

115TH CONGRESS  
1ST SESSION

# S. 652

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IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 7, 2017

Referred to the Committee on Energy and Commerce

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## AN ACT

To amend the Public Health Service Act to reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Early Hearing Detec-  
3 tion and Intervention Act of 2017”.

4 **SEC. 2. REAUTHORIZATION OF PROGRAM FOR EARLY DE-**  
5 **TECTION, DIAGNOSIS, AND TREATMENT RE-**  
6 **GARDING DEAF AND HARD-OF-HEARING**  
7 **NEWBORNS, INFANTS, AND YOUNG CHIL-**  
8 **DREN.**

9 (a) SECTION HEADING.—The section heading of sec-  
10 tion 399M of the Public Health Service Act (42 U.S.C.  
11 280g–1) is amended to read as follows:

12 **“SEC. 399M. EARLY DETECTION, DIAGNOSIS, AND TREAT-**  
13 **MENT REGARDING DEAF AND HARD-OF-**  
14 **HEARING NEWBORNS, INFANTS, AND YOUNG**  
15 **CHILDREN.”.**

16 (b) STATEWIDE SYSTEMS.—Section 399M(a) of the  
17 Public Health Service Act (42 U.S.C. 280g–1(a)) is  
18 amended—

19 (1) in the subsection heading, by striking  
20 “NEWBORN AND INFANT” and inserting “NEW-  
21 BORN, INFANT, AND YOUNG CHILD”;

22 (2) in the matter preceding paragraph (1)—

23 (A) by striking “newborn and infant” and  
24 inserting “newborn, infant, and young child”;

25 and

1 (B) by striking “providers,” and inserting  
2 “providers (including, as appropriate, education  
3 and training of family members),”;

4 (3) in paragraph (1)—

5 (A) in the first sentence—

6 (i) by striking “newborns and in-  
7 fants” and inserting “newborns, infants,  
8 and young children (referred to in this sec-  
9 tion as ‘children’)”; and

10 (ii) by striking “and medical” and all  
11 that follows through the period and insert-  
12 ing “medical, and communication (or lan-  
13 guage acquisition) interventions (including  
14 family support), for children identified as  
15 deaf or hard-of-hearing, consistent with the  
16 following:”;

17 (B) in the second sentence—

18 (i) by striking “Early” and inserting  
19 the following:

20 “(A) Early”;

21 (ii) by striking “and delivery of” and  
22 inserting “, and delivery of,”;

23 (iii) by striking “by schools” and all  
24 that follows through “programs mandated”  
25 and inserting “by organizations such as

1 schools and agencies (including commu-  
2 nity, consumer, and family-based agen-  
3 cies), in health care settings (including  
4 medical homes for children), and in pro-  
5 grams mandated”; and

6 (iv) by striking “hard of hearing” and  
7 all that follows through the period and in-  
8 serting “hard-of-hearing children.”; and

9 (C) by striking the last sentence and in-  
10 serting the following:

11 “(B) Information provided to families  
12 should be accurate, comprehensive, up-to-date,  
13 and evidence-based, as appropriate, to allow  
14 families to make important decisions for their  
15 children in a timely manner, including decisions  
16 with respect to the full range of assistive hear-  
17 ing technologies and communications modali-  
18 ties, as appropriate.

19 “(C) Programs and systems under this  
20 paragraph shall offer mechanisms that foster  
21 family-to-family and deaf and hard-of-hearing  
22 consumer-to-family supports.”;

23 (4) in paragraph (2), by striking “To collect”  
24 and all that follows through the period and inserting  
25 “To continue to provide technical support to States,

1 through one or more technical resource centers, to  
2 assist in further developing and enhancing State  
3 early hearing detection and intervention programs.”;  
4 and

5 (5) by striking paragraph (3) and inserting the  
6 following:

7 “(3) To identify or develop efficient models  
8 (educational and medical) to ensure that children  
9 who are identified as deaf or hard-of-hearing  
10 through screening receive follow-up by qualified  
11 early intervention providers or qualified health care  
12 providers (including those at medical homes for chil-  
13 dren), and referrals, as appropriate, including to  
14 early intervention services under part C of the Indi-  
15 viduals with Disabilities Education Act. State agen-  
16 cies shall be encouraged to effectively increase the  
17 rate of such follow-up and referral.”.

