

Calendar No. 442

117TH CONGRESS 2D SESSION

S. 4052

To reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 7, 2022

Mr. Portman (for himself, Ms. Hassan, Mr. Cassidy, Mr. Hickenlooper, and Mr. Brown) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

July 12, 2022

Reported by Mrs. Murray, with an amendment

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

A BILL

To reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children, and for other purposes.

- 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 2022".

1	SEC. 2. 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(f) of the Public Health Service Act (42
7	U.S.C. 280g-1(f)) is amended—
8	(1) in paragraph (1), by striking "\$17,818,000
9	for fiscal year 2018, \$18,173,800 for fiscal year
10	2019, \$18,628,145 for fiscal year 2020,
11	\$19,056,592 for fiscal year 2021, and $$19,522,758$
12	for fiscal year 2022" and inserting "\$17,818,000 for
13	each of fiscal years 2023 through 2027";
14	(2) in paragraph (2), by striking "\$10,800,000
15	for fiscal year 2018, \$11,026,800 for fiscal year
16	2019, $$11,302,470$ for fiscal year 2020 ,
17	\$11,562,427 for fiscal year 2021, and \$11,851,488
18	for fiscal year 2022" and inserting "\$10,760,000 for
19	each of fiscal years 2023 through 2027"; and
20	(3) in paragraph (3), by striking "fiscal years
21	2011 through 2015" and inserting "fiscal years
22	2023 through 2027".
23	SEC. 3. GAO STUDY ON STATE EARLY HEARING DETECTION
24	AND INTERVENTION PROGRAMS.
25	(a) In General.—The Comptroller General of the
26	United States shall conduct a study reviewing State early

1	hearing detection and intervention (in this section referred
2	to as "EHDI") programs. Such study shall—
3	(1) analyze how information collected through
4	such programs informs what is known about EHD
5	activities to ensure that newborns, infants, and
6	young children have access to timely hearing
7	screenings and early interventions, including infor-
8	mation on any disparities in such access;
9	(2) analyze what is known about how parents
10	use State EHDI websites to seek health and pro-
11	grammatic guidance related to their child's hearing
12	loss diagnosis; and
13	(3) identify efforts and any promising practices
14	of the Centers for Disease Control and Prevention
15	the Health Resources and Services Administration
16	the National Institute on Deafness and Other Com-
17	munication Disorders, and State EHDI programs—
18	(A) to address disparities in outreach for
19	or access to, timely hearing screenings and
20	early interventions; and
21	(B) to ensure that EHDI follow-up serv-
22	ices are communicated and made available to
23	medically underserved populations, including ra-
24	cial and ethnic minorities.

1	(b) REPORT.—Not later than 2 years after the date
2	of the enactment of this Act, the Comptroller General
3	shall—
4	(1) complete the study under subsection (a) and
5	submit a report on the results of the study to—
6	(A) the Committee on Energy and Com-
7	merce of the House of Representatives; and
8	(B) the Committee on Health, Education,
9	Labor, and Pensions of the Senate; and
10	(2) make such report publicly available.
11	SECTION 1. SHORT TITLE.
12	This Act may be cited as the "Early Hearing Detection
13	and Intervention Act of 2022".
14	SEC. 2. REAUTHORIZATION OF PROGRAM FOR EARLY DE-
15	TECTION, DIAGNOSIS, AND TREATMENT RE-
16	GARDING DEAF AND HARD-OF-HEARING
17	NEWBORNS, INFANTS, AND YOUNG CHIL-
18	DREN.
19	Section 399M of the Public Health Service Act (42
20	U.S.C. 280g–1) is amended—
21	(1) in subsection (e), by inserting "(3)" before
22	"The term 'medical evaluation'"; and
23	(2) in subsection (f)—
24	(A) in paragraph (1), by striking
25	"\$17,818,000 for fiscal year 2018, \$18,173,800

1	for fiscal year 2019, \$18,628,145 for fiscal year
2	2020, \$19,056,592 for fiscal year 2021, and
3	\$19,522,758 for fiscal year 2022" and inserting
4	"\$17,818,000 for each of fiscal years 2023
5	through 2027"; and
6	(B) in paragraph (2), by striking
7	"\$10,800,000 for fiscal year 2018, \$11,026,800
8	for fiscal year 2019, \$11,302,470 for fiscal year
9	2020, \$11,562,427 for fiscal year 2021, and
10	\$11,851,488 for fiscal year 2022" and inserting
11	"\$10,760,000 for each of fiscal years 2023
12	through 2027".
13	SEC. 3. GAO STUDY ON STATE EARLY HEARING DETECTION
14	AND INTERVENTION PROGRAMS.
15	(a) In General.—The Comptroller General of the
16	United States shall conduct a study reviewing State early
17	hearing detection and intervention (in this section referred
18	to as "EHDI") programs. Such study shall—
	to as BIIDI / programs. Such study shaw
19	(1) analyze how information collected through
19 20	
	(1) analyze how information collected through
20	(1) analyze how information collected through such programs informs what is known about EHDI
20 21	(1) analyze how information collected through such programs informs what is known about EHDI activities to ensure that newborns, infants, and young

1	(2) analyze what is known about how parents
2	use State EHDI websites to seek health and pro-
3	grammatic guidance related to their child's hearing
4	loss diagnosis; and
5	(3) identify efforts and any promising practices
6	of the Centers for Disease Control and Prevention, the
7	Health Resources and Services Administration, the
8	National Institute on Deafness and Other Commu-
9	nication Disorders, and State EHDI programs—
10	(A) to address disparities in outreach for,
11	or access to, timely hearing screenings and early
12	interventions; and
13	(B) to ensure that EHDI follow-up services
14	are communicated and made available to medi-
15	cally underserved populations, including racial
16	and ethnic minorities.
17	(b) Report.—Not later than 2 years after the date
18	of the enactment of this Act, the Comptroller General
19	shall—
20	(1) complete the study under subsection (a) and
21	submit a report on the results of the study to—
22	(A) the Committee on Energy and Com-
23	merce of the House of Representatives; and
24	(B) the Committee on Health, Education,
25	Labor, and Pensions of the Senate; and

1 (2) make such report publicly available.

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