

*Colorado Legislative Council Staff Fiscal Note*

**STATE and LOCAL  
FISCAL IMPACT**

**Drafting Number:** LLS 15-0698  
**Prime Sponsor(s):** Rep. Primavera

**Date:** March 23, 2015  
**Bill Status:** House Public Health Care and Human Services  
**Fiscal Analyst:** Lauren Schreier (303-866-3523)

**BILL TOPIC:** NEWBORN HEART DEFECT SCREENING PULSE OXIMETRY

<b>Fiscal Impact Summary*</b>	<b>FY 2015-2016</b>	<b>FY 2016-2017</b>
<b>State Revenue</b>		
<b>State Expenditures</b>	<b><u>\$35,353</u></b>	<b><u>\$20,493</u></b>
General Fund	\$32,386	\$17,386
Centrally Appropriated Costs**	\$2,967	\$3,107
<b>FTE Position Change</b>	0.2 FTE	0.2 FTE
<b>Appropriation Required:</b> \$32,386 - Department of Public Health and Environment (FY 2015-16)		

\* This summary shows changes from current law under the bill for each fiscal year.

\*\* These costs are not included in the bill's appropriation. See the State Expenditures section for more information.

**Summary of Legislation**

The bill requires that all newborns born in a Colorado birthing center below an elevation of 7,000 feet on or after January 1, 2016, be screened for congenital health defects using pulse oximetry prior to being released from the birthing center. The State Board of Health within the Department of Public Health and Environment (DPHE) must promulgate rules concerning pulse oximetry testing for hospitals at or above elevations of 7,000 feet. Each birthing facility must report pulse oximetry screening results to the DPHE.

**Background**

The Colorado Department of Public Health and Environment (DPHE) licenses and regulates birthing facilities that are inpatient or ambulatory health facilities, including birthing centers, community clinics, and community clinics with emergency centers. The DPHE also administers all birth certificates issued in the state through the Center for Health and Environmental Data Division. There are approximately 65,000 births per year in Colorado. Pulse oximetry passes a beam of red and infrared light through a finger or earlobe to measure oxygen saturation in the blood.

**State Expenditures**

The bill increases expenditures in the DPHE by \$35,353 and 0.2 FTE in FY 2015-16 and \$20,493 and 0.2 FTE in FY 2016-17. These costs, illustrated in Table 1, are described below.

<b>Table 1. Expenditures Under HB 15-1281</b>		
<b>Cost Components</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>
Personal Services	\$17,386	\$17,386
FTE	0.2 FTE	0.2 FTE
Database Enhancements	\$15,000	0.0
Centrally Appropriated Costs*	\$2,967	\$3,107
<b>TOTAL</b>	<b>\$35,353</b>	<b>\$20,493</b>

\* Centrally appropriated costs are not included in the bill's appropriation.

**Database enhancements.** The bill increases costs in the DPHE by \$15,000 to conduct database enhancements to the DPHE's electronic birth reporting system and the birth defects registry before January 1, 2016. These changes will enable the registry to collect new information concerning pulse oximetry testing and screening results. The enhancements will also allow the DPHE to compare and track information obtained from the pulse oximetry newborn screening between both databases.

**Staffing.** The bill increases expenditures in the DPHE by \$20,353 and 0.2 FTE to maintain the link between the electronic birth reporting system and the birth defects registry and address any data entry concerns from birthing facilities. This work will be completed by the Office of Information Technology (OIT). The State Board of Health will conduct rulemaking concerning congenital heart defect screening for newborns born at elevations above 7,000 feet. The DPHE will also compile screening reports received from birthing facilities. This increase in workload does not require new appropriations.

**Centrally appropriated costs.** Pursuant to a Joint Budget Committee policy, certain costs associated with this bill are addressed through the annual budget process and centrally appropriated in the Long Bill or supplemental appropriations bills, rather than in this bill. The centrally appropriated costs subject to this policy are estimated in the fiscal note for informational purposes and summarized in Table 2.

<b>Table 2. Centrally Appropriated Costs Under HB 15-1281*</b>		
<b>Cost Components</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>
Employee Insurance (Health, Life, Dental, and Short-term Disability)	\$1,619	\$1,619
Supplemental Employee Retirement Payments	\$1,348	\$1,488
<b>TOTAL</b>	<b>\$2,967</b>	<b>\$3,107</b>

\*More information is available at: <http://colorado.gov/fiscalnotes>

**Department of Higher Education.** The bill increases costs in the Department of Higher Education (DHE) by a minimal amount. To comply with the requirements of the bill, the DHE may need to make changes at university-affiliated health facilities to ensure that all newborns born at their birthing facilities receive pulse oximetry screenings. This will require staff training and will increase workload in the DHE by a minimal amount but does not require new appropriations.

**Local Government Impact**

To the extent that local governments operate health facilities that include birthing facilities, the bill will increase workload for local governments. The bill requires local governments operating birthing facilities to provide pulse oximetry screenings to all newborns. The bill will also require staff training to ensure that staff comply with the requirements of the bill. This will increase workload for local governments by a minimal amount.

**Effective Date**

The bill takes effect August 5, 2015, if the General Assembly adjourns on May 6, 2015, as scheduled, and no referendum petition is filed.

**State Appropriations**

The bill requires an appropriation of \$35,353 from the General Fund to the Department of Public Health and Environment (DPHE). The Office of Information Technology requires \$35,353 in reappropriated funds and an allocation of 0.2 FTE.

**State and Local Government Contacts**

Public Health and Environment  
Office of Information Technology

Health Care Policy and Financing  
Higher Education