

115TH CONGRESS
1ST SESSION

H. R. 1539

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 HOUSE OF REPRESENTATIVES

MARCH 15, 2017

Mr. GUTHRIE (for himself and Ms. MATSUI) introduced the following bill;
which was referred to the Committee on Energy and Commerce

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
15 and visual and signed language acquisition, family-
16 to-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 agencies),
12 medical homes for children, and other programs under
13 part C of the Individuals with Disabilities Education Act
14 (20 U.S.C. 1431 et seq.), which offer programs specifically
15 designed to meet the unique language and communication
16 needs of deaf and hard-of-hearing newborns, infants,
17 and young children.
18

19 “(B) Information provided to parents shall
20 be accurate, comprehensive, and, where appropriate,
21 evidence-based, allowing families to make important
22 decisions for their children in a timely way, including
23 decisions relating to all possible assistive hearing
24 technologies (such as hearing aids, cochlear implants,
25 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 (including special education and
22 related services, as appropriate) under part C of the
23 Individuals with Disabilities Education Act (20
24 U.S.C. 1431 et seq.). State agencies shall be encour-

1 aged to effectively increase the rate of such follow-
2 up and referral.

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

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

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

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

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

22 “(iii) to provide technical assistance
23 related to newborn, infant, and young
24 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, audiologic 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 the
3 efficacy 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 (including special education and related
15 services, as appropriate) pursuant to title V of
16 the Social Security Act (42 U.S.C. 701 et seq.)
17 (Maternal and Child Health Services Block
18 Grant), title XIX of the Social Security Act (42
19 U.S.C. 1396 et seq.) (Medicaid Early and Peri-
20 odic Screening, Diagnosis and Treatment Pro-
21 gram), title XXI of the Social Security Act (42
22 U.S.C. 1397aa et seq.) (State Children’s Health
23 Insurance Program), and part C of the Individ-
24 uals with Disabilities Education Act (20 U.S.C.
25 1431 et seq.);

1 “(C) consumer groups of, and that serve,
2 individuals who are deaf and hard-of-hearing
3 and their families;

4 “(D) appropriate national medical and
5 other health and education specialty organiza-
6 tions;

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

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

15 “(G) third-party payers and managed-care
16 organizations; and

17 “(H) related commercial industries.

18 “(2) POLICY DEVELOPMENT.—The Adminis-
19 trator of the Health Resources and Services Admin-
20 istration, the Director of the Centers for Disease
21 Control and Prevention, and the Director of the Na-
22 tional Institutes of Health shall coordinate and col-
23 laborate on recommendations for policy development
24 at the Federal and State levels and with the private
25 sector, including consumer, medical, and other

1 health and education professional-based organiza-
2 tions, with respect to newborn and infant hearing
3 screening, evaluation, diagnosis, and intervention
4 programs and systems.

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

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

16 “(B) to develop a data collection system
17 under subsection (b)(1).

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

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

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

3 “(A) to assess the status of the auditory
4 system;

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

9 “(C) to identify appropriate treatment and
10 referral options, including—

11 “(i) linkage to State agencies coordi-
12 nating the programs under part C of the
13 Individuals with Disabilities Education Act
14 (20 U.S.C. 1431 et seq.) or other appro-
15 priate agencies;

16 “(ii) medical evaluation;

17 “(iii) hearing aid or sensory aid as-
18 sessment;

19 “(iv) audiologic rehabilitation treat-
20 ment; and

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

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

1 “(A) providing appropriate services for a
2 child who is deaf or hard-of-hearing, including
3 nonmedical services; and

4 “(B) ensuring the family of such child is—

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

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

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

22 “(4) The term ‘medical intervention’ means the
23 process by which a physician provides medical diag-
24 nosis and direction for medical or surgical treatment

1 options for hearing loss or other medical disorders
2 associated with hearing loss.

3 “(5) The term ‘newborn, infant, and young
4 childhood hearing screening’ means objective physio-
5 logic procedures to detect possible hearing loss and
6 to identify newborns, infants, and young children up
7 to the age of three who require further audiologic
8 evaluations and medical evaluations.

9 “(f) AUTHORIZATION OF APPROPRIATIONS.—

10 “(1) STATEWIDE NEWBORN, INFANT, AND
11 YOUNG CHILDHOOD HEARING SCREENING, EVALUA-
12 TION AND INTERVENTION PROGRAMS AND SYS-
13 TEMS.—For the purpose of carrying out subsection
14 (a), there are authorized to be appropriated to the
15 Health Resources and Services Administration
16 \$17,800,000 for each of fiscal years 2018 through
17 2022.

18 “(2) TECHNICAL ASSISTANCE, DATA MANAGE-
19 MENT, AND APPLIED RESEARCH; CENTERS FOR DIS-
20 EASE CONTROL AND PREVENTION.—For the purpose
21 of carrying out subsection (b)(1), there are author-
22 ized to be appropriated to the Centers for Disease
23 Control and Prevention \$10,800,000 for each of fis-
24 cal years 2018 through 2022.

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

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