

CHAPTER 2022-25

Committee Substitute for Senate Bill No. 292

An act relating to newborn screenings; amending s. 383.145, F.S.; revising and defining terms; requiring hospitals and other state-licensed birthing facilities to test for congenital cytomegalovirus in newborns within a specified timeframe under certain circumstances; revising the timeframe in which health care providers attending home births must make certain referrals; providing that a newborn's primary health care provider is responsible for coordinating such referrals under certain circumstances; requiring a newborn's primary health care provider to refer the newborn for testing for congenital cytomegalovirus under certain circumstances; revising the timeframe within which hospitals must complete newborn hearing screenings that were not completed before discharge due to scheduling or temporary staffing limitations; requiring that certain test results be reported to the Department of Health within a specified timeframe; deleting a requirement that the parents of certain newborns be instructed on and provided specified information; deleting obsolete language; deleting a requirement that certain uninsured persons be provided a list of specified providers; providing an effective date.

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

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

383.145 Newborn and infant hearing screening.—

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

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

(a) “Audiologist” means a person licensed under part I of chapter 468 to practice audiology “Agency” means the Agency for Health Care Administration.

(b) “Department” means the Department of Health.

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

(d) “Hospital” means a facility as defined in s. 395.002(13) and licensed under chapter 395 and part II of chapter 408.

(e) “Infant” means an age range from 30 days through 12 months.

~~(f)(e)~~ “Licensed health care provider” means a physician or physician assistant licensed under pursuant to chapter 458; an osteopathic physician or physician assistant licensed under or chapter 459; an advanced practice registered nurse, a registered nurse, or a licensed practical nurse licensed under part I of pursuant to chapter 464; a midwife licensed under chapter 467; or a speech-language pathologist or an audiologist licensed under part I of pursuant to chapter 468, rendering services within the scope of his or her license.

~~(g)(f)~~ “Management” means the habilitation of the hearing-impaired child with hearing loss.

~~(h)(g)~~ “Newborn” means an age range from birth through 29 days.

~~(i)~~ “Physician” means a person licensed under chapter 458 to practice medicine or chapter 459 to practice osteopathic medicine.

~~(j)(h)~~ “Screening” means a test or battery of tests administered to determine the need for an in-depth hearing diagnostic evaluation.

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

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

(b) Each licensed birth center that provides maternity and newborn care services shall ensure provide that all newborns are, before prior to discharge, referred to an a-licensed audiologist, a physician licensed under chapter 458 or chapter 459, or a hospital, or another other newborn hearing screening provider, for screening for the detection of hearing loss; to prevent the consequences of unidentified disorders. The referral for appointment must shall be made within 7 ~~30~~ days after discharge. Written documentation of the referral must be placed in the newborn’s medical chart.

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

screening has not been performed and attach a written objection that must be signed by the parent or guardian.

(d) For home births, the health care provider in attendance is responsible for coordination and referral to an a licensed audiologist, a hospital, or another other newborn hearing screening provider. The health care provider in attendance must make the referral for appointment shall be made within 7 ~~30~~ days after the birth. In cases in which the home birth is not attended by a primary health care provider, the newborn's primary health care provider is responsible for coordinating the a referral to a licensed audiologist, physician licensed pursuant to chapter 458 or chapter 459, hospital, or other newborn hearing screening provider must be made by the health care provider within the first 3 months after the child's birth.

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

(f) All newborn and infant hearing screenings must shall be conducted by an a licensed audiologist, a physician licensed under chapter 458 or chapter 459, or an appropriately supervised individual who has completed documented training specifically for newborn hearing screening. Every licensed hospital that provides maternity or newborn care services shall obtain the services of an a licensed audiologist, a physician licensed pursuant to chapter 458 or chapter 459, or another other newborn hearing screening provider, through employment or contract or written memorandum of understanding, for the purposes of appropriate staff training, screening program supervision, monitoring the scoring and interpretation of test results, rendering of appropriate recommendations, and coordination of appropriate follow-up followup services. Appropriate documentation of the screening completion, results, interpretation, and recommendations must be placed in the medical record within 24 hours after completion of the screening procedure.

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

(h)(g) Each hospital shall formally designate a lead physician responsible for programmatic oversight for newborn hearing screening. Each birth center shall designate a licensed health care provider to provide such

programmatic oversight and to ensure that the appropriate referrals are being completed.

~~(i)~~(h) When ordered by the treating physician, screening of a newborn's hearing must include auditory brainstem responses, or evoked otoacoustic ~~otacoustic~~ emissions, or appropriate technology as approved by the United States Food and Drug Administration.

(j)(i) The results of any test conducted pursuant to this section, including, but not limited to, newborn hearing loss screening, congenital cytomegalovirus testing, and any related diagnostic testing, must be reported to the department within 7 days after receipt of such results Newborn hearing screening must be conducted on all newborns in hospitals in this state on birth admission. When a newborn is delivered in a facility other than a hospital, the parents must be instructed on the importance of having the hearing screening performed and must be given information to assist them in having the screening performed within 3 months after the child's birth.

~~(k)(j)~~ The initial procedure for screening the hearing of the newborn or infant and any medically necessary follow-up ~~followup~~ reevaluations leading to diagnosis shall be a covered benefit for, ~~reimbursable under Medicaid as an expense compensated supplemental to the per diem rate for Medicaid patients enrolled in MediPass or Medicaid patients covered by a fee-for-service fee for service~~ program. For Medicaid patients enrolled in HMOs, providers shall be reimbursed directly by the Medicaid Program Office at the Medicaid rate. This service may not be considered a covered service for the purposes of establishing the payment rate for Medicaid HMOs. All health insurance policies and health maintenance organizations as provided under ss. 627.6416, 627.6579, and 641.31(30), except for supplemental policies that only provide coverage for specific diseases, hospital indemnity, or Medicare supplement, or to the supplemental policies, shall compensate providers for the covered benefit at the contracted rate. Nonhospital-based providers are ~~shall be~~ eligible to bill Medicaid for the professional and technical component of each procedure code.

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

~~(l)~~ Any person who is not covered through insurance and cannot afford the costs for testing shall be given a list of newborn hearing screening providers who provide the necessary testing free of charge.

Section 2. This act shall take effect January 1, 2023.

Approved by the Governor April 6, 2022.

Filed in Office Secretary of State April 6, 2022.