

Senate File 68 - Introduced

SENATE FILE 68

BY PETERSEN

A BILL FOR

1 An Act relating to a cytomegalovirus public health initiative,
2 and providing an appropriation.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 136A.5B Cytomegalovirus public
2 health initiative — congenital cytomegalovirus screening —
3 public education and awareness program.

4 1. a. As used in this section, "*congenital cytomegalovirus*"
5 means cytomegalovirus acquired by an infant before birth.

6 b. A birthing hospital, a birth center, or an attending
7 health care provider shall ensure that the parent of every
8 newborn under the birthing hospital's, birth center's, or
9 attending health care provider's care receives information
10 regarding congenital cytomegalovirus, including the symptoms
11 of and birth defects caused by congenital cytomegalovirus, the
12 opportunity for screening prior to and after being discharged
13 from the birthing hospital's, birth center's, or attending
14 health care provider's care, and follow-up measures to detect
15 and treat congenital cytomegalovirus.

16 c. A birthing hospital, a birth center, or an attending
17 health care provider shall ensure that every newborn delivered
18 in a birthing hospital or birth center who fails the initial
19 newborn hearing screening administered pursuant to section
20 135.131, receives a congenital cytomegalovirus saliva
21 screening and that the newborn's parent receives the results
22 of that screening prior to being discharged from the birthing
23 hospital's, birth center's, or attending health care provider's
24 care.

25 d. A primary care provider who undertakes primary
26 pediatric care of a newborn delivered in a location other
27 than a birthing hospital or birth center shall ensure that
28 every newborn who fails the initial newborn hearing screening
29 administered pursuant to section 135.131 receives a congenital
30 cytomegalovirus saliva screening and that the newborn's parent
31 receives the results of that screening in accordance with rules
32 adopted under this subsection.

33 e. If the results of the congenital cytomegalovirus
34 screening are positive, the parent of the newborn shall be
35 provided with information regarding options for minimizing the

1 effects of congenital cytomegalovirus, and the early follow-up
2 and intervention options, treatment, and resources available
3 for the newborn, including but not limited to those available
4 through the local birth-to-three coordinator or similar
5 agency, the local area education agency, and local health care
6 professionals.

7 *f.* If the results of the congenital cytomegalovirus
8 screening are negative, the parent of the newborn shall be
9 provided with information regarding follow-up program resources
10 to confirm whether the newborn has hearing loss and to provide
11 for early intervention.

12 *g.* The provisions of this subsection relating to a required
13 congenital cytomegalovirus saliva screening do not apply if a
14 parent objects to the screening. If a parent objects to the
15 screening of a newborn, the birthing hospital, birth center,
16 attending health care provider, or primary care provider shall
17 document the refusal in the newborn's medical record and shall
18 obtain a written refusal from the parent and report the refusal
19 to the department.

20 *h.* The results of a congenital cytomegalovirus screening
21 shall be reported in a manner consistent with the reporting of
22 the results of metabolic screenings pursuant to section 136A.5,
23 and in accordance with rules adopted pursuant to section
24 136A.8.

25 *i.* The department may share the congenital cytomegalovirus
26 screening results information reported under paragraph "h" with
27 agencies and persons involved with newborn and infant hearing
28 screenings, follow-up services, and intervention services.

29 *j.* This subsection shall be administered in accordance with
30 rules adopted pursuant to section 136A.8.

31 2. *a.* In accordance with the duties prescribed in section
32 136A.3, the center for congenital and inherited disorders
33 shall collaborate with state and local health agencies
34 and other public and private organizations to develop and
35 publish or approve and publish informational materials to

1 educate and raise awareness of cytomegalovirus and congenital
2 cytomegalovirus among women who may become pregnant, expectant
3 parents, parents of infants, birthing hospitals, birth centers,
4 attending health care providers, primary care providers,
5 and others, as appropriate. The materials shall include
6 information regarding all of the following:

7 (1) The incidence of cytomegalovirus and congenital
8 cytomegalovirus.

9 (2) The transmission of cytomegalovirus to a pregnant woman
10 or a woman who may become pregnant.

11 (3) Birth defects caused by congenital cytomegalovirus.

12 (4) Methods of diagnosing congenital cytomegalovirus.

13 (5) Available preventive measures to avoid cytomegalovirus
14 infection by women who are pregnant or who may become pregnant.

15 (6) Early interventions, treatment, and services available
16 for children diagnosed with congenital cytomegalovirus.

17 *b.* An attending health care provider shall provide to a
18 pregnant woman during the first trimester of the pregnancy,
19 the informational materials published under this subsection.
20 The center for congenital and inherited disorders shall make
21 the informational materials available to attending health care
22 providers upon request.

23 *c.* The department shall publish the informational materials
24 on its internet site.

