

By Senator Myers

27-1419-98

1 A bill to be entitled
 2 An act relating to screening the hearing of
 3 infants; providing for universal screening of
 4 the hearing of newborns; providing legislative
 5 intent; providing definitions; requiring
 6 hospitals, birthing centers, and health care
 7 providers at home births to refer newborns to
 8 licensed audiologists for screening; providing
 9 other requirements for the screening program;
 10 requiring hearing screening and followup to be
 11 procedures covered by health insurance
 12 policies, by health maintenance organizations,
 13 and by Medicaid; requiring followup referral of
 14 hearing-impaired infants to the Children's
 15 Medical Services Early Intervention Program;
 16 requiring the Department of Health and the
 17 Agency for Health Care Administration to
 18 coordinate services with a technical advisory
 19 panel on screening the hearing of infants;
 20 requiring written documentation of hearing
 21 screenings; providing an effective date.

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 23 Be It Enacted by the Legislature of the State of Florida:

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 25 Section 1. Screening of infants' hearing.--
 26 (1) LEGISLATIVE INTENT.--The intent of this section is
 27 to provide for a statewide comprehensive and coordinated
 28 interdisciplinary program of early hearing-impairment
 29 screening, identification, and followup care for newborns. The
 30 goal is to screen all newborns for hearing impairment.
 31 (2) DEFINITIONS.--As used in this section, the term:

1 (a) "Agency" means the Agency for Health Care
2 Administration.

3 (b) "Department" means the Department of Health.

4 (c) "Hearing-impaired infant" means an infant who has
5 an impairment that is a dysfunction of the auditory system of
6 any type or degree sufficient to interfere with the infant's
7 acquisition and development of speech and language skills.

8 (d) "Infant" means a child from birth to 36 months of
9 age.

10 (e) "Management" means the habilitation of the
11 hearing-impaired infant.

12 (f) "Non-hospital-based providers" means licensed
13 health care professionals whose primary location of service
14 delivery is in a community setting and is not physically
15 located within a hospital.

16 (g) "Personal supervision" means that a licensed
17 audiologist is on the premises or in the facility and
18 immediately available when the screening is rendered and
19 completed.

20 (h) "Screening" means a test or battery of tests
21 administered to determine whether there is a need for an
22 in-depth diagnostic evaluation.

23 (3) REQUIREMENTS.--

24 (a) Each licensed hospital that provides maternity and
25 newborn-infant care services shall provide that every newborn,
26 before being discharged, be screened for the detection of
27 hearing loss to prevent the consequences of unidentified
28 disorders.

29 (b) Each licensed birthing center that provides
30 maternity and newborn-infant care services shall provide that
31 every newborn, before being discharged, be referred to a

1 licensed audiologist for screening for the detection of
2 hearing loss to prevent the consequences of unidentified
3 disorders. The referral for appointment must be made within 30
4 days after discharge. Written documentation of the referral
5 must be placed in the newborn's medical chart.

6 (c) If the parents or legal guardians of the newborn
7 object to the newborn's being screened for hearing impairment,
8 the screening must not be performed. In such a case, the
9 physician, midwife, or other person who is attending the
10 newborn shall maintain a record that the screening has not
11 been performed and shall attach to the record any written
12 objection.

13 (d) For home births, the health care provider in
14 attendance is responsible for coordination and referral to an
15 audiologist for screening to detect hearing loss. The referral
16 for appointment must be made within 30 days after the birth.
17 If a home birth is not attended by a primary health care
18 provider, a referral to a licensed audiologist must be made by
19 the newborn's health care provider within 15 days after the
20 health care provider learns of the birth.

21 (e) All screenings of infants' hearing must be
22 conducted by or directly supervised by a licensed audiologist.
23 Each licensed hospital shall obtain the services of a licensed
24 audiologist through employment, contract, or written
25 memorandum of understanding for the purposes of appropriate
26 staff training, screening-program supervision, scoring and
27 interpretation of test results, rendering of appropriate
28 recommendations, and coordination of appropriate followup
29 services. The audiologist also has responsibility for
30 providing appropriate documentation in the medical record
31 within 24 hours after providing the screening recommendations.

1 (f) The screening of a newborn's hearing must be
2 completed before the newborn is discharged from the hospital
3 or birthing center. If the screening is not completed due to
4 scheduling or temporary staffing limitations, the screening
5 must be completed within 30 days after discharge. Screenings
6 completed after discharge or performed because of initial
7 screening failure must be performed by an audiologist licensed
8 in this state.

9 (g) Each hospital shall formally designate a lead
10 physician who is responsible for programmatic oversight. Each
11 birthing center shall designate a health care provider who
12 shall provide programmatic oversight and ensure that the
13 appropriate referrals are being completed.

14 (h) Each screening of a newborn's hearing must include
15 auditory brainstem responses (ABR), evoked otoacoustic
16 emissions, or appropriate technology as approved by the
17 federal Food and Drug Administration (FDA).

18 (i) The initial procedure for screening the hearing of
19 a newborn and any followup, medically necessary reevaluations
20 leading to diagnosis must be a covered benefit reimbursable
21 under Medicaid and by all health insurance policies and health
22 maintenance organizations as defined in chapters 627 and 641,
23 Florida Statutes, except for supplemental policies that
24 provide coverage only for specific diseases, hospital
25 indemnity, Medicare supplement, or other supplemental
26 policies.

27 (j) Any child who is diagnosed as having a permanent
28 hearing impairment shall be referred to his or her primary
29 care physician for medical management, treatment, and followup
30 services. Furthermore, in accordance with Pub. L. No. 105-17,
31 The Infants and Toddlers Program, Individuals with

1 Disabilities Education Act, any child from birth to 36 months
2 of age who is diagnosed as having a hearing impairment that
3 requires ongoing special hearing services must be referred to
4 the Children's Medical Services Early Intervention Program
5 serving the geographic area in which the child resides.

6 (k) The department and agency shall work in
7 coordination with a technical advisory panel on screening the
8 hearing of infants to ensure the provision of a comprehensive
9 and coordinated interdisciplinary program of early screening
10 for hearing impairment, identification of hearing impairment,
11 and followup care for hearing-impaired infants from birth to
12 36 months of age. The technical advisory panel shall make
13 recommendations to the department and the agency regarding
14 minimum qualifications, training requirements, and
15 quality-assurance measures that all individuals who provide
16 this service must adhere to.

17 (l) All hospitals and birthing centers, outpatient
18 facilities, and non-hospital-based providers shall maintain
19 written documentation of screenings of infants' hearing which
20 must include the date of the screenings, test results,
21 interpretations, and recommendations. The agency, in
22 coordination with the department, shall develop a
23 hearing-evaluation data form that must be used by all
24 institutions. Specifications for data to be collected under
25 this section must be developed by the agency in coordination
26 with the department and the technical advisory panel. All
27 institutions that perform screenings of infants' hearing shall
28 submit reports on such screenings to the agency. The reports
29 provided to the agency must be shared with Children's Medical
30 Services, which shall have lead responsibility for tracking
31 children who have been identified as having a hearing loss,

1 for assuring appropriate referral followup services, and for
2 conducting epidemiological analyses of data.

3 Section 2. This act shall take effect October 1, 1998.
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6 SENATE SUMMARY

7 Provides for a program of screening the hearing of
8 newborn infants and for followup services to infants, age
9 birth to 36 months, who are diagnosed as having a hearing
10 impairment. Provides that such screenings and related
11 services must be covered by health insurance policies and
12 by health maintenance organizations. (See bill for
13 details.)
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