



Maine CDC Newborn Hearing Advisory Board Report

2025 Annual Report
1/1/2025 to 12/31/2025

Required by:
MRS 22 §8823; PL 1999; c. 647

Submitted by:
Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention

Table of Contents

Executive Summary	1
Full Report	3
Background	3
Legislation and Rules	3
Maine CDC Newborn Hearing Advisory Board	3
Maine CDC Newborn Hearing Advisory Board Members	4
Program Description	4
Personnel and Funding Sources	4
Goals and Activities	5
Hearing Screen Data	5
Diagnostic Data	6
Early Intervention Data	7
Appendix A	8

EXECUTIVE SUMMARY

The 119th Maine State Legislature passed Public Law 1999, chapter 647, adopted under the authority of 22 MSR §§ 8821-8825 establishing the Maine’s Newborn Hearing Program within the Department of Health and Human Services – Maine Center for Disease Control and Prevention (Maine CDC). The intent of the original legislation was “to enable children and their families and caregivers to obtain information regarding hearing screening and evaluation and to learn about treatment and intervention services at the earliest opportunity in order to prevent or mitigate developmental delays and academic failures associated with undetected hearing loss.”

The Newborn Hearing Screening Advisory Board, as established in Title 5, section 12004-G, subsection 14-C, is charged with providing oversight and advice to the Maine CDC Newborn Hearing Program. Per 22 M.R.S. § 8823, sub-§ 1(B), each year, the Newborn Hearing Advisory Board is required to report percentages of infants screened, evaluated, and being offered and receiving early intervention services and treatment to the Joint Committee on Health and Human Services. This report includes data on infants born in 2023 and reflects activities occurring during the report period January 1, 2025 through December 31, 2025.

2025 HIGHLIGHTS

This report uses the data submitted by Maine CDC Newborn Hearing Program to the U.S. Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Early Hearing Detection and Intervention Program (US CDC EHDI Program). Data reflects hearing screening and related services for babies born in 2023.

Screening (Total number of births 11,205)

- Ninety-seven percent (10,823) of Maine newborns completed a newborn hearing screen.
- Three percent (382) of Maine newborns were not screened in 2023; the majority of these unscreened newborns, 73 percent (279), were home births, five percent (20) went directly to diagnostic evaluation.
- Ninety-seven percent (10,551) of those Maine newborns screened “passed” the screening.
- Three percent (272) received a “refer” result for further audiological evaluation.

Audiological Evaluation

- Eighty seven percent (253) of those infants who received a “refer” result and infants who went directly to diagnostic evaluation received a completed audiological evaluation.
 - Eleven percent (27) were identified with a hearing loss and 89 percent (226) were found to have hearing within normal limits.

Early Intervention

- One hundred percent (27) of Maine children with a confirmed hearing loss were referred to Child Development Services (Part-C).
 - The Maine CDC Newborn Hearing Program received information that 67% (18) of those infants were entered into early intervention services.
 - Of those receiving early intervention services, 56 percent (15) of infants with a confirmed hearing loss were receiving early intervention services by six months of age.

FULL REPORT

Background

The purpose of the Maine CDC Newborn Hearing Program is to support early identification and timely and appropriate intervention for hearing loss. The Maternal and Child Health Bureau, the Joint Committee on Infant Hearing, the American Academy of Pediatrics, and the U.S. Centers for Disease Control and Prevention have provided national goals to each state's Early Hearing Detection and Intervention Program (EHDI), which in Maine is called the Maine CDC Newborn Hearing Program. These national goals have been established to ensure that hearing screening for all newborns occurs no later than one month of age. It also aims to ensure diagnostic audiological evaluations as early as possible, but no later than three months of age for those who do not pass the screening and enrollment in early intervention services and no later than six months of age for those identified with hearing loss.

Legislation and Rules

Maine's Newborn Hearing Advisory Board (the 'Board') was created by the 119th Maine State Legislature through the enactment of Public Law 1999, chapter 647 to provide oversight and advise the program and make recommendations for hearing screening, evaluation, intervention services. Under the authority of 22 M.R.S. § 8825, the Maine CDC administers program rules (10-144 CMR chapter 279) governing the responsibilities of hospital administration and staff, primary healthcare providers, the Maine Newborn Hearing Program, pediatric audiologic providers and others, with regard to the screening of newborn infants for hearing loss and the tracking and follow-up of identified infants and children up to three years of age who are deaf or hard-of-hearing.