18 (c) TECHNICAL ASSISTANCE, DATA MANAGEMENT,  
19 AND APPLIED RESEARCH.—Section 399M(b)(1) of the  
20 Public Health Service Act (42 U.S.C. 280g–1(b)(1)) is  
21 amended—

22 (1) in the first sentence—

23 (A) by striking “The Secretary” and in-  
24 serting the following:

25 “(A) IN GENERAL.—The Secretary”;

1 (B) by striking “to complement an intra-  
2 mural program and” and inserting the fol-  
3 lowing: “or designated entities of States—

4 “(i) to develop, maintain, and improve  
5 data collection systems related to newborn,  
6 infant, and young child hearing screening,  
7 evaluation (including audiologic, medical,  
8 and language acquisition evaluations), di-  
9 agnosis, and intervention services;”;

10 (C) by striking “to conduct” and inserting  
11 the following:

12 “(ii) to conduct”; and

13 (D) by striking “newborn” and all that fol-  
14 lows through the period and inserting the fol-  
15 lowing: “newborn, infant, and young child hear-  
16 ing screening, evaluation, and intervention pro-  
17 grams and outcomes;

18 “(iii) to ensure quality monitoring of  
19 hearing screening, evaluation, and inter-  
20 vention programs and systems for  
21 newborns, infants, and young children; and

22 “(iv) to support newborn, infant, and  
23 young child hearing screening, evaluation,  
24 and intervention programs, and informa-  
25 tion systems.”;

1 (2) in the second sentence—

2 (A) by striking the matter that precedes  
3 subparagraph (A) and all that follows through  
4 subparagraph (C) and inserting the following:

5 “(B) USE OF AWARDS.—The awards made  
6 under subparagraph (A) may be used—

7 “(i) to provide technical assistance on  
8 data collection and management, including  
9 to coordinate and develop standardized  
10 procedures for data management;

11 “(ii) to assess and report on the cost  
12 and program effectiveness of newborn, in-  
13 fant, and young child hearing screening,  
14 evaluation, and intervention programs and  
15 systems;

16 “(iii) to collect data and report on  
17 newborn, infant, and young child hearing  
18 screening, evaluation, diagnosis, and inter-  
19 vention programs and systems for applied  
20 research, program evaluation, and policy  
21 improvement;”;

22 (B) by redesignating subparagraphs (D),  
23 (E), and (F) as clauses (iv), (v), and (vi), re-  
24 spectively, and aligning the margins of those  
25 clauses with the margins of clause (i) of sub-

1 paragraph (B) (as inserted by subparagraph  
2 (A) of this paragraph);

3 (C) in clause (v) (as redesignated by sub-  
4 paragraph (B) of this paragraph)—

5 (i) by striking “newborn and infant”  
6 and inserting “newborn, infant, and young  
7 child”; and

8 (ii) by striking “language status” and  
9 inserting “hearing status”; and

10 (D) in clause (vi) (as redesignated by sub-  
11 paragraph (B) of this paragraph)—

12 (i) by striking “sharing” and inserting  
13 “integration and interoperability”; and

14 (ii) by striking “with State-based”  
15 and all that follows through the period and  
16 inserting “across multiple sources to in-  
17 crease the flow of information between  
18 clinical care and public health settings, in-  
19 cluding the ability of States and territories  
20 to exchange and share data.”.

21 (d) COORDINATION AND COLLABORATION.—Section  
22 399M(e) of the Public Health Service Act (42 U.S.C.  
23 280g–1(c)) is amended—

24 (1) in paragraph (1)—

1 (A) by striking “consult with” and insert-  
2 ing “consult with—”;

3 (B) by striking “other Federal” and insert-  
4 ing the following:

5 “(A) other Federal”;

6 (C) by striking “State and local agencies,  
7 including those” and inserting the following:

8 “(B) State and local agencies, including  
9 agencies”;

10 (D) by striking “consumer groups of and  
11 that serve” and inserting the following:

12 “(C) consumer groups of, and that serve,”;

13 (E) by striking “appropriate national” and  
14 inserting the following:

15 “(D) appropriate national”;

16 (F) by striking “persons who are deaf  
17 and” and inserting the following:

18 “(E) individuals who are deaf or”;

19 (G) by striking “other qualified” and in-  
20 serting the following:

21 “(F) other qualified”;

22 (H) by striking “newborns, infants, tod-  
23 dlers, children,” and inserting “children,”;

24 (I) by striking “third-party” and inserting  
25 the following:

1 “(G) third-party”; and

2 (J) by striking “related commercial” and  
3 inserting the following:

4 “(H) related commercial”; and

5 (2) in paragraph (3)—

6 (A) by striking “States to establish new-  
7 born and infant” and inserting the following:

8 “States—

9 “(A) to establish newborn, infant, and  
10 young child”;

11 (B) by inserting a semicolon after “sub-  
12 section (a)”; and

13 (C) by striking “to develop” and inserting  
14 the following:

15 “(B) to develop”.

