

1 A bill to be entitled
2 An act relating to the Department of Health; amending
3 s. 381.0101, F.S.; defining the term "environmental
4 health technician"; exempting environmental health
5 technicians from certain certification requirements
6 under certain circumstances; requiring the department,
7 in conjunction with the Department of Environmental
8 Protection, to adopt rules that establish certain
9 standards for environmental health technician
10 certification; requiring the Department of Health to
11 adopt by rule certain standards for environmental
12 health technician certification; revising provisions
13 related to exemptions and fees to conform to changes
14 made by the act; creating s. 381.991, F.S.; creating
15 the Andrew John Anderson Rare Pediatric Disease Grant
16 Program within the department for a specified purpose;
17 subject to an appropriation by the Legislature,
18 requiring the program to award grants for certain
19 scientific and clinical research; specifying entities
20 eligible to apply for the grants; specifying the types
21 of applications that may be considered for grant
22 funding; providing for a competitive, peer-reviewed
23 application and selection process; providing that the
24 remaining balance of appropriations for the program as
25 of a specified date may be carried forward for a

26 | specified timeframe under certain circumstances;
27 | amending s. 383.14, F.S.; providing that any health
28 | care practitioner present at a birth or responsible
29 | for primary care during the neonatal period has the
30 | primary responsibility of administering certain
31 | screenings; defining the term "health care
32 | practitioner"; deleting identification and screening
33 | requirements for newborns and their families for
34 | certain environmental and health risk factors;
35 | deleting certain related duties of the department;
36 | revising the definition of the term "health care
37 | practitioner" to include licensed genetic counselors;
38 | requiring that blood specimens for screenings of
39 | newborns be collected before a specified age;
40 | requiring that newborns have a blood specimen
41 | collected for newborn screenings, rather than only a
42 | test for phenylketonuria, before a specified age;
43 | deleting certain rulemaking authority of the
44 | department; deleting a requirement that the department
45 | furnish certain forms to specified entities; deleting
46 | the requirement that such entities report the results
47 | of certain screenings to the department; making
48 | technical and conforming changes; deleting a
49 | requirement that the department submit certain
50 | certifications as part of its legislative budget

51 request; requiring certain health care practitioners
52 to prepare and send all newborn screening specimen
53 cards to the State Public Health Laboratory; defining
54 the term "health care practitioner"; amending s.
55 383.145, F.S.; defining the term "toddler"; revising
56 hearing loss screening requirements to include infants
57 and toddlers; revising hearing loss screening
58 requirements for licensed birth centers; revising the
59 timeframe in which a newborn's primary health care
60 provider must refer a newborn for congenital
61 cytomegalovirus screening after the newborn fails the
62 hearing loss screening; requiring licensed birth
63 centers to complete newborn hearing loss screenings
64 before discharge, with an exception; amending s.
65 383.147, F.S.; revising sickle cell disease and sickle
66 cell trait screening requirements; requiring screening
67 providers to notify a newborn's parent or guardian,
68 rather than the newborn's primary care physician, of
69 certain information; authorizing the parents or
70 guardians of a newborn to opt out of the newborn's
71 inclusion in the sickle cell registry; specifying the
72 manner in which a parent or guardian may opt out;
73 authorizing certain persons other than newborns who
74 have been identified as having sickle cell disease or
75 carrying a sickle cell trait to choose to be included

76 in the registry; creating s. 383.148, F.S.; requiring
 77 the department to promote the screening of pregnant
 78 women and infants for specified environmental risk
 79 factors; requiring the department to develop a
 80 multilevel screening process for prenatal and
 81 postnatal risk screenings; specifying requirements for
 82 such screening processes; providing construction;
 83 requiring persons who object to a screening to give a
 84 written statement of such objection to the physician
 85 or other person required to administer and report the
 86 screening; amending s. 383.2163, F.S.; expanding the
 87 telehealth minority maternity care pilot program to a
 88 full program available in any county in this state,
 89 contingent upon available funding; making conforming
 90 changes; revising the source of funding for the
 91 program; amending ss. 383.318, 395.1053, and 456.0496,
 92 F.S.; conforming cross-references; providing an
 93 effective date.

94

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

96

97 Section 1. Present subsections (5), (6), and (7) of
 98 section 381.0101, Florida Statutes, are redesignated as
 99 subsections (6), (7), and (8), respectively, a new subsection
 100 (5) is added to that section, and subsections (1), (2), and (4)

101 and present subsections (5) and (6) of that section are amended,
 102 to read:

103 381.0101 Environmental health professionals.—

104 (1) DEFINITIONS.—As used in this section, the term:

105 (a) "Board" means the Environmental Health Professionals
 106 Advisory Board.

107 ~~(c)~~~~(b)~~ "Department" means the Department of Health.

108 ~~(d)~~~~(e)~~ "Environmental health" means that segment of public
 109 health work which deals with the examination of those factors in
 110 the human environment which may impact adversely on the health
 111 status of an individual or the public.

112 ~~(e)~~~~(d)~~ "Environmental health professional" means a person
 113 who is employed or assigned the responsibility for assessing the
 114 environmental health or sanitary conditions, as defined by the
 115 department, within a building, on an individual's property, or
 116 within the community at large, and who has the knowledge,
 117 skills, and abilities to carry out these tasks. Environmental
 118 health professionals may be either field, supervisory, or
 119 administrative staff members.

120 ~~(b)~~~~(e)~~ "Certified" means a person who has displayed
 121 competency to perform evaluations of environmental or sanitary
 122 conditions through examination.

123 (f) "Environmental health technician" means a person who
 124 is employed or assigned the responsibility for conducting septic
 125 inspections under the supervision of a certified environmental

126 health professional. An environmental health technician must
 127 have completed training approved by the department and have the
 128 knowledge, skills, and abilities to carry out these tasks.

