



764450

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/19/2022	.	
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Appropriations Subcommittee on Health and Human Services  
(Polsky) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Section 383.145, Florida Statutes, is amended to  
read:

383.145 Newborn and infant hearing screening.—

(1) LEGISLATIVE INTENT.—It is the intent of the Legislature  
~~this section is~~ to provide a statewide comprehensive and  
coordinated interdisciplinary program of early hearing loss



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11 ~~impairment~~ screening, identification, and follow-up ~~followup~~  
12 care for newborns. The goal is to screen all newborns for  
13 hearing loss ~~impairment~~ in order to alleviate the adverse  
14 effects of hearing loss on speech and language development,  
15 academic performance, and cognitive development. It is further  
16 the intent of the Legislature that ~~the provisions of this~~  
17 section ~~act~~ only be implemented to the extent that funds are  
18 specifically included in the General Appropriations Act for  
19 carrying out the purposes of this section.

20 (2) DEFINITIONS.—As used in this section, the term:

21 (a) "Audiologist" means a person licensed under part I of  
22 chapter 468 to practice audiology ~~"Agency" means the Agency for~~  
23 ~~Health Care Administration.~~

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

25 (c) "Hearing loss ~~impairment~~" means a hearing loss of 30 dB  
26 HL or greater in the frequency region important for speech  
27 recognition and comprehension in one or both ears, approximately  
28 500 through 4,000 hertz.

29 (d) "Hospital" means a facility as defined in s.  
30 395.002(13) and licensed under chapter 395 and part II of  
31 chapter 408.

32 (e) "Infant" means an age range from 30 days through 12  
33 months.

34 (f) ~~(e)~~ "Licensed health care provider" means a physician or  
35 physician assistant licensed under ~~pursuant to~~ chapter 458; an  
36 osteopathic physician or physician assistant licensed under ~~or~~  
37 chapter 459; an advanced practice registered nurse, a registered  
38 nurse, or a licensed practical nurse licensed under part I of  
39 pursuant to chapter 464; a midwife licensed under chapter 467;



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40 or a speech-language pathologist or an audiologist licensed  
41 under part I of ~~pursuant to~~ chapter 468, ~~rendering services~~  
42 ~~within the scope of his or her license.~~

43 (g) ~~(f)~~ "Management" means the habilitation of the ~~hearing-~~  
44 ~~impaired~~ child with hearing loss.

45 (h) ~~(g)~~ "Newborn" means an age range from birth through 29  
46 days.

47 (i) "Physician" means a person licensed under chapter 458  
48 to practice medicine or chapter 459 to practice osteopathic  
49 medicine.

50 (j) ~~(h)~~ "Screening" means a test or battery of tests  
51 administered to determine the need for an in-depth hearing  
52 diagnostic evaluation.

53 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS; INSURANCE  
54 COVERAGE; REFERRAL FOR ONGOING SERVICES.—

55 (a) Each ~~licensed~~ hospital or other state-licensed birthing  
56 facility that provides maternity and newborn care services shall  
57 ensure ~~provide~~ that all newborns are, before ~~prior to~~ discharge,  
58 screened for the detection of hearing loss, to prevent the  
59 consequences of unidentified disorders. If a newborn fails the  
60 screening for the detection of hearing loss, the hospital or  
61 other state-licensed birthing facility must administer a test  
62 approved by the United States Food and Drug Administration or  
63 another diagnostically equivalent test on the newborn to screen  
64 for congenital cytomegalovirus before the newborn becomes 21  
65 days of age or before discharge, whichever occurs earlier.

66 (b) Each licensed birth center that provides maternity and  
67 newborn care services shall ensure ~~provide~~ that all newborns  
68 are, before ~~prior to~~ discharge, referred to an ~~a~~ licensed



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69 audiologist, a physician ~~licensed under chapter 458 or chapter~~  
70 ~~459, or a hospital, or another other~~ newborn hearing screening  
71 provider, for screening for the detection of hearing loss, to  
72 prevent the consequences of unidentified disorders. ~~The referral~~  
73 ~~for appointment shall be made within 30 days after discharge.~~  
74 Written documentation of the referral must be placed in the  
75 newborn's medical chart.

