

114TH CONGRESS
1ST SESSION

H. R. 1344

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

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:

1 (1) Deaf and hard-of-hearing newborns, infants,
2 toddlers, and young children require access to spe-
3 cialized early intervention providers and programs in
4 order to help them meet their linguistic and cog-
5 nitive potential.

6 (2) Families of deaf and hard-of-hearing
7 newborns, infants, toddlers, and young children ben-
8 efit from comprehensive early intervention programs
9 that assist them in supporting their child’s develop-
10 ment in all domains.

11 (3) Best practices principles for early interven-
12 tion for deaf and hard-of-hearing newborns, infants,
13 toddlers, and young children have been identified in
14 a range of areas including listening and spoken lan-
15 guage and visual and signed language acquisition,
16 family-to-family support, support from individuals
17 who are deaf or hard-of-hearing, progress moni-
18 toring, and others.

19 (4) Effective hearing screening and early inter-
20 vention programs must be in place to identify hear-
21 ing levels in deaf and hard-of-hearing newborns, in-
22 fants, toddlers, and young children so that they may
23 access appropriate early intervention programs in a
24 timely manner.

1 **SEC. 3. REAUTHORIZATION OF PROGRAM FOR EARLY DE-**
2 **TECTION, DIAGNOSIS, AND TREATMENT RE-**
3 **GARDING DEAF AND HARD-OF-HEARING**
4 **NEWBORNS, INFANTS, AND YOUNG CHIL-**
5 **DREN.**

6 Section 399M of the Public Health Service Act (42
7 U.S.C. 280g-1) is amended to read as follows:

8 **“SEC. 399M. EARLY DETECTION, DIAGNOSIS, AND TREAT-**
9 **MENT REGARDING DEAF AND HARD-OF-**
10 **HEARING NEWBORNS, INFANTS, AND YOUNG**
11 **CHILDREN.**

12 “(a) HEALTH RESOURCES AND SERVICES ADMINIS-
13 TRATION.—The Secretary, acting through the Adminis-
14 trator of the Health Resources and Services Administra-
15 tion, shall make awards of grants or cooperative agree-
16 ments to develop statewide newborn, infant, and young
17 childhood hearing screening, diagnosis, evaluation, and
18 intervention programs and systems, and to assist in the
19 recruitment, retention, education, and training of qualified
20 personnel and health care providers for the following pur-
21 poses:

22 “(1) To develop and monitor the efficacy of
23 statewide programs and systems for hearing screen-
24 ing of newborns, infants, and young children,
25 prompt evaluation and diagnosis of children referred
26 from screening programs, and appropriate edu-

1 cational, audiological, and medical interventions for
2 children confirmed to be deaf or hard-of-hearing,
3 consistent with the following:

4 “(A) Early intervention includes referral to
5 and delivery of information and services by or-
6 ganizations such as schools and agencies (in-
7 cluding community, consumer, and parent-
8 based agencies), pediatric medical homes, and
9 other programs mandated by part C of the In-
10 dividuals with Disabilities Education Act, which
11 offer programs specifically designed to meet the
12 unique language and communication needs of
13 deaf and hard-of-hearing newborns, infants, and
14 young children.

15 “(B) Information provided to parents must
16 be accurate, comprehensive, and, where appro-
17 priate, evidence-based, allowing families to
18 make important decisions for their child in a
19 timely way, including decisions relating to all
20 possible assistive hearing technologies (such as
21 hearing aids, cochlear implants, and
22 osseointegrated devices) and communication op-
23 tions (such as visual and sign language, listen-
24 ing and spoken language, or both).

1 “(C) Programs and systems under this
2 paragraph shall offer mechanisms that foster
3 family-to-family and deaf and hard-of-hearing
4 consumer-to-family supports.

5 “(2) To develop efficient models (both edu-
6 cational and medical) to ensure that newborns, in-
7 fants, and young children who are identified through
8 hearing screening receive follow-up by qualified early
9 intervention providers, qualified health care pro-
10 viders, or pediatric medical homes (including by en-
11 couraging State agencies to adopt such models).

12 “(3) To provide for a technical resource center
13 in conjunction with the Maternal and Child Health
14 Bureau of the Health Resources and Services Ad-
15 ministration—

16 “(A) to provide technical support and edu-
17 cation for States; and

18 “(B) to continue development and en-
19 hancement of State early hearing detection and
20 intervention programs.

