

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
 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
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 (l) 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
88 | necessary follow-up reevaluations and monitoring.

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