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Tami Horzewski
Newborn Screening Program Coordinator – Senior Outreach Specialist
Bureau of Community Health Promotion
Division of Public Health
Wisconsin Department of Health Services

Via email: DHSWICongenitalDisorders@wisconsin.gov

Subject: Screening of Newborns for Congenital Disorders

Comments on Statement of Scope 056-23

Dear Ms. Horzewski:

On behalf of our over 150 member hospitals and integrated health systems, the Wisconsin Hospital Association (WHA) appreciates the opportunity to comment on Statement of Scope (SS) 056-23, in which the Wisconsin Department of Health Services (DHS) indicates that it intends to engage in rulemaking to update DHS 115, relating to Screening Newborns for Congenital Disorders.

In SS 056-23, DHS states that it intends to propose several revisions to the current rule, including adding conditions to the newborn screening panel, increasing the fee charged for the NBS blood collection cards from \$109 to \$223, and creating an ongoing fee increase equal to the average three-year Medicare Economic Index. WHA objects to DHS's proposal to increase the fee to \$223 and its proposal to create an ongoing fee increase.

As DHS notes in the Scope Statement, the statutes allow DHS to impose a fee sufficient to pay for services under its contract with the Wisconsin State Lab of Hygiene (WSLH) and for certain services provided by DHS. According to material provided by the WSLH during the recent budget process, WSLH needs an additional \$2.2 million annually for its increased costs related to the blood sample cards. The Administration indicated that DHS needs an additional \$1.669 million annually to fund its ongoing costs under the program. The combined funding increase needed to fund the program, based on information provided by DHS and WSLH, is about \$3.869 million. DHS, however, proposes a fee that would increase revenue by nearly \$6 million, providing more than \$2 million in extra funding. WHA strongly objects to fees that generate revenue in excess of program costs. WHA believes DHS should explain the statutory authority for the proposed fee amount.

WHA also objects to the DHS proposal to create a biennial ongoing fee increase equal to the average three-year Medicare Economic Index. The proposed ongoing fee increase would not be tied to the program costs the statute authorizes DHS to include as part of the fee. WHA believes an automatic increase untethered to program costs and that avoids ongoing scrutiny by both the administration and the legislature is bad public policy. Again, DHS should provide a thorough explanation why it believes it has the authority to promulgate such a provision.

Thank you for the opportunity to comment on Scope Statement 056-23.

Sincerely,

Eric Borgerding, President & CEO

Wisconsin Hospital Association

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