



## Fiscal Estimate Narratives

DHS 5/14/2012

LRB Number 11-4025/1	Introduction Number AB-0622	Estimate Type Original
<b>Description</b> Requiring pulse oximetry in newborns		

### Assumptions Used in Arriving at Fiscal Estimate

Current law requires an attending physician or nurse-midwife to ensure that every infant is tested for congenital and metabolic disorders and screened for hearing loss.

This bill requires the attending physician, nurse-midwife or certified professional midwife to ensure that: 1) every infant is screened, using pulse oximetry, for a congenital heart defect prior to discharge from the hospital; and, 2) the infant's parent or legal guardian is provided with information for further diagnosis and treatment of a possible congenital heart defect.

AB 622 includes language that the Department may specify, by rule, how to complete the pulse oximetry screening. Assuming the Department promulgates an administrative rule consistent with other newborn screening programs, the department estimates the following costs:

- Outreach and training to hospitals on recommended protocol and screening best practices (\$37,000 one-time; \$5,000 annually)
- Enhancement of existing data infrastructure to create an electronic health information exchange for pulse oximetry screening and coordinate the results with the Wisconsin Birth Defects Registry (\$50,000 one-time; \$35,000 annually)
- Education material development, printing and distribution (\$15,000 one-time; \$2,500 annually)

AB 622 does not require pulse oximetry screening for out-of-hospital births. There are more than 1,000 births annually occurring outside of hospital settings in Wisconsin.

In summary, the Department anticipates \$102,000 GPR in one-time costs and \$42,500 GPR in annual costs, in addition to costs in staff time for rule promulgation. The Department anticipates that these staff costs could be absorbed within existing resources.

The Department anticipates no impact of this legislation on local health departments.

### Long-Range Fiscal Implications

## Fiscal Estimate Worksheet - 2011 Session

Detailed Estimate of Annual Fiscal Effect

Original     
  Updated     
  Corrected     
  Supplemental

LRB Number <b>11-4025/1</b>		Introduction Number <b>AB-0622</b>	
<b>Description</b> Requiring pulse oximetry in newborns			
<b>I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):</b>			
The Department estimates one-time costs of \$102,000 to include the following: outreach and training to hospitals on recommended protocol and screening best practices (\$37,000); enhancement of existing data infrastructure to create an electronic health information exchange for pulse oximetry screening and coordinate the results with the Wisconsin Birth Defects Registry (\$50,000); and educational material development, printing and distribution (\$15,000).			
<b>II. Annualized Costs:</b>		<b>Annualized Fiscal Impact on funds from:</b>	
		Increased Costs	Decreased Costs
<b>A. State Costs by Category</b>			
	State Operations - Salaries and Fringes	\$	\$
	(FTE Position Changes)		
	State Operations - Other Costs	42,500	
	Local Assistance		
	Aids to Individuals or Organizations		
	<b>TOTAL State Costs by Category</b>	<b>\$42,500</b>	<b>\$</b>
<b>B. State Costs by Source of Funds</b>			
	GPR	42,500	
	FED		
	PRO/PRS		
	SEG/SEG-S		
<b>III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)</b>			
		Increased Rev	Decreased Rev
	GPR Taxes	\$	\$
	GPR Earned		
	FED		
	PRO/PRS		
	SEG/SEG-S		
	<b>TOTAL State Revenues</b>	<b>\$</b>	<b>\$</b>
<b>NET ANNUALIZED FISCAL IMPACT</b>			
		<u>State</u>	<u>Local</u>
NET CHANGE IN COSTS		\$42,500	\$
NET CHANGE IN REVENUE		\$	\$
<b>Agency/Prepared By</b>		<b>Authorized Signature</b>	<b>Date</b>
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