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Proposed Committee Substitute by the Committee on Appropriations (Appropriations Subcommittee on Health and Human Services)

A bill to be entitled

2 An act relating to newborn screenings; amending s. 3 383.145, F.S.; revising and defining terms; requiring 4 hospitals and other state-licensed birthing facilities 5 to test for congenital cytomegalovirus in newborns 6 within a specified timeframe under certain 7 circumstances; revising the timeframe in which health 8 care providers attending home births must make certain 9 referrals; requiring certain health care providers 10 practicing in the primary care setting to screen 11 certain newborns in their care for hearing loss within 12 a specified timeframe; requiring such providers to 13 test such newborns for congenital cytomegalovirus 14 within a specified timeframe under certain 15 circumstances; revising the timeframe within which 16 hospitals must complete newborn hearing screenings that were not completed before discharge due to 17 18 temporary staffing or scheduling limitations; 19 providing that certain test results must be reported 20 to the Department of Health within a specified 21 timeframe; deleting a requirement that the parents of 22 certain newborns be instructed on and provided 23 specified information; revising a provision related to 24 Medicaid coverage of newborn hearing screenings and 25 follow-up reevaluations to delete obsolete language; 26 deleting a requirement that certain uninsured persons 27 be provided a list of specified providers; providing

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an effective date.

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

32 Section 1. Section 383.145, Florida Statutes, is amended to 33 read:

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383.145 Newborn and infant hearing screening.-

35 (1) LEGISLATIVE INTENT.-It is the intent of the Legislature 36 this section is to provide a statewide comprehensive and 37 coordinated interdisciplinary program of early hearing loss 38 impairment screening, identification, and follow-up followup 39 care for newborns. The goal is to screen all newborns for 40 hearing loss impairment in order to alleviate the adverse 41 effects of hearing loss on speech and language development, academic performance, and cognitive development. It is further 42 43 the intent of the Legislature that the provisions of this 44 section act only be implemented to the extent that funds are specifically included in the General Appropriations Act for 45 46 carrying out the purposes of this section.

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

(a) <u>"Audiologist" means a person licensed under part I of</u>
 <u>chapter 468 to practice audiology</u> <u>"Agency" means the Agency for</u>
 Health Care Administration.

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(b) "Department" means the Department of Health.

(c) "Hearing <u>loss</u> impairment" means a hearing loss of 30 dB HL or greater in the frequency region important for speech recognition and comprehension in one or both ears, approximately 500 through 4,000 hertz.

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(d) "Hospital" means a facility as defined in s.

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57 395.002(13) and licensed under chapter 395 and part II of

58 <u>chapter 408</u>.

59 <u>(e)</u> "Infant" means an age range from 30 days through 12 60 months.

(f) (c) "Licensed health care provider" means a physician or 61 physician assistant licensed under pursuant to chapter 458; an 62 63 osteopathic physician or physician assistant licensed under or chapter 459; an advanced practice registered nurse, a registered 64 65 nurse, or a licensed practical nurse licensed under part I of 66 pursuant to chapter 464; a midwife licensed under chapter 467; -67 or a speech-language pathologist or an audiologist licensed 68 under part I of pursuant to chapter 468, rendering services within the scope of his or her license. 69

70 (g) (f) "Management" means the habilitation of the hearing-71 impaired child with hearing loss.

72 (h) (g) "Newborn" means an age range from birth through 29 73 days.

74 (i) "Physician" means a person licensed under chapter 458 75 to practice medicine or chapter 459 to practice osteopathic 76 medicine.

77 <u>(j)(h)</u> "Screening" means a test or battery of tests 78 administered to determine the need for an in-depth hearing 79 diagnostic evaluation.

