

# Newborn Screening in NY

How it works.

# Financing

# NBS in NY is financed with a mix:

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- State dollars
- MCH dollars
- Various grant funds (from time to time)
- But not in other ways.....

# Adjustments to Panel

# Three methods used in NY

1. By legislature – amending 2500a  
(At request of DOH)
2. By regulation – amending 69-1  
(As directed by the commissioner)
3. By legislature – as edict  
(Placement of budget line-item)

<b>Disorder</b>	<b>Added</b>	<b>Means</b>
<b>PKU</b>	<b>1965</b>	<b>1</b> Creation of 2500A
<b>GAL</b>	<b>1968</b>	<b>1</b>
<b>MSUD</b>	<b>1968</b>	<b>1</b>
<b>HCY</b>	<b>1975</b>	<b>1</b>
<b>SSD</b>	<b>1975</b>	<b>1</b>
<b>THY</b>	<b>1978</b>	<b>1</b>
<b>BIOT</b>	<b>1987</b>	<b>2</b> Commissioner
<b>HIV</b>	<b>1997</b>	<b>1</b> Special
<b>CF</b>	<b>2002</b>	<b>3</b>
<b>CAH</b>	<b>2002</b>	<b>3</b>
<b>MCADD</b>	<b>2002</b>	<b>3</b>

Amendment of 2500A

Edict of legislature  
No change in 2500A



# Contrast and Compare

## HIV

- 1987** Blinded testing
- 1997** Consent requested
- 1998** Mandatory

## MCADD

- 2000** Budget item
- 2001-02** Task Force (how, not if)
- 2002** Testing begins (MCADD only)
- 2004** Expand msm panel (accelerated by support groups)

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- Need **pro**-active support of Commish and/or Lab Director
- Need active support from state legislature, which can be as the result of parent groups

# Barriers to Change

# Various

- Technology – msms today...DNA tomorrow

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- **Staffing levels**

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- Staff levels
- Absence of support from clinical or lay community – G6PD, congenital toxo





Thank you