

By Senator Rodriguez

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1                                   A bill to be entitled  
2       An act relating to the Department of Health; amending  
3       s. 381.0101, F.S.; defining the term "environmental  
4       health technician"; exempting environmental health  
5       technicians from certain certification requirements  
6       under certain circumstances; requiring the department,  
7       in conjunction with the Department of Environmental  
8       Protection, to adopt rules that establish certain  
9       standards for environmental health technician  
10      certification; requiring the Department of Health to  
11      adopt by rule certain standards for environmental  
12      health technician certification; revising provisions  
13      related to exemptions and fees to conform to changes  
14      made by the act; creating s. 381.991, F.S.; creating  
15      the Andrew John Anderson Rare Pediatric Disease Grant  
16      Program within the department for a specified purpose;  
17      subject to an appropriation by the Legislature,  
18      requiring the program to award grants for certain  
19      scientific and clinical research; specifying entities  
20      eligible to apply for the grants; specifying the types  
21      of applications that may be considered for grant  
22      funding; providing for a competitive, peer-reviewed  
23      application and selection process; providing that the  
24      remaining balance of appropriations for the program as  
25      of a specified date may be carried forward for a  
26      specified timeframe under certain circumstances;  
27      amending s. 383.14, F.S.; providing that any health  
28      care practitioner present at a birth or responsible  
29      for primary care during the neonatal period has the

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30 primary responsibility of administering certain  
31 screenings; defining the term "health care  
32 practitioner"; deleting identification and screening  
33 requirements for newborns and their families for  
34 certain environmental and health risk factors;  
35 deleting certain related duties of the department;  
36 revising the definition of the term "health care  
37 practitioner" to include licensed genetic counselors;  
38 requiring that blood specimens for screenings of  
39 newborns be collected before a specified age;  
40 requiring that newborns have a blood specimen  
41 collected for newborn screenings, rather than only a  
42 test for phenylketonuria, before a specified age;  
43 deleting certain rulemaking authority of the  
44 department; deleting a requirement that the department  
45 furnish certain forms to specified entities; deleting  
46 the requirement that such entities report the results  
47 of certain screenings to the department; making  
48 technical and conforming changes; deleting a  
49 requirement that the department submit certain  
50 certifications as part of its legislative budget  
51 request; requiring certain health care practitioners  
52 to prepare and send all newborn screening specimen  
53 cards to the State Public Health Laboratory; defining  
54 the term "health care practitioner"; amending s.  
55 383.145, F.S.; defining the term "toddler"; revising  
56 hearing loss screening requirements to include infants  
57 and toddlers; revising hearing loss screening  
58 requirements for licensed birth centers; revising the

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59           timeframe in which a newborn's primary health care  
60           provider must refer a newborn for congenital  
61           cytomegalovirus screening after the newborn fails the  
62           hearing loss screening; requiring licensed birth  
63           centers to complete newborn hearing loss screenings  
64           before discharge, with an exception; amending s.  
65           383.147, F.S.; revising sickle cell disease and sickle  
66           cell trait screening requirements; requiring screening  
67           providers to notify a newborn's parent or guardian,  
68           rather than the newborn's primary care physician, of  
69           certain information; authorizing the parents or  
70           guardians of a newborn to opt out of the newborn's  
71           inclusion in the sickle cell registry; specifying the  
72           manner in which a parent or guardian may opt out;  
73           authorizing certain persons other than newborns who  
74           have been identified as having sickle cell disease or  
75           carrying a sickle cell trait to choose to be included  
76           in the registry; creating s. 383.148, F.S.; requiring  
77           the department to promote the screening of pregnant  
78           women and infants for specified environmental risk  
79           factors; requiring the department to develop a  
80           multilevel screening process for prenatal and  
81           postnatal risk screenings; specifying requirements for  
82           such screening processes; providing construction;  
83           requiring persons who object to a screening to give a  
84           written statement of such objection to the physician  
85           or other person required to administer and report the  
86           screening; amending s. 383.2163, F.S.; expanding the  
87           telehealth minority maternity care pilot program to a

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88 full program available in any county in this state,  
89 contingent upon available funding; making conforming  
90 changes; revising the source of funding for the  
91 program; amending ss. 383.318, 395.1053, and 456.0496,  
92 F.S.; conforming cross-references; providing an  
93 effective date.

94

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

96

97 Section 1. Present subsections (5), (6), and (7) of section  
98 381.0101, Florida Statutes, are redesignated as subsections (6),  
99 (7), and (8), respectively, a new subsection (5) is added to  
100 that section, and subsections (1), (2), and (4) and present  
101 subsections (5) and (6) of that section are amended, to read:

102 381.0101 Environmental health professionals.—

103 (1) DEFINITIONS.—As used in this section, the term:

104 (a) "Board" means the Environmental Health Professionals  
105 Advisory Board.

106 (c) ~~(b)~~ "Department" means the Department of Health.

107 (d) ~~(e)~~ "Environmental health" means that segment of public  
108 health work which deals with the examination of those factors in  
109 the human environment which may impact adversely on the health  
110 status of an individual or the public.

111 (e) ~~(d)~~ "Environmental health professional" means a person  
112 who is employed or assigned the responsibility for assessing the  
113 environmental health or sanitary conditions, as defined by the  
114 department, within a building, on an individual's property, or  
115 within the community at large, and who has the knowledge,  
116 skills, and abilities to carry out these tasks. Environmental

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117 health professionals may be either field, supervisory, or  
118 administrative staff members.

119 (b)~~(e)~~ "Certified" means a person who has displayed  
120 competency to perform evaluations of environmental or sanitary  
121 conditions through examination.

122 (f) "Environmental health technician" means a person who is  
123 employed or assigned the responsibility for conducting septic  
124 inspections under the supervision of a certified environmental  
125 health professional. An environmental health technician must  
126 have completed training approved by the department and have the  
127 knowledge, skills, and abilities to carry out these tasks.

