

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: SB 292

INTRODUCER: Senator Polsky

SUBJECT: Newborn Screenings

DATE: November 2, 2021

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	<b>Pre-meeting</b>
2.			AHS	
3.			AP	

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**I. Summary:**

SB 292 amends s. 383.14, F.S., to require that each newborn be tested for cytomegalovirus before becoming three weeks of age. Additionally, the bill amends s. 383.145, F.S., to require a hospital or other state-licensed birthing facility to administer a urine polymerase chain reaction test, or other diagnostically equivalent test, on a newborn to screen for cytomegalovirus should the newborn fail his or her screening for hearing loss. The screening for hearing loss is required under current law to be administered prior to being discharged from the hospital or birthing facility.

The bill also adds physicians to the list of facilities and practitioners to whom a parent may be referred to obtain the required newborn hearing screening after a home birth.

The bill provides an effective date of July 1, 2022.

**II. Present Situation:**

**Cytomegalovirus**

Cytomegalovirus (CMV) is a common virus for people of all ages; however, a healthy person's immune system usually keeps the virus from causing illness.<sup>1</sup> In the United States, nearly one in three children are already infected with CMV by age five. Over half of adults have been infected with CMV by age 40. Once CMV is in a person's body, it stays there for life and can reactivate. A person can also be re-infected with a different strain (variety) of the virus. Most people with CMV infection have no symptoms and aren't aware that they have been infected.<sup>2</sup>

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<sup>1</sup> About Cytomegalovirus (CMV), Centers for Disease Control and Prevention, available at <https://www.cdc.gov/cmV/overview.html> (last visited Oct. 29, 2021).

<sup>2</sup> *Id.*

A pregnant woman can pass CMV to her unborn baby. The virus in the woman's blood can cross through the placenta and infect the baby. This can happen when a pregnant woman is infected with CMV for the first time or is infected with CMV again during pregnancy.<sup>3</sup>

Some babies with congenital CMV infection have health problems that are apparent at birth or that develop later during infancy or childhood. In the most severe cases, CMV can cause the death of an unborn baby (pregnancy loss).

Some babies with congenital CMV infection have signs at birth. These signs include:

- Rash
- Jaundice (yellowing of the skin or whites of the eyes)
- Microcephaly (small head)
- Low birth weight
- Hepatosplenomegaly (enlarged liver and spleen)
- Seizures
- Retinitis (damaged eye retina)

Some babies with signs of congenital CMV infection at birth may have long-term health problems, such as:

- Hearing loss
- Developmental and motor delay
- Vision loss
- Microcephaly (small head)
- Seizures

Some babies without signs of congenital CMV infection at birth may have hearing loss. Hearing loss may be present at birth or may develop later, even in babies who passed the newborn hearing test.<sup>4</sup>

CMV is the most common infectious cause of birth defects in the United States. About one out of 200 babies is born with congenital CMV. One out of five babies with congenital CMV will have symptoms or long-term health problems, such as hearing loss. Hearing loss may progress from mild to severe during the first two years of life, which is a critical period for language learning. Over time, hearing loss can affect a child's ability to develop communication, language, and social skills.

Babies who show signs of congenital CMV disease can be treated with medicines called antivirals. Antivirals may decrease the severity of hearing loss. Babies who get treated with antivirals should be closely monitored by their doctor because of possible side effects.<sup>5</sup>

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<sup>3</sup> Babies Born with Congenital Cytomegalovirus (CMV), Centers for Disease Control and Prevention, available at <https://www.cdc.gov/cmvcongenital-infection.html>, (last visited Oct. 29, 2021).

<sup>4</sup> *Id.*

<sup>5</sup> Congenital CMV and Hearing Loss, Centers for Disease Control and Prevention, available at <https://www.cdc.gov/cmvc/hearing-loss.html>, (last visited Oct. 29, 2021).

## Newborn and Infant Hearing Screening

Section 383.145, F.S., requires that a 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 three months after the child's birth.<sup>6</sup>

Before a newborn is discharged from the hospital or other state-licensed birthing facility that provides maternity and newborn care services, and unless objected to by the parent or legal guardian,<sup>7</sup> the newborn must be screened for the detection of hearing loss to prevent the consequences of unidentified disorders.<sup>8</sup> Additionally, within 30 days of discharge from the hospital, each such facility must refer the newborn to a licensed audiologist, physician, or hospital for screening for detection of hearing loss.<sup>9</sup> If the birth is a home birth, the health care provider in attendance must provide the referral to a licensed audiologist, hospital, or other newborn hearing screening provider within 30 days.<sup>10</sup>

The section also requires that all screenings be conducted by a licensed audiologist, a licensed physician, or appropriately supervised individual who has completed documented training specifically for newborn hearing screening.<sup>11</sup> When ordered by the treating physician, screening of a newborn's hearing must include auditory brainstem responses, or evoked otoacoustic emissions, or appropriate technology as approved by the United States Food and Drug Administration.<sup>12</sup>

A child who is diagnosed as having a permanent hearing impairment must be referred to the primary care physician for medical management, treatment, and follow-up services. Furthermore, 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 Children's Medical Services Early Intervention Program serving the geographical area in which the child resides.<sup>13</sup> Any person who is not covered through insurance and cannot afford the costs for testing must be given a list of newborn hearing screening providers who provide the necessary testing free of charge.<sup>14</sup>

### III. Effect of Proposed Changes:

SB 292 amends s. 383.14, F.S., to require that each newborn be tested for cytomegalovirus before becoming three weeks of age.

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<sup>6</sup> s. 383.145(3)(i), F.S.

<sup>7</sup> s. 383.145(3)(c), F.S.

<sup>8</sup> s. 383.145(3)(a), F.S.

<sup>9</sup> s. 383.145(3)(b), F.S.

<sup>10</sup> s. 383.145(3)(d), F.S.

<sup>11</sup> s. 383.145(3)(e), F.S.

<sup>12</sup> s. 383.145(3)(h), F.S.

<sup>13</sup> s. 383.145(3)(k), F.S.

<sup>14</sup> s. 383.145(3)(l), F.S.

Additionally, the bill amends s. 383.145, F.S., to require a hospital or other state-licensed birthing facility to administer a urine polymerase chain reaction test, or other diagnostically equivalent test, on a newborn to screen for cytomegalovirus should the newborn fail his or her screening for hearing loss that is required under current law to be administered prior to being discharged from the hospital or birthing facility. The bill also adds physicians to the list of facilities and practitioners to whom a parent may be referred to obtain the required newborn hearing screening after a home birth.

The bill also defines the terms audiologist, hospital, and physician for clarity in the section and makes other conforming changes.

The bill provides an effective date of July 1, 2022.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

#### **V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 383.14 and 383.145.

**IX. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.