

SENATE, No. 4615

STATE OF NEW JERSEY

222nd LEGISLATURE

INTRODUCED OCTOBER 1, 2026

Sponsored by:

Senator ROBERT W. SINGER

District 30 (Monmouth and Ocean)

SYNOPSIS

Requires newborn screening for congenital cytomegalovirus; makes an appropriation.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning newborn screening for congenital
2 cytomegalovirus, supplementing Title 26 of the Revised Statutes,
3 making an appropriation, and repealing P.L.2021, c.413.
4

5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*
7

8 1. As used in this act:

9 "Commissioner" means the Commissioner of Health.

10 "Congenital cytomegalovirus" or "cCMV" means infection with
11 cytomegalovirus acquired before birth.

12 "Department" means the Department of Health.

13 "Health care facility" means a general hospital, birthing center,
14 or other health care facility licensed by the Department of Health
15 that provides obstetrical or newborn services.

16 "Health care practitioner" means a physician, physician assistant,
17 certified nurse midwife, advanced practice nurse, or any other
18 health care professional licensed or otherwise authorized to provide
19 care to a newborn infant.

20 "Newborn" means an infant not more than 21 days of age.

21 "Screening" means a laboratory screening test approved by the
22 commissioner for the detection of congenital cytomegalovirus
23 infection.
24

25 2. a. Unless a newborn's parent or legal guardian opts out of
26 screening for any reason, every newborn born in this State shall
27 receive a screening for congenital cytomegalovirus before discharge
28 from a health care facility or, if medically appropriate, as soon
29 thereafter as practicable. In all cases, screenings shall be completed
30 within 21 days following birth.

31 b. (1) The screening required pursuant to subsection a. of this
32 section shall be performed using a dried blood spot card that shall
33 be sent to the State's Public Health and Environmental Laboratories
34 for testing.

35 (2) The State's Public Health and Environmental Laboratories
36 shall provide health care facilities with screening results in a timely
37 manner.

38 (3) In a manner that is consistent with federal and State privacy
39 laws, the State's Public Health and Environmental Laboratories
40 shall report positive screening results to the Department of Health
41 in a manner and form prescribed by the department.

42 c. When a newborn receives a positive screening result for
43 congenital cytomegalovirus, the health care practitioner responsible
44 for the newborn's care shall ensure timely referral for:

45 (1) confirmatory diagnostic testing;

46 (2) evaluation by the newborn's primary care provider;

47 (3) audiologic evaluation;

48 (4) ophthalmologic evaluation, when clinically indicated; and

1 (5) consultation with a pediatric infectious disease specialist,
2 when clinically indicated.

3

4 3. a. The commissioner shall develop educational materials
5 concerning congenital cytomegalovirus.

6 b. The materials shall include, but need not be limited to,
7 information concerning:

8 (1) congenital cytomegalovirus infection;

9 (2) methods of reducing maternal exposure during pregnancy;

10 (3) the purpose and benefits of newborn screening;

11 (4) recommended medical follow-up after a positive screening
12 result;

13 (5) available treatment options;

14 (6) audiologic and developmental monitoring; and

15 (7) early intervention services available in this State.

16 c. The department shall make the educational materials available
17 electronically and in printed form to hospitals, birthing centers,
18 physicians, certified nurse midwives, advanced practice nurses,
19 local health agencies, and other health care practitioners providing
20 prenatal, obstetrical, or pediatric care.

21 d. (1) Health care practitioners shall provide the educational
22 materials developed pursuant to this section to women who are
23 pregnant or receiving preconception care.

24 (2) Health care practitioners shall discuss the educational
25 materials developed pursuant to this section with women who are
26 pregnant or receiving preconception care.

27

28 4. The Commissioner of Health shall adopt rules and regulations,
29 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
30 (C.52:14B-1 et seq.), as necessary to effectuate the purposes of this
31 act.

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33 5. There is appropriated from the General Fund to the
34 Department of Health such sums as may be necessary to
35 compensate health care facilities and patients for the costs of
36 complying with the provisions of this act.

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38 6. P.L.2021, c.413 (C.26:2-111.9) is repealed.

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40 7. This act shall take effect immediately.

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43 STATEMENT

44

45 This bill requires universal newborn screening for congenital
46 cytomegalovirus (cCMV) in New Jersey.

47 The bill requires every newborn born in this State to receive
48 screening for congenital cytomegalovirus before discharge from a

1 health care facility or, when medically appropriate, as soon
2 thereafter as practicable, unless the parent or guardian opts out of
3 testing for any reason. In all cases, the screening is to be completed
4 within 21 days following birth. Screening is to be performed using
5 a dried blood spot card that is to be sent to the State's Public Health
6 and Environmental Laboratories for testing. Positive screening
7 results are to be reported to the Department of Health in a manner
8 and form prescribed by the department.

9 The bill requires newborns with positive screening results to
10 receive timely referral for confirmatory diagnostic testing and
11 appropriate medical evaluation, including audiologic evaluation,
12 ophthalmologic evaluation when clinically indicated, and
13 consultation with a pediatric infectious disease specialist when
14 clinically indicated.

15 Under the bill, health care practitioners are required to provide
16 educational materials developed by the Department of Health to
17 women who are pregnant or receiving preconception care and to
18 discuss the materials with women who are pregnant or receiving
19 preconception care.

20 The bill appropriates from the General Fund to the Department
21 of Health such sums as may be necessary to compensate health care
22 facilities and patients for the costs of complying with the bill's
23 provisions. Finally, the bill repeals P.L.2021, c.413, which made
24 the newborn cCMV screening requirement contingent upon the
25 availability of quality assurance materials for the cCMV test from
26 the federal Centers for Disease Control and Prevention, and
27 contingent upon the inclusion of newborn screening for cCMV in
28 the Recommended Uniform Screening Panel of the United States
29 Secretary of Health and Human Services' Advisory Committee on
30 Heritable Disorders in Newborns and Children.