129 (h)~~(f)~~ "Registered sanitarian," "R.S.," "Registered
 130 Environmental Health Specialist," or "R.E.H.S." means a person
 131 who has been certified by either the National Environmental
 132 Health Association or the Florida Environmental Health
 133 Association as knowledgeable in the environmental health
 134 profession.

135 (g) "Primary environmental health program" means those
 136 programs determined by the department to be essential for
 137 providing basic environmental and sanitary protection to the
 138 public. At a minimum, these programs shall include food
 139 protection program work.

140 (2) CERTIFICATION; EXEMPTIONS REQUIRED.—A person may not
 141 perform environmental health or sanitary evaluations in any
 142 primary program area of environmental health without being
 143 certified by the department as competent to perform such
 144 evaluations. This section does not apply to any of the
 145 following:

146 (a) Persons performing inspections of public food service
 147 establishments licensed under chapter 509.~~;~~ ~~or~~

148 (b) Persons performing site evaluations in order to
 149 determine proper placement and installation of onsite wastewater
 150 treatment and disposal systems who have successfully completed a

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151 department-approved soils morphology course and who are working
152 under the direct responsible charge of an engineer licensed
153 under chapter 471.

154 (c) Environmental health technicians employed by a
155 department as defined in s. 20.03 who are assigned the
156 responsibility for conducting septic tank inspections under the
157 supervision of an environmental health professional certified in
158 onsite sewage treatment and disposal.

159 (4) STANDARDS FOR CERTIFICATION.—The department shall
160 adopt rules that establish definitions of terms and minimum
161 standards of education, training, or experience for those
162 persons subject to this subsection ~~section~~. The rules must also
163 address the process for application, examination, issuance,
164 expiration, and renewal of certification and ethical standards
165 of practice for the profession.

166 (a) Persons employed as environmental health professionals
167 shall exhibit a knowledge of rules and principles of
168 environmental and public health law in Florida through
169 examination. A person may not conduct environmental health
170 evaluations in a primary program area unless he or she is
171 currently certified in that program area or works under the
172 direct supervision of a certified environmental health
173 professional.

174 1. All persons who begin employment in a primary
175 environmental health program on or after September 21, 1994,

176 must be certified in that program within 6 months after
177 employment.

178 2. Persons employed in the primary environmental health
179 program of a food protection program or an onsite sewage
180 treatment and disposal system prior to September 21, 1994, shall
181 be considered certified while employed in that position and
182 shall be required to adhere to any professional standards
183 established by the department pursuant to paragraph (b),
184 complete any continuing education requirements imposed under
185 paragraph (d), and pay the certificate renewal fee imposed under
186 subsection (7) ~~(6)~~.

187 3. Persons employed in the primary environmental health
188 program of a food protection program or an onsite sewage
189 treatment and disposal system prior to September 21, 1994, who
190 change positions or program areas and transfer into another
191 primary environmental health program area on or after September
192 21, 1994, must be certified in that program within 6 months
193 after such transfer, except that they will not be required to
194 possess the college degree required under paragraph (e).

195 4. Registered sanitarians shall be considered certified
196 and shall be required to adhere to any professional standards
197 established by the department pursuant to paragraph (b).

198 (b) At a minimum, the department shall establish standards
199 for professionals in the areas of food hygiene and onsite sewage
200 treatment and disposal.

201 (c) Those persons conducting primary environmental health
 202 evaluations shall be certified by examination to be
 203 knowledgeable in any primary area of environmental health in
 204 which they are routinely assigned duties.

205 (d) Persons who are certified shall renew their
 206 certification biennially by completing not less than 24 contact
 207 hours of continuing education for each program area in which
 208 they maintain certification, subject to a maximum of 48 hours
 209 for multiprogram certification.

210 (e) Applicants for certification shall have graduated from
 211 an accredited 4-year college or university with a degree or
 212 major coursework in public health, environmental health,
 213 environmental science, or a physical or biological science.

214 (f) A certificateholder shall notify the department within
 215 60 days after any change of name or address from that which
 216 appears on the current certificate.

217 (5) STANDARDS FOR ENVIRONMENTAL HEALTH TECHNICIAN
 218 CERTIFICATION.—The department, in conjunction with the
 219 Department of Environmental Protection, shall adopt rules that
 220 establish definitions of terms and minimum standards of
 221 education, training, and experience for those persons subject to
 222 this subsection. The rules must also address the process for
 223 application, examination, issuance, expiration, and renewal of
 224 certification, and ethical standards of practice for the
 225 profession.

226 (a) At a minimum, the department shall establish standards
 227 for technicians in the areas of onsite sewage treatment and
 228 disposal.

229 (b) A person conducting septic inspections must be
 230 certified by examination to be knowledgeable in the area of
 231 onsite sewage treatment and disposal.

232 (c) An applicant for certification as an environmental
 233 health technician must, at a minimum, have received a high
 234 school diploma or its equivalent.

235 (d) An applicant for certification as an environmental
 236 health technician must be employed by a department as defined in
 237 s. 20.03.

238 (e) An applicant for certification as an environmental
 239 health technician must complete supervised field inspection work
 240 as prescribed by department rule before examination.

241 (f) A certified environmental health technician must renew
 242 his or her certification biennially by completing at least 24
 243 contact hours of continuing education for each program area in
 244 which he or she maintains certification, subject to a maximum of
 245 48 hours for multiprogram certification.

246 (g) A certified environmental health technician shall
 247 notify the department within 60 days after any change of name or
 248 address from that which appears on the current certificate.

