

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-6821

Title: AN ACT CONCERNING EDUCATION REGARDING CYTOMEGALOVIRUS.

Vote Date: 3/10/2023

Vote Action: Joint Favorable Substitute

PH Date: 3/6/2023

File No.:

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

Cytomegalovirus (CMV) is the most common newborn virus and, if not found early enough, in some cases can lead to long term health problems one of which is hearing loss. However, CMV is not screened for unless a newborn fails a hearing test. This bill would require healthcare institutions to test every newborn for CMV; not just newborns who fail a hearing test. Unless the parents object to the testing on religious grounds, the test must be done as soon as medically possible. The healthcare institutions must then report the confirmed cases to the Department of Public Health (DPH). Although this information is currently posted on the DPH website, this bill requires, by January 1, 2024, that DPH distribute educational materials on CMV symptoms, diagnosis and treatment to each gynecologist, obstetrician, and pediatrician in the state to distribute to their pregnant and postpartum patients, as well as to the Office of Early Childhood (OEC) to distribute to childcare centers, group and family day care homes to distribute to the parents and guardians of newborns they may care for.

RESPONSE FROM ADMINISTRATION/AGENCY:

Manisha Juthani, Commissioner, the Department of Public Health (DPH):

The Commissioner shared that according to the Centers for Disease Control (CDC), one in five babies born with congenital cytomegalovirus (CMV) will have long term health problems. CMV is also the leading cause of non-genetic hearing loss in children impacted at birth. Connecticut General Statute 19a-55 mandates that if an infant does not pass a newborn hearing test, the infant must be screened for this virus as soon as medically possible after birth. Since the department currently maintains a website that provides all the relevant information on symptoms, diagnosis and treatment of this virus, DPH has already fulfilled the requirements of HB 6821. Therefore, DPH believes that this bill is not necessary.

NATURE AND SOURCES OF SUPPORT:

Allison Malerba, Teacher of the Deaf & Hard of Hearing:

Ms. Malerba explained that CMV is the most common infectious cause of birth defects in the US and the leading non-genetic cause of childhood hearing loss. There are many resources available that provide excellent information about CMV prevention and intervention. However, posting information solely on the DPH website is not effectively getting to those most in need of this information, namely women of childbearing age, pregnant mothers and childcare providers. New York recently passed a CMV prevention education law (Elizabeth's Law) and several other states have legislation requiring public and professional education about CMV. Minnesota just became the first state to pass universal screening for CMV. It is my hope that Connecticut will follow with the dissemination of information and the implementation of universal screening for CMV.

Amanda Devereaux, Director, National CMV Foundation:

The CMV Foundation supports all efforts to increase CMV awareness. Research has shown that pregnant women can reduce their risk of acquiring CMV during pregnancy with hygienic precautions. However, 91% of women have never heard of CMV and cannot take these steps to reduce their risk. Although information concerning CMV is on the DPH website, is not reaching most people. This bill would require the DPH to disseminate this information to childcare providers, physicians and midwives.

Jennifer Cox, Co-Director, New England Center for Hearing Rehabilitation:

CMV is the leading non-genetic cause of hearing loss. Universal screening would allow much faster and more effective intervention for this population. Sometimes, the hearing loss is progressive and is not detected during the newborn hearing screening. If the CMV was screened for at birth, the infant could receive appropriate medical intervention to reduce the debilitating effects of CMV.

Gail Semmler-Harrison, MD, Professor Dept. of Pediatrics Infectious Diseases, Baylor College of Medicine:

Dr. Semmler-Harrison revealed that between 30% and 70% of children between the ages of 1-3 years of age who attend some form of group care may be excreting CMV. In this setting, transmission of CMV is usually from child-to-child by direct contact with bodily fluids such as saliva or urine. Such transmission may also impact caregivers since many activities with the children may involve contact with a child's bodily fluid. Caregivers in this type of setting should be aware of CMV and practice good hygienic measures. As an expert in congenital CMV with over 30 years of experience, and as a doctor who knows families in Connecticut who have been affected by congenital CMV, I am in support of this bill. A similar CMV education bill was passed in Utah in 2013 and Texas in 2015 and other states are on track to follow.

Ann Nyberg, Channel 8 Newscaster, Resident of Connecticut:

Ms. Nyberg shared her family's personal experience regarding a grandchild who was born with CMV. She pointed out that currently in doctors' offices, pregnant women are made aware of all behaviors to avoid when pregnant, but not about CMV. Women are told about the Zika virus, which is extremely rare in this country, but not about CMV. While many babies born with congenital CMV will never develop symptoms, of those who do, many develop a myriad of debilitating and life-altering disabilities. These negative outcomes could be dramatically impacted with universal screening at birth.

NATURE AND SOURCES OF OPPOSITION:

None expressed.

Reported by: Kathleen Panazza

Date: March 22, 2023