

Calendar No. 44115TH 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, Mr. KAINE, Mr. WHITEHOUSE, Mr. CORNYN, Mr. BROWN, Mr. BLUMENTHAL, Mr. LEAHY, Mr. COCHRAN, Mr. ALEXANDER, and Mrs. MURRAY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

MAY 1, 2017

Reported by Mr. ALEXANDER, with an amendment

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

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,*

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. FINDINGS.**

5 Congress finds as follows:

6 (1) Deaf and hard-of-hearing newborns, infants,
7 and young children require access to specialized
8 early intervention providers and programs in order
9 to help them meet their linguistic and cognitive po-
10 tential.

11 (2) Families of deaf and hard-of-hearing
12 newborns, infants, and young children benefit from
13 comprehensive early intervention programs that as-
14 sist them in supporting their child’s development in
15 all domains.

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

24 (4) Effective hearing screening and early inter-
25 vention programs must be in place to identify hear-
26 ing levels in deaf and hard-of-hearing newborns, in-

1 fants, and young children so that they may access
 2 appropriate early intervention programs in a timely
 3 manner.

4 **SEC. 3. 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 Section 399M of the Public Health Service Act (42
 10 U.S.C. 280g-1) is amended to read as follows:

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

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

1 “(1) To develop and monitor the efficacy of
2 statewide programs and systems for hearing screen-
3 ing of newborns, infants, and young children,
4 prompt evaluation and diagnosis of newborns, in-
5 fants, and young children referred from screening
6 programs, and appropriate educational, audiological,
7 medical, and communications (or language acquisi-
8 tion) interventions (including family support) for
9 newborns, infants, and young children identified as
10 deaf or hard-of-hearing, consistent with the fol-
11 lowing:

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

23 “(B) Information provided to parents shall
24 be accurate, comprehensive, and, where appro-
25 priate, evidence-based, allowing families to

1 make important decisions for their children in
2 a timely way, including decisions relating to all
3 possible assistive hearing technologies (such as
4 hearing aids, cochlear implants, and
5 osseointegrated devices) and communication
6 modalities (such as oral and visual communica-
7 tions and language acquisition services and pro-
8 grams).

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

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

18 “(3) To identify or develop efficient models
19 (educational and medical) to ensure that newborns,
20 infants, and young children who are identified
21 through screening as deaf or hard of hearing receive,
22 as appropriate, follow-up by qualified early interven-
23 tion providers, qualified health care providers, or
24 medical homes for children and referrals to early
25 intervention services under part C of the Individuals

1 with Disabilities Education Act. State agencies shall
 2 be encouraged to effectively increase the rate of such
 3 follow-up and referral.

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

6 “(1) CENTERS FOR DISEASE CONTROL AND
 7 PREVENTION.—

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

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

21 “(ii) to conduct applied research re-
 22 lated to services and outcomes;

23 “(iii) to provide technical assistance
 24 related to newborn, infant, and young
 25 childhood hearing screening, evaluation,

1 and intervention programs, and informa-
2 tion systems;

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

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

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

13 “(i) to provide technical assistance on
14 data collection and management;

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

22 “(iii) to collect data and report on
23 newborn, infant, and young childhood
24 hearing screening, evaluation, diagnosis,
25 and intervention programs and systems

1 that can be used for applied research, pro-
2 gram evaluation, and policy development;

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

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

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

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

1 new screening techniques and technology, including
 2 clinical studies of screening methods, studies on effi-
 3 cacy of intervention, and related research.

4 “(c) COORDINATION AND COLLABORATION.—

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

11 “(A) other Federal agencies;

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

22 “(C) consumer groups of, and that serve,
 23 individuals who are deaf and hard-of-hearing
 24 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-

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

5 “(f) AUTHORIZATION OF APPROPRIATIONS.—

6 “(1) STATEWIDE NEWBORN, INFANT, AND
7 YOUNG CHILDHOOD HEARING SCREENING, EVALUA-
8 TION AND INTERVENTION PROGRAMS AND SYS-
9 TEMS.—For the purpose of carrying out subsection
10 (a), there are authorized to be appropriated to the
11 Health Resources and Services Administration
12 \$17,818,000 for fiscal year 2018, \$18,173,800 for
13 fiscal year 2019, \$18,628,145 for fiscal year 2020,
14 \$19,056,592 for fiscal year 2021, and \$19,522,758
15 for fiscal year 2022.

