

EARLY HEARING DETECTION AND INTERVENTION ACT
 OF 2015

SEPTEMBER 8, 2015.—Committed to the Committee of the Whole House on the State
 of the Union and ordered to be printed

Mr. UPTON, from the Committee on Energy and Commerce,
 submitted the following

R E P O R T

[To accompany H.R. 1344]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 1344) 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, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

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

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Deaf and hard-of-hearing newborns, infants, toddlers, and young children require access to specialized early intervention providers and programs in order to help them meet their linguistic and cognitive potential.

(2) Families of deaf and hard-of-hearing newborns, infants, toddlers, and young children benefit from comprehensive early intervention programs that assist them in supporting their child’s development in all domains.

(3) Best practices principles for early intervention for deaf and hard-of-hearing newborns, infants, toddlers, and young children have been identified in a range of areas including listening and spoken language and visual and signed language acquisition, family-to-family support, support from individuals who are deaf or hard-of-hearing, progress monitoring, and others.

(4) Effective hearing screening and early intervention programs must be in place to identify hearing levels in deaf and hard-of-hearing newborns, infants, toddlers, and young children so that they may access appropriate early intervention programs in a timely manner.

SEC. 3. REAUTHORIZATION OF PROGRAM FOR EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING DEAF AND HARD-OF-HEARING NEWBORNS, INFANTS, AND YOUNG CHILDREN.

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.

“(a) HEALTH RESOURCES AND SERVICES ADMINISTRATION.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make awards of grants or cooperative agreements to develop statewide newborn, infant, and young childhood hearing screening, diagnosis, evaluation, and intervention programs and systems, and to assist in the recruitment, retention, education, and training of qualified personnel and health care providers for the following purposes:

“(1) To develop and monitor the efficacy of statewide programs and systems for hearing screening of newborns, infants, and young children, prompt evaluation and diagnosis of children referred from screening programs, and appropriate educational, audiological, and medical interventions for children confirmed to be deaf or hard-of-hearing, consistent with the following:

“(A) Early intervention includes referral to and delivery of information and services by organizations such as schools and agencies (including community, consumer, and parent-based agencies), pediatric medical homes, and other programs mandated by part C of the Individuals with Disabilities Education Act, which offer programs specifically designed to meet the unique language and communication needs of deaf and hard-of-hearing newborns, infants, and young children.

“(B) Information provided to parents must be accurate, comprehensive, and, where appropriate, evidence-based, allowing families to make important decisions for their child in a timely way, including decisions relating to all possible assistive hearing technologies (such as hearing aids, cochlear implants, and osseointegrated devices) and communication options (such as visual and sign language, listening and spoken language, or both).

“(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.

“(2) To develop efficient models (both educational and medical) to ensure that newborns, infants, and young children who are identified through hearing screening receive followup by qualified early intervention providers, qualified health care providers, or pediatric medical homes (including by encouraging State agencies to adopt such models).

“(3) To provide for a technical resource center in conjunction with the Maternal and Child Health Bureau of the Health Resources and Services Administration—

“(A) to provide technical support and education for States; and

“(B) to continue development and enhancement of State early hearing detection and intervention programs.

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

“(1) CENTERS FOR DISEASE CONTROL AND PREVENTION.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall make awards of grants or cooperative agreements to State agencies or their designated entities for development, maintenance, and improvement of data tracking and surveillance systems on newborn, infant, and young childhood hearing screenings, audiologic evaluations, medical evaluations, and intervention services; to conduct applied research related to services and outcomes, and provide technical assistance related to newborn, infant, and young childhood hearing screening, evaluation, and intervention programs, and information systems; to ensure high-quality monitoring of hearing screening, evaluation, and intervention programs and systems for newborns, infants, and young children; and to coordinate developing standardized procedures for data management and assessing program and cost effectiveness. The awards under the preceding sentence may be used—

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

“(B) to study and report on the costs and effectiveness of newborn, infant, and young childhood hearing screening, evaluation, diagnosis, intervention programs, and systems;

“(C) to collect data and report on newborn, infant, and young childhood hearing screening, evaluation, diagnosis, and intervention programs and systems that can be used—

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

and

“(ii) to answer issues of importance to State and national policy-makers;

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

“(E) to study the effectiveness of newborn, infant, and young childhood hearing screening, audiologic evaluations, medical evaluations, and intervention programs and systems by assessing the health, intellectual and social developmental, cognitive, and hearing status of these children at school age; and

“(F) to promote the integration, linkage, and interoperability of data regarding early hearing loss and multiple sources to increase information exchanges between clinical care and public health including the ability of States and territories to exchange and share data.

