

TENNESSEE GENERAL ASSEMBLY
FISCAL REVIEW COMMITTEE



**CORRECTED
FISCAL MEMORANDUM**

SB 65 – HB 373

May 2, 2011

SUMMARY OF AMENDMENT (005384): Deletes the original bill. Directs the Genetic Advisory Committee to develop a screening program for critical cyanotic congenital heart disease (CCCHD) for newborns, using pulse oximetry, on or before January 1, 2012.

FISCAL IMPACT OF ORIGINAL BILL:

Increase State Expenditures - \$223,800/FY11-12
\$329,500/FY12-13 and Subsequent Years

Increase Local Expenditures – Exceeds \$10,000/FY11-12
Exceeds \$20,000/FY12-12 and Subsequent Years

Increase Federal Expenditures – \$223,700/FY11-12
\$447,400/FY12-13 and Subsequent Years

FISCAL IMPACT OF BILL WITH PROPOSED AMENDMENT:

On March 28, 2011, a corrected fiscal memorandum was issued estimating a fiscal impact as follows:

*Increase State Expenditures – \$9,100/One-Time
\$80,800/Recurring*

Due to inaccurate information, this impact was in error. Based upon revised information provided by the Department of Health, the estimated fiscal impact is:

(CORRECTED)

NOT SIGNIFICANT

Assumptions applied to amendment:

- The screening program developed by the Genetics Advisory Committee will be implemented.

SB 65 – HB 373 (CORRECTED)

- The Department of Health (DOH) will promulgate rules related to screening for CCCHD, revise existing screening forms, establish a new system for receipt of screening results, develop and maintain a list of approved screening providers, and develop public health nursing protocols.
- Any cost incurred is estimated to be not significant and can be accommodated within existing resources of DOH without an increased appropriation or reduced reversion.
- It is assumed that the program would not require the testing to be done in the health departments, eliminating the need to purchase pulse oximetry equipment.
- Pulse oximetry testing is currently a covered benefit when determined medically necessary in the TennCare program, State, Local Education, and Local Government Health Plan, and CoverKids program. It is assumed that the developed program will not result in a significant increase in the number of tests performed on enrollees and, as a result, will have a not significant fiscal impact on these programs.

CERTIFICATION:

The information contained herein is true and correct to the best of my knowledge.



James W. White, Executive Director

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