Maine CDC Newborn Hearing Advisory Board

The Board consists of an odd number of members, appointed by the Governor, including but not limited to:

- An audiologist,
- A physician,
- A speech-language pathologist,
- A nurse,
- A certified teacher of the deaf,
- An early intervention services provider to children who are deaf or hard of hearing through the Maine Educational Center for the Deaf and Hard of Hearing,
- A person who is culturally Deaf,
- A person who is hard of hearing or deaf,
- A parent of a child who is culturally Deaf,
- A parent of a child who is hard of hearing or deaf,
- A parent of a child without hearing loss,
- A representative from hospitals,
- A representative of health insurance carriers, and
- A representative from an early childhood special education program under 20-A MRS, chapter 303, and the Department of Health and Human Services (the 'Department').

The purpose and duties of the Board, as set forth in statute, are to:

- Provide oversight and advice to the Maine CDC Newborn Hearing Program.
- Advise the Commissioner of the Department of Health and Human Services on issues relating to the Maine CDC Newborn Hearing Program.

- Make recommendations on the procedures for hearing screening, evaluation, treatment, and intervention services.
- Submit an annual report on the percentages of children being screened and evaluated, as well as those children being offered and receiving intervention and treatment services, to the Joint Committee on Health and Human Services.

The Maine CDC Newborn Hearing Advisory Board Members
December 31, 2025

Audiologist – Nicole Duncan	Physician – Duska Thurston, MD
Speech-Language Pathologist – Cathy Janelle	Nurse – Erica Weightman
Certified teacher of the deaf – Donna Casavant, (Chair)	ECFS EI service provider – Chelsea Alexander (Co-Chair)
Culturally Deaf person – Catherine Lushman	Hard of hearing or deaf person – Jillian Thuringer
Parent of a child who is Culturally Deaf – Jennifer Gaulin	Parent of a hard of hearing or deaf child – Laura Sweet
Parent of a hearing child – Vacant	Representative of hospitals – Allison Thibeau
Representative of health insurance carriers Vacant	Representative of Child Development Services (CDS) – Ariana Whiting, LMSW-cc
Representative of DHHS – Stephanie Lavigne	Other – Emily Morgan Miller, CPM
Other – Allison Reitz	

During calendar year 2025, the Board met two times virtually. The Board conducted business that included discussions on:

- Issues connected with vacancies on the Board
- Board QI, Education and Membership Subcommittees
- Cytomegalovirus (CMV) Screening
- Ongoing work of the Program and challenges faced by the Program
- The submission of the US CDC EHDI data for Maine¹
- Reviewing and updating the Maine CDC Newborn Hearing Program publications and brochures
- Screening home birth babies

The Maine Newborn Hearing Program Coordinator will assist members of the public interested in attending scheduled board meetings.

Program Description

The Maine Newborn Hearing Program provides information to providers and families about hearing screening, evaluation, and available services. Hospital and birth facilities report all data on hearing screening, evaluation and diagnoses of newborn infants and children up to three years of age to the Maine CDC Newborn Hearing Program charged with maintaining data as it relates to newborn hearing.

Personnel and Funding Sources

The Maine CDC Newborn Hearing Program is funded through three federal U.S. Department of Health and Human Services grants and one dedicated revenue account.

1. The federal Centers for Disease Control and Prevention, five-year, \$169,000/year grant (2020-2025) funds the following:
 - Fifty percent of the State Maine CDC Newborn Hearing Program Coordinator position, which also includes 50 percent of the rent, computer, and telephone services.
 - A contract with Nebulogic to support the maintenance and enhancement of the Maine CDC Newborn Hearing Program's data tracking and surveillance system.
 - Travel to attend the National Early Hearing Detection and Intervention Grantee annual meeting. This year the conference was held in Pittsburgh, Pennsylvania. Also covered cost of registration.
2. The Maternal and Child Health Block Grant, through the Health Resources and Services Administration (HRSA), funds the following:
 - Fifty percent of the State Maine CDC Newborn Hearing Coordinator position, which also includes 50 percent of the rent, computer, and telephone services.
3. The Early Detection and Intervention State/Territory Program Grant, five-year, \$235,000/year grant (2024-2029) plus one year \$75,000 additional funds for optional EHDI Innovation Project Additional Activity (2024) through the Health Resources and Services Administration (HRSA), funds the following:
 - Travel to attend the 2025 National Early Hearing Detection and Intervention Conference. Also covers the cost of registration. This year the conference is in Pittsburgh Pennsylvania.
 - A contract with Maine Educational Center for the Deaf and Hard of Hearing (MECDHH) to provide staff time for an audiology consultant and an early intervention specialist. Additionally, they are contracting with a quality improvement specialist and a parent consultant. The funds for the family-based organization, Maine Hands & Voices, Guide by Your Side, ASTra and D/HH Guides.
 - A contract with Nebulogic to develop a module for Maine CDC Newborn Hearing Program's data tracking and surveillance system to track language acquisition outcomes for Maine's deaf and hard of hearing children.

