Senate Research Center	S.B. 791
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Cytomegalovirus (CMV) is a common virus that infects people of all ages. Most CMV infections are "silent," meaning the majority of people who are infected with CMV have no signs or symptoms, and there are no harmful effects. However, when CMV occurs during a woman's pregnancy, the baby can become infected before birth. CMV infection before birth is known as "congenital CMV." When this happens, the virus gets transmitted to the unborn infant and can potentially damage the brain, eyes, and/or inner ears.

About one of every five children born with congenital CMV infection will develop permanent problems, such as hearing loss or developmental disabilities. Congenital CMV is the leading non-genetic cause of childhood hearing loss.

There is a severe lack of information given to the public on how to prevent CMV, and every year more infants die or are permanently disabled from an infection that likely could have been prevented.

S.B. 791 directs the Health and Human Services Commission to create a public education program to inform pregnant women and women who may become pregnant about the occurrence of CMV, the transmission of CMV, the birth defects that CMV can cause, methods of diagnosis, and available preventative measures. This law also directs medical practitioners to test infants who fail a newborn hearing screening test for congenital CMV and to inform the parents about the possible birth defects associated with CMV and the available treatment methods.

As proposed, S.B. 791 amends current law relating to testing for and education about congenital cytomegalovirus in infants.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 2 (Section 46.005, Health and Safety Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Requires that this Act be known as the Madeline Leigh Armstrong Act.

SECTION 2. Amends Subtitle B, Title 2, Health and Safety Code, by adding Chapter 46, as follows:

CHAPTER 46. CONGENITAL CYTOMEGALOVIRUS

Sec. 46.001. DEFINITIONS. Defines "congenital cytomegalovirus" and "department."

Sec. 46.002. EDUCATIONAL MATERIALS ON CONGENITAL CYTOMEGALOVIRUS. (a) Requires the Department of State Health Services (DSHS), in consultation with the Texas Medical Board (TMB), to develop and publish informational materials for women who may become pregnant, expectant parents, and parents of infants regarding the incidence and transmission of cytomegalovirus to

pregnant women and women who may become pregnant, birth defects caused by congenital cytomegalovirus, methods of diagnosing congenital cytomegalovirus, available preventative measures to avoid the infection of women who are pregnant or may become pregnant, and treatment options available for children born with congenital cytomegalovirus.

(b) Requires that the materials be published in English and Spanish, in an easily comprehensible form, and in a typeface large enough to be clearly legible.

(c) Requires DSHS to periodically review the materials to determine if changes to the contents of the materials are necessary.

Sec. 46.003. PUBLICATION OF MATERIALS. (a) Requires DSHS to publish the information required to be published under this chapter on the DSHS Internet website.

(b) Prohibits DSHS from charging a fee for physical copies of the materials. Requires DSHS to provide appropriate quantities of the materials to any person on request.

Sec. 46.004. EDUCATION AND OUTREACH. (a) Requires DSHS to establish an outreach program to educate women who may become pregnant, expectant parents, and parents of infants about cytomegalovirus and raise awareness of cytomegalovirus among health care providers who provide care to expectant mothers or infants.

(b) Authorizes DSHS to solicit and accept the assistance of any relevant medical associations or community resources, including faith-based resources, to promote education about cytomegalovirus under this chapter.

Sec. 46.005. RULES. Authorizes the executive commissioner of the Health and Human Services Commission to adopt rules for the implementation of this chapter.

SECTION 3. Amends Chapter 47, Health and Safety Code, by adding Section 47.0032, as follows:

Sec. 47.0032. TESTING FOR CYTOMEGALOVIRUS. (a) Requires the birthing center, if an infant does not pass the newborn hearing screening under Section 47.003 (Newborn Hearing Screening, Tracking, and Intervention Program), to perform or cause to be performed a test for cytomegalovirus on the infant, unless the parent declines the test.

(b) Requires the birthing center, if an infant tests positive for cytomegalovirus, to provide the infant's parents with the results of the test, information on the potential effects of cytomegalovirus and the treatment options available, and a referral to an appropriate physician or facility for treatment of cytomegalovirus.

SECTION 4. Amends Section 161.501(a), Health and Safety Code, as follows:

(a) Adds educational information in both English and Spanish on the incidence of cytomegalovirus, methods of diagnosing congenital cytomegalovirus, birth defects caused by congenital cytomegalovirus, and available methods of treatment for an infant born with congenital cytomegalovirus to the information set forth to be included in a resource pamphlet that certain facilities and midwives are required to provide the woman and the father of the infant, if possible, or another adult caregiver for the infant. Makes nonsubstantive changes.

SECTION 5. (a) Requires DSHS to develop and publish the materials required by Chapter 46, Health and Safety Code, as added by this Act, not later than January 1, 2016.

(b) Makes application of Section 47.0032, Health and Safety Code, as added by this Act, prospective.

(c) Requires DSHS to revise the pamphlet under Section 161.501(a), Health and Safety Code, as amended by this Act, not later than January 1, 2016.

SECTION 6. Effective date: September 1, 2015.