Washington State Hospital Association



August 1, 2014

Mr. Lain Knowles Interim Director Newborn Screening Program Department of Health lain.knowles@doh.wa.gov

Comments on CR-102: WAC 246-650-040, newborn screening sample collections and health provider reporting. Submitted via email, 08/01/2014

Dear Mr. Knowles,

Thank you for the opportunity to provide comments on the draft rules on newborn screening. The Washington State Hospital Association (WSHA) supported the underlying legislation to ensure the timeliness of screening newborns for genetic disorders and providing results to parents. Hospital and health care providers play an important role in ensuring newborns are rapidly screened for disorders and that parents are given the result as soon as possible. We appreciate the opportunity to work closely with the Department of Health Newborn Screening Program on this important matter.

Overall, we support the proposed language in WAC 246-650. However, as currently drafted, WAC 246-650-040(2)(c) is vague and lacks definition. WSHA, on behalf of our members, is pleased to provide the program with suggested revised language for WAC 246-650-040(2)(c) (see attachment). We suggest the section be revised to more accurately reflect the data that will be published and recognize that different categories of abnormality may appropriately have different notification times.

Thank you for considering our recommendations. Pleasbne direct any comments or questions to Zosia Stanley at zosias@wsha.org or (206) 216-2511.

Sincerely,

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Claudia Sanders Senior Vice President Policy Development

Claudia Sanders

Zosia Stanley Policy Analyst Policy Development

Enclosure

## Attachment:

Proposed section WAC 246-650-040(2)(c) currently reads:

WAC 246-650-040 Reports to the board and the public.

(2) The department shall compile an annual report for the public that includes:

...

(c) The extent to which health care providers are promptly informing parents and guardians about infant screening tests that indicate a suspicion of abnormality that requires further diagnostic evaluation.

We suggest that proposed WAC 246-650-040(2)(c) be revised to read:

WAC 246-650-040 Reports to the board and the public.

(2) The department shall compile an annual report for the public that includes:

. . .

(c) The time from when the department of health notifies health care providers about infant screening tests that indicate a suspicion of abnormality that requires further diagnostic evaluation to when health care providers notify parents and guardians of these test results. This information may include time by category of potential abnormality and may use hourly increments.