

# GENETIC DISEASE SCREENING PROGRAM

NOVEMBER 2008

ESTIMATE

*for*

FISCAL YEARS

2008-09 *and* 2009-10



CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

## Management Summary

### Current Year 2008-09

The Genetic Disease Screening Program (GDSP) November Estimate includes adjustments in caseload, expenditures, and revenues for the Genetic Disease Testing Fund (GDTF).

### Newborn Screening (NBS) Program – Local Assistance

There are no Current Year (CY) adjustments in the NBS Program. In comparison to the prior year (FY 2007 – 08), there is an estimated slight increase of 0.2 percent in caseload and revenue in the CY.

### Prenatal Screening (PNS) Program – Local Assistance

Inhibin and First Trimester are reflected separately in the Fund Condition Statement (FCS) of this Estimate.

There are adjustments in the CY caseload, expenditures, and revenue, as detailed below:

Based on reduced caseload in the PNS Program, there is a reduction in expenditure authority of nearly \$2.3 million to reflect the reduction in services. The reductions are reflected in the Budget Estimate, specifically in the Contract Laboratories, Follow-up Costs, and Prenatal Diagnostic Center line items.

The PNS caseload has been adjusted to reflect a reduction from the 2008 Budget Act of over 38,000 patients and represents approximately \$5.4 million in reduced revenue. Both adjustments are reflected in the FCS of this Estimate. The reduction in caseload is due to the PNS Program not meeting current medical standards, which includes integrated screening. Integrated screening combines the results of both the first and second trimester blood screens to better detect pregnancies considered high risk. The expansion of the PNS Program to include integrated screening on a statewide basis is scheduled for April 2009. Implementation will be phased in and the first phase will be with Kaiser Permanente patients. The GDSP projects that utilization will rise and caseload will increase with the PNS expansion, as the program will meet current medical standards. The increase is reflected in the Budget Year.

Per ABX3 5 (Chapter 3, Statutes of 2008), payments to Medi-Cal providers were subject to a 10% payment reduction effective July 1, 2008 through February 28, 2009. Beginning March 1, 2009, and forward, the payments will be reduced by 1%. This reduction in rates will impact PNS; the reduced payments

are reflected in the Estimate. The CY impact is over \$1.8 million and is reflected in the FCS of this Estimate.

This Estimate reflects partial year implementation of the PNS Program expansion, which includes first trimester screening, providing an integrated screen with improved detection for pregnancies at risk. The expansion has an April 2009 implementation date and those costs are reflected in this Estimate, identified separately in the FCS.

As a result of reduced revenue, the General Fund (GF) Loan Repayment due in FY 2008-09 will be delayed until FY 2010-11. The Budget Assumptions include this change and the FCS has been adjusted to reflect no GF Loan Repayment until FY 2010-11.

#### Administration – State Operations

In FY 2008-09, a net increase of \$23,000 is due to various baseline adjustments.

#### Budget Year 2009-10

As reflected in the Assumptions, GDSP will restructure the budget to include caseload-related program costs in Local Assistance and administrative costs in State Operations. State Operations will continue in the current budget item and the program costs will be moved to a newly created item, 4265-111-0203.

The GDSP November Estimate includes adjustments in caseload, expenditures, and revenues in the GDTF.

#### Newborn Screening (NBS) Program – Local Assistance

In comparison to the CY (FY 2008-09), there is an estimated slight increase of 1.0 percent in caseload and revenue.

There is a realignment of costs from the Administration line item to the NBS program. This \$501,000 shift is reflected in the FCS and the Estimate. The specific items moved are:

- \$77,000 for maintenance of scientific equipment used by the contract laboratories, but is leased by GDSP. The equipment is extremely sensitive and caseload drives the maintenance schedule. Equipment maintenance allows contract laboratories would be to provide the timely screening results, leading to appropriate medical treatment and intervention for patients. This expense was moved from the Administration line item to the NBS Technical & Science line item.

