

By Senator Polsky

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1 A bill to be entitled
2 An act relating to newborn screenings; amending s.
3 383.14, F.S.; revising requirements for the Department
4 of Health's rules related to newborn screenings;
5 amending s. 383.145, F.S.; defining terms; requiring
6 hospitals and other state-licensed birthing facilities
7 to test for congenital cytomegalovirus in newborns
8 under certain circumstances; making technical and
9 conforming changes; providing an effective date.

10
11 Be It Enacted by the Legislature of the State of Florida:

12
13 Section 1. Paragraph (a) of subsection (2) of section
14 383.14, Florida Statutes, is amended to read:

15 383.14 Screening for metabolic disorders, other hereditary
16 and congenital disorders, and environmental risk factors.—

17 (2) RULES.—

18 (a) After consultation with the Genetics and Newborn
19 Screening Advisory Council, the department shall adopt and
20 enforce rules requiring that every newborn in this state shall:

21 1. Before becoming 1 week of age, be subjected to a test
22 for phenylketonuria;

23 2. Before becoming 3 weeks of age, be subjected to a test
24 for congenital cytomegalovirus;

25 3. Be tested for any condition included on the federal
26 Recommended Uniform Screening Panel which the council advises
27 the department should be included under the state's screening
28 program. After the council recommends that a condition be
29 included, the department shall submit a legislative budget

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30 request to seek an appropriation to add testing of the condition
31 to the newborn screening program. The department shall expand
32 statewide screening of newborns to include screening for such
33 conditions within 18 months after the council renders such
34 advice, if a test approved by the United States Food and Drug
35 Administration or a test offered by an alternative vendor is
36 available. If such a test is not available within 18 months
37 after the council makes its recommendation, the department shall
38 implement such screening as soon as a test offered by the United
39 States Food and Drug Administration or by an alternative vendor
40 is available; and

41 ~~4.3.~~ At the appropriate age, be tested for such other
42 metabolic diseases and hereditary or congenital disorders as the
43 department may deem necessary from time to time.

44 Section 2. Section 383.145, Florida Statutes, is amended to
45 read:

46 383.145 Newborn and infant hearing screening.—

47 (1) LEGISLATIVE INTENT.—It is the intent of the Legislature
48 ~~this section is~~ to provide a statewide comprehensive and
49 coordinated interdisciplinary program of early hearing
50 impairment screening, identification, and followup care for
51 newborns. The goal is to screen all newborns for hearing
52 impairment in order to alleviate the adverse effects of hearing
53 loss on speech and language development, academic performance,
54 and cognitive development. It is further the intent of the
55 Legislature that ~~the provisions of this section act~~ only be
56 implemented to the extent that funds are specifically included
57 in the General Appropriations Act for carrying out the purposes
58 of this section.

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

60 (a) "Agency" means the Agency for Health Care
61 Administration.

62 (b) "Audiologist" means a person licensed under part I of
63 chapter 468 to practice audiology.

64 (c) "Department" means the Department of Health.

65 (d)~~(e)~~ "Hearing impairment" means a hearing loss of 30 dB
66 HL or greater in the frequency region important for speech
67 recognition and comprehension in one or both ears, approximately
68 500 through 4,000 hertz.

69 (e) "Hospital" means a facility as defined in s.
70 395.002(13) and licensed under chapter 395 and part II of
71 chapter 408.

72 (f)~~(d)~~ "Infant" means an age range from 30 days through 12
73 months.

74 (g)~~(e)~~ "Licensed health care provider" means a physician
75 licensed under ~~pursuant to~~ chapter 458 or chapter 459, a nurse
76 licensed under ~~pursuant to~~ chapter 464, or an audiologist
77 licensed under part I of ~~pursuant to~~ chapter 468, rendering
78 services within the scope of his or her license.

79 (h)~~(f)~~ "Management" means the habilitation of the hearing-
80 impaired child.

81 (i)~~(g)~~ "Newborn" means an age range from birth through 29
82 days.

83 (j) "Physician" means a person licensed under chapter 458
84 to practice medicine or chapter 459 to practice osteopathic
85 medicine.

86 (k)~~(h)~~ "Screening" means a test or battery of tests
87 administered to determine the need for an in-depth hearing

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88 diagnostic evaluation.

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

91 (a) Each ~~licensed~~ hospital or other state-licensed birthing
92 facility that provides maternity and newborn care services shall
93 ensure ~~provide~~ that all newborns are, before ~~prior to~~ discharge,
94 screened for the detection of hearing loss, to prevent the
95 consequences of unidentified disorders. If a newborn fails the
96 screening for the detection of hearing loss, the hospital or
97 other state-licensed birthing facility must administer a urine
98 polymerase chain reaction test or other diagnostically
99 equivalent test on the newborn to screen for congenital
100 cytomegalovirus.

101 (b) Each licensed birth center that provides maternity and
102 newborn care services shall ensure ~~provide~~ that all newborns
103 are, before ~~prior to~~ discharge, referred to an ~~a licensed~~
104 audiologist, a physician ~~licensed under chapter 458 or chapter~~
105 ~~459, or a hospital,~~ or another ~~other~~ newborn hearing screening
106 provider, for screening for the detection of hearing loss, to
107 prevent the consequences of unidentified disorders. The referral
108 for appointment must ~~shall~~ be made within 30 days after
109 discharge. Written documentation of the referral must be placed
110 in the newborn's medical chart.

