



H.R. 5919– TO MAKE TECHNICAL CORRECTIONS REGARDING THE NEWBORN SCREENING SAVES LIVES ACT OF 2007

FLOOR SITUATION

H.R. 5919 is being considered on the floor under suspension of the rules and will require a two-thirds majority vote for passage. This legislation was introduced by Representative Lucille Roybal-Allard (D-CA) on April 29, 2008. The resolution was referred to the House Committee on Energy and Commerce, but was never considered.

H.R. 5919 is expected to be considered on the floor of the House on April 30, 2008.

SUMMARY

H.R. 5919 makes technical corrections to P.L. 110-204 by shifting the dates that authorized amounts are to begin back one fiscal year.

****Note: P.L. 110-204, the Newborn Screening Saves Lives Act of 2007, passed the House as S. 1858 under suspension of the rules on April 8, 2008, and was signed into law on April 24, 2008.***

Amounts authorized to begin in fiscal year 2008 will now begin in 2009, with every year shifting back one year through the 2012 amounts changed to now begin in 2013.

H.R. 5919 also changes the title of P.L. 110-204 to the Newborn Screening Saves Lives Act of 2008.

BACKGROUND

Newborn screening is used to identify children at increased risk for selected metabolic or genetic diseases. Identifying these risks early and beginning treatment can lead to a reduction in morbidity, mortality, and associated disabilities in affected infants.

Each state determines its own policies and procedures for newborn screening, which can include some or all of the 29 tests available. Currently, every state provides newborn screening for phenylketonuria (PKU) and congenital hypothyroidism.

****Note: According to the National Institutes of Health website, "Phenylketonuria (PKU) is a genetic disorder in which the body can't process part of a protein called phenylalanine (Phe). Phe is in almost all foods. If the Phe level gets too high, it can damage the brain and cause severe mental retardation. All babies born in U.S. hospitals must now have a screening test for PKU. This makes it easier to diagnose and treat the problem early."***

According to the Centers for Disease Control and Prevention's website, four million infants are screened in the United States each year and severe disorders are found in approximately 5,000. The CDC goes on to explain that accurate screening ensures that affected babies are identified quickly; cases of disease are not missed; the number of false-positive results is minimized; and early treatment will begin that will prevent negative and irreversible health outcomes for affected newborns.

These technical corrections shift the years amounts are to be authorized due to the S. 1858 being signed into law late into fiscal year 2008.



COST

The Congressional Budget Office (CBO) does not have a cost estimate available for H.R. 5919 as of April 30, 2008.

For the previously enacted legislation, CBO estimates that “that the act would authorize the appropriation of \$45 million for 2008 and \$229 million over the 2008-2012 period. Assuming the appropriation of those amounts, CBO estimates that implementing the act would cost \$11 million in 2008 and \$218 million over the 2008-2013 period. S. 1858 would not affect direct spending or revenues.”

[CBO cost estimate for S. 1858](#)

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