“(2) NATIONAL INSTITUTES OF HEALTH.—The Director of the National Institutes of Health, acting through the Director of the National Institute on Deafness and Other Communication Disorders, shall, for purposes of this section, continue a program of research and development related to early hearing detection and intervention, including development of technologies and clinical studies of screening methods, efficacy of interventions, and related research.

“(c) COORDINATION AND COLLABORATION.—

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

“(A) other Federal agencies;

“(B) State and local agencies, including those responsible for early intervention services pursuant to title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (Medicaid Early and Periodic Screening, Diagnosis and Treatment Program); title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.) (State Children’s Health Insurance Program); title V of the Social Security Act (42 U.S.C. 701 et seq.) (Maternal and Child Health Block Grant Program); and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.);

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

“(D) appropriate national medical and other health and education specialty organizations;

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

“(F) other qualified professional personnel who are proficient in deaf or hard-of-hearing children’s language and who possess the specialized knowledge, skills, and attributes needed to serve deaf and hard-of-hearing newborns, infants, toddlers, children, and their families;

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

“(H) related commercial industries.

“(2) POLICY DEVELOPMENT.—The Administrator of the Health Resources and Services Administration, the Director of the Centers for Disease Control and

Prevention, and the Director of the National Institutes of Health shall coordinate and collaborate on recommendations for policy development at the Federal and State levels and with the private sector, including consumer, medical, and other health and education professional-based organizations, with respect to newborn, infant, and young childhood hearing screening, evaluation, diagnosis, and intervention programs and systems.

“(3) STATE EARLY DETECTION, DIAGNOSIS, AND INTERVENTION PROGRAMS AND SYSTEMS; DATA COLLECTION.—The Administrator of the Health Resources and Services Administration and the Director of the Centers for Disease Control and Prevention shall coordinate and collaborate in assisting States—

“(A) to establish newborn, infant, and young childhood hearing screening, evaluation, diagnosis, and intervention programs and systems under subsection (a); and

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

“(d) RULE OF CONSTRUCTION; RELIGIOUS ACCOMMODATION.—Nothing in this section shall be construed to preempt or prohibit any State law, including State laws which do not require the screening for hearing loss of newborns, infants, or young children of parents who object to the screening on the grounds that such screening conflicts with the parents’ religious beliefs.

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

“(1) The term ‘audiologic’, when used in connection with evaluation, refers to procedures—

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

“(B) to establish the site of the auditory disorder, the type and degree of hearing loss, and the potential effects of hearing loss on communication; and

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

“(i) linkage to State coordinating agencies under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) or other appropriate agencies;

“(ii) medical evaluation;

“(iii) hearing aid/sensory aid assessment;

“(iv) audiologic rehabilitation treatment; and

“(v) referral to national and local consumer, self-help, parent, and education organizations, and other family-centered services.

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

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

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

“(i) provided comprehensive, consumer-oriented information about the full range of family support, training, information services, and language and communication options; and

“(ii) given the opportunity to consider and obtain the full range of such appropriate services, educational and program placements, and other options for their child from highly qualified providers.

“(3) The term ‘medical evaluation’ refers to key components performed by a physician, including history, examination, and medical decisionmaking focused on symptomatic and related body systems for the purpose of diagnosing the etiology of hearing loss and related physical conditions, and for identifying appropriate treatment and referral options.

“(4) The term ‘medical intervention’ refers to the process by which a physician provides medical diagnosis and direction for medical or surgical treatment options for hearing loss or related medical disorders.

“(5) The term ‘newborn, infant, and young childhood hearing screening’ refers to objective physiologic procedures to detect possible hearing loss and to identify newborns, infants, and young children who require further audiologic evaluations and medical evaluations.