128 (h)~~(f)~~ "Registered sanitarian," "R.S.," "Registered  
129 Environmental Health Specialist," or "R.E.H.S." means a person  
130 who has been certified by either the National Environmental  
131 Health Association or the Florida Environmental Health  
132 Association as knowledgeable in the environmental health  
133 profession.

134 (g) "Primary environmental health program" means those  
135 programs determined by the department to be essential for  
136 providing basic environmental and sanitary protection to the  
137 public. At a minimum, these programs shall include food  
138 protection program work.

139 (2) CERTIFICATION; EXEMPTIONS REQUIRED.—A person may not  
140 perform environmental health or sanitary evaluations in any  
141 primary program area of environmental health without being  
142 certified by the department as competent to perform such  
143 evaluations. This section does not apply to any of the  
144 following:

145 (a) Persons performing inspections of public food service

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146 establishments licensed under chapter 509.~~7-01~~

147 (b) Persons performing site evaluations in order to  
148 determine proper placement and installation of onsite wastewater  
149 treatment and disposal systems who have successfully completed a  
150 department-approved soils morphology course and who are working  
151 under the direct responsible charge of an engineer licensed  
152 under chapter 471.

153 (c) Environmental health technicians employed by a  
154 department as defined in s. 20.03 who are assigned the  
155 responsibility for conducting septic tank inspections under the  
156 supervision of an environmental health professional certified in  
157 onsite sewage treatment and disposal.

158 (4) STANDARDS FOR CERTIFICATION.—The department shall adopt  
159 rules that establish definitions of terms and minimum standards  
160 of education, training, or experience for those persons subject  
161 to this subsection ~~section~~. The rules must also address the  
162 process for application, examination, issuance, expiration, and  
163 renewal of certification and ethical standards of practice for  
164 the profession.

165 (a) Persons employed as environmental health professionals  
166 shall exhibit a knowledge of rules and principles of  
167 environmental and public health law in Florida through  
168 examination. A person may not conduct environmental health  
169 evaluations in a primary program area unless he or she is  
170 currently certified in that program area or works under the  
171 direct supervision of a certified environmental health  
172 professional.

173 1. All persons who begin employment in a primary  
174 environmental health program on or after September 21, 1994,

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175 must be certified in that program within 6 months after  
176 employment.

177       2. Persons employed in the primary environmental health  
178 program of a food protection program or an onsite sewage  
179 treatment and disposal system prior to September 21, 1994, shall  
180 be considered certified while employed in that position and  
181 shall be required to adhere to any professional standards  
182 established by the department pursuant to paragraph (b),  
183 complete any continuing education requirements imposed under  
184 paragraph (d), and pay the certificate renewal fee imposed under  
185 subsection (7) ~~(6)~~.

186       3. Persons employed in the primary environmental health  
187 program of a food protection program or an onsite sewage  
188 treatment and disposal system prior to September 21, 1994, who  
189 change positions or program areas and transfer into another  
190 primary environmental health program area on or after September  
191 21, 1994, must be certified in that program within 6 months  
192 after such transfer, except that they will not be required to  
193 possess the college degree required under paragraph (e).

194       4. Registered sanitarians shall be considered certified and  
195 shall be required to adhere to any professional standards  
196 established by the department pursuant to paragraph (b).

197       (b) At a minimum, the department shall establish standards  
198 for professionals in the areas of food hygiene and onsite sewage  
199 treatment and disposal.

200       (c) Those persons conducting primary environmental health  
201 evaluations shall be certified by examination to be  
202 knowledgeable in any primary area of environmental health in  
203 which they are routinely assigned duties.

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204 (d) Persons who are certified shall renew their  
205 certification biennially by completing not less than 24 contact  
206 hours of continuing education for each program area in which  
207 they maintain certification, subject to a maximum of 48 hours  
208 for multiprogram certification.

209 (e) Applicants for certification shall have graduated from  
210 an accredited 4-year college or university with a degree or  
211 major coursework in public health, environmental health,  
212 environmental science, or a physical or biological science.

213 (f) A certificateholder shall notify the department within  
214 60 days after any change of name or address from that which  
215 appears on the current certificate.

216 (5) STANDARDS FOR ENVIRONMENTAL HEALTH TECHNICIAN  
217 CERTIFICATION.—The department, in conjunction with the  
218 Department of Environmental Protection, shall adopt rules that  
219 establish definitions of terms and minimum standards of  
220 education, training, and experience for those persons subject to  
221 this subsection. The rules must also address the process for  
222 application, examination, issuance, expiration, and renewal of  
223 certification, and ethical standards of practice for the  
224 profession.

225 (a) At a minimum, the department shall establish standards  
226 for technicians in the areas of onsite sewage treatment and  
227 disposal.

228 (b) A person conducting septic inspections must be  
229 certified by examination to be knowledgeable in the area of  
230 onsite sewage treatment and disposal.

231 (c) An applicant for certification as an environmental  
232 health technician must, at a minimum, have received a high



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233 school diploma or its equivalent.

234 (d) An applicant for certification as an environmental  
235 health technician must be employed by a department as defined in  
236 s. 20.30.

237 (e) An applicant for certification as an environmental  
238 health technician must complete supervised field inspection work  
239 as prescribed by department rule before examination.

240 (f) A certified environmental health technician must renew  
241 his or her certification biennially by completing at least 24  
242 contact hours of continuing education for each program area in  
243 which he or she maintains certification, subject to a maximum of  
244 48 hours for multiprogram certification.

245 (g) A certified environmental health technician shall  
246 notify the department within 60 days after any change of name or  
247 address from that which appears on the current certificate.

