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## REPORT TO THE LEGISLATURE

**TO:** Joint Standing Committee on Health and Human Services  
**FROM:** Maine Center for Disease Control and Prevention, Maine DHHS  
**DATE:** October 2026  
**SUBJECT:** Cytomegalovirus Screening Program Report pursuant to PL 2021 Ch. 698

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### Introduction and Background

In 2017, the Maine State Legislature directed Maine Center for Disease Control and Prevention (Maine CDC) to convene a workgroup (known as the CMV Stakeholder Advisory Group) to review issues surrounding Cytomegalovirus (CMV) exposure at birth or in utero, creating a pathway for LD 1747, *An Act To Require Screening for Cytomegalovirus in Certain Newborn Infants*. Enacted by the 130<sup>th</sup> Maine State Legislature, Public Law 2021, Chapter 698, required the Department of Health and Human Services (DHHS) to establish a cytomegalovirus screening program for newborn infants. The Department is also required to adopt rules to implement requirements of 22 MRS § 1534, and, in partnership with stakeholders, report an assessment of the program. Maine Center for Disease Control and Prevention (Maine CDC) received funding to support this work, including funds for education material, a part-time position and system updates.

Cytomegalovirus (pronounced sy-toe-MEG-a-low-vy-rus), or CMV, is a common virus that affects people of all ages. Over half of the adults in the United States have been infected with CMV by the age of 40<sup>1</sup>; and while most infected people show no signs or symptoms, the virus can cause significant health problems for others, especially those with weakened immune systems and unborn babies. CMV is transmitted through body fluids, such as saliva, urine, blood, tears, semen, and breast milk. When a baby is born with a CMV infection, it is called congenital CMV. Approximately one in every 200 babies is born with congenital CMV infection. About one in five babies with congenital CMV infection will experience long-term health problems. Some effects of CMV include brain, liver and growth problems and more commonly, hearing loss.

22 MRS §1534 requires the Department to establish a CMV screening program and provide public education about CMV incidence rates, disease transmission, effects and prevention, and available resources; and adopt rules to implement statutory requirements including data reporting (i.e. number of infants tested, screening results and methods used for screening). Maine Center for Disease Control and Prevention (Maine CDC) received funding to support this work, including funds for education material, a part-time position and system updates.

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<sup>1</sup><https://www.cdc.gov/cmvm/overview.html#:~:text=Over%20half%20of%20adults%20have,that%20they%20have%20been%20infected>

The following information outlines the requirements outlined in PL 2021, Ch. 698, and provides updates about the Department's progress toward compliance.

***The Department shall establish a cytomegalovirus screening program for newborn infants.***

Since the last CMV report was submitted in 2023, the Maine CDC Maternal and Child Health (MCH) Program continues to make progress toward establishing a CMV screening program for newborn infants.

The half-time position allocated under Public Law 2021, Chapter 698 is essential to the development and implementation of the CMV program in Maine. Maine CDC took the necessary steps to establish this position, working with Human Resources to complete required forms and obtain approvals to advertise. A qualified half-time Public Health Educator was hired in January 2024 to lead program development. During their tenure, the Public Health Educator coordinated and met twice with the CMV Stakeholder Advisory Group, began developing rules required by the legislation, and conducted a survey of all the hospital birthing units in Maine to inform program development.

When the Public Health Educator resigned in August 2024, Maine CDC initiated the process to recruit a new hire to continue CMV program coordination. In October 2025, Maine CDC hired another Public Health Educator on a full-time basis. CMV coordination was included among the responsibilities assigned to this position.

Over the past three months, the Public Health Educator has increased the geographic and professional diversity of the CMV Stakeholder Advisory Group, chaired a stakeholder meeting, and continued refining the draft rules for the CMV Newborn Screening Program. The stakeholder group has provided input on multiple aspects of the program, including education, testing, and follow-up. The Public Health Educator has also been meeting individually with stakeholders to ensure program feasibility and to help streamline the implementation process at birthing hospitals across the state. Rulemaking is conducted in accordance with 5 M.R.S. ch. 375, and will provide the opportunity for public comment on language proposed to operationalize the statute.

