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114TH CONGRESS
1ST SESSION

H. R. 1344

[Report No. 114-]

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.

IN THE HOUSE OF REPRESENTATIVES

MARCH 10, 2015

Mr. GUTHRIE (for himself and Mrs. CAPPS) introduced the following bill;
which was referred to the Committee on Energy and Commerce

SEPTEMBER --, 2015

Reported with an amendment, committed to the Committee of the Whole
House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italics]

[For text of introduced bill, see copy of bill as introduced on March 10, 2015]

A BILL

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,*

3 **SECTION 1. SHORT TITLE.**

4 *This Act may cited as the “Early Hearing Detection*
5 *and Intervention Act of 2015”.*

6 **SEC. 2. FINDINGS.**

7 *The Congress finds as follows:*

8 (1) *Deaf and hard-of-hearing newborns, infants,*
9 *toddlers, and young children require access to special-*
10 *ized early intervention providers and programs in*
11 *order to help them meet their linguistic and cognitive*
12 *potential.*

13 (2) *Families of deaf and hard-of-hearing*
14 *newborns, infants, toddlers, and young children ben-*
15 *efit from comprehensive early intervention programs*
16 *that assist them in supporting their child’s develop-*
17 *ment in all domains.*

18 (3) *Best practices principles for early interven-*
19 *tion for deaf and hard-of-hearing newborns, infants,*
20 *toddlers, and young children have been identified in*
21 *a range of areas including listening and spoken lan-*
22 *guage and visual and signed language acquisition,*
23 *family-to-family support, support from individuals*
24 *who are deaf or hard-of-hearing, progress monitoring,*
25 *and others.*

1 (4) *Effective hearing screening and early inter-*
2 *vention programs must be in place to identify hearing*
3 *levels in deaf and hard-of-hearing newborns, infants,*
4 *toddlers, and young children so that they may access*
5 *appropriate early intervention programs in a timely*
6 *manner.*

7 **SEC. 3. REAUTHORIZATION OF PROGRAM FOR EARLY DE-**
8 **TECTION, DIAGNOSIS, AND TREATMENT RE-**
9 **GARDING DEAF AND HARD-OF-HEARING**
10 **NEWBORNS, INFANTS, AND YOUNG CHIL-**
11 **DREN.**

12 *Section 399M of the Public Health Service Act (42*
13 *U.S.C. 280g–1) is amended to read as follows:*

14 **“SEC. 399M. EARLY DETECTION, DIAGNOSIS, AND TREAT-**
15 **MENT REGARDING DEAF AND HARD-OF-HEAR-**
16 **ING NEWBORNS, INFANTS, AND YOUNG CHIL-**
17 **DREN.**

18 **“(a) HEALTH RESOURCES AND SERVICES ADMINIS-**
19 **TRATION.—***The Secretary, acting through the Adminis-*
20 *trator of the Health Resources and Services Administration,*
21 *shall make awards of grants or cooperative agreements to*
22 *develop statewide newborn, infant, and young childhood*
23 *hearing screening, diagnosis, evaluation, and intervention*
24 *programs and systems, and to assist in the recruitment, re-*

1 *tention, education, and training of qualified personnel and*
2 *health care providers for the following purposes:*

3 “(1) *To develop and monitor the efficacy of state-*
4 *wide programs and systems for hearing screening of*
5 *newborns, infants, and young children, prompt eval-*
6 *uation and diagnosis of children referred from screen-*
7 *ing programs, and appropriate educational,*
8 *audiological, and medical interventions for children*
9 *confirmed to be deaf or hard-of-hearing, consistent*
10 *with the following:*

11 “(A) *Early intervention includes referral to*
12 *and delivery of information and services by or-*
13 *ganizations such as schools and agencies (includ-*
14 *ing community, consumer, and parent-based*
15 *agencies), pediatric medical homes, and other*
16 *programs mandated by part C of the Individuals*
17 *with Disabilities Education Act, which offer pro-*
18 *grams specifically designed to meet the unique*
19 *language and communication needs of deaf and*
20 *hard-of-hearing newborns, infants, and young*
21 *children.*