248 (6)-(5) EXEMPTIONS.—A person who conducts primary  
249 environmental evaluation activities and maintains a current  
250 registration or certification from another state agency which  
251 examined the person's knowledge of the primary program area and  
252 requires comparable continuing education to maintain the  
253 certificate shall not be required to be certified by this  
254 section. ~~Examples of persons not subject to certification are~~  
255 ~~physicians, registered dietitians, certified laboratory~~  
256 ~~personnel, and nurses.~~

257 (7)-(6) FEES.—The department shall charge fees in amounts  
258 necessary to meet the cost of providing environmental health  
259 professional certification. Fees for certification shall be not  
260 less than \$10 or more than \$300 and shall be set by rule.  
261 Application, examination, and certification costs shall be

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262 included in this fee. Fees for renewal of a certificate shall be  
263 no less than \$25 nor more than \$150 per biennium.

264 Section 2. Section 381.991, Florida Statutes, is created to  
265 read:

266 381.991 Andrew John Anderson Pediatric Rare Disease Grant  
267 Program.—

268 (1) (a) There is created within the Department of Health the  
269 Andrew John Anderson Rare Pediatric Disease Grant Program. The  
270 purpose of the program is to advance the progress of research  
271 and cures for rare pediatric diseases by awarding grants through  
272 a competitive, peer-reviewed process.

273 (b) Subject to an annual appropriation by the Legislature,  
274 the program shall award grants for scientific and clinical  
275 research to further the search for new diagnostics, treatments,  
276 and cures for rare pediatric diseases.

277 (2) (a) Applications for grants for rare pediatric disease  
278 research may be submitted by any university or established  
279 research institute in the state. All qualified investigators in  
280 the state, regardless of institutional affiliation, shall have  
281 equal access and opportunity to compete for the research  
282 funding. Preference may be given to grant proposals that foster  
283 collaboration among institutions, researchers, and community  
284 practitioners, as such proposals support the advancement of  
285 treatments and cures of rare pediatric diseases through basic or  
286 applied research. Grants shall be awarded by the department,  
287 after consultation with the Rare Disease Advisory Council,  
288 pursuant to s. 381.99, on the basis of scientific merit, as  
289 determined by the competitive, peer-reviewed process to ensure  
290 objectivity, consistency, and high quality. The following types

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291 of applications may be considered for funding:

292 1. Investigator-initiated research grants.

293 2. Institutional research grants.

294 3. Collaborative research grants, including those that  
295 advance the finding of treatment and cures through basic or  
296 applied research.

297 (b) To ensure appropriate and fair evaluation of grant  
298 applications based on scientific merit, the department shall  
299 appoint peer review panels of independent, scientifically  
300 qualified individuals to review the scientific merit of each  
301 proposal and establish its priority score. The priority scores  
302 shall be forwarded to the council and must be considered in  
303 determining which proposals shall be recommended for funding.

304 (c) The council and the peer review panels shall establish  
305 and follow rigorous guidelines for ethical conduct and adhere to  
306 a strict policy with regard to conflicts of interest. A member  
307 of the council or panel may not participate in any discussion or  
308 decision of the council or panel with respect to a research  
309 proposal by any firm, entity, or agency that the member is  
310 associated with as a member of the governing body or as an  
311 employee or with which the member has entered into a contractual  
312 arrangement.

313 (d) Notwithstanding s. 216.301 and pursuant to s. 216.351,  
314 the balance of any appropriation from the General Revenue Fund  
315 for the Andrew John Anderson Pediatric Rare Disease Grant  
316 Program that is not disbursed but that is obligated pursuant to  
317 contract or committed to be expended by June 30 of the fiscal  
318 year in which the funds are appropriated may be carried forward  
319 for up to 5 years after the effective date of the original

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320 appropriation.

321 Section 3. Present subsection (5) of section 383.14,  
322 Florida Statutes, is redesignated as subsection (6), a new  
323 subsection (5) is added to that section, and subsections (1),  
324 (2), and (3) of that section are amended, to read:

325 383.14 Screening for metabolic disorders, other hereditary  
326 and congenital disorders, and environmental risk factors.—

327 (1) SCREENING REQUIREMENTS.—To help ensure access to the  
328 maternal and child health care system, the Department of Health  
329 shall promote the screening of all newborns born in Florida for  
330 metabolic, hereditary, and congenital disorders known to result  
331 in significant impairment of health or intellect, as screening  
332 programs accepted by current medical practice become available  
333 and practical in the judgment of the department. Any health care  
334 practitioner present at a birth or responsible for primary care  
335 during the neonatal period has the primary responsibility of  
336 administering screenings as required in ss. 383.14 and 383.145.  
337 As used in this subsection, the term “health care practitioner”  
338 means a physician or physician assistant licensed under chapter  
339 458, an osteopathic physician or physician assistant licensed  
340 under chapter 459, an advanced practice registered nurse  
341 licensed under part I of chapter 464, or a midwife licensed  
342 under chapter 467 ~~The department shall also promote the~~  
343 ~~identification and screening of all newborns in this state and~~  
344 ~~their families for environmental risk factors such as low~~  
345 ~~income, poor education, maternal and family stress, emotional~~  
346 ~~instability, substance abuse, and other high-risk conditions~~  
347 ~~associated with increased risk of infant mortality and morbidity~~  
348 ~~to provide early intervention, remediation, and prevention~~

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349 ~~services, including, but not limited to, parent support and~~  
350 ~~training programs, home visitation, and case management.~~  
351 ~~Identification, perinatal screening, and intervention efforts~~  
352 ~~shall begin prior to and immediately following the birth of the~~  
353 ~~child by the attending health care provider. Such efforts shall~~  
354 ~~be conducted in hospitals, perinatal centers, county health~~  
355 ~~departments, school health programs that provide prenatal care,~~  
356 ~~and birthing centers, and reported to the Office of Vital~~  
357 ~~Statistics.~~

358 ~~(a) Prenatal screening. The department shall develop a~~  
359 ~~multilevel screening process that includes a risk assessment~~  
360 ~~instrument to identify women at risk for a preterm birth or~~  
361 ~~other high-risk condition. The primary health care provider~~  
362 ~~shall complete the risk assessment instrument and report the~~  
363 ~~results to the Office of Vital Statistics so that the woman may~~  
364 ~~immediately be notified and referred to appropriate health,~~  
365 ~~education, and social services.~~

