

House Bill 2685

Sponsored by Representatives PHAM H, LEVY B; Representatives ELMER, GOMBERG, GRAYBER, HUDSON, NELSON, OWENS, WALTERS, WRIGHT, Senators FREDERICK, SOLLMAN (Pre-session filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act updates the law concerning a disease that affects newborns. (Flesch Readability Score: 64.9).

Directs the Oregon Health Authority to provide information on the screening protocol for cytomegalovirus to hospitals and birthing centers. Requires the authority to establish by rule a newborn screening protocol for cytomegalovirus. Eliminates the requirement if cytomegalovirus is added to the newborn bloodspot screening panel.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to cytomegalovirus; creating new provisions; amending ORS 433.298 and 433.321; and pre-
3 scribing an effective date.

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

5 **SECTION 1.** ORS 433.321 is amended to read:

6 433.321. (1) In all Oregon hospitals and birthing centers where more than 200 live births occur
7 per year, each newborn child must receive a newborn hearing screening test. A hospital or birthing
8 center shall attempt to conduct the test required under this subsection prior to the discharge of the
9 newborn child from the facility.

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

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

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

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

20 (c) Report to the authority the results of the test for the newborn child and information identi-
21 fying the newborn child.

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

27 (5) Each public and private educational institution that provides early intervention services as

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 defined in ORS 343.035 shall disclose to the authority information identifying the children referred
 2 to the educational institution with diagnosed hearing loss and the enrollment status of the children.
 3 The institution may disclose to the authority additional information regarding children with hearing
 4 loss who are receiving early intervention services if the educational institution has obtained consent
 5 to disclose the information.

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

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

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

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

13 (d) Using evidence-based best practice standards, a recommended schedule for conducting new-
 14 born hearing screening tests[, *and for referring parents and guardians to health care providers for the*
 15 *purpose of diagnosing whether the newborn child has congenital cytomegalovirus, within 21 days of the*
 16 *newborn child's date of birth*];

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

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

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

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

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

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

32 **(c) The authority shall, on an annual basis, study the feasibility of implementing a**
 33 **statewide system of data collection and analysis for cytomegalovirus tests conducted on**
 34 **newborns under this section, including an examination of any state, federal and other fund-**
 35 **ing sources to support the data collection and analysis.**

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

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

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

45 **(c) A hospital or birthing center in a health maintenance organization, as defined in ORS**

1 **750.005, shall conduct newborn screening for cytomegalovirus under this section within 14**
2 **days of birth and after a newborn is discharged from the hospital or birth center.**

3 [(7)] (9) A hospital or birthing center described in subsection (1) of this section is exempt from
4 providing newborn hearing screening tests if the parent or guardian of the newborn child objects
5 to the testing procedure on the grounds that the procedure conflicts with the religious tenets and
6 practices of the parent or guardian. The parent or guardian must sign a statement that the newborn
7 child is being reared in accordance with those religious tenets and practices.

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

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

11 433.321. (1) In all Oregon hospitals and birthing centers where more than 200 live births occur
12 per year, each newborn child must receive a newborn hearing screening test. A hospital or birthing
13 center shall attempt to conduct the test required under this subsection prior to the discharge of the
14 newborn child from the facility.

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

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

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

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

25 (c) Report to the authority the results of the test for the newborn child and information identi-
26 fying the newborn child.

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

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

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

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

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

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

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

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

3 *[(f)] (e) A recommended protocol for infant and early childhood diagnostic testing and care fol-*
 4 *lowing a positive screening result for cytomegalovirus;*

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

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

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

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

14 *[(c) The authority shall, on an annual basis, study the feasibility of implementing a statewide sys-*
 15 *tem of data collection and analysis for cytomegalovirus tests conducted on newborns under this section,*
 16 *including an examination of any state, federal and other funding sources to support the data collection*
 17 *and analysis.]*

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

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

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

26 *[(c) A hospital or birthing center in a health maintenance organization, as defined in ORS 750.005,*
 27 *shall conduct newborn screening for cytomegalovirus under this section within 14 days of birth and*
 28 *after a newborn is discharged from the hospital or birth center.]*

29 *[(9)] (7) A hospital or birthing center described in subsection (1) of this section is exempt from*
 30 *providing newborn hearing screening tests if the parent or guardian of the newborn child objects*
 31 *to the testing procedure on the grounds that the procedure conflicts with the religious tenets and*
 32 *practices of the parent or guardian. The parent or guardian must sign a statement that the newborn*
 33 *child is being reared in accordance with those religious tenets and practices.*

34 *[(10)] (8) A newborn child may not be refused the procedure described in subsection (1) of this*
 35 *section because of an inability of the parent or guardian to pay for the procedure.*

36 **SECTION 3. The amendments to ORS 433.321 by section 2 of this 2025 Act become oper-**
 37 **ative on the date the Oregon Health Authority adds cytomegalovirus to the newborn**
 38 **bloodspot screening panel.**

39 **SECTION 4.** ORS 433.298 is amended to read:

40 433.298. (1) The Oregon Health Authority shall compile information on the following:

41 (a) The transmission of congenital cytomegalovirus **and methods to reduce the risk of in-**
 42 **fection during pregnancy;**

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

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

45 (d) Treating and managing congenital cytomegalovirus.

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

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

8 **(A) Hospitals.**

9 **(B) Birthing centers.**

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

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

12 **(E) The Department of Early Learning and Care.**

13 **(F) The public.**

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

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

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

23 **SECTION 5. (1) No later than December 31, 2026, the Oregon Health Authority shall**
 24 **complete the first feasibility study required under ORS 433.321 (7)(c), as amended by section**
 25 **1 of this 2025 Act.**

26 **(2) No later than January 1, 2026, the authority shall establish by rule the expanded tar-**
 27 **geted screening protocol for cytomegalovirus described in ORS 433.321 (7)(d), as amended by**
 28 **section 1 of this 2025 Act.**

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

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

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