249 (6)-(5) EXEMPTIONS.—A person who conducts primary
 250 environmental evaluation activities and maintains a current

251 registration or certification from another state agency which
 252 examined the person's knowledge of the primary program area and
 253 requires comparable continuing education to maintain the
 254 certificate shall not be required to be certified by this
 255 section. ~~Examples of persons not subject to certification are~~
 256 ~~physicians, registered dietitians, certified laboratory~~
 257 ~~personnel, and nurses.~~

258 (7)~~(6)~~ FEES.—The department shall charge fees in amounts
 259 necessary to meet the cost of providing environmental health
 260 professional certification. Fees for certification shall be not
 261 less than \$10 or more than \$300 and shall be set by rule.
 262 Application, examination, and certification costs shall be
 263 included in this fee. Fees for renewal of a certificate shall be
 264 no less than \$25 nor more than \$150 per biennium.

265 Section 2. Section 381.991, Florida Statutes, is created
 266 to read:

267 381.991 Andrew John Anderson Pediatric Rare Disease Grant
 268 Program.—

269 (1) (a) There is created within the Department of Health
 270 the Andrew John Anderson Rare Pediatric Disease Grant Program.
 271 The purpose of the program is to advance the progress of
 272 research and cures for rare pediatric diseases by awarding
 273 grants through a competitive, peer-reviewed process.

274 (b) Subject to an annual appropriation by the Legislature,
 275 the program shall award grants for scientific and clinical

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276 research to further the search for new diagnostics, treatments,
277 and cures for rare pediatric diseases.

278 (2) (a) Applications for grants for rare pediatric disease
279 research may be submitted by any university or established
280 research institute in the state. All qualified investigators in
281 the state, regardless of institutional affiliation, shall have
282 equal access and opportunity to compete for the research
283 funding. Preference may be given to grant proposals that foster
284 collaboration among institutions, researchers, and community
285 practitioners, as such proposals support the advancement of
286 treatments and cures of rare pediatric diseases through basic or
287 applied research. Grants shall be awarded by the department,
288 after consultation with the Rare Disease Advisory Council,
289 pursuant to s. 381.99, on the basis of scientific merit, as
290 determined by the competitive, peer-reviewed process to ensure
291 objectivity, consistency, and high quality. The following types
292 of applications may be considered for funding:

- 293 1. Investigator-initiated research grants.
- 294 2. Institutional research grants.
- 295 3. Collaborative research grants, including those that
296 advance the finding of treatment and cures through basic or
297 applied research.

298 (b) To ensure appropriate and fair evaluation of grant
299 applications based on scientific merit, the department shall
300 appoint peer review panels of independent, scientifically

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301 qualified individuals to review the scientific merit of each
302 proposal and establish its priority score. The priority scores
303 shall be forwarded to the council and must be considered in
304 determining which proposals shall be recommended for funding.

305 (c) The council and the peer review panels shall establish
306 and follow rigorous guidelines for ethical conduct and adhere to
307 a strict policy with regard to conflicts of interest. A member
308 of the council or panel may not participate in any discussion or
309 decision of the council or panel with respect to a research
310 proposal by any firm, entity, or agency that the member is
311 associated with as a member of the governing body or as an
312 employee or with which the member has entered into a contractual
313 arrangement.

314 (d) Notwithstanding s. 216.301 and pursuant to s. 216.351,
315 the balance of any appropriation from the General Revenue Fund
316 for the Andrew John Anderson Pediatric Rare Disease Grant
317 Program that is not disbursed but that is obligated pursuant to
318 contract or committed to be expended by June 30 of the fiscal
319 year in which the funds are appropriated may be carried forward
320 for up to 5 years after the effective date of the original
321 appropriation.

322 Section 3. Present subsection (5) of section 383.14,
323 Florida Statutes, is redesignated as subsection (6), a new
324 subsection (5) is added to that section, and subsections (1),
325 (2), and (3) of that section are amended, to read:

326 383.14 Screening for metabolic disorders, other hereditary
327 and congenital disorders, and environmental risk factors.—

328 (1) SCREENING REQUIREMENTS.—To help ensure access to the
329 maternal and child health care system, the Department of Health
330 shall promote the screening of all newborns born in Florida for
331 metabolic, hereditary, and congenital disorders known to result
332 in significant impairment of health or intellect, as screening
333 programs accepted by current medical practice become available
334 and practical in the judgment of the department. Any health care
335 practitioner present at a birth or responsible for primary care
336 during the neonatal period has the primary responsibility of
337 administering screenings as required in ss. 383.14 and 383.145.
338 As used in this subsection, the term "health care practitioner"
339 means a physician or physician assistant licensed under chapter
340 458, an osteopathic physician or physician assistant licensed
341 under chapter 459, an advanced practice registered nurse
342 licensed under part I of chapter 464, or a midwife licensed
343 under chapter 467 ~~The department shall also promote the~~
344 ~~identification and screening of all newborns in this state and~~
345 ~~their families for environmental risk factors such as low~~
346 ~~income, poor education, maternal and family stress, emotional~~
347 ~~instability, substance abuse, and other high-risk conditions~~
348 ~~associated with increased risk of infant mortality and morbidity~~
349 ~~to provide early intervention, remediation, and prevention~~
350 ~~services, including, but not limited to, parent support and~~

351 ~~training programs, home visitation, and case management.~~
352 ~~Identification, perinatal screening, and intervention efforts~~
353 ~~shall begin prior to and immediately following the birth of the~~
354 ~~child by the attending health care provider. Such efforts shall~~
355 ~~be conducted in hospitals, perinatal centers, county health~~
356 ~~departments, school health programs that provide prenatal care,~~
357 ~~and birthing centers, and reported to the Office of Vital~~
358 ~~Statistics.~~

359 ~~(a) Prenatal screening.~~ ~~The department shall develop a~~
360 ~~multilevel screening process that includes a risk assessment~~
361 ~~instrument to identify women at risk for a preterm birth or~~
362 ~~other high-risk condition. The primary health care provider~~
363 ~~shall complete the risk assessment instrument and report the~~
364 ~~results to the Office of Vital Statistics so that the woman may~~
365 ~~immediately be notified and referred to appropriate health,~~
366 ~~education, and social services.~~