21 “(b) TECHNICAL ASSISTANCE, DATA MANAGEMENT,
22 AND APPLIED RESEARCH.—

23 “(1) CENTERS FOR DISEASE CONTROL AND
24 PREVENTION.—The Secretary, acting through the
25 Director of the Centers for Disease Control and Pre-

1 vention, shall make awards of grants or cooperative
2 agreements to State agencies or their designated en-
3 tities for development, maintenance, and improve-
4 ment of data tracking and surveillance systems on
5 newborn, infant, and young childhood hearing
6 screenings, audiologic evaluations, medical evalua-
7 tions, and intervention services; to conduct applied
8 research related to services and outcomes, and pro-
9 vide technical assistance related to newborn, infant,
10 and young childhood hearing screening, evaluation,
11 and intervention programs, and information systems;
12 to ensure high-quality monitoring of hearing screen-
13 ing, evaluation, and intervention programs and sys-
14 tems for newborns, infants, and young children; and
15 to coordinate developing standardized procedures for
16 data management and assessing program and cost
17 effectiveness. The awards under the preceding sen-
18 tence may be used—

19 “(A) to provide technical assistance on
20 data collection and management;

21 “(B) to study and report on the costs and
22 effectiveness of newborn, infant, and young
23 childhood hearing screening, evaluation, diag-
24 nosis, intervention programs, and systems;

1 “(C) to collect data and report on new-
2 born, infant, and young childhood hearing
3 screening, evaluation, diagnosis, and interven-
4 tion programs and systems that can be used—

5 “(i) for applied research, program
6 evaluation, and policy development; and

7 “(ii) to answer issues of importance to
8 State and national policymakers;

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

11 “(E) to study the effectiveness of newborn,
12 infant, and young childhood hearing screening,
13 audiologic evaluations, medical evaluations, and
14 intervention programs and systems by assessing
15 the health, intellectual and social develop-
16 mental, cognitive, and hearing status of these
17 children at school age; and

18 “(F) to promote the integration, linkage,
19 and interoperability of data regarding early
20 hearing loss and multiple sources to increase in-
21 formation exchanges between clinical care and
22 public health including the ability of States and
23 territories to exchange and share data.

24 “(2) NATIONAL INSTITUTES OF HEALTH.—The
25 Director of the National Institutes of Health, acting

1 through the Director of the National Institute on
2 Deafness and Other Communication Disorders, shall
3 for purposes of this section, continue a program of
4 research and development related to early hearing
5 detection and intervention, including development of
6 technologies and clinical studies of screening meth-
7 ods, efficacy of interventions, and related research.

8 “(c) COORDINATION AND COLLABORATION.—

9 “(1) IN GENERAL.—In carrying out programs
10 under this section, the Administrator of the Health
11 Resources and Services Administration, the Director
12 of the Centers for Disease Control and Prevention,
13 and the Director of the National Institutes of Health
14 shall collaborate and consult with—

15 “(A) other Federal agencies;

16 “(B) State and local agencies, including
17 those responsible for early intervention services
18 pursuant to title XIX of the Social Security Act
19 (42 U.S.C. 1396 et seq.) (Medicaid Early and
20 Periodic Screening, Diagnosis and Treatment
21 Program); title XXI of the Social Security Act
22 (42 U.S.C. 1397aa et seq.) (State Children’s
23 Health Insurance Program); title V of the So-
24 cial Security Act (42 U.S.C. 701 et seq.) (Ma-
25 ternal and Child Health Block Grant Program);

1 and part C of the Individuals with Disabilities
2 Education Act (20 U.S.C. 1431 et seq.);

3 “(C) consumer groups of and that serve in-
4 dividuals who are deaf and hard-of-hearing and
5 their families;

6 “(D) appropriate national medical and
7 other health and education specialty organiza-
8 tions;

9 “(E) persons who are deaf and hard-of-
10 hearing and their families;

11 “(F) other qualified professional personnel
12 who are proficient in deaf or hard-of-hearing
13 children’s language and who possess the special-
14 ized knowledge, skills, and attributes needed to
15 serve deaf and hard-of-hearing newborns, in-
16 fants, toddlers, children, and their families;

17 “(G) third-party payers and managed-care
18 organizations; and

19 “(H) related commercial industries.

