

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/SB 1414

INTRODUCER: Health Policy Committee and Senator Polsky

SUBJECT: Education on Congenital Cytomegalovirus

DATE: February 12, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Fav/CS
2.			AHS	
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1414 requires the creation and distribution of educational materials related to congenital cytomegalovirus (CMV).

The bill requires the Department of Health (DOH) to develop educational materials on CMV and specifies what must, at a minimum, be included in the materials. The educational materials must be distributed to expectant and new parents as part of any maternity, parental, or newborn services or education provided by a hospital, birth center, or obstetrics and gynecology (OB/GYN) physician practice in Florida, and the DOH must provide the educational materials to child care facilities and any other entity deemed relevant by the DOH.

The bill provides an effective date of July 1, 2026.

II. Present Situation:

Cytomegalovirus

Cytomegalovirus is a common virus for people of all ages; however, a healthy person's immune system usually keeps the virus from causing illness.¹ In the United States, nearly one in three children are already infected with CMV by age five. Over half of adults have been infected with

¹ U.S. Centers for Disease Control and Prevention, *About Cytomegalovirus (CMV)*, available at: <https://www.cdc.gov/cytomegalovirus/about/> (last visited Feb. 3, 2026).

CMV by age 40. Once CMV is in a person's body, it stays there for life and can reactivate. A person can also be re-infected with a different strain (variety) of the virus. Most people with CMV infection have no symptoms and are not aware that they have been infected.²

A pregnant woman can pass CMV to her unborn baby. The virus in the woman's blood can cross through the placenta and infect the baby. This can happen when a pregnant woman is infected with CMV for the first time or is infected with CMV again during pregnancy.³

Some babies with congenital CMV infection have health problems that are apparent at birth or that develop later during infancy or childhood. In the most severe cases, CMV can cause the death of an unborn baby (pregnancy loss).

Some babies with congenital CMV infection have signs at birth. These signs include:

- Rash.
- Jaundice (yellowing of the skin or whites of the eyes).
- Microcephaly (small head).
- Low birth weight.
- Hepatosplenomegaly (enlarged liver and spleen).
- Seizures.
- Retinitis (damaged eye retina).

Some babies with signs of congenital CMV infection at birth may have long-term health problems, such as:

- Hearing loss.
- Developmental and motor delay.
- Vision loss.
- Microcephaly (small head).
- Seizures.

Some babies without signs of congenital CMV infection at birth may have hearing loss. Hearing loss may be present at birth or may develop later, even in babies who pass the newborn hearing test.⁴

CMV is the most common infectious cause of birth defects in the United States. About one out of 200 babies are born with congenital CMV. One out of five babies with congenital CMV will have symptoms or long-term health problems, such as hearing loss. Hearing loss may progress from mild to severe during the first two years of life, which is a critical period for language learning. Over time, hearing loss can affect a child's ability to develop communication, language, and social skills.

² *Id.*

³ U.S. Centers for Disease Control and Prevention, *Babies Born with Congenital Cytomegalovirus (CMV)*, available at: <https://www.cdc.gov/cytomegalovirus/congenital-infection/> (last visited Feb. 3, 2026).

⁴ *Id.*

Babies who show signs of congenital CMV disease can be treated with medicines called antivirals. Antivirals may decrease the severity of hearing loss. Babies who get treated with antivirals should be closely monitored by their doctor because of possible side effects.⁵

III. Effect of Proposed Changes:

Section 1 of the bill creates s. 383.142, F.S., to require the DOH to, in consultation with medical experts, develop educational materials on CMV to be distributed to expectant and new parents or caregivers as part of any maternity, prenatal, or newborn services or education provided by hospitals, birth centers, or OB/GYN physician practices in Florida. The materials must, at a minimum, include:

- The causes, symptoms, and effects of CMV infection and the ways it can be prevented. The materials must emphasize the fact that the virus can spread from person to person without detection and can be particularly dangerous if transmitted from a pregnant woman to her child as congenital CMV.
- The manner in which congenital CMV, if contracted, can lead to neurological issues, such as seizures, cerebral palsy, and developmental delays; sensory loss, such as hearing and vision loss; physical problems, such as low birth weight, jaundice, and enlarged liver and spleen; and, in severe cases, pregnancy loss. The materials must emphasize the importance of early testing for congenital CMV in newborns and infants to preserve their health and prevent lifelong health complications.
- The newborn, infant, and toddler hearing screening requirements in s. 383.145, F.S.

The bill requires each hospital, birth center, and OB/GYN physician practice in this state providing maternity, prenatal, or newborn services or education to provide the educational materials developed by the DOH under this section to expectant or new parents or caregivers receiving such services or education. The bill also requires the DOH to provide the educational materials to child care facilities and any other entity deemed relevant by the DOH.

Section 2 provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

⁵ U.S. Centers for Disease Control and Prevention, *Congenital CMV and Hearing Loss*, available at: <https://www.cdc.gov/cytomegalovirus/congenital-infection/hearing-loss.html> (last visited Feb. 3, 2026).

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill may have an indeterminate negative fiscal impact on the DOH related to developing and distributing the required educational materials.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 383.142 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on February 11, 2026:

The CS removes provisions in the underlying bill related to continuing education for health care practitioners.

B. Amendments:

None.