

**HOUSE OF REPRESENTATIVES
FINAL BILL ANALYSIS**

BILL #:	CS/HB 591	FINAL HOUSE FLOOR ACTION:	
SPONSOR(S):	Health & Human Services Committee; Harrell	116 Y's	0 N's
COMPANION BILLS:	CS/CS/CS/SB 722	GOVERNOR'S ACTION:	Approved

SUMMARY ANALYSIS

CS/HB 591 passed the House on April 1, 2014, and subsequently passed the Senate on April 24, 2014.

The bill authorizes the State Public Health Laboratory to release the results of a newborn's hearing and metabolic tests or screenings to the newborn's health care practitioner. The bill defines health care practitioner as a physician or physician assistant, osteopathic physician or physician assistant, advanced registered nurse practitioner, registered nurse, licensed practical nurse, midwife, speech-language pathologist or audiologist, or a dietician or nutritionist.

The bill creates a new section of law, s. 383.146, F.S., to require an audiologist, upon diagnosing an infant or toddler with a permanent hearing impairment, to offer the parent or guardian to complete a consent form with his or her contact information to receive information from qualified Early Steps providers that offer early intervention services and specialize in serving children with hearing loss. The bill also requires the Department of Health (DOH) to post on its website a list of the qualified Early Steps providers that have notified the department of their interest to provide such information to parents or guardians electing to receive the information.

The bill will have an insignificant negative fiscal impact on DOH.

The bill was approved by the Governor on June 13, 2014, ch. 2014-121, L.O.F., and will become effective on July 1, 2014.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

Present Situation

Newborn Screening

Newborn screening is a preventive public health program that is provided in every state in the United States. The intent of the Florida Newborn Screening Program (NSP) is to screen all newborns for hearing impairment to identify, diagnose, and manage newborns at risk for selected disorders that, without detection and treatment, can lead to permanent development and physical damage or death. The Department of Health (DOH) is responsible for administering the NSP, which currently screens for 37 disorders.¹

The NSP is a comprehensive system involving coordination among several entities, including the Bureau of Laboratories Newborn Screening Laboratory in Jacksonville, Children's Medical Services (CMS) Newborn Screening Follow-up Program in Tallahassee, and referral centers throughout the state. In addition, the Genetics and Newborn Screening Advisory Council serves as an advisory body to DOH.²

Newborn screening usually takes place before a newborn leaves the hospital. Most tests use a few drops of blood from pricking the baby's heel. The blood specimen is placed on a special filter paper and, in Florida, the specimen card is sent to the DOH Newborn Screening Laboratory in Jacksonville for testing. The laboratory receives about 250,000 specimens annually from babies born in Florida. The majority of the test results are reported within 24-48 hours. The CMS program, within DOH, provides follow-up services for all abnormal screening results.

Newborn Hearing Screening

Newborn hearing screening has been required in Florida since October, 2000.³ Newborn hearing screening services are provided to identify newborns at risk of hearing impairment and to ensure that follow-up audiometric screening, diagnosis, and referral to intervention is provided.⁴

Hospitals and other state-licensed birthing facilities that provide maternity and newborn care services are required to screen all newborns for hearing loss, prior to discharge. However, a parent or legal guardian may sign a waiver to refuse the hearing screening, and a copy of the waiver must be filed in the newborn's medical record.⁵ If screening is not completed before discharge due to scheduling or temporary staffing limitations, or if the newborn fails the screening, the hospital must refer the newborn for screening, which must be conducted within 30 days of discharge.

Any child who is diagnosed as having a hearing impairment must be referred to their primary care physician for medical management, treatment, and follow-up services. Further, any child from birth to 36 months of age who is diagnosed as having a hearing impairment that requires ongoing special hearing services must be referred to the CMS Early Intervention Program (Early Steps). Early Steps is Florida's early intervention system that offers services to eligible infants and toddlers with significant delays or a condition likely to result in a developmental delay. Early intervention is provided to support families and caregivers in developing the competence and confidence to help their child learn and

¹ House Bill 591, Department of Health, Legislative Bill Analysis, January 14, 2014 (on file with Health Quality Subcommittee).

² Section 383.14(5), F.S.

³ Chapter 2000-177, L.O.F., CS/HB 399.

⁴ Sections 391.301-304, F.S., s. 383.14, F.S., and s. 383.145, F.S.

⁵ Section 383.145(3), F.S.

develop. A diagnosis must provide evidence of a hearing loss of 25 dB or greater to be eligible for services provided by the Early Steps Program.⁶

Florida law defines a hearing impairment as a hearing loss of 30 dB HL or greater.⁷

Pursuant to s. 383.14(1)(c), F.S., and notwithstanding any other law to the contrary, the State Public Health Laboratory may release, directly or through the CMS Program, the results of a newborn's hearing and metabolic tests or screening to the newborn's primary care physician.

Effect of the Bill

The bill amends s. 383.14(1)(c), F.S., to allow the State Public Health Laboratory to release the results of a newborn's hearing and metabolic tests or screenings to the newborn's health care practitioner, not just the newborn's physician. For purposes of this section, the bill defines "health care practitioner", as a physician or physician assistant, osteopathic physician or physician assistant, advanced registered nurse practitioner, registered nurse, licensed practical nurse, midwife, speech-language pathologist or audiologist, or a dietician or nutritionist.

The bill amends s. 383.145(3)(i), F.S., and s. 383.145(3)(k), F.S., to delete obsolete and out of date language.

Finally, the bill creates a new section of law to require an audiologist, upon diagnosing an infant or toddler with a permanent hearing impairment, to offer the parent or legal guardian of the child an opportunity to receive information about services directly from qualified Early Steps providers who offer early intervention services and specialize in serving children with hearing loss. If the parent or legal guardian wishes to receive direct correspondence from the providers they must provide their contact information and authorize the release of the contact information by signing a consent form.

The bill requires DOH to post on its website, a list of qualified Early Steps providers of early intervention services who specialize in serving children with hearing loss and who have notified DOH of their interest to provide direct communication to families who wish to receive information about the services they provide.

Further, the bill requires the audiologist, or the audiologist's designee, to send the consent form by secure transmission to the providers listed on the DOH website.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill will have an insignificant negative fiscal impact on DOH associated with the requirement to post on its website a list of the qualified Early Steps providers that have notified the department of their interest to provide information to parents or guardians electing to receive information on early intervention services.

⁶ Florida Newborn Screening Guidelines 2012, Department of Health, Children's Medical Services, at page 51, available at <http://www.floridahealth.gov/healthy-people-and-families/childrens-health/newborn-screening/> (last visited February 17, 2014).

⁷ Section 383.14(1)(c), F.S.

According to DOH, this list already exists and the costs associated with posting the list to the department's website can be absorbed with existing resources.⁸

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

⁸ E-mail from Marco Paredes, Legislative Affairs Director, Department of Health, to Health & Human Services Committee staff (Mar. 21, 2014, 15:06 EST) (on file with Committee staff).