

Mandated Benefits Review - Senate Bill 938 - Executive Summary

After reviewing the staff analysis of Senate Bill 938 (97-98 session) - the Universal Newborn Hearing Screening Act - the Pennsylvania Health Care Cost Containment Council does not find evidence to recommend passage of this legislation in its current form. This bill deals with two separate and distinct proposals - mandating that all newborns be screened for a hearing loss and mandating that insurance carriers cover the cost of the screening. While the issue of newborn hearing loss is emotionally compelling, we were unable to find that mandatory testing of all newborns and mandatory coverage of universal newborn hearing screening would be cost effective. We note the following:

- ⊗ The screening of *high-risk* newborns may be more efficient and cost effective than universal screening. The incidence of hearing loss in the high-risk population is ten to forty times the incidence in the normal-risk population. Even though only 9 percent of newborns are considered to be at risk for hearing loss, over half of all cases of hearing loss are detected in high-risk infants. In addition, the estimated cost to screen the high-risk population is less than ten percent of the estimated cost to screen all infants. Twenty-one states have some type of legislative mandate related to newborn hearing screening; 17 of these focus only on children who exhibit one or more high-risk indicators. At the same time, it is important to point out that high-risk screening may miss up to half of all infants with a hearing loss, so educating parents and pediatricians about the risk factors and early signs of hearing loss could serve as an important component in early identification of hearing loss. For example, some hospitals have developed a pamphlet on hearing loss that is distributed to parents upon discharge.
- ⊗ There is no consensus on the issue of universal newborn screening. National health agencies have issued conflicting recommendations on universal newborn hearing screening. The U.S. Preventive Services Task Force states that "there is little evidence to support the use of routine, universal screening for all neonates." The National Institutes of Health, however, issued a consensus statement which recommends that "universal screening be implemented for all infants within the first 3 months of life."
- ⊗ While the Council received information in support of Senate Bill 938 from a number of pediatricians, we also received letters from other pediatricians opposing universal screening. Letters raised concerns about the practicality of testing all newborns before discharge, the high rate of false positive results, and the effect that false positives may have on parental bonding.
- ⊗ Due to debris and fluid in newborns' ears, screening tests are least reliable within the first 48 hours of life. One screening procedure - the otoacoustic emissions test - has a failure rate of approximately 40 percent within the first few days of life. Since Senate Bill 938 urges newborns to be tested before hospital discharge, the accuracy of tests in the first hours of life is important. Some pediatricians suggest that it is more appropriate and effective to screen infants at regular 2 and 4-month check ups.
- ⊗ Some Pennsylvania hospitals already have universal screening programs. Information from these programs and from other states suggests that universal screening may be accomplished without a legislative mandate. Funding for screening programs come from a variety of sources. Some hospitals elect to operate a screening program as a marketing strategy or as a public service.
- ⊗ Even if a universal newborn hearing program were to be established, the Council received strong opposition to imposing an insurance mandate. Of the four states with universal newborn hearing screening programs, only one state - Rhode Island - has mandated insurance coverage of the screening examinations.
- ⊗ Finally, the Council's enabling legislation provides for a preliminary review of submitted materials to determine if the documentation received is sufficient to proceed with the formal Mandated Benefits Review process outlined in Act 34 of 1993. We concluded that neither proponents nor opponents of the bill provided sufficient information to warrant a full review by a Mandated Benefits Panel; nor, given the documentation received, do we believe a panel of experts would come to conclusions different than the ones reached here.