22 “(B) *Information provided to parents must*
23 *be accurate, comprehensive, and, where appro-*
24 *priate, evidence-based, allowing families to make*
25 *important decisions for their child in a timely*

1 *way, including decisions relating to all possible*
2 *assistive hearing technologies (such as hearing*
3 *aids, cochlear implants, and osseointegrated de-*
4 *vices) and communication options (such as vis-*
5 *ual and sign language, listening and spoken lan-*
6 *guage, or both).*

7 *“(C) Programs and systems under this*
8 *paragraph shall offer mechanisms that foster*
9 *family-to-family and deaf and hard-of-hearing*
10 *consumer-to-family supports.*

11 *“(2) To develop efficient models (both edu-*
12 *cational and medical) to ensure that newborns, in-*
13 *fants, and young children who are identified through*
14 *hearing screening receive followup by qualified early*
15 *intervention providers, qualified health care pro-*
16 *viders, or pediatric medical homes (including by en-*
17 *couraging State agencies to adopt such models).*

18 *“(3) To provide for a technical resource center in*
19 *conjunction with the Maternal and Child Health Bu-*
20 *reau of the Health Resources and Services Adminis-*
21 *tration—*

22 *“(A) to provide technical support and edu-*
23 *cation for States; and*

1 “(B) to continue development and enhance-
2 ment of State early hearing detection and inter-
3 vention programs.

4 “(b) *TECHNICAL ASSISTANCE, DATA MANAGEMENT,*
5 *AND APPLIED RESEARCH.*—

6 “(1) *CENTERS FOR DISEASE CONTROL AND PRE-*
7 *VENTION.*—*The Secretary, acting through the Director*
8 *of the Centers for Disease Control and Prevention,*
9 *shall make awards of grants or cooperative agree-*
10 *ments to State agencies or their designated entities for*
11 *development, maintenance, and improvement of data*
12 *tracking and surveillance systems on newborn, infant,*
13 *and young childhood hearing screenings, audiologic*
14 *evaluations, medical evaluations, and intervention*
15 *services; to conduct applied research related to serv-*
16 *ices and outcomes, and provide technical assistance*
17 *related to newborn, infant, and young childhood hear-*
18 *ing screening, evaluation, and intervention programs,*
19 *and information systems; to ensure high-quality mon-*
20 *itoring of hearing screening, evaluation, and inter-*
21 *vention programs and systems for newborns, infants,*
22 *and young children; and to coordinate developing*
23 *standardized procedures for data management and*
24 *assessing program and cost effectiveness. The awards*
25 *under the preceding sentence may be used—*

1 “(A) to provide technical assistance on data
2 collection and management;

3 “(B) to study and report on the costs and
4 effectiveness of newborn, infant, and young child-
5 hood hearing screening, evaluation, diagnosis,
6 intervention programs, and systems;

7 “(C) to collect data and report on newborn,
8 infant, and young childhood hearing screening,
9 evaluation, diagnosis, and intervention programs
10 and systems that can be used—

11 “(i) for applied research, program
12 evaluation, and policy development; and

13 “(ii) to answer issues of importance to
14 State and national policymakers;

15 “(D) to identify the causes and risk factors
16 for congenital hearing loss;

17 “(E) to study the effectiveness of newborn,
18 infant, and young childhood hearing screening,
19 audiologic evaluations, medical evaluations, and
20 intervention programs and systems by assessing
21 the health, intellectual and social developmental,
22 cognitive, and hearing status of these children at
23 school age; and

24 “(F) to promote the integration, linkage,
25 and interoperability of data regarding early

1 *hearing loss and multiple sources to increase in-*
2 *formation exchanges between clinical care and*
3 *public health including the ability of States and*
4 *territories to exchange and share data.*