367 ~~(b) Postnatal screening.~~ ~~A risk factor analysis using the~~
368 ~~department's designated risk assessment instrument shall also be~~
369 ~~conducted as part of the medical screening process upon the~~
370 ~~birth of a child and submitted to the department's Office of~~
371 ~~Vital Statistics for recording and other purposes provided for~~
372 ~~in this chapter. The department's screening process for risk~~
373 ~~assessment shall include a scoring mechanism and procedures that~~
374 ~~establish thresholds for notification, further assessment,~~
375 ~~referral, and eligibility for services by professionals or~~

376 ~~paraprofessionals consistent with the level of risk. Procedures~~
377 ~~for developing and using the screening instrument, notification,~~
378 ~~referral, and care coordination services, reporting~~
379 ~~requirements, management information, and maintenance of a~~
380 ~~computer-driven registry in the Office of Vital Statistics which~~
381 ~~ensures privacy safeguards must be consistent with the~~
382 ~~provisions and plans established under chapter 411, Pub. L. No.~~
383 ~~99-457, and this chapter. Procedures established for reporting~~
384 ~~information and maintaining a confidential registry must include~~
385 ~~a mechanism for a centralized information depository at the~~
386 ~~state and county levels. The department shall coordinate with~~
387 ~~existing risk assessment systems and information registries. The~~
388 ~~department must ensure, to the maximum extent possible, that the~~
389 ~~screening information registry is integrated with the~~
390 ~~department's automated data systems, including the Florida On-~~
391 ~~line Recipient Integrated Data Access (FLORIDA) system.~~

392 (a) Blood specimens for newborn screenings.—Newborn Tests
393 and screenings must be performed by the State Public Health
394 Laboratory, in coordination with Children's Medical Services, at
395 such times and in such manner as is prescribed by the department
396 after consultation with the Genetics and Newborn Screening
397 Advisory Council and the Department of Education.

398 (b)-(c) Release of screening results.—Notwithstanding any
399 law to the contrary, the State Public Health Laboratory may
400 release, directly or through the Children's Medical Services

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401 program, the results of a newborn's ~~hearing and metabolic tests~~
402 ~~or~~ screenings to the newborn's health care practitioner, the
403 newborn's parent or legal guardian, the newborn's personal
404 representative, or a person designated by the newborn's parent
405 or legal guardian. As used in this paragraph, the term "health
406 care practitioner" means a physician or physician assistant
407 licensed under chapter 458; an osteopathic physician or
408 physician assistant licensed under chapter 459; an advanced
409 practice registered nurse, registered nurse, or licensed
410 practical nurse licensed under part I of chapter 464; a midwife
411 licensed under chapter 467; a speech-language pathologist or
412 audiologist licensed under part I of chapter 468; ~~or~~ a dietician
413 or nutritionist licensed under part X of chapter 468; or a
414 genetic counselor licensed under part III of chapter 483.

415 (2) RULES.—

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

419 1. Before becoming 1 week of age, have a blood specimen
420 collected for newborn screenings ~~be subjected to a test for~~
421 ~~phenylketonuria;~~

422 2. Be tested for any condition included on the federal
423 Recommended Uniform Screening Panel which the council advises
424 the department should be included under the state's screening
425 program. After the council recommends that a condition be

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426 included, the department shall submit a legislative budget
427 request to seek an appropriation to add testing of the condition
428 to the newborn screening program. The department shall expand
429 statewide screening of newborns to include screening for such
430 conditions within 18 months after the council renders such
431 advice, if a test approved by the United States Food and Drug
432 Administration or a test offered by an alternative vendor is
433 available. If such a test is not available within 18 months
434 after the council makes its recommendation, the department shall
435 implement such screening as soon as a test offered by the United
436 States Food and Drug Administration or by an alternative vendor
437 is available; and

438 3. At the appropriate age, be tested for such other
439 metabolic diseases and hereditary or congenital disorders as the
440 department may deem necessary ~~from time to time~~.

441 ~~(b) After consultation with the Department of Education,~~
442 ~~the department shall adopt and enforce rules requiring every~~
443 ~~newborn in this state to be screened for environmental risk~~
444 ~~factors that place children and their families at risk for~~
445 ~~increased morbidity, mortality, and other negative outcomes.~~

446 (b)(e) The department shall adopt such additional rules as
447 are found necessary for the administration of this section and
448 ss. 383.145 and 383.148 ~~s. 383.145~~, including rules providing
449 definitions of terms, rules relating to the methods used and
450 time or times for testing as accepted medical practice

451 indicates, rules relating to charging and collecting fees for
452 the administration of the newborn screening program authorized
453 by this section, rules for processing requests and releasing
454 test and screening results, and rules requiring mandatory
455 reporting of the results of tests and screenings for these
456 conditions to the department.

457 (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.—The
458 department shall administer and provide certain services to
459 implement the provisions of this section and shall:

460 (a) Assure the availability and quality of the necessary
461 laboratory tests and materials.

462 (b) ~~Furnish all physicians, county health departments,~~
463 ~~perinatal centers, birthing centers, and hospitals forms on~~
464 ~~which environmental screening and the results of tests for~~
465 ~~phenylketonuria and such other disorders for which testing may~~
466 ~~be required from time to time shall be reported to the~~
467 ~~department.~~

468 ~~(c)~~ Promote education of the public about the prevention
469 and management of metabolic, hereditary, and congenital
470 disorders ~~and dangers associated with environmental risk~~
471 ~~factors.~~

472 (c)~~(d)~~ Maintain a confidential registry of cases,
473 including information of importance for the purpose of follow-up
474 ~~followup~~ services to prevent intellectual disabilities, to
475 correct or ameliorate physical disabilities, and for

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476 epidemiologic studies, if indicated. Such registry shall be
477 exempt from the provisions of s. 119.07(1).

