

Chapter 1163

S.B. No. 791

AN ACT

relating to education about congenital cytomegalovirus in infants.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. This Act shall be known as the Madeline Leigh Armstrong Act.

SECTION 2. Subtitle B, Title 2, Health and Safety Code, is amended by adding Chapter 46 to read as follows:

CHAPTER 46. CONGENITAL CYTOMEGALOVIRUS

Sec. 46.001. DEFINITION. In this chapter, "congenital cytomegalovirus" means cytomegalovirus acquired by an infant before birth.

Sec. 46.002. EDUCATIONAL MATERIALS ON CONGENITAL CYTOMEGALOVIRUS. (a) The department, in consultation with the Texas Medical Board, shall develop and publish informational materials for women who may become pregnant, expectant parents, and parents of infants regarding:

(1) the incidence of cytomegalovirus;

(2) the transmission of cytomegalovirus to pregnant women and women who may become pregnant;

(3) birth defects caused by congenital cytomegalovirus;

(4) available preventive measures to avoid the infection of women who are pregnant or may become pregnant; and

(5) resources available for families of children born

1 with congenital cytomegalovirus.

2 (b) The materials must be published in:

3 (1) English and Spanish;

4 (2) an easily comprehensible form; and

5 (3) a typeface large enough to be clearly legible.

6 (c) The department shall periodically review the materials
7 to determine if changes to the contents of the materials are
8 necessary.

9 Sec. 46.003. PUBLICATION OF MATERIALS. (a) The department
10 shall publish the information required to be published under this
11 chapter on the department's Internet website.

12 (b) The department may not charge a fee for physical copies
13 of the materials. The department shall provide appropriate
14 quantities of the materials to any person on request.

15 Sec. 46.004. EDUCATION AND OUTREACH. (a) The department
16 shall establish an outreach program to:

17 (1) educate women who may become pregnant, expectant
18 parents, and parents of infants about cytomegalovirus; and

19 (2) raise awareness of cytomegalovirus among health
20 care providers who provide care to expectant mothers or infants.

21 (b) The department may solicit and accept the assistance of
22 any relevant medical associations or community resources,
23 including faith-based resources, to promote education about
24 cytomegalovirus under this chapter.

25 Sec. 46.005. RULES. The executive commissioner may adopt
26 rules for the implementation of this chapter.

27 SECTION 3. Section 161.501(a), Health and Safety Code, as

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1 amended by S.B. No. 219, Acts of the 84th Legislature, Regular
2 Session, 2015, is amended to read as follows:

3 (a) A hospital, birthing center, physician, nurse midwife,
4 or midwife who provides prenatal care to a pregnant woman during
5 gestation or at delivery of an infant shall:

6 (1) provide the woman and the father of the infant, if
7 possible, or another adult caregiver for the infant, with a
8 resource pamphlet that includes:

9 (A) a list of the names, addresses, and phone
10 numbers of professional organizations that provide postpartum
11 counseling and assistance to parents relating to postpartum
12 depression and other emotional trauma associated with pregnancy and
13 parenting;

14 (B) information regarding the prevention of
15 shaken baby syndrome including:

16 (i) techniques for coping with anger caused
17 by a crying baby;

18 (ii) different methods for preventing a
19 person from shaking a newborn, infant, or other young child;

20 (iii) the dangerous effects of shaking a
21 newborn, infant, or other young child; and

22 (iv) the symptoms of shaken baby syndrome
23 and who to contact, as recommended by the American Academy of
24 Pediatrics, if a parent suspects or knows that a baby has been
25 shaken in order to receive prompt medical treatment;

26 (C) a list of diseases for which a child is
27 required by state law to be immunized and the appropriate schedule

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1 for the administration of those immunizations;

2 (D) the appropriate schedule for follow-up
3 procedures for newborn screening;

4 (E) information regarding sudden infant death
5 syndrome, including current recommendations for infant sleeping
6 conditions to lower the risk of sudden infant death syndrome; and