- \$168,000 for patient, medical and provider materials that are caseload driven. These materials include screening result mailers and educational materials to help medical providers and patients understand the disorders and the appropriate treatments. As GDSP expands to screen for additional disorders and the caseload increases, there is a need for additional materials. This expense was moved from the Administration line item to the NBS Result Reporting line item.
- \$197,000 for frozen storage of over 14 million newborn blood specimens is considered caseload driven, as each year over 560,000 additional specimens are added to this repository. This expense was moved from the Administration line item to the NBS Technical & Science line item.
- \$59,000 for storage and shipping of educational materials is caseload driven, as programs are expanded to include more disorders and caseload increases, so do these costs. This expense was moved from the Administration line item to the NBS Result Reporting line item.

There is a shift of \$553,000 from the Newborn Result Reporting & Fee Collection Activities line item to the Administration line item. This adjustment reflects a Budget Change Proposal (BCP) to convert contract positions to state civil service positions.

The above adjustments result in a net reduction of \$52,000 in NBS Program.

*Prenatal Screening (PNS) Program – Local Assistance*

GDSP projects an increase of 15.0 percent in caseload and revenue in the PNS Program due to increased participation as a result of the implementation of the First Trimester Expansion which will begin April 2009. The increase in caseload and revenue is reflected in the FCS.

Costs are increasing due to the First Trimester Expansion and increased participation. The increased costs are reflected in the Estimate and the FCS and include the following:

- \$1.1 million increase in Contract Laboratories.
- \$0.9 million increase in Technical & Science.
- \$3.2 million reduction in the System Dedicated Equipment, System Development and Maintenance line item to reflect the removal of the remaining one-time development costs for the PNS expansions.
- \$0.6 million increase in Follow-up Costs.

- \$2.5 million increase in Prenatal Diagnostic Centers.

There is a realignment of costs from the Administration line item to the PNS Program and reflected in the FCS and the Estimate.

- \$168,000 to reflect the transfer of patient, medical and provider materials that are caseload-driven from Administration to the Prenatal Result Reporting line item. These materials include screening result mailers and educational materials to help medical providers and patients understand the disorders and the appropriate treatments. As GDSP expands to screen for additional disorders and caseload increases, additional materials will be needed.

There is a shift of \$553,000 in the Prenatal Result Reporting & Fee Collection Activities line item to the Administration line item. This adjustment reflects a Budget Change Proposal (BCP) to convert contact positions to state civil service positions.

The above adjustments result in a net increase of \$1.6 million in the PNS Program.

#### Administration – State Operations

As reflected in the Assumptions, GDSP will restructure the budget to include caseload-related program costs in Local Assistance and administrative costs in State Operations. State Operations will continue in the current budget item and the program costs will be moved to a newly created item, 4265-111-0203.

The Administration line item has been adjusted to reflect the above adjustments and various baseline adjustments, including a reduction in Pro Rata costs of \$3.5 million, a reduction in Debt Service costs of \$2.4 million, and other overhead allocation and price adjustments.

The above adjustments result in a net decrease of \$6.3 million in Administration.

