

By the Committee on Health Policy; and 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 ss. 383.318, 395.1053, and  
87           456.0496, F.S.; conforming cross-references; providing

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88 an effective date.

89

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

91

92 Section 1. Present subsections (5), (6), and (7) of section  
93 381.0101, Florida Statutes, are redesignated as subsections (6),  
94 (7), and (8), respectively, a new subsection (5) is added to  
95 that section, and subsections (1), (2), and (4) and present  
96 subsections (5) and (6) of that section are amended, to read:

97 381.0101 Environmental health professionals.—

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

99 (a) "Board" means the Environmental Health Professionals  
100 Advisory Board.

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

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

106 (e)~~(d)~~ "Environmental health professional" means a person  
107 who is employed or assigned the responsibility for assessing the  
108 environmental health or sanitary conditions, as defined by the  
109 department, within a building, on an individual's property, or  
110 within the community at large, and who has the knowledge,  
111 skills, and abilities to carry out these tasks. Environmental  
112 health professionals may be either field, supervisory, or  
113 administrative staff members.

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

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

123       (h) ~~(f)~~ "Registered sanitarian," "R.S.," "Registered  
124 Environmental Health Specialist," or "R.E.H.S." means a person  
125 who has been certified by either the National Environmental  
126 Health Association or the Florida Environmental Health  
127 Association as knowledgeable in the environmental health  
128 profession.

129       (g) "Primary environmental health program" means those  
130 programs determined by the department to be essential for  
131 providing basic environmental and sanitary protection to the  
132 public. At a minimum, these programs shall include food  
133 protection program work.

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

140       (a) Persons performing inspections of public food service  
141 establishments licensed under chapter 509. ~~7 or~~

142       (b) Persons performing site evaluations in order to  
143 determine proper placement and installation of onsite wastewater  
144 treatment and disposal systems who have successfully completed a  
145 department-approved soils morphology course and who are working

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146 under the direct responsible charge of an engineer licensed  
147 under chapter 471.

148 (c) Environmental health technicians employed by a  
149 department as defined in s. 20.03 who are assigned the  
150 responsibility for conducting septic tank inspections under the  
151 supervision of an environmental health professional certified in  
152 onsite sewage treatment and disposal.

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

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

168 1. All persons who begin employment in a primary  
169 environmental health program on or after September 21, 1994,  
170 must be certified in that program within 6 months after  
171 employment.

172 2. Persons employed in the primary environmental health  
173 program of a food protection program or an onsite sewage  
174 treatment and disposal system prior to September 21, 1994, shall

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175 be considered certified while employed in that position and  
176 shall be required to adhere to any professional standards  
177 established by the department pursuant to paragraph (b),  
178 complete any continuing education requirements imposed under  
179 paragraph (d), and pay the certificate renewal fee imposed under  
180 subsection (7) ~~(6)~~.

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

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

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

195 (c) Those persons conducting primary environmental health  
196 evaluations shall be certified by examination to be  
197 knowledgeable in any primary area of environmental health in  
198 which they are routinely assigned duties.

199 (d) Persons who are certified shall renew their  
200 certification biennially by completing not less than 24 contact  
201 hours of continuing education for each program area in which  
202 they maintain certification, subject to a maximum of 48 hours  
203 for multiprogram certification.

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

208 (f) A certificateholder shall notify the department within  
209 60 days after any change of name or address from that which  
210 appears on the current certificate.

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

220 (a) At a minimum, the department shall establish standards  
221 for technicians in the areas of onsite sewage treatment and  
222 disposal.

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

226 (c) An applicant for certification as an environmental  
227 health technician must, at a minimum, have received a high  
228 school diploma or its equivalent.

229 (d) An applicant for certification as an environmental  
230 health technician must be employed by a department as defined in  
231 s. 20.30.

232 (e) An applicant for certification as an environmental



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233 health technician must complete supervised field inspection work  
234 as prescribed by department rule before examination.