7 (F) educational information in both English and
8 Spanish on:

9 (i) pertussis disease and the availability
10 of a vaccine to protect against pertussis, including information on
11 the Centers for Disease Control and Prevention recommendation that
12 parents receive Tdap during the postpartum period to protect
13 newborns from the transmission of pertussis; and

14 (ii) the incidence of cytomegalovirus,
15 birth defects caused by congenital cytomegalovirus, and available
16 resources for the family of an infant born with congenital
17 cytomegalovirus;

18 (2) if the woman is a recipient of medical assistance
19 under Chapter 32, Human Resources Code, provide the woman and the
20 father of the infant, if possible, or another adult caregiver with a
21 resource guide that includes information in both English and
22 Spanish relating to the development, health, and safety of a child
23 from birth until age five, including information relating to:

24 (A) selecting and interacting with a primary
25 health care practitioner and establishing a "medical home" for the
26 child;

27 (B) dental care;

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- 1 (C) effective parenting;
- 2 (D) child safety;
- 3 (E) the importance of reading to a child;
- 4 (F) expected developmental milestones;
- 5 (G) health care resources available in the state;
- 6 (H) selecting appropriate child care; and
- 7 (I) other resources available in the state;

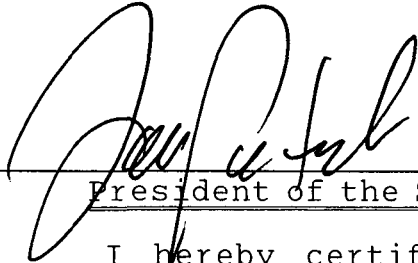
8 (3) document in the woman's record that the woman
 9 received the resource pamphlet described in Subdivision (1) and the
 10 resource guide described in Subdivision (2), if applicable; and

11 (4) retain the documentation for at least five years
 12 in the hospital's, birthing center's, physician's, nurse midwife's,
 13 or midwife's records.

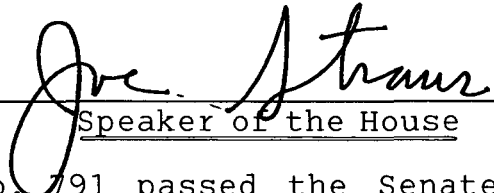
14 SECTION 4. (a) The Department of State Health Services
 15 shall develop and publish the materials required by Chapter 46,
 16 Health and Safety Code, as added by this Act, not later than January
 17 1, 2016.

18 (b) The Department of State Health Services shall revise the
 19 pamphlet under Section 161.501(a), Health and Safety Code, as
 20 amended by this Act, not later than January 1, 2016.

21 SECTION 5. This Act takes effect September 1, 2015.

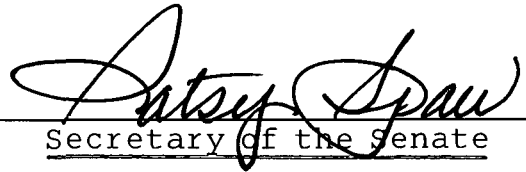


President of the Senate



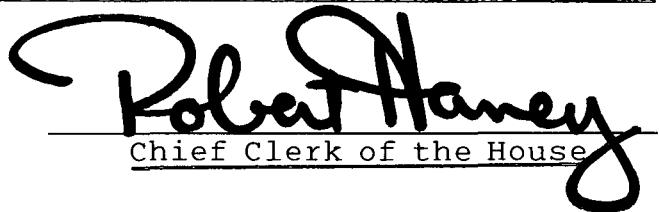
Speaker of the House

I hereby certify that S.B. No. 791 passed the Senate on April 7, 2015, by the following vote: Yeas 31, Nays 0; and that the Senate concurred in House amendment on May 28, 2015, by the following vote: Yeas 31, Nays 0.



Secretary of the Senate

I hereby certify that S.B. No. 791 passed the House, with amendment, on May 22, 2015, by the following vote: Yeas 138, Nays 2, two present not voting.



