



House of Representatives

File No. 786

General Assembly

January Session, 2015

(Reprint of File No. 512)

Substitute House Bill No. 5525
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 8, 2015

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 Section 19a-55 of the general statutes is repealed and the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 July 1, 2015*):

3 (a) The administrative officer or other person in charge of each
4 institution caring for newborn infants shall cause to have administered
5 to every such infant in its care an HIV-related test, as defined in section
6 19a-581, a test for phenylketonuria and other metabolic diseases,
7 hypothyroidism, galactosemia, sickle cell disease, maple syrup urine
8 disease, homocystinuria, biotinidase deficiency, congenital adrenal
9 hyperplasia and such other tests for inborn errors of metabolism as
10 shall be prescribed by the Department of Public Health. The tests shall
11 be administered as soon after birth as is medically appropriate. If the
12 mother has had an HIV-related test pursuant to section 19a-90 or 19a-
13 593, the person responsible for testing under this section may omit an
14 HIV-related test. The Commissioner of Public Health shall (1)
15 administer the newborn screening program, (2) direct persons

16 identified through the screening program to appropriate specialty
17 centers for treatments, consistent with any applicable confidentiality
18 requirements, and (3) set the fees to be charged to institutions to cover
19 all expenses of the comprehensive screening program including
20 testing, tracking and treatment. The fees to be charged pursuant to
21 subdivision (3) of this subsection shall be set at a minimum of fifty-six
22 dollars. The Commissioner of Public Health shall publish a list of all
23 the abnormal conditions for which the department screens newborns
24 under the newborn screening program, which shall include screening
25 for amino acid disorders, organic acid disorders and fatty acid
26 oxidation disorders, including, but not limited to, long-chain 3-
27 hydroxyacyl CoA dehydrogenase (L-CHAD) and medium-chain acyl-
28 CoA dehydrogenase (MCAD).

29 (b) In addition to the testing requirements prescribed in subsection
30 (a) of this section, the administrative officer or other person in charge
31 of each institution caring for newborn infants shall cause to have
32 administered to (1) every such infant in its care [(1)] a screening test for
33 (A) cystic fibrosis, [(2) a screening test for] (B) severe combined
34 immunodeficiency disease, and [(3) on and after January 1, 2013, a
35 screening test for] (C) critical congenital heart disease, and (2) any
36 newborn infant who fails a newborn hearing screening, as described in
37 section 19a-59, a screening test for cytomegalovirus, provided such
38 screening test shall be administered within available appropriations on
39 and after January 1, 2016. Such screening tests shall be administered as
40 soon after birth as is medically appropriate.

41 (c) On and after the occurrence of the following: (1) The
42 development and validation of a reliable methodology for screening
43 newborns for adrenoleukodystrophy using dried blood spots and
44 quality assurance testing methodology for such test or the approval of
45 a test for adrenoleukodystrophy using dried blood spots by the federal
46 Food and Drug Administration; and (2) the availability of any
47 necessary reagents for such test, the administrative officer or other
48 person in charge of each institution caring for newborn infants shall
49 cause to have administered to every such infant in its care a test for

50 adrenoleukodystrophy.

51 (d) The administrative officer or other person in charge of each
52 institution caring for newborn infants shall report any case of
53 cytomegalovirus that is confirmed as a result of a screening test
54 administered pursuant to subdivision (3) of subsection (b) of this
55 section to the Department of Public Health in a form and manner
56 prescribed by the Commissioner of Public Health.

57 [(d)] (e) The provisions of this section shall not apply to any infant
58 whose parents object to the test or treatment as being in conflict with
59 their religious tenets and practice. The commissioner shall adopt
60 regulations, in accordance with the provisions of chapter 54, to
61 implement the provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2015	19a-55

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: See below

Municipal Impact: None

Explanation

The bill requires hospitals to test for cytomegalovirus when a newborn fails a hearing screening. This requirement may have a fiscal impact for the University of Connecticut Health Center (UCHC). The cytomegalovirus test at UCHC costs approximately \$150. As only a few infants annually fail the newborn hearing screening at UCHC, any cost incurred at UCHC is expected to be minimal. Additionally, such costs may be offset by private insurance billing, to the extent that the test is a covered service. The bill also requires hospitals to report positive tests for cytomegalovirus to the Department of Public Health.

House "A" added the reporting requirement for hospitals. There was no associated fiscal impact.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sHB 5525 (as amended by House "A")*****AN ACT CONCERNING CYTOMEGALOVIRUS.****SUMMARY:**

Starting January 1, 2016, this bill requires all health care institutions caring for newborn infants to test those who fail a newborn hearing screening for cytomegalovirus (CMV). It requires the testing to be done (1) within available appropriations and (2) as soon as is medically appropriate, unless, as allowed by law, their parents object on religious grounds.

Like existing law that requires these institutions to test newborn infants for cystic fibrosis, severe combined immunodeficiency disease, and critical congenital heart disease, the test for CMV is not part of the state's newborn screening program for genetic and metabolic disorders. That program, in addition to screening, directs parents of identified infants to counseling and treatment.

The bill also requires health care institutions to report CMV cases confirmed by the screening to the Department of Public Health (DPH) in a form and manner the commissioner prescribes.

*House Amendment "A" requires health care institutions to report confirmed CMV cases to DPH.

EFFECTIVE DATE: July 1, 2015

BACKGROUND**CMV**

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.

Related Bill

HB 5271, reported favorably by the Public Health Committee, requires health care institutions to test newborns for globoid cell leukodystrophy once certain conditions are met.

COMMITTEE ACTION

Public Health Committee

Joint Favorable
Yea 27 Nay 0 (03/23/2015)