235 (f) A certified environmental health technician must renew  
236 his or her certification biennially by completing at least 24  
237 contact hours of continuing education for each program area in  
238 which he or she maintains certification, subject to a maximum of  
239 48 hours for multiprogram certification.

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

243 (6) ~~(5)~~ EXEMPTIONS.—A person who conducts primary  
244 environmental evaluation activities and maintains a current  
245 registration or certification from another state agency which  
246 examined the person's knowledge of the primary program area and  
247 requires comparable continuing education to maintain the  
248 certificate shall not be required to be certified by this  
249 section. ~~Examples of persons not subject to certification are~~  
250 ~~physicians, registered dietitians, certified laboratory~~  
251 ~~personnel, and nurses.~~

252 (7) ~~(6)~~ FEES.—The department shall charge fees in amounts  
253 necessary to meet the cost of providing environmental health  
254 professional certification. Fees for certification shall be not  
255 less than \$10 or more than \$300 and shall be set by rule.  
256 Application, examination, and certification costs shall be  
257 included in this fee. Fees for renewal of a certificate shall be  
258 no less than \$25 nor more than \$150 per biennium.

259 Section 2. Section 381.991, Florida Statutes, is created to  
260 read:

261 381.991 Andrew John Anderson Pediatric Rare Disease Grant

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262 Program.—

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

268 (b) Subject to an annual appropriation by the Legislature,  
269 the program shall award grants for scientific and clinical  
270 research to further the search for new diagnostics, treatments,  
271 and cures for rare pediatric diseases.

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

287 1. Investigator-initiated research grants.

288 2. Institutional research grants.

289 3. Collaborative research grants, including those that  
290 advance the finding of treatment and cures through basic or

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291 applied research.

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

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

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

316 Section 3. Present subsection (5) of section 383.14,  
317 Florida Statutes, is redesignated as subsection (6), a new  
318 subsection (5) is added to that section, and subsections (1),  
319 (2), and (3) of that section are amended, to read:

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320 383.14 Screening for metabolic disorders, other hereditary  
321 and congenital disorders, and environmental risk factors.—

322 (1) SCREENING REQUIREMENTS.—To help ensure access to the  
323 maternal and child health care system, the Department of Health  
324 shall promote the screening of all newborns born in Florida for  
325 metabolic, hereditary, and congenital disorders known to result  
326 in significant impairment of health or intellect, as screening  
327 programs accepted by current medical practice become available  
328 and practical in the judgment of the department. Any health care  
329 practitioner present at a birth or responsible for primary care  
330 during the neonatal period has the primary responsibility of  
331 administering screenings as required in ss. 383.14 and 383.145.  
332 As used in this subsection, the term “health care practitioner”  
333 means a physician or physician assistant licensed under chapter  
334 458, an osteopathic physician or physician assistant licensed  
335 under chapter 459, an advanced practice registered nurse  
336 licensed under part I of chapter 464, or a midwife licensed  
337 under chapter 467 ~~The department shall also promote the~~  
338 ~~identification and screening of all newborns in this state and~~  
339 ~~their families for environmental risk factors such as low~~  
340 ~~income, poor education, maternal and family stress, emotional~~  
341 ~~instability, substance abuse, and other high-risk conditions~~  
342 ~~associated with increased risk of infant mortality and morbidity~~  
343 ~~to provide early intervention, remediation, and prevention~~  
344 ~~services, including, but not limited to, parent support and~~  
345 ~~training programs, home visitation, and case management.~~  
346 ~~Identification, perinatal screening, and intervention efforts~~  
347 ~~shall begin prior to and immediately following the birth of the~~  
348 ~~child by the attending health care provider. Such efforts shall~~

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349 ~~be conducted in hospitals, perinatal centers, county health~~  
350 ~~departments, school health programs that provide prenatal care,~~  
351 ~~and birthing centers, and reported to the Office of Vital~~  
352 ~~Statistics.~~

