

BILL ANALYSIS

C.S.H.B. 4882
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Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Congenital cytomegalovirus (CMV), a leading cause of non-genetic childhood hearing loss, is a viral infection that can pass from a pregnant mother to her baby. While babies born each year in Texas receive an infant hearing screening test, they are not routinely tested for congenital CMV. Without testing, children with congenital CMV are rarely identified, and babies with congenital CMV are often asymptomatic at birth. The bill author has informed the committee that testing and early intervention is critical, as children infected with congenital CMV can experience hearing loss and other serious neurodevelopmental disabilities later in life, which not only increases health care costs, but results in trauma for these children and their families. C.S.H.B. 4882 seeks to address this issue by making congenital CMV testing a standard part of the birthing process.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 4882 amends the Health and Safety Code to require a birthing facility, through a newborn hearing screening, tracking, and intervention program certified by the Department of State Health Services (DSHS), to perform either directly or through a referral to another certified program, a test for congenital cytomegalovirus (CMV) on each newborn or infant born at the facility before the newborn or infant is discharged from the facility except under the following circumstances:

- the parent declines the test;
- the newborn or infant is transferred to another facility before the test is performed;
- the test has previously been completed; or
- the newborn was discharged from the birthing facility not more than 10 hours after birth and a referral for the newborn was made to a certified program at another birthing facility or operated by a physician or other health care provider.

The bill requires the birthing facility to inform the parents during admission that the facility is required by law to conduct a test for congenital CMV and that the parents may decline the test. The bill requires DSHS, subject to provisions relating to confidentiality and general access to data regarding hearing loss in newborns, to maintain data and information on each newborn or infant who receives a congenital CMV test under the bill's provisions. The bill defines "congenital cytomegalovirus" by reference as cytomegalovirus acquired by an infant before birth.

C.S.H.B. 4882 repeals Section 47.0032(b), Health and Safety Code, which requires a program certified by DSHS that performed a hearing screening on a newborn or infant, if the newborn or infant does not pass the screening, to perform or cause to be performed a test for congenital CMV on the newborn or infant unless the newborn's or infant's parent declines the test.

EFFECTIVE DATE

September 1, 2025.

COMPARISON OF INTRODUCED AND SUBSTITUTE

While C.S.H.B. 4882 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute includes a provision absent from the introduced repealing a requirement for the program certified by DSHS that performed a hearing screening on a newborn or infant, if the newborn or infant does not pass the screening, to perform or cause to be performed a test for congenital CMV on the newborn or infant unless the newborn's or infant's parent declines the test.