

By the Appropriations Committee on Health and Human Services;
the Committee on Health Policy; and Senator Rodriguez

603-03531-24

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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 Pediatric Rare 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; requiring

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88 the department to grant certain applicants 90 days to
89 cure deficiencies with their medical marijuana
90 treatment center license applications pursuant to a
91 specified errors and omissions process; requiring the
92 department to grant such applicants a marijuana
93 treatment center license if they cure the deficiencies
94 within the specified timeframe; providing
95 construction; providing that the death of an applicant
96 during the cure process may not be a reason to deny
97 the application or any resulting legal challenge;
98 requiring the department to issue the license to the
99 estate of a deceased applicant in the event of a
100 successful cure or legal challenge; providing
101 effective dates.

102
103 Be It Enacted by the Legislature of the State of Florida:

104
105 Section 1. Present subsections (5), (6), and (7) of section
106 381.0101, Florida Statutes, are redesignated as subsections (6),
107 (7), and (8), respectively, a new subsection (5) is added to
108 that section, and subsections (1), (2), and (4) and present
109 subsections (5) and (6) of that section are amended, to read:

110 381.0101 Environmental health professionals.—

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

112 (a) "Board" means the Environmental Health Professionals
113 Advisory Board.

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

115 (d)~~(e)~~ "Environmental health" means that segment of public
116 health work which deals with the examination of those factors in

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117 the human environment which may impact adversely on the health
118 status of an individual or the public.

119 (e)~~(d)~~ "Environmental health professional" means a person
120 who is employed or assigned the responsibility for assessing the
121 environmental health or sanitary conditions, as defined by the
122 department, within a building, on an individual's property, or
123 within the community at large, and who has the knowledge,
124 skills, and abilities to carry out these tasks. Environmental
125 health professionals may be either field, supervisory, or
126 administrative staff members.

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

130 (f) "Environmental health technician" means a person who is
131 employed or assigned the responsibility for conducting septic
132 inspections under the supervision of a certified environmental
133 health professional. An environmental health technician must
134 have completed training approved by the department and have the
135 knowledge, skills, and abilities to carry out these tasks.

136 (h)~~(f)~~ "Registered sanitarian," "R.S.," "Registered
137 Environmental Health Specialist," or "R.E.H.S." means a person
138 who has been certified by either the National Environmental
139 Health Association or the Florida Environmental Health
140 Association as knowledgeable in the environmental health
141 profession.

142 (g) "Primary environmental health program" means those
143 programs determined by the department to be essential for
144 providing basic environmental and sanitary protection to the
145 public. At a minimum, these programs shall include food

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146 protection program work.

147 (2) CERTIFICATION; EXEMPTIONS REQUIRED.—A person may not
148 perform environmental health or sanitary evaluations in any
149 primary program area of environmental health without being
150 certified by the department as competent to perform such
151 evaluations. This section does not apply to any of the
152 following:

153 (a) Persons performing inspections of public food service
154 establishments licensed under chapter 509.~~7-07~~

155 (b) Persons performing site evaluations in order to
156 determine proper placement and installation of onsite wastewater
157 treatment and disposal systems who have successfully completed a
158 department-approved soils morphology course and who are working
159 under the direct responsible charge of an engineer licensed
160 under chapter 471.

161 (c) Environmental health technicians employed by a
162 department as defined in s. 20.03 who are assigned the
163 responsibility for conducting septic tank inspections under the
164 supervision of an environmental health professional certified in
165 onsite sewage treatment and disposal.

166 (4) STANDARDS FOR CERTIFICATION.—The department shall adopt
167 rules that establish definitions of terms and minimum standards
168 of education, training, or experience for those persons subject
169 to this subsection ~~section~~. The rules must also address the
170 process for application, examination, issuance, expiration, and
171 renewal of certification and ethical standards of practice for
172 the profession.

173 (a) Persons employed as environmental health professionals
174 shall exhibit a knowledge of rules and principles of

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175 environmental and public health law in Florida through
176 examination. A person may not conduct environmental health
177 evaluations in a primary program area unless he or she is
178 currently certified in that program area or works under the
179 direct supervision of a certified environmental health
180 professional.

