## Fiscal Estimate - 2021 Session

☑ Original ☐ Updated	Corrected Sup	plemental
LRB Number <b>21-1939/1</b>	Introduction Number SB-	194
<b>Description</b> newborn screening for Krabbe disease and requirir mandatory screening	ng evaluation of additional lysosomal storag	ge disorders for
Fiscal Effect		
AppropriationsRevenu	se Existing absorb within agency	
2. Decrease Costs 4. Decrea	sive Mandatory Towns Villows Other Counties Other School W	nment lage
Fund Sources Affected Ch. 20 Appropr		priations
GPR FED PRO PRS	SEG SEGS 20.435(1)(ja)	·
Agency/Prepared By	Authorized Signature	Date
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## Fiscal Estimate Narratives DHS 3/17/2021

LRB Number	21-1939/1	Introduction Number	SB-194	Estimate Type	Original	
Description						
newborn screening for Krabbe disease and requiring evaluation of additional lysosomal storage disorders for						
mandatory screening						

## Assumptions Used in Arriving at Fiscal Estimate

Under current law, the attending physician or nurse-midwife must ensure that every newborn undergoes testing for certain congenital and metabolic disorders prior to the infant's discharge from the hospital or maternity home, or within a week from birth for infants born elsewhere. DHS Administrative Code specifies the congenital and metabolic disorders for which newborn infants are screened, with the current Newborn Screening Program screening for 49 conditions including hearing loss.

The proposed bill specifies that, every infant born undergo testing for globoid cell leukodystrophy, also known as Krabbe disease.

In order to screen for the condition, Wisconsin State Laboratory of Hygiene (WSLH) estimates an additional \$21 of expenses per screening card received. With an estimated 66,000 births in FY 15, the cost would amount to an annual total of \$1,386,000. This increased cost would be split between equipment, supplies, and staff time for primary testing and evaluation of primary positives and follow ups.

Blood samples are collected and tested by WSLH through the use of newborn screening cards that are purchased at a fee set by the Department (currently \$109). This fee covers the WSLH costs for conducting testing and the administrative and special dietary treatment costs of the Department to administer the Newborn screening program.

Should the Newborn Screening Program begin testing for Krabbe disease, the Department expects to exhaust existing fee revenue by the following year after enactment, necessitating an increase in the newborn screening card fee. Although this will not result in increased costs to DHS under current practices, the Department is statutorily responsible for the expenses incurred by WSLH under the program and for managing the revenue by setting fees in administrative rule.

In summary, it is estimated that the bill will increase costs to WSLH by \$1,386,300 PR per year, resulting in a revenue shortfall of an equal amount in DHS.

## Long-Range Fiscal Implications