

made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The concurrent resolution (S. Con. Res. 23) was agreed to.

(The concurrent resolution is printed in today's RECORD under "Submitted Resolutions.")

## HONORING THE SERVICE TO UNITED STATES ARMED FORCES PROVIDED BY MILITARY WORKING DOGS AND CONTRACT WORKING DOGS

Mr. GARDNER. Mr. President, I ask unanimous consent that the Committee on Armed Services be discharged from further consideration of S. Res. 160 and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 160) honoring the service to United States Armed Forces provided by military working dogs and contract working dogs, also known as "war dogs."

There being no objection, the Senate proceeded to consider the resolution.

Mr. GARDNER. Mr. President, I further ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 160) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in the RECORD of May 9, 2017, under "Submitted Resolutions.")

## EARLY HEARING DETECTION AND INTERVENTION ACT OF 2017

Mr. GARDNER. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 44, S. 652.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (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.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

### SECTION 1. SHORT TITLE.

This Act may be cited as the "Early Hearing Detection and Intervention Act of 2017".

### SEC. 2. REAUTHORIZATION OF PROGRAM FOR EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING DEAF AND HARD-OF-HEARING NEWBORNS, INFANTS, AND YOUNG CHILDREN.

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

"SEC. 399M. EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING DEAF AND HARD-OF-HEARING NEWBORNS, INFANTS, AND YOUNG CHILDREN."

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

(1) in the subsection heading, by striking "NEWBORN AND INFANT" and inserting "NEWBORN, INFANT, AND YOUNG CHILD";

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

(A) by striking "newborn and infant" and inserting "newborn, infant, and young child"; and

(B) by striking "providers," and inserting "providers (including, as appropriate, education and training of family members)";

(3) in paragraph (1)—

(A) in the first sentence—

(i) by striking "newborns and infants" and inserting "newborns, infants, and young children (referred to in this section as 'children')"; and

(ii) by striking "and medical" and all that follows through the period and inserting "medical, and communication (or language acquisition) interventions (including family support), for children identified as deaf or hard-of-hearing, consistent with the following:";

(B) in the second sentence—

(i) by striking "Early" and inserting the following:

"(A) Early";

(ii) by striking "and delivery of" and inserting "and delivery of";

(iii) by striking "by schools" and all that follows through "programs mandated" and inserting "by organizations such as schools and agencies (including community, consumer, and family-based agencies), in health care settings (including medical homes for children), and in programs mandated"; and

(iv) by striking "hard of hearing" and all that follows through the period and inserting "hard-of-hearing children."; and

(C) by striking the last sentence and inserting the following:

"(B) Information provided to families should be accurate, comprehensive, up-to-date, and evidence-based, as appropriate, to allow families to make important decisions for their children in a timely manner, including decisions with respect to the full range of assistive hearing technologies and communications modalities, as appropriate.

"(C) Programs and systems under this paragraph shall offer mechanisms that foster family-to-family and deaf and hard-of-hearing consumer-to-family supports.";

(4) in paragraph (2), by striking "To collect" and all that follows through the period and inserting "To continue to provide technical support to States, through one or more technical resource centers, to assist in further developing and enhancing State early hearing detection and intervention programs."; and

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

"(3) To identify or develop efficient models (educational and medical) to ensure that children who are identified as deaf or hard-of-hearing through screening receive follow-up by qualified early intervention providers or qualified health care providers (including those at medical homes for children), and referrals, as appropriate, including to early intervention services under part C of the Individuals with Disabilities Education Act. State agencies shall be encouraged to effectively increase the rate of such follow-up and referral.".