181 1. All persons who begin employment in a primary
182 environmental health program on or after September 21, 1994,
183 must be certified in that program within 6 months after
184 employment.

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

194 3. Persons employed in the primary environmental health
195 program of a food protection program or an onsite sewage
196 treatment and disposal system prior to September 21, 1994, who
197 change positions or program areas and transfer into another
198 primary environmental health program area on or after September
199 21, 1994, must be certified in that program within 6 months
200 after such transfer, except that they will not be required to
201 possess the college degree required under paragraph (e).

202 4. Registered sanitarians shall be considered certified and
203 shall be required to adhere to any professional standards

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204 established by the department pursuant to paragraph (b).

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

208 (c) Those persons conducting primary environmental health
209 evaluations shall be certified by examination to be
210 knowledgeable in any primary area of environmental health in
211 which they are routinely assigned duties.

212 (d) Persons who are certified shall renew their
213 certification biennially by completing not less than 24 contact
214 hours of continuing education for each program area in which
215 they maintain certification, subject to a maximum of 48 hours
216 for multiprogram certification.

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

221 (f) A certificateholder shall notify the department within
222 60 days after any change of name or address from that which
223 appears on the current certificate.

224 (5) STANDARDS FOR ENVIRONMENTAL HEALTH TECHNICIAN
225 CERTIFICATION.—The department, in conjunction with the
226 Department of Environmental Protection, shall adopt rules that
227 establish definitions of terms and minimum standards of
228 education, training, and experience for those persons subject to
229 this subsection. The rules must also address the process for
230 application, examination, issuance, expiration, and renewal of
231 certification, and ethical standards of practice for the
232 profession.

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233 (a) At a minimum, the department shall establish standards
234 for technicians in the areas of onsite sewage treatment and
235 disposal.

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

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

242 (d) An applicant for certification as an environmental
243 health technician must be employed by a department as defined in
244 s. 20.30.

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

248 (f) A certified environmental health technician must renew
249 his or her certification biennially by completing at least 24
250 contact hours of continuing education for each program area in
251 which he or she maintains certification, subject to a maximum of
252 48 hours for multiprogram certification.

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

256 (6)-(5) EXEMPTIONS.—A person who conducts primary
257 environmental evaluation activities and maintains a current
258 registration or certification from another state agency which
259 examined the person's knowledge of the primary program area and
260 requires comparable continuing education to maintain the
261 certificate shall not be required to be certified by this

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262 section. ~~Examples of persons not subject to certification are~~
263 ~~physicians, registered dietitians, certified laboratory~~
264 ~~personnel, and nurses.~~

265 (7)~~(6)~~ FEES.—The department shall charge fees in amounts
266 necessary to meet the cost of providing environmental health
267 professional certification. Fees for certification shall be not
268 less than \$10 or more than \$300 and shall be set by rule.
269 Application, examination, and certification costs shall be
270 included in this fee. Fees for renewal of a certificate shall be
271 no less than \$25 nor more than \$150 per biennium.

272 Section 2. Section 381.991, Florida Statutes, is created to
273 read:

274 381.991 Andrew John Anderson Pediatric Rare Disease Grant
275 Program.—

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

281 (b) Subject to an annual appropriation by the Legislature,
282 the program shall award grants for scientific and clinical
283 research to further the search for new diagnostics, treatments,
284 and cures for pediatric rare diseases.

285 (2) (a) Applications for grants for pediatric rare disease
286 research may be submitted by any university or established
287 research institute in the state. All qualified investigators in
288 the state, regardless of institutional affiliation, shall have
289 equal access and opportunity to compete for the research
290 funding. Preference may be given to grant proposals that foster

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291 collaboration among institutions, researchers, and community
292 practitioners, as such proposals support the advancement of
293 treatments and cures of pediatric rare diseases through basic or
294 applied research. Grants shall be awarded by the department,
295 after consultation with the Rare Disease Advisory Council,
296 pursuant to s. 381.99, on the basis of scientific merit, as
297 determined by the competitive, peer-reviewed process to ensure
298 objectivity, consistency, and high quality. The following types
299 of applications may be considered for funding:

- 300 1. Investigator-initiated research grants.
- 301 2. Institutional research grants.
- 302 3. Collaborative research grants, including those that
303 advance the finding of treatment and cures through basic or
304 applied research.