16 “(2) TECHNICAL ASSISTANCE, DATA MANAGE-
17 MENT, AND APPLIED RESEARCH; CENTERS FOR DIS-
18 EASE CONTROL AND PREVENTION.—For the purpose
19 of carrying out subsection (b)(1), there are author-
20 ized to be appropriated to the Centers for Disease
21 Control and Prevention \$10,800,000 for fiscal year
22 2018, \$11,026,800 for fiscal year 2019,
23 \$11,302,470 for fiscal year 2020, \$11,562,427 for
24 fiscal year 2021, and \$11,851,488 for fiscal year
25 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.”.~~

12 **SECTION 1. SHORT TITLE.**

13 *This Act may be cited as the “Early Hearing Detection*
 14 *and Intervention Act of 2017”.*

15 **SEC. 2. REAUTHORIZATION OF PROGRAM FOR EARLY DE-**
 16 **TECTION, DIAGNOSIS, AND TREATMENT RE-**
 17 **GARDING DEAF AND HARD-OF-HEARING**
 18 **NEWBORNS, INFANTS, AND YOUNG CHIL-**
 19 **DREN.**

20 *(a) SECTION HEADING.—The section heading of sec-*
 21 *tion 399M of the Public Health Service Act (42 U.S.C.*
 22 *280g–1) is amended to read as follows:*

1 **“SEC. 399M. EARLY DETECTION, DIAGNOSIS, AND TREAT-**
 2 **MENT REGARDING DEAF AND HARD-OF-HEAR-**
 3 **ING NEWBORNS, INFANTS, AND YOUNG CHIL-**
 4 **DREN.”.**

5 (b) *STATEWIDE SYSTEMS.*—Section 399M(a) of the
 6 *Public Health Service Act (42 U.S.C. 280g–1(a))* is amend-
 7 *ed—*

8 (1) *in the subsection heading, by striking “NEW-*
 9 *BORN AND INFANT” and inserting “NEWBORN, IN-*
 10 *FANT, AND YOUNG CHILD”;*

11 (2) *in the matter preceding paragraph (1)—*

12 (A) *by striking “newborn and infant” and*
 13 *inserting “newborn, infant, and young child”;*
 14 *and*

15 (B) *by striking “providers,” and inserting*
 16 *“providers (including, as appropriate, education*
 17 *and training of family members),”;*

18 (3) *in paragraph (1)—*

19 (A) *in the first sentence—*

20 (i) *by striking “newborns and infants”*
 21 *and inserting “newborns, infants, and*
 22 *young children (referred to in this section*
 23 *as ‘children’); and*

24 (ii) *by striking “and medical” and all*
 25 *that follows through the period and insert-*
 26 *ing “medical, and communication (or lan-*

1 *guage acquisition) interventions (including*
2 *family support), for children identified as*
3 *deaf or hard-of-hearing, consistent with the*
4 *following.”;*

5 *(B) in the second sentence—*

6 *(i) by striking “Early” and inserting*
7 *the following:*

8 *“(A) Early”;*

9 *(ii) by striking “and delivery of” and*
10 *inserting “, and delivery of,”;*

11 *(iii) by striking “by schools” and all*
12 *that follows through “programs mandated”*
13 *and inserting “by organizations such as*
14 *schools and agencies (including community,*
15 *consumer, and family-based agencies), in*
16 *health care settings (including medical*
17 *homes for children), and in programs man-*
18 *dated”;* and

19 *(iv) by striking “hard of hearing” and*
20 *all that follows through the period and in-*
21 *serting “hard-of-hearing children.”;* and

22 *(C) by striking the last sentence and insert-*
23 *ing the following:*

24 *“(B) Information provided to families*
25 *should be accurate, comprehensive, up-to-date,*

1 *and evidence-based, as appropriate, to allow*
2 *families to make important decisions for their*
3 *children in a timely manner, including decisions*
4 *with respect to the full range of assistive hearing*
5 *technologies and communications modalities, as*
6 *appropriate.*

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 (4) *in paragraph (2), by striking “To collect”*
12 *and all that follows through the period and inserting*
13 *“To continue to provide technical support to States,*
14 *through one or more technical resource centers, to as-*
15 *ist in further developing and enhancing State early*
16 *hearing detection and intervention programs.”; and*

17 (5) *by striking paragraph (3) and inserting the*
18 *following:*

19 “(3) *To identify or develop efficient models (edu-*
20 *cational and medical) to ensure that children who are*
21 *identified as deaf or hard-of-hearing through screen-*
22 *ing receive follow-up by qualified early intervention*
23 *providers or qualified health care providers (includ-*
24 *ing those at medical homes for children), and refer-*
25 *rals, as appropriate, including to early intervention*