478 ~~(d)~~(e) Supply the necessary dietary treatment products
479 where practicable for diagnosed cases of ~~phenylketonuria and~~
480 ~~other~~ metabolic diseases for as long as medically indicated when
481 the products are not otherwise available. Provide nutrition
482 education and supplemental foods to those families eligible for
483 the Special Supplemental Nutrition Program for Women, Infants,
484 and Children as provided in s. 383.011.

485 ~~(e)~~(f) Promote the availability of genetic studies,
486 services, and counseling in order that the parents, siblings,
487 and affected newborns may benefit from detection and available
488 knowledge of the condition.

489 ~~(f)~~(g) Have the authority to charge and collect fees for
490 the administration of the newborn screening program authorized
491 ~~in this section, as follows:~~

492 ~~1.~~ A fee not to exceed \$15 will be charged for each live
493 birth, as recorded by the Office of Vital Statistics, occurring
494 in a hospital licensed under part I of chapter 395 or a birth
495 center licensed under s. 383.305 ~~per year~~. The department shall
496 calculate the ~~annual~~ assessment for each hospital and birth
497 center, and this assessment must be paid ~~in equal amounts~~
498 quarterly. ~~Quarterly,~~ The department shall generate and issue
499 ~~mail to~~ each hospital and birth center a statement of the amount
500 due.

501 ~~2. As part of the department's legislative budget request~~
 502 ~~prepared pursuant to chapter 216, the department shall submit a~~
 503 ~~certification by the department's inspector general, or the~~
 504 ~~director of auditing within the inspector general's office, of~~
 505 ~~the annual costs of the uniform testing and reporting procedures~~
 506 ~~of the newborn screening program. In certifying the annual~~
 507 ~~costs, the department's inspector general or the director of~~
 508 ~~auditing within the inspector general's office shall calculate~~
 509 ~~the direct costs of the uniform testing and reporting~~
 510 ~~procedures, including applicable administrative costs.~~
 511 ~~Administrative costs shall be limited to those department costs~~
 512 ~~which are reasonably and directly associated with the~~
 513 ~~administration of the uniform testing and reporting procedures~~
 514 ~~of the newborn screening program.~~

515 (g)~~(h)~~ Have the authority to bill third-party payors for
 516 newborn screening tests.

517 (h)~~(i)~~ Create and make available electronically a pamphlet
 518 with information on screening for, and the treatment of,
 519 preventable infant and childhood eye and vision disorders,
 520 including, but not limited to, retinoblastoma and amblyopia.

521
 522 All provisions of this subsection must be coordinated with the
 523 provisions and plans established under this chapter, chapter
 524 411, and Pub. L. No. 99-457.

525 (5) SUBMISSION OF NEWBORN SCREENING SPECIMEN CARDS.—Any

526 health care practitioner whose duty it is to administer
 527 screenings under this section shall prepare and send all newborn
 528 screening specimen cards to the State Public Health Laboratory
 529 in accordance with rules adopted under this section. As used in
 530 this subsection, the term "health care practitioner" means a
 531 physician or physician assistant licensed under chapter 458, an
 532 osteopathic physician or physician assistant licensed under
 533 chapter 459, an advanced practice registered nurse licensed
 534 under part I of chapter 464, or a midwife licensed under chapter
 535 467.

536 Section 4. Paragraph (k) is added to subsection (2) of
 537 Section 383.145, Florida Statutes, and subsection (3) of that
 538 section is amended, to read:

539 383.145 Newborn, ~~and infant,~~ and toddler hearing
 540 screening.—

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

542 (k) "Toddler" means a child from 12 months to 36 months of
 543 age.

544 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS, INFANTS, AND
 545 TODDLERS; INSURANCE COVERAGE; REFERRAL FOR ONGOING SERVICES.—

546 (a) Each hospital or other state-licensed birth birthing
 547 facility that provides maternity and newborn care services shall
 548 ensure that all newborns are, before discharge, screened for the
 549 detection of hearing loss to prevent the consequences of
 550 unidentified disorders. If a newborn fails the screening for the

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551 detection of hearing loss, the hospital or other state-licensed
552 birth birthing facility must administer a test approved by the
553 United States Food and Drug Administration or another
554 diagnostically equivalent test on the newborn to screen for
555 congenital cytomegalovirus before the newborn becomes 21 days of
556 age or before discharge, whichever occurs earlier.

557 (b) Each licensed birth center that provides maternity and
558 newborn care services shall ensure that all newborns are, before
559 discharge, screened for the detection of hearing loss. Within 7
560 days after the birth, the licensed birth center must ensure that
561 all newborns who do not pass the hearing screening are referred
562 for to an appointment audiologist, a hospital, or another
563 newborn hearing screening provider for a test to screen for
564 congenital cytomegalovirus before the newborn becomes 21 days of
565 age screening for the detection of hearing loss to prevent the
566 consequences of unidentified disorders. The referral for
567 appointment must be made within 7 days after discharge. Written
568 documentation of the referral must be placed in the newborn's
569 medical chart.

570 (c) If the parent or legal guardian of the newborn objects
571 to the screening, the screening must not be completed. In such
572 case, the physician, midwife, or other person attending the
573 newborn shall maintain a record that the screening has not been
574 performed and attach a written objection that must be signed by
575 the parent or guardian.

576 (d) For home births, the health care provider in
577 attendance is responsible for coordination and referral to an
578 audiologist, a hospital, or another newborn hearing screening
579 provider. The health care provider in attendance must make the
580 referral for appointment within 7 days after the birth. In cases
581 in which the home birth is not attended by a health care
582 provider, the newborn's primary health care provider is
583 responsible for coordinating the referral.