305 (b) To ensure appropriate and fair evaluation of grant
306 applications based on scientific merit, the department shall
307 appoint peer review panels of independent, scientifically
308 qualified individuals to review the scientific merit of each
309 proposal and establish its priority score. The priority scores
310 shall be forwarded to the council and must be considered in
311 determining which proposals shall be recommended for funding.

312 (c) The council and the peer review panels shall establish
313 and follow rigorous guidelines for ethical conduct and adhere to
314 a strict policy with regard to conflicts of interest. A member
315 of the council or panel may not participate in any discussion or
316 decision of the council or panel with respect to a research
317 proposal by any firm, entity, or agency that the member is
318 associated with as a member of the governing body or as an
319 employee or with which the member has entered into a contractual

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320 arrangement.

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

329 Section 3. Present subsection (5) of section 383.14,
330 Florida Statutes, is redesignated as subsection (6), a new
331 subsection (5) is added to that section, and subsections (1),
332 (2), and (3) of that section are amended, to read:

333 383.14 Screening for metabolic disorders, other hereditary
334 and congenital disorders, and environmental risk factors.—

335 (1) SCREENING REQUIREMENTS.—To help ensure access to the
336 maternal and child health care system, the Department of Health
337 shall promote the screening of all newborns born in Florida for
338 metabolic, hereditary, and congenital disorders known to result
339 in significant impairment of health or intellect, as screening
340 programs accepted by current medical practice become available
341 and practical in the judgment of the department. Any health care
342 practitioner present at a birth or responsible for primary care
343 during the neonatal period has the primary responsibility of
344 administering screenings as required in ss. 383.14 and 383.145.
345 As used in this subsection, the term "health care practitioner"
346 means a physician or physician assistant licensed under chapter
347 458, an osteopathic physician or physician assistant licensed
348 under chapter 459, an advanced practice registered nurse

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349 licensed under part I of chapter 464, or a midwife licensed
350 under chapter 467 ~~The department shall also promote the~~
351 ~~identification and screening of all newborns in this state and~~
352 ~~their families for environmental risk factors such as low~~
353 ~~income, poor education, maternal and family stress, emotional~~
354 ~~instability, substance abuse, and other high-risk conditions~~
355 ~~associated with increased risk of infant mortality and morbidity~~
356 ~~to provide early intervention, remediation, and prevention~~
357 ~~services, including, but not limited to, parent support and~~
358 ~~training programs, home visitation, and case management.~~
359 ~~Identification, perinatal screening, and intervention efforts~~
360 ~~shall begin prior to and immediately following the birth of the~~
361 ~~child by the attending health care provider. Such efforts shall~~
362 ~~be conducted in hospitals, perinatal centers, county health~~
363 ~~departments, school health programs that provide prenatal care,~~
364 ~~and birthing centers, and reported to the Office of Vital~~
365 ~~Statistics.~~

366 ~~(a) Prenatal screening. The department shall develop a~~
367 ~~multilevel screening process that includes a risk assessment~~
368 ~~instrument to identify women at risk for a preterm birth or~~
369 ~~other high-risk condition. The primary health care provider~~
370 ~~shall complete the risk assessment instrument and report the~~
371 ~~results to the Office of Vital Statistics so that the woman may~~
372 ~~immediately be notified and referred to appropriate health,~~
373 ~~education, and social services.~~

374 ~~(b) Postnatal screening. A risk factor analysis using the~~
375 ~~department's designated risk assessment instrument shall also be~~
376 ~~conducted as part of the medical screening process upon the~~
377 ~~birth of a child and submitted to the department's Office of~~