<b>GENETIC SCREENING NOV 2008 BUDGET ESTIMATE</b>	<b>2008-2009</b>			<b>2009-2010</b>		
<b>PROGRAM</b>	<b>2008 BUDGET ACT</b>	<b>REVISED 2008-09 NOVEMBER ESTIMATE</b>	<b>DIFFERENCE</b>	<b>2008 BUDGET ACT</b>	<b>PROPOSED 2009- 2010 GOVERNOR'S BUDGET</b>	<b>DIFFERENCE</b>
<b>NBS</b>						
Contract Laboratories:	\$7,429,000	\$7,429,000	\$0	\$7,429,000	\$7,429,000	\$0
Tech & Sci:	\$23,176,000	\$23,176,000	\$0	\$23,176,000	\$23,450,000	\$274,000
Sys Ded Equip, Sys Development & Maint:	\$4,222,000	\$4,222,000	\$0	\$4,222,000	\$4,222,000	\$0
Follow-up Costs:	\$6,027,000	\$6,027,000	\$0	\$6,027,000	\$6,027,000	\$0
Newborn Diagnostic Services:	\$3,280,000	\$3,280,000	\$0	\$3,280,000	\$3,280,000	\$0
Result Reporting & Fee Collection	\$1,616,000	\$1,616,000	\$0	\$1,616,000	\$1,290,000	(\$326,000)
	\$45,750,000	\$45,750,000	\$0	\$45,750,000	\$45,698,000	(\$52,000)
<b>PNS</b>						
Contract Laboratories:	\$3,976,000	\$3,598,000	(\$378,000)	\$3,976,000	\$5,090,000	\$1,114,000
Tech & Sci:	\$12,081,000	\$12,081,000	\$0	\$12,081,000	\$12,981,000	\$900,000
Sys Ded Equip, Sys Development & Maint:	\$9,660,000	\$9,660,000	\$0	\$9,660,000	\$6,485,000	(\$3,175,000)
Follow-up Costs:	\$4,339,000	\$3,927,000	(\$412,000)	\$4,339,000	\$4,978,000	\$639,000
Prenatal Diagnostic Centers:	\$15,726,000	\$14,232,000	(\$1,494,000)	\$15,726,000	\$18,191,000	\$2,465,000
Result Reporting & Fee Collection	\$1,695,000	\$1,695,000	\$0	\$1,695,000	\$1,310,000	(\$385,000)
	\$47,477,000	\$45,193,000	(\$2,284,000)	\$47,477,000	\$49,035,000	\$1,558,000
<b>Subtotal, Program</b>	<b>\$93,227,000</b>	<b>\$90,943,000</b>	<b>(\$2,284,000)</b>	<b>\$93,227,000</b>	<b>\$94,733,000</b>	<b>\$1,506,000</b>
<b>ADMINISTRATION</b>	<b>\$26,554,000</b>	<b>\$26,577,000</b>	<b>\$23,000</b>	<b>\$26,554,000</b>	<b>\$20,286,000</b>	<b>(\$6,268,000)</b>
<b>TOTAL</b>	<b>\$119,781,000</b>	<b>\$117,520,000</b>	<b>(\$2,261,000)</b>	<b>\$119,781,000</b>	<b>\$115,019,000</b>	<b>(\$4,762,000)</b>

**Genetic Disease Screening Program – Newborn Screening Testing  
Fiscal Estimate – November 2008**

**NEWBORN SCREENING TESTS: Testing newborn infants to identify those infants with inborn errors of metabolism that are treatable.**

<u>Fiscal Year</u>	<u># of Tests</u>	<u>Cost Per Test</u>
2003/2004	534,945	\$39
2004/2005	543,558	\$39
2005/2006	551,009	\$44
2006/2007	559,891	\$46
2007/2008	565,499	\$54
2008/2009	566,856	\$54
2009/2010	572,581	\$54

**FOLLOW UP, REFERRAL, COUNSELING: These services are for those infants as having a treatable metabolism.**

<u>Fiscal Year</u>	<u># of Cases</u>	<u>% of NBS Tests</u>	<u>Average Cost Per Case</u>
2003/2004	3,691	0.69%	--
2004/2005	3,775	0.69%	\$941
2005/2006	4,865	0.88%	\$939
2006/2007	5,278	0.94%	\$918
2007/2008	7,352	1.30%	\$838
2008/2009	7,369	1.30%	\$818
2009/2010	7,425	1.30%	\$812

**CLINICAL DIAGNOSTIC SERVICES: Infants that have been identified and needs as required diagnostic work-up.**

<u>Fiscal Year</u>	<u># of Cases</u>	<u>% of NBS Tests</u>	<u>Average Cost Per Case</u>
2003/2004	1,070	0.20%	--
2004/2005	1,112	0.20%	\$818
2005/2006	2,170	0.39%	\$647
2006/2007	2,836	0.51%	\$559
2007/2008	2,429	0.43%	\$1,617
2008/2009	2,455	0.43%	\$1,336
2009/2010	2,480	0.43%	\$1,322

