , 05/06/2021; Vote 5-0; CC; SC 22
5/6/2021	S	Committee Amendment #2021-1238s , RC 23Y-0N, AA; 05/06/2021; SJ 14
5/6/2021	S	Ought to Pass with Amendment 2021-1238s, RC 23Y-0N, MA; Refer to Finance Rule 4-5; 05/06/2021; SJ 14
5/18/2021	S	Committee Report: Ought to Pass with Amendment #2021-1539s , 05/20/2021; SC 24A
5/20/2021	S	Committee Amendment #2021-1539s , AA, VV; 05/20/2021; SJ 16
5/20/2021	S	Ought to Pass with Amendments 2021-1238s and 2021-1539s, MA, VV; OT3rdg; 05/20/2021; SJ 16
6/10/2021	H	House Concurs with Senate Amendment 2021-1539s (Rep. M. Pearson): MA VV 06/10/2021 HJ 10 P. 12
7/12/2021	S	Enrolled Adopted, VV, (In recess 06/24/2021); SJ 20

7/12/2021	H	Enrolled (in recess of) 06/24/2021
7/26/2021	H	Signed by Governor Sununu 07/23/2021; Chapter 145; Eff: 11/20/2021

NH House	NH Senate
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Docket of HB600**Bill Title:** relative to funding for newborn screening.*Official Docket of HB600.:*

Date	Body	Description
1/13/2021	H	Introduced (in recess of) 01/06/2021 and referred to Health, Human Services and Elderly Affairs HJ 2 P. 56
1/20/2021	H	Public Hearing: 02/01/2021 09:15 am Members of the public may attend using the following link: To join the webinar: https://www.zoom.us/j/96551569054 / Executive session on pending legislation may be held throughout the day (time permitting) from the time the committee is initially convened.
2/3/2021	H	Committee Report: Ought to Pass (Vote 21-0; CC) HC 12 P. 8
2/24/2021	H	Ought to Pass: MA VV 02/24/2021 HJ 3 P. 11
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3/8/2021	H	Division III Work Session: 03/16/2021 09:30 am Members of the public may attend using the following link: To join the webinar: https://www.zoom.us/j/93701004543
3/17/2021	H	Division III Work Session: 03/22/2021 09:30 am Members of the public may attend using the following link: To join the webinar: https://www.zoom.us/j/93701004543
3/25/2021	H	Executive Session: 03/29/2021 09:00 am Members of the public may attend using the following link: To join the webinar: https://www.zoom.us/j/92166004660
3/30/2021	H	Committee Report: Ought to Pass with Amendment #2021-0899h (Vote 20-0; CC) HC 18 P. 14
4/7/2021	H	Amendment #2021-0899h: AA VV 04/07/2021 HJ 5 P. 31
4/7/2021	H	Ought to Pass with Amendment 2021-0899h: MA VV 04/07/2021 HJ 5 P. 31
4/7/2021	H	Reconsider (Rep. Osborne): MF VV 04/07/2021 HJ 5 P. 50
4/7/2021	S	Introduced 04/01/2021 and Referred to Health and Human Services; SJ 11
4/8/2021	S	Remote Hearing: 04/14/2021, 09:00 am; Links to join the hearing can be found in the Senate Calendar; SC 19
4/29/2021	S	Committee Report: Ought to Pass with Amendment #2021-1238s , 05/06/2021; Vote 5-0; CC; SC 22
5/6/2021	S	Committee Amendment #2021-1238s , RC 23Y-0N, AA; 05/06/2021; SJ 14
5/6/2021	S	Ought to Pass with Amendment 2021-1238s, RC 23Y-0N, MA; Refer to Finance Rule 4-5; 05/06/2021; SJ 14
5/18/2021	S	Committee Report: Ought to Pass with Amendment #2021-1539s , 05/20/2021; SC 24A
5/20/2021	S	Committee Amendment #2021-1539s , AA, VV; 05/20/2021; SJ 16
5/20/2021	S	Ought to Pass with Amendments 2021-1238s and 2021-1539s, MA, VV; OT3rdg; 05/20/2021; SJ 16
6/10/2021	H	House Concurs with Senate Amendment 2021-1539s (Rep. M. Pearson): MA VV 06/10/2021
7/12/2021	S	Enrolled Adopted, VV, (In recess 06/24/2021); SJ 20

7/12/2021	H	Enrolled (in recess of) 06/24/2021
7/26/2021	H	Signed by Governor Sununu 07/23/2021; Chapter 145; Eff: 11/20/2021

NH House

NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: HB 600-FN

Senate Committee: HHS

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

Prepared testimony, presentations, & other submissions handed in at the public hearing

Hearing Report

Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

- amendment # _____ - amendment # 2021-12385

- amendment # _____ - amendment # 2021-1190s Bradley

Executive Session Sheet

Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

- amendment # _____ - amendment # _____

- amendment # _____ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

Enrolled Bill Amendment(s)

Governor's Veto Message

All available versions of the bill: {Clerk's Office}

as amended by the senate _____ as amended by the house
final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Kirsten Koch
Committee Aide

7/26/21
Date

Senate Clerk's Office AK

Senate Inventory Checklist for Archives

Bill Number: HB 600-FN

Senate Committee: FINANCE -
2ND COMMITTEE

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

- Bill version as it came to the committee
- All Calendar Notices
- Hearing Sign-up sheet(s)
- Prepared testimony, presentations, & other submissions handed in at the public hearing
- Hearing Report
- Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

- amendment # 1373s - amendment # _____
- amendment # 1539s - amendment # _____

- Executive Session Sheet
- Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

- amendment # _____ - amendment # _____
- amendment # _____ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

- Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):
- Enrolled Bill Amendment(s)
- Governor's Veto Message

All available versions of the bill: {Clerk's Office}

- as amended by the senate as amended by the house
- final version

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Committee Aide

07/29/21
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