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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 2653

05/09/2017 Authored by Fenton, Hausman, Neu, Lohmer, Loonan and others  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform  
03/19/2018 Adoption of Report: Re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
1.2 relating to health; requiring the commissioner to make information on human  
1.3 herpesvirus cytomegalovirus available to certain individuals; proposing coding  
1.4 for new law in Minnesota Statutes, chapter 144.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. [144.064] THE VIVIAN ACT.

1.7 Subdivision 1. Short title. This section shall be known and may be cited as the "Vivian  
1.8 Act."

1.9 Subd. 2. Definitions. For purposes of this section, the following terms have the meanings  
1.10 given them:

1.11 (1) "commissioner" means the commissioner of health;

1.12 (2) "health care practitioner" means a medical professional that provides prenatal or  
1.13 postnatal care;

1.14 (3) "CMV" means the human herpesvirus cytomegalovirus, also called HCMV, human  
1.15 herpesvirus 5, and HHV-5; and

1.16 (4) "congenital CMV" means the transmission of a CMV infection from a pregnant  
1.17 mother to her fetus.

1.18 Subd. 3. Commissioner duties. (a) The commissioner shall make available to health  
1.19 care practitioners and women who may become pregnant, expectant parents, and parents  
1.20 of infants up-to-date and evidence-based information about congenital CMV that has been  
1.21 reviewed by experts with knowledge of the disease. The information shall include the  
1.22 following:

- 2.1 (1) the recommendation to consider testing for congenital CMV in babies who did not  
2.2 pass their newborn hearing screen or in which a pregnancy history suggests increased risk  
2.3 for congenital CMV infection;
- 2.4 (2) the incidence of CMV;
- 2.5 (3) the transmission of CMV to pregnant women and women who may become pregnant;
- 2.6 (4) birth defects caused by congenital CMV;
- 2.7 (5) available preventative measures to avoid the infection of women who are pregnant  
2.8 or may become pregnant; and
- 2.9 (6) resources available for families of children born with congenital CMV.
- 2.10 (b) The commissioner shall follow existing department practice, inclusive of community  
2.11 engagement, to ensure that the information in paragraph (a) is culturally and linguistically  
2.12 appropriate for all recipients.
- 2.13 (c) The department shall establish an outreach program to:
- 2.14 (1) educate women who may become pregnant, expectant parents, and parents of infants  
2.15 about CMV; and
- 2.16 (2) raise awareness for CMV among health care providers who provide care to expectant  
2.17 mothers or infants.