**Genetic Disease Screening Program - Prenatal Testing  
Fiscal Estimate – November 2008**

**PRENATAL TESTS: Provides screening of pregnant women for genetic and congenital disorders, e.g., Down Syndrome and neural tube defects.**

<u>Fiscal Year</u>	<u># of Tests</u>	<u>Cost Per Test</u>
2003/2004	385,702	--
2004/2005	396,645	\$17.47
2005/2006	395,515	\$17.14
2006/2007	390,005	\$19.29
2007/2008	366,825	\$40.59
2008/2009	368,456	\$42.55
2009/2010	435,162	\$41.53

**FOLLOW UP, REFERRAL, COUNSELING: Refers to pregnant women whose prenatal tests have shown initially positive results.**

<u>Fiscal Year</u>	<u># of Cases</u>	<u>% of Prenatal Tests</u>	<u>Average Cost Per Case</u>
2003/2004	83,066	21.5%	--
2004/2005	96,984	24.5%	\$37.42
2005/2006	102,834	26.0%	\$39.79
2006/2007	97,095	24.9%	\$37.60
2007/2008	84,175	22.9%	\$62.13
2008/2009	84,745	23.0%	\$46.34
2009/2010	100,087	23.0%	\$49.74

**CLINICAL DIAGNOSTIC SERVICES: Refers to pregnant women with positive results needing diagnostic work up.**

<u>Fiscal Year</u>	<u># of Cases</u>	<u>% of Prenatal Tests</u>	<u>Average Cost Per Case</u>
2003/2004	25,441	6.6%	\$577.00
2004/2005	26,028	6.6%	\$576.64
2005/2006	28,873	7.3%	\$524.72
2006/2007	25,007	6.4%	\$561.77
2007/2008	20,358	5.5%	\$800.33
2008/2009	20,265	5.5%	\$702.29
2009/2010	23,934	5.5%	\$760.05

**GENETIC DISEASE TESTING FUND**  
**FUND CONDITION REPORT**  
**DOLLARS IN THOUSANDS**

	2007-08	2008-09	2009-10
<b>RESOURCES</b>			
BEGINNING RESERVE	\$21,413	\$13,207	\$3,326
Prior Year Adjustment	1,935	0	0
Reserves Adjusted	<u>\$23,348</u>	<u>\$13,207</u>	<u>\$3,326</u>
<b>REVENUES</b>			
Genetic Disease Testing Fees	106,637	107,342	118,863
Income from Surplus Investments	491	274	274
Escheat of Unclaimed Checks & Warrants	27	75	75
TOTALS, REVENUES	<u>\$107,155</u>	<u>\$107,691</u>	<u>\$119,212</u>
<b>TRANSFERS</b>			
To General Fund for Loan Repayment per Item 4260-011-0001, Budget Acts of 2003 and 2004	(3,289)	0	0
To Birth Defects Monitoring Program Fund (Fund 3114) per Provision #1 of Item 4265-111-0203, Budget Act of 2007	<u>(1,940)</u>	<u>0</u>	<u>0</u>
TOTALS, TRANSFERS	<u>(\$5,229)</u>	<u>\$0</u>	<u>\$0</u>
TOTALS, REVENUES AND TRANSFERS	<u>\$101,926</u>	<u>\$107,691</u>	<u>\$119,212</u>
<b>TOTAL RESOURCES</b>	<b>\$125,274</b>	<b>\$120,898</b>	<b>\$122,538</b>