366 ~~(b) Postnatal screening. A risk factor analysis using the~~  
367 ~~department's designated risk assessment instrument shall also be~~  
368 ~~conducted as part of the medical screening process upon the~~  
369 ~~birth of a child and submitted to the department's Office of~~  
370 ~~Vital Statistics for recording and other purposes provided for~~  
371 ~~in this chapter. The department's screening process for risk~~  
372 ~~assessment shall include a scoring mechanism and procedures that~~  
373 ~~establish thresholds for notification, further assessment,~~  
374 ~~referral, and eligibility for services by professionals or~~  
375 ~~paraprofessionals consistent with the level of risk. Procedures~~  
376 ~~for developing and using the screening instrument, notification,~~  
377 ~~referral, and care coordination services, reporting~~

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378 ~~requirements, management information, and maintenance of a~~  
379 ~~computer-driven registry in the Office of Vital Statistics which~~  
380 ~~ensures privacy safeguards must be consistent with the~~  
381 ~~provisions and plans established under chapter 411, Pub. L. No.~~  
382 ~~99-457, and this chapter. Procedures established for reporting~~  
383 ~~information and maintaining a confidential registry must include~~  
384 ~~a mechanism for a centralized information depository at the~~  
385 ~~state and county levels. The department shall coordinate with~~  
386 ~~existing risk assessment systems and information registries. The~~  
387 ~~department must ensure, to the maximum extent possible, that the~~  
388 ~~screening information registry is integrated with the~~  
389 ~~department's automated data systems, including the Florida On-~~  
390 ~~line Recipient Integrated Data Access (FLORIDA) system.~~

391 (a) Blood specimens for newborn screenings. ~~Newborn Tests~~  
392 ~~and~~ screenings must be performed by the State Public Health  
393 Laboratory, in coordination with Children's Medical Services, at  
394 such times and in such manner as is prescribed by the department  
395 after consultation with the Genetics and Newborn Screening  
396 Advisory Council ~~and the Department of Education.~~

397 (b) (e) Release of screening results. ~~Notwithstanding any~~  
398 ~~law to the contrary,~~ the State Public Health Laboratory may  
399 release, directly or through the Children's Medical Services  
400 program, the results of a newborn's ~~hearing and metabolic tests~~  
401 ~~or~~ screenings to the newborn's health care practitioner, the  
402 newborn's parent or legal guardian, the newborn's personal  
403 representative, or a person designated by the newborn's parent  
404 or legal guardian. As used in this paragraph, the term "health  
405 care practitioner" means a physician or physician assistant  
406 licensed under chapter 458; an osteopathic physician or

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407 physician assistant licensed under chapter 459; an advanced  
408 practice registered nurse, registered nurse, or licensed  
409 practical nurse licensed under part I of chapter 464; a midwife  
410 licensed under chapter 467; a speech-language pathologist or  
411 audiologist licensed under part I of chapter 468; ~~or~~ a dietician  
412 or nutritionist licensed under part X of chapter 468; or a  
413 genetic counselor licensed under part III of chapter 483.

414 (2) RULES.—

415 (a) After consultation with the Genetics and Newborn  
416 Screening Advisory Council, the department shall adopt and  
417 enforce rules requiring that every newborn in this state shall:

418 1. Before becoming 1 week of age, have a blood specimen  
419 collected for newborn screenings ~~be subjected to a test for~~  
420 ~~phenylketonuria;~~

421 2. Be tested for any condition included on the federal  
422 Recommended Uniform Screening Panel which the council advises  
423 the department should be included under the state's screening  
424 program. After the council recommends that a condition be  
425 included, the department shall submit a legislative budget  
426 request to seek an appropriation to add testing of the condition  
427 to the newborn screening program. The department shall expand  
428 statewide screening of newborns to include screening for such  
429 conditions within 18 months after the council renders such  
430 advice, if a test approved by the United States Food and Drug  
431 Administration or a test offered by an alternative vendor is  
432 available. If such a test is not available within 18 months  
433 after the council makes its recommendation, the department shall  
434 implement such screening as soon as a test offered by the United  
435 States Food and Drug Administration or by an alternative vendor

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436 is available; and

437 3. At the appropriate age, be tested for such other  
438 metabolic diseases and hereditary or congenital disorders as the  
439 department may deem necessary ~~from time to time~~.

440 ~~(b) After consultation with the Department of Education,~~  
441 ~~the department shall adopt and enforce rules requiring every~~  
442 ~~newborn in this state to be screened for environmental risk~~  
443 ~~factors that place children and their families at risk for~~  
444 ~~increased morbidity, mortality, and other negative outcomes.~~

445 (b)(e) The department shall adopt such additional rules as  
446 are found necessary for the administration of this section and  
447 ss. 383.145 and 383.148 ~~s. 383.145~~, including rules providing  
448 definitions of terms, rules relating to the methods used and  
449 time or times for testing as accepted medical practice  
450 indicates, rules relating to charging and collecting fees for  
451 the administration of the newborn screening program authorized  
452 by this section, rules for processing requests and releasing  
453 test and screening results, and rules requiring mandatory  
454 reporting of the results of tests and screenings for these  
455 conditions to the department.

456 (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.—The department  
457 shall administer and provide certain services to implement the  
458 provisions of this section and shall:

459 (a) Assure the availability and quality of the necessary  
460 laboratory tests and materials.