***The Department may not require that a newborn infant be tested for the presence of cytomegalovirus if the parents of that infant object on the grounds that a test conflicts with their religious tenets and practices.***

Maine CDC will ensure a process for families to decline screening based on religious tenets and practices. Maine CDC already has experience with parental refusal forms and provides guidance for providers when parents refuse screening and referral services through its Newborn Bloodspot Screening Program.

***The Department shall report aggregate data provided by healthcare providers, including the number of infants born, the number tested for cytomegalovirus, the results of the screening and testing, and the type of screening sample used.***

The Public Health Educator has been working to establish virus-specific reporting requirements for healthcare providers, with input from the CMV Stakeholder Advisory Group. Maine CDC anticipates that CMV data collection may be incorporated into existing newborn hearing data reporting mechanisms.

***The Department may solicit and accept the assistance of relevant medical associations or community resources to develop, promote and distribute the required public educational resources to pregnant women and women who may become pregnant that include information regarding the incidence of cytomegalovirus, the transmission of cytomegalovirus during and before pregnancy, birth defects caused by congenital cytomegalovirus, methods of diagnosing congenital cytomegalovirus, available preventive measures and resources for the family of an infant born with congenital cytomegalovirus.***

Maine CDC has stood up a public CMV webpage<sup>2</sup> that provides information about the virus, including guidance on identification and available early intervention services. Public education campaign materials are available free of charge through an online ordering system. Birthing hospitals and home birth service providers have accessed these resources and distributed them to their patients. Between February 2023 and February 2026, approximately 3,600 materials were ordered.

The Public Health Educator maintains current materials on Maine CDC's CMV webpage and developed and shared CMV-related content through Maine CDC's social media channels. In addition, the Public Health Educator is establishing an education subcommittee within the CMV Stakeholder Advisory Group, which will assist Maine CDC with developing and disseminating updated educational materials for pregnant people and those who may become pregnant, in clinical and non-clinical settings (e.g., social media, conferences, grand rounds, daycares). These materials include information regarding the incidence of cytomegalovirus, the transmission of cytomegalovirus during and before pregnancy, birth defects caused by congenital cytomegalovirus, methods of diagnosing congenital cytomegalovirus, available preventive measures, and resources for the family of an infant born with congenital cytomegalovirus.

***The Department shall convene a group of medical professionals to advise on best practices in congenital cytomegalovirus screening to inform required rulemaking.***

In response to the 2017 legislative directive, Maine CDC convened a group of parents, pediatricians, obstetricians, otorhinolaryngologists, audiologists, pediatric audiologists, delivery nurses, midwives, infectious disease specialists, child development experts, and Maine CDC Epidemiologist and Newborn Screening Program staff. Building on these relationships and the work of the CMV Stakeholder Advisory Group, Maine CDC met three times since the last legislative report with this group of healthcare professionals and stakeholders, to inform CMV rule development and advise on best practices in CMV screening. (22 MRS §1534(5))...

***No later than 3 years after the final adoption of rules pursuant to the Maine Revised Statutes, Title 22, section 1534, subsection 5, the Department of Health and Human Services shall convene a stakeholder group of clinicians and researchers with knowledge of cytomegalovirus***

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<sup>2</sup> <https://www.maine.gov/dhhs/mecdc/healthy-living/maternal-and-child-health/newborn-screenings/cmv>

***screening to review the cytomegalovirus screening program and to consider changes to the program. No later than February 1, 2026, the department shall provide an update on this review process to the joint standing committee of the Legislature having jurisdiction over health and human services matters.***

Maine CDC conducts rulemaking in accordance with 5 M.R.S. chapter 375. As directed by the statute, Maine CDC is gathering input from medical professionals on best practices in congenital cytomegalovirus screening and is considering current clinical evidence to develop rules, in an aim to minimize the burden on hospital staff and maximize health outcomes affordably. Maine CDC's progress developing rules was impacted by staff turnover and shrinking program capacity.

Following the adoption of rules to implement requirements related to CMV screening and reporting, Maine CDC will convene the existing CMV Stakeholder Advisory Group – comprised of clinicians, researchers, and other community members with expertise in cytomegalovirus screening – to review the CMV screening program and consider potential changes no later than three years after final adoption of the rules.