



March 17, 2015

SUMMARY OF ORIGINAL BILL: Requires a healthcare provider, in the provision of care for pregnant women during gestation or women who may become pregnant, to inform such women regarding Cytomegalovirus (CMV). If a newborn fails the newborn hearing screening, the healthcare provider is required to test the newborn for CMV before the newborn is 21 days of age unless the parent of the newborn objects, and provide the parents of the newborn information regarding CMV and available methods of treatment. States that any healthcare provider's failure to comply with these requirements will not create or impose a liability or a duty of care or other legal obligation upon any such provider beyond the requirements provided in this legislation.

FISCAL IMPACT OF ORIGINAL BILL:

NOT SIGNIFICANT

SUMMARY OF AMENDMENT (004368): Specifies that a healthcare provider, who assumes responsibility for the prenatal care of pregnant women during gestation or women who may become pregnant, shall inform women who, in the discretion of the healthcare provider, are at risk of complications regarding CMV.

FISCAL IMPACT OF BILL WITH PROPOSED AMENDMENT:

Unchanged from the original fiscal note.

Assumptions for the bill as amended:

- CMV is a virus from the herpes and chickenpox virus family and is a common cause of infection and illness worldwide. It is congenital, or can be spread at birth or be passed from an infected pregnant woman. It is commonly spread through interaction with infected bodily fluids, including blood, saliva, mucus, urine, or breast milk.
- CMV can cause deafness, mental disability, cerebral palsy, visual impairment, seizure disorder, jaundice, hepatitis, low platelet counts, intrauterine growth retardation (poor growth of a baby while in the mother's womb), or microcephaly (small head size).
- Based on information provided by the Division of Benefits Administration, there are very few cases in which the CMV test would need to be performed; therefore, this will not result in any significant increase in costs to managed-care plans administered by the Division nor will it necessitate the need to increase any premium amounts paid by plan subscribers.

- Based on information provided by the Bureau of TennCare, this will have no impact on healthcare plans administered by the Division of Health Care Finance and Administration.

CERTIFICATION:

The information contained herein is true and correct to the best of my knowledge.



Jeffrey L. Spalding, Executive Director

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