

H.533

Introduced by Representatives Minier of South Burlington and Pouech of  
Hinesburg

Referred to Committee on

Date:

Subject: Health; public health; newborn screening program; congenital  
cytomegalovirus

Statement of purpose of bill as introduced: This bill proposes to require the  
Department of Health to amend its newborn screening rule to include  
congenital cytomegalovirus. It further proposes to create the Congenital  
Cytomegalovirus Advisory Committee.

An act relating to congenital cytomegalovirus

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. RULEMAKING; NEWBORN SCREENING PROGRAM

The Department of Health shall amend its rule pertaining to the newborn  
screening program pursuant to 3 V.S.A. chapter 25 to include testing for  
congenital cytomegalovirus (cCMV). The Department shall further amend its  
rule to ensure information is distributed to expectant parents, hospitals,  
birthing centers, and health care providers offering prenatal, postnatal,

1 pediatric, and fertility counseling services about each of the diseases and  
2 conditions tested as part of the newborn screening program, including:

- 3 (1) an overview of each disease or condition;
- 4 (2) the incidence of each disease or condition;
- 5 (3) transmission specifically of cytomegalovirus to pregnant women;
- 6 (4) birth defects associated with each disease or condition;
- 7 (5) testing and methods of diagnosis for each disease or condition;
- 8 (6) any known preventative measures for a disease or condition; and
- 9 (7) any other relevant resources.

10 Sec. 2. 18 V.S.A. § 994 is added to read:

11 § 994. CONGENITAL CYTOMEGALOVIRUS ADVISORY COMMITTEE

12 (a) Creation. There is created the Congenital Cytomegalovirus Advisory  
13 Committee to advise the Department and make recommendations regarding  
14 congenital cytomegalovirus.

15 (b) Membership. The Advisory Committee shall be composed of the  
16 following members, who shall be appointed by the Commissioner of Health:

- 17 (1) a representative of the Department, who shall serve as chair;
- 18 (2) a representative of a hospital licensed in Vermont;
- 19 (3) a primary care pediatrician or family practitioner licensed in

20 Vermont;

- 1           (4) an otolaryngologist licensed in Vermont;
- 2           (5) a neonatologist licensed in Vermont;
- 3           (6) an infectious disease specialist licensed in Vermont;
- 4           (7) a health care provider representing newborn nurseries;
- 5           (8) an audiologist licensed in Vermont;
- 6           (9) an ophthalmologist licensed in Vermont;
- 7           (10) an obstetrician-gynecologist licensed in Vermont;
- 8           (11) a representative of Help Me Grow Vermont;
- 9           (12) two parents or guardians of a child impacted by congenital

10 cytomegalovirus; and

- 11           (13) a teacher licensed in Vermont who specializes in working with
- 12 children who are Deaf, Hard of Hearing, or Deafblind.

13           (c) Powers and duties. The Advisory Committee shall:

- 14           (1) advise the Department regarding the validity and cost of proposed
- 15 congenital cytomegalovirus screenings;
- 16           (2) recommend standards for performing and interpreting screening tests
- 17 based on the most current technological methods for documenting test results
- 18 and follow-up care;
- 19           (3) recommend standards for facilitating interactions between parents or
- 20 guardians and health care providers and agencies that participate in follow-up
- 21 care; and

1           (4) propose public education campaign initiatives about diseases and  
2           conditions for which newborns are screened, including specifically  
3           cytomegalovirus.

4           (d) Assistance. The Advisory Committee shall have the administrative,  
5           technical, and legal assistance of the Department.

6           (e) Report. Annually, on or before February 1, the Advisory Committee  
7           shall submit a written report to the House Committee on Health Care and to the  
8           Senate Committee on Health and Welfare with its findings and any  
9           recommendations for legislative action.

10          (f) Meetings.

11           (1) A majority of the membership shall constitute a quorum.

12           (2) Meetings shall be held not less than twice annually.

13           (g) Compensation and reimbursement. For attendance at meetings during  
14           adjournment of the General Assembly, a legislative member of the Advisory  
15           Committee shall be entitled to per diem compensation and reimbursement of  
16           expenses pursuant to 2 V.S.A. § 23 for not more than four meetings annually.  
17           These payments shall be made from monies appropriated to the Department.

18          Sec. 3. EFFECTIVE DATE

19           This act shall take effect on July 1, 2026.