

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:

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

26 | 383.145 Newborn and infant hearing screening.—

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

29 | (a)1. 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 35 weeks' gestation, for cardiac care, or
 46 | for medical or surgical treatment requiring an anticipated stay
 47 | of 3 weeks or longer. Such screening must be initiated before
 48 | the newborn becomes 21 days of age.

49 | 3. If a newborn requires transfer to another hospital for
 50 | a higher level of care, the receiving hospital must initiate the

51 congenital cytomegalovirus screening if the screening has not
52 already been performed by the transferring hospital or the
53 birthing facility. For newborns transferred or admitted for
54 intensive and prolonged care, the congenital cytomegalovirus
55 screening must be initiated regardless of whether the newborn
56 failed a hearing screening.

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

75 (l) A child ~~who is~~ diagnosed as having permanent hearing

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

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