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

361 ~~(b) Postnatal screening.~~ A risk factor analysis using the  
362 department's designated risk assessment instrument shall also be  
363 conducted as part of the medical screening process upon the  
364 birth of a child and submitted to the department's Office of  
365 Vital Statistics for recording and other purposes provided for  
366 in this chapter. The department's screening process for risk  
367 assessment shall include a scoring mechanism and procedures that  
368 establish thresholds for notification, further assessment,  
369 referral, and eligibility for services by professionals or  
370 paraprofessionals consistent with the level of risk. Procedures  
371 for developing and using the screening instrument, notification,  
372 referral, and care coordination services, reporting  
373 requirements, management information, and maintenance of a  
374 computer-driven registry in the Office of Vital Statistics which  
375 ensures privacy safeguards must be consistent with the  
376 provisions and plans established under chapter 411, Pub. L. No.  
377 99-457, and this chapter. Procedures established for reporting

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378 ~~information and maintaining a confidential registry must include~~  
379 ~~a mechanism for a centralized information depository at the~~  
380 ~~state and county levels. The department shall coordinate with~~  
381 ~~existing risk assessment systems and information registries. The~~  
382 ~~department must ensure, to the maximum extent possible, that the~~  
383 ~~screening information registry is integrated with the~~  
384 ~~department's automated data systems, including the Florida On-~~  
385 ~~line Recipient Integrated Data Access (FLORIDA) system.~~

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

392 (b) (e) Release of screening results. ~~Notwithstanding any~~  
393 ~~law to the contrary, the State Public Health Laboratory may~~  
394 ~~release, directly or through the Children's Medical Services~~  
395 ~~program, the results of a newborn's hearing and metabolic tests~~  
396 ~~or~~ screenings to the newborn's health care practitioner, the  
397 newborn's parent or legal guardian, the newborn's personal  
398 representative, or a person designated by the newborn's parent  
399 or legal guardian. As used in this paragraph, the term "health  
400 care practitioner" means a physician or physician assistant  
401 licensed under chapter 458; an osteopathic physician or  
402 physician assistant licensed under chapter 459; an advanced  
403 practice registered nurse, registered nurse, or licensed  
404 practical nurse licensed under part I of chapter 464; a midwife  
405 licensed under chapter 467; a speech-language pathologist or  
406 audiologist licensed under part I of chapter 468; ~~or~~ a dietician

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407 or nutritionist licensed under part X of chapter 468; or a  
408 genetic counselor licensed under part III of chapter 483.

409 (2) RULES.—

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

413 1. Before becoming 1 week of age, have a blood specimen  
414 collected for newborn screenings ~~be subjected to a test for~~  
415 ~~phenylketonuria;~~

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

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

435 ~~(b) After consultation with the Department of Education,~~

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436 ~~the department shall adopt and enforce rules requiring every~~  
437 ~~newborn in this state to be screened for environmental risk~~  
438 ~~factors that place children and their families at risk for~~  
439 ~~increased morbidity, mortality, and other negative outcomes.~~

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

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

454 (a) Assure the availability and quality of the necessary  
455 laboratory tests and materials.

456 ~~(b) Furnish all physicians, county health departments,~~  
457 ~~perinatal centers, birthing centers, and hospitals forms on~~  
458 ~~which environmental screening and the results of tests for~~  
459 ~~phenylketonuria and such other disorders for which testing may~~  
460 ~~be required from time to time shall be reported to the~~  
461 ~~department.~~

462 ~~(e)~~ Promote education of the public about the prevention  
463 and management of metabolic, hereditary, and congenital  
464 disorders ~~and dangers associated with environmental risk~~



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465 ~~factors.~~

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

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

479 (e)~~(f)~~ Promote the availability of genetic studies,  
 480 services, and counseling in order that the parents, siblings,  
 481 and affected newborns may benefit from detection and available  
 482 knowledge of the condition.

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

486 ~~1.~~ A fee not to exceed \$15 will be charged for each live  
 487 birth, as recorded by the Office of Vital Statistics, occurring  
 488 in a hospital licensed under part I of chapter 395 or a birth  
 489 center licensed under s. 383.305 ~~per year~~. The department shall  
 490 calculate the ~~annual~~ assessment for each hospital and birth  
 491 center, and this assessment must be paid ~~in equal amounts~~  
 492 quarterly. ~~Quarterly,~~ The department shall generate and issue  
 493 ~~mail to~~ each hospital and birth center a statement of the amount

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494 due.