111 (c) If the parent or legal guardian of the newborn objects
112 to the screening, the screening may ~~must~~ not be completed. In
113 such case, the physician, midwife, or other person who is
114 attending the newborn shall maintain a record that the screening
115 has not been performed and attach a written objection that must
116 be signed by the parent or guardian.

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117 (d) For home births, the health care provider in attendance
118 is responsible for coordination and referral to an ~~a licensed~~
119 audiologist, a physician, a hospital, or another ~~other~~ newborn
120 hearing screening provider. The referral for appointment must
121 ~~shall~~ be made within 30 days after the birth. In cases in which
122 the home birth is not attended by a primary health care
123 provider, a referral to an ~~a licensed~~ audiologist, a physician
124 ~~licensed pursuant to chapter 458 or chapter 459, a hospital, or~~
125 another ~~other~~ newborn hearing screening provider must be made by
126 the health care provider within the first 3 months after the
127 child's birth.

128 (e) All newborn and infant hearing screenings must ~~shall~~ be
129 conducted by an ~~a licensed~~ audiologist, a physician ~~licensed~~
130 ~~under chapter 458 or chapter 459, or an~~ appropriately supervised
131 individual who has completed documented training specifically
132 for newborn hearing screening. Every ~~licensed~~ hospital that
133 provides maternity or newborn care services shall obtain the
134 services of an ~~a licensed~~ audiologist, a physician ~~licensed~~
135 ~~pursuant to chapter 458 or chapter 459, or another~~ ~~other~~ newborn
136 hearing screening provider, through employment or contract or
137 written memorandum of understanding, for the purposes of
138 appropriate staff training, screening program supervision,
139 monitoring the scoring and interpretation of test results,
140 rendering of appropriate recommendations, and coordination of
141 appropriate followup services. Appropriate documentation of the
142 screening completion, results, interpretation, and
143 recommendations must be placed in the medical record within 24
144 hours after completion of the screening procedure.

145 (f) The screening of a newborn's hearing must ~~should~~ be

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146 completed before the newborn is discharged from the hospital.
147 However, if the screening is not completed before discharge due
148 to scheduling or temporary staffing limitations, the screening
149 must be completed within 30 days after discharge. Screenings
150 completed after discharge or performed because of initial
151 screening failure must be completed by an audiologist ~~licensed~~
152 ~~in the state~~, a physician ~~licensed under chapter 458 or chapter~~
153 ~~459, or a hospital~~, or another ~~other~~ newborn hearing screening
154 provider.

155 (g) Each hospital shall formally designate a lead physician
156 responsible for programmatic oversight for newborn hearing
157 screening. Each birth center shall designate a licensed health
158 care provider to provide such programmatic oversight and to
159 ensure that the appropriate referrals are being completed.

160 (h) When ordered by the treating physician, screening of a
161 newborn's hearing must include auditory brainstem responses, or
162 evoked otacoustic emissions, or appropriate technology as
163 approved by the United States Food and Drug Administration.

164 (i) Newborn hearing screening must be conducted on all
165 newborns in hospitals in this state on birth admission. When a
166 newborn is delivered in a facility other than a hospital, the
167 parents must be instructed on the importance of having the
168 hearing screening performed and must be given information to
169 assist them in having the screening performed within 3 months
170 after the child's birth.

171 (j) The initial procedure for screening the hearing of the
172 newborn or infant and any medically necessary followup
173 reevaluations leading to diagnosis shall be a covered benefit,
174 reimbursable under Medicaid as an expense compensated

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175 supplemental to the per diem rate for Medicaid patients enrolled
176 in MediPass or Medicaid patients covered by a fee for service
177 program. For Medicaid patients enrolled in HMOs, providers shall
178 be reimbursed directly by the Medicaid Program Office at the
179 Medicaid rate. This service may not be considered a covered
180 service for the purposes of establishing the payment rate for
181 Medicaid HMOs. All health insurance policies and health
182 maintenance organizations as provided under ss. 627.6416,
183 627.6579, and 641.31(30), except for supplemental policies that
184 only provide coverage for specific diseases, hospital indemnity,
185 or Medicare supplement, or to the supplemental policies, shall
186 compensate providers for the covered benefit at the contracted
187 rate. Nonhospital-based providers are ~~shall be~~ eligible to bill
188 Medicaid for the professional and technical component of each
189 procedure code.

190 (k) A child who is diagnosed as having a permanent hearing
191 impairment must ~~shall~~ be referred to the primary care physician
192 for medical management, treatment, and followup services.
193 Furthermore, in accordance with Part C of the Individuals with
194 Disabilities Education Act, Pub. L. No. 108-446, Infants and
195 Toddlers with Disabilities, any child from birth to 36 months of
196 age who is diagnosed as having a hearing impairment that
197 requires ongoing special hearing services must be referred to
198 the Children's Medical Services Early Intervention Program
199 serving the geographical area in which the child resides.

200 (l) Any person who is not covered through insurance and
201 cannot afford the costs for testing must ~~shall~~ be given a list
202 of newborn hearing screening providers who provide the necessary
203 testing free of charge.

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Section 3. This act shall take effect July 1, 2022.