

By the Committee on Health Policy; and Senator Polsky

588-02399-24

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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:

23  
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 35 weeks' gestation, for cardiac care, or  
46 for medical or surgical treatment requiring an anticipated stay  
47 of 3 weeks or longer. Such screening must be initiated before  
48 the newborn becomes 21 days of age.

49 3. If a newborn requires transfer to another hospital for a  
50 higher level of care, the receiving hospital must initiate the  
51 congenital cytomegalovirus screening if it was not already  
52 performed by the transferring hospital or birthing facility. 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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59 reevaluations leading to diagnosis are ~~shall be a~~ covered  
60 benefits ~~benefit~~ for Medicaid patients covered by a fee-for-  
61 service program. For Medicaid patients enrolled in HMOs,  
62 providers must ~~shall~~ be reimbursed directly by the Medicaid  
63 Program Office at the Medicaid rate. This service is ~~may not be~~  
64 considered a covered service for the purposes of establishing  
65 the payment rate for Medicaid HMOs. All health insurance  
66 policies and health maintenance organizations as provided under  
67 ss. 627.6416, 627.6579, and 641.31(30), except for supplemental  
68 policies that only provide coverage for specific diseases,  
69 hospital indemnity, or Medicare supplement, or to the  
70 supplemental policies, must ~~shall~~ compensate providers for the  
71 covered benefit at the contracted rate. Nonhospital-based  
72 providers are eligible to bill Medicaid for the professional and  
73 technical component of each procedure code.

74 (1) A child ~~who is~~ diagnosed as having permanent hearing  
75 loss or a congenital cytomegalovirus infection must be referred  
76 to the primary care physician for medical management, treatment,  
77 and follow-up services. Furthermore, in accordance with Part C  
78 of the Individuals with Disabilities Education Act, Pub. L. No.  
79 108-446, Infants and Toddlers with Disabilities, any child from  
80 birth to 36 months of age ~~who is~~ diagnosed as having hearing  
81 loss that requires ongoing special hearing services must be  
82 referred to the Children's Medical Services Early Intervention  
83 Program serving the geographical area in which the child  
84 resides. A child diagnosed with a congenital cytomegalovirus  
85 infection without hearing loss must be referred to the  
86 Children's Medical Services Early Intervention Program and be  
87 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.