1	A bill to be entitled
2	An act relating to congenital cytomegalovirus
3	screenings; amending s. 383.145, F.S.; requiring
4	certain hospitals to administer congenital
5	cytomegalovirus screenings on newborns admitted to the
6	hospital under specified circumstances; requiring that
7	the screenings be initiated within a specified
8	timeframe; providing construction; providing coverage
9	under the Medicaid program for the screenings and any
10	medically necessary follow-up reevaluations; requiring
11	that newborns diagnosed with congenital
12	cytomegalovirus be referred to a primary care
13	physician for medical management, treatment, and
14	follow-up services; requiring that children diagnosed
15	with a congenital cytomegalovirus infection without
16	hearing loss be referred to the Children's Medical
17	Services Early Intervention Program and be deemed
18	eligible for evaluation and any medically necessary
19	follow-up reevaluations and monitoring under the
20	program; providing an effective date.
21	
22	Be It Enacted by the Legislature of the State of Florida:
23	
24	Section 1. Paragraphs (a), (k), and (l) of subsection (3)
25	of section 383.145, Florida Statutes, are amended to read:
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26	383.145 Newborn and infant hearing screening
27	(3) REQUIREMENTS FOR SCREENING OF NEWBORNS; INSURANCE
28	COVERAGE; REFERRAL FOR ONGOING SERVICES
29	(a) <u>1.</u> Each hospital or other state-licensed birthing
30	facility that provides maternity and newborn care services shall
31	ensure that all newborns are, before discharge, screened for the
32	detection of hearing loss to prevent the consequences of
33	unidentified disorders. If a newborn fails the screening for the
34	detection of hearing loss, the hospital or other state-licensed
35	birthing facility must administer a test approved by the United
36	States Food and Drug Administration or another diagnostically
37	equivalent test on the newborn to screen for congenital
38	cytomegalovirus before the newborn becomes 21 days of age or
39	before discharge, whichever occurs earlier.
40	2. Each hospital that provides neonatal intensive care
41	services shall administer a test approved by the United States
42	Food and Drug Administration or another diagnostically
43	equivalent test to screen for congenital cytomegalovirus in each
44	newborn admitted to the hospital as a result of a premature
45	birth occurring before 33 weeks' gestation, due to the newborn's
46	size being small for his or her gestational age, for cardiac
47	care, or for medical or postsurgical treatment requiring an
48	anticipated stay of 3 weeks or longer. Such screening must be
49	initiated before the newborn becomes 21 days of age.
50	3. If a newborn requires transfer to another hospital for
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51 higher level of care, the birthing hospital must initiate the 52 congenital cytomegalovirus screening before the transfer. For 53 newborns transferred or admitted for intensive and prolonged 54 care, the congenital cytomegalovirus screening must be initiated 55 regardless of whether the newborn failed a hearing screening. 56 The initial procedures procedure for the congenital (k) 57 cytomegalovirus screening and the hearing screening of the newborn or infant and any medically necessary follow-up 58

59 reevaluations leading to diagnosis are shall be a covered benefits benefit for Medicaid patients covered by a fee-for-60 61 service program. For Medicaid patients enrolled in HMOs, providers must shall be reimbursed directly by the Medicaid 62 63 Program Office at the Medicaid rate. This service is may not be 64 considered a covered service for the purposes of establishing 65 the payment rate for Medicaid HMOs. All health insurance 66 policies and health maintenance organizations as provided under 67 ss. 627.6416, 627.6579, and 641.31(30), except for supplemental 68 policies that only provide coverage for specific diseases, 69 hospital indemnity, or Medicare supplement, or to the 70 supplemental policies, must shall compensate providers for the 71 covered benefit at the contracted rate. Nonhospital-based 72 providers are eligible to bill Medicaid for the professional and 73 technical component of each procedure code.

74 (1) A child who is diagnosed as having permanent hearing
75 loss or a congenital cytomegalovirus infection must be referred

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76	to the primary care physician for medical management, treatment,
77	and follow-up services. Furthermore, in accordance with Part C
78	of the Individuals with Disabilities Education Act, Pub. L. No.
79	108-446, Infants and Toddlers with Disabilities, any child from
80	birth to 36 months of age who is diagnosed as having hearing
81	loss that requires ongoing special hearing services must be
82	referred to the Children's Medical Services Early Intervention
83	Program serving the geographical area in which the child
84	resides. <u>A child diagnosed with a congenital cytomegalovirus</u>
85	infection without hearing loss must be referred to the
86	Children's Medical Services Early Intervention Program and be
87	deemed eligible for a baseline evaluation and any medically
88	necessary follow-up reevaluations and monitoring.
89	Section 2. This act shall take effect July 1, 2024.

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