“(f) AUTHORIZATION OF APPROPRIATIONS.—

“(1) STATEWIDE NEWBORN, INFANT, AND YOUNG CHILDHOOD HEARING SCREENING, EVALUATION AND INTERVENTION PROGRAMS AND SYSTEMS.—For the purpose of carrying out subsection (a), there is authorized to be appropriated to the Health Resources and Services Administration \$17,800,000 for each of fiscal years 2016 through 2020.

“(2) TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND APPLIED RESEARCH; CENTERS FOR DISEASE CONTROL AND PREVENTION.—For the purpose of carrying out subsection (b)(1), there is authorized to be appropriated to the Centers for Disease Control and Prevention \$10,800,000 for each of fiscal years 2016 through 2020.

“(3) TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND APPLIED RESEARCH; NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS.—No additional funds are authorized to be appropriated for the purpose of carrying out subsection (b)(2). Such subsection shall be carried out using funds which are otherwise authorized (under section 402A or other provisions of law) to be appropriated for such purpose.”.

PURPOSE AND SUMMARY

H.R. 1344, Early Hearing Detection and Intervention Act of 2015, was introduced on March 10, 2015, by Rep. Guthrie (R-KY) and Rep. Capps (D-CA), 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.

BACKGROUND AND NEED FOR LEGISLATION

Hearing loss is the most frequently occurring screening for newborns. Ninety-eight percent of infants are screened for hearing loss before they leave the hospital as a result of the Early Hearing Detection and Intervention (EHDI) program that this bill would reauthorize. The EHDI program often is cited as a model of how government at different levels and public and private agencies should and can work together.

Effective hearing screening and early intervention programs must be in place to identify hearing levels in deaf and hard-of-hearing newborns, infants, toddlers, and young children so that they may access appropriate early intervention programs in a timely manner. Outcomes are improved greatly for children if their hearing loss is detected early. Families of deaf and hard-of-hearing newborns, infants, toddlers, and young children benefit from comprehensive early intervention programs that assist them in supporting their child’s development in all domains.

H.R. 1344 would improve upon current programs and extend services to young children up to the age of five. This is an important addition because the incidence of hearing loss triples between birth and five years of age. The reauthorization would emphasize the importance of the Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) partnering to improve outcomes and strengthen the EHDI program.

HEARINGS

The Subcommittee on Health held a hearing on H.R. 1344 on June 25, 2015. The Subcommittee received testimony from:

- Joanne Kurtzberg, M.D., President, Cord Blood Association;
- Jeff Chell, M.D., Chief Executive Officer, National Marrow Donor Program;
- Patti Freemyer Martin, PhD, Director of Audiology and Speech Language Pathology, Arkansas Children’s Hospital;
- Stephen W. Patrick, M.D., M.P.H., M.S., Assistant Professor of Pediatrics and Health Policy, Department of Pediatrics, Vanderbilt University School of Medicine; and,
- Mishka Terplan, M.D., M.P.H., FACOG, Medical Director, Behavior Health System Baltimore.

COMMITTEE CONSIDERATION

On July 23, 2015, the Subcommittee on Health met in open markup session and forwarded H.R. 1344 to the full Committee, as amended, by a voice vote. On July 29, 2015, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 1344 reported to the House, as amended, by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 1344 reported. A motion by Mr. Upton to order H.R. 1344 reported to the House, as amended, was agreed to by a voice vote.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee has not held hearings on this legislation.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The goal of the legislation is to reauthorize Federal programs related to early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 1344, would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

In compliance with clause 9(e), 9(f), and 9(g) of rule XXI of the Rules of the House of Representatives, the Committee finds that H.R. 1344 contains no earmarks, limited tax benefits, or limited tariff benefits.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 2, 2015.

Hon. FRED UPTON,
*Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 1344, the Early Hearing Detection and Intervention Act of 2015.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Lisa Ramirez-Branum.
Sincerely,

KEITH HALL.

Enclosure.

H.R. 1344—Early Hearing Detection and Intervention Act of 2015

Summary: H.R. 1344 would amend the Public Health Service Act to authorize research and public health activities related to early detection, diagnosis, and treatment of hearing loss in newborns, infants, and young children. Those activities are conducted by the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH).

