

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION

May 4, 2009

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

FROM: John S. O'Brien, Director, Legislative Budget Board

IN RE: HB1672 by Crossover (Relating to newborn screening.), **As Engrossed**

<p>No significant fiscal implication to the State is anticipated.</p>
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The bill would add sickle cell trait to the newborn screening program. The bill would define any report, record, and information relating to newborn screening as confidential and not subject to subpoena or disclosure, except as provided by the bill. The records may be disclosed for purposes of diagnosis, a court order, a medical examiner conducting an autopsy on a child, and for certain public health research purposes under certain circumstances. Reports, records and information that does not identify the child or the family of the child may be released without consent for statistical purposes, quality assurance testing, and research purposes.

The bill would require a disclosure statement to be developed by the Department of State Health Services (DSHS). The disclosure statement would inform the parent, managing conservator, or guardian that they may limit the use of genetic material by providing a written statement prohibiting the department or laboratory from retaining the genetic material. DSHS or an approved laboratory would still conduct the newborn screening test.

The bill would require a committee of legislative members to study newborn screening and submit a report no later than December 15, 2010 to both houses of the legislature.

The bill would take effect immediately upon a two-thirds vote of each house; if it does not receive the vote necessary for immediate effect, the bill would take effect September 1, 2009.

The additional testing would not be a new cost to the agency because the current screening identifies sickle cell trait. It is assumed that new procedures identified in the bill and the study of newborn screening can be absorbed within existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 537 State Health Services, Department of

LBB Staff: JOB, CL, BM, MB