

STORAGE NAME: h0399z.hcs
DATE: June 6, 2000

****AS PASSED BY THE LEGISLATURE****
CHAPTER #: 2000-177, Laws of Florida

**HOUSE OF REPRESENTATIVES
AS FURTHER REVISED BY THE COMMITTEE ON
HEALTH CARE SERVICES
FINAL ANALYSIS**

BILL #: CS/HB 399

RELATING TO: Newborn Hearing Screening

SPONSOR(S): Committee on Health Care Services, Representatives Prieguez, Wasserman-Schultz, and others

TIED BILL(S):

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) HEALTH CARE SERVICES YEAS 14 NAYS 0
- (2) GOVERNMENTAL RULES & REGULATIONS YEAS 6 NAYS 0
- (3) HEALTH & HUMAN SERVICES APPROPRIATIONS YEAS 9 NAYS 0
- (4)
- (5)

I. SUMMARY:

Passed by the Legislature as CS/HB 399, 1st Eng. On June 2, 2000, CS/HB 399, 1st Eng., became Ch. 2000-177, Laws of Florida, with the Governor's signature.

CS/HB 399 creates a statewide comprehensive and coordinated interdisciplinary program of early hearing impairment screening, identification, and follow-up care for newborns. The bill: establishes an October 1, 2000, deadline for hospitals to begin screening all newborns upon birth admission and for parental instruction on the importance of hearing screening at non-hospital birthing facilities; specifies an "opt-out" option for those parents who do not wish to have their newborn screened; provides mechanisms for reimbursement of hospital and nonhospital providers by HMOs, insurers, and Medicaid; provides that any person who is not covered by insurance and cannot afford the costs of screening must be given a list of newborn hearing screening providers who provide the necessary testing free of charge; requires appropriate referral for those with a hearing impairment; and provides that the provisions of this act are to be implemented to the extent that funds are specifically included in the General Appropriations Act.

The bill takes effect July 1, 2000.

II. SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

- | | | | |
|-----------------------------------|------------------------------|--|---|
| 1. <u>Less Government</u> | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. <u>Lower Taxes</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. <u>Individual Freedom</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. <u>Personal Responsibility</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 5. <u>Family Empowerment</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

For any principle that received a "no" above, please explain:

Less Government

This bill creates a statewide comprehensive and coordinated interdisciplinary program of universal hearing screening of newborns and infants. Although oversight and administration of the program is not specifically addressed in the bill, it appears that the Agency for Health Care Administration or the Department of Health would need to be delegated administrative and oversight authority.

B. PRESENT SITUATION:

Facts on Newborn Hearing Loss & Screening:

According to the American Speech-Language Hearing Association:

- Every day in the United States, approximately 33 babies (1 to 3 infants per 1,000) are born with significant hearing loss.
- Hearing loss is the most common congenital disorder in newborns; 20 times more prevalent than phenylketonuria (PKU), a condition for which all newborns are currently screened.
- The average age that children with hearing loss are identified in the U.S. is 12 to 25 months of age. When hearing loss is detected late, critical time for stimulating the auditory pathways to hearing centers of the brain is lost. Speech and language development is delayed, affecting social and emotional growth and academic achievement.
- Less than 20 percent of the babies born in the U.S. are born in hospitals with universal newborn hearing screening programs.
- It is estimated that another 3 infants per 1,000 are born with moderate hearing loss (a total of 6 infants per 1,000, or over 60 babies born per day) could be identified with the wide use of universal newborn screening and intervention programs.

National Recommendations on Newborn Hearing Screening

- A majority of hospitals only test infants considered "at risk for hearing loss," who have conditions such as low birth weight, a family history of hearing problems, or other specific medical conditions. However, research indicates that testing only those babies considered "at risk" results in the identification of only 40-50 percent of children with hearing loss.
- The U.S. Public Health Service's Healthy People 2000 Initiative and 2010 health objectives recommend screening infants for hearing loss by 1 month of age, having diagnostic follow-up by 3 months, and enrolling infants in appropriate intervention services by 6 months of age.
- The Joint Committee on Infant Hearing recommends that all newborns be screened for hearing loss. They also recommend that all infants with hearing loss be identified before 3 months of age and receive intervention by 6 months of age.
- A National Institutes of Health (NIH) Consensus Panel in 1993 recommended hearing screening of all newborns. The consensus report concluded that the best opportunity for achieving this goal is provided by the development of hearing screening programs for newborns in hospital nurseries or in birthing centers, prior to discharge.

