

From: "cardfan" <cardfan@pld.com>
To: <health@house.state.ks.us>
Date: Mon, Feb 16, 2004 8:55 AM
Subject: HB2350 Newborn Infant Developmental Screening

TO: The Honorable Jim Morrison & Members
of the Health & Human Services Committee
FROM: Ethel Peterson

Regarding: HB 2350 Newborn Infant Developmental Screening

First of all, thank you for making it possible for me to testify electronically on an item of great concern and interest to me. HB 2350 certainly is that. It was originally introduced at the request of the Interagency Coordinating Council for Early Childhood Developmental Programs. This group is made up of representatives of early childhood programs throughout the state, and includes virtually every type of such program. There are many of these programs in each of your districts.

The bill asks that we aid parents of newborns by informing those parents of what programs are available to help them if their child was born with possibly-handicapping conditions. You will notice that the first words of this bill deal with the absolute assurance of privacy of the information obtained to carry out this directive. It requires that vital statistics records of the division of health be screened once a month to identify those newborn infants who weigh 1200 grams or less, have an APGAR score of three or less, or who have certain genetic exceptionalities. When these conditions exist, it requires the Secretary of Health & Environment to cause a letter to be mailed to the parent or legal guardian of such baby telling them of the screening results and, if needed, giving them more information concerning the availability of voluntary and free child assessments to be found in their local area. (An APGAR score is simply the name given to an infant assessment instrument named after a child researcher named Virginia Apgar. It is the standard and most commonly-used statistical designation.)

Workers in early childhood programs often heard from parents that, in the excitement of the baby's birth, they did not realize the significance of various terms or actions that had happened. Or perhaps they had not understood the far-reaching effects of the baby having been without necessary oxygen for such a short time, etc. Afterwards, they were puzzled and frightened concerning what appeared to be delays in the infant's development. Sometimes they were in denial, wanting to believe that everything was really ok. When they finally decided to do something, they didn't know what to do and then learned they had lost valuable early time in taking action or making adjustments.

Therefore, the early childhood workers believed this was the ideal way to help: Screen the statistics and, after the parents have the child at home and are ready to deal with all aspects of their baby, send the letter explaining and offering advice and assistance. But, they also believed deeply in the need for privacy of such an important matter, which they addressed early in the bill. They considered this a cost-effective solution since it had the capacity to reduce scholastic problems as the child reached school age.

At the time of the bill's introduction last year the budget director indicated the cost to implement the process would be less than \$10,000. I believe this would make it one of the lowest cost investments possible for

a truly money-saving and compassionate act. I urge your positive recommendation for passage of HB 2350 out of this committee and your support of it in the full House debate and action.

Thanks very much for your consideration.

Respectfully,
Ethel