

## HB 2685 A STAFF MEASURE SUMMARY

### House Committee On Behavioral Health and Health Care

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**Action Date:** 04/01/25

**Action:** Do pass with amendments and be referred to Ways and Means by prior reference.  
(Printed A-Eng.)

**Vote:** 9-0-0-0

**Yeas:** 9 - Diehl, Harbick, Isadore, Javadi, McIntire, Munoz, Nelson, Nosse, Pham H

**Fiscal:** Fiscal impact issued

**Revenue:** No revenue impact

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**Meeting Dates:** 2/25, 4/1

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#### WHAT THE MEASURE DOES:

The measure requires the Oregon Health Authority (OHA) to create a targeted screening protocol for and provide information on congenital cytomegalovirus (cCMV) to Oregon hospitals and birth centers.

#### Detailed Summary

- **Oregon Health Authority (OHA):**
  - Directs OHA to provide an expanded, targeted screening protocol for to identify newborns that should receive cCMV testing within 14 days of birth and before hospital discharge to all Oregon hospitals and birth centers. Requires OHA to adopt rules to establish the targeted protocol by January 1, 2026.
  - Requires OHA to provide a recommended protocol for infant and early childhood testing and care following a positive screening result for cCMV.
  - Directs OHA to expand and disseminate information on cCMV to specific entities and the public.
  - Eliminates requirements if cCMV is added to the newborn bloodspot screening program.
- **Hospitals and Birth Centers:**
  - Requires hospitals and birth centers to comply with the targeted protocol except in certain situations.
  - Requires a hospital or birth center to notify the parent or guardian and health care provider when a child screens positive for cCMV.
- **Health Plans:**
  - Requires state-regulated health plans to cover cCMV testing consistent with the targeted screening protocol.

#### ISSUES DISCUSSED:

- Importance of preventive education related to the potential to contract and transmit CMV during pregnancy
- Limited window for early treatment and the importance of receiving an early cCMV diagnosis to mitigate long term complications such as hearing loss

#### EFFECT OF AMENDMENT:

- Removes requirement that OHA study cCMV data collection and analysis.
- Clarifies language around exemptions for hospitals or birth centers in complying with targeted protocol.

#### BACKGROUND:

Universal newborn screening is a well-established practice of state public health programs where newborn bloodspot samples are collected for screening prior to hospital discharge. Newborn screening can support the early detection and treatment of potentially serious medical conditions that could result in mortality or lifelong disability even when a newborn appears to be healthy otherwise. The federal Department of Health and Human Services publishes a [Recommended Uniform Screening Panel](#) (RUSP) of inheritable disorders for states to include in screening panels; this recommendation includes 48 core and 26 secondary conditions as of 2023.

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Cytomegalovirus ([CMV](#)) is a common virus of the herpes family that may infect people of all ages. More than half of U.S. adults have been infected with CMV by the age of 40, and nearly one out of three children has been infected by the age of five. Once infected, CMV remains dormant within a person's body for life where it may be passed to a baby during pregnancy. While CMV most often causes either no symptoms or mild illness, those with weakened immune systems, people who are pregnant, and babies born with congenital CMV may experience more severe symptoms. Congenital CMV (cCMV) occurs in approximately one out of every 200 newborns; of those, one of every [five](#) will experience symptoms that can result in long-term effects, such as vision loss, seizures, microcephaly, developmental delays, and commonly, hearing loss. Congenital CMV was nominated but not added to the RUSP in [2022](#). There are [three approaches](#) to screening for cCMV: targeted hearing screening for newborns who fail newborn hearing screening at birth, expanded targeted screening for infants with signs of cCMV on a clinical exam or lab testing, and universal/routine bloodspot screening for newborns at birth.

Oregon law (ORS [433.285](#)) requires physicians, nurses, and midwives who deliver or care for infants in hospitals, birth centers, or homes to collect a bloodspot sample as part of the [Northwest Regional Newborn Bloodspot Screening Program](#) (NBS). Bloodspots are tested by the Oregon State Public Health Laboratory with the intention of identifying infants that should undergo further follow-up testing and medical intervention; as of [2022](#), Oregon screens for 44 specific medical conditions within the NBS, including a range of metabolic, pulmonary, and endocrine disorders, among others. Collectively, about one in 250 infants born in the U.S. are affected by conditions screened for by Oregon's NBS. House Bill 2563 ([2019](#)) created the Northwest Regional Newborn Bloodspot Screening Advisory Board within the Oregon Health Authority (OHA) which is responsible for recommending additional disorders that should be added to the NBS.

House Bill 2754 ([2017](#)) required OHA to [compile](#) and provide educational materials regarding cCMV when a child fails a hearing test and to develop a schedule for conducting newborn screening tests and protocol for diagnosing cCMV within 21 days of birth. However, HB 2754 did not mandate testing for cCMV.

House Bill 2685 A requires the Oregon Health Authority to create a targeted screening protocol for and provide information on congenital cytomegalovirus to Oregon hospitals and birth centers.