

Enrolled

House Bill 2685

Sponsored by Representatives PHAM H, LEVY B, DIEHL, MUNOZ; Representatives BOWMAN, ELMER, GOMBERG, GRAYBER, HARBICK, HUDSON, ISADORE, JAVADI, LEVY E, NELSON, OWENS, WALTERS, WRIGHT, Senators FREDERICK, PATTERSON, SOLLMAN (Presession filed.)

CHAPTER

AN ACT

Relating to cytomegalovirus; creating new provisions; amending ORS 433.298 and 433.321; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 433.321 is amended to read:

433.321. (1) In all Oregon hospitals and birthing centers where more than 200 live births occur per year, each newborn child must receive a newborn hearing screening test. A hospital or birthing center shall attempt to conduct the test required under this subsection prior to the discharge of the newborn child from the facility.

(2) All Oregon hospitals and birthing centers where fewer than 200 live births occur per year shall provide the parent or guardian of a newborn child with the appropriate information furnished by the Oregon Health Authority concerning the importance of newborn hearing screening tests.

(3) All Oregon hospitals and birthing centers conducting newborn hearing screening tests, within 10 days of conducting a newborn hearing screening test, shall:

(a) Notify the parent or guardian and the health care provider of the newborn child of the test results;

(b) Provide the parent or guardian with names and contact information for diagnostic facilities that conduct newborn hearing screening tests in the community and with materials developed pursuant to ORS 433.298; and

(c) Report to the authority the results of the test for the newborn child and information identifying the newborn child.

(4) A diagnostic facility conducting newborn hearing screening tests, within 10 days of conducting a newborn hearing screening test, shall report to the authority the results of the test for the newborn child and information identifying the newborn child. If a diagnostic facility conducting newborn hearing screening tests detects hearing loss in a newborn child, the diagnostic facility shall provide to the parent or guardian materials developed pursuant to ORS 433.298.

(5) Each public and private educational institution that provides early intervention services as defined in ORS 343.035 shall disclose to the authority information identifying the children referred to the educational institution with diagnosed hearing loss and the enrollment status of the children. The institution may disclose to the authority additional information regarding children with hearing loss who are receiving early intervention services if the educational institution has obtained consent to disclose the information.

(6) The authority[, *in collaboration with the Child Development and Rehabilitation Center of the Oregon Health and Science University,*] shall, on an annual basis, provide to all Oregon hospitals and birthing centers the following information:

- (a) A description of the responsibilities created by this section;
- (b) A list of appropriate screening devices and descriptions of training protocols to ensure that staff members are adequately trained in the use of hearing screening equipment;
- (c) A list of diagnostic facilities that conduct newborn hearing screening tests;
- (d) Using evidence-based best practice standards, a recommended schedule for conducting newborn hearing screening tests[, *and for referring parents and guardians to health care providers for the purpose of diagnosing whether the newborn child has congenital cytomegalovirus, within 21 days of the newborn child's date of birth*];

(e) An expanded targeted screening protocol to identify newborns that should receive testing for cytomegalovirus within 14 days of birth and prior to discharge from the hospital or birthing center;

(f) A recommended protocol for infant and early childhood diagnostic testing and care following a positive screening result for cytomegalovirus;

[*(e)*] **(g)** A list of public and private educational institutions that provide early intervention services and a description of the geographic area served by each institution; and

[*(f)*] **(h)** Other information related to newborn hearing screening tests **or cytomegalovirus** that the authority deems appropriate.

(7)(a) If a newborn has a positive screening result for cytomegalovirus, the hospital or birthing center shall notify the parent or guardian and the health care provider of the newborn.

(b) A health benefit plan, as defined in ORS 743B.005, shall provide payment, coverage or reimbursement for the cost of cytomegalovirus testing conducted in accordance with the expanded targeted screening protocol adopted by the authority under this section.

(c) The authority shall adopt rules to establish the expanded targeted screening protocol for cytomegalovirus described in this section based on symptoms that could be attributed to cytomegalovirus, using evidence-based best practices and standards.