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378 ~~Vital Statistics for recording and other purposes provided for~~
379 ~~in this chapter. The department's screening process for risk~~
380 ~~assessment shall include a scoring mechanism and procedures that~~
381 ~~establish thresholds for notification, further assessment,~~
382 ~~referral, and eligibility for services by professionals or~~
383 ~~paraprofessionals consistent with the level of risk. Procedures~~
384 ~~for developing and using the screening instrument, notification,~~
385 ~~referral, and care coordination services, reporting~~
386 ~~requirements, management information, and maintenance of a~~
387 ~~computer-driven registry in the Office of Vital Statistics which~~
388 ~~ensures privacy safeguards must be consistent with the~~
389 ~~provisions and plans established under chapter 411, Pub. L. No.~~
390 ~~99-457, and this chapter. Procedures established for reporting~~
391 ~~information and maintaining a confidential registry must include~~
392 ~~a mechanism for a centralized information depository at the~~
393 ~~state and county levels. The department shall coordinate with~~
394 ~~existing risk assessment systems and information registries. The~~
395 ~~department must ensure, to the maximum extent possible, that the~~
396 ~~screening information registry is integrated with the~~
397 ~~department's automated data systems, including the Florida On-~~
398 ~~line Recipient Integrated Data Access (FLORIDA) system.~~

399 (a) Blood specimens for newborn screenings.—Newborn Tests
400 ~~and~~ screenings must be performed by the State Public Health
401 Laboratory, in coordination with Children's Medical Services, at
402 such times and in such manner as is prescribed by the department
403 after consultation with the Genetics and Newborn Screening
404 Advisory Council ~~and the Department of Education.~~

405 (b) ~~(e)~~ Release of screening results.—Notwithstanding any
406 law to the contrary, the State Public Health Laboratory may

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407 release, directly or through the Children's Medical Services
408 program, the results of a newborn's ~~hearing and metabolic tests~~
409 ~~or~~ screenings to the newborn's health care practitioner, the
410 newborn's parent or legal guardian, the newborn's personal
411 representative, or a person designated by the newborn's parent
412 or legal guardian. As used in this paragraph, the term "health
413 care practitioner" means a physician or physician assistant
414 licensed under chapter 458; an osteopathic physician or
415 physician assistant licensed under chapter 459; an advanced
416 practice registered nurse, registered nurse, or licensed
417 practical nurse licensed under part I of chapter 464; a midwife
418 licensed under chapter 467; a speech-language pathologist or
419 audiologist licensed under part I of chapter 468; ~~or~~ a dietician
420 or nutritionist licensed under part X of chapter 468; or a
421 genetic counselor licensed under part III of chapter 483.

422 (2) RULES.—

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

426 1. Before becoming 1 week of age, have a blood specimen
427 collected for newborn screenings ~~be subjected to a test for~~
428 ~~phenylketonuria;~~

429 2. Be tested for any condition included on the federal
430 Recommended Uniform Screening Panel which the council advises
431 the department should be included under the state's screening
432 program. After the council recommends that a condition be
433 included, the department shall submit a legislative budget
434 request to seek an appropriation to add testing of the condition
435 to the newborn screening program. The department shall expand

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436 statewide screening of newborns to include screening for such
437 conditions within 18 months after the council renders such
438 advice, if a test approved by the United States Food and Drug
439 Administration or a test offered by an alternative vendor is
440 available. If such a test is not available within 18 months
441 after the council makes its recommendation, the department shall
442 implement such screening as soon as a test offered by the United
443 States Food and Drug Administration or by an alternative vendor
444 is available; and

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

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

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

464 (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.—The department

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465 shall administer and provide certain services to implement the
466 provisions of this section and shall:

467 (a) Assure the availability and quality of the necessary
468 laboratory tests and materials.

469 (b) ~~Furnish all physicians, county health departments,~~
470 ~~perinatal centers, birthing centers, and hospitals forms on~~
471 ~~which environmental screening and the results of tests for~~
472 ~~phenylketonuria and such other disorders for which testing may~~
473 ~~be required from time to time shall be reported to the~~
474 ~~department.~~

475 ~~(c)~~ Promote education of the public about the prevention
476 and management of metabolic, hereditary, and congenital
477 disorders and ~~dangers associated with environmental risk~~
478 ~~factors.~~

479 (d) ~~(d)~~ Maintain a confidential registry of cases, including
480 information of importance for the purpose of follow-up ~~followup~~
481 services to prevent intellectual disabilities, to correct or
482 ameliorate physical disabilities, and for epidemiologic studies,
483 if indicated. Such registry shall be exempt from the provisions
484 of s. 119.07(1).