5 “(2) *NATIONAL INSTITUTES OF HEALTH.—The*
6 *Director of the National Institutes of Health, acting*
7 *through the Director of the National Institute on*
8 *Deafness and Other Communication Disorders, shall,*
9 *for purposes of this section, continue a program of re-*
10 *search and development related to early hearing detec-*
11 *tion and intervention, including development of tech-*
12 *nologies and clinical studies of screening methods, ef-*
13 *ficacy of interventions, and related research.*

14 “(c) *COORDINATION AND COLLABORATION.—*

15 “(1) *IN GENERAL.—In carrying out programs*
16 *under this section, the Administrator of the Health*
17 *Resources and Services Administration, the Director*
18 *of the Centers for Disease Control and Prevention,*
19 *and the Director of the National Institutes of Health*
20 *shall collaborate and consult with—*

21 “(A) *other Federal agencies;*

22 “(B) *State and local agencies, including*
23 *those responsible for early intervention services*
24 *pursuant to title XIX of the Social Security Act*
25 *(42 U.S.C. 1396 et seq.) (Medicaid Early and*

1 *Periodic Screening, Diagnosis and Treatment*
2 *Program); title XXI of the Social Security Act*
3 *(42 U.S.C. 1397aa et seq.) (State Children’s*
4 *Health Insurance Program); title V of the Social*
5 *Security Act (42 U.S.C. 701 et seq.) (Maternal*
6 *and Child Health Block Grant Program); and*
7 *part C of the Individuals with Disabilities Edu-*
8 *cation Act (20 U.S.C. 1431 et seq.);*

9 “(C) consumer groups of and that serve in-
10 *dividuals who are deaf and hard-of-hearing and*
11 *their families;*

12 “(D) appropriate national medical and
13 *other health and education specialty organiza-*
14 *tions;*

15 “(E) persons who are deaf and hard-of-
16 *hearing and their families;*

17 “(F) other qualified professional personnel
18 *who are proficient in deaf or hard-of-hearing*
19 *children’s language and who possess the special-*
20 *ized knowledge, skills, and attributes needed to*
21 *serve deaf and hard-of-hearing newborns, in-*
22 *fant, toddlers, children, and their families;*

23 “(G) third-party payers and managed-care
24 *organizations; and*

25 “(H) related commercial industries.

1 “(2) *POLICY DEVELOPMENT.*—*The Administrator*
2 *of the Health Resources and Services Administration,*
3 *the Director of the Centers for Disease Control and*
4 *Prevention, and the Director of the National Insti-*
5 *tutes of Health shall coordinate and collaborate on*
6 *recommendations for policy development at the Fed-*
7 *eral and State levels and with the private sector, in-*
8 *cluding consumer, medical, and other health and edu-*
9 *cation professional-based organizations, with respect*
10 *to newborn, infant, and young childhood hearing*
11 *screening, evaluation, diagnosis, and intervention*
12 *programs and systems.*

13 “(3) *STATE EARLY DETECTION, DIAGNOSIS, AND*
14 *INTERVENTION PROGRAMS AND SYSTEMS; DATA COL-*
15 *LECTION.*—*The Administrator of the Health Resources*
16 *and Services Administration and the Director of the*
17 *Centers for Disease Control and Prevention shall co-*
18 *ordinate and collaborate in assisting States—*

19 “(A) *to establish newborn, infant, and*
20 *young childhood hearing screening, evaluation,*
21 *diagnosis, and intervention programs and sys-*
22 *tems under subsection (a); and*

23 “(B) *to develop a data collection system*
24 *under subsection (b).*

1 “(d) *RULE OF CONSTRUCTION; RELIGIOUS ACCOMMO-*
2 *DATION.*—*Nothing in this section shall be construed to pre-*
3 *empt or prohibit any State law, including State laws which*
4 *do not require the screening for hearing loss of newborns,*
5 *infants, or young children of parents who object to the*
6 *screening on the grounds that such screening conflicts with*
7 *the parents’ religious beliefs.*

8 “(e) *DEFINITIONS.*—*For purposes of this section:*

9 “(1) *The term ‘audiologic’, when used in connec-*
10 *tion with evaluation, refers to procedures—*