CBO estimates that implementing H.R. 1344 would cost \$212 million over the 2016–2020 period, assuming appropriation of the specified and necessary amounts. Enacting H.R. 1344 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 1344 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 1344 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2016	2017	2018	2019	2020	2016– 2020
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
HRSA:						
Authorization Level	18	18	18	18	18	89
Estimated Outlays	9	16	17	18	18	78
CDC:						
Authorization Level	11	11	11	11	11	55
Estimated Outlays	4	9	10	11	11	45
NIH:						
Estimated Authorization Level	21	21	22	22	23	109
Estimated Outlays	6	18	21	22	22	89
Total Changes:						
Estimated Authorization Level	50	50	51	51	52	253
Estimated Outlays	19	43	48	51	51	212

Notes: Components may not add to totals because of rounding. HRSA = Health Resources and Services Administration; CDC = Centers for Disease Control and Prevention; NIH = National Institutes of Health.

Basis of estimate: CDC, HRSA, and NIH administer programs that support activities to detect, diagnose, and treat early hearing loss in newborns and infants. The Congress appropriated approximately \$50 million for such activities in 2015. For this estimate, CBO assumes that the legislation will be enacted near the beginning of fiscal year 2016, that the authorized amounts will be appropriated in each year, and that spending will follow historical patterns for the authorized programs. CBO estimates that implementing H.R. 1344 would cost \$212 million over the 2016–2020 period, assuming appropriation of the specified and estimated amounts.

HRSA: The bill would authorize the appropriation of \$17.8 million annually for each of fiscal years 2016–2020 for HRSA to administer the Universal Newborn Screening program. The program makes grants to states to support testing of infants prior to hospital discharges, audiologic evaluation by three months of age, and early intervention activities. CBO estimates implementing those provisions would cost \$78 million over the 2016–2020 period.

CDC: H.R. 1344 would authorize the appropriation of \$10.8 million annually for each of fiscal years 2016–2020 for CDC to make grants and provide technical assistance to states to promote screening and to support surveillance activities and research about the causes of hearing loss among newborns, infants, and young children. In addition, the bill would authorize CDC to conduct research, monitor state programs, and develop procedures for assessing services, costs, and outcomes in those programs. CBO estimates implementing those provisions would cost \$45 million over the 2016–2020 period.

NIH: The bill would authorize NIH to conduct research on early detection and treatment of hearing loss. The authority for research programs at NIH expired at the end of fiscal year 2009; however, the Congress has continued to appropriate funds to operate those programs across all areas of research at NIH. Based on information from the agency, CBO estimates that the National Institute on Deafness and Other Communication Disorders at NIH spent about \$21 million on such research in fiscal year 2014. Based on historical program expenditures at NIH and adjusting for inflation, CBO estimates that implementing this provision would cost \$89 million over the 2016–2020 period, assuming appropriation of the necessary amounts.

Pay-As-You-Go considerations: None.

Intergovernmental and private-sector impact: H.R. 1344 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments. Grant funds authorized in the bill would benefit states that provide hearing screening, evaluation, and intervention programs to newborns, infants, and young children.

Estimate prepared by: Federal costs: Lisa Ramirez-Branum, Ellen Werble, and Rebecca Yip; Impact on state, local, and tribal governments: J'neil Blanco Suchy; Impact on the private sector: Amy Petz.

Estimate approved by: Holly Harvey, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

DUPLICATION OF FEDERAL PROGRAMS

No provision of H.R. 1344 would establish or reauthorize a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULE MAKINGS

The Committee estimates that enacting H.R. 1344 specifically directs to be completed no rule making within the meaning of 5 U.S.C. 551.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 states that the legislation may be cited as the “Early Hearing Detection and Intervention Act of 2015.”

Section 2. Findings

Section 2 includes relevant findings.

Section 3. Reauthorization of program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants and young children

Section 3 would reauthorize various grant programs. The HRSA grants would develop and monitor the efficacy of statewide programs and systems for hearing screenings, ensure prompt evaluation and diagnosis and ensure patients receive appropriate interventions.

The CDC would be directed to award grants or enter into cooperative agreements to provide assistance on data collection and management and to study and report on the costs and effectiveness of screening and other programs.