Methods and Costs for Newborn Hearing Screening

- Advances in technology contain current costs for hospital-based newborn hearing screening. Screening costs typically range between \$25 and \$40.
- Two types of electrophysiologic procedures are used to screen newborns singly or in combination ABR (auditory brainstem response testing) and OAE (otacoustic emissions testing).
 - Auditory brainstem responses (ABR) are measured by placing electrodes on the baby's head. Sound is then introduced to the baby's ears through tiny earphones while the child sleeps. The electrodes measure if the brain is detecting the sounds. This test is painless and takes only about 5 minutes.
 - Otacoustic emissions (OAE) are faint sounds produced by most normal inner ears. The sounds cannot be heard by people, but can be detected by very sensitive microphones that are placed in the ear canal. During testing, a tiny flexible plug is inserted into the baby's ear and sound is then projected into the ear through a plug. A microphone inside the plug records the otacoustic emissions that the normal ear produces in response to the incoming sound. The emissions are not detected in an infant who cannot hear. Testing is painless and can be done even while the baby sleeps.

The Benefits Of Early Detection

- Infants identified with hearing loss can be fit with amplification by an audiologist at as young as 4 weeks of age. With appropriate early intervention, language, cognitive, and social development for these infants is very likely to develop on par with hearing peers.
- Recent research concluded that children born with a hearing loss who are identified and given appropriate intervention before six months of age had significantly better language skills than those identified after six months of age. Studies have also

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indicated that detection of hearing loss during infancy followed with appropriate intervention minimizes the need for rehabilitation during the school years.

National Debate on the Effectiveness on Newborn Hearing Screening:

While there appears to be a nationwide move toward universal hearing screening of newborns, some recent studies question the effectiveness of this approach.

In 1998, the American Academy of Pediatrics adopted universal newborn hearing screening as a standard of care. This means that it is accepted practice that all newborn infants should be screened for hearing problems as part of newborn infant care. However, according to a recent article published in the March 1999 issue of *Pediatrics*, the journal of the American Academy of Pediatrics, *universal newborn hearing screening is not necessarily the only, best, or most cost-effective way to achieve the goal of early identification of hearing loss due to the high rate of false-positive results at first-stage screenings.*

A study published in the August 1999 issue of *The American Journal of Otology* suggests that universal hearing screening is neither economical nor the best method to ensure that infants with hearing problems receive the appropriate care. The authors of this 10-year study suggested that *hospitals should focus their resources on newborns with known risks due to factors such as family history, low birth weight, and herpes infection.* They also urged that primary care physicians and other people who have contact with children receive additional training to detect the signs of deafness.

Florida's Infant Hearing Screening Efforts:

Since 1985, Florida has required that all newborns with any risk factors for hearing loss be screened. Such risk factors include a family history of hearing loss and low birth weight. In 1998, the Legislature approved, in the annual appropriations bill, universal newborn hearing screening pilot programs at the University of Florida (Shands HealthCare's Gainesville-area hospitals) and University of Miami (area hospitals). In FY 1999, with carry forward money from 1998, the Department of Health, Children's Medical Services (CMS) created a one-time seed grant program for universal newborn hearing screening. Under this program CMS identified unencumbered funds and made 12 grants available to 32 hospitals. CMS has not made a determination as to the availability of carry forward funds for the current fiscal year. According to CMS 12, nongrant hospitals routinely provide universal hearing screening for their newborns. According to the Florida Hospital Association, hospitals providing universal newborn hearing screening account for 57.4 percent of all births in the state.