<b>EXPENDITURES</b>			
<b>DISBURSEMENTS</b>			
0840 State Controller	\$59	\$52	\$0
4265 Department of Public Health	112,008	117,520	115,019
Baseline	78,679	82,531	87,937
BCP: Adjustment associated with conversion of contract positions to state positions			(242)
CF/BD	9,697	9,697	9,697
1st Trimester	16,241	11,872	14,016
Inhibin		5,010	5,010
Pro Rata	2,931	3,760	237
Removal of FY08/09 Pro Rata			(3,760)
Debt Service - Richmond	4,026	4,078	1,692
HIPAA	509	551	551
Miscellaneous Baseline Adjustments	<u>(75)</u>	<u>21</u>	<u>(119)</u>
<b>TOTAL EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>	<u>\$112,067</u>	<u>\$117,572</u>	<u>\$115,019</u>
<b>RESERVES</b>	<b>\$13,207</b>	<b>\$3,326</b>	<b>\$7,519</b>
	11.8%	2.8%	6.5%

2008-09 NBS FEES BASED ON	566,856	TESTS @ \$102.75 AND 98% =	\$57,079,565	
2008-09 XAFP FEES BASED ON	184,228	TESTS @ \$152.00 AND 93% =	\$26,042,470	
2008-09 XAFP FEES BASED ON	122,816	TESTS @ \$136.80 AND 93% =	\$15,625,143	
2008-09 XAFP FEES BASED ON	61,412	TESTS @ \$150.48 AND 93% =	\$8,594,388	
	<u>368,456</u>		<u>\$50,262,001</u>	
			<b>\$107,341,566</b>	Estimated
2009-10 NBS FEES BASED ON	572,581	TESTS @ \$102.75 AND 98% =	\$57,656,044	
2009-10 XAFP FEES BASED ON	217,581	TESTS @ \$152.00 AND 93% =	\$30,757,250	
2009-10 XAFP FEES BASED ON	217,581	TESTS @ \$150.48 AND 93% =	\$30,449,678	
	<u>435,162</u>		<u>\$61,206,928</u>	
			<b>\$118,862,972</b>	Estimated

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# **GENETIC DISEASE SCREENING PROGRAM ASSUMPTIONS**

## **November 2008**

### ***FISCAL YEARS 2008-09 & 2009-10***

## **INTRODUCTION**

The Genetic Disease Screening Program (GDSP) Estimate is based upon the information outlined in the following pages. The Estimate includes the costs of all major components necessary to administer the program except State staff. The Estimate is presented in two sections: (1) the base and (2) the adjustments to the base. The base estimate is the anticipated level of program expenditures assuming that there will be no changes in program direction and is derived from prior year actual caseload and expenditures. Adjustments to the base reflect the expected impacts of program changes which are either anticipated to occur at some point in the future or have recently occurred and are not fully reflected in the base estimate. The combination of these two estimate components produces the final Genetic Disease Screening Program Estimate for the Newborn Screening Program (NBS) and the Prenatal Screening Program (PNS).

### Genetic Disease Screening Program

GDSP provides screening of all newborns for genetic and congenital disorders that are preventable or remediable by early intervention. GDSP also provides screening of all pregnant women who consent to screening for serious birth defects. The screening programs provide public education, laboratory, and diagnostic clinical services through contracts with private vendors meeting state standards. The program is fully supported through fees collected from screening participants through the hospital of birth, third party payers, or private parties and are deposited into the Genetic Disease Testing Fund (GDTF). The Medi-Cal Program funds screening services for the eligible population.

## **BASE ESTIMATE**

Actual caseload and expenditures for the prior year for both the newborn and prenatal screening programs are used to construct the base estimate and to establish trend data and adjustments to the base.

The base level for newborn screening workload is established as follows:

- Number of tests performed by contract laboratories X per test reimbursement.
- Number of reagent kits used X cost per kit.

- Number of tests requiring follow-up, referral, and counseling X cost of follow-up for these tests.
- Number of referrals to special centers for clinical diagnostic services X cost of follow-up at special centers.