Section 3 would promote coordination and collaboration among the Administrator of the HRSA, Director of the CDC and Director of the NIH on policy and program development at the Federal and

State levels. The Committee encourages them to engage with patient groups, appropriate national medical and other health and education specialty organizations, payers, related commercial industry, and other qualified professional personnel.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART P—ADDITIONAL PROGRAMS

* * * * *

[SEC. 399M. EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING HEARING LOSS IN NEWBORNS AND INFANTS.

[(a) STATEWIDE NEWBORN AND INFANT HEARING SCREENING, EVALUATION AND INTERVENTION PROGRAMS AND SYSTEMS.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make awards of grants or cooperative agreements to develop statewide newborn and infant hearing screening, evaluation, diagnosis, and intervention programs and systems, and to assist in the recruitment, retention, education, and training of qualified personnel and health care providers, for the following purposes:

[(1) To develop and monitor the efficacy of statewide programs and systems for hearing screening of newborns and infants; prompt evaluation and diagnosis of children referred from screening programs; and appropriate educational, audiological, and medical interventions for children identified with hearing loss. Early intervention includes referral to and delivery of information and services by schools and agencies, including community, consumer, and parent-based agencies and organizations and other programs mandated by part C of the Individuals with Disabilities Education Act, which offer programs specifically designed to meet the unique language and communication needs of deaf and hard of hearing newborns, infants, toddlers, and children. Programs and systems under this paragraph shall establish and foster family-to-family support mechanisms that are critical in the first months after a child is identified with hearing loss.

[(2) To collect data on statewide newborn and infant hearing screening, evaluation and intervention programs and systems

that can be used for applied research, program evaluation and policy development.

[(3) Other activities may include developing efficient models to ensure that newborns and infants who are identified with a hearing loss through screening receive follow-up by a qualified health care provider, and State agencies shall be encouraged to adopt models that effectively increase the rate of occurrence of such follow-up.

[(b) TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND APPLIED RESEARCH.—

[(1) CENTERS FOR DISEASE CONTROL AND PREVENTION.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall make awards of grants or cooperative agreements to provide technical assistance to State agencies to complement an intramural program and to conduct applied research related to newborn and infant hearing screening, evaluation and intervention programs and systems. The program shall develop standardized procedures for data management and program effectiveness and costs, such as—

[(A) to ensure quality monitoring of newborn and infant hearing loss screening, evaluation, diagnosis, and intervention programs and systems;

[(B) to provide technical assistance on data collection and management;

[(C) to study the costs and effectiveness of newborn and infant hearing screening, evaluation and intervention programs and systems conducted by State-based programs in order to answer issues of importance to State and national policymakers;

[(D) to identify the causes and risk factors for congenital hearing loss;

[(E) to study the effectiveness of newborn and infant hearing screening, audiologic and medical evaluations and intervention programs and systems by assessing the health, intellectual and social developmental, cognitive, and language status of these children at school age; and

[(F) to promote the sharing of data regarding early hearing loss with State-based birth defects and developmental disabilities monitoring programs for the purpose of identifying previously unknown causes of hearing loss.

[(2) NATIONAL INSTITUTES OF HEALTH.—The Director of the National Institutes of Health, acting through the Director of the National Institute on Deafness and Other Communication Disorders, shall for purposes of this section, continue a program of research and development on the efficacy of new screening techniques and technology, including clinical studies of screening methods, studies on efficacy of intervention, and related research.

[(c) COORDINATION AND COLLABORATION.—

[(1) IN GENERAL.—In carrying out programs under this section, the Administrator of the Health Resources and Services Administration, the Director of the Centers for Disease Control and Prevention, and the Director of the National Institutes of Health shall collaborate and consult with other Federal agencies; State and local agencies, including those responsible for

early intervention services pursuant to title XIX of the Social Security Act (Medicaid Early and Periodic Screening, Diagnosis and Treatment Program); title XXI of the Social Security Act (State Children's Health Insurance Program); title V of the Social Security Act (Maternal and Child Health Block Grant Program); and part C of the Individuals with Disabilities Education Act; consumer groups of and that serve individuals who are deaf and hard-of-hearing and their families; appropriate national medical and other health and education specialty organizations; persons who are deaf and hard-of-hearing and their families; other qualified professional personnel who are proficient in deaf or hard-of-hearing children's language and who possess the specialized knowledge, skills, and attributes needed to serve deaf and hard-of-hearing newborns, infants, toddlers, children, and their families; third-party payers and managed care organizations; and related commercial industries.

