



House of Representatives

General Assembly

File No. 171

January Session, 2023

Substitute House Bill No. 6821

House of Representatives, March 22, 2023

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING CYTOMEGALOVIRUS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-55 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2023*):

3 (a) There is established a newborn screening program. The
4 Commissioner of Public Health shall (1) administer the newborn
5 screening program, (2) direct persons identified through the screening
6 program to appropriate specialty centers for treatments, consistent with
7 any applicable confidentiality requirements, and (3) set the fees to be
8 charged to institutions to cover all expenses of the comprehensive
9 screening program including testing, tracking and treatment, subject to
10 the approval of the Secretary of the Office of Policy and Management.
11 The fees to be charged pursuant to subdivision (3) of this subsection
12 shall be set at a minimum of ninety-eight dollars.

13 (b) The administrative officer or other person in charge of each

14 institution caring for newborn infants, a nurse-midwife licensed
15 pursuant to chapter 377 or a midwife shall cause to have administered
16 to every such newborn infant in his or her care a blood spot specimen
17 and an HIV-related test, as defined in section 19a-581, except that the
18 person responsible for testing may omit such test if the mother has had
19 an HIV-related test pursuant to section 19a-90 or 19a-593. The blood spot
20 specimen shall be collected not earlier than twenty-four hours after the
21 birth of the newborn infant and not later than forty-eight hours after the
22 birth of such infant, unless the institution caring for newborn infants,
23 nurse-midwife licensed pursuant to chapter 377 or midwife determines
24 that a situation exists to warrant an early collection of the specimen or if
25 collection of the specimen is medically contraindicated. Situations that
26 warrant early collection of the specimen shall include, but not be limited
27 to, the imminent transfusion of blood products, dialysis, early discharge
28 of the newborn infant from the institution, transfer of the newborn
29 infant to another institution or imminent death. If the newborn infant
30 dies before a blood spot specimen can be obtained, the specimen shall
31 be collected as soon as practicable after death. The institution licensed
32 to care for newborn infants, nurse-midwife or midwife shall notify the
33 Department of Public Health when a specimen is not collected within
34 forty-eight hours after the birth of such infant due to: (1) The infant's
35 medical fragility, (2) refusal by the parents when newborn infant
36 screening is in conflict with their religious tenets and practice, (3) the
37 newborn infant receiving comfort measures only, or (4) any other
38 reason. Such notification shall be documented in the department's
39 newborn screening system pursuant to section 19a-53 by the institution
40 caring for newborn infants, nurse-midwife or midwife or sent in writing
41 to the department not later than seventy-two hours after the birth of the
42 newborn infant. The institution caring for newborn infants, nurse-
43 midwife or midwife shall send the blood spot specimen to the state
44 public health laboratory not later than twenty-four hours after the time
45 of collection. The department may request an additional blood spot
46 specimen if: (A) There was an early collection of the specimen, (B) the
47 specimen was collected following a transfusion of blood products, (C)
48 the specimen is unsatisfactory for testing, or (D) the department

49 determines that there is an abnormal result. The state public health
50 laboratory shall make and maintain a record of the date and time of its
51 receipt of each blood spot specimen and make such record available for
52 inspection by the institution caring for newborn infants, nurse-midwife
53 or midwife that sent the blood spot specimen not later than forty-eight
54 hours after such institution, nurse-midwife or midwife submits a
55 request to inspect such record.

56 (c) The Commissioner of Public Health shall publish a list of all the
57 abnormal conditions for which the department screens newborns under
58 the newborn screening program, which shall include, but need not be
59 limited to, testing for amino acid disorders, including phenylketonuria,
60 organic acid disorders, fatty acid oxidation disorders, including, but not
61 limited to, long-chain 3-hydroxyacyl CoA dehydrogenase (L-CHAD)
62 and medium-chain acyl-CoA dehydrogenase (MCAD),
63 hypothyroidism, galactosemia, sickle cell disease, maple syrup urine
64 disease, homocystinuria, biotinidase deficiency, congenital adrenal
65 hyperplasia, severe combined immunodeficiency disease,
66 adrenoleukodystrophy, spinal muscular atrophy and any other disorder
67 included on the recommended uniform screening panel pursuant to 42
68 USC 300b-10, as amended from time to time, and as prescribed by the
69 Commissioner of Public Health.