The base level for prenatal screening workload is established as follows\*:

- Number of tests by contract laboratories X per test reimbursement.
- Number of reagent kits used X cost per kit.
- Number of tests requiring follow-up, referral, and counseling X cost of follow-up for these tests.
- Number of women referred to Prenatal Diagnostic Centers (PDC) X cost per PDC referral.

The base estimate is the anticipated level of program expenditures assuming there will be no changes in the program as approved in the Governor's Budget. The base estimate is adjusted by projected utilization rates and projected changes in the associated costs of contracts for the laboratory tests, follow up services, counseling, and diagnostic services. Any increased costs will be reflected in the fiscal estimates that follow.

Expenditures are those reflected in CALSTARS.

**ADJUSTMENTS TO THE BASE****GDSP: NEW ASSUMPTIONS**

Applicable F/Y  
C/Y B/Y

None

**1. X X Prenatal Screening (PNS) Program Increased Costs:**

**With the First Trimester Expansion, costs associated with providing additional testing, follow up, and diagnostic services are expected to increase. Additionally, with the First Trimester expansion, participation rates also are expected to increase, thus resulting in additional costs for testing, follow-up and diagnostic services. Currently, the PNS Program provides a blood screen and associated follow-up and diagnostic services for blood screening done in the Second Trimester of a pregnancy. With the addition of First Trimester, women will be able to receive screening services in both trimesters, including a second ultrasound during the First Trimester. Combining both screens will result in what is referred to as Integrated Screening, an approach that improves detection rates.**

**2. X Proper Alignment of Program Costs:**

**There is a realignment of costs from the Administration line item to the NBS and PNS Programs of \$501,000 and \$168,000, respectively, and is reflected in the fund condition statement (FCS) and the Estimate. The specific items moved are:**

**\$77,000 from the Administration line item to the NBS Technology & Science line item for maintenance of scientific equipment used by the contract laboratories and leased by GDSP. The equipment is extremely sensitive and caseload drives the maintenance schedule. Equipment maintenance allows the contract laboratories to provide timely screening results, leading to appropriate medical treatment and intervention for patients.**

**\$335,000 for patient, medical, and provider materials that are caseload driven was transferred from the Administration line item and distributed 50/50 to the NBS and PNS Result**

**Reporting line items. These materials include screening result mailers and educational materials to help medical providers and patients understand the disorders and the appropriate treatments. As GDSP caseload increases and as the program expands to screen for additional disorders, the need to revise and print additional materials also rises.**

**\$197,000 was moved from the Administration line item to the NBS Technology and Science line item for frozen storage of over 14 million newborn blood specimens. Storage of these newborn blood specimens is caseload driven, with over 560,000 specimens added to the repository annually.**

**\$59,000 for storage and shipping of educational materials was moved from the Administration line item to the NBS Result Reporting line item because the costs of storage and shipping are caseload-driven. As the NBS and PNS caseloads increase and the programs expand screening the associated costs rise.**

**3. X X Medi-Cal Reimbursement Reduction:**

**Per ABX3 5 (Chapter 3, Statutes of 2008), payments to Medi-Cal providers were subject to a 10% payment reduction effective July 1, 2008 through February 29, 2009. From March 1, 2009 forward, the payments will be reduced by 1%. This reduction in rates will impact the PNS program and the reduced payments are reflected in the Estimate. The CY impact is over \$1.8 million, and is reflected in the FCS of this Estimate. This reduction in payments affects GDSP and California Birth Defects Monitoring Program revenue and will be reflected in the Estimate.**

**4. X X Contract services for accounting support and revenue collection activities for Genetic Disease screenings will be converted to permanent state civil service positions effective January 1, 2009. The conversion from contracted staff to state staff will result in a net savings of \$242,000 to the GDTF. Permanent positions and expenditure authority, effective January 1, 2009, is through a Budget Change Proposal.**

**5. X Local Assistance  
GDSP's NBS and PNS costs will be moved to a newly created Local Assistance item in FY 2009-2010 and will be reflected in item 4265-111-0203. Administration costs will remain in the**