Goals and Activities

Nationally, there are seven goals to aim for to ensure a comprehensive, coordinated, community-based system of services:

1. **Screening** - All infants will be screened for hearing loss by one month of age, preferably before hospital discharge.
2. **Diagnostic Audiology** - All infants who screen positive will have a diagnostic audiological evaluation before three months of age.
3. **Early Intervention** - All infants identified with a hearing loss will begin receiving appropriate early intervention services before six months of age.
4. **Family Support** - All infants and children with late onset, progressive, or acquired hearing loss will be identified at the earliest possible time.
5. **Medical Home** - All infants with hearing loss will have a medical home.
6. **Data Management** – Each state will develop a tracking and surveillance system that ensures that babies referred from the screening receive appropriate and timely diagnostic audiological and early intervention services.
7. **Evaluation** – Each state will develop an evaluation plan that improves the overall effectiveness of the service delivery system and meets the needs of families.

This report reflects data submitted by the Maine CDC Newborn Hearing Program to the U.S. Centers for Disease Control and Prevention, National Birth Defects Prevention and Developmental Disabilities, Early Hearing Detection and Intervention Program (CDC/NCBDDD/EHDI) to describe screening, evaluation, early intervention services, and the demographic characteristics of the population that is babies born in 2023.

Hearing Screen Data

The primary goal of the Maine CDC Newborn Hearing Program is to ensure that every child born in Maine is screened for hearing loss and those with a confirmed hearing loss are referred to Child Development Services for early intervention services. *Healthy People 2020* set the benchmark for screening no later than one month of age at 90.2 percent. Maine continues to exceed the goal with a screening rate of 97 percent.

Objective: Increase the proportion of newborns who are screened for hearing loss no later than one month of age.

Baseline: 82.0% of Maine newborns up to one month of age had screening for hearing loss in 2007.

Target: 90.2%

Achieved: 95% 2023

The Maine CDC Data, Research, and Vital Statistics reported a total of 11,205 births in Maine in 2023. The total number of infants screened for hearing loss was 10,823 (97%), 95 percent of infants received a screening within the first month of birth. The percentage of Maine newborns who “passed” a screening was 97 percent or 10,551 infants. A total of 272 infants (3%) did “not pass” the initial screen and any rescreening and were subsequently “referred.”

Table 1: Number of Infants Not Screened in 2023

Total not screened	Infant died	Parents declined screening	Parents contacted but unresponsive	Transferred out-of-state	Went straight to Audiologist	Missed	*Other
382	47	18	1	8	20	284	3

Data Source: CDC/NCBDDD/EHDI 2023

* 3 infants were documented as screened in error by the birth facility - screen was not done.

Further analysis of the 284 infants who “missed” the newborn hearing screen reveals 279 were home births.

Diagnostic Data

According to the National Center for Hearing Assessment and Management, if a baby does not pass the initial newborn hearing screening, the next step in the process is the diagnostic evaluation. The objective is to have the diagnostic tests completed as soon as possible, preferably before three months of age. The diagnostic evaluation should be performed by a pediatric audiologist with expertise working with infants and children.

Healthy People 2020 has established the following objective related to newborns receiving an audiological evaluation after a “refer” at screening.

Objective: Increase the proportion of newborns who receive audiological evaluation no later than three months of age for infants who did not pass the hearing screening.

Baseline: 66.0% of Maine infants aged three months and under who did not pass the hearing screening received audiological evaluation in 2007.

Target: 72.6%

Achieved: 70% in 2023

As reported above, the percentage of newborns who were “referred” after the initial screen and any subsequent rescreening was three percent or 272 infants and 20 infants did not have a newborn hearing screening and went straight to diagnostic evaluation, a total of 292 infants. Eighty seven percent (253) of infants who were referred on their hearing screen and infants that went straight to diagnostic evaluation received a diagnostic evaluation, and the program received a report. Seventy percent (205) of those children received a diagnostic evaluation no later than three months of age.

