

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 ss. 383.318, 395.1053, and
 87 456.0496, F.S.; conforming cross-references; providing
 88 an effective date.

89

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

91

92 Section 1. Present subsections (5), (6), and (7) of
 93 section 381.0101, Florida Statutes, are redesignated as
 94 subsections (6), (7), and (8), respectively, a new subsection
 95 (5) is added to that section, and subsections (1), (2), and (4)
 96 and present subsections (5) and (6) of that section are amended,
 97 to read:

98 381.0101 Environmental health professionals.—

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

100 (a) "Board" means the Environmental Health Professionals

101 Advisory Board.

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

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

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

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

118 (f) "Environmental health technician" means a person who
 119 is employed or assigned the responsibility for conducting septic
 120 inspections under the supervision of a certified environmental
 121 health professional. An environmental health technician must
 122 have completed training approved by the department and have the
 123 knowledge, skills, and abilities to carry out these tasks.

124 ~~(h)~~ ~~(f)~~ "Registered sanitarian," "R.S.," "Registered
 125 Environmental Health Specialist," or "R.E.H.S." means a person

126 | who has been certified by either the National Environmental
127 | Health Association or the Florida Environmental Health
128 | Association as knowledgeable in the environmental health
129 | profession.

130 | (g) "Primary environmental health program" means those
131 | programs determined by the department to be essential for
132 | providing basic environmental and sanitary protection to the
133 | public. At a minimum, these programs shall include food
134 | protection program work.

135 | (2) CERTIFICATION; EXEMPTIONS REQUIRED.—A person may not
136 | perform environmental health or sanitary evaluations in any
137 | primary program area of environmental health without being
138 | certified by the department as competent to perform such
139 | evaluations. This section does not apply to any of the
140 | following:

141 | (a) Persons performing inspections of public food service
142 | establishments licensed under chapter 509.~~7~~~~or~~

143 | (b) Persons performing site evaluations in order to
144 | determine proper placement and installation of onsite wastewater
145 | treatment and disposal systems who have successfully completed a
146 | department-approved soils morphology course and who are working
147 | under the direct responsible charge of an engineer licensed
148 | under chapter 471.

149 | (c) Environmental health technicians employed by a
150 | department as defined in s. 20.03 who are assigned the

151 responsibility for conducting septic tank inspections under the
152 supervision of an environmental health professional certified in
153 onsite sewage treatment and disposal.

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

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

169 1. All persons who begin employment in a primary
170 environmental health program on or after September 21, 1994,
171 must be certified in that program within 6 months after
172 employment.

173 2. Persons employed in the primary environmental health
174 program of a food protection program or an onsite sewage
175 treatment and disposal system prior to September 21, 1994, shall

176 be considered certified while employed in that position and
177 shall be required to adhere to any professional standards
178 established by the department pursuant to paragraph (b),
179 complete any continuing education requirements imposed under
180 paragraph (d), and pay the certificate renewal fee imposed under
181 subsection (7) ~~(6)~~.

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

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

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

196 (c) Those persons conducting primary environmental health
197 evaluations shall be certified by examination to be
198 knowledgeable in any primary area of environmental health in
199 which they are routinely assigned duties.

200 (d) Persons who are certified shall renew their

201 certification biennially by completing not less than 24 contact
202 hours of continuing education for each program area in which
203 they maintain certification, subject to a maximum of 48 hours
204 for multiprogram certification.

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

209 (f) A certificateholder shall notify the department within
210 60 days after any change of name or address from that which
211 appears on the current certificate.

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

221 (a) At a minimum, the department shall establish standards
222 for technicians in the areas of onsite sewage treatment and
223 disposal.

224 (b) A person conducting septic inspections must be
225 certified by examination to be knowledgeable in the area of

226 onsite sewage treatment and disposal.

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

230 (d) An applicant for certification as an environmental
 231 health technician must be employed by a department as defined in
 232 s. 20.03.

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

236 (f) A certified environmental health technician must renew
 237 his or her certification biennially by completing at least 24
 238 contact hours of continuing education for each program area in
 239 which he or she maintains certification, subject to a maximum of
 240 48 hours for multiprogram certification.