70 (d) In addition to the testing requirements prescribed in subsection
71 (b) of this section, the administrative officer or other person in charge of
72 each institution caring for newborn infants shall cause to have
73 administered to [(1)] every such infant in its care a screening test for
74 [(A)] (1) cystic fibrosis, [and (B)] (2) critical congenital heart disease, [(2)
75 any newborn infant who fails a newborn hearing screening, as described
76 in section 19a-59, a screening test for] and (3) cytomegalovirus. Such
77 screening tests shall be administered as soon after birth as is medically
78 appropriate.

79 (e) (1) The clinical laboratory that completes the testing for cystic
80 fibrosis [,] shall report the number of newborn infants screened and the
81 results of such testing, not less than annually, to the Department of

82 Public Health into the newborn screening system pursuant to section
83 19a-53. The administrative officer or other person in charge of each
84 institution caring for newborn infants who performs the testing for
85 critical congenital heart disease shall enter the results of such test into
86 the newborn screening system pursuant to section 19a-53.

87 (2) The administrative officer or other person in charge of each
88 institution caring for newborn infants shall enter any case of
89 cytomegalovirus that is confirmed as a result of a screening test
90 administered pursuant to subdivision [(2)] (3) of subsection (d) of this
91 section to the Department of Public Health into the newborn screening
92 system pursuant to section 19a-53. The provisions of this subsection
93 shall apply regardless of the patient's insurance status or source of
94 payment, including self-pay status.

95 (f) The provisions of this section shall not apply to any infant whose
96 parents object to the test or treatment as being in conflict with their
97 religious tenets and practice. The commissioner shall adopt regulations,
98 in accordance with the provisions of chapter 54, to implement the
99 provisions of this section.

100 Sec. 2. (*Effective from passage*) Not later than January 1, 2024, the
101 Department of Public Health shall disseminate educational materials
102 regarding the symptoms, diagnosis and treatment of cytomegalovirus
103 to (1) each gynecologist, obstetrician and pediatrician in the state for
104 provision by such health care providers to their pregnant and
105 postpartum patients, and (2) the Office of Early Childhood to
106 disseminate to child care centers, group child care homes and family
107 child care homes for provision by such centers and homes to the parent
108 or guardian of each newborn receiving care from the center or home.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2023</i>	19a-55
Sec. 2	<i>from passage</i>	New section

Statement of Legislative Commissioners:

In Section 1(e)(2), "subdivision (2)" was changed to "subdivision [(2)]
(3)" for accuracy.

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill, which requires healthcare institutions caring for newborn infants to test each newborn for cytomegalovirus (CMV) and requires the Department of Public Health (DPH) to disseminate CMV educational materials to gynecologists, obstetricians, pediatricians, and the Office of Early Childhood by 1/1/24, is not anticipated to result in a fiscal impact to the State or municipalities.

CMV educational materials for both providers and parents are provided on DPH's Early Hearing Detection and Intervention program (EHDI) website, available at <https://portal.ct.gov/DPH/Family-Health/EHDI/CMV>. EHDI is responsible for ensuring that all Connecticut-born children ages 0-3 years receive newborn hearing screenings, CMV tests, diagnostic hearing evaluations, Birth-to-Three early intervention services, and family support services to maximize developmental outcomes. In addition to EHDI's webpages, downloads of educational materials are available for free online through the National CMV Foundation's educational download webpage, available at <https://www.nationalcmv.org/resources/educational-downloads>.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis

HB 6821

AN ACT CONCERNING CYTOMEGALOVIRUS.

SUMMARY

This bill requires all health care institutions caring for newborn infants to test each newborn for cytomegalovirus (CMV), instead of only those who fail a newborn hearing screening, as under current law. By law, this testing must be done as soon as it is medically appropriate, unless the parents object on religious grounds.

Like existing law that requires these institutions to test newborn infants for cystic fibrosis and critical congenital heart disease, the test for CMV is not part of the state's newborn screening program for genetic and metabolic disorders.

The bill also requires the Department of Public Health, by January 1, 2024, to distribute educational materials on CMV symptoms, diagnosis, and treatment to the following:

1. each gynecologist, obstetrician, and pediatrician in the state to provide to their pregnant and postpartum patients and
2. the Office of Early Childhood to distribute to child care centers and group and family child care homes to provide to parents or guardians of newborns they care for.

EFFECTIVE DATE: Upon passage, except the provision on CMV newborn screening takes effect on October 1, 2023.

BACKGROUND

Cytomegalovirus

CMV is a type of herpesvirus, which places it in a group with chickenpox, shingles, and mononucleosis. Although usually harmless in healthy adults and children, CMV in newborns can lead to hearing loss or developmental disabilities. Transmission from mother to fetus occurs during pregnancy.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 38 Nay 0 (03/10/2023)