

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

807



FROM: Riverside County Regional Medical Center **SUBMITTAL DATE:** April 28, 2003

SUBJECT: State Department of Health Services mandatory newborn screening program.

RECOMMENDED MOTION: That the Board of Supervisors
1) Authorize the Chairman of the Board to ratify the payment of the State mandatory newborn screening program fees.

BACKGROUND: The State Budget Act for fiscal year 2002 through 2003 contains language, which requires the direct billing of hospital's for the State's mandatory newborn screening program. All newborn screening specimens collected on or after July 1, 2002 are billed to the facility collecting that specimen. The newborn screening fee is \$59.00 per newborn tested with an estimated annual cost based on 2,500 projected annual births. Riverside County Regional Medical Center may bill patients, their insurance companies or Medi-Cal \$59.00 for the test, \$1.00 for the specimen collection form and up to \$6.00 for drawing and handling. The newborn screening program, administered by the Department of Health Services as mandated by Health and Safety Code Section 12500, provides organized quality-assured screening of births for several genetic disorders, including phenylketonuria, galactosemia, congenital hypothyroidism, sickle cell anemia, and other blood disorders. Health and Safety Code Section 124977 requires that the program be fully supported from fees collected. The fees collected on these billings are deposited in a special fund called the Genetic Disease Testing Fund. The Genetic Disease Branch of the Department of Health Services bills Riverside County Regional Medical Center monthly for newborn screening tests.



Doug Bagley,
Riverside County Regional Medical Center

DB:cm

CURRENT YEAR COST: \$ 147,500.00
NET COUNTY COST: \$ 0.00

ANNUAL COST: \$ 147,000.00
IN CURRENT BUDGET: YES
BUDGET ADJUSTMENT: NO FOR FY: 2002-2003

SOURCE OF FUNDS: Hospital Enterprise Funds

C.E.O. RECOMMENDATIONS: **APPROVE**

County Executive Officer Signature: 

Department Recommendation: Consent Policy Policy
Per Executive Office: Consent Policy

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