461 ~~(b) Furnish all physicians, county health departments,~~  
462 ~~perinatal centers, birthing centers, and hospitals forms on~~  
463 ~~which environmental screening and the results of tests for~~  
464 ~~phenylketonuria and such other disorders for which testing may~~



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465 ~~be required from time to time shall be reported to the~~  
466 ~~department.~~

467 ~~(e)~~ Promote education of the public about the prevention  
468 and management of metabolic, hereditary, and congenital  
469 disorders ~~and dangers associated with environmental risk~~  
470 ~~factors.~~

471 (c) ~~(d)~~ Maintain a confidential registry of cases, including  
472 information of importance for the purpose of follow-up ~~followup~~  
473 services to prevent intellectual disabilities, to correct or  
474 ameliorate physical disabilities, and for epidemiologic studies,  
475 if indicated. Such registry shall be exempt from the provisions  
476 of s. 119.07(1).

477 (d) ~~(e)~~ Supply the necessary dietary treatment products  
478 where practicable for diagnosed cases of ~~phenylketonuria and~~  
479 ~~other~~ metabolic diseases for as long as medically indicated when  
480 the products are not otherwise available. Provide nutrition  
481 education and supplemental foods to those families eligible for  
482 the Special Supplemental Nutrition Program for Women, Infants,  
483 and Children as provided in s. 383.011.

484 (e) ~~(f)~~ Promote the availability of genetic studies,  
485 services, and counseling in order that the parents, siblings,  
486 and affected newborns may benefit from detection and available  
487 knowledge of the condition.

488 (f) ~~(g)~~ Have the authority to charge and collect fees for  
489 the administration of the newborn screening program. ~~authorized~~  
490 ~~in this section, as follows:~~

491 ~~1.~~ A fee not to exceed \$15 will be charged for each live  
492 birth, as recorded by the Office of Vital Statistics, occurring  
493 in a hospital licensed under part I of chapter 395 or a birth

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494 center licensed under s. 383.305 ~~per year~~. The department shall  
495 calculate the ~~annual~~ assessment for each hospital and birth  
496 center, and this assessment must be paid ~~in equal amounts~~  
497 quarterly. ~~Quarterly~~, The department shall generate and issue  
498 ~~mail to~~ each hospital and birth center a statement of the amount  
499 due.

500 ~~2. As part of the department's legislative budget request~~  
501 ~~prepared pursuant to chapter 216, the department shall submit a~~  
502 ~~certification by the department's inspector general, or the~~  
503 ~~director of auditing within the inspector general's office, of~~  
504 ~~the annual costs of the uniform testing and reporting procedures~~  
505 ~~of the newborn screening program. In certifying the annual~~  
506 ~~costs, the department's inspector general or the director of~~  
507 ~~auditing within the inspector general's office shall calculate~~  
508 ~~the direct costs of the uniform testing and reporting~~  
509 ~~procedures, including applicable administrative costs.~~  
510 ~~Administrative costs shall be limited to those department costs~~  
511 ~~which are reasonably and directly associated with the~~  
512 ~~administration of the uniform testing and reporting procedures~~  
513 ~~of the newborn screening program.~~

514 (g) ~~(h)~~ Have the authority to bill third-party payors for  
515 newborn screening tests.

516 (h) ~~(i)~~ Create and make available electronically a pamphlet  
517 with information on screening for, and the treatment of,  
518 preventable infant and childhood eye and vision disorders,  
519 including, but not limited to, retinoblastoma and amblyopia.

520  
521 All provisions of this subsection must be coordinated with the  
522 provisions and plans established under this chapter, chapter

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523 411, and Pub. L. No. 99-457.

524 (5) SUBMISSION OF NEWBORN SCREENING SPECIMEN CARDS.—Any  
 525 health care practitioner whose duty it is to administer  
 526 screenings under this section shall prepare and send all newborn  
 527 screening specimen cards to the State Public Health Laboratory  
 528 in accordance with rules adopted under this section. As used in  
 529 this subsection, the term “health care practitioner” means a  
 530 physician or physician assistant licensed under chapter 458, an  
 531 osteopathic physician or physician assistant licensed under  
 532 chapter 459, an advanced practice registered nurse licensed  
 533 under part I of chapter 464, or a midwife licensed under chapter  
 534 467.

535 Section 4. Paragraph (k) is added to subsection (2) of  
 536 Section 383.145, Florida Statutes, and subsection (3) of that  
 537 section is amended, to read:

538 383.145 Newborn, ~~and~~ infant, and toddler hearing  
 539 screening.—

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

541 (k) “Toddler” means a child from 12 months to 36 months of  
 542 age.

543 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS, INFANTS, AND  
 544 TODDLERS; INSURANCE COVERAGE; REFERRAL FOR ONGOING SERVICES.—

545 (a) Each hospital or other state-licensed birth birthing  
 546 facility that provides maternity and newborn care services shall  
 547 ensure that all newborns are, before discharge, screened for the  
 548 detection of hearing loss to prevent the consequences of  
 549 unidentified disorders. If a newborn fails the screening for the  
 550 detection of hearing loss, the hospital or other state-licensed  
 551 birth birthing facility must administer a test approved by the

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552 United States Food and Drug Administration or another  
553 diagnostically equivalent test on the newborn to screen for  
554 congenital cytomegalovirus before the newborn becomes 21 days of  
555 age or before discharge, whichever occurs earlier.

556 (b) Each licensed birth center that provides maternity and  
557 newborn care services shall ensure that all newborns are, before  
558 discharge, screened for the detection of hearing loss. Within 7  
559 days after the birth, the licensed birth center must ensure that  
560 all newborns who do not pass the hearing screening are referred  
561 for to an appointment audiologist, a hospital, or another  
562 newborn hearing screening provider for a test to screen for  
563 congenital cytomegalovirus before the newborn becomes 21 days of  
564 age screening for the detection of hearing loss to prevent the  
565 consequences of unidentified disorders. The referral for  
566 appointment must be made within 7 days after discharge. Written  
567 documentation of the referral must be placed in the newborn's  
568 medical chart.