(8)(a) Except as provided in paragraph (b) or (c) of this subsection, all hospitals and birthing centers shall comply with the screening protocol established by the department under subsection (7) of this section.

(b) A hospital or birthing center is exempt from conducting newborn screening for cytomegalovirus under this section if the parent or guardian of the newborn objects to the testing in writing.

(c) A hospital or birthing center in a health maintenance organization, as defined in ORS 750.005, shall conduct newborn screening for cytomegalovirus under this section within 14 days of birth.

[*(7)*] **(9)** A hospital or birthing center described in subsection (1) of this section is exempt from providing newborn hearing screening tests if the parent or guardian of the newborn child objects to the testing procedure on the grounds that the procedure conflicts with the religious tenets and practices of the parent or guardian. The parent or guardian must sign a statement that the newborn child is being reared in accordance with those religious tenets and practices.

[*(8)*] **(10)** A newborn child may not be refused the procedure described in subsection (1) of this section because of an inability of the parent or guardian to pay for the procedure.

SECTION 2. ORS 433.321, as amended by section 1 of this 2025 Act, is amended to read:

433.321. (1) In all Oregon hospitals and birthing centers where more than 200 live births occur per year, each newborn child must receive a newborn hearing screening test. A hospital or birthing center shall attempt to conduct the test required under this subsection prior to the discharge of the newborn child from the facility.

(2) All Oregon hospitals and birthing centers where fewer than 200 live births occur per year shall provide the parent or guardian of a newborn child with the appropriate information furnished by the Oregon Health Authority concerning the importance of newborn hearing screening tests.

(3) All Oregon hospitals and birthing centers conducting newborn hearing screening tests, within 10 days of conducting a newborn hearing screening test, shall:

(a) Notify the parent or guardian and the health care provider of the newborn child of the test results;

(b) Provide the parent or guardian with names and contact information for diagnostic facilities that conduct newborn hearing screening tests in the community and with materials developed pursuant to ORS 433.298; and

(c) Report to the authority the results of the test for the newborn child and information identifying the newborn child.

(4) A diagnostic facility conducting newborn hearing screening tests, within 10 days of conducting a newborn hearing screening test, shall report to the authority the results of the test for the newborn child and information identifying the newborn child. If a diagnostic facility conducting newborn hearing screening tests detects hearing loss in a newborn child, the diagnostic facility shall provide to the parent or guardian materials developed pursuant to ORS 433.298.

(5) Each public and private educational institution that provides early intervention services as defined in ORS 343.035 shall disclose to the authority information identifying the children referred to the educational institution with diagnosed hearing loss and the enrollment status of the children. The institution may disclose to the authority additional information regarding children with hearing loss who are receiving early intervention services if the educational institution has obtained consent to disclose the information.

(6) The authority shall, on an annual basis, provide to all Oregon hospitals and birthing centers the following information:

(a) A description of the responsibilities created by this section;

(b) A list of appropriate screening devices and descriptions of training protocols to ensure that staff members are adequately trained in the use of hearing screening equipment;

(c) A list of diagnostic facilities that conduct newborn hearing screening tests;

(d) Using evidence-based best practice standards, a recommended schedule for conducting newborn hearing screening tests;

[(e) An expanded targeted screening protocol to identify newborns that should receive testing for cytomegalovirus within 14 days of birth and prior to discharge from the hospital or birthing center;]

[(f)] (e) A recommended protocol for infant and early childhood diagnostic testing and care following a positive screening result for cytomegalovirus;

[(g)] (f) A list of public and private educational institutions that provide early intervention services and a description of the geographic area served by each institution; and

[(h)] (g) Other information related to newborn hearing screening tests or cytomegalovirus that the authority deems appropriate.

[(7)(a) If a newborn has a positive screening result for cytomegalovirus, the hospital or birthing center shall notify the parent or guardian and the health care provider of the newborn.]