**current appropriation item and be reflected as State Operations.**

**GDSP: OLD ASSUMPTIONS**

	Applicable F/Y		
	<u>C/Y</u>	<u>B/Y</u>	
1.	X	X	Expansion of Newborn Genetic Screening: Cystic Fibrosis ( <b><u>CF</u></b> ) and Biotinidase Deficiency ( <b><u>BD</u></b> )
			<b><u>Consistent with the intent of Chapter 74, Statutes of 2006, (AB 1807), CF and BD were implemented statewide in July 2007.</u></b>
			<del>Pursuant to AB 1807 (Chapter 74, Statutes of 2006), the Department is authorized to add Cystic Fibrosis (CF) and Biotinidase Deficiency (BD) as conditions to be detected through newborn screening. The addition of both these tests necessitates modifications to the GDSP Screening Information System (SIS). Effective August 2006, the fee was raised \$17.75 in order to expand the Newborn Screening Program to include CF and BD.</del>
			<del>Effective January 2007, the NBS fee was raised \$7.00 in accordance with Health and Safety Code Section 124977 (b) which requires the Program to be fully supported from fees and states that the amount of the fee shall be established by regulation and periodically adjusted by the Director.</del>
2.	X	X	Expansion of Prenatal Screening: <b><u>Inhibin and First Trimester Screening</u></b>
			<b><u>Consistent with the intent of Chapter 484, Statutes of 2006 (SB 1555), the Prenatal Screening (PNS) Program added Inhibin (a fourth marker) statewide in July 2007. Additionally, First Trimester screening will be implemented in the second half of SFY 2008-09.</u></b>
			<del>Pursuant to Chapter 484, Statutes of 2006 (SB 1555), the Department is required to expand its prenatal screening program to include all tests that meet or exceed the current standard of care as recommended by nationally recognized medical or genetic organizations, including, but not limited to, Inhibin. This would also include screening for First Trimester. In addition, the law authorizes the Department to charge a prescribed fee for this testing.</del>

~~Effective January 1, 2007, the fee was raised \$50.00 in order to make improvements to the Prenatal Screening Program to be consistent with the currently accepted medical standards of care and to enhance California's Birth Defects Monitoring Program (CBDMP). Genetic screening for Inhibin will be implemented by the first quarter of State Fiscal Year (SFY) 2007-2008. First Trimester screening will be implemented in the second half of SFY 2008-2009.~~

~~Effective January 1, 2007, the fee was raised by \$7.00 in accordance with amendments to Health and Safety Code Sections 124977 and 124977 (b) which require the Program to be fully supported from fees and states that the amount of the fee shall be established by regulation and periodically adjusted by the Director.~~

## GDSP: INFORMATION ONLY

### 1. Repayment of the General Fund Loan

The GDSP is required to repay two prior General Fund loans due on June 30, 2008 and June 30, 2009. **The first repayment was paid on June 30, 2008. The second repayment that was originally scheduled to be paid on June 30, 2009 has been delayed and rescheduled for payment by June 30, 2011.** These **first** repayments are **is** reflected in the Fund Condition Statement (enclosed).

### 2. California Birth Defects Monitoring Program (CBDMP) Transfer

**Fees collected for CBDMP are directly deposited to the Birth Defects Monitoring Fund.** ~~The statute for the fee increase of \$50 per SB 1555 includes \$40 to support the GDSP's PNS expansion and \$10 to support blood sample storage, testing and research activities of the CBDMP. The fee took effect on January 1, 2007. Effective November 2007, a special fund for CBDMP has been created, which fees are deposited into this fund. Fees collected for the CBDMP prior to the fund's creation are being transferred to that fund. The Department proposes Trailer Bill language to create a special fund in which to deposit the CBDMP fees. Once this special fund is created, the fees collected for the CBDMP prior to the fund's creation will be transferred into that fund.~~