Based on national statistics, 3 of every 1,000 newborns have a hearing impairment. With an approximate annual birthrate of 190,000 in Florida, 570 newborns could reasonably be expected to have a hearing impairment. According to the Children's Medical Services/Early Intervention Program data system, current programs identified 81 newborns with hearing impairments in 1999.

In FY 1999-2000, 48 Florida hospitals screened 58 percent of the babies born in Florida as part of the initiative sponsored by the Department of Health, Children's Medical Services.

The current Florida Medicaid reimbursement rate for the OAE (otacoustic evoked emission) procedure is \$32.53. The current Florida Medicaid reimbursement rate for the ABR (auditory brainstem response) is \$75.45.

Florida Statutory Law:

Section 409.815, F.S., provides Medicaid benefits for the Florida Kidcare program. Preventative health services for the eligible children include hearing screening.

Section 627.6416, F.S., requires that health insurance policies providing coverage on an expense-incurred basis for a member of a family of the insured or subscriber must also provide health insurance for child health supervision service for children from the moment of birth to age 16 years. The child health supervision services must include such services and periodic visits in accordance with the prevailing medical standards consistent with the Recommendations for Preventative Pediatric Health Care of the American Academy of Pediatrics.

Section 627.6579, F.S., requires that all group, blanket, or franchise health insurance policies providing coverage on an expense-incurred basis which provide coverage for a family member of the certificate holder or subscriber must, as to family coverage, also provide that the health insurance benefits applicable for children include coverage for child health supervision services from the moment of birth to age 16 years. Child health supervision services must be provided in accordance with the prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics.

Section 641.31, F.S., requires that all health maintenance contracts which provide coverage, benefits, or services for a member of the family of the subscriber must, as to such family member's coverage, benefits, or services, also provide that the benefits applicable for children include coverage for child health supervision services from the moment of birth to age 16 years. Child health supervision services must include periodic visits which shall include a history, a physical examination, a developmental assessment and anticipatory guidance, and appropriate immunizations and laboratory tests. Such services and periodic visits shall be provided in accordance with prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics.

Governor's 2000-20001 Budget Recommendation - Children's Medical Services - Universal Infant Hearing Screening:

This initiative is in concert with the Healthy People 2000 goal of reducing the average age at which children with significant hearing impairment are identified. This issue requests funding to implement universal newborn infant hearing screening programs in additional hospitals. Funding is requested to provide one-time seed money to hospitals that voluntarily agree to implement universal newborn hearing screening. Hospitals which agree to implement this program would be paid a lump sum payment to assist them with the purchase of equipment, disposable supplies, or other items needed as start-up for universal newborn hearing screening.

Hospitals with an annual live birth rate of 3,000 or less would receive \$10.00 per baby. Hospitals with an annual live birth rate of more than 3,000 would receive \$10.00 per baby for their first 3,000 live births and \$5.00 per baby for each live birth of more than 3,000. Hospitals that have previously received Department of Health funding for the implementation of universal newborn hearing screening would not be eligible to receive this funding.

The \$485,750 is requested to provide start-up funding to hospitals. This would target 32 hospitals with a combined total annual live birth rate of 50,425. If this funding is provided and these 32 hospitals accept the start-up funding to implement universal newborn hearing

screening, the capacity for universal hearing screening would increase to 81 percent of all live births in the state. An additional \$14,250 is requested for a statewide conference on implementation of universal newborn hearing screening. The total request is for \$500,000.

Governor's 2000-2001 Budget Recommendation - Medicaid:

This issue requests funding to provide hearing screening tests for all Medicaid eligible newborns. The amount of \$1,371,415 is requested to provide the universal hearing screening for the Medicaid eligible newborns: \$596,291 of this request is requested from General Revenue and \$775,124 is requested from the Medical Care Trust Fund.

House 2000-2001 Community Issues Budget Requests:

Representative Prieguez has made legislative budget request #2627 for \$1,331,194 to cover Medicaid recipients and state employees for universal newborn hearing screening.

