

CHAPTER 2024-164

Committee Substitute for Senate Bill No. 168

An act relating to congenital cytomegalovirus screenings; amending s. 383.145, F.S.; requiring certain hospitals to administer congenital cytomegalovirus screenings on newborns admitted to the hospital under specified circumstances; requiring that the screenings be initiated within a specified timeframe; providing construction; providing coverage under the Medicaid program for the screenings and any medically necessary follow-up reevaluations; requiring that newborns diagnosed with congenital cytomegalovirus be referred to a primary care physician for medical management, treatment, and follow-up services; requiring that children diagnosed with a congenital cytomegalovirus infection without hearing loss be referred to the Children's Medical Services Early Intervention Program and be deemed eligible for evaluation and any medically necessary follow-up reevaluations and monitoring under the program; providing an effective date.

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

Section 1. Paragraphs (a), (k), and (l) of subsection (3) of section 383.145, Florida Statutes, are amended to read:

383.145 Newborn and infant hearing screening.—

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

(a)1. Each hospital or other state-licensed birthing facility that provides maternity and newborn care services shall ensure that all newborns are, before 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.

2. Each hospital that provides neonatal intensive care services shall administer a test approved by the United States Food and Drug Administration or another diagnostically equivalent test to screen for congenital cytomegalovirus in each newborn admitted to the hospital as a result of a premature birth occurring before 35 weeks' gestation, for cardiac care, or for medical or surgical treatment requiring an anticipated stay of 3 weeks or longer. Such screening must be initiated before the newborn becomes 21 days of age.

3. If a newborn requires transfer to another hospital for a higher level of care, the receiving hospital must initiate the congenital cytomegalovirus screening if it was not already performed by the transferring hospital or birthing facility. For newborns transferred or admitted for intensive and prolonged care, the congenital cytomegalovirus screening must be initiated regardless of whether the newborn failed a hearing screening.

(k) ~~The initial procedure~~ procedures ~~for the congenital cytomegalovirus screening and the hearing screening~~ of the newborn or infant and any medically necessary follow-up reevaluations leading to diagnosis ~~are shall be~~ a covered ~~benefits benefit~~ for Medicaid patients covered by a fee-for-service program. For Medicaid patients enrolled in HMOs, providers must ~~shall~~ be reimbursed directly by the Medicaid Program Office at the Medicaid rate. This service ~~is~~ 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, must ~~shall~~ compensate providers for the covered benefit at the contracted rate. Nonhospital-based providers are eligible to bill Medicaid for the professional and technical component of each procedure code.

(l) ~~A child who is diagnosed as having permanent hearing loss or a congenital cytomegalovirus infection~~ must be referred to the primary care physician for medical management, treatment, and follow-up 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 hearing loss 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. A child diagnosed with a congenital cytomegalovirus infection without hearing loss must be referred to the Children's Medical Services Early Intervention Program and be deemed eligible for a baseline evaluation and any medically necessary follow-up reevaluations and monitoring.

Section 2. This act shall take effect July 1, 2024.

Approved by the Governor May 10, 2024.

Filed in Office Secretary of State May 10, 2024.