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

244 (6) ~~(5)~~ EXEMPTIONS.—A person who conducts primary
 245 environmental evaluation activities and maintains a current
 246 registration or certification from another state agency which
 247 examined the person's knowledge of the primary program area and
 248 requires comparable continuing education to maintain the
 249 certificate shall not be required to be certified by this
 250 section. ~~Examples of persons not subject to certification are~~

251 ~~physicians, registered dietitians, certified laboratory~~
 252 ~~personnel, and nurses.~~

253 ~~(7)-(6)~~ FEES.—The department shall charge fees in amounts
 254 necessary to meet the cost of providing environmental health
 255 professional certification. Fees for certification shall be not
 256 less than \$10 or more than \$300 and shall be set by rule.
 257 Application, examination, and certification costs shall be
 258 included in this fee. Fees for renewal of a certificate shall be
 259 no less than \$25 nor more than \$150 per biennium.

260 Section 2. Section 381.991, Florida Statutes, is created
 261 to read:

262 381.991 Andrew John Anderson Pediatric Rare Disease Grant
 263 Program.—

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

269 (b) Subject to an annual appropriation by the Legislature,
 270 the program shall award grants for scientific and clinical
 271 research to further the search for new diagnostics, treatments,
 272 and cures for rare pediatric diseases.

273 (2) (a) Applications for grants for rare pediatric disease
 274 research may be submitted by any university or established
 275 research institute in the state. All qualified investigators in

276 the state, regardless of institutional affiliation, shall have
277 equal access and opportunity to compete for the research
278 funding. Preference may be given to grant proposals that foster
279 collaboration among institutions, researchers, and community
280 practitioners, as such proposals support the advancement of
281 treatments and cures of rare pediatric diseases through basic or
282 applied research. Grants shall be awarded by the department,
283 after consultation with the Rare Disease Advisory Council,
284 pursuant to s. 381.99, on the basis of scientific merit, as
285 determined by the competitive, peer-reviewed process to ensure
286 objectivity, consistency, and high quality. The following types
287 of applications may be considered for funding:

- 288 1. Investigator-initiated research grants.
- 289 2. Institutional research grants.
- 290 3. Collaborative research grants, including those that
291 advance the finding of treatment and cures through basic or
292 applied research.

293 (b) To ensure appropriate and fair evaluation of grant
294 applications based on scientific merit, the department shall
295 appoint peer review panels of independent, scientifically
296 qualified individuals to review the scientific merit of each
297 proposal and establish its priority score. The priority scores
298 shall be forwarded to the council and must be considered in
299 determining which proposals shall be recommended for funding.

300 (c) The council and the peer review panels shall establish

301 and follow rigorous guidelines for ethical conduct and adhere to
 302 a strict policy with regard to conflicts of interest. A member
 303 of the council or panel may not participate in any discussion or
 304 decision of the council or panel with respect to a research
 305 proposal by any firm, entity, or agency that the member is
 306 associated with as a member of the governing body or as an
 307 employee or with which the member has entered into a contractual
 308 arrangement.

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

317 Section 3. Present subsection (5) of section 383.14,
 318 Florida Statutes, is redesignated as subsection (6), a new
 319 subsection (5) is added to that section, and subsections (1),
 320 (2), and (3) of that section are amended, to read:

321 383.14 Screening for metabolic disorders, other hereditary
 322 and congenital disorders, and environmental risk factors.—

323 (1) SCREENING REQUIREMENTS.—To help ensure access to the
 324 maternal and child health care system, the Department of Health
 325 shall promote the screening of all newborns born in Florida for

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

351 ~~departments, school health programs that provide prenatal care,~~
352 ~~and birthing centers, and reported to the Office of Vital~~
353 ~~Statistics.~~

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

362 ~~(b) Postnatal screening.~~ ~~A risk factor analysis using the~~
363 ~~department's designated risk assessment instrument shall also be~~
364 ~~conducted as part of the medical screening process upon the~~
365 ~~birth of a child and submitted to the department's Office of~~
366 ~~Vital Statistics for recording and other purposes provided for~~
367 ~~in this chapter. The department's screening process for risk~~
368 ~~assessment shall include a scoring mechanism and procedures that~~
369 ~~establish thresholds for notification, further assessment,~~
370 ~~referral, and eligibility for services by professionals or~~
371 ~~paraprofessionals consistent with the level of risk. Procedures~~
372 ~~for developing and using the screening instrument, notification,~~
373 ~~referral, and care coordination services, reporting~~
374 ~~requirements, management information, and maintenance of a~~
375 ~~computer-driven registry in the Office of Vital Statistics which~~