584 (e) For home births and births in a licensed birth center,
585 if a newborn is referred to a newborn hearing screening provider
586 and the newborn fails the screening for the detection of hearing
587 loss, the newborn's primary health care provider must refer the
588 newborn for administration of a test approved by the United
589 States Food and Drug Administration or another diagnostically
590 equivalent test on the newborn to screen for congenital
591 cytomegalovirus before the newborn becomes 21 days of age.

592 (f) All newborn and infant hearing screenings must be
593 conducted by an audiologist, a physician, or an appropriately
594 supervised individual who has completed documented training
595 specifically for newborn hearing screening. Every hospital that
596 provides maternity or newborn care services shall obtain the
597 services of an audiologist, a physician, or another newborn
598 hearing screening provider, through employment or contract or
599 written memorandum of understanding, for the purposes of
600 appropriate staff training, screening program supervision,

601 monitoring the scoring and interpretation of test results,
602 rendering of appropriate recommendations, and coordination of
603 appropriate follow-up services. Appropriate documentation of the
604 screening completion, results, interpretation, and
605 recommendations must be placed in the medical record within 24
606 hours after completion of the screening procedure.

607 (g) The screening of a newborn's hearing must be completed
608 before the newborn is discharged from the hospital or licensed
609 birth center. However, if the screening is not completed before
610 discharge due to scheduling or temporary staffing limitations,
611 the screening must be completed within 21 days after the birth.
612 Screenings completed after discharge or performed because of
613 initial screening failure must be completed by an audiologist, a
614 physician, a hospital, or another newborn hearing screening
615 provider.

616 (h) Each hospital shall formally designate a lead
617 physician responsible for programmatic oversight for newborn
618 hearing screening. Each birth center shall designate a licensed
619 health care provider to provide such programmatic oversight and
620 to ensure that the appropriate referrals are being completed.

621 (i) When ordered by the treating physician, screening of a
622 newborn's, infant's, or toddler's hearing must include auditory
623 brainstem responses, or evoked otoacoustic emissions, or
624 appropriate technology as approved by the United States Food and
625 Drug Administration.

626 (j) The results of any test conducted pursuant to this
627 section, including, but not limited to, newborn hearing loss
628 screening, congenital cytomegalovirus testing, and any related
629 diagnostic testing, must be reported to the department within 7
630 days after receipt of such results.

631 (k) The initial procedure for screening the hearing of the
632 newborn or infant and any medically necessary follow-up
633 reevaluations leading to diagnosis shall be a covered benefit
634 for Medicaid patients covered by a fee-for-service program. For
635 Medicaid patients enrolled in HMOs, providers shall be
636 reimbursed directly by the Medicaid Program Office at the
637 Medicaid rate. This service may not be considered a covered
638 service for the purposes of establishing the payment rate for
639 Medicaid HMOs. All health insurance policies and health
640 maintenance organizations as provided under ss. 627.6416,
641 627.6579, and 641.31(30), except for supplemental policies that
642 only provide coverage for specific diseases, hospital indemnity,
643 or Medicare supplement, or to the supplemental policies, shall
644 compensate providers for the covered benefit at the contracted
645 rate. Nonhospital-based providers are eligible to bill Medicaid
646 for the professional and technical component of each procedure
647 code.

648 (l) A child who is diagnosed as having permanent hearing
649 loss must be referred to the primary care physician for medical
650 management, treatment, and follow-up services. Furthermore, in

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651 accordance with Part C of the Individuals with Disabilities
652 Education Act, Pub. L. No. 108-446, Infants and Toddlers with
653 Disabilities, any child from birth to 36 months of age who is
654 diagnosed as having hearing loss that requires ongoing special
655 hearing services must be referred to the Children's Medical
656 Services Early Intervention Program serving the geographical
657 area in which the child resides.

658 Section 5. Section 383.147, Florida Statutes, is amended
659 to read:

660 383.147 ~~Newborn and infant screenings for~~ Sickle cell
661 disease and sickle cell trait hemoglobin variants; registry.-

662 (1) ~~If a screening provider detects that a newborn as or~~
663 ~~an infant, as those terms are defined in s. 383.145(2),~~ is
664 identified as having sickle cell disease or carrying a sickle
665 cell trait through the newborn screening program as described in
666 s. 383.14, the department hemoglobin variant, it must:

667 (a) Notify the parent or guardian of the newborn and
668 provide information regarding the availability and benefits of
669 genetic counseling. ~~primary care physician of the newborn or~~
670 ~~infant and~~

671 (b) Submit the results of such screening to the Department
672 of Health for inclusion in the sickle cell registry established
673 under paragraph (2)(a), unless the parent or guardian of the
674 newborn provides an opt-out form obtained from the department,
675 or otherwise indicates in writing to the department his or her

676 objection to having the newborn included in the sickle cell
677 registry. ~~The primary care physician must provide to the parent~~
678 ~~or guardian of the newborn or infant information regarding the~~
679 ~~availability and benefits of genetic counseling.~~

680 (2) (a) The Department of Health shall contract with a
681 community-based sickle cell disease medical treatment and
682 research center to establish and maintain a registry for
683 individuals newborns and infants who are identified as having
684 sickle cell disease or carrying a sickle cell trait hemoglobin
685 variant. The sickle cell registry must track sickle cell disease
686 outcome measures, except as provided in paragraph (1) (b). A
687 ~~parent or guardian of a newborn or an infant in the registry may~~
688 ~~request to have his or her child removed from the registry by~~
689 ~~submitting a form prescribed by the department by rule.~~

690 (b) In addition to newborns identified and included in the
691 registry under subsection (1), persons living in this state who
692 have been identified as having sickle cell disease or carrying a
693 sickle cell trait may choose to be included in the registry by
694 providing the department with notification as prescribed by
695 rule.

