

115TH CONGRESS
1ST SESSION

S. 652

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 SENATE OF THE UNITED STATES

MARCH 15, 2017

Mr. PORTMAN (for himself and Mr. Kaine) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 be cited as the “Early Hearing Detec-
5 tion and Intervention Act of 2017”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

1 (1) Deaf and hard-of-hearing newborns, infants,
2 and young children require access to specialized
3 early intervention providers and programs in order
4 to help them meet their linguistic and cognitive po-
5 tential.

6 (2) Families of deaf and hard-of-hearing
7 newborns, infants, and young children benefit from
8 comprehensive early intervention programs that as-
9 sist them in supporting their child's development in
10 all domains.

11 (3) Best practices principles for early interven-
12 tion for deaf and hard-of-hearing newborns, infants,
13 and young children have been identified in a range
14 of areas including listening and spoken language and
15 visual and signed language acquisition, family-to-
16 family support, support from individuals who are
17 deaf or hard-of-hearing, progress monitoring, and
18 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, and young children so that they may access
23 appropriate early intervention programs in a timely
24 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 (including education
21 and training of family members) for the following pur-
22 poses:

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

1 fants, and young children referred from screening
2 programs, and appropriate educational, audiological,
3 medical, and communications (or language acquisition)
4 interventions (including family support) for
5 newborns, infants, and young children identified as
6 deaf or hard-of-hearing, consistent with the following:
7

8 “(A) Early intervention includes referral
9 to, and delivery of, information and services by
10 organizations such as schools and agencies (including
11 community, consumer, and family-based
12 agencies), medical homes for children, and
13 other programs under part C of the Individuals
14 with Disabilities Education Act, which offer
15 programs specifically designed to meet the
16 unique language and communication needs of
17 deaf and hard-of-hearing newborns, infants, and
18 young children.

19 “(B) Information provided to parents shall
20 be accurate, comprehensive, and, where appropriate,
21 evidence-based, allowing families to
22 make important decisions for their children in
23 a timely way, including decisions relating to all
24 possible assistive hearing technologies (such as
25 hearing aids, cochlear implants, and

1 osseointegrated devices) and communication
2 modalities (such as oral and visual communica-
3 tions and language acquisition services and pro-
4 grams).

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

9 “(2) To continue to provide technical support to
10 States, through one or more technical resource cen-
11 ters, to assist in further developing and enhancing
12 State early hearing detection and intervention pro-
13 grams.

14 “(3) To identify or develop efficient models
15 (educational and medical) to ensure that newborns,
16 infants, and young children who are identified
17 through screening as deaf or hard of hearing receive,
18 as appropriate, follow-up by qualified early interven-
19 tion providers, qualified health care providers, or
20 medical homes for children and referrals to early
21 intervention services under part C of the Individuals
22 with Disabilities Education Act. State agencies shall
23 be encouraged to effectively increase the rate of such
24 follow-up and referral.

1 “(b) TECHNICAL ASSISTANCE, DATA MANAGEMENT,
2 AND APPLIED RESEARCH.—

3 “(1) CENTERS FOR DISEASE CONTROL AND
4 PREVENTION.—

5 “(A) IN GENERAL.—The Secretary, acting
6 through the Director of the Centers for Disease
7 Control and Prevention, shall make awards of
8 grants or cooperative agreements to provide
9 technical assistance to State agencies or des-
10 ignated entities of States—

11 “(i) for the development, mainte-
12 nance, and improvement of data tracking
13 and surveillance systems on newborn, in-
14 fant, and young childhood hearing screen-
15 ing, audiologic evaluations, medical evalua-
16 tions, language-acquisition evaluations, and
17 intervention services;

18 “(ii) to conduct applied research re-
19 lated to services and outcomes;

20 “(iii) to provide technical assistance
21 related to newborn, infant, and young
22 childhood hearing screening, evaluation,
23 and intervention programs, and informa-
24 tion systems;

1 “(iv) to ensure high-quality moni-
2 toring of hearing screening, evaluation,
3 and intervention programs and systems for
4 newborns, infants, and young children; and

5 “(v) to coordinate developing stand-
6 ardized procedures for data management
7 and assessing program and cost effective-
8 ness.