Table 2: The percentage and number of infants who received an audiological (diagnostic) evaluation during 2023

Diagnostic Evaluation			
Total not pass “refer” & went directly to Diagnostic	Total infants with normal hearing	Total infants diagnosed with hearing loss	Total infants with no diagnosis
292	226 (77%)	27 (9%)	39 (14%)

Data Source: CDC/NCBDDD/EHDI 2022

Further analysis of the 39 newborns with no diagnosis reveals the following:

- One child audiological diagnosis is in process
- Six children were non-residents
- Seven families declined follow-up
- Ten families were unresponsive to multiple attempts at contact
- One child was rescreened and passed but data was not sent to the program
- Two children were marked as passed by Birth Facility RN in error or missed by Birth Facility.
- One child went to audiologist, but the program did not receive report from audiologist.
- One child for whom the program was unable to contact family.
- Ten children diagnostics were not completed for reasons unknown

Early Intervention Data

Healthy People 2020 has established the following objective related to infants who are enrolled in early intervention services.

Objective: Increase the proportion of infants with confirmed hearing loss who are enrolled for intervention services no later than six months of age.

Baseline: 50.0% of Maine infants six months of age and under with confirmed hearing loss were enrolled for intervention service in 2007.

Target: 55.0%

Achieved: 56% for 2023

There was a total of 27 infants diagnosed with hearing loss who did not pass their newborn hearing screen or went directly to diagnostic evaluation. All 27 (100%) were referred to Child Development Services (CDS), Part C Early Intervention (EI) Services. The Maine Newborn Hearing Program received confirmation that 18 children were receiving early intervention services from CDS. Seven children were not enrolled because family declined. Two children were not enrolled unable to contact family.

Table 3: Percentage and number of children enrolled in Part C early intervention services.

Total Children Enrolled in Part C	
Total enrolled	Total enrolled before 6 months of age
18 (67%)	15 (83%)

Individuals with Disabilities Act (IDEA): Part C - early intervention program for infants and toddlers provides a broad array of services to children with special health needs and developmental disabilities, birth through three years of age. In Maine, Child Development Services (CDS) is responsible for the Part C services. For quality assurance and improvement, CDS provides aggregate data to the Department on the number referrals for early intervention services and the number determined eligible. Annually, the Department reviews the cooperative agreement with Maine’s Department of Education – Child Development Services.

Appendix A

**2023 Early Hearing Detection and Intervention Data
January 1, 2023 – December 31, 2023**

CRITERIA	NUMBER	PERCENTAGE (%)
Number of Births	11,205	
Hospital births	10,829	97%
Non-hospital births	376	3%
SCREENING DATA		
Screened	11,823	97%
Hospital births screened	10,726	99%
Home birth screened	97	26%
Screen complete by 1 month	10,688	99%
Not screened	382	3%
Went straight to audiology diagnostic evaluation	20	
Infant died	47	
Parents declined services	18	
Non-resident/Infant transferred out of state, no documentation of screen	8	
Unable to be screened due to medical reasons	1	
Missed screening	288	3%
Missed-home birth	279	
Missed-unresponsive	1	
Missed-documented as screened but no NHS	3	
Missed- unknown	5	
Pass screening	10,551	97%
Did not pass screening	272	3%
DIAGNOSTIC DATA		
Did not pass screening or went straight to diagnostics- MNHP received audiological report w/diagnosis complete	292	85%
Diagnosis complete by 3 months	205	70%
Hearing normal	226	
Hearing loss	27	
Total-no diagnosis received	39	
Infant died	0	
Non-resident/Moved out of state	6	
Unable to test due to medical reasons	0	
Audiological Diagnosis in Process	1	
Family declined follow-up	7	
Completed but results not submitted to MNHP	2	
Lost to documentation/follow-up	23	

EARLY INTERVENTION DATA		
Hearing Loss, referred to Part C provider- CDS	27	100%
Refer NHS, Hearing Loss-MNHP received confirmation of enrollment with Part C Provider-CDS	18	67%
Documentation of IFSP date received	18	100%
Enrolled in EI by 6 months	15	83%
Family contacted but unresponsive	0	
Family declined EI	7	
Ineligible for Part C Services	0	
Lost to documentation/follow-up	2	7%
Unable to contact	2	
Unknown	0	

Note: Shaded areas provide further detail on the babies reported as not screened, no diagnosis, unknown, and early intervention