1 *services under part C of the Individuals with Disabil-*
 2 *ities Education Act. State agencies shall be encour-*
 3 *aged to effectively increase the rate of such follow-up*
 4 *and referral.”.*

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

8 *(1) in the first sentence—*

9 *(A) by striking “The Secretary” and insert-*
 10 *ing the following:*

11 *“(A) IN GENERAL.—The Secretary”;*

12 *(B) by striking “to complement an intra-*
 13 *mural program and” and inserting the fol-*
 14 *lowing: “or designated entities of States—*

15 *“(i) to develop, maintain, and improve*
 16 *data collection systems related to newborn,*
 17 *infant, and young child hearing screening,*
 18 *evaluation (including audiologic, medical,*
 19 *and language acquisition evaluations), di-*
 20 *agnosis, and intervention services;”;*

21 *(C) by striking “to conduct” and inserting*
 22 *the following:*

23 *“(ii) to conduct”; and*

24 *(D) by striking “newborn” and all that fol-*
 25 *lows through the period and inserting the fol-*

1 *lowing: “newborn, infant, and young child hear-*
 2 *ing screening, evaluation, and intervention pro-*
 3 *grams and outcomes;*

4 *“(iii) to ensure quality monitoring of*
 5 *hearing screening, evaluation, and interven-*
 6 *tion programs and systems for newborns,*
 7 *infants, and young children; and*

8 *“(iv) to support newborn, infant, and*
 9 *young child hearing screening, evaluation,*
 10 *and intervention programs, and informa-*
 11 *tion systems.”;*

12 *(2) in the second sentence—*

13 *(A) by striking the matter that precedes*
 14 *subparagraph (A) and all that follows through*
 15 *subparagraph (C) and inserting the following:*

16 *“(B) USE OF AWARDS.—The awards made*
 17 *under subparagraph (A) may be used—*

18 *“(i) to provide technical assistance on*
 19 *data collection and management, including*
 20 *to coordinate and develop standardized pro-*
 21 *cedures for data management;*

22 *“(ii) to assess and report on the cost*
 23 *and program effectiveness of newborn, in-*
 24 *fant, and young child hearing screening,*

1 *evaluation, and intervention programs and*
2 *systems;*

3 *“(iii) to collect data and report on*
4 *newborn, infant, and young child hearing*
5 *screening, evaluation, diagnosis, and inter-*
6 *vention programs and systems for applied*
7 *research, program evaluation, and policy*
8 *improvement;”;*

9 *(B) by redesignating subparagraphs (D),*
10 *(E), and (F) as clauses (iv), (v), and (vi), re-*
11 *spectively, and aligning the margins of those*
12 *clauses with the margins of clause (i) of subpara-*
13 *graph (B) (as inserted by subparagraph (A) of*
14 *this paragraph);*

15 *(C) in clause (v) (as redesignated by sub-*
16 *paragraph (B) of this paragraph)—*

17 *(i) by striking “newborn and infant”*
18 *and inserting “newborn, infant, and young*
19 *child”; and*

20 *(ii) by striking “language status” and*
21 *inserting “hearing status”; and*

22 *(D) in clause (vi) (as redesignated by sub-*
23 *paragraph (B) of this paragraph)—*

24 *(i) by striking “sharing” and inserting*
25 *“integration and interoperability”; and*

1 (ii) by striking “with State-based” and
 2 all that follows through the period and in-
 3 serting “across multiple sources to increase
 4 the flow of information between clinical care
 5 and public health settings, including the
 6 ability of States and territories to exchange
 7 and share data.”.

8 (d) COORDINATION AND COLLABORATION.—Section
 9 399M(c) of the Public Health Service Act (42 U.S.C. 280g–
 10 1(c)) is amended—

11 (1) in paragraph (1)—

12 (A) by striking “consult with” and insert-
 13 ing “consult with—”;

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

16 “(A) other Federal”;

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

19 “(B) State and local agencies, including
 20 agencies”;

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

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

24 (E) by striking “appropriate national” and
 25 inserting the following:

1 “(D) appropriate national”;

2 (F) by striking “persons who are deaf and”

3 and inserting the following:

4 “(E) individuals who are deaf or”;

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

7 “(F) other qualified”;

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

10 (I) by striking “third-party” and inserting
11 the following:

12 “(G) third-party”; and

13 (J) by striking “related commercial” and
14 inserting the following:

15 “(H) related commercial”; and

16 (2) in paragraph (3)—

17 (A) by striking “States to establish newborn
18 and infant” and inserting the following:

19 “States—

20 “(A) to establish newborn, infant, and
21 young child”;

22 (B) by inserting a semicolon after “sub-
23 section (a)”; and

24 (C) by striking “to develop” and inserting
25 the following:

1 “(B) to develop”.

