

FINAL BILL REPORT

SSB 5829

Brief Description: Screening newborn infants for congenital cytomegalovirus.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Frame, Rivers, Shewmake, Trudeau, Lovelett, Dhingra, Hasegawa, Kuderer, Liias, Nobles, Valdez and Wilson, C.).

Senate Committee on Health & Long Term Care
House Committee on Health Care & Wellness

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.

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

Washington State's Newborn Screenings. 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. 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). 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 NBS in Washington State.

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.

Summary: The Board is required to consider whether or not to add cCMV screening to the mandatory newborn screening panel and submit legislature a report by no later than December 31, 2025 to the Governor and the Legislature. The report must include a summary of the conducted evaluation and the findings and recommendations on the addition of cCMV screening to the mandatory NBS panel.

DOH is required to develop and make available educational resources for pregnant individuals about the nature and consequences of in utero exposure to CMV and strategies to reduce the CMV transmission. The educational resources may include, but are not limited to, courses delivered in-person or electronically, pamphlets printed on paper and distributed through the watch me grow program, social media content, or made available on DOH's website. DOH is also required to provide educational materials and outreach for providers regarding the strategies to reduce CMV transmission. The educational materials are intended to lower CMV infection rates among pregnant individuals to save lives and prevent disability in their unborn children.

Votes on Final Passage:

Senate 49 0

House 95 0

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