376 ~~ensures privacy safeguards must be consistent with the~~
377 ~~provisions and plans established under chapter 411, Pub. L. No.~~
378 ~~99-457, and this chapter. Procedures established for reporting~~
379 ~~information and maintaining a confidential registry must include~~
380 ~~a mechanism for a centralized information depository at the~~
381 ~~state and county levels. The department shall coordinate with~~
382 ~~existing risk assessment systems and information registries. The~~
383 ~~department must ensure, to the maximum extent possible, that the~~
384 ~~screening information registry is integrated with the~~
385 ~~department's automated data systems, including the Florida On-~~
386 ~~line Recipient Integrated Data Access (FLORIDA) system.~~

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

393 (b)(e) Release of screening results.—Notwithstanding any
394 law to the contrary, the State Public Health Laboratory may
395 release, directly or through the Children's Medical Services
396 program, the results of a newborn's ~~hearing and metabolic tests~~
397 ~~or~~ screenings to the newborn's health care practitioner, the
398 newborn's parent or legal guardian, the newborn's personal
399 representative, or a person designated by the newborn's parent
400 or legal guardian. As used in this paragraph, the term "health

401 care practitioner" means a physician or physician assistant
 402 licensed under chapter 458; an osteopathic physician or
 403 physician assistant licensed under chapter 459; an advanced
 404 practice registered nurse, registered nurse, or licensed
 405 practical nurse licensed under part I of chapter 464; a midwife
 406 licensed under chapter 467; a speech-language pathologist or
 407 audiologist licensed under part I of chapter 468; ~~or~~ a dietician
 408 or nutritionist licensed under part X of chapter 468; or a
 409 genetic counselor licensed under part III of chapter 483.

410 (2) RULES.—

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

414 1. Before becoming 1 week of age, have a blood specimen
 415 collected for newborn screenings ~~be subjected to a test for~~
 416 ~~phenylketonuria;~~

417 2. Be tested for any condition included on the federal
 418 Recommended Uniform Screening Panel which the council advises
 419 the department should be included under the state's screening
 420 program. After the council recommends that a condition be
 421 included, the department shall submit a legislative budget
 422 request to seek an appropriation to add testing of the condition
 423 to the newborn screening program. The department shall expand
 424 statewide screening of newborns to include screening for such
 425 conditions within 18 months after the council renders such

426 advice, if a test approved by the United States Food and Drug
427 Administration or a test offered by an alternative vendor is
428 available. If such a test is not available within 18 months
429 after the council makes its recommendation, the department shall
430 implement such screening as soon as a test offered by the United
431 States Food and Drug Administration or by an alternative vendor
432 is available; and

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

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

441 (b)(e) The department shall adopt such additional rules as
442 are found necessary for the administration of this section and
443 ss. 383.145 and 383.148 ~~s. 383.145~~, including rules providing
444 definitions of terms, rules relating to the methods used and
445 time or times for testing as accepted medical practice
446 indicates, rules relating to charging and collecting fees for
447 the administration of the newborn screening program authorized
448 by this section, rules for processing requests and releasing
449 test and screening results, and rules requiring mandatory
450 reporting of the results of tests and screenings for these

451 conditions to the department.

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

455 (a) Assure the availability and quality of the necessary
 456 laboratory tests and materials.

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

463 ~~(c)~~ Promote education of the public about the prevention
 464 and management of metabolic, hereditary, and congenital
 465 disorders ~~and dangers associated with environmental risk~~
 466 ~~factors.~~

467 (c)~~(d)~~ Maintain a confidential registry of cases,
 468 including information of importance for the purpose of follow-up
 469 ~~followup~~ services to prevent intellectual disabilities, to
 470 correct or ameliorate physical disabilities, and for
 471 epidemiologic studies, if indicated. Such registry shall be
 472 exempt from the provisions of s. 119.07(1).

473 (d)~~(e)~~ Supply the necessary dietary treatment products
 474 where practicable for diagnosed cases of ~~phenylketonuria and~~
 475 ~~other~~ metabolic diseases for as long as medically indicated when

476 the products are not otherwise available. Provide nutrition
477 education and supplemental foods to those families eligible for
478 the Special Supplemental Nutrition Program for Women, Infants,
479 and Children as provided in s. 383.011.

