1 A bill to be entitled 2 An act relating to newborn screenings; amending s. 3 383.145, F.S.; providing and revising definitions; 4 requiring hospitals and other state-licensed birthing 5 facilities to test for congenital cytomegalovirus in 6 newborns within a specified timeframe under certain 7 circumstances; revising the timeframe within which 8 health care providers attending home births must make 9 referrals; providing that a newborn's primary health care provider is responsible for coordinating such 10 11 referrals under certain circumstances; requiring a 12 newborn's primary health care provider to refer the 13 newborn for testing for congenital cytomegalovirus 14 under certain circumstances; revising the timeframe 15 within which hospitals must complete newborn hearing 16 screenings that were not completed before discharge 17 due to scheduling or temporary staffing limitations; 18 requiring that certain test results be reported to the 19 Department of Health within a specified timeframe; removing a requirement that the parents of certain 20 21 newborns be instructed on and provided specified 22 information; removing obsolete language; removing a 23 requirement that certain uninsured persons be provided 24 a list of specified providers; providing an effective 25 date.

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26 27 Be It Enacted by the Legislature of the State of Florida: 28 29 Section 1. Section 383.145, Florida Statutes, is amended 30 to read: 383.145 Newborn and infant hearing screening.-31 32 LEGISLATIVE INTENT.-It is the intent of the (1)33 Legislature this section is to provide a statewide comprehensive 34 and coordinated interdisciplinary program of early hearing loss 35 impairment screening, identification, and follow-up followup 36 care for newborns. The goal is to screen all newborns for 37 hearing loss impairment in order to alleviate the adverse 38 effects of hearing loss on speech and language development, 39 academic performance, and cognitive development. It is further the intent of the Legislature that the provisions of this 40 41 section act only be implemented to the extent that funds are specifically included in the General Appropriations Act for 42 43 carrying out the purposes of this section. 44 (2)DEFINITIONS.-As used in this section, the term: 45 "Audiologist" means a person licensed under part I of (a) 46 chapter 468 to practice audiology. (a) "Agency" means the Agency for Health Care 47 48 Administration. 49 (b) "Department" means the Department of Health. "Hearing loss impairment" means a hearing loss of 30 50 (C) Page 2 of 9

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dB HL or greater in the frequency region important for speech 51 52 recognition and comprehension in one or both ears, approximately 53 500 through 4,000 hertz. 54 (d) "Hospital" means a facility as defined in s. 55 395.002(13) and licensed under chapter 395 and part II of 56 chapter 408. 57 (e) (d) "Infant" means an age range from 30 days through 12 58 months. 59 (f) (e) "Licensed health care provider" means a physician 60 or physician assistant licensed under pursuant to chapter 458; an osteopathic physician or physician assistant licensed under 61 or chapter 459; an advanced practice registered nurse, a 62 63 registered nurse, or a licensed practical nurse licensed under 64 part I of pursuant to chapter 464; a midwife licensed under 65 chapter 467; or a speech-language pathologist τ or an audiologist 66 licensed under part I of pursuant to chapter 468, rendering services within the scope of his or her license. 67 (g) (f) "Management" means the habilitation of the hearing-68 69 impaired child with hearing loss. 70 (h) (g) "Newborn" means an age range from birth through 29 71 days. 72 "Physician" means a person licensed under chapter 458 (i) 73 to practice medicine or chapter 459 to practice osteopathic 74 medicine. 75 (j) (h) "Screening" means a test or battery of tests Page 3 of 9

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76 administered to determine the need for an in-depth hearing 77 diagnostic evaluation.

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

Each licensed hospital or other state-licensed 80 (a) birthing facility that provides maternity and newborn care 81 82 services shall ensure provide that all newborns are, before 83 prior to discharge, screened for the detection of hearing loss_{au} 84 to prevent the consequences of unidentified disorders. If a 85 newborn fails the screening for the detection of hearing loss, the hospital or other state-licensed birthing facility must 86 87 administer a test approved by the United States Food and Drug Administration or another diagnostically equivalent test on the 88 89 newborn to screen for congenital cytomegalovirus before the 90 newborn becomes 21 days of age or before discharge, whichever 91 occurs earlier.

92 Each licensed birth center that provides maternity and (b) 93 newborn care services shall ensure provide that all newborns 94 are, before prior to discharge, referred to an a licensed 95 audiologist, a physician licensed under chapter 458 or chapter 96 459, or a hospital, or another other newborn hearing screening 97 provider τ for screening for the detection of hearing loss τ to 98 prevent the consequences of unidentified disorders. The referral 99 for appointment must shall be made within 7 30 days after discharge. Written documentation of the referral must be placed 100

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101 in the newborn's medical chart.

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

108 (d) For home births, the health care provider in 109 attendance is responsible for coordination and referral to an a licensed audiologist, a hospital, or another other newborn 110 hearing screening provider. The health care provider in 111 attendance must make the referral for appointment shall be made 112 113 within 7 $\frac{30}{30}$ days after the birth. In cases in which the home 114 birth is not attended by a primary health care provider, the 115 newborn's primary health care provider is responsible for 116 coordinating the a referral to a licensed audiologist, physician 117 licensed pursuant to chapter 458 or chapter 459, hospital, or 118 other newborn hearing screening provider must be made by the 119 health care provider 120 birth.