9 “(B) USE OF AWARDS.—The awards under
10 subparagraph (A) may be used—

11 “(i) to provide technical assistance on
12 data collection and management;

13 “(ii) to study and report on the costs
14 and effectiveness of newborn, infant, and
15 young childhood hearing screening, evalua-
16 tion, diagnosis, intervention programs, and
17 systems in order to address issues of im-
18 portance to State and national policy mak-
19 ers;

20 “(iii) to collect data and report on
21 newborn, infant, and young childhood
22 hearing screening, evaluation, diagnosis,
23 and intervention programs and systems
24 that can be used for applied research, pro-
25 gram evaluation, and policy development;

1 “(iv) to identify the causes and risk
2 factors for congenital hearing loss;

3 “(v) to study the effectiveness of new-
4 born, infant, and young childhood hearing
5 screening, audiologic evaluations, medical
6 evaluations, and intervention programs and
7 systems by assessing the health, intellec-
8 tual and social developmental, cognitive,
9 and hearing status of children at school
10 age; and

11 “(vi) to promote the integration, link-
12 age, and interoperability of data regarding
13 early hearing loss and multiple sources to
14 increase information exchanges between
15 clinical care and public health, including
16 the ability of States and territories to ex-
17 change and share data.

18 “(2) NATIONAL INSTITUTES OF HEALTH.—The
19 Director of the National Institutes of Health, acting
20 through the Director of the National Institute on
21 Deafness and Other Communication Disorders,
22 shall, for purposes of this section, continue a pro-
23 gram of research and development on the efficacy of
24 new screening techniques and technology, including

1 clinical studies of screening methods, studies on effi-
 2 cacy of intervention, and related research.

3 “(c) COORDINATION AND COLLABORATION.—

4 “(1) IN GENERAL.—In carrying out programs
 5 under this section, the Administrator of the Health
 6 Resources and Services Administration, the Director
 7 of the Centers for Disease Control and Prevention,
 8 and the Director of the National Institutes of Health
 9 shall collaborate and consult with—

10 “(A) other Federal agencies;

11 “(B) State and local agencies, including
 12 agencies responsible for early intervention serv-
 13 ices pursuant to title XIX of the Social Security
 14 Act (Medicaid Early and Periodic Screening,
 15 Diagnosis and Treatment Program), title XXI
 16 of the Social Security Act (State Children’s
 17 Health Insurance Program), title V of the So-
 18 cial Security Act (Maternal and Child Health
 19 Block Grant Program), and part C of the Indi-
 20 viduals with Disabilities Education Act;

21 “(C) consumer groups of, and that serve,
 22 individuals who are deaf and hard-of-hearing
 23 and their families;

1 “(D) appropriate national medical and
2 other health and education specialty organiza-
3 tions;

4 “(E) individuals who are deaf or hard-of-
5 hearing and their families;

6 “(F) other qualified professional personnel
7 who are proficient in deaf or hard-of-hearing
8 children’s language and who possess the special-
9 ized knowledge, skills, and attributes needed to
10 serve deaf and hard-of-hearing newborns, in-
11 fants, young children, and their families;

12 “(G) third-party payers and managed-care
13 organizations; and

14 “(H) related commercial industries.

15 “(2) POLICY DEVELOPMENT.—The Adminis-
16 trator of the Health Resources and Services Admin-
17 istration, the Director of the Centers for Disease
18 Control and Prevention, and the Director of the Na-
19 tional Institutes of Health shall coordinate and col-
20 laborate on recommendations for policy development
21 at the Federal and State levels and with the private
22 sector, including consumer, medical, and other
23 health and education professional-based organiza-
24 tions, with respect to newborn and infant hearing

1 screening, evaluation, diagnosis, and intervention
2 programs and systems.

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

10 “(A) to establish newborn, infant, and
11 young childhood hearing screening, evaluation,
12 diagnosis, and intervention programs and sys-
13 tems under subsection (a); and

14 “(B) to develop a data collection system
15 under subsection (b).