[(b) A health benefit plan, as defined in ORS 743B.005, shall provide payment, coverage or reimbursement for the cost of cytomegalovirus testing conducted in accordance with the expanded targeted screening protocol adopted by the authority under this section.]

[(c) The authority shall adopt rules to establish the expanded targeted screening protocol for cytomegalovirus described in this section based on symptoms that could be attributed to cytomegalovirus, using evidence-based best practices and standards.]

[(8)(a) Except as provided in paragraph (b) or (c) of this subsection, all hospitals and birthing centers shall comply with the screening protocol established by the department under subsection (7) of this section.]

[(b) A hospital or birthing center is exempt from conducting newborn screening for cytomegalovirus under this section if the parent or guardian of the newborn objects to the testing in writing.]

[(c) A hospital or birthing center in a health maintenance organization, as defined in ORS 750.005, shall conduct newborn screening for cytomegalovirus under this section within 14 days of birth.]

[(9)] **(7)** A hospital or birthing center described in subsection (1) of this section is exempt from providing newborn hearing screening tests if the parent or guardian of the newborn child objects to the testing procedure on the grounds that the procedure conflicts with the religious tenets and practices of the parent or guardian. The parent or guardian must sign a statement that the newborn child is being reared in accordance with those religious tenets and practices.

[(10)] **(8)** A newborn child may not be refused the procedure described in subsection (1) of this section because of an inability of the parent or guardian to pay for the procedure.

SECTION 3. The amendments to ORS 433.321 by section 2 of this 2025 Act become operative on the date the Oregon Health Authority adds cytomegalovirus to the newborn bloodspot screening panel.

SECTION 4. ORS 433.298 is amended to read:

433.298. (1) The Oregon Health Authority shall compile information on the following:

(a) The transmission of congenital cytomegalovirus **and methods to reduce the risk of infection during pregnancy;**

(b) The signs and symptoms of and methods of diagnosing congenital cytomegalovirus;

(c) The potential complications associated with congenital cytomegalovirus; and

(d) Treating and managing congenital cytomegalovirus.

[(2) The authority shall disseminate the information described in subsection (1) of this section to hospitals, birthing centers, diagnostic facilities that conduct newborn hearing screening tests, health care providers and the public. The authority must disseminate the information through print publications. The authority also may disseminate the information through electronic publications, video productions or any other method determined to be cost-effective by the authority.]

(2)(a) The authority shall disseminate the information described in subsection (1) of this section to:

(A) Hospitals.

(B) Birthing centers.

(C) Diagnostic facilities that conduct newborn hearing screening tests.

(D) Prenatal health care providers, including gynecologists and obstetricians.

(E) The Department of Early Learning and Care.

(F) The public.

(b) The department shall disseminate the information to all certified or registered child care facilities, as defined in ORS 329A.263, for the facilities to educate employees about the risk of contracting cytomegalovirus during pregnancy.

(c) Except as provided in paragraph (d) of this subsection, the information disseminated under this section may be disseminated by print publication, electronic publication, video publication or any other cost-effective method.

(d) Hospitals, birthing centers, diagnostic facilities that conduct newborn hearing screening tests and prenatal health care providers shall at a minimum provide information to patients in print publications under this section no later than 48 hours after birth.

SECTION 5. No later than January 1, 2026, the Oregon Health Authority shall establish by rule the expanded targeted screening protocol for cytomegalovirus described in ORS 433.321 (7)(c), as amended by section 1 of this 2025 Act.

SECTION 6. Section 5 of this 2025 Act is repealed on January 2, 2027.

SECTION 7. This 2025 Act takes effect on the 91st day after the date on which the 2025 regular session of the Eighty-third Legislative Assembly adjourns sine die.

Passed by House June 23, 2025

.....
Timothy G. Sekerak, Chief Clerk of House

.....
Julie Fahey, Speaker of House

Passed by Senate June 24, 2025

.....
Rob Wagner, President of Senate

Received by Governor:

.....M.,....., 2025

Approved:

.....M.,....., 2025

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2025

.....
Tobias Read, Secretary of State