



# NORTHWEST ACADEMY OF AUDIOLOGY

February 22, 2025

Chair Rob Nosse  
900 Court St. NE, H-277  
Salem, OR 97301

RE: **HB 2685**: Relating to cytomegalovirus; prescribing an effective date.

Position: **Support**

Dear Chair Nosse, Vice Chair Navadi, Vice Chair Nelson, and members of the committee,

I write to you today on behalf of the Northwest Academy of Audiology (NWAA) to express our strongest support of HB 2685. NWAA represents over 150 audiologists and doctor of audiology students in Oregon and Washington and advocates for patients and audiologists across the region. HB 2685 will allow patients and their families to identify cytomegalovirus-related hearing loss earlier, create appropriate treatment plans sooner, and ensure that every child in Oregon is able to live their best life.

Cytomegalovirus (CMV) is an infection which is often harmless in healthy adults, but can have severe consequences for babies who contract it congenitally. While severe health concerns such as microcephaly and liver problems can occur, it can also cause permanent hearing loss, which is what we are best able to speak to as audiologists.

According to the Centers for Disease Control, about one-in-five babies born with congenital CMV will have hearing loss. This symptom may not be present or evident at birth, and in many children can start out mild and progress over time. This can lead to families not identifying their child's hearing loss until later in life, unknowingly impacting a vital period of language exposure and development. It is also impossible to identify a CMV infection from audiologic testing, meaning without a lab-confirmed test, families and providers cannot develop adequate treatment plans for children, and at worst may unwittingly build a treatment plan assuming a different cause of the hearing loss.

Early identification of congenital CMV allows families and the audiologists they work with to create a plan that is informed and inclusive of the child's needs at the time of diagnosis, but also of the possible changes in hearing that may occur over time. Children with CMV generally require more frequent testing and adjustment of hearing devices. They may also need more support services before and during their early educational years.

With early identification and appropriate audiologic support, children with CMV-related hearing loss can have strong educational and quality of life outcomes. The cost of inaction is not only borne by the family, but also by society. The costs of untreated hearing loss to the education system over the educational lifetime of a child – repeated grades, special education services, etc. – is \$134,771.89. Surveys show adults with hearing loss make an average of 25% less money than their normally hearing counterparts. Action today on CMV screening will improve the lives of children, their families, and every other Oregonian.

Thank you for your time and careful consideration of this vitally important bill. We hope you will join NWAA in supporting this cause and seeing every Oregon child have a chance at a happy and successful life. Please do not hesitate to reach out if NWAA can be of any assistance as this bill goes to a work session.

Thank you,

A handwritten signature in black ink that reads "By Greenaway, Au.D." The signature is written in a cursive style.

Bryan Greenaway, Au.D.  
Legislation and Policy Chair  
Northwest Academy of Audiology