(e) For home births and births in a licensed birth center, if a newborn is referred to a newborn hearing screening provider and the newborn fails the screening for the detection of hearing loss, the newborn's primary health care provider must refer the newborn for administration of a test approved by the United

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126 <u>States Food and Drug Administration or another diagnostically</u> 127 <u>equivalent test on the newborn to screen for congenital</u> 128 cytomegalovirus.

129 (f) (e) All newborn and infant hearing screenings must 130 shall be conducted by an a licensed audiologist, a physician 131 licensed under chapter 458 or chapter 459, or an appropriately 132 supervised individual who has completed documented training specifically for newborn hearing screening. Every licensed 133 134 hospital that provides maternity or newborn care services shall 135 obtain the services of an a licensed audiologist, a physician licensed pursuant to chapter 458 or chapter 459, or another 136 137 other newborn hearing screening provider, through employment or contract or written memorandum of understanding, for the 138 139 purposes of appropriate staff training, screening program 140 supervision, monitoring the scoring and interpretation of test 141 results, rendering of appropriate recommendations, and 142 coordination of appropriate follow-up followup services. 143 Appropriate documentation of the screening completion, results, 144 interpretation, and recommendations must be placed in the 145 medical record within 24 hours after completion of the screening 146 procedure.

147 <u>(g)(f)</u> The screening of a newborn's hearing <u>must</u> should be 148 completed before the newborn is discharged from the hospital. 149 <u>However</u>, if the screening is not completed before discharge due 150 to scheduling or temporary staffing limitations, the screening

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151 must be completed within <u>21</u> 30 days after <u>the birth</u> discharge. 152 Screenings completed after discharge or performed because of 153 initial screening failure must be completed by an audiologist 154 <u>licensed in the state</u>, a physician licensed under chapter 458 or 155 chapter 459, or a hospital<u>,</u> or <u>another</u> other newborn hearing 156 screening provider.

157 <u>(h) (g)</u> Each hospital shall formally designate a lead 158 physician responsible for programmatic oversight for newborn 159 hearing screening. Each birth center shall designate a licensed 160 health care provider to provide such programmatic oversight and 161 to ensure that the appropriate referrals are being completed.

162 <u>(i)</u>(h) When ordered by the treating physician, screening 163 of a newborn's hearing must include auditory brainstem 164 responses, or evoked <u>otoacoustic</u> otacoustic emissions, or 165 appropriate technology as approved by the United States Food and 166 Drug Administration.

167 (j) The results of any test conducted pursuant to this 168 section, including, but not limited to, newborn hearing loss 169 screening, congenital cytomegalovirus testing, and any related 170 diagnostic testing, must be reported to the department within 7 171 days after receipt of such results.

(i) Newborn hearing screening must be conducted on all newborns in hospitals in this state on birth admission. When a newborn is delivered in a facility other than a hospital, the parents must be instructed on the importance of having the

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176 hearing screening performed and must be given information to 177 assist them in having the screening performed within 3 months 178 after the child's birth.

179 (k) (j) The initial procedure for screening the hearing of 180 the newborn or infant and any medically necessary follow-up 181 followup reevaluations leading to diagnosis shall be a covered 182 benefit for, reimbursable under Medicaid as an expense 183 compensated supplemental to the per diem rate for Medicaid 184 patients enrolled in MediPass or Medicaid patients covered by a 185 fee-for-service fee for service program. For Medicaid patients enrolled in HMOs, providers shall be reimbursed directly by the 186 187 Medicaid Program Office at the Medicaid rate. This service may not be considered a covered service for the purposes of 188 189 establishing the payment rate for Medicaid HMOs. All health 190 insurance policies and health maintenance organizations as 191 provided under ss. 627.6416, 627.6579, and 641.31(30), except 192 for supplemental policies that only provide coverage for 193 specific diseases, hospital indemnity, or Medicare supplement, 194 or to the supplemental polices, shall compensate providers for 195 the covered benefit at the contracted rate. Nonhospital-based 196 providers are shall be eligible to bill Medicaid for the 197 professional and technical component of each procedure code.

198 <u>(1)(k)</u> A child who is diagnosed as having a permanent 199 hearing <u>loss must</u> impairment shall be referred to the primary 200 care physician for medical management, treatment, and <u>follow-up</u>

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201 followup services. Furthermore, in accordance with Part C of the 202 Individuals with Disabilities Education Act, Pub. L. No. 108-203 446, Infants and Toddlers with Disabilities, any child from birth to 36 months of age who is diagnosed as having $\frac{1}{4}$ hearing 204 205 loss impairment that requires ongoing special hearing services 206 must be referred to the Children's Medical Services Early 207 Intervention Program serving the geographical area in which the 208 child resides.

209 (1) Any person who is not covered through insurance and 210 cannot afford the costs for testing shall be given a list of 211 newborn hearing screening providers who provide the necessary 212 testing free of charge.

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Section 2. This act shall take effect January 1, 2023.

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