By Senator Ring

32-00926-12 20121052

A bill to be entitled

An act relating to newborn screening for congenital heart disease; creating s. 383.146, F.S.; providing definitions; providing requirements for screening newborns for congenital heart disease; providing for certain insurance and managed care coverage; providing for referral for ongoing services; authorizing the Department of Health to adopt rules to implement the screening; providing powers and duties of the department; providing an effective date.

WHEREAS, congenital heart disease is the most common birth defect in infants, affecting 8 out of every 1,000 newborn babies, and

WHEREAS, early detection of congenital heart disease is crucial to the health of a newborn baby because, if the condition goes undiagnosed, it can cause major problems later in the child's life, and

WHEREAS, pulse oximetry is a noninvasive method of monitoring the oxygen level in the blood and is recommended as a method of screening a patient for congenital heart disease, and

WHEREAS, physical exertion and participation in sports can cause excess stress on the heart and, if the disease is not detected and is severe enough, participation in strenuous activity can result in death, NOW, THEREFORE,

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

Section 1. Section 383.146, Florida Statutes, is created to

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30 read:

- 383.146 Newborn screening for congenital heart disease.-
- (1) DEFINITIONS.—As used in this section, the term:
 - (a) "Department" means the Department of Health.
- (b) "Newborn" means an age range from birth through 29 days.
- (c) "Screening" means a test or battery of tests
 administered to determine whether a newborn has congenital heart
 disease.
- (2) 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 congenital heart disease.
- (b) Each licensed birth center that provides maternity and newborn care services shall provide that all newborns are, prior to discharge, referred to a physician licensed under chapter 458 or chapter 459 or a hospital for screening for the detection of congenital heart disease. The referral for appointment shall be made within 10 days after discharge. Written documentation of the referral must be placed in the newborn's medical chart.
- (c) If the parent or legal guardian of the newborn objects to the screening, the screening must not be completed notwithstanding any other provision of this section. 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.

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(d) For home births, the health care provider in attendance is responsible for the coordination and referral to a physician licensed under chapter 458 or chapter 459 or a hospital. The referral for appointment shall be made within 10 days after the birth. In cases in which the home birth is not attended by a primary health care provider, a referral to a physician licensed pursuant to chapter 458 or chapter 459 or a hospital must be made by the health care provider within 10 days after the child's birth.

- (e) All newborn and infant screenings shall be conducted by a physician licensed under chapter 458 or chapter 459.

 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 for congenital heart disease must be completed before the newborn is discharged from the hospital.
- (g) Each hospital shall formally designate a lead physician responsible for programmatic oversight for newborn congenital heart disease screening. Each licensed 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) By October 1, 2012, congenital heart disease 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 screening performed and must be given

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information to assist them in having the screening performed within 10 days after the child's birth.

- (i) The initial procedure for screening of the newborn for congenital heart disease and any medically necessary followup reevaluations leading to diagnosis shall be a covered benefit, reimbursable under Medicaid as an expense compensated supplemental to the per diem rate for Medicaid patients enrolled in MediPass or Medicaid patients covered by a fee for service program. For Medicaid patients enrolled in health maintenance organizations, providers shall be reimbursed directly by the Medicaid Program Office at the Medicaid rate. This service may not be considered a covered service for the purposes of establishing the payment rate for Medicaid health maintenance organizations. All health insurance policies and health maintenance organizations as provided under ss. 627.6416, 627.6579, and 641.31(30), except for supplemental policies that only provide coverage for specific diseases, hospital indemnity, or Medicare supplement, or to the supplemental polices, shall compensate providers for the covered benefit at the contracted rate. Nonhospital-based providers shall be eliqible to bill Medicaid for the professional and technical component of each procedure code.
- (3) RULES.—After consultation with the Genetics and Newborn Screening Advisory Council, the department shall adopt and enforce rules requiring that every newborn in this state be subjected to a test for congenital heart disease. The department shall adopt such additional rules as are necessary for the administration of this section, including rules providing definitions of terms, rules relating to the methods used and

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time or times for testing as accepted medical practice indicates, rules relating to charging and collecting fees for the administration of the newborn screening program authorized by this section, rules for processing requests and releasing test and screening results, and rules requiring mandatory reporting of the results of tests and screenings for this condition to the department.

- (4) POWERS AND DUTIES OF THE DEPARTMENT.—The department shall administer and provide services authorized pursuant to this section and shall:
- (a) Ensure the availability and quality of the necessary laboratory tests and materials.
- (b) Furnish all physicians, county health departments, perinatal centers, birthing centers, and hospitals forms on which the results of tests for congenital heart disease shall be reported to the department.
- (c) Have the authority to charge and collect fees sufficient to administer the newborn screening program authorized under this section.
 - Section 2. This act shall take effect July 1, 2012.