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

575 (d) For home births, the health care provider in attendance  
576 is responsible for coordination and referral to an audiologist,  
577 a hospital, or another newborn hearing screening provider. The  
578 health care provider in attendance must make the referral for  
579 appointment within 7 days after the birth. In cases in which the  
580 home birth is not attended by a health care provider, the

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581 newborn's primary health care provider is responsible for  
582 coordinating the referral.

583 (e) For home births and births in a licensed birth center,  
584 if a newborn is referred to a newborn hearing screening provider  
585 and the newborn fails the screening for the detection of hearing  
586 loss, the newborn's primary health care provider must refer the  
587 newborn for administration of a test approved by the United  
588 States Food and Drug Administration or another diagnostically  
589 equivalent test on the newborn to screen for congenital  
590 cytomegalovirus before the newborn becomes 21 days of age.

591 (f) All newborn and infant hearing screenings must be  
592 conducted by an audiologist, a physician, or an appropriately  
593 supervised individual who has completed documented training  
594 specifically for newborn hearing screening. Every hospital that  
595 provides maternity or newborn care services shall obtain the  
596 services of an audiologist, a physician, or another newborn  
597 hearing screening provider, through employment or contract or  
598 written memorandum of understanding, for the purposes of  
599 appropriate staff training, screening program supervision,  
600 monitoring the scoring and interpretation of test results,  
601 rendering of appropriate recommendations, and coordination of  
602 appropriate follow-up services. Appropriate documentation of the  
603 screening completion, results, interpretation, and  
604 recommendations must be placed in the medical record within 24  
605 hours after completion of the screening procedure.

606 (g) The screening of a newborn's hearing must be completed  
607 before the newborn is discharged from the hospital or licensed  
608 birth center. However, if the screening is not completed before  
609 discharge due to scheduling or temporary staffing limitations,

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610 the screening must be completed within 21 days after the birth.  
611 Screenings completed after discharge or performed because of  
612 initial screening failure must be completed by an audiologist, a  
613 physician, a hospital, or another newborn hearing screening  
614 provider.

615 (h) Each hospital shall formally designate a lead physician  
616 responsible for programmatic oversight for newborn hearing  
617 screening. Each birth center shall designate a licensed health  
618 care provider to provide such programmatic oversight and to  
619 ensure that the appropriate referrals are being completed.

620 (i) When ordered by the treating physician, screening of a  
621 newborn's, infant's, or toddler's hearing must include auditory  
622 brainstem responses, or evoked otoacoustic emissions, or  
623 appropriate technology as approved by the United States Food and  
624 Drug Administration.

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

630 (k) The initial procedure for screening the hearing of the  
631 newborn or infant and any medically necessary follow-up  
632 reevaluations leading to diagnosis shall be a covered benefit  
633 for Medicaid patients covered by a fee-for-service program. For  
634 Medicaid patients enrolled in HMOs, providers shall be  
635 reimbursed directly by the Medicaid Program Office at the  
636 Medicaid rate. This service may not be considered a covered  
637 service for the purposes of establishing the payment rate for  
638 Medicaid HMOs. All health insurance policies and health

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639 maintenance organizations as provided under ss. 627.6416,  
 640 627.6579, and 641.31(30), except for supplemental policies that  
 641 only provide coverage for specific diseases, hospital indemnity,  
 642 or Medicare supplement, or to the supplemental policies, shall  
 643 compensate providers for the covered benefit at the contracted  
 644 rate. Nonhospital-based providers are eligible to bill Medicaid  
 645 for the professional and technical component of each procedure  
 646 code.

647 (1) A child who is diagnosed as having permanent hearing  
 648 loss must be referred to the primary care physician for medical  
 649 management, treatment, and follow-up services. Furthermore, in  
 650 accordance with Part C of the Individuals with Disabilities  
 651 Education Act, Pub. L. No. 108-446, Infants and Toddlers with  
 652 Disabilities, any child from birth to 36 months of age who is  
 653 diagnosed as having hearing loss that requires ongoing special  
 654 hearing services must be referred to the Children's Medical  
 655 Services Early Intervention Program serving the geographical  
 656 area in which the child resides.

657 Section 5. Section 383.147, Florida Statutes, is amended to  
 658 read:

659 383.147 Newborn and infant screenings for Sickle cell  
 660 disease and sickle cell trait hemoglobin variants; registry.-

661 (1) If a screening provider detects that a newborn as or an  
 662 infant, as those terms are defined in s. 383.145(2), is  
 663 identified as having sickle cell disease or carrying a sickle  
 664 cell trait through the newborn screening program as described in  
 665 s. 383.14, the department hemoglobin variant, it must:

666 (a) Notify the parent or guardian of the newborn and  
 667 provide information regarding the availability and benefits of

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668 genetic counseling. ~~primary care physician of the newborn or~~  
669 ~~infant and~~

670 (b) Submit the results of such screening to the Department  
671 ~~of Health~~ for inclusion in the sickle cell registry established  
672 under paragraph (2) (a), unless the parent or guardian of the  
673 newborn provides an opt-out form obtained from the department,  
674 or otherwise indicates in writing to the department his or her  
675 objection to having the newborn included in the sickle cell  
676 registry. ~~The primary care physician must provide to the parent~~  
677 ~~or guardian of the newborn or infant information regarding the~~  
678 ~~availability and benefits of genetic counseling.~~

679 (2) (a) The Department of Health shall contract with a  
680 community-based sickle cell disease medical treatment and  
681 research center to establish and maintain a registry for  
682 individuals newborns and infants who are identified as having  
683 sickle cell disease or carrying a sickle cell trait hemoglobin  
684 variant. The sickle cell registry must track sickle cell disease  
685 outcome measures, except as provided in paragraph (1) (b). ~~A~~  
686 ~~parent or guardian of a newborn or an infant in the registry may~~  
687 ~~request to have his or her child removed from the registry by~~  
688 ~~submitting a form prescribed by the department by rule.~~

689 (b) In addition to newborns identified and included in the  
690 registry under subsection (1), persons living in this state who  
691 have been identified as having sickle cell disease or carrying a  
692 sickle cell trait may choose to be included in the registry by  
693 providing the department with notification as prescribed by  
694 rule.

