

SENATE BILL REPORT

SB 5829

As of January 12, 2024

Title: An act relating to screening newborn infants for congenital cytomegalovirus.

Brief Description: Screening newborn infants for congenital cytomegalovirus.

Sponsors: Senators Frame, Rivers, Shewmake, Trudeau, Lovelett, Dhingra, Hasegawa, Kuderer, Lias, Nobles, Valdez and Wilson, C..

Brief History:

Committee Activity: Health & Long Term Care: 1/12/24.

Brief Summary of Bill

- Creates an opt-in screening for Congenital Cytomegalovirus if Department of Health has obtained informed consent from the newborn infant's parents or guardians for the optional screening.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Julie Tran (786-7283)

Background: Congenital Cytomegalovirus. Congenital Cytomegalovirus (cCMV) is a common congenital infection and is present in approximately 1 in 200 babies. cCMV occurs when a pregnant individual is infected with cytomegalovirus and subsequently passes the infection to their unborn child. It can result in hearing loss and is the leading cause of nonhereditary, sensorineural hearing loss.

Washington State's Newborn Screenings. Department of Health (DOH) must require screening tests of all newborn infants born in any setting. No tests shall be given to any newborn infant whose parents or guardian object on the grounds of religious tenets and practices.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Each hospital or health care provider attending a birth outside of a hospital must collect and submit a sample blood specimens for all newborn infants within 48 hours following the birth. The initial screen or signed refusal must be delivered to the state laboratory within 72 hours of collection, excluding Sundays and Thanksgiving Day. Laboratories, attending physicians, hospital administrators or other persons are required to report all positive test results to DOH.

Annually, DOH performs nearly 12 million tests on more than 172,000 specimens from about 85,000 newborn infants. DOH also provides information and training to parents and health care providers about newborn screenings (NBS).

Newborn Screening Panel. Washington State adds tests to the newborn screening panel only after a consideration of the following criteria set by the State Board of Health (Board): available technology, diagnostic testing, and treatment available; prevention potential and medical rationale; public health rationale; cost-benefit and cost-effectiveness.

In October 2021, the Board convened a technical advisory committee to consider adding cCMV to the list of mandated NBS conditions. In October 2022, the Board determined cCMV should not be considered for addition to the newborn screening panel at this time and moves to reevaluate the condition in three years as a candidate for mandatory newborn screening in Washington State.

In Washington, there are no state requirements for cCMV education, screening, or reporting. Cytomegalovirus testing is up to a provider's discretion and results are not reported to DOH.

Summary of Bill: DOH may conduct screening tests for cCMV as a part of the existing newborn screening panel tests if DOH has obtained informed consent from the newborn infant's parents or guardians for this optional testing. This testing may only occur after all the DOH-required tests are complete.

DOH must design, prepare, and make available written material to inform health care providers and the newborn infant's parents or guardians about the nature and consequences of cCMV.

Appropriation: None.

Fiscal Note: Requested on December 28, 2023.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.