480 (e)~~(f)~~ Promote the availability of genetic studies,
481 services, and counseling in order that the parents, siblings,
482 and affected newborns may benefit from detection and available
483 knowledge of the condition.

484 (f)~~(g)~~ Have the authority to charge and collect fees for
485 the administration of the newborn screening program. ~~authorized~~
486 ~~in this section, as follows:~~

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

496 2. ~~As part of the department's legislative budget request~~
497 ~~prepared pursuant to chapter 216, the department shall submit a~~
498 ~~certification by the department's inspector general, or the~~
499 ~~director of auditing within the inspector general's office, of~~
500 ~~the annual costs of the uniform testing and reporting procedures~~

501 ~~of the newborn screening program. In certifying the annual~~
502 ~~costs, the department's inspector general or the director of~~
503 ~~auditing within the inspector general's office shall calculate~~
504 ~~the direct costs of the uniform testing and reporting~~
505 ~~procedures, including applicable administrative costs.~~
506 ~~Administrative costs shall be limited to those department costs~~
507 ~~which are reasonably and directly associated with the~~
508 ~~administration of the uniform testing and reporting procedures~~
509 ~~of the newborn screening program.~~

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

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

516
517 All provisions of this subsection must be coordinated with the
518 provisions and plans established under this chapter, chapter
519 411, and Pub. L. No. 99-457.

520 (5) SUBMISSION OF NEWBORN SCREENING SPECIMEN CARDS.—Any
521 health care practitioner whose duty it is to administer
522 screenings under this section shall prepare and send all newborn
523 screening specimen cards to the State Public Health Laboratory
524 in accordance with rules adopted under this section. As used in
525 this subsection, the term "health care practitioner" means a

526 physician or physician assistant licensed under chapter 458, an
527 osteopathic physician or physician assistant licensed under
528 chapter 459, an advanced practice registered nurse licensed
529 under part I of chapter 464, or a midwife licensed under chapter
530 467.

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

534 383.145 Newborn, ~~and infant,~~ and toddler hearing
535 screening.—

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

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

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

541 (a) Each hospital or other state-licensed birth birthing
542 facility that provides maternity and newborn care services shall
543 ensure that all newborns are, before discharge, screened for the
544 detection of hearing loss to prevent the consequences of
545 unidentified disorders. If a newborn fails the screening for the
546 detection of hearing loss, the hospital or other state-licensed
547 birth birthing facility must administer a test approved by the
548 United States Food and Drug Administration or another
549 diagnostically equivalent test on the newborn to screen for
550 congenital cytomegalovirus before the newborn becomes 21 days of

551 age or before discharge, whichever occurs earlier.

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

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

571 (d) For home births, the health care provider in
572 attendance is responsible for coordination and referral to an
573 audiologist, a hospital, or another newborn hearing screening
574 provider. The health care provider in attendance must make the
575 referral for appointment within 7 days after the birth. In cases

576 | in which the home birth is not attended by a health care
577 | provider, the newborn's primary health care provider is
578 | responsible for coordinating the referral.

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

587 | (f) All newborn and infant hearing screenings must be
588 | conducted by an audiologist, a physician, or an appropriately
589 | supervised individual who has completed documented training
590 | specifically for newborn hearing screening. Every hospital that
591 | provides maternity or newborn care services shall obtain the
592 | services of an audiologist, a physician, or another newborn
593 | hearing screening provider, through employment or contract or
594 | written memorandum of understanding, for the purposes of
595 | appropriate staff training, screening program supervision,
596 | monitoring the scoring and interpretation of test results,
597 | rendering of appropriate recommendations, and coordination of
598 | appropriate follow-up services. Appropriate documentation of the
599 | screening completion, results, interpretation, and
600 | recommendations must be placed in the medical record within 24

601 hours after completion of the screening procedure.

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

611 (h) Each hospital shall formally designate a lead
612 physician responsible for programmatic oversight for newborn
613 hearing screening. Each birth center shall designate a licensed
614 health care provider to provide such programmatic oversight and
615 to ensure that the appropriate referrals are being completed.

616 (i) When ordered by the treating physician, screening of a
617 newborn's, infant's, or toddler's hearing must include auditory
618 brainstem responses, or evoked otoacoustic emissions, or
619 appropriate technology as approved by the United States Food and
620 Drug Administration.

