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 DATE PREPARED: February 08, 2010
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LB 1067

Revision: 00

FISCAL NOTE
 LEGISLATIVE FISCAL ANALYST ESTIMATE

ESTIMATE OF FISCAL IMPACT – STATE AGENCIES *				
	FY 2010-11		FY 2011-12	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
GENERAL FUNDS	164,817		187,361	
CASH FUNDS				
FEDERAL FUNDS	269,804		263,459	
OTHER FUNDS				
TOTAL FUNDS	434,621		450,820	

*Does not include any impact on political subdivisions. See narrative for political subdivision estimates.

This bill requires a pulse oximetry screening to be conducted on all newborn infants within a period of time prescribed by the Department of Health and Human Services.

The department estimates there would be one-time costs of \$1,200 to develop and promulgate the regulations.

It is assumed that those not on Medicaid would either pay through their insurance or out of pocket. Medicaid pays for approximately 50% of all births in the state. In FY 11, it is estimated there would be approximately 13,914 births covered by Medicaid and approximately 14,053 in FY 12. The Medicaid reimbursement for a diagnostic pulse oximetry test conducted by a respiratory therapist is estimated to be \$31.15 in FY 11 and \$32.08 in FY 12. The estimated cost to Medicaid would be \$433,421 (\$163,617 GF and \$269,804 FF) in FY 11 and \$450,820 (\$187,361 GF and \$263,459 FF) in FY 12. This does not include any additional costs for further testing or treatment.

Pulse oximetry tests are often conducted by nurses as part of vital signs. It is assumed in this fiscal note that the test would be conducted for diagnostic purposes and Medicaid would be billed.

DEPARTMENT OF ADMINISTRATIVE SERVICES

REVIEWED BY	Elton Larson	DATE	2/9/10	PHONE	471-2526
COMMENTS					
DEPARTMENT OF HEALTH AND HUMAN SERVICES: Concur.					