

## MaineHealth Local Health Systems

Franklin Community  
Health Network  
LincolnHealth  
MaineHealth Care At Home  
Maine Behavioral Healthcare  
Memorial Hospital  
Maine Medical Center  
NorDx  
Pen Bay Medical Center  
Southern Maine Health Care  
Synernet  
Waldo County General Hospital  
Western Maine Health

## Part of the MaineHealth Family

MaineHealth Accountable  
Care Organization

## MaineHealth Affiliates

MaineGeneral Health  
Mid Coast-Parkview Health  
New England Rehabilitation  
Hospital of Portland  
St. Mary's Health System

## Testimony of Sarah Calder, MaineHealth Neither for Nor Against LD 1747

### “An Act to Require Screening for Cytomegalovirus in Certain Newborn Infants”

Wednesday, January 12, 2022

Senator Claxton, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Director of Government Affairs at MaineHealth, and I am here to share our support, but also our concerns with certain aspects of LD 1747, “An Act to Require Screening for Cytomegalovirus in Certain Newborn Infants.”

MaineHealth is a non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire, including our state’s smallest residents. In fact, in 2019, 43% of Maine’s newborns were delivered in a MaineHealth hospital.

According to the US CDC, cytomegalovirus (CMV) is the most common infectious cause of birth defects in the United States. About one out of every 200 babies is born with congenital CMV infection, and of those, approximately 1 in 5 will have long-term health problems such as hearing loss. It is for that reason that we strongly support the promotion and distribution of public and provider education materials.

Our concerns with the legislation before you today, however, are twofold – first, CMV testing in asymptomatic newborns is not [evidence-based](#); and CMV testing that is appropriate and patient follow-up should occur in an outpatient provider’s office, not in the hospital setting.

**CMV Testing in Asymptomatic Newborns is not Evidence-Based: [More than half of infants](#) who will have CMV-associated hearing loss will have normal hearing at birth and will be missed by this targeted approach. Further, for infants with moderate to severe signs of congenital CMV at birth, antiviral medications, primarily valganciclovir, may improve hearing and developmental outcomes, but valganciclovir can have serious side effects and has only been studied in those with moderate to severe symptomatic congenital CMV disease. There is [limited information](#) on the effectiveness of valganciclovir to treat babies with hearing loss alone thus, therapy with valganciclovir is not recommended by the American Academy of Pediatrics for infants who have isolated hearing loss related to congenital CMV. It is also not considered routine for infants who are mildly symptomatic at birth as the potential risks of antiviral treatment are considered to outweigh the benefit. **Importantly, [evidence-based practices](#) do not support screening of newborns for CMV who fail an infant hearing test but are otherwise asymptomatic as there is****

**not a treatment option other than the audiologic follow-up which would already be recommended based on failed hearing screen.**

**CMV Testing in the Hospital:** Currently, hospitals in Maine are required by State law to offer parents newborn genetic testing (Maine Newborn Bloodspot Screening Program), newborn hearing screening, as well as other diagnostic testing.

The Maine Newborn Bloodspot Screening Program is administered by the State and the blood specimen is analyzed by the Maine Health and Environmental Testing Laboratory (HETL). While the results are provided to the hospital for record keeping purposes, the Department provides follow-up recommendations to the infant's designated primary health care provider, not the hospital.

LD 1747 would place the burden of CMV specimen collection and testing on the hospital, and is silent on follow-up. Similar to the Newborn Bloodspot Screening Program, it would be more appropriate for HETL to perform the CMV testing of the specimen and the State to coordinate any follow-up testing and care with the infant's designated primary health care provider. In most cases, hospitals provide no follow-up care to infants once they are discharged – all care is coordinated through the infant's primary care provider.

For those reasons, we urge the Legislature to support increasing awareness and public and provider education of CMV, and not fix practice standards – and importantly, not evidence-based practice standards – into law.

Thank you and I would be happy to answer any questions you may have.