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

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

643 (l) A child who is diagnosed as having permanent hearing
644 loss must be referred to the primary care physician for medical
645 management, treatment, and follow-up services. Furthermore, in
646 accordance with Part C of the Individuals with Disabilities
647 Education Act, Pub. L. No. 108-446, Infants and Toddlers with
648 Disabilities, any child from birth to 36 months of age who is
649 diagnosed as having hearing loss that requires ongoing special
650 hearing services must be referred to the Children's Medical

651 Services Early Intervention Program serving the geographical
 652 area in which the child resides.

653 Section 5. Section 383.147, Florida Statutes, is amended
 654 to read:

655 383.147 ~~Newborn and infant screenings for~~ Sickle cell
 656 disease and sickle cell trait hemoglobin variants; registry.-

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

662 (a) Notify the parent or guardian of the newborn and
 663 provide information regarding the availability and benefits of
 664 genetic counseling. ~~primary care physician of the newborn or~~
 665 ~~infant and~~

666 (b) Submit the results of such screening to the Department
 667 ~~of Health~~ for inclusion in the sickle cell registry established
 668 under paragraph (2)(a), unless the parent or guardian of the
 669 newborn provides an opt-out form obtained from the department,
 670 or otherwise indicates in writing to the department his or her
 671 objection to having the newborn included in the sickle cell
 672 registry. ~~The primary care physician must provide to the parent~~
 673 ~~or guardian of the newborn or infant information regarding the~~
 674 ~~availability and benefits of genetic counseling.~~

675 (2) (a) The Department of Health shall contract with a

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

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

691 (c) The Department of Health shall also establish a system
692 to ensure that the community-based sickle cell disease medical
693 treatment and research center notifies the parent or guardian of
694 a child who has been included in the registry that a follow-up
695 consultation with a physician is recommended. Such notice must
696 be provided to the parent or guardian of such child at least
697 once during early adolescence and once during late adolescence.
698 The department shall make every reasonable effort to notify
699 persons included in the registry who are 18 years of age that
700 they may request to be removed from the registry by submitting a

701 form prescribed by the department by rule. The department shall
702 also provide to such persons information regarding available
703 educational services, genetic counseling, and other beneficial
704 resources.

705 (3) The Department of Health shall adopt rules to
706 implement this section.

707 Section 6. Section 383.148, Florida Statutes, is created
708 to read:

709 383.148 ENVIRONMENTAL RISK SCREENING.—

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

718 (2) PRENATAL RISK SCREENING REQUIREMENTS.—The department
719 shall develop a multilevel screening process that includes a
720 risk assessment instrument to identify women at risk for a
721 preterm birth or other high-risk condition.

722 (a) A primary health care provider must complete the risk
723 screening at a pregnant woman's first prenatal visit using the
724 form and in the manner prescribed by rules adopted under this
725 section, so that the woman may immediately be notified and

726 referred to appropriate health, education, and social services.

727 (b) This subsection does not apply if the pregnant woman
 728 objects to the screening in a manner prescribed by department
 729 rule.

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

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

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

744 Section 7. Paragraph (i) of subsection (3) of section
 745 383.318, Florida Statutes, is amended to read:

746 383.318 Postpartum care for birth center clients and
 747 infants.—

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

750 (i) Provision of the informational pamphlet on infant and

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751 childhood eye and vision disorders created by the department
752 pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

753 Section 8. Section 395.1053, Florida Statutes, is amended
754 to read:

755 395.1053 Postpartum education.—A hospital that provides
756 birthing services shall incorporate information on safe sleep
757 practices and the possible causes of Sudden Unexpected Infant
758 Death into the hospital's postpartum instruction on the care of
759 newborns and provide to each parent the informational pamphlet
760 on infant and childhood eye and vision disorders created by the
761 department pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

762 Section 9. Section 456.0496, Florida Statutes, is amended
763 to read:

764 456.0496 Provision of information on eye and vision
765 disorders to parents during planned out-of-hospital births.—A
766 health care practitioner who attends an out-of-hospital birth
767 must ensure that the informational pamphlet on infant and
768 childhood eye and vision disorders created by the department
769 pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~ is provided to each
770 parent after such a birth.

771 Section 10. This act shall take effect July 1, 2024.