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

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

511 ~~(h)-(i)~~ Create and make available electronically a pamphlet  
512 with information on screening for, and the treatment of,  
513 preventable infant and childhood eye and vision disorders,  
514 including, but not limited to, retinoblastoma and amblyopia.

515

516 All provisions of this subsection must be coordinated with the  
517 provisions and plans established under this chapter, chapter  
518 411, and Pub. L. No. 99-457.

519 (5) SUBMISSION OF NEWBORN SCREENING SPECIMEN CARDS.—Any  
520 health care practitioner whose duty it is to administer  
521 screenings under this section shall prepare and send all newborn  
522 screening specimen cards to the State Public Health Laboratory

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523 in accordance with rules adopted under this section. As used in  
524 this subsection, the term "health care practitioner" means a  
525 physician or physician assistant licensed under chapter 458, an  
526 osteopathic physician or physician assistant licensed under  
527 chapter 459, an advanced practice registered nurse licensed  
528 under part I of chapter 464, or a midwife licensed under chapter  
529 467.

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

533 383.145 Newborn, ~~and~~ infant, and toddler hearing  
534 screening.—

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

536 (k) "Toddler" means a child from 12 months to 36 months of  
537 age.

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

540 (a) Each hospital or other state-licensed birth birthing  
541 facility that provides maternity and newborn care services shall  
542 ensure that all newborns are, before discharge, screened for the  
543 detection of hearing loss to prevent the consequences of  
544 unidentified disorders. If a newborn fails the screening for the  
545 detection of hearing loss, the hospital or other state-licensed  
546 birth birthing facility must administer a test approved by the  
547 United States Food and Drug Administration or another  
548 diagnostically equivalent test on the newborn to screen for  
549 congenital cytomegalovirus before the newborn becomes 21 days of  
550 age or before discharge, whichever occurs earlier.

551 (b) Each licensed birth center that provides maternity and

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

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

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

578 (e) For home births and births in a licensed birth center,  
579 if a newborn is referred to a newborn hearing screening provider  
580 and the newborn fails the screening for the detection of hearing

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581 loss, the newborn's primary health care provider must refer the  
582 newborn for administration of a test approved by the United  
583 States Food and Drug Administration or another diagnostically  
584 equivalent test on the newborn to screen for congenital  
585 cytomegalovirus before the newborn becomes 21 days of age.

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

601 (g) The screening of a newborn's hearing must be completed  
602 before the newborn is discharged from the hospital or licensed  
603 birth center. However, if the screening is not completed before  
604 discharge due to scheduling or temporary staffing limitations,  
605 the screening must be completed within 21 days after the birth.  
606 Screenings completed after discharge or performed because of  
607 initial screening failure must be completed by an audiologist, a  
608 physician, a hospital, or another newborn hearing screening  
609 provider.

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610 (h) Each hospital shall formally designate a lead physician  
611 responsible for programmatic oversight for newborn hearing  
612 screening. Each birth center shall designate a licensed health  
613 care provider to provide such programmatic oversight and to  
614 ensure that the appropriate referrals are being completed.

615 (i) When ordered by the treating physician, screening of a  
616 newborn's, infant's, or toddler's hearing must include auditory  
617 brainstem responses, or evoked otoacoustic emissions, or  
618 appropriate technology as approved by the United States Food and  
619 Drug Administration.

