



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Friday, February 28, 2014**

**SB 223, An Act Concerning The Timeframe To Complete Newborn Health Screenings**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 223, An Act Concerning The Timeframe To Complete Newborn Health Screenings**. CHA supports SB 223 and appreciates the opportunity to provide testimony.

Before commenting on the bill, it's important to detail the critical role hospitals play in the health and quality of life of our communities. All of our lives have, in some way, been touched by a hospital: through the birth of a child, a life saved by prompt action in an emergency room, or the compassionate end-of-life care for someone we love. Or perhaps our son, daughter, husband, wife, or friend works for, or is a volunteer at, a Connecticut hospital.

Hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay. In 2012, Connecticut hospitals provided nearly \$225 million in free services for those who could not afford to pay.

Connecticut hospitals are committed to initiatives that improve access to safe, equitable, high-quality, equitable care. They are ensuring that safety is reinforced as the most important focus—the foundation on which all hospital work is done. Connecticut hospitals launched the first statewide initiative in the country to become high reliability organizations, creating cultures with a relentless focus on safety and a goal to eliminate all preventable harm. This program is saving lives.

Recently, there has been a great deal of media attention focused on the timeliness of the submission and testing of newborn screening samples. While some of the media reports' conclusions and data are incomplete, the general theme is true and the issue is very real: Connecticut can do a better job in performing newborn screening.

There are a number of critically important timeframes involved in the newborn screening sample collection and submission process performed by hospitals and the blood sample testing process performed *only* by the Department of Public Health (DPH) lab. Samples, except for certain seriously ill or premature newborns, are collected by hospitals between 24 and 48 hours after birth. After appropriate drying time, a necessary step to ensure the samples are readable, collected samples are sent to the DPH lab. The current regulations require the samples to be submitted to the lab within 48 hours of physical collection. The national recommendations for best practices call for the lab to test the samples upon receipt and report the results within two days. SB 223 covers only a portion of these key timeframes, and we encourage the Committee to consider additional changes noted below.

CHA continues to work with the Department of Public Health (DPH) to address issues that are leading to delays and delayed reporting of newborn screening samples arriving at the state lab. Issues remain with DPH's ability to log in samples on the actual date they are delivered to the lab. Currently, the DPH lab is not open on weekends and holidays, and while samples may be delivered to the lab on those days, the samples are not processed or logged in until the next business day. As a result, the true date of delivery is not reflected in the MAVEN system, which is used to track newborn screening in Connecticut. Moreover, samples arriving after 9:00 a.m. were not being logged in or tested until the next business day. Recently, DPH has made a change to its log-in process. If a sample arrives at the lab prior to noon, Monday-Friday (excluding state holidays), it will be logged in and tested on the date of arrival. Samples that arrive at the lab after noon and before 4:00 p.m. will be logged in on the date of arrival but not tested until the next business day.

CHA urges the Committee to consider adding language to the bill that would require DPH to make the changes necessary to accurately reflect the delivery date and testing of each sample and also to require that the DPH lab establish an operational solution that would allow it to track, accept, and test specimens each day of the week, including weekends and holidays. In addition, to ensure that the newborn screening program is meeting the national recommendations, we encourage the disclosure of and clarity surrounding the timeframes used by the lab for testing, including how those timeframes affect retesting and reporting results.

We look forward to working with the Committee and the Department of Public Health on this important issue.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.