485 (d) ~~(e)~~ Supply the necessary dietary treatment products
486 where practicable for diagnosed cases of ~~phenylketonuria and~~
487 ~~other~~ metabolic diseases for as long as medically indicated when
488 the products are not otherwise available. Provide nutrition
489 education and supplemental foods to those families eligible for
490 the Special Supplemental Nutrition Program for Women, Infants,
491 and Children as provided in s. 383.011.

492 (e) ~~(f)~~ Promote the availability of genetic studies,
493 services, and counseling in order that the parents, siblings,

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494 and affected newborns may benefit from detection and available
495 knowledge of the condition.

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

499 1. A fee not to exceed \$15 will be charged for each live
500 birth, as recorded by the Office of Vital Statistics, occurring
501 in a hospital licensed under part I of chapter 395 or a birth
502 center licensed under s. 383.305 ~~per year~~. The department shall
503 calculate the ~~annual~~ assessment for each hospital and birth
504 center, and this assessment must be paid ~~in equal amounts~~
505 quarterly. ~~Quarterly~~, The department shall generate and issue
506 ~~mail to~~ each hospital and birth center a statement of the amount
507 due.

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

522 (g)~~(h)~~ Have the authority to bill third-party payors for

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523 newborn screening tests.

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

528

529 All provisions of this subsection must be coordinated with the
530 provisions and plans established under this chapter, chapter
531 411, and Pub. L. No. 99-457.

532 (5) SUBMISSION OF NEWBORN SCREENING SPECIMEN CARDS.—Any
533 health care practitioner whose duty it is to administer
534 screenings under this section shall prepare and send all newborn
535 screening specimen cards to the State Public Health Laboratory
536 in accordance with rules adopted under this section. As used in
537 this subsection, the term "health care practitioner" means a
538 physician or physician assistant licensed under chapter 458, an
539 osteopathic physician or physician assistant licensed under
540 chapter 459, an advanced practice registered nurse licensed
541 under part I of chapter 464, or a midwife licensed under chapter
542 467.

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

546 383.145 Newborn, and infant, and toddler hearing
547 screening.—

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

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

551 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS, INFANTS, AND

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552 TODDLERS; INSURANCE COVERAGE; REFERRAL FOR ONGOING SERVICES.—

553 (a) Each hospital or other state-licensed birth ~~birthing~~
554 facility that provides maternity and newborn care services shall
555 ensure that all newborns are, before discharge, screened for the
556 detection of hearing loss to prevent the consequences of
557 unidentified disorders. If a newborn fails the screening for the
558 detection of hearing loss, the hospital or other state-licensed
559 birth ~~birthing~~ facility must administer a test approved by the
560 United States Food and Drug Administration or another
561 diagnostically equivalent test on the newborn to screen for
562 congenital cytomegalovirus before the newborn becomes 21 days of
563 age or before discharge, whichever occurs earlier.

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

577 (c) If the parent or legal guardian of the newborn objects
578 to the screening, the screening must not be completed. In such
579 case, the physician, midwife, or other person attending the
580 newborn shall maintain a record that the screening has not been

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581 performed and attach a written objection that must be signed by
582 the parent or guardian.

583 (d) For home births, the health care provider in attendance
584 is responsible for coordination and referral to an audiologist,
585 a hospital, or another newborn hearing screening provider. The
586 health care provider in attendance must make the referral for
587 appointment within 7 days after the birth. In cases in which the
588 home birth is not attended by a health care provider, the
589 newborn's primary health care provider is responsible for
590 coordinating the referral.

591 (e) For home births and births in a licensed birth center,
592 if a newborn is referred to a newborn hearing screening provider
593 and the newborn fails the screening for the detection of hearing
594 loss, the newborn's primary health care provider must refer the
595 newborn for administration of a test approved by the United
596 States Food and Drug Administration or another diagnostically
597 equivalent test on the newborn to screen for congenital
598 cytomegalovirus before the newborn becomes 21 days of age.

