



**House  
Legislative  
Analysis  
Section**

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**BIRTH DEFECTS: LOCATE AND REFER**

House Bill 4007 as passed by the House  
Second Analysis (12-15-87)

**RECEIVED**

Sponsor: Rep. David Honigman  
Committee: Social Services & Youth

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**THE APPARENT PROBLEM**

Public health officials say that five percent of babies are born with major birth defects. Most newborns with defects are identified early due to signs of malformations, including problems with the heart, kidneys, or head shape and size, or signs of genetic and biochemical disease. Public Act 48 of 1987, an outgrowth of the controversy over the effects of Agent Orange on Vietnam veterans and their offspring, established a birth defects registry and requires the reporting of each incidence of a birth defect to the Department of Public Health. There is no requirement, however, that officials follow up on these cases once identified to make sure the infants and their families are offered the services they need, as happens, for example, under the so-called crippled children's program. Because early intervention is so valuable in these cases, some people want a system in place to identify, track, and follow up on children born with birth defects and their families. For example, a tracking system would allow health and social service agencies to be aware when a child was born with defects linked to a mother's alcohol or drug use.

**THE CONTENT OF THE BILL:**

The bill would make the Department of Public Health, effective April 1, 1989, responsible for locating children reported as having birth defects and for referring them to appropriate services inside or outside the department. (This is similar to the existing requirement for services to crippled children.)

The bill also would specifically require incidences of congenital and structural malformations and biochemical and genetic diseases to be reported to the birth defects registry. (The health code now requires "each incidence of a birth defect" to be reported.)

MCL 333.5721 and 333.5805

**FISCAL IMPLICATIONS:**

The Department of Public Health has estimated the costs of the bill at about \$500,000 per year. (11-10-87)

**ARGUMENTS:**

**For:**

Following up systematically on reports of birth defects would lead to prompt referrals of children and families to valuable diagnostic and treatment services. This bill, along with necessary funding, would put such a birth defects tracking system in place beginning April 1989. With infant mortality a major concern in Michigan, this approach makes sense. The system would parallel the crippled children's program, and in fact the bill would place the requirements that children with birth defects be located and referred to appropriate services in the section of the Public Health Code dealing with the crippled children's program. As introduced, the bill was an attempt to identify and intervene in cases of children born with fetal alcohol syndrome or drug dependencies. In its current form it is much broader in scope, but it would still enable health

officials and others to be aware of such cases (without disastrous premature labeling) and see that whatever services are needed are offered. The bill also clarifies the kind of conditions that must be reported to the birth defects registry, which will lead to more reliable reporting.

**Against:**

While it is difficult to oppose the intent of the bill, certain realities must be recognized. Without appropriate funding, the Department of Public Health and local health departments cannot implement programs, and the need for this program must be balanced against other needs in the competition for scarce dollars. That kind of evaluation has yet to take place. Some supporters of the approach taken by the bill would not want other valuable maternal health-related programs cut to fund this one.

**POSITIONS:**

The Department of Public Health supports the substitute contingent upon the provision of adequate funding. (11-16-87)

The Michigan Council for Maternal and Child Health supports the intent of the substitute if funding is available. (11-16-87)

The Michigan Women's Commission supports the substitute. (11-10-87)

H.B. 4007 (12-15-87)