20 “(2) POLICY DEVELOPMENT.—The Adminis-
21 trator of the Health Resources and Services Admin-
22 istration, the Director of the Centers for Disease
23 Control and Prevention, and the Director of the Na-
24 tional Institutes of Health shall coordinate and col-
25 laborate on recommendations for policy development

1 at the Federal and State levels and with the private
2 sector, including consumer, medical, and other
3 health and education professional-based organiza-
4 tions, with respect to newborn, infant, and young
5 childhood hearing screening, evaluation, diagnosis,
6 and intervention programs and systems.

7 “(3) STATE EARLY DETECTION, DIAGNOSIS,
8 AND INTERVENTION PROGRAMS AND SYSTEMS; DATA
9 COLLECTION.—The Administrator of the Health Re-
10 sources and Services Administration and the Direc-
11 tor of the Centers for Disease Control and Preven-
12 tion shall coordinate and collaborate in assisting
13 States—

14 “(A) to establish newborn, infant, and
15 young childhood hearing screening, evaluation,
16 diagnosis, and intervention programs and sys-
17 tems under subsection (a); and

18 “(B) to develop a data collection system
19 under subsection (b).

20 “(d) RULE OF CONSTRUCTION; RELIGIOUS ACCOM-
21 MODATION.—Nothing in this section shall be construed to
22 preempt or prohibit any State law, including State laws
23 which do not require the screening for hearing loss of
24 newborns, infants, or young children of parents who object

1 to the screening on the grounds that such screening con-
2 flicts with the parents' religious beliefs.

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

4 “(1) The term ‘audiologic’, in connection with
5 evaluation—

6 “(A) refers to procedures to assess the sta-
7 tus of the auditory system;

8 “(B) to establish the site of the auditory
9 disorder, the type and degree of hearing loss,
10 and the potential effects of hearing loss on com-
11 munication; and

12 “(C) to identify appropriate treatment and
13 referral options, including—

14 “(i) linkage to State coordinating
15 agencies under part C of the Individuals
16 with Disabilities Education Act (20 U.S.C.
17 1431 et seq.) or other appropriate agen-
18 cies;

19 “(ii) medical evaluation;

20 “(iii) hearing aid/sensory aid assess-
21 ment;

22 “(iv) audiologic rehabilitation treat-
23 ment; and

24 “(v) referral to national and local con-
25 sumer, self-help, parent, and education or-

1 ganizations, and other family-centered
2 services.

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

4 “(A) providing appropriate services for the
5 child who is deaf or hard of hearing, including
6 nonmedical services; and

7 “(B) ensuring the family of the child is—

8 “(i) provided comprehensive, con-
9 sumer-oriented information about the full
10 range of family support, training, informa-
11 tion services, and language and commu-
12 nication options; and

13 “(ii) given the opportunity to consider
14 and obtain the full range of such appro-
15 priate services, educational and program
16 placements, and other options for their
17 child from highly qualified providers.

18 “(3) The term ‘medical evaluation’ refers to key
19 components performed by a physician, including his-
20 tory, examination, and medical decisionmaking fo-
21 cused on symptomatic and related body systems for
22 the purpose of diagnosing the etiology of hearing
23 loss and related physical conditions, and for identi-
24 fying appropriate treatment and referral options.

1 “(4) The term ‘medical intervention’ refers to
2 the process by which a physician provides medical
3 diagnosis and direction for medical or surgical treat-
4 ment options for hearing loss or related medical dis-
5 orders.

6 “(5) The term ‘newborn, infant, and young
7 childhood hearing screening’ refers to objective phys-
8 iologic procedures to detect possible hearing loss and
9 to identify newborns, infants, and young children
10 who require further audiologic evaluations and med-
11 ical evaluations.

12 “(f) AUTHORIZATION OF APPROPRIATIONS.—

13 “(1) STATEWIDE NEWBORN, INFANT, AND
14 YOUNG CHILDHOOD HEARING SCREENING, EVALUA-
15 TION AND INTERVENTION PROGRAMS AND SYS-
16 TEMS.—For the purpose of carrying out subsection
17 (a), there is authorized to be appropriated to the
18 Health Resources and Services Administration
19 \$17,800,000 for each of fiscal years 2017 through
20 2022.

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

1 trol and Prevention \$10,800,000 for each of fiscal
2 years 2017 through 2022.

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

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