

114TH CONGRESS
1ST SESSION

H. R. 1344

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 9, 2015

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

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 cited as the “Early Hearing Detection
3 and Intervention Act of 2015”.

4 **SEC. 2. FINDINGS.**

5 The Congress finds as follows:

6 (1) Deaf and hard-of-hearing newborns, infants,
7 toddlers, and young children require access to spe-
8 cialized early intervention providers and programs in
9 order to help them meet their linguistic and cog-
10 nitive potential.

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

16 (3) Best practices principles for early interven-
17 tion for deaf and hard-of-hearing newborns, infants,
18 toddlers, and young children have been identified in
19 a range of areas including listening and spoken lan-
20 guage and visual and signed language acquisition,
21 family-to-family support, support from individuals
22 who are deaf or hard-of-hearing, progress moni-
23 toring, and 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, toddlers, and young children so that they may
2 access appropriate early intervention programs in a
3 timely 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 for the following pur-
24 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 children referred
5 from screening programs, and appropriate edu-
6 cational, audiological, and medical interventions for
7 children confirmed to be deaf or hard-of-hearing,
8 consistent with the following:

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

20 “(B) Information provided to parents must
21 be accurate, comprehensive, and, where appro-
22 priate, evidence-based, allowing families to
23 make important decisions for their child in a
24 timely way, including decisions relating to all
25 possible assistive hearing technologies (such as

1 hearing aids, cochlear implants, and
2 osseointegrated devices) and communication op-
3 tions (such as visual and sign language, listen-
4 ing and spoken language, or both).

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

16 “(3) To provide for a technical resource center
17 in conjunction with the Maternal and Child Health
18 Bureau of the Health Resources and Services Ad-
19 ministration—

20 “(A) to provide technical support and edu-
21 cation for States; and

22 “(B) to continue development and en-
23 hancement of State early hearing detection and
24 intervention programs.

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

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

24 “(A) to provide technical assistance on
25 data collection and management;

1 “(B) to study and report on the costs and
2 effectiveness of newborn, infant, and young
3 childhood hearing screening, evaluation, diag-
4 nosis, intervention programs, and systems;

5 “(C) to collect data and report on new-
6 born, infant, and young childhood hearing
7 screening, evaluation, diagnosis, and interven-
8 tion programs and systems that can be used—

9 “(i) for applied research, program
10 evaluation, and policy development; and

11 “(ii) to answer issues of importance to
12 State and national policymakers;

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

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

22 “(F) to promote the integration, linkage,
23 and interoperability of data regarding early
24 hearing loss and multiple sources to increase in-
25 formation exchanges between clinical care and

1 public health including the ability of States and
2 territories to exchange and share data.

3 “(2) NATIONAL INSTITUTES OF HEALTH.—The
4 Director of the National Institutes of Health, acting
5 through the Director of the National Institute on
6 Deafness and Other Communication Disorders,
7 shall, for purposes of this section, continue a pro-
8 gram of research and development related to early
9 hearing detection and intervention, including devel-
10 opment of technologies and clinical studies of screen-
11 ing methods, efficacy of interventions, and related
12 research.

13 “(c) COORDINATION AND COLLABORATION.—

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

20 “(A) other Federal agencies;

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

1 Program); title XXI of the Social Security Act
2 (42 U.S.C. 1397aa et seq.) (State Children’s
3 Health Insurance Program); title V of the So-
4 cial Security Act (42 U.S.C. 701 et seq.) (Ma-
5 ternal and Child Health Block Grant Program);
6 and part C of the Individuals with Disabilities
7 Education Act (20 U.S.C. 1431 et seq.);

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

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

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

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

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

24 “(H) related commercial industries.

1 “(2) POLICY DEVELOPMENT.—The Adminis-
2 trator of the Health Resources and Services Admin-
3 istration, the Director of the Centers for Disease
4 Control and Prevention, and the Director of the Na-
5 tional Institutes of Health shall coordinate and col-
6 laborate on recommendations for policy development
7 at the Federal and State levels and with the private
8 sector, including consumer, medical, and other
9 health and education professional-based organiza-
10 tions, with respect to newborn, infant, and young
11 childhood hearing screening, evaluation, diagnosis,
12 and intervention programs and systems.

13 “(3) STATE EARLY DETECTION, DIAGNOSIS,
14 AND INTERVENTION PROGRAMS AND SYSTEMS; DATA
15 COLLECTION.—The Administrator of the Health Re-
16 sources and Services Administration and the Direc-
17 tor of the Centers for Disease Control and Preven-
18 tion shall coordinate and collaborate in assisting
19 States—

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

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

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

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

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

11 “(A) to assess the status of the auditory
12 system;

13 “(B) to establish the site of the auditory
14 disorder, the type and degree of hearing loss,
15 and the potential effects of hearing loss on com-
16 munication; 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 agen-
23 cies;

24 “(ii) medical evaluation;

1 “(iii) hearing aid/sensory aid assess-
2 ment;

3 “(iv) audiologic rehabilitation treat-
4 ment; and

5 “(v) referral to national and local con-
6 sumer, self-help, parent, and education or-
7 ganizations, and other family-centered
8 services.

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

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

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

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

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

24 “(3) The term ‘medical evaluation’ refers to key
25 components performed by a physician, including his-

1 tory, examination, and medical decisionmaking fo-
2 cused on symptomatic and related body systems for
3 the purpose of diagnosing the etiology of hearing
4 loss and related physical conditions, and for identi-
5 fying appropriate treatment and referral options.

6 “(4) The term ‘medical intervention’ refers to
7 the process by which a physician provides medical
8 diagnosis and direction for medical or surgical treat-
9 ment options for hearing loss or related medical dis-
10 orders.

11 “(5) The term ‘newborn, infant, and young
12 childhood hearing screening’ refers to objective phys-
13 iologic procedures to detect possible hearing loss and
14 to identify newborns, infants, and young children
15 who require further audiologic evaluations and med-
16 ical evaluations.

17 “(f) AUTHORIZATION OF APPROPRIATIONS.—

18 “(1) STATEWIDE NEWBORN, INFANT, AND
19 YOUNG CHILDHOOD HEARING SCREENING, EVALUA-
20 TION AND INTERVENTION PROGRAMS AND SYS-
21 TEMS.—For the purpose of carrying out subsection
22 (a), there is authorized to be appropriated to the
23 Health Resources and Services Administration
24 \$17,800,000 for each of fiscal years 2016 through
25 2020.

1 “(2) TECHNICAL ASSISTANCE, DATA MANAGE-
2 MENT, AND APPLIED RESEARCH; CENTERS FOR DIS-
3 EASE CONTROL AND PREVENTION.—For the purpose
4 of carrying out subsection (b)(1), there is authorized
5 to be appropriated to the Centers for Disease Con-
6 trol and Prevention \$10,800,000 for each of fiscal
7 years 2016 through 2020.

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

Passed the House of Representatives September 8,
2015.

Attest:

KAREN L. HAAS,

Clerk.