599 (f) All newborn and infant hearing screenings must be
600 conducted by an audiologist, a physician, or an appropriately
601 supervised individual who has completed documented training
602 specifically for newborn hearing screening. Every hospital that
603 provides maternity or newborn care services shall obtain the
604 services of an audiologist, a physician, or another newborn
605 hearing screening provider, through employment or contract or
606 written memorandum of understanding, for the purposes of
607 appropriate staff training, screening program supervision,
608 monitoring the scoring and interpretation of test results,
609 rendering of appropriate recommendations, and coordination of

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610 appropriate follow-up services. Appropriate documentation of the
611 screening completion, results, interpretation, and
612 recommendations must be placed in the medical record within 24
613 hours after completion of the screening procedure.

614 (g) The screening of a newborn's hearing must be completed
615 before the newborn is discharged from the hospital or licensed
616 birth center. However, if the screening is not completed before
617 discharge due to scheduling or temporary staffing limitations,
618 the screening must be completed within 21 days after the birth.
619 Screenings completed after discharge or performed because of
620 initial screening failure must be completed by an audiologist, a
621 physician, a hospital, or another newborn hearing screening
622 provider.

623 (h) Each hospital shall formally designate a lead physician
624 responsible for programmatic oversight for newborn hearing
625 screening. Each birth center shall designate a licensed health
626 care provider to provide such programmatic oversight and to
627 ensure that the appropriate referrals are being completed.

628 (i) When ordered by the treating physician, screening of a
629 newborn's, infant's, or toddler's hearing must include auditory
630 brainstem responses, or evoked otoacoustic emissions, or
631 appropriate technology as approved by the United States Food and
632 Drug Administration.

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

638 (k) The initial procedure for screening the hearing of the

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639 newborn or infant and any medically necessary follow-up
640 reevaluations leading to diagnosis shall be a covered benefit
641 for Medicaid patients covered by a fee-for-service program. For
642 Medicaid patients enrolled in HMOs, providers shall be
643 reimbursed directly by the Medicaid Program Office at the
644 Medicaid rate. This service may not be considered a covered
645 service for the purposes of establishing the payment rate for
646 Medicaid HMOs. All health insurance policies and health
647 maintenance organizations as provided under ss. 627.6416,
648 627.6579, and 641.31(30), except for supplemental policies that
649 only provide coverage for specific diseases, hospital indemnity,
650 or Medicare supplement, or to the supplemental policies, shall
651 compensate providers for the covered benefit at the contracted
652 rate. Nonhospital-based providers are eligible to bill Medicaid
653 for the professional and technical component of each procedure
654 code.

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

665 Section 5. Section 383.147, Florida Statutes, is amended to
666 read:

667 383.147 ~~Newborn and infant screenings for~~ Sickle cell

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668 disease and sickle cell trait hemoglobin variants; registry.-

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

674 (a) Notify the parent or guardian of the newborn and
675 provide information regarding the availability and benefits of
676 genetic counseling. ~~primary care physician of the newborn or~~
677 ~~infant and~~

678 (b) Submit the results of such screening to the Department
679 ~~of Health~~ for inclusion in the sickle cell registry established
680 under paragraph (2) (a), unless the parent or guardian of the
681 newborn provides an opt-out form obtained from the department,
682 or otherwise indicates in writing to the department his or her
683 objection to having the newborn included in the sickle cell
684 registry. The primary care physician must provide to the parent
685 ~~or guardian of the newborn or infant information regarding the~~
686 ~~availability and benefits of genetic counseling.~~

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

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697 (b) In addition to newborns identified and included in the
698 registry under subsection (1), persons living in this state who
699 have been identified as having sickle cell disease or carrying a
700 sickle cell trait may choose to be included in the registry by
701 providing the department with notification as prescribed by
702 rule.

703 (c) The Department of Health shall also establish a system
704 to ensure that the community-based sickle cell disease medical
705 treatment and research center notifies the parent or guardian of
706 a child who has been included in the registry that a follow-up
707 consultation with a physician is recommended. Such notice must
708 be provided to the parent or guardian of such child at least
709 once during early adolescence and once during late adolescence.
710 The department shall make every reasonable effort to notify
711 persons included in the registry who are 18 years of age that
712 they may request to be removed from the registry by submitting a
713 form prescribed by the department by rule. The department shall
714 also provide to such persons information regarding available
715 educational services, genetic counseling, and other beneficial
716 resources.