25 Sec. 2. Section 135.131, subsections 3, 4, and 5, Code 2017,
26 are amended to read as follows:

27 3. *a.* A birthing hospital shall screen every newborn
28 delivered in the hospital for hearing loss within a time frame
29 consistent with the time frame required to comply with the
30 screening for congenital cytomegalovirus pursuant to section
31 136A.5B and prior to discharge of the newborn from the birthing
32 hospital. A birthing hospital that transfers a newborn for
33 acute care prior to completion of the hearing screening shall
34 notify the receiving facility of the status of the hearing
35 screening. The receiving facility shall be responsible for

1 completion of the newborn hearing screening and the congenital
2 cytomegalovirus screening pursuant to section 136A.5B.

3 b. The birthing hospital or other facility completing
4 the hearing screening under this subsection shall report the
5 results of the screening to the parent or guardian of the
6 newborn and to the department in a manner prescribed by rule of
7 the department. The birthing hospital or other facility shall
8 also report the results of the hearing screening to the primary
9 care provider of the newborn or infant upon discharge from the
10 birthing hospital or other facility. If the newborn or infant
11 was not tested prior to discharge, the birthing hospital or
12 other facility shall report the status of the hearing screening
13 and congenital cytomegalovirus screening pursuant to section
14 136A.5B to the primary care provider of the newborn or infant.

15 4. A birth center shall refer the newborn to a licensed
16 audiologist, physician, or hospital for screening for
17 hearing loss within a time frame consistent with the time
18 frame required to comply with the screening for congenital
19 cytomegalovirus pursuant to section 136A.5B and prior to
20 discharge of the newborn from the birth center. ~~The hearing~~
21 ~~screening shall be completed within thirty days following~~
22 ~~discharge of the newborn.~~ The person completing the hearing
23 screening shall report the results of the screening to the
24 parent or guardian of the newborn and to the department in a
25 manner prescribed by rule of the department. Such person shall
26 also report the results of the screening to the primary care
27 provider of the newborn.

28 5. If a newborn is delivered in a location other than a
29 birthing hospital or a birth center, the physician or other
30 health care professional who undertakes the pediatric care of
31 the newborn or infant shall ensure that the hearing screening
32 is performed within ~~three months of the date of the newborn's~~
33 ~~or infant's birth~~ a time frame consistent with the time frame
34 required by rule to comply with the screening for congenital
35 cytomegalovirus pursuant to section 136A.5B. The physician or

1 other health care professional shall report the results of the
2 hearing screening to the parent or guardian of the newborn or
3 infant, to the primary care provider of the newborn or infant,
4 and to the department in a manner prescribed by rule of the
5 department.

6 Sec. 3. Section 136A.2, Code 2017, is amended by adding the
7 following new subsections:

8 NEW SUBSECTION. 1A. "*Birth center*" means birth center as
9 defined in section 135.61.

10 NEW SUBSECTION. 1B. "*Birthing hospital*" means a private
11 or public hospital licensed pursuant to chapter 135B that has
12 a licensed obstetric unit or is licensed to provide obstetric
13 services.

14 NEW SUBSECTION. 7A. "*Primary care provider*" means a health
15 care provider who undertakes primary pediatric care of a
16 newborn delivered in a location other than a birthing hospital
17 or birth center.

18 Sec. 4. ADOPTION OF RULES. The rules adopted by the
19 department of public health pursuant to section 136A.8 as
20 directed in this Act shall include all of the following:

21 1. Protocols for the saliva screening for congenital
22 cytomegalovirus.

23 a. The protocols shall ensure that if the newborn is
24 delivered in a birthing hospital or birth center, any
25 saliva specimen required for the screening is collected
26 within twenty-four hours of the newborn's birth, and that an
27 appropriate lab receives and processes the specimen and reports
28 the results of the processing to the birthing hospital, birth
29 center, or attending health care provider within twenty-four
30 hours of receipt of the specimen by the lab.

31 b. The protocols shall ensure that if the newborn is
32 delivered in a location other than a birthing hospital or
33 birth center, the saliva specimen required for screening is
34 collected, and the appropriate lab receives and processes the
35 specimen and reports the results of the processing to the

1 primary care provider within the time frame specified by rule.

2 2. Protocols for determining whether a birthing hospital, a
 3 birth center, an attending health care provider, or a primary
 4 care provider is responsible for completion of the congenital
 5 cytomegalovirus screening process for a newborn, depending upon
 6 the circumstances of the birth.

7 3. The specific obligations of the birthing hospital,
 8 birth center, attending health care provider, primary care
 9 provider, lab, and other persons involved in the congenital
 10 cytomegalovirus screening process.

11 4. Provisions related to the sharing by the department of
 12 congenital cytomegalovirus screening results information with
 13 agencies and persons involved with newborn and infant hearing
 14 screenings, follow-up services, and intervention services to
 15 protect the confidentiality of the individuals involved.