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

(1) in the first sentence—

(A) by striking "The Secretary" and inserting the following:

"(A) IN GENERAL.—The Secretary";

(B) by striking "to complement an intramural program and" and inserting the following: "or designated entities of States—

"(i) to develop, maintain, and improve data collection systems related to newborn, infant, and young child hearing screening, evaluation (including audiologic, medical, and language acquisition evaluations), diagnosis, and intervention services";

(C) by striking "to conduct" and inserting the following:

"(ii) to conduct"; and

(D) by striking "newborn" and all that follows through the period and inserting the following: "newborn, infant, and young child hearing screening, evaluation, and intervention programs and outcomes;

"(iii) to ensure quality monitoring of hearing screening, evaluation, and intervention programs and systems for newborns, infants, and young children; and

"(iv) to support newborn, infant, and young child hearing screening, evaluation, and intervention programs, and information systems.";

(2) in the second sentence—

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

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

"(i) to provide technical assistance on data collection and management, including to coordinate and develop standardized procedures for data management;

"(ii) to assess and report on the cost and program effectiveness of newborn, infant, and young child hearing screening, evaluation, and intervention programs and systems;

"(iii) to collect data and report on newborn, infant, and young child hearing screening, evaluation, diagnosis, and intervention programs and systems for applied research, program evaluation, and policy improvement";

(B) by redesignating subparagraphs (D), (E), and (F) as clauses (iv), (v), and (vi), respectively, and aligning the margins of those clauses with the margins of clause (i) of subparagraph (B) (as inserted by subparagraph (A) of this paragraph);

(C) in clause (v) (as redesignated by subparagraph (B) of this paragraph)—

(i) by striking "newborn and infant" and inserting "newborn, infant, and young child"; and

(ii) by striking "language status" and inserting "hearing status"; and

(D) in clause (vi) (as redesignated by subparagraph (B) of this paragraph)—

(i) by striking "sharing" and inserting "integration and interoperability"; and

(ii) by striking "with State-based" and all that follows through the period and inserting "across multiple sources to increase the flow of information between clinical care and public health settings, including the ability of States and territories to exchange and share data.".

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

(1) in paragraph (1)—

(A) by striking "consult with" and inserting "consult with—";

(B) by striking "other Federal" and inserting the following:

"(A) other Federal";

(C) by striking "State and local agencies, including those" and inserting the following:

"(B) State and local agencies, including agencies";

(D) by striking "consumer groups of and that serve" and inserting the following:

“(C) consumer groups of, and that serve,”;  
(E) by striking “appropriate national” and inserting the following:

“(D) appropriate national”;  
(F) by striking “persons who are deaf and” and inserting the following:  
“(E) individuals who are deaf or”;  
(G) by striking “other qualified” and inserting the following:

“(F) other qualified”;  
(H) by striking “newborns, infants, toddlers, children,” and inserting “children,”;

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

“(G) third-party”;  
(J) by striking “related commercial” and inserting the following:

“(H) related commercial”; and  
(2) in paragraph (3)—  
(A) by striking “States to establish newborn and infant” and inserting the following:  
“States—

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

(B) by inserting a semicolon after “subsection (a)”;

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

“(B) to develop”.

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

(1) by striking “which” and inserting “that”;  
(2) by striking “newborn infants or young”;

and  
(3) by striking “parents” and inserting “parent’s”.

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

(1) in paragraph (1)—  
(A) by striking “(I)” and all that follows through “to procedures” and inserting the following:

“(I) The term ‘audiologic’, when used in connection with evaluation, means procedures—”;

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

“(A) to assess”;  
(C) by striking “to establish” and inserting the following:

“(B) to establish”;  
(D) by striking “auditory disorder,” and inserting “auditory disorder,”;

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

“(C) to identify”;

(F) by striking “options.” and all that follows through “linkage” and inserting the following:

“options, including—

“(i) linkage”;

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

“(ii) medical evaluation”;

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

“(iv) audiologic rehabilitation treatment; and

“(v) referral to national”; and

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

(2) by striking paragraph (2);

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

(4) in paragraph (2) (as redesignated by paragraph (3) of this subsection)—

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

“(A) providing”;

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

(C) by striking “ensuring that families of the child are provided” and inserting the following:

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

“(i) provided”;

(D) by striking “language and communication options and are given” and inserting the following: “language acquisition in oral and visual modalities; and

“(ii) given”; and

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

(5) in paragraph (3) (as redesignated by paragraph (3) of this subsection), by striking “(3)” and all that follows through “decision making” and inserting “The term ‘medical evaluation’ means key components performed by a physician including history, examination, and medical decisionmaking”;

(6) in paragraph (4) (as redesignated by paragraph (3) of this subsection)—

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

(B) by striking “and/or surgical” and inserting “or surgical”; and

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

(7) in paragraph (5) (as redesignated by paragraph (3) of this subsection)—

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

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

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

(1) in paragraph (1), by striking “such sums” and all that follows through the period and inserting “\$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) in paragraph (2), by striking “such sums” and all that follows through the period and inserting “\$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.”.