717 (3) The Department of Health shall adopt rules to implement
718 this section.

719 Section 6. Section 383.148, Florida Statutes, is created to
720 read:

721 383.148 ENVIRONMENTAL RISK SCREENING.—

722 (1) RISK SCREENING.—To help ensure access to the maternal
723 and child health care system, the Department of Health shall
724 promote the screening of all pregnant women and infants in this
725 state for environmental risk factors, such as low income, poor

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726 education, maternal and family stress, mental health, substance
727 use disorder, and other high-risk conditions, and promote
728 education of the public about the dangers associated with
729 environmental risk factors.

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

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

739 (b) This subsection does not apply if the pregnant woman
740 objects to the screening in a manner prescribed by department
741 rule.

742 (3) POSTNATAL RISK SCREENING REQUIREMENTS.—The department
743 shall develop a multilevel screening process that includes a
744 risk assessment instrument to identify factors associated with
745 increased risk of infant mortality and morbidity to provide
746 early intervention, remediation, and prevention services,
747 including, but not limited to, parent support and training
748 programs, home visitation, and case management.

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

753 (b) This subsection does not apply if a parent or guardian
754 of the newborn objects to the screening in a manner prescribed

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755 by department rule.

756 Section 7. Paragraph (i) of subsection (3) of section
757 383.318, Florida Statutes, is amended to read:

758 383.318 Postpartum care for birth center clients and
759 infants.—

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

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

765 Section 8. Section 395.1053, Florida Statutes, is amended
766 to read:

767 395.1053 Postpartum education.—A hospital that provides
768 birthing services shall incorporate information on safe sleep
769 practices and the possible causes of Sudden Unexpected Infant
770 Death into the hospital's postpartum instruction on the care of
771 newborns and provide to each parent the informational pamphlet
772 on infant and childhood eye and vision disorders created by the
773 department pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

774 Section 9. Section 456.0496, Florida Statutes, is amended
775 to read:

776 456.0496 Provision of information on eye and vision
777 disorders to parents during planned out-of-hospital births.—A
778 health care practitioner who attends an out-of-hospital birth
779 must ensure that the informational pamphlet on infant and
780 childhood eye and vision disorders created by the department
781 pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~ is provided to each
782 parent after such a birth.

783 Section 10. (1) Effective upon this act becoming a law and

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784 notwithstanding any provision of s. 381.986(8)(a)2.b., Florida
785 Statutes, to the contrary, the Department of Health must grant
786 an applicant 90 days to cure, pursuant to the errors and
787 omissions process established in department Form DH8035-OMMU-
788 10/2021 as incorporated by the department in rule 64ER21-16,
789 Florida Administrative Code, any remaining deficiencies cited by
790 the department regarding the application if the applicant:

791 (a) Applied for a medical marijuana treatment center
792 license during the application window created by the department
793 to accept applications for licensure pursuant to s.
794 381.986(8)(a)2.b., Florida Statutes; and

795 (b) Has not been awarded a license, either from the initial
796 application process or through the cure process established in
797 section 2 of chapter 2023-292, Laws of Florida.

798 (2) If the applicant cures the deficiencies within the 90-
799 day timeframe, the department must issue a medical marijuana
800 treatment center license to the applicant.

801 (3) For purposes of the cure process detailed in
802 subsections (1) and (2), the department must consider all
803 deficiencies with an applicant's application to be cured if the
804 sole remaining deficiency cited is a failure to meet the
805 requirement in s. 381.986(8)(b)1., Florida Statutes.

806 (4) If an applicant who was alive as of February 1, 2024,
807 dies before the completion of the cure process detailed in
808 subsections (1) and (2), the death of the applicant may not be a
809 reason to deny the application during the cure process or any
810 resulting legal challenges. In such case, and in the event of a
811 successful cure or challenge, the department must issue the
812 license to the estate of the applicant.

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813 Section 11. Except as otherwise expressly provided in this
814 act and except for this section, which shall take effect upon
815 this act becoming a law, this act shall take effect July 1,
816 2024.