Newborn Screening Legislative Report

TAC Review of Congenital Cytomegalovirus – Directed by Substitute Senate Bill 5829

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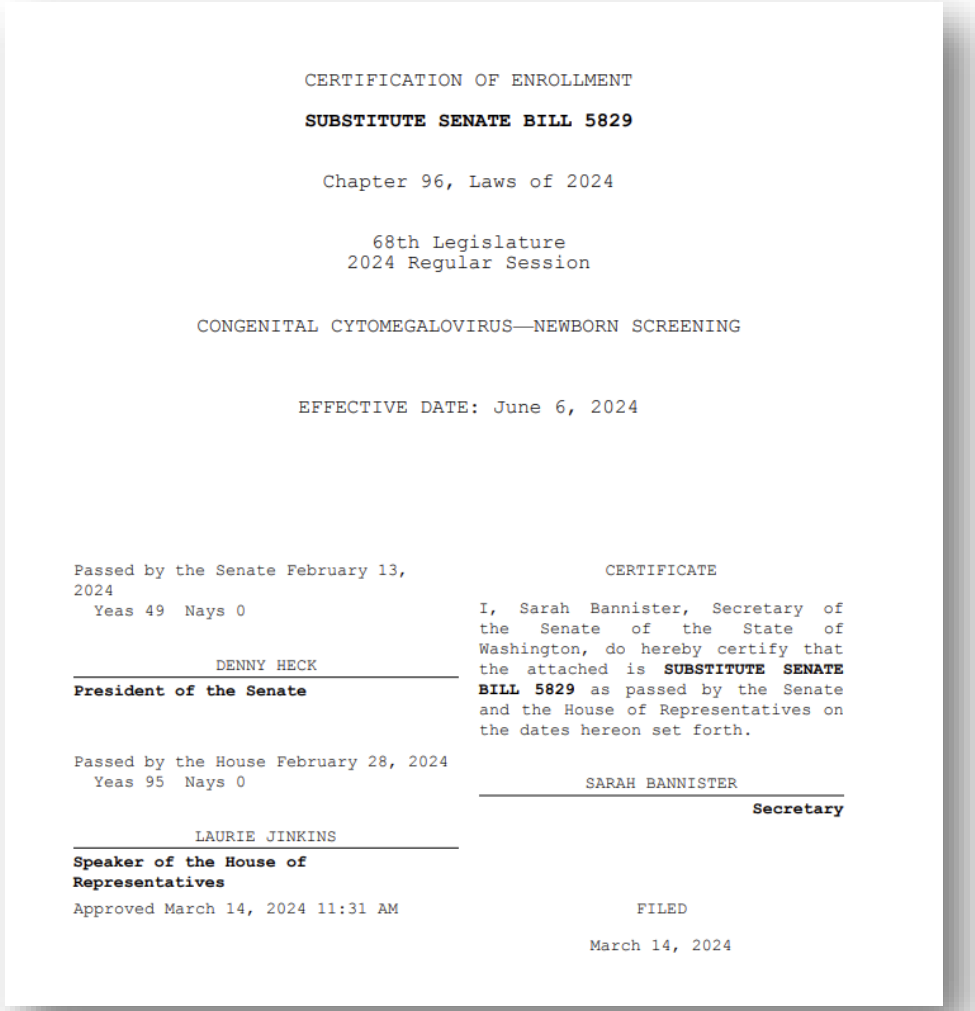
November 19, 2025

WASHINGTON STATE BOARD OF HEALTH

Background – Substitute Senate Bill 5829 (2024)

- **State Board of Health:** Review congenital cytomegalovirus (cCMV) for possible addition to Washington's newborn screening panel.
    - Report findings and recommendations to the Legislature and Governor by December 31, 2025.

- **Department of Health:** Create and distribute educational materials for pregnant people and healthcare providers on cCMV risks and ways to prevent infection.



CERTIFICATION OF ENROLLMENT

SUBSTITUTE SENATE BILL 5829

Chapter 96, Laws of 2024

68th Legislature
2024 Regular Session

CONGENITAL CYTOMEGALOVIRUS—NEWBORN SCREENING

EFFECTIVE DATE: June 6, 2024

Passed by the Senate February 13, 2024
Yeas 49 Nays 0

DENNY HECK
President of the Senate

Passed by the House February 28, 2024
Yeas 95 Nays 0

LAURIE JINKINS
Speaker of the House of Representatives

Approved March 14, 2024 11:31 AM

CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 5829** as passed by the Senate and the House of Representatives on the dates hereon set forth.

SARAH BANNISTER
Secretary

FILED

March 14, 2024

cCMV Review

- TAC review completed February and March 2025.
  - **Note:** This was the second time the Board and a TAC reviewed cCMV. The first review took place in 2022.

- There was general agreement among TAC members on the seriousness of cCMV, but they were divided on whether universal newborn screening is the most effective strategy.

- **TAC findings and recommendations**:
  - Universal screening doesn't reliably prevent severe outcomes (death or disability).
  - The main benefit of screening is to identify infants at risk for later hearing decreases.
  - Bloodspot testing is less accurate than other specimen types, such as dried urine filter paper, which is the most accurate method.
  - Cost-benefit: Potential benefits of early detection, particularly for asymptomatic infants at risk of hearing decreases. However, comes at a net societal cost in Washington State.
  - Preventing infection during pregnancy is more effective than newborn screening.

Board Action and Recommendations

- The Board reviewed the TAC's findings and recommendations in April 2025.

- Voted **not to add cCMV** to the newborn screening panel.

- Decision was based on several factors, including:
  - Limitations of bloodspot testing.
  - Unproven treatment effectiveness in preventing death and disability.
  - Infrastructure challenges for equitable access to services for audiological evaluation.
  - The greater public health impact of focusing on CMV prevention during pregnancy rather than universal newborn screening.

- The draft legislative report summarizes TAC's findings, the Board's review, and the recommendation to not add cCMV to the NBS panel while continuing investments in prevention strategies to reduce prenatal CMV transmission.

Report Review and Approval

- Draft report sent to the Office of Financial Management (OFM) for initial review.

- **Today's goal and possible action:** Get Board input and approval, then finalize the report for OFM and Legislature.

- Motion:
  - Approve the cCMV legislative report, with any suggested edits.
  - Direct staff to finalize the report in consultation with the Chair.
  - Submit to the Governor's Office and Legislature by Dec. 31, 2025.
  - Share with TAC members and other contributors.

WASHINGTON STATE BOARD OF HEALTH

THANK YOU

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