16 (e) RULE OF CONSTRUCTION; RELIGIOUS ACCOMMO-  
17 DATION.—Section 399M(d) of the Public Health Service  
18 Act (42 U.S.C. 280g–1(d)) is amended—

19 (1) by striking “which” and inserting “that”;

20 (2) by striking “newborn infants or young”;

21 and

22 (3) by striking “parents’” and inserting “par-  
23 ent’s”.

24 (f) DEFINITIONS.—Section 399M(e) of the Public  
25 Health Service Act (42 U.S.C. 280g–1(e)) is amended—

1 (1) in paragraph (1)—

2 (A) by striking “(1)” and all that follows  
3 through “to procedures” and inserting the fol-  
4 lowing:

5 “(1) The term ‘audiologic’, when used in con-  
6 nection with evaluation, means procedures—”;

7 (B) by striking “to assess” and inserting  
8 the following:

9 “(A) to assess”;

10 (C) by striking “to establish” and inserting  
11 the following:

12 “(B) to establish”;

13 (D) by striking “auditory disorder;” and  
14 inserting “auditory disorder;”;

15 (E) by striking “to identify” and inserting  
16 the following:

17 “(C) to identify”;

18 (F) by striking “options.” and all that fol-  
19 lows through “linkage” and inserting the fol-  
20 lowing: “options, including—

21 “(i) linkage”;

22 (G) by striking “appropriate agencies,”  
23 and all that follows through “national” and in-  
24 serting the following: “appropriate agencies;

25 “(ii) medical evaluation;

1                   “(iii) assessment for the full range of  
2                   assistive hearing technologies appropriate  
3                   for newborns, infants, and young children;

4                   “(iv) audiologic rehabilitation treat-  
5                   ment; and

6                   “(v) referral to national”; and

7                   (H) by striking “parent, and education”  
8                   and inserting “parent, family, and education”;

9                   (2) by striking paragraph (2);

10                  (3) by redesignating paragraphs (3) through  
11                  (6) as paragraphs (2) through (5);

12                  (4) in paragraph (2) (as redesignated by para-  
13                  graph (3) of this subsection)—

14                  (A) by striking “refers to providing” and  
15                  inserting the following: “means—

16                  “(A) providing”;

17                  (B) by striking “with hearing loss, includ-  
18                  ing nonmedical services,” and inserting “who is  
19                  deaf or hard-of-hearing, including nonmedical  
20                  services;”;

21                  (C) by striking “ensuring that families of  
22                  the child are provided” and inserting the fol-  
23                  lowing:

24                  “(B) ensuring that the family of the child  
25                  is—

1 “(i) provided”;

2 (D) by striking “language and communica-  
3 tion options and are given” and inserting the  
4 following: “language acquisition in oral and vis-  
5 ual modalities; and

6 “(ii) given”; and

7 (E) by striking “their child” and inserting  
8 “the child”;

9 (5) in paragraph (3) (as redesignated by para-  
10 graph (3) of this subsection), by striking “(3)” and  
11 all that follows through “decision making” and in-  
12 serting “The term ‘medical evaluation’ means key  
13 components performed by a physician including his-  
14 tory, examination, and medical decisionmaking”;

15 (6) in paragraph (4) (as redesignated by para-  
16 graph (3) of this subsection)—

17 (A) by striking “refers to” and inserting  
18 “means”;

19 (B) by striking “and/or surgical” and in-  
20 serting “or surgical”; and

21 (C) by striking “of hearing” and all that  
22 follows through “disorder” and inserting “for  
23 hearing loss or other medical disorders”; and

24 (7) in paragraph (5) (as redesignated by para-  
25 graph (3) of this subsection)—

1 (A) by striking “(5)” and all that follows  
2 through “refers to” and inserting “(5) The  
3 term ‘newborn, infant, and young child hearing  
4 screening’ means”; and

5 (B) by striking “and infants” and insert-  
6 ing “, infants, and young children under 3  
7 years of age”.

8 (g) AUTHORIZATION OF APPROPRIATIONS.—Section  
9 399M(f) of the Public Health Service Act (42 U.S.C.  
10 280g–1(f)) is amended—

11 (1) in paragraph (1), by striking “such sums”  
12 and all that follows through the period and inserting  
13 “\$17,818,000 for fiscal year 2018, \$18,173,800 for  
14 fiscal year 2019, \$18,628,145 for fiscal year 2020,  
15 \$19,056,592 for fiscal year 2021, and \$19,522,758  
16 for fiscal year 2022.”; and

17 (2) in paragraph (2), by striking “such sums”  
18 and all that follows through the period and inserting  
19 “\$10,800,000 for fiscal year 2018, \$11,026,800 for  
20 fiscal year 2019, \$11,302,470 for fiscal year 2020,

