By Senator Dawson

30-110A-00 See HB 399 A bill to be entitled 1 2 An act relating to newborn hearing screening; 3 providing legislative intent; providing 4 definitions; providing requirements for 5 screening newborns for hearing impairment; 6 providing for education of parents of newborns; 7 providing for certain insurance and managed care coverage; providing for referral for 8 9 ongoing services; providing an effective date. 10 Be It Enacted by the Legislature of the State of Florida: 11 12 Section 1. Newborn hearing screening. --13 (1) LEGISLATIVE INTENT. -- The intent of this section is 14 to provide a statewide comprehensive and coordinated 15 interdisciplinary program of early hearing impairment 16 17 screening, identification, and followup care for newborns. The goal is to screen all newborns for hearing impairment in order 18 19 to alleviate the adverse effects of hearing loss on speech and language development, academic performance, and cognitive 20 development. 21 22 (2) DEFINITIONS.--23 (a) "Agency" means the Agency for Health Care 24 Administration. 25 (b) "Department" means the Department of Health. 26 (c) "Hearing impairment" means a hearing loss of 30 dB 27 HL or greater in the frequency region important for speech 28 recognition and comprehension in one or both ears, 29 approximately 500 through 4,000 hertz. 30 (d) "Infant" means an age range from 30 days through 31 12 months.

- (e) "Licensed health care provider" means a physician, nurse, or audiologist licensed in the state rendering services within the scope of his or her license.

 (f) "Management" means the habilitation of the
- (f) "Management" means the habilitation of the hearing-impaired child.
- (g) "Newborn" means an age range from birth through 29 days.
- (h) "Screening" means a test or battery of tests administered to determine the need for an in-depth hearing diagnostic evaluation.
- (3) REQUIREMENTS FOR SCREENING OF NEWBORNS; INSURANCE COVERAGE; REFERRAL FOR ONGOING SERVICES.--
- (a) Each licensed hospital or other state-licensed birthing facility that provides maternity and newborn care services shall provide that all newborns are, prior to discharge, screened for the detection of hearing loss, to prevent the consequences of unidentified disorders.
- (b) Each licensed birth center that provides maternity and newborn care services shall provide that all newborns are, prior to discharge, referred to a licensed audiologist, or to a hospital or other newborn hearing screening provider, for screening for the detection of hearing loss, to prevent the consequences of unidentified disorders. The referral for appointment shall be made within 30 days after discharge.

 Written documentation of the referral must be placed in the newborn's medical chart.
- (c) If the parents or legal guardians of the newborn object to the screening, the screening must not be completed. In such case, the physician, midwife, or other person who is attending the newborn shall maintain a record that the

screening has not been performed and attach a written objection that must be signed by the parent or guardian.

- (d) For home births, the health care provider in attendance is responsible for coordination and referral to a licensed audiologist, hospital, or other newborn hearing screening provider. The referral for appointment shall be made within 30 days after the birth. In cases in which the home birth is not attended by a primary health care provider, a referral to a licensed audiologist, hospital, or other newborn hearing screening provider must be made by the health care provider within the first 3 months after the child's birth.
- (e) All newborn and infant hearing screenings shall be conducted by a licensed audiologist, licensed physician, or appropriately supervised individual who has completed documented training specifically for newborn hearing screening. Every licensed hospital shall obtain the services of a licensed audiologist or other newborn hearing screening provider, through employment or contract or written memorandum of understanding, for the purposes of appropriate staff training, screening program supervision, monitoring the scoring and interpretation of test results, rendering of appropriate recommendations, and coordination of appropriate followup services. Appropriate documentation of the screening completion, results, interpretation, and recommendations must be placed in the medical record within 24 hours after completion of the screening procedure.
- (f) The screening of a newborn's hearing should be completed before the newborn is discharged from the hospital.

 If the screening is not completed before discharge due to scheduling or temporary staffing limitations, the screening must be completed within 30 days after discharge. Screenings

completed after discharge or performed because of initial screening failure must be completed by an audiologist licensed in the state, or by a hospital or other newborn hearing screening provider.

- (g) Each hospital shall formally designate a lead physician responsible for programmatic oversight for newborn hearing screening. Each birth center shall designate a licensed health care provider to provide such programmatic oversight and to ensure that the appropriate referrals are being completed.
- (h) Each screening of a newborn's hearing must include auditory brainstem responses, or evoked otocoustic emissions, or appropriate technology as approved by the United States Food and Drug Administration.
- (i) By October 1, 2000, newborn hearing screening must be conducted on all newborns in hospitals in this state on birth admission. When a newborn is delivered in a facility other than a hospital, the parents must be instructed on the importance of having the hearing screening performed and must be given information to assist them in having the screening performed within 3 months after the child's birth.
- (j) On or after October 1, 2000, every hospital in the state shall educate the parents of newborns, in lay terms, on the importance of screening the hearing of newborns and of receiving followup care. The educational information shall include a description of the normal auditory, speech, and language development processes in children.
- (k) The initial procedure for screening the hearing of the newborn or infant and any medically necessary followup reevaluations leading to diagnosis shall be a covered benefit, reimbursable under Medicaid, under all health insurance

policies and health maintenance organizations as defined in chapters 627 and 641, Florida Statutes, except for 2 3 supplemental policies that only provide coverage for specific diseases, hospital indemnity, or Medicare supplement, or to 4 5 the supplemental policies. 6 (1) Any child who is diagnosed as having a permanent 7 hearing impairment shall be referred to the primary care physician for medical management, treatment, and followup 8 9 services. Furthermore, in accordance with Pub. L. No. 105-17, 10 The Infants and Toddlers Program, Individuals with Disabilities Education Act, any child from birth to 36 months 11 of age who is diagnosed as having a hearing impairment that 12 requires ongoing special hearing services must be referred to 13 14 the Children's Medical Services Early Intervention Program 15 serving the geographical area in which the child resides. Any person who is not covered through insurance 16 (m) 17 and cannot afford the costs for testing shall be given a list of newborn hearing screening providers who provide the 18 19 necessary testing free of charge. 20 Section 2. This act shall take effect July 1, 2000. 21 22 23 HOUSE SUMMARY 24 Provides requirements and procedures for the screening of newborns for hearing impairment. Provides legislative intent and definitions. Provides responsibilities of hospitals, birth centers, and health care providers attending home births. Provides for the conduct of screenings by certain providers. Specifies timeframes for providers and providers are considered for the conduct of screenings by certain providers. 25 26 27 newborn hearing screenings. Requires certain education of parents of newborns on the importance of screening and followup care. Provides for certain insurance and managed care coverage, including Medicaid coverage. Provides for 28 29 referral for ongoing care under certain conditions.