

**ONE HUNDRED SEVENTH LEGISLATURE - SECOND SESSION - 2022**  
**COMMITTEE STATEMENT**  
**LB901**

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**Hearing Date:** Wednesday January 19, 2022  
**Committee On:** Health and Human Services  
**Introducer:** Pansing Brooks  
**One Liner:** Provide for cytomegalovirus public education and prevention

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**Roll Call Vote - Final Committee Action:**  
Advanced to General File with amendment(s)

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**Vote Results:**  
**Aye:** 7 Senators Arch, Cavanaugh, M., Day, Murman, Hansen, B., Walz, Williams  
**Nay:**  
**Absent:**  
**Present Not Voting:**

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**Oral Testimony:**

**Proponents:**

Senator Patty Pansing Brooks  
Kimberly Widner  
Mel St. Germain

Jenessa Cruz-Alfaro  
Cailah Cruz-Alfaro  
Tricia Ridder  
Mary Ridder

**Representing:**

District 28  
Self  
Children's Hospital and Medical Center; Nebraska Chapter  
of the American Academy of Pediatrics  
Self  
Self  
Self  
Self

**Opponents:**

Dexter Schrodt

**Representing:**

Nebraska Medical Association

**Neutral:**

**Representing:**

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**Summary of purpose and/or changes:**

LB 901 would require the Department of Health and Human Services to develop and publish informational materials regarding cytomegalovirus ("CMV"), including incidence and transmission of CMV, birth defects caused by congenital CMV, methods of diagnosing congenital CMV, available preventative measures, early interventions, treatments, and services for children with congenital CMV. (Sec. 1, page 2, lines 1-12.)

LB 901 would require DHHS to publish the informational materials on its website and make the materials available to child care facilities, school nurses, hospitals, birthing facilities, and health care providers offering care to pregnant women and infants. (Sec. 1, page 2, lines 13-17.)

Additionally, LB 901 would require health care providers offering care to pregnant women to provide the informational

materials to each pregnant woman during the first trimester of pregnancy or when a pregnant woman comes under the care of a provider after the first trimester of pregnancy. (Sec. 2, page 2, lines 18-22.)

Further, LB 901 creates additional requirements if an infant fails a hearing screening conducted at a birthing facility. If a newborn infant fails such a screening, the birthing facility must provide information to the parents regarding potential birth defects caused by congenital CMV, testing opportunities for cytomegalovirus, and early intervention services. (Sec. 3, page 2, lines 23-31.)

Finally, as introduced, LB 901 requires the infant to undergo a follow-up audiology appointment within 21 days of the infant's birth. The informational materials developed by DHHS must be provided to the infant's parents at the follow-up audiology appointment, along with any additional clarifying information required by the parents. (Sec. 3, page 3, lines 1-5.)

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**Explanation of amendments:**

As introduced, LB 901 provided that the Department of Health and Human Services must publish the informational materials on its website and make the materials available to child care facilities, school nurses, hospitals, birthing facilities, and health care providers "upon request." AM 1748 strikes "upon request."

Additionally, AM 1748 allows, but does not require, health care providers to provide the informational materials.

Finally, AM 1748 strikes the requirement that newborns have a follow-up audiology appointment within 21 days of birth.

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John Arch, Chairperson