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In Support Of: LD 1858 An Act to Ensure Access to Newly Born Male Infant Circumcision by Requiring MaineCare Coverage

Senator Baldacci, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Laura Blaisdell-- I am a resident of South Portland, a board-certified pediatrician and the current president of the Maine Chapter of the American Academy of Pediatrics.

The Maine Chapter of the American Academy of Pediatrics supports LD 1858 primarily as a issue of equity for Maine's children and families.

Circumcision rates vary across the population but the CDC estimates circumcision prevalence in the US to be 80.5% (1). Hence, circumcision is a procedure requested by a significant number of American parents.

Circumcision has positive health benefits for infants, boys and young men. During infancy, circumcised infants are less likely than uncircumcised infants to experience urinary tract infections (UTIs) (2). An estimated 14% of uncircumcised boys compared with 6% of circumcised boys experienced balanitis, irritation, adhesions, phimosis or paraphimosis, suggesting that circumcision is associated with an 8% absolute decreased risk of these conditions (3). Male circumcision reduces, but does not eliminate, the risk of acquiring HIV and some STIs during intercourse (4).

Pediatricians are at the bedside with parents as they make myriad decisions for their newborn child, including the decision about circumcision. Neonatal male circumcision has been shown to be safer, less expensive, and heals more rapidly than circumcision performed on older boys, adolescent males, and men. decreased risk of these conditions (3). Complications of medically performed male circumcision in the United States are typically uncommon and easily managed. Severe complications are rare in all age groups and occur in 0.23% of all circumcised males overall (5).

Despite its popularity, inconsistent insurance coverage complicates the pediatrician/parent conversation by allowing access to circumcision to some and not others. LD 1858 would allow a family to choose time-limited neonatal circumcision without consideration of their insurance status. **The Maine AAP urges you to support this legislation as an issue of equity.**

- (1) [https://www.mayoclinicproceedings.org/article/S0025-6196\(14\)00036-6/pdf](https://www.mayoclinicproceedings.org/article/S0025-6196(14)00036-6/pdf)
- (2) Shaikh N, Morone NE, Bost JE, Farrell MH. Prevalence of urinary tract infection in childhood - A meta-analysis. *Pediatr Infect Dis J.* 2008;27(4):302-308.
- (3) Herzog LW, Alvarez SR. The frequency of foreskin problems in uncircumcised children. *American Journal of Diseases of Children.* 1986;140(3):254-256.
- (4) <https://www.cdc.gov/hiv/risk/male-circumcision.html>
- (5) El Bcheraoui C, Zhang X, Cooper CS, Rose CE, Kilmarx PH, Chen RT. Rates of adverse events associated with male circumcision in US medical settings, 2001 to 2010. *JAMA Pediatr.* 2014;168(7):625-634.

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