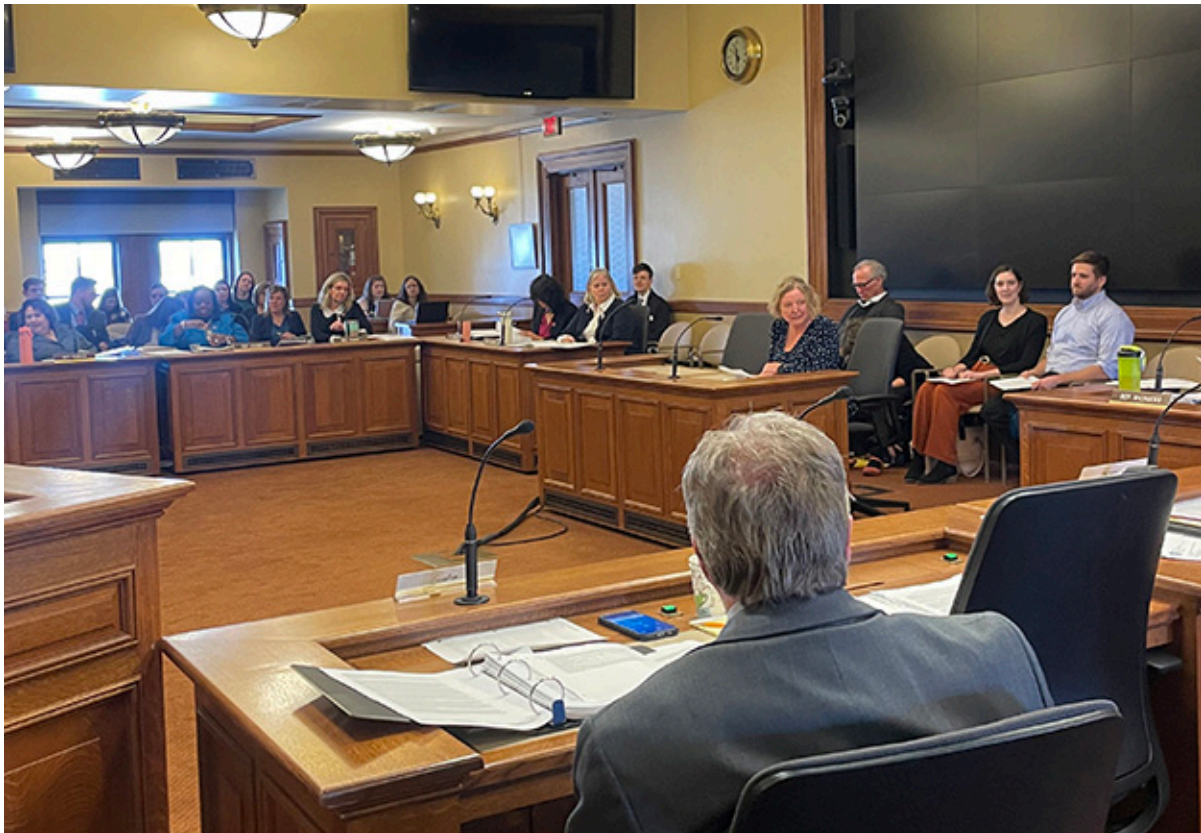


Vol. 69, Issue 11

Thursday, March 13, 2025

WHA Urges Senate and Assembly Health Committees to Rein in Newborn Screening Hospital Fees

Both health committees of the Wisconsin Legislature convened on March 12 to learn more about a Department of Health Services (DHS) rule proposal that would increase the fee imposed upon hospitals to fund the state's newborn screening program and that would allow DHS to increase the newborn screening card fees automatically in the future without going through the established rules process. The Wisconsin Hospital Association (WHA) submitted written testimony asking the committee to take a vote to request modifications to the proposed rule to eliminate the automatic fee increases and to reduce the newborn screening fee back to \$195 per card. WHA Senior Vice President of Workforce and Clinical Practice Ann Zenk testified at the hearing.



Ann Zenk testifies against automatic newborn screening fee increases in front of legislative health committees on March 12.

Wisconsin's newborn screening program is currently funded through fees paid by hospitals when they purchase the screening cards used to collect the state-mandated blood samples to identify treatable newborn congenital disorders where early intervention is necessary.

In WHA's remarks, Zenk noted that this administrative rule, if enacted, would culminate two years' worth of statutory and regulatory fee increases that has more than doubled the newborn screening card expenses for hospital birthing centers, many of which are already scrutinizing every expense to sustain OB services in an environment of increasing workforce pressures, financial pressures and decreasing volumes.

Zenk was also able to answer questions from senators and representatives about how hospitals were reimbursed for card fees. She explained, "Many insurance companies don't recognize or reimburse hospitals for the newborn screening cards, or they pay a bundled rate for the newborn care." adding "And as DHS noted, the Medicaid newborn payment rate—what I believe is also a bundled payment—is adjusted only after hospitals build up a track record of increased costs, creating a lag time in reimbursement that will be even more challenging if these increases can occur automatically."

"Just as DHS is trying to spread overhead costs over a fewer number of births, decreases in volumes are also challenging the ability to sustain OB departments at hospitals in our mostly rural state," Zenk noted. "Decreasing volumes and rising expenses could mean even fewer hospitals delivering babies, absorbing these additional fees."