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

(a) Each licensed hospital or other state-licensed birthing
facility that provides maternity and newborn care services shall
<u>ensure provide</u> that all newborns are, <u>before prior to</u> discharge,
screened for the detection of hearing loss_r to prevent the

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86 consequences of unidentified disorders. <u>If a newborn fails the</u> 87 <u>screening for the detection of hearing loss, the hospital or</u> 88 <u>other state-licensed birthing facility must administer a test</u> 89 <u>approved by the United States Food and Drug Administration or</u> 90 <u>another diagnostically equivalent test on the newborn to screen</u> 91 <u>for congenital cytomegalovirus before the newborn becomes 21</u> 92 <u>days of age or before discharge, whichever occurs earlier.</u>

93 (b) Each licensed birth center that provides maternity and 94 newborn care services shall ensure provide that all newborns 95 are, before prior to discharge, referred to an a licensed 96 audiologist, a physician licensed under chapter 458 or chapter 97 459, or a hospital, or another other newborn hearing screening provider τ for screening for the detection of hearing loss τ to 98 99 prevent the consequences of unidentified disorders. The referral 100 for appointment shall be made within 30 days after discharge. Written documentation of the referral must be placed in the 101 102 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.

(d) For home births, the health care provider in attendance is responsible for coordination and referral to <u>an</u> a licensed audiologist, <u>a physician, a</u> hospital, or <u>another</u> other newborn hearing screening provider. The referral for appointment <u>must</u> shall be made within <u>7</u> 30 days after the birth. In cases in which the home birth is not attended by a primary health care

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115	provider, a referral to a licensed audiologist, physician
116	licensed pursuant to chapter 458 or chapter 459, hospital, or
117	other newborn hearing screening provider must be made by the
118	health care provider within the first 3 months after the child's
119	birth.
120	(e) Each licensed health care provider practicing in the
121	primary care setting must ensure that a newborn in his or her
122	care whose birth was not attended by a health care provider is
123	screened for hearing loss within 21 days after the birth. If a
124	newborn fails the screening for the detection of hearing loss,
125	the licensed health care provider must administer a test
126	approved by the United States Food and Drug Administration or
127	another diagnostically equivalent test on the newborn to screen
128	for congenital cytomegalovirus before the newborn becomes 21
129	days of age.

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

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144 documentation of the screening completion, results, 145 interpretation, and recommendations must be placed in the 146 medical record within 24 hours after completion of the screening 147 procedure.

148 (g) (f) The screening of a newborn's hearing must should be 149 completed before the newborn is discharged from the hospital. 150 However, if the screening is not completed before discharge due 151 to scheduling or temporary staffing limitations, the screening 152 must be completed within 21 30 days after the birth discharge. 153 Screenings completed after discharge or performed because of 154 initial screening failure must be completed by an audiologist 155 licensed in the state, a physician licensed under chapter 458 or 156 chapter 459, or a hospital, or another other newborn hearing 157 screening provider.

158 <u>(h) (g)</u> Each hospital shall formally designate a lead 159 physician responsible for programmatic oversight for newborn 160 hearing screening. Each birth center shall designate a licensed 161 health care provider to provide such programmatic oversight and 162 to ensure that the appropriate referrals are being completed.

163 <u>(i) (h)</u> When ordered by the treating physician, screening of 164 a newborn's hearing must include auditory brainstem responses, 165 or evoked <u>otoacoustic</u> otacoustic emissions, or appropriate 166 technology as approved by the United States Food and Drug 167 Administration.

168 <u>(j)(i)</u> The results of any test conducted pursuant to this 169 section, including, but not limited to, newborn hearing loss 170 screening, congenital cytomegalovirus testing, and any related 171 diagnostic testing, must be reported to the department within 7 172 days after receipt of such results Newborn hearing screening

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173 must be conducted on all newborns in hospitals in this state on 174 birth admission. When a newborn is delivered in a facility other 175 than a hospital, the parents must be instructed on the 176 importance of having the hearing screening performed and must be 177 given information to assist them in having the screening 178 performed within 3 months 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 fee for service program. For Medicaid patients enrolled in HMOs, 185 186 providers shall be reimbursed directly by the Medicaid Program 187 Office at the Medicaid rate. This service may not be considered 188 a covered service for the purposes of establishing the payment 189 rate for Medicaid HMOs. All health insurance policies and health maintenance organizations as provided under ss. 627.6416, 190 191 627.6579, and 641.31(30), except for supplemental policies that only provide coverage for specific diseases, hospital indemnity, 192 193 or Medicare supplement, or to the supplemental polices, shall 194 compensate providers for the covered benefit at the contracted 195 rate. Nonhospital-based providers are shall be eligible to bill 196 Medicaid for the professional and technical component of each 197 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> 201 followup services. Furthermore, in accordance with Part C of the



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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 a hearing <u>loss impairment</u> 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.

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.