



Fiscal Services Division

ADMINISTRATIVE RULES — FISCAL IMPACT SUMMARIES

June 14, 2022

Iowa Code section 17A.4(4) requires the Legislative Services Agency (LSA) to analyze the fiscal impact of all administrative rules with an impact of \$100,000 or more and provide a summary of the impact to the Administrative Rules Review Committee (ARRC). Fiscal Impact Statements filed by State agencies can be found on our website at <https://www.legis.iowa.gov/publications/fiscal/adminRulesFiscalImpact>.

With each rule summary, the rulemaking type is indicated in parentheses following the ARC number. The acronyms have the following meanings: Notice of Intended Action (NOIA), Amended Notice of Intended Action (ANOIA), Notice of Termination (NOT), Adopted and Filed Emergency (AFE), Filed Emergency After Notice (FEAN), and Adopted and Filed (AF).

Table of Contents

| Agency | Page |
|-----------------------------|------|
| Department of Public Health | 1 |

Department of Public Health

ARC 6322C (NOIA)

Rule Summary Implements changes pursuant to 2022 Iowa Acts, Senate File 2345 (Newborn Screening Act), wherein the Congenital and Inherited Disorders Advisory Committee (CIDAC) currently established in 641 IAC 4.1 is codified, the list of conditions for which newborns are currently screened is expanded to include all conditions included on the federal recommended uniform screening panel (RUSP), and fee-setting authority is shifted from the Department of Public Health to the State Hygienic Laboratory (SHL). The Act also establishes procedures to add tests to the screening panel in the future.

State or Federal Law Implemented: Iowa Code chapter 136A and 2022 Iowa Acts, SF 2345.

Fiscal Impact **Agency Response:** The addition of disorders to the newborn screening panel as required by SF 2345 will add additional expenses for laboratory equipment to support the testing, including test supplies, education materials, and training. Senate File 2345 gives authority to the SHL to establish a newborn screening fee schedule in a manner sufficient to support the newborn screening system of care. The costs of the additional staff, equipment, supplies, trainings, and educational materials are dependent on the type of disorders added to the newborn screening panel, making additional costs unknown until such time as the capacity of the current system and the administration, laboratory, clinical, and follow-up needs for expansion of the panel for the specific disorders can be assessed.

LSA Response: The LSA concurs in part. The Fiscal Note published by the LSA for SF 2345 stated that the SHL anticipated a cost of \$2.1 million to add testing capability to screen for the three additional disorders included in the RUSP that are currently not screened for in Iowa. The SHL also estimated an ongoing operational cost increase of \$714,000 to administer the tests once the new equipment is in place. This would result in a \$19.80 increase in the screening fee to cover the additional costs of the screening, bringing the screening fee from \$122.00 to \$141.80.

LSA Staff Contact: Christopher Ubben (515.725.0134) chris.ubben@legis.iowa.gov