

By Senator Polsky

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1 A bill to be entitled
2 An act relating to congenital cytomegalovirus
3 screenings; amending s. 383.145, F.S.; requiring
4 certain hospitals to administer congenital
5 cytomegalovirus screenings on newborns admitted to the
6 hospital under specified circumstances; requiring that
7 the screenings be initiated within a specified
8 timeframe; providing construction; providing coverage
9 under the Medicaid program for the screenings and any
10 medically necessary follow-up reevaluations; requiring
11 that newborns diagnosed with congenital
12 cytomegalovirus be referred to a primary care
13 physician for medical management, treatment, and
14 follow-up services; requiring that children diagnosed
15 with a congenital cytomegalovirus infection without
16 hearing loss be referred to the Children's Medical
17 Services Early Intervention Program and be deemed
18 eligible for evaluation and any medically necessary
19 follow-up reevaluations and monitoring under the
20 program; providing an effective date.

21
22 Be It Enacted by the Legislature of the State of Florida:

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24 Section 1. Paragraphs (a), (k), and (l) of subsection (3)
25 of section 383.145, Florida Statutes, are amended to read:

26 383.145 Newborn and infant hearing screening.—

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

29 (a) 1. Each hospital or other state-licensed birthing

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30 facility that provides maternity and newborn care services shall
31 ensure that all newborns are, before discharge, screened for the
32 detection of hearing loss to prevent the consequences of
33 unidentified disorders. If a newborn fails the screening for the
34 detection of hearing loss, the hospital or other state-licensed
35 birthing facility must administer a test approved by the United
36 States Food and Drug Administration or another diagnostically
37 equivalent test on the newborn to screen for congenital
38 cytomegalovirus before the newborn becomes 21 days of age or
39 before discharge, whichever occurs earlier.

40 2. Each hospital that provides neonatal intensive care
41 services shall administer a test approved by the United States
42 Food and Drug Administration or another diagnostically
43 equivalent test to screen for congenital cytomegalovirus in each
44 newborn admitted to the hospital as a result of a premature
45 birth occurring before 33 weeks' gestation, due to the newborn's
46 size being small for his or her gestational age, for cardiac
47 care, or for medical or postsurgical treatment requiring an
48 anticipated stay of 3 weeks or longer. Such screening must be
49 initiated before the newborn becomes 21 days of age.

50 3. If a newborn requires transfer to another hospital for
51 higher level of care, the birthing hospital must initiate the
52 congenital cytomegalovirus screening before the transfer. For
53 newborns transferred or admitted for intensive and prolonged
54 care, the congenital cytomegalovirus screening must be initiated
55 regardless of whether the newborn failed a hearing screening.

56 (k) The initial procedures ~~procedure~~ for the congenital
57 cytomegalovirus screening and the hearing screening of the
58 newborn or infant and any medically necessary follow-up

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reevaluations leading to diagnosis are ~~shall be a~~ covered
benefits ~~benefit~~ for Medicaid patients covered by a fee-for-
service program. For Medicaid patients enrolled in HMOs,
providers must ~~shall~~ be reimbursed directly by the Medicaid
Program Office at the Medicaid rate. This service is ~~may not be~~
considered a covered service for the purposes of establishing
the payment rate for Medicaid HMOs. All health insurance
policies and health maintenance organizations as provided under
ss. 627.6416, 627.6579, and 641.31(30), except for supplemental
policies that only provide coverage for specific diseases,
hospital indemnity, or Medicare supplement, or to the
supplemental policies, must ~~shall~~ compensate providers for the
covered benefit at the contracted rate. Nonhospital-based
providers are eligible to bill Medicaid for the professional and
technical component of each procedure code.

(1) A child ~~who is~~ diagnosed as having permanent hearing
loss or a congenital cytomegalovirus infection must be referred
to the primary care physician for medical management, treatment,
and follow-up services. Furthermore, in accordance with Part C
of the Individuals with Disabilities Education Act, Pub. L. No.
108-446, Infants and Toddlers with Disabilities, any child from
birth to 36 months of age ~~who is~~ diagnosed as having hearing
loss that requires ongoing special hearing services must be
referred to the Children's Medical Services Early Intervention
Program serving the geographical area in which the child
resides. A child diagnosed with a congenital cytomegalovirus
infection without hearing loss must be referred to the
Children's Medical Services Early Intervention Program and be
deemed eligible for a baseline evaluation and any medically

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88 necessary follow-up reevaluations and monitoring.

89 Section 2. This act shall take effect July 1, 2024.