## Newborn Screening Advisory Committee

Wednesday, December 21, 2022 12:00 pm - 2:00 pm



Department of Public Health & Human Services

### Role Call / Introductions

- 1. Name
- 2. Organization
- 3. Role
- 4. Physical Description (e.g. age, skin color, gender, hairstyle and hair color, clothes description, any distinctive accessories)\*

<sup>\*</sup>Please include a physical description of yourself for meeting participants who may be visually impaired. Share only those attributes you feel comfortable sharing. Thank you!

## Agenda

12:00 - 12:10p	Welcome & Roll Call  • Voting & Non-Voting Members
12:10 - 12:20p	<ul><li>Unfinished Business</li><li>Overview of nomination process flowchart</li></ul>
12:20 - 12:50p	Krabbe Nomination Packet Review
12:50 - 1:35p	<ul><li>Krabbe Discussion</li><li>Questions / concerns about adding Krabbe at this time</li></ul>
1:35 - 1:45p	Public Comment Period  • Public comment

## Agenda

1:45 - 1:50p	<ul> <li>Vote on Krabbe</li> <li>Voting members</li> <li>Explanation of voting options</li> <li>Vote to recommend the addition of Krabbe to the Montana Newborn Screening panel</li> </ul>
1:50 - 1:55p	<ul> <li>Newborn Screening Advisory Committee Next Steps</li> <li>Prepare package outlining Advisory Committee's decision and rationale</li> <li>Send package to DPHHS Director for review</li> <li>Schedule next meeting</li> </ul>
1:55 - 2:00p	Wrap Up

# Public Comment Period (10 minutes)

- Moderator will announce comment period
- Use "raise hand" feature"
- Moderator will call your name
- Unmute yourself
- 2 minute max per comment
- Please email additional comments up to 1 hour after meeting ends to:

HHSNewbornAdvisoryCommittee@mt.gov

#### **Ground Rules**

- Mute
- Video
- Clarifying questions
- Avoid interrupting
- Avoid acronyms
- Use specific examples

- Focus on the collective interests and goals
- Additional meetings or communications may be scheduled
- Next steps assigned to ensure accountability
- Facilitators may call on attendees for input
- Safe space

### Voting

Only voting members can vote on Krabbe

Quorum = simple majority

#### **Conflict of Interest**

#### **Voting Members:**

- Dr. Abe Elias
- Dr. Allison Young
- Amanda Osborne
- Jennifer Banna

- Kotie Dunmire
- Marion Rudek
- Miranda Prevel
- Sarah Sullivan
- Shelly Eagen

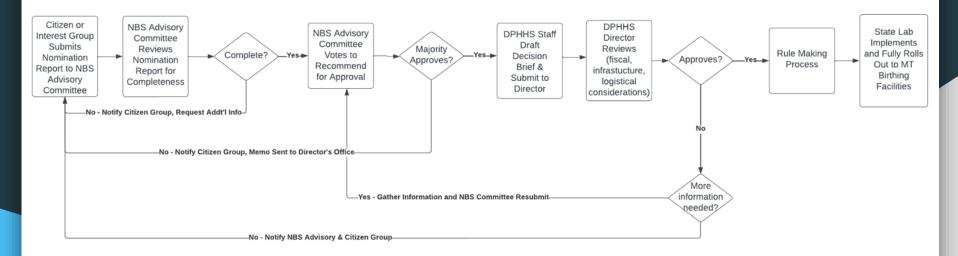
#### **Unfinished Business**

#### Nomination Process Procedures

Activity	Timeline	Next Steps		
1. Nomination packet is sent to NBS Program joint email:	48 hours	Notify the sender that the packet		
HHSNewbornAdvisoryCommittee@mt.gov		was received.		
2. CSHS & Lab (and potentially Chair and Vice Chair)	2 weeks	Notify the sender that the packet		
decide if the nomination packet is complete. Additional		was complete / incomplete.		
information may be requested.				
3. Send completed nomination packet to full Advisory	1 month prior to	Put the nominated condition on		
Committee for review.	meeting where it will	the next available meeting		
	be reviewed*	agenda.		
4. Designated person (or Chair) leads the Advisory	X number of	Vote on the nominated condition		
Committee through the nomination packet during the	meetings*	in a Committee meeting once the		
meeting. Additional information will be presented from		process is complete.		
SME, Lab, and Family Story as appropriate.				
5. Hold vote for nominated condition at Committee	1 week	Send report to DPHHS Director		
Meeting		for review		
	•			

<sup>\*</sup>Depends on the number of conditions that are already in the queue to be reviewed.

#### **Nomination Flow Chart**



# Krabbe Nomination Packet Review

#### **Selection Criteria Table**

Selection Criteria				
	True	Unsure	No	
1. It can be identified at a period of time (24 to 48 hours after birth) at	X			
which it would not ordinarily be clinically detected.				
2. A test with appropriate sensitivity and specificity is available.	X			
3. There is a significant risk of illness, disability, or death if babies are not	X			
treated promptly (within the recommended time frame for the				
condition).				
4. Effective treatment is available and access to follow-up care and			Χ	
counseling is generally available.				
5. There are demonstrated benefits of early detection, timely		X		
intervention, and efficacious treatment.				
6. The benefits to babies and to society outweigh the risks and burdens		X	_	
of screening and treatment.				

#### **Selection Criteria Table (continued)**

Selection Criteria				
	True	Unsure	No	
7. The public health laboratory can support the testing resources and			Χ	
expertise necessary to provide accurate and timely results.				
8. There are minimal financial impacts on the family.			Χ	
9. There is a public health benefit to conducting the test.		X		
10. There exist responsible parties who will follow up with families and		X		
implement necessary interventions.				
11. The condition's case definition and spectrum are well described.		Х		

#### **Krabbe Discussion**

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#### **Voting Considerations**

- Voting members only
- Voting Options:
  - Recommend
  - Do not recommend
  - Do not have enough information to make a decision at this time

# "Do not have enough information to make a decision at this time"

#### What does this mean?

Your final decision depends on specific information that you know is coming. The conversation is expected to continue at the next / upcoming meeting.

# Montana NBS Advisory Committee: Voting Members

- Dr. Abe Elias
- Dr. Allison Young
- Amanda Osborne
- Jennifer Banna

- Kotie Dunmire
- Marion Rudek
- Miranda Prevel
- Sarah Sullivan
- Shelly Eagen

#### Vote on Krabbe

### **Next Steps**

- Prepare and send package outlining Advisory Committee's decision and rationale to DPHHS Director
- Nomination packet available to public
- Next Meeting
  - o Spring 2023
  - o Doodle Poll

### Questions?

### Follow Up & Thank You

- Follow-up email will be sent soon
  - Meeting Minutes
  - Recording
  - Presentation Slides
  - o Doodle Poll
  - Post-meeting survey
- Please email if you have any questions, comments, or need anything

HHSNewbornAdvisoryCommittee@mt.gov