76 (c) If the parent or legal guardian of the newborn objects  
77 to the screening, the screening must not be completed. In such  
78 case, the physician, midwife, or other person who is attending  
79 the newborn shall maintain a record that the screening has not  
80 been performed and attach a written objection that must be  
81 signed by the parent or guardian.

82 (d) For home births, the health care provider in attendance  
83 is responsible for coordination and referral to an a licensed  
84 audiologist, a physician, a hospital, or another other newborn  
85 hearing screening provider. The referral for appointment must  
86 shall be made within 7 30 days after the birth. ~~In cases in~~  
87 ~~which the home birth is not attended by a primary health care~~  
88 ~~provider, a referral to a licensed audiologist, physician~~  
89 ~~licensed pursuant to chapter 458 or chapter 459, hospital, or~~  
90 ~~other newborn hearing screening provider must be made by the~~  
91 ~~health care provider within the first 3 months after the child's~~  
92 ~~birth.~~

93 (e) Licensed health care providers practicing in the  
94 primary care setting must ensure that newborns in their care are  
95 screened for hearing loss within 21 days after the birth. If a  
96 newborn fails the screening for the detection of hearing loss,  
97 the licensed health care provider must administer a test



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98 approved by the United States Food and Drug Administration or  
99 another diagnostically equivalent test on the newborn to screen  
100 for congenital cytomegalovirus before the newborn becomes 21  
101 days of age.

102 (f) All newborn and infant hearing screenings must ~~shall~~ be  
103 conducted by an ~~a licensed~~ audiologist, a physician ~~licensed~~  
104 ~~under chapter 458 or chapter 459~~, or an appropriately supervised  
105 individual who has completed documented training specifically  
106 for newborn hearing screening. Every ~~licensed~~ hospital that  
107 provides maternity or newborn care services shall obtain the  
108 services of an ~~a licensed~~ audiologist, a physician ~~licensed~~  
109 ~~pursuant to chapter 458 or chapter 459~~, or another ~~other~~ newborn  
110 hearing screening provider, through employment or contract or  
111 written memorandum of understanding, for the purposes of  
112 appropriate staff training, screening program supervision,  
113 monitoring the scoring and interpretation of test results,  
114 rendering of appropriate recommendations, and coordination of  
115 appropriate follow-up ~~followup~~ services. Appropriate  
116 documentation of the screening completion, results,  
117 interpretation, and recommendations must be placed in the  
118 medical record within 24 hours after completion of the screening  
119 procedure.

120 (g) ~~(f)~~ The screening of a newborn's hearing must ~~should~~ be  
121 completed before the newborn is discharged from the hospital.  
122 However, if the screening is not completed before discharge due  
123 to scheduling or temporary staffing limitations, the screening  
124 must be completed within 21 ~~30~~ days after the birth ~~discharge~~.  
125 Screenings completed after discharge or performed because of  
126 initial screening failure must be completed by an audiologist



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127 ~~licensed in the state, a physician licensed under chapter 458 or~~  
128 ~~chapter 459, or a hospital, or another other newborn hearing~~  
129 ~~screening provider.~~

130 (h)~~(g)~~ Each hospital shall formally designate a lead  
131 physician responsible for programmatic oversight for newborn  
132 hearing screening. Each birth center shall designate a licensed  
133 health care provider to provide such programmatic oversight and  
134 to ensure that the appropriate referrals are being completed.

135 (i)~~(h)~~ When ordered by the treating physician, screening of  
136 a newborn's hearing must include auditory brainstem responses,  
137 or evoked otoacoustic ~~otacoustic~~ emissions, or appropriate  
138 technology as approved by the United States Food and Drug  
139 Administration.

