



General Assembly

Substitute Bill No. 6821

January Session, 2023



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 Section 19a-55 of the general statutes is repealed and the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
7 with any applicable confidentiality requirements, and (3) set the fees to
8 be 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
20 spot specimen shall be collected not earlier than twenty-four hours
21 after the birth of the newborn infant and not later than forty-eight
22 hours after the birth of such infant, unless the institution caring for
23 newborn infants, nurse-midwife licensed pursuant to chapter 377 or
24 midwife determines that a situation exists to warrant an early
25 collection of the specimen or if collection of the specimen is medically
26 contraindicated. Situations that warrant early collection of the
27 specimen shall include, but not be limited to, the imminent transfusion
28 of blood products, dialysis, early discharge of the newborn infant from
29 the institution, transfer of the newborn infant to another institution or
30 imminent death. If the newborn infant dies before a blood spot
31 specimen can be obtained, the specimen shall be collected as soon as
32 practicable after death. The institution licensed to care for newborn
33 infants, nurse-midwife or midwife shall notify the Department of
34 Public Health when a specimen is not collected within forty-eight
35 hours after the birth of such infant due to: (1) The infant's medical
36 fragility, (2) refusal by the parents when newborn infant screening is in
37 conflict with their religious tenets and practice, (3) the newborn infant
38 receiving comfort measures only, or (4) any other reason. Such
39 notification shall be documented in the department's newborn
40 screening system pursuant to section 19a-53 by the institution caring
41 for newborn infants, nurse-midwife or midwife or sent in writing to
42 the department not later than seventy-two hours after the birth of the
43 newborn infant. The institution caring for newborn infants, nurse-
44 midwife or midwife shall send the blood spot specimen to the state
45 public health laboratory not later than twenty-four hours after the time
46 of collection. The department may request an additional blood spot
47 specimen if: (A) There was an early collection of the specimen, (B) the
48 specimen was collected following a transfusion of blood products, (C)
49 the specimen is unsatisfactory for testing, or (D) the department
50 determines that there is an abnormal result. The state public health
51 laboratory shall make and maintain a record of the date and time of its
52 receipt of each blood spot specimen and make such record available
53 for inspection by the institution caring for newborn infants, nurse-

54 midwife or midwife that sent the blood spot specimen not later than
55 forty-eight hours after such institution, nurse-midwife or midwife
56 submits a request to inspect such record.

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

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

81 (e) (1) The clinical laboratory that completes the testing for cystic
82 fibrosis [] shall report the number of newborn infants screened and the
83 results of such testing, not less than annually, to the Department of
84 Public Health into the newborn screening system pursuant to section
85 19a-53. The administrative officer or other person in charge of each
86 institution caring for newborn infants who performs the testing for

87 critical congenital heart disease shall enter the results of such test into
88 the newborn screening system pursuant to section 19a-53.

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

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

102 Sec. 2. (*Effective from passage*) Not later than January 1, 2024, the
103 Department of Public Health shall disseminate educational materials
104 regarding the symptoms, diagnosis and treatment of cytomegalovirus
105 to (1) each gynecologist, obstetrician and pediatrician in the state for
106 provision by such health care providers to their pregnant and
107 postpartum patients, and (2) the Office of Early Childhood to
108 disseminate to child care centers, group child care homes and family
109 child care homes for provision by such centers and homes to the
110 parent or guardian of each newborn receiving care from the center or
111 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.*