

Submitter: Thurman Allen Merritt
On Behalf Of: Neonatology Today
Committee: House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic: HB2685

Honorable Representatives of the State of Oregon: House Committee on Behavioral Health and Health Care

As a Neonatologist and Pediatrician I wish to offer my testimony in support of HR 2685. Congenital cytomegalovirus (cCMV) is the most common congenital infection in the U.S. impacting 1 in every 200 live-born infants. The potential sequelae of cCMV are extensive and can be severe including hearing loss, developmental delays, cerebral palsy, autism, and vision loss. It is estimated that roughly 1 in 4 infants with cCMV will have long term disability. Early identification of CMV before 21 days after birth and ideally earlier allow for timely commencement of antiviral therapies for infants that can improve clinical outcomes by improving hearing and preventing developmental delays. Approximately 30-50% of infants with clinically apparent cCMV and 8-12% of those infants who are born with clinically inapparent infections due to cCMV will be born with or will subsequently go on to develop sensorineural hearing loss at birth and CMV infection also is associated with 25% of hearing loss identified by 5 years of age.

HR Bill 2685 provides for advanced focused screening for CMV infection for a large majority of infants born in Oregon, although infants born in hospitals with less than 200 annual deliveries, born at home or in birthing centers are not covered by this Bill. Importantly this bill directs the Oregon Health Authority to enhance professional and parental education regarding CMV during pregnancies, screening at birth, and follow up from hearing screenings by offering advanced targeted screen for CMV for infants not passing their newborn hearing screen and reported to the Oregon Health Authority annually.

This Bill also provides for coverage for CMV testing, reporting to physicians, parents, and the Oregon Health Authority the burden of CMV in Oregon. The challenge for physicians who care for newborn infants is that over 40% of pediatric sensorineural hearing loss may not be present at birth and, therefore, may be missed by relying on the newborn hearing screening test alone. HR 2685 provides for early advanced targeted screening for CMV that provides the opportunity to carefully perform serial audiological monitoring of infants towards earlier identification of hearing loss and targeted treatment using antiviral therapies that clinical trials have demonstrated improve infant and childhood hearing and lessen the development impact of this infection.

By enacting this Bill, Oregon will join other states such as Minnesota, Colorado, Utah among others to provide for evidence based early identification of congenital CMV and offering therapies with parental approval. Please support the passage of

HB 2685.

Respectively,

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