11 “(A) *to assess the status of the auditory sys-*
12 *tem;*

13 “(B) *to establish the site of the auditory dis-*
14 *order, the type and degree of hearing loss, and*
15 *the potential effects of hearing loss on commu-*
16 *nication; and*

17 “(C) *to identify appropriate treatment and*
18 *referral options, including—*

19 “(i) *linkage to State coordinating*
20 *agencies under part C of the Individuals*
21 *with Disabilities Education Act (20 U.S.C.*
22 *1431 et seq.) or other appropriate agencies;*

23 “(ii) *medical evaluation;*

24 “(iii) *hearing aid/sensory aid assess-*
25 *ment;*

1 “(iv) *audiologic rehabilitation treat-*
2 *ment; and*

3 “(v) *referral to national and local con-*
4 *sumer, self-help, parent, and education or-*
5 *ganizations, and other family-centered serv-*
6 *ices.*

7 “(2) *The term ‘early intervention’ refers to—*

8 “(A) *providing appropriate services for the*
9 *child who is deaf or hard of hearing, including*
10 *nonmedical services; and*

11 “(B) *ensuring the family of the child is—*

12 “(i) *provided comprehensive, con-*
13 *sumer-oriented information about the full*
14 *range of family support, training, informa-*
15 *tion services, and language and commu-*
16 *nication options; and*

17 “(ii) *given the opportunity to consider*
18 *and obtain the full range of such appro-*
19 *priate services, educational and program*
20 *placements, and other options for their child*
21 *from highly qualified providers.*

22 “(3) *The term ‘medical evaluation’ refers to key*
23 *components performed by a physician, including his-*
24 *tory, examination, and medical decisionmaking fo-*
25 *cused on symptomatic and related body systems for*

1 *the purpose of diagnosing the etiology of hearing loss*
2 *and related physical conditions, and for identifying*
3 *appropriate treatment and referral options.*

4 “(4) *The term ‘medical intervention’ refers to the*
5 *process by which a physician provides medical diag-*
6 *nosis and direction for medical or surgical treatment*
7 *options for hearing loss or related medical disorders.*

8 “(5) *The term ‘newborn, infant, and young*
9 *childhood hearing screening’ refers to objective physio-*
10 *logic procedures to detect possible hearing loss and to*
11 *identify newborns, infants, and young children who*
12 *require further audiologic evaluations and medical*
13 *evaluations.*

14 “(f) *AUTHORIZATION OF APPROPRIATIONS.—*

15 “(1) *STATEWIDE NEWBORN, INFANT, AND YOUNG*
16 *CHILDHOOD HEARING SCREENING, EVALUATION AND*
17 *INTERVENTION PROGRAMS AND SYSTEMS.—For the*
18 *purpose of carrying out subsection (a), there is au-*
19 *thorized to be appropriated to the Health Resources*
20 *and Services Administration \$17,800,000 for each of*
21 *fiscal years 2016 through 2020.*

22 “(2) *TECHNICAL ASSISTANCE, DATA MANAGE-*
23 *MENT, AND APPLIED RESEARCH; CENTERS FOR DIS-*
24 *EASE CONTROL AND PREVENTION.—For the purpose of*
25 *carrying out subsection (b)(1), there is authorized to*

1 *be appropriated to the Centers for Disease Control*
2 *and Prevention \$10,800,000 for each of fiscal years*
3 *2016 through 2020.*

4 “(3) *TECHNICAL ASSISTANCE, DATA MANAGE-*
5 *MENT, AND APPLIED RESEARCH; NATIONAL INSTITUTE*
6 *ON DEAFNESS AND OTHER COMMUNICATION DIS-*
7 *ORDERS.—No additional funds are authorized to be*
8 *appropriated for the purpose of carrying out sub-*
9 *section (b)(2). Such subsection shall be carried out*
10 *using funds which are otherwise authorized (under*
11 *section 402A or other provisions of law) to be appro-*
12 *priated for such purpose.”.*