696 (c) The Department of Health shall also establish a system
697 to ensure that the community-based sickle cell disease medical
698 treatment and research center notifies the parent or guardian of
699 a child who has been included in the registry that a follow-up
700 consultation with a physician is recommended. Such notice must

701 be provided to the parent or guardian of such child at least
 702 once during early adolescence and once during late adolescence.
 703 The department shall make every reasonable effort to notify
 704 persons included in the registry who are 18 years of age that
 705 they may request to be removed from the registry by submitting a
 706 form prescribed by the department by rule. The department shall
 707 also provide to such persons information regarding available
 708 educational services, genetic counseling, and other beneficial
 709 resources.

710 (3) The Department of Health shall adopt rules to
 711 implement this section.

712 Section 6. Section 383.148, Florida Statutes, is created
 713 to read:

714 383.148 ENVIRONMENTAL RISK SCREENING.—

715 (1) RISK SCREENING.—To help ensure access to the maternal
 716 and child health care system, the Department of Health shall
 717 promote the screening of all pregnant women and infants in this
 718 state for environmental risk factors, such as low income, poor
 719 education, maternal and family stress, mental health, substance
 720 use disorder, and other high-risk conditions, and promote
 721 education of the public about the dangers associated with
 722 environmental risk factors.

723 (2) PRENATAL RISK SCREENING REQUIREMENTS.—The department
 724 shall develop a multilevel screening process that includes a
 725 risk assessment instrument to identify women at risk for a

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726 preterm birth or other high-risk condition.

727 (a) A primary health care provider must complete the risk
728 screening at a pregnant woman's first prenatal visit using the
729 form and in the manner prescribed by rules adopted under this
730 section, so that the woman may immediately be notified and
731 referred to appropriate health, education, and social services.

732 (b) This subsection does not apply if the pregnant woman
733 objects to the screening in a manner prescribed by department
734 rule.

735 (3) POSTNATAL RISK SCREENING REQUIREMENTS.—The department
736 shall develop a multilevel screening process that includes a
737 risk assessment instrument to identify factors associated with
738 increased risk of infant mortality and morbidity to provide
739 early intervention, remediation, and prevention services,
740 including, but not limited to, parent support and training
741 programs, home visitation, and case management.

742 (a) A hospital or birth center must complete the risk
743 screening immediately following the birth of the infant, before
744 discharge from the hospital or birth center, using the form and
745 in the manner prescribed by rules adopted under this section.

746 (b) This subsection does not apply if a parent or guardian
747 of the newborn objects to the screening in a manner prescribed
748 by department rule.

749 Section 7. Section 383.2163, Florida Statutes, is amended
750 to read:

751 383.2163 Telehealth minority maternity care program ~~pilot~~
 752 ~~programs.~~ ~~By July 1, 2022,~~ The department shall establish a
 753 telehealth minority maternity care ~~pilot~~ program ~~in Duval County~~
 754 ~~and Orange County~~ which uses telehealth to expand the capacity
 755 for positive maternal health outcomes in racial and ethnic
 756 minority populations. The department shall ~~direct and assist the~~
 757 ~~county health departments in Duval County and Orange County to~~
 758 implement local ~~the~~ programs contingent upon available funding.

759 (1) DEFINITIONS.—As used in this section, the term:

760 (a) "Department" means the Department of Health.

761 (b) "Eligible pregnant woman" means a pregnant woman who
 762 is receiving, or is eligible to receive, maternal or infant care
 763 services from the department under chapter 381 or this chapter.

764 (c) "Health care practitioner" has the same meaning as in
 765 s. 456.001.

766 (d) "Health professional shortage area" means a geographic
 767 area designated as such by the Health Resources and Services
 768 Administration of the United States Department of Health and
 769 Human Services.

770 (e) "Indigenous population" means any Indian tribe, band,
 771 or nation or other organized group or community of Indians
 772 recognized as eligible for services provided to Indians by the
 773 United States Secretary of the Interior because of their status
 774 as Indians, including any Alaskan native village as defined in
 775 43 U.S.C. s. 1602 (c), the Alaska Native Claims Settlement Act,

776 as that definition existed on the effective date of this act.

777 (f) "Maternal mortality" means a death occurring during
778 pregnancy or the postpartum period which is caused by pregnancy
779 or childbirth complications.

780 (g) "Medically underserved population" means the
781 population of an urban or rural area designated by the United
782 States Secretary of Health and Human Services as an area with a
783 shortage of personal health care services or a population group
784 designated by the United States Secretary of Health and Human
785 Services as having a shortage of such services.

786 (h) "Perinatal professionals" means doulas, personnel from
787 Healthy Start and home visiting programs, childbirth educators,
788 community health workers, peer supporters, certified lactation
789 consultants, nutritionists and dietitians, social workers, and
790 other licensed and nonlicensed professionals who assist women
791 through their prenatal or postpartum periods.

792 (i) "Postpartum" means the 1-year period beginning on the
793 last day of a woman's pregnancy.

794 (j) "Severe maternal morbidity" means an unexpected
795 outcome caused by a woman's labor and delivery which results in
796 significant short-term or long-term consequences to the woman's
797 health.

798 (k) "Technology-enabled collaborative learning and
799 capacity building model" means a distance health care education
800 model that connects health care professionals, particularly

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801 specialists, with other health care professionals through
802 simultaneous interactive videoconferencing for the purpose of
803 facilitating case-based learning, disseminating best practices,
804 and evaluating outcomes in the context of maternal health care.