2 (e) *RULE OF CONSTRUCTION; RELIGIOUS ACCOMMODA-*
 3 *TION.*—Section 399M(d) of the Public Health Service Act
 4 (42 U.S.C. 280g–1(d)) is amended—

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

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

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

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

11 (1) in paragraph (1)—

12 (A) by striking “(1)” and all that follows
 13 through “to procedures” and inserting the fol-
 14 lowing:

15 “(1) The term ‘audiologic’, when used in connec-
 16 tion with evaluation, means procedures—”;

17 (B) by striking “to assess” and inserting the
 18 following:

19 “(A) to assess”;

20 (C) by striking “to establish” and inserting
 21 the following:

22 “(B) to establish”;

23 (D) by striking “auditory disorder;” and
 24 inserting “auditory disorder;”;

1 (E) by striking “to identify” and inserting
2 the following:

3 “(C) to identify”;

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

7 “(i) linkage”;

8 (G) by striking “appropriate agencies,” and
9 all that follows through “national” and inserting
10 the following: “appropriate agencies;

11 “(ii) medical evaluation;

12 “(iii) assessment for the full range of
13 assistive hearing technologies appropriate
14 for newborns, infants, and young children;

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

17 “(v) referral to national”; and

18 (H) by striking “parent, and education”
19 and inserting “parent, family, and education”;

20 (2) by striking paragraph (2);

21 (3) by redesignating paragraphs (3) through (6)
22 as paragraphs (2) through (5);

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

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

3 “(A) providing”;

4 (B) by striking “with hearing loss, includ-
5 ing nonmedical services,” and inserting “who is
6 deaf or hard-of-hearing, including nonmedical
7 services;”;

8 (C) by striking “ensuring that families of
9 the child are provided” and inserting the fol-
10 lowing:

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

13 “(i) provided”;

14 (D) by striking “language and communica-
15 tion options and are given” and inserting the
16 following: “language acquisition in oral and vis-
17 ual modalities; and

18 “(ii) given”; and

19 (E) by striking “their child” and inserting
20 “the child”;

21 (5) in paragraph (3) (as redesignated by para-
22 graph (3) of this subsection), by striking “(3)” and
23 all that follows through “decision making” and in-
24 serting “The term ‘medical evaluation’ means key

1 *components performed by a physician including his-*
 2 *tory, examination, and medical decisionmaking”;*

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

5 *(A) by striking “refers to” and inserting*
 6 *“means”;*

7 *(B) by striking “and/or surgical” and in-*
 8 *serting “or surgical”; and*

9 *(C) by striking “of hearing” and all that*
 10 *follows through “disorder” and inserting “for*
 11 *hearing loss or other medical disorders”; and*

12 *(7) in paragraph (5) (as redesignated by para-*
 13 *graph (3) of this subsection)—*

14 *(A) by striking “(5)” and all that follows*
 15 *through “refers to” and inserting “(5) The term*
 16 *‘newborn, infant, and young child hearing*
 17 *screening’ means”; and*

18 *(B) by striking “and infants” and inserting*
 19 *“, infants, and young children under 3 years of*
 20 *age”.*

21 *(g) AUTHORIZATION OF APPROPRIATIONS.—Section*
 22 *399M(f) of the Public Health Service Act (42 U.S.C. 280g–*
 23 *1(f)) is amended—*

24 *(1) in paragraph (1), by striking “such sums”*
 25 *and all that follows through the period and inserting*

1 “\$17,818,000 for fiscal year 2018, \$18,173,800 for fis-
2 cal year 2019, \$18,628,145 for fiscal year 2020,
3 \$19,056,592 for fiscal year 2021, and \$19,522,758 for
4 fiscal year 2022.”; and

5 (2) in paragraph (2), by striking “such sums”
6 and all that follows through the period and inserting
7 “\$10,800,000 for fiscal year 2018, \$11,026,800 for fis-
8 cal year 2019, \$11,302,470 for fiscal year 2020,
9 \$11,562,427 for fiscal year 2021, and \$11,851,488 for
10 fiscal year 2022.”.

Calendar No. 44

115TH CONGRESS
1ST Session

S. 652

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.

MAY 1, 2017

Reported with an amendment