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

625 (k) The initial procedure for screening the hearing of the  
626 newborn or infant and any medically necessary follow-up  
627 reevaluations leading to diagnosis shall be a covered benefit  
628 for Medicaid patients covered by a fee-for-service program. For  
629 Medicaid patients enrolled in HMOs, providers shall be  
630 reimbursed directly by the Medicaid Program Office at the  
631 Medicaid rate. This service may not be considered a covered  
632 service for the purposes of establishing the payment rate for  
633 Medicaid HMOs. All health insurance policies and health  
634 maintenance organizations as provided under ss. 627.6416,  
635 627.6579, and 641.31(30), except for supplemental policies that  
636 only provide coverage for specific diseases, hospital indemnity,  
637 or Medicare supplement, or to the supplemental policies, shall  
638 compensate providers for the covered benefit at the contracted

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639 rate. Nonhospital-based providers are eligible to bill Medicaid  
640 for the professional and technical component of each procedure  
641 code.

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

652 Section 5. Section 383.147, Florida Statutes, is amended to  
653 read:

654 383.147 ~~Newborn and infant screenings for~~ Sickle cell  
655 disease and sickle cell trait hemoglobin variants; registry.-

656 (1) ~~If a screening provider detects that a newborn as or an~~  
657 ~~infant, as those terms are defined in s. 383.145(2),~~ is  
658 identified as having sickle cell disease or carrying a sickle  
659 cell trait through the newborn screening program as described in  
660 s. 383.14, the department hemoglobin variant, it must:

661 (a) Notify the parent or guardian of the newborn and  
662 provide information regarding the availability and benefits of  
663 genetic counseling. ~~primary care physician of the newborn or~~  
664 ~~infant and~~

665 (b) Submit the results of such screening to the Department  
666 ~~of Health~~ for inclusion in the sickle cell registry established  
667 under paragraph (2) (a), unless the parent or guardian of the

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668 newborn provides an opt-out form obtained from the department,  
669 or otherwise indicates in writing to the department his or her  
670 objection to having the newborn included in the sickle cell  
671 registry. ~~The primary care physician must provide to the parent~~  
672 ~~or guardian of the newborn or infant information regarding the~~  
673 ~~availability and benefits of genetic counseling.~~

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

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

690 (c) The Department of Health shall also establish a system  
691 to ensure that the community-based sickle cell disease medical  
692 treatment and research center notifies the parent or guardian of  
693 a child who has been included in the registry that a follow-up  
694 consultation with a physician is recommended. Such notice must  
695 be provided to the parent or guardian of such child at least  
696 once during early adolescence and once during late adolescence.



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697 The department shall make every reasonable effort to notify  
698 persons included in the registry who are 18 years of age that  
699 they may request to be removed from the registry by submitting a  
700 form prescribed by the department by rule. The department shall  
701 also provide to such persons information regarding available  
702 educational services, genetic counseling, and other beneficial  
703 resources.

704 (3) The Department of Health shall adopt rules to implement  
705 this section.

706 Section 6. Section 383.148, Florida Statutes, is created to  
707 read:

708 383.148 ENVIRONMENTAL RISK SCREENING.—

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

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

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

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726 (b) This subsection does not apply if the pregnant woman  
727 objects to the screening in a manner prescribed by department  
728 rule.

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

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

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

743 Section 7. Paragraph (i) of subsection (3) of section  
744 383.318, Florida Statutes, is amended to read:

745 383.318 Postpartum care for birth center clients and  
746 infants.—

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

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

752 Section 8. Section 395.1053, Florida Statutes, is amended  
753 to read:

754 395.1053 Postpartum education.—A hospital that provides

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755 birthing services shall incorporate information on safe sleep  
756 practices and the possible causes of Sudden Unexpected Infant  
757 Death into the hospital's postpartum instruction on the care of  
758 newborns and provide to each parent the informational pamphlet  
759 on infant and childhood eye and vision disorders created by the  
760 department pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

761 Section 9. Section 456.0496, Florida Statutes, is amended  
762 to read:

763 456.0496 Provision of information on eye and vision  
764 disorders to parents during planned out-of-hospital births.—A  
765 health care practitioner who attends an out-of-hospital birth  
766 must ensure that the informational pamphlet on infant and  
767 childhood eye and vision disorders created by the department  
768 pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~ is provided to each  
769 parent after such a birth.

770 Section 10. This act shall take effect July 1, 2024.