140 (j)~~(i)~~ The results of any test conducted pursuant to this  
141 section, including, but not limited to, newborn hearing loss  
142 screening, congenital cytomegalovirus testing, and any related  
143 diagnostic testing, must be reported to the department within 7  
144 days after receipt of such results ~~Newborn hearing screening~~  
145 ~~must be conducted on all newborns in hospitals in this state on~~  
146 ~~birth admission. When a newborn is delivered in a facility other~~  
147 ~~than a hospital, the parents must be instructed on the~~  
148 ~~importance of having the hearing screening performed and must be~~  
149 ~~given information to assist them in having the screening~~  
150 ~~performed within 3 months after the child's birth.~~

151 (k)~~(j)~~ The initial procedure for screening the hearing of  
152 the newborn or infant and any medically necessary follow-up  
153 ~~followup~~ reevaluations leading to diagnosis shall be a covered  
154 benefit for, ~~reimbursable under Medicaid as an expense~~  
155 ~~compensated supplemental to the per diem rate for Medicaid~~



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156 ~~patients enrolled in MediPass or~~ Medicaid patients covered by a  
157 fee for service program. For Medicaid patients enrolled in HMOs,  
158 providers shall be reimbursed directly by the Medicaid Program  
159 Office at the Medicaid rate. This service may not be considered  
160 a covered service for the purposes of establishing the payment  
161 rate for Medicaid HMOs. All health insurance policies and health  
162 maintenance organizations as provided under ss. 627.6416,  
163 627.6579, and 641.31(30), except for supplemental policies that  
164 only provide coverage for specific diseases, hospital indemnity,  
165 or Medicare supplement, or to the supplemental policies, shall  
166 compensate providers for the covered benefit at the contracted  
167 rate. Nonhospital-based providers are ~~shall be~~ eligible to bill  
168 Medicaid for the professional and technical component of each  
169 procedure code.

170 (1) ~~(\*)~~ A child who is diagnosed as having a permanent  
171 hearing loss ~~impairment~~ shall be referred to the primary  
172 care physician for medical management, treatment, and follow-up  
173 ~~followup~~ services. Furthermore, in accordance with Part C of the  
174 Individuals with Disabilities Education Act, Pub. L. No. 108-  
175 446, Infants and Toddlers with Disabilities, any child from  
176 birth to 36 months of age who is diagnosed as having a hearing  
177 loss ~~impairment~~ that requires ongoing special hearing services  
178 must be referred to the Children's Medical Services Early  
179 Intervention Program serving the geographical area in which the  
180 child resides.

181 ~~(1) Any person who is not covered through insurance and~~  
182 ~~cannot afford the costs for testing shall be given a list of~~  
183 ~~newborn hearing screening providers who provide the necessary~~  
184 ~~testing free of charge.~~



185 Section 2. This act shall take effect January 1, 2023.

186

187 ===== T I T L E A M E N D M E N T =====

188 And the title is amended as follows:

189 Delete everything before the enacting clause

190 and insert:

191 A bill to be entitled

192 An act relating to newborn screenings; amending s.  
193 383.145, F.S.; revising and defining terms; requiring  
194 hospitals and other state-licensed birthing facilities  
195 to test for congenital cytomegalovirus in newborns  
196 within a specified timeframe under certain  
197 circumstances; revising the timeframe in which health  
198 care providers attending home births must make certain  
199 referrals; requiring certain health care providers  
200 practicing in the primary care setting to screen  
201 newborns in their care for hearing loss within a  
202 specified timeframe; requiring such providers to test  
203 such newborns for congenital cytomegalovirus within a  
204 specified timeframe under certain circumstances;  
205 revising the timeframe within which hospitals must  
206 complete newborn hearing screenings that were not  
207 completed before discharge due to temporary staffing  
208 or scheduling limitations; providing that certain test  
209 results must be reported to the Department of Health  
210 within a specified timeframe; deleting a requirement  
211 that the parents of certain newborns be instructed on  
212 and provided specified information; revising a  
213 provision related to Medicaid coverage of newborn





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214 hearing screenings and follow-up reevaluations to  
215 delete obsolete language; deleting a requirement that  
216 certain uninsured persons be provided a list of  
217 specified providers; providing an effective date.