Mr. GARDNER. I ask unanimous consent that the committee-reported substitute amendment be agreed to, the bill, as amended, be considered read a third time and passed, and the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee-reported amendment in the nature of a substitute was agreed to.

The bill (S. 652), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

## STRENGTHENING MOSQUITO ABATEMENT FOR SAFETY AND HEALTH ACT

Mr. GARDNER. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 45, S. 849.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (S. 849) to support programs for mosquito-borne and other vector-borne disease surveillance and control.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee

on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

### SECTION 1. SHORT TITLE.

This Act may be cited as the “Strengthening Mosquito Abatement for Safety and Health Act” or the “SMASH Act”.

### SEC. 2. REAUTHORIZATION OF MOSQUITO ABATEMENT FOR SAFETY AND HEALTH PROGRAM.

Section 317S of the Public Health Service Act (42 U.S.C. 247b–21) is amended—

(1) in subsection (a)(1)(B)—

(A) by inserting “including programs to address emerging infectious mosquito-borne diseases,” after “control programs,”; and

(B) by inserting “or improving existing control programs” before the period at the end;

(2) in subsection (b)—

(A) in paragraph (1), by inserting “, including improvement,” after “operation”;

(B) in paragraph (2)—

(i) in subparagraph (A)—

(I) in clause (ii), by striking “or” at the end;

(II) in clause (iii), by striking the semicolon at the end and inserting “, including an emerging infectious mosquito-borne disease that presents a serious public health threat; or”;

(III) by adding at the end the following:

“(iv) a public health emergency due to the incidence or prevalence of a mosquito-borne disease that presents a serious public health threat.”; and

(ii) in subparagraph (D), by inserting “or that demonstrates to the Secretary that the control program is consistent with existing State mosquito control plans or policies, or other applicable State preparedness plans” before the period at the end;

(C) in paragraph (4)(C), by striking “that extraordinary” and all that follows through the period at the end and inserting “that—

“(i) extraordinary economic conditions in the political subdivision or consortium of political subdivisions involved justify the waiver; or

“(ii) the geographical area covered by a political subdivision or consortium for a grant under paragraph (1) has an extreme mosquito control need due to—

“(I) the size or density of the potentially impacted human population;

“(II) the size or density of a mosquito population that requires heightened control; or

“(III) the severity of the mosquito-borne disease, such that expected serious adverse health outcomes for the human population justify the waiver.”; and

(D) by amending paragraph (6) to read as follows:

“(6) **NUMBER OF GRANTS.**—A political subdivision or a consortium of political subdivisions may not receive more than one grant under paragraph (1).”;

(3) in subsection (f)—

(A) in paragraph (1), by striking “for fiscal year 2003, and such sums as may be necessary for each of fiscal years 2004 through 2007” and inserting “for each of fiscal years 2018 through 2022”;

(B) in paragraph (2), by striking “the Public Health Security and Bioterrorism Preparedness and Response Act of 2002” and inserting “other medical and public health preparedness and response laws”;

(C) in paragraph (3)—

(i) in the heading, by striking “2004” and inserting “2018”;

(ii) by striking “2004” and inserting “2018”.

### SEC. 3. EPIDEMIOLOGY-LABORATORY CAPACITY GRANTS.

Section 3821 of the Public Health Service Act (42 U.S.C. 300hh–31) is amended—

(1) in subsection (a)(1), by inserting “, including mosquito and other vector-borne diseases,” after “infectious diseases”;

(2) in subsection (b), by striking “2010 through 2013” and inserting “2018 through 2022”.