805 (2) PURPOSE.—The purpose of the program ~~pilot programs~~ is
806 to:

807 (a) Expand the use of technology-enabled collaborative
808 learning and capacity building models to improve maternal health
809 outcomes for the following populations and demographics:

- 810 1. Ethnic and minority populations.
- 811 2. Health professional shortage areas.
- 812 3. Areas with significant racial and ethnic disparities in
813 maternal health outcomes and high rates of adverse maternal
814 health outcomes, including, but not limited to, maternal
815 mortality and severe maternal morbidity.
- 816 4. Medically underserved populations.
- 817 5. Indigenous populations.

818 (b) Provide for the adoption of and use of telehealth
819 services that allow for screening and treatment of common
820 pregnancy-related complications, including, but not limited to,
821 anxiety, depression, substance use disorder, hemorrhage,
822 infection, amniotic fluid embolism, thrombotic pulmonary or
823 other embolism, hypertensive disorders relating to pregnancy,
824 diabetes, cerebrovascular accidents, cardiomyopathy, and other
825 cardiovascular conditions.

826 (3) TELEHEALTH SERVICES AND EDUCATION.—The program ~~program~~ pilot
 827 ~~programs~~ shall adopt the use of telehealth or coordinate with
 828 prenatal home visiting programs to provide all of the following
 829 services and education to eligible pregnant women up to the last
 830 day of their postpartum periods, as applicable:

831 (a) Referrals to Healthy Start's coordinated intake and
 832 referral program to offer families prenatal home visiting
 833 services.

834 (b) Services and education addressing social determinants
 835 of health, including, but not limited to, all of the following:

- 836 1. Housing placement options.
- 837 2. Transportation services or information on how to access
 838 such services.
- 839 3. Nutrition counseling.
- 840 4. Access to healthy foods.
- 841 5. Lactation support.
- 842 6. Lead abatement and other efforts to improve air and
 843 water quality.
- 844 7. Child care options.
- 845 8. Car seat installation and training.
- 846 9. Wellness and stress management programs.
- 847 10. Coordination across safety net and social support
 848 services and programs.

849 (c) Evidence-based health literacy and pregnancy,
 850 childbirth, and parenting education for women in the prenatal

851 and postpartum periods.

852 (d) For women during their pregnancies through the
 853 postpartum periods, connection to support from doulas and other
 854 perinatal health workers.

855 (e) Tools for prenatal women to conduct key components of
 856 maternal wellness checks, including, but not limited to, all of
 857 the following:

858 1. A device to measure body weight, such as a scale.

859 2. A device to measure blood pressure which has a verbal
 860 reader to assist the pregnant woman in reading the device and to
 861 ensure that the health care practitioner performing the wellness
 862 check through telehealth is able to hear the reading.

863 3. A device to measure blood sugar levels with a verbal
 864 reader to assist the pregnant woman in reading the device and to
 865 ensure that the health care practitioner performing the wellness
 866 check through telehealth is able to hear the reading.

867 4. Any other device that the health care practitioner
 868 performing wellness checks through telehealth deems necessary.

869 (4) TRAINING.—The program ~~pilot programs~~ shall provide
 870 training to participating health care practitioners and other
 871 perinatal professionals on all of the following:

872 (a) Implicit and explicit biases, racism, and
 873 discrimination in the provision of maternity care and how to
 874 eliminate these barriers to accessing adequate and competent
 875 maternity care.

876 (b) The use of remote patient monitoring tools for
 877 pregnancy-related complications.

878 (c) How to screen for social determinants of health risks
 879 in the prenatal and postpartum periods, such as inadequate
 880 housing, lack of access to nutritional foods, environmental
 881 risks, transportation barriers, and lack of continuity of care.

882 (d) Best practices in screening for and, as needed,
 883 evaluating and treating maternal mental health conditions and
 884 substance use disorders.

885 (e) Information collection, recording, and evaluation
 886 activities to:

- 887 1. Study the impact of the ~~pilot~~ program;
- 888 2. Ensure access to and the quality of care;
- 889 3. Evaluate patient outcomes as a result of the pilot
 890 program;
- 891 4. Measure patient experience; and
- 892 5. Identify best practices for the future expansion of the
 893 ~~pilot~~ program.

894 (5) FUNDING.—The program ~~pilot programs~~ shall be funded
 895 using funds appropriated by the Legislature ~~for the Closing the~~
 896 ~~Gap grant program~~. The department's Division of Community Health
 897 Promotion and Office of Minority Health and Health Equity shall
 898 also work in partnership to apply for federal funds that are
 899 available to assist the department in accomplishing the
 900 program's purpose and successfully implementing the program

901 through community-based organizations ~~pilot programs.~~

902 (6) RULES.—The department may adopt rules to implement
903 this section.

904 Section 8. Paragraph (i) of subsection (3) of section
905 383.318, Florida Statutes, is amended to read:

906 383.318 Postpartum care for birth center clients and
907 infants.—

908 (3) The birth center shall provide a postpartum evaluation
909 and followup care that includes all of the following:

910 (i) Provision of the informational pamphlet on infant and
911 childhood eye and vision disorders created by the department
912 pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

913 Section 9. Section 395.1053, Florida Statutes, is amended
914 to read:

915 395.1053 Postpartum education.—A hospital that provides
916 birthing services shall incorporate information on safe sleep
917 practices and the possible causes of Sudden Unexpected Infant
918 Death into the hospital's postpartum instruction on the care of
919 newborns and provide to each parent the informational pamphlet
920 on infant and childhood eye and vision disorders created by the
921 department pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

922 Section 10. Section 456.0496, Florida Statutes, is amended
923 to read:

924 456.0496 Provision of information on eye and vision
925 disorders to parents during planned out-of-hospital births.—A

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926 | health care practitioner who attends an out-of-hospital birth
927 | must ensure that the informational pamphlet on infant and
928 | childhood eye and vision disorders created by the department
929 | pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~ is provided to each
930 | parent after such a birth.

931 | Section 11. This act shall take effect July 1, 2024.