16 Sec. 5. CYTOMEGALOVIRUS EDUCATION PROGRAM GRANT —
 17 APPROPRIATION. There is appropriated from the general fund of
 18 the state to the department of public health for the fiscal
 19 year beginning July 1, 2017, and ending June 30, 2018, the
 20 following amount or so much thereof as is necessary for the
 21 purpose designated:

22 For a grant awarded through a request for proposals process
 23 to an Iowa-based nonprofit prenatal education program to assist
 24 maternal health care providers in educating women who may
 25 become pregnant, expectant parents, and parents of infants
 26 about the strategies to prevent, the risks presented by, and
 27 the minimization of the effects of congenital cytomegalovirus:

28 \$ 100,000
 29 EXPLANATION

30 The inclusion of this explanation does not constitute agreement with
 31 the explanation's substance by the members of the general assembly.

32 This bill creates a cytomegalovirus public health initiative
 33 including congenital cytomegalovirus (CMV) screening
 34 requirements and a public education and awareness program.

35 The bill requires a birthing hospital, birth center, or

1 attending health care provider to ensure that the parent of
2 every newborn under the birthing hospital's, birth center's,
3 or attending health care provider's care receives information
4 regarding congenital CMV, including the symptoms of and
5 birth defects caused by congenital CMV, the opportunity for
6 screening prior to and after being discharged from the birthing
7 hospital's, birth center's, or attending health care provider's
8 care; and follow-up measures to detect and treat congenital
9 CMV.

10 The bill requires a birthing hospital, birth center, or
11 attending health care provider to ensure that every newborn
12 delivered in a birthing hospital or birth center who fails the
13 initial newborn hearing screening receives a congenital CMV
14 saliva screening and that the parent of the newborn receives
15 the results of the screening prior to being discharged from
16 the birthing hospital's, birth center's, or attending health
17 care provider's care. The bill requires similar duties of a
18 primary care provider who undertakes primary pediatric care
19 of a newborn delivered in a location other than a birthing
20 hospital or birth center. If the results of the congenital
21 CMV screening are positive, the parent of the newborn shall
22 be provided with information regarding options for minimizing
23 the effects of congenital CMV and the early follow-up and
24 intervention options, treatment, and resources available for
25 the newborn. If the results of the congenital CMV screening
26 are negative, the parent is to be provided with information
27 regarding follow-up program resources to confirm whether the
28 newborn has hearing loss and to provide for early intervention.

29 The bill provides that the required congenital CMV saliva
30 screening does not apply if a parent objects to the screening.
31 If a parent objects to the screening of a newborn, the birthing
32 hospital, birth center, attending health care provider,
33 or primary care provider shall document the refusal in the
34 newborn's medical record and shall obtain a written refusal
35 from the parent and report the refusal to the department of

1 public health.

2 Under the bill, the results of a congenital CMV screening
3 shall be reported in a manner consistent with the reporting
4 of the results of metabolic screenings and in accordance with
5 rules adopted by the center for congenital and inherited
6 disorders with the assistance of the department of public
7 health. The bill is also to be administered in accordance with
8 those rules.

9 The bill also requires the center for congenital and
10 inherited disorders, in collaboration with state and local
11 health agencies and other public and private organizations,
12 to develop and publish or approve and publish informational
13 materials to educate and raise awareness of CMV and congenital
14 CMV among women who may become pregnant, expectant parents,
15 parents of infants, birthing hospitals, birth centers,
16 attending health care providers, primary care providers, and
17 others, as appropriate. An attending health care provider is
18 required to provide the informational materials to a pregnant
19 woman during the first trimester of the pregnancy, and the
20 center for congenital and inherited disorders is required to
21 make the informational materials available to attending health
22 care providers upon request. The department of public health
23 is required to publish the informational materials on its
24 internet site.

25 The bill provides that the rules adopted under the bill shall
26 include protocols for the saliva screening for congenital CMV,
27 depending upon the location of the delivery of the newborn.
28 The protocols are also to determine whether a birthing
29 hospital, a birth center, an attending health care provider,
30 or a primary care provider is responsible for completion of
31 the congenital CMV screening of a newborn depending upon the
32 circumstances of the birth as well as the specific obligations
33 of the birthing hospital, birth center, attending health
34 care provider, primary care provider, lab, and other persons
35 involved in the congenital CMV screening process.

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1 The bill makes conforming changes to the universal newborn
2 and infant hearing screening section of the Code.

3 The bill appropriates \$100,000 from the general fund of the
4 state to the department of public health for FY 2017-2018 for a
5 grant to an Iowa-based nonprofit prenatal education program to
6 assist maternal health care providers in educating women who
7 may become pregnant, expectant parents, and parents of infants
8 about the risks of, strategies to prevent, and minimization of
9 the effects of congenital cytomegalovirus.