695 (c) The Department of Health shall also establish a system  
696 to ensure that the community-based sickle cell disease medical



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697 treatment and research center notifies the parent or guardian of  
698 a child who has been included in the registry that a follow-up  
699 consultation with a physician is recommended. Such notice must  
700 be provided to the parent or guardian of such child at least  
701 once during early adolescence and once during late adolescence.  
702 The department shall make every reasonable effort to notify  
703 persons included in the registry who are 18 years of age that  
704 they may request to be removed from the registry by submitting a  
705 form prescribed by the department by rule. The department shall  
706 also provide to such persons information regarding available  
707 educational services, genetic counseling, and other beneficial  
708 resources.

709 (3) The Department of Health shall adopt rules to implement  
710 this section.

711 Section 6. Section 383.148, Florida Statutes, is created to  
712 read:

713 383.148 ENVIRONMENTAL RISK SCREENING.—

714 (1) RISK SCREENING.—To help ensure access to the maternal  
715 and child health care system, the Department of Health shall  
716 promote the screening of all pregnant women and infants in this  
717 state for environmental risk factors, such as low income, poor  
718 education, maternal and family stress, mental health, substance  
719 use disorder, and other high-risk conditions, and promote  
720 education of the public about the dangers associated with  
721 environmental risk factors.

722 (2) PRENATAL RISK SCREENING REQUIREMENTS.—The department  
723 shall develop a multilevel screening process that includes a  
724 risk assessment instrument to identify women at risk for a  
725 preterm birth or other high-risk condition.

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726 (a) A primary health care provider must complete the risk  
727 screening at a pregnant woman's first prenatal visit using the  
728 form and in the manner prescribed by rules adopted under this  
729 section, so that the woman may immediately be notified and  
730 referred to appropriate health, education, and social services.

731 (b) This subsection does not apply if the pregnant woman  
732 objects to the screening in a manner prescribed by department  
733 rule.

734 (3) POSTNATAL RISK SCREENING REQUIREMENTS.—The department  
735 shall develop a multilevel screening process that includes a  
736 risk assessment instrument to identify factors associated with  
737 increased risk of infant mortality and morbidity to provide  
738 early intervention, remediation, and prevention services,  
739 including, but not limited to, parent support and training  
740 programs, home visitation, and case management.

741 (a) A hospital or birth center must complete the risk  
742 screening immediately following the birth of the infant, before  
743 discharge from the hospital or birth center, using the form and  
744 in the manner prescribed by rules adopted under this section.

745 (b) This subsection does not apply if a parent or guardian  
746 of the newborn objects to the screening in a manner prescribed  
747 by department rule.

748 Section 7. Section 383.2163, Florida Statutes, is amended  
749 to read:

750 383.2163 Telehealth minority maternity care program ~~program~~  
751 ~~programs.~~ ~~By July 1, 2022,~~ The department shall establish a  
752 telehealth minority maternity care ~~program~~ program ~~in Duval County~~  
753 ~~and Orange County~~ which uses telehealth to expand the capacity  
754 for positive maternal health outcomes in racial and ethnic

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755 minority populations. The department shall ~~direct and assist the~~  
756 ~~county health departments in Duval County and Orange County to~~  
757 implement local the programs contingent upon available funding.

758 (1) DEFINITIONS.—As used in this section, the term:

759 (a) "Department" means the Department of Health.

760 (b) "Eligible pregnant woman" means a pregnant woman who is  
761 receiving, or is eligible to receive, maternal or infant care  
762 services from the department under chapter 381 or this chapter.

763 (c) "Health care practitioner" has the same meaning as in  
764 s. 456.001.

765 (d) "Health professional shortage area" means a geographic  
766 area designated as such by the Health Resources and Services  
767 Administration of the United States Department of Health and  
768 Human Services.

769 (e) "Indigenous population" means any Indian tribe, band,  
770 or nation or other organized group or community of Indians  
771 recognized as eligible for services provided to Indians by the  
772 United States Secretary of the Interior because of their status  
773 as Indians, including any Alaskan native village as defined in  
774 43 U.S.C. s. 1602(c), the Alaska Native Claims Settlement Act,  
775 as that definition existed on the effective date of this act.

776 (f) "Maternal mortality" means a death occurring during  
777 pregnancy or the postpartum period which is caused by pregnancy  
778 or childbirth complications.

779 (g) "Medically underserved population" means the population  
780 of an urban or rural area designated by the United States  
781 Secretary of Health and Human Services as an area with a  
782 shortage of personal health care services or a population group  
783 designated by the United States Secretary of Health and Human

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784 Services as having a shortage of such services.

785 (h) "Perinatal professionals" means doulas, personnel from  
786 Healthy Start and home visiting programs, childbirth educators,  
787 community health workers, peer supporters, certified lactation  
788 consultants, nutritionists and dietitians, social workers, and  
789 other licensed and nonlicensed professionals who assist women  
790 through their prenatal or postpartum periods.

791 (i) "Postpartum" means the 1-year period beginning on the  
792 last day of a woman's pregnancy.

793 (j) "Severe maternal morbidity" means an unexpected outcome  
794 caused by a woman's labor and delivery which results in  
795 significant short-term or long-term consequences to the woman's  
796 health.

797 (k) "Technology-enabled collaborative learning and capacity  
798 building model" means a distance health care education model  
799 that connects health care professionals, particularly  
800 specialists, with other health care professionals through  
801 simultaneous interactive videoconferencing for the purpose of  
802 facilitating case-based learning, disseminating best practices,  
803 and evaluating outcomes in the context of maternal health care.