Chief Clerk of the House

Approved:

6-14-2015

Date



Governor

FILED IN THE OFFICE OF THE SECRETARY OF STATE

6:30 pm O'CLOCK

JUN 19 2015


Secretary of State

**LEGISLATIVE BUDGET BOARD
Austin, Texas**

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

May 20, 2015

TO: Honorable Myra Crownover, Chair, House Committee on Public Health

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB791 by Kolkhorst (Relating to education about congenital cytomegalovirus in infants.),
Committee Report 2nd House, Substituted

No significant fiscal implication to the State is anticipated.

The bill would amend the Health and Safety Code to require that the Department of State Health Services (DSHS), in consultation with the Texas Medical Board, develop and publish educational materials regarding congenital cytomegalovirus in infants. DSHS is also required to establish an outreach program and add information on the disease to the existing resource pamphlet required by statute. Both DSHS and the Texas Medical Board indicate that any costs associated with implementation of the bill could be accomplished using existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 503 Texas Medical Board, 529 Health and Human Services Commission,
537 State Health Services, Department of

LBB Staff: UP, NB, WP, VJC, SS

**LEGISLATIVE BUDGET BOARD
Austin, Texas**

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

May 1, 2015

TO: Honorable Myra Crownover, Chair, House Committee on Public Health

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB791 by Kolkhorst (Relating to testing for and education about congenital cytomegalovirus in infants.), **As Engrossed**

No significant fiscal implication to the State is anticipated.

The bill would amend the Health and Safety Code to require that the Department of State Health Services (DSHS), in consultation with the Texas Medical Board, develop and publish educational materials regarding congenital cytomegalovirus in infants. DSHS is also required to establish an outreach program and add information on the disease to the existing resource pamphlet required by statute. The bill would require birthing facilities to test for cytomegalovirus if an infant does not pass a newborn hearing screening, unless the parent declines the test. Both DSHS and the Texas Medical Board indicate that any costs associated with implementation of the bill could be accomplished using existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 503 Texas Medical Board, 529 Health and Human Services Commission, 537 State Health Services, Department of

LBB Staff: UP, NB, WP, VJC, SS

**LEGISLATIVE BUDGET BOARD
Austin, Texas**

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

March 26, 2015

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB791 by Kolkhorst (relating to testing for and education about congenital cytomegalovirus in infants.), **Committee Report 1st House, Substituted**

No significant fiscal implication to the State is anticipated.

The bill would amend the Health and Safety Code to require that the Department of State Health Services (DSHS), in consultation with the Texas Medical Board, develop and publish educational materials regarding congenital cytomegalovirus in infants. DSHS is also required to establish an outreach program and add information on the disease to the existing resource pamphlet required by statute. The bill would require birthing facilities to test for cytomegalovirus if an infant does not pass a newborn hearing screening, unless the parent declines the test. Both DSHS and the Texas Medical Board indicate that any costs associated with implementation of the bill could be accomplished using existing resources.

Local Government Impact

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Source Agencies: 503 Texas Medical Board, 529 Health and Human Services Commission, 537 State Health Services, Department of

LBB Staff: UP, NB, WP, VJC, SS

**LEGISLATIVE BUDGET BOARD
Austin, Texas**

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

March 17, 2015

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB791 by Kolkhorst (Relating to testing for and education about congenital cytomegalovirus in infants.), **As Introduced**

No significant fiscal implication to the State is anticipated.

The bill would amend the Health and Safety Code to require that the Department of State Health Services (DSHS), in consultation with the Texas Medical Board, develop and publish educational materials regarding congenital cytomegalovirus in infants. DSHS is also required to establish an outreach program and add information on the disease to the existing resource pamphlet required by statute. The bill would require birthing centers to test for cytomegalovirus if an infant does not pass a newborn hearing screening, unless the parent declines the test. Both DSHS and the Texas Medical Board indicate that any costs associated with implementation of the bill could be accomplished using existing resources.

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LBB Staff: UP, NB, WP, VJC, SS