16 “(d) RULE OF CONSTRUCTION; RELIGIOUS ACCOM-
17 MODATION.—Nothing in this section shall be construed to
18 preempt or prohibit any State law, including State laws
19 that do not require the screening for hearing loss of
20 newborns, infants, or young children of any parent that
21 objects to the screening on the grounds that such screen-
22 ing conflicts with the parent’s religious beliefs.

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

24 “(1) The term ‘audiologic’, when used in con-
25 nection with evaluation, means procedures—

1 “(A) to assess the status of the auditory
2 system;

3 “(B) to establish the site of the auditory
4 disorder, the type and degree of hearing loss,
5 and the potential effects of hearing loss on com-
6 munication; and

7 “(C) to identify appropriate treatment and
8 referral options, including—

9 “(i) linkage to State agencies coordi-
10 nating the programs under part C of the
11 Individuals with Disabilities Education Act
12 or other appropriate agencies;

13 “(ii) medical evaluation;

14 “(iii) hearing aid or sensory aid as-
15 sessment;

16 “(iv) audiologic rehabilitation treat-
17 ment; and

18 “(v) referral to national and local con-
19 sumer, self-help, family, and education or-
20 ganizations, and other family-centered
21 services.

22 “(2) The term ‘early intervention’ means—

23 “(A) providing appropriate services for the
24 child who is deaf or hard of hearing, including
25 nonmedical services; and

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

2 “(i) provided comprehensive, con-
 3 sumer-oriented information about the full
 4 range of family support, training, informa-
 5 tion services, and language acquisition in
 6 oral and visual modalities; and

7 “(ii) given the opportunity to consider
 8 and obtain the full range of such appro-
 9 priate services, educational and program
 10 placements, and other options for the child
 11 from highly qualified providers.

12 “(3) The term ‘medical evaluation’ means key
 13 components performed by a physician, including his-
 14 tory, examination, and medical decisionmaking fo-
 15 cused on symptomatic and related body systems for
 16 the purpose of diagnosing the etiology of hearing
 17 loss and related physical conditions, and for identi-
 18 fying appropriate treatment and referral options.

19 “(4) The term ‘medical intervention’ means the
 20 process by which a physician provides medical diag-
 21 nosis and direction for medical or surgical treatment
 22 options for hearing loss or other medical disorders
 23 associated with hearing loss.

24 “(5) The term ‘newborn, infant, and young
 25 childhood hearing screening’ means objective physio-

logic procedures to detect possible hearing loss and to identify newborns, infants, and young children up to 3 years of age who require further audiologic evaluations and medical evaluations.

“(f) AUTHORIZATION OF APPROPRIATIONS.—

“(1) STATEWIDE NEWBORN, INFANT, AND YOUNG CHILDHOOD HEARING SCREENING, EVALUATION AND INTERVENTION PROGRAMS AND SYSTEMS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated to the Health Resources and Services Administration \$17,818,000 for fiscal year 2018, \$18,173,800 for fiscal year 2019, \$18,628,145 for fiscal year 2020, \$19,056,592 for fiscal year 2021, and \$19,522,758 for fiscal year 2022.

“(2) TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND APPLIED RESEARCH; CENTERS FOR DISEASE CONTROL AND PREVENTION.—For the purpose of carrying out subsection (b)(1), there are authorized to be appropriated to the Centers for Disease Control and Prevention \$10,800,000 for fiscal year 2018, \$11,026,800 for fiscal year 2019, \$11,302,470 for fiscal year 2020, \$11,562,427 for fiscal year 2021, and \$11,851,488 for fiscal year 2022.

1 “(3) TECHNICAL ASSISTANCE, DATA MANAGE-
2 MENT, AND APPLIED RESEARCH; NATIONAL INSTI-
3 TUTE ON DEAFNESS AND OTHER COMMUNICATION
4 DISORDERS.—For the purpose of carrying out sub-
5 section (b)(2), there are authorized to be appro-
6 priated to the National Institute on Deafness and
7 Other Communication Disorders, \$22,400,000 for
8 fiscal year 2018, \$22,870,400 for fiscal year 2019,
9 \$23,442,160 for fiscal year 2020, \$23,981,329 for
10 fiscal year 2021, and \$24,580,862 for fiscal year
11 2022.”.

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