804 (2) PURPOSE.—The purpose of the program ~~pilot programs~~ is  
805 to:

806 (a) Expand the use of technology-enabled collaborative  
807 learning and capacity building models to improve maternal health  
808 outcomes for the following populations and demographics:

- 809 1. Ethnic and minority populations.
- 810 2. Health professional shortage areas.
- 811 3. Areas with significant racial and ethnic disparities in  
812 maternal health outcomes and high rates of adverse maternal

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813 health outcomes, including, but not limited to, maternal  
814 mortality and severe maternal morbidity.

815 4. Medically underserved populations.

816 5. Indigenous populations.

817 (b) Provide for the adoption of and use of telehealth  
818 services that allow for screening and treatment of common  
819 pregnancy-related complications, including, but not limited to,  
820 anxiety, depression, substance use disorder, hemorrhage,  
821 infection, amniotic fluid embolism, thrombotic pulmonary or  
822 other embolism, hypertensive disorders relating to pregnancy,  
823 diabetes, cerebrovascular accidents, cardiomyopathy, and other  
824 cardiovascular conditions.

825 (3) TELEHEALTH SERVICES AND EDUCATION.—The program ~~pilot~~  
826 ~~programs~~ shall adopt the use of telehealth or coordinate with  
827 prenatal home visiting programs to provide all of the following  
828 services and education to eligible pregnant women up to the last  
829 day of their postpartum periods, as applicable:

830 (a) Referrals to Healthy Start's coordinated intake and  
831 referral program to offer families prenatal home visiting  
832 services.

833 (b) Services and education addressing social determinants  
834 of health, including, but not limited to, all of the following:

835 1. Housing placement options.

836 2. Transportation services or information on how to access  
837 such services.

838 3. Nutrition counseling.

839 4. Access to healthy foods.

840 5. Lactation support.

841 6. Lead abatement and other efforts to improve air and

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842 water quality.

843 7. Child care options.

844 8. Car seat installation and training.

845 9. Wellness and stress management programs.

846 10. Coordination across safety net and social support  
847 services and programs.

848 (c) Evidence-based health literacy and pregnancy,  
849 childbirth, and parenting education for women in the prenatal  
850 and postpartum periods.

851 (d) For women during their pregnancies through the  
852 postpartum periods, connection to support from doulas and other  
853 perinatal health workers.

854 (e) Tools for prenatal women to conduct key components of  
855 maternal wellness checks, including, but not limited to, all of  
856 the following:

857 1. A device to measure body weight, such as a scale.

858 2. A device to measure blood pressure which has a verbal  
859 reader to assist the pregnant woman in reading the device and to  
860 ensure that the health care practitioner performing the wellness  
861 check through telehealth is able to hear the reading.

862 3. A device to measure blood sugar levels with a verbal  
863 reader to assist the pregnant woman in reading the device and to  
864 ensure that the health care practitioner performing the wellness  
865 check through telehealth is able to hear the reading.

866 4. Any other device that the health care practitioner  
867 performing wellness checks through telehealth deems necessary.

868 (4) TRAINING.—The program ~~pilot programs~~ shall provide  
869 training to participating health care practitioners and other  
870 perinatal professionals on all of the following:

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871 (a) Implicit and explicit biases, racism, and  
872 discrimination in the provision of maternity care and how to  
873 eliminate these barriers to accessing adequate and competent  
874 maternity care.

875 (b) The use of remote patient monitoring tools for  
876 pregnancy-related complications.

877 (c) How to screen for social determinants of health risks  
878 in the prenatal and postpartum periods, such as inadequate  
879 housing, lack of access to nutritional foods, environmental  
880 risks, transportation barriers, and lack of continuity of care.

881 (d) Best practices in screening for and, as needed,  
882 evaluating and treating maternal mental health conditions and  
883 substance use disorders.

884 (e) Information collection, recording, and evaluation  
885 activities to:

- 886 1. Study the impact of the ~~pilot~~ program;
- 887 2. Ensure access to and the quality of care;
- 888 3. Evaluate patient outcomes as a result of the pilot  
889 program;
- 890 4. Measure patient experience; and
- 891 5. Identify best practices for the future expansion of the  
892 ~~pilot~~ program.

893 (5) FUNDING.—The program ~~pilot programs~~ shall be funded  
894 using funds appropriated by the Legislature ~~for the Closing the~~  
895 ~~Gap grant program~~. The department's Division of Community Health  
896 Promotion and Office of Minority Health and Health Equity shall  
897 also work in partnership to apply for federal funds that are  
898 available to assist the department in accomplishing the  
899 program's purpose and successfully implementing the program

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900 through community-based organizations ~~pilot programs~~.

901 (6) RULES.—The department may adopt rules to implement this  
902 section.

903 Section 8. Paragraph (i) of subsection (3) of section  
904 383.318, Florida Statutes, is amended to read:

905 383.318 Postpartum care for birth center clients and  
906 infants.—

907 (3) The birth center shall provide a postpartum evaluation  
908 and followup care that includes all of the following:

909 (i) Provision of the informational pamphlet on infant and  
910 childhood eye and vision disorders created by the department  
911 pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

912 Section 9. Section 395.1053, Florida Statutes, is amended  
913 to read:

914 395.1053 Postpartum education.—A hospital that provides  
915 birthing services shall incorporate information on safe sleep  
916 practices and the possible causes of Sudden Unexpected Infant  
917 Death into the hospital's postpartum instruction on the care of  
918 newborns and provide to each parent the informational pamphlet  
919 on infant and childhood eye and vision disorders created by the  
920 department pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

921 Section 10. Section 456.0496, Florida Statutes, is amended  
922 to read:

923 456.0496 Provision of information on eye and vision  
924 disorders to parents during planned out-of-hospital births.—A  
925 health care practitioner who attends an out-of-hospital birth  
926 must ensure that the informational pamphlet on infant and  
927 childhood eye and vision disorders created by the department  
928 pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~ is provided to each



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929 parent after such a birth.

930 Section 11. This act shall take effect July 1, 2024.