Insurance Mandates:

Health insurance mandates only apply to the 31 percent of Floridians who have health coverage provided by private insurers which are regulated by the Florida Department of Insurance and to state entitlement programs as specified by law, such as Medicaid. Health insurance mandates do not apply. In a 1998 study of health insurance coverage and the uninsured, William S. Custer, Ph.D., with the Georgia State University, Center for Risk Management and Insurance Research, stated:

Paradoxically, this report finds that key legislative and regulatory reforms aimed at improving access to health care coverage have contributed to the number of uninsured Americans by increasing costs and making coverage less attractive.

According to Milliman Robertson, Inc. (1995 data - most recent available), Florida has the third highest indemnity rates in the nation and is 21st in the nation in highest HMO rates (1998 data).

In January 2000, the House Committee on Insurance published an interim report entitled, *Managing Mandated Health Benefits: Policy Options for Consideration*. According to the report:

State laws frequently require private health insurance policies and health maintenance organization (HMO) contracts to include specific coverages for particular treatments, conditions, persons, or providers. These are referred to as "mandated [health] benefits."

Recognizing that "most mandated benefits contribute to the increasing cost of health insurance premiums," while acknowledging the social and health benefits of many of these mandates, the Legislature in 1987 called for a "systematic review of current and proposed" mandated benefits. At that point, the Legislature had approved 16 mandated benefits. In the thirteen years since, the Legislature has approved an additional 35 mandated benefits. With 51 mandated health benefits, Florida has one of the nation's most extensive set of coverage requirements. The lone procedural requirement established for reviewing mandated benefits--that proponents submit an impact analysis for any proposed mandate benefit

prior to consideration--has been largely ignored. Staff could confirm only four instances since 1987 in which the required study was completed for a mandated benefit.

C. EFFECT OF PROPOSED CHANGES:

The bill establishes a statewide comprehensive and coordinated interdisciplinary program of universal hearing screening, identification, and follow-up care for newborns and infants to the extent funded. The bill mandates that licensed hospitals or other state-licensed birthing facilities that provide maternity and newborn care services must provide for universal hearing screening for all newborns, prior to discharge. The bill requires that the initial screening procedure and any medically necessary follow-up reevaluations leading to diagnosis must be a covered benefit, reimbursable under Medicaid as an expense compensated supplemental to the per diem rate for Medicaid patients enrolled in MediPass or Medicaid patients covered by a fee-for-service program; reimbursable directly by the Medicaid Program Office at the Medicaid rate for Medicaid patients enrolled in HMOs; reimbursable at contracted rates for specified health insurance policies and HMOs; and reimbursable by Medicaid at the Medicaid procedure code rate for the professional and technical component for non-hospital providers. The bill codifies in statute the federal requirement of ongoing special hearing services and referral to the Children's Medical Services Early Intervention Program. The bill requires that noninsured persons who cannot afford the testing must be given a list of newborn hearing screening providers who will provide the testing free of charge.

D. SECTION-BY-SECTION ANALYSIS:

Section 1. Creates a new, undesignated section of law relating to universal newborn hearing screening.

Subsection (1) provides legislative intent which addresses the scope and nature of the program, as well as the program goal. It includes legislative intent that the act only be implemented to the extent that funds are specifically included in the General Appropriations Act for this purpose.

Subsection (2) provides definitions for 8 relevant terms: agency (defined as the Agency for Health Care Administration), department (defined as the Department of Health), hearing impairment, infant, licensed health care provider, management, newborn, and screening (defined as a test or battery of tests administered to determine the need for an in-depth hearing diagnostic evaluation).

Subsection (3) provides the requirements for screening of newborns:

- Requires each licensed hospital or other state-licensed birthing facility that provides maternity and newborn care services to screen for the detection of hearing loss on all newborns. The screening must occur prior to discharge, to prevent the consequences of unidentified disorders.
- Requires each licensed birth center that provides maternity and newborn care services to, prior to discharge, refer all newborns to a licensed audiologist, a physician licensed under chapter 458 or 459, F.S., or to a hospital or other newborn hearing screening provider for screening for the detection of hearing loss. The referral for appointment must be made within 30 days after discharge.

Requires that written documentation of the referral must be placed in the newborn's medical chart.

- Requires that, in the event the parent or legal guardian of the newborn object to the screening, the screening must not be completed. The physician, midwife, or other person who is attending the newborn must maintain a record that the screening has not been performed and attach a written objection to the screening which must be signed by the parent or guardian.
- Requires, for home births, that the health care provider in attendance is responsible for coordination and referral to a licensed audiologist, hospital, or other newborn hearing screening provider. The referral for appointment must be made within 30 days after the birth. Whenever the home birth is not attended by a primary health care provider, a referral to a licensed audiologist, physician licensed under ch. 458 or chapter 459, F.S., hospital, or other newborn hearing screening provider must be made by the health care provider within the first 3 months after the child's birth.
- Requires all newborn and infant hearing screenings to be conducted by a licensed audiologist, physician licensed under chapter 458 or 459, F.S., or appropriately supervised individual who has completed documented training specifically for newborn hearing screening. Requires every licensed hospital that provides maternity or newborn care services to obtain the services of a licensed audiologist, physician licensed under chapter 458 or 459, F.S., or other newborn hearing screening provider, through employment or contract or written memorandum of understanding to provide the following:
 - Appropriate staff training;
 - Screening program supervision;
 - Monitoring the scoring and interpretation of test results;
 - Rendering of appropriate recommendations; and
 - Coordination of appropriate follow-up services.

Requires that appropriate documentation of the screening completion, results, interpretation, and recommendations must be placed in the medical records within 24 hours after completion of the screening procedure.

- Provides that the screening of a newborn's hearing should be completed before the newborn is discharged from the hospital. Provides that if screening is not completed prior to discharge due to scheduling or temporary staffing limitations, the screening must be completed within 30 days after discharge. Requires that screenings performed after discharge or due to initial screening failure must be completed by a physician licensed under chapter 458 or 459, F.S., an audiologist licensed in the state, or by a hospital or other newborn hearing screening provider.
- Requires each hospital to formally designate a lead physician responsible for programmatic oversight for a newborn hearing screening. Requires each birth center to designate a licensed health care provider to provide programmatic oversight and to ensure that the appropriate referrals are being completed.
- Requires each screening to include auditory brainstem responses, or evoked otacoustic emissions, or appropriate technology as approved by the United States Food and Drug Administration.

- Requires that, by October 1, 2000, newborn hearing screening must be conducted on all newborns in hospitals in the state on birth admission. Requires that when a newborn is delivered in a facility other than a hospital, the parents must be instructed on the importance of having the hearing screening performed and must be given information to assist them in having the screening performed within 3 months after the child's birth.
- Requires the initial procedure for screening the hearing of the newborn or infant and any other medically necessary follow-up reevaluations leading to diagnosis to be a covered benefit, reimbursable under Medicaid as an expense compensated supplemental to the per diem rate, for Medicaid patients enrolled in MediPass or for Medicaid patients covered by a fee-for-service program. For Medicaid patients enrolled in HMOs, providers are to be reimbursed directly by the Medicaid Program at the Medicaid rate. Prohibits this service to be considered a covered service for the purposes of establishing the payment rate for Medicaid HMOs. All health insurance policies and by health maintenance organizations, as provided under ss. 627.6416, 627.6579, and 641.31(30), F.S., except for supplemental policies that provide coverage only for specific diseases, hospital indemnity policies, or supplemental policies, must compensate providers for the covered benefit at the contracted rate. Specifies that non-hospital-based providers shall be eligible to bill Medicaid for the professional and technical component of each procedure code.
- Requires that any child who is diagnosed as having a permanent hearing impairment must be referred to the primary care physician for medical management, treatment, and follow-up services.
- In accordance with Pub. L. No. 105-17, The Infants and Toddlers Program and Individuals with Disabilities Education Act, any child from birth to 36 months of age who is diagnosed as having a hearing impairment that requires ongoing special hearing services must be referred to the Children's Medical Services Early Intervention Program serving the geographical area in which the child resides.
- Requires that any person who is not covered through insurance and cannot afford the costs for testing be given a list of newborn hearing screening providers who provide the necessary testing free of charge.

Section 2. Provides an effective date of July 1, 2000.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The 2000-2001 General Appropriations Act includes as part of Specific Appropriation 217 the amount of \$650,850 from recurring General Revenue Funds and the amount of \$849,150 from the Medical Care Trust Fund for Hospital Inpatient Services to implement a universal newborn hearing screening program. In addition, as part of

Specific Appropriation 229, the amount of \$566,915 from recurring General Revenue Funds and the amount of \$739,642 from the Medical Care Trust Fund is provided for Physician Services to implement a universal newborn hearing screening program.

These amounts represent a combined total of \$2,806,557.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

CS/HB 399 requires all newborns in Florida to receive a hearing screening prior to discharge from the hospital, or be referred to a licensed audiologist or other newborn hearing provider for screening within 30 days of birth. The bill requires hearing screenings, including medically necessary reevaluations for diagnosis to be a required reimbursable benefit covered by all health indemnity plans and HMOs.

D. FISCAL COMMENTS:

None.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the authority that counties or municipalities have to raise revenues.

V. COMMENTS:

A. CONSTITUTIONAL ISSUES:

None.

B. RULE-MAKING AUTHORITY:

None.

C. OTHER COMMENTS:

Comments by the Committee on Health Care Services

The bill, on page 2, lines 14-16, defines "screening" as a test or battery of tests administered to determine the need for an in-depth hearing diagnostic evaluation. As the term screening is subsequently used in the bill, the assumption is that the only screening to be performed is the more in-depth diagnostic tests (see page 4, lines 22-26).

The Florida Hospital Association, the Association of Community Hospitals and Health Systems, and the Florida League of Health Systems did not support the bill as originally proposed. The following quote was provided in a joint letter addressed to Representative Prieguez, dated January 5, 2000:

While we support the concept of screening newborns for hearing loss, we cannot support the bill as currently proposed...Hospitals cannot face another mandate during this time of budget turmoil...There are already 48 hospitals screening 57.4% of all births in Florida. Many of these babies are screened because hospitals applied for a grant from Children's Medical Services. Rather than mandating the screening of all newborns, we recommend you request additional funding for the CMS hearing screening grant. It is evident by the CMS initiative that if funding is available, hospitals will voluntarily perform the service.

The Department of Insurance notes that, as with other mandates, this new law would affect only insured plans regulated by the Department of Insurance and would not apply to the state employee plan, local government plans, or ERISA self-insured plans.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

On March 16, 2000, the Committee on Health Care Services approved two amendments: a "strike-everything" amendment and a technical amendment and reported the bill out as a committee substitute. The effect of these amendments was to:

- Add legislative intent that the act only be implemented to the extent specifically funded;
- Include physicians in the list of health care providers as being eligible to perform hearing screenings and subsequent treatment;
- Delete a requirement for parental education on the importance of hearing screenings; and
- Clarify insurer, HMO, and Medicaid reimbursement issues.

On March 30, 2000, the Committee on Governmental Rules & Regulations adopted two amendments and reported the bill favorably, as amended. These amendments:

- Corrected the spelling of "otacoustic" in the bill; and

- Clarified how hospitals and doctors will be paid by Medicaid, insurers, and HMOs, for providing hearing screening evaluations.

On April 24, 2000, the House of Representatives unanimously passed the bill, with all the revisions indicated above. The Senate approved the bill without modification on May 3, 2000.

VII. SIGNATURES:

COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:

Staff Director:

Tonya Sue Chavis, Esq.

Phil E. Williams

AS REVISED BY THE COMMITTEE ON GOVERNMENTAL RULES & REGULATIONS:

Prepared by:

Staff Director:

Shari Z. Whittier

David M. Greenbaum

**AS FURTHER REVISED BY THE COMMITTEE ON HEALTH AND HUMAN SERVICES
APPROPRIATIONS:**

Prepared by:

Staff Director:

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FINAL ANALYSIS PREPARED BY THE COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:

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