[(2) POLICY DEVELOPMENT.—The Administrator of the Health Resources and Services Administration, the Director of the Centers for Disease Control and Prevention, and the Director of the National Institutes of Health shall coordinate and collaborate on recommendations for policy development at the Federal and State levels and with the private sector, including consumer, medical and other health and education professional-based organizations, with respect to newborn and infant hearing screening, evaluation, diagnosis, and intervention programs and systems.

[(3) STATE EARLY DETECTION, DIAGNOSIS, AND INTERVENTION PROGRAMS AND SYSTEMS; DATA COLLECTION.—The Administrator of the Health Resources and Services Administration and the Director of the Centers for Disease Control and Prevention shall coordinate and collaborate in assisting States to establish newborn and infant hearing screening, evaluation, diagnosis, and intervention programs and systems under subsection (a) and to develop a data collection system under subsection (b).

[(d) RULE OF CONSTRUCTION; RELIGIOUS ACCOMMODATION.—Nothing in this section shall be construed to preempt or prohibit any State law, including State laws which do not require the screening for hearing loss of newborn infants or young children of parents who object to the screening on the grounds that such screening conflicts with the parents' religious beliefs.

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

[(1) The term "audiologic evaluation" refers to procedures to assess the status of the auditory system; to establish the site of the auditory disorder; the type and degree of hearing loss, and the potential effects of hearing loss on communication; and to identify appropriate treatment and referral options. Referral options should include linkage to State coordinating agencies under part C of the Individuals with Disabilities Education Act or other appropriate agencies, medical evaluation, hearing aid/sensory aid assessment, audiologic rehabilitation treatment, national and local consumer, self-help, parent, and education organizations, and other family-centered services.

[(2) The terms “audiologic rehabilitation” and “audiologic intervention” refer to procedures, techniques, and technologies to facilitate the receptive and expressive communication abilities of a child with hearing loss.

[(3) The term “early intervention” refers to providing appropriate services for the child with hearing loss, including non-medical services, and ensuring that families of the child are provided comprehensive, consumer-oriented information about the full range of family support, training, information services, and language and communication options and are given the opportunity to consider and obtain the full range of such appropriate services, educational and program placements, and other options for their child from highly qualified providers.

[(4) The term “medical evaluation by a physician” refers to key components including history, examination, and medical decision making focused on symptomatic and related body systems for the purpose of diagnosing the etiology of hearing loss and related physical conditions, and for identifying appropriate treatment and referral options.

[(5) The term “medical intervention” refers to the process by which a physician provides medical diagnosis and direction for medical and/or surgical treatment options of hearing loss and/or related medical disorder associated with hearing loss.

[(6) The term “newborn and infant hearing screening” refers to objective physiologic procedures to detect possible hearing loss and to identify newborns and infants who require further audiologic and medical evaluations.

[(f) AUTHORIZATION OF APPROPRIATIONS.—

[(1) STATEWIDE NEWBORN AND INFANT HEARING SCREENING, EVALUATION AND INTERVENTION PROGRAMS AND SYSTEMS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated to the Health Resources and Services Administration such sums as may be necessary for fiscal years 2011 through 2015.

[(2) TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND APPLIED RESEARCH; CENTERS FOR DISEASE CONTROL AND PREVENTION.—For the purpose of carrying out subsection (b)(1), there are authorized to be appropriated to the Centers for Disease Control and Prevention such sums as may be necessary for fiscal years 2011 through 2015.

[(3) TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND APPLIED RESEARCH; NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS.—For the purpose of carrying out subsection (b)(2), there are authorized to be appropriated to the National Institute on Deafness and Other Communication Disorders such sums as may be necessary for fiscal years 2011 through 2015.]

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

(a) HEALTH RESOURCES AND SERVICES ADMINISTRATION.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make awards of grants or cooperative agreements to develop statewide newborn, infant, and young childhood hearing screening, diagnosis, evaluation, and interven-

tion programs and systems, and to assist in the recruitment, retention, education, and training of qualified personnel and health care providers for the following purposes:

(1) To develop and monitor the efficacy of statewide programs and systems for hearing screening of newborns, infants, and young children, prompt evaluation and diagnosis of children referred from screening programs, and appropriate educational, audiological, and medical interventions for children confirmed to be deaf or hard-of-hearing, consistent with the following:

(A) Early intervention includes referral to and delivery of information and services by organizations such as schools and agencies (including community, consumer, and parent-based agencies), pediatric medical homes, and other programs mandated by part C of the Individuals with Disabilities Education Act, which offer programs specifically designed to meet the unique language and communication needs of deaf and hard-of-hearing newborns, infants, and young children.

(B) Information provided to parents must be accurate, comprehensive, and, where appropriate, evidence-based, allowing families to make important decisions for their child in a timely way, including decisions relating to all possible assistive hearing technologies (such as hearing aids, cochlear implants, and osseointegrated devices) and communication options (such as visual and sign language, listening and spoken language, or both).

(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.

(2) To develop efficient models (both educational and medical) to ensure that newborns, infants, and young children who are identified through hearing screening receive followup by qualified early intervention providers, qualified health care providers, or pediatric medical homes (including by encouraging State agencies to adopt such models).

(3) To provide for a technical resource center in conjunction with the Maternal and Child Health Bureau of the Health Resources and Services Administration—

(A) to provide technical support and education for States; and

(B) to continue development and enhancement of State early hearing detection and intervention programs.

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

(1) CENTERS FOR DISEASE CONTROL AND PREVENTION.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall make awards of grants or cooperative agreements to State agencies or their designated entities for development, maintenance, and improvement of data tracking and surveillance systems on newborn, infant, and young childhood hearing screenings, audiologic evaluations, medical evaluations, and intervention services; to conduct applied research related to services and outcomes, and provide technical assistance related to newborn, infant, and young childhood hearing screening, evaluation, and intervention programs, and

information systems; to ensure high-quality monitoring of hearing screening, evaluation, and intervention programs and systems for newborns, infants, and young children; and to coordinate developing standardized procedures for data management and assessing program and cost effectiveness. The awards under the preceding sentence may be used—

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

(B) to study and report on the costs and effectiveness of newborn, infant, and young childhood hearing screening, evaluation, diagnosis, intervention programs, and systems;

(C) to collect data and report on newborn, infant, and young childhood hearing screening, evaluation, diagnosis, and intervention programs and systems that can be used—

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

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

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

(E) to study the effectiveness of newborn, infant, and young childhood hearing screening, audiologic evaluations, medical evaluations, and intervention programs and systems by assessing the health, intellectual and social developmental, cognitive, and hearing status of these children at school age; and

(F) to promote the integration, linkage, and interoperability of data regarding early hearing loss and multiple sources to increase information exchanges between clinical care and public health including the ability of States and territories to exchange and share data.

(2) NATIONAL INSTITUTES OF HEALTH.—The Director of the National Institutes of Health, acting through the Director of the National Institute on Deafness and Other Communication Disorders, shall, for purposes of this section, continue a program of research and development related to early hearing detection and intervention, including development of technologies and clinical studies of screening methods, efficacy of interventions, and related research.

(c) COORDINATION AND COLLABORATION.—

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

(A) other Federal agencies;

(B) State and local agencies, including those responsible for early intervention services pursuant to title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (Medicaid Early and Periodic Screening, Diagnosis and Treatment Program); title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.) (State Children's Health Insurance Program); title V of the Social Security Act (42 U.S.C. 701 et seq.) (Maternal and Child Health Block Grant Program);

and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.);

(C) consumer groups of and that serve individuals who are deaf and hard-of-hearing and their families;

(D) appropriate national medical and other health and education specialty organizations;

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

(F) other qualified professional personnel who are proficient in deaf or hard-of-hearing children's language and who possess the specialized knowledge, skills, and attributes needed to serve deaf and hard-of-hearing newborns, infants, toddlers, children, and their families;

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

(H) related commercial industries.

(2) *POLICY DEVELOPMENT.*—The Administrator of the Health Resources and Services Administration, the Director of the Centers for Disease Control and Prevention, and the Director of the National Institutes of Health shall coordinate and collaborate on recommendations for policy development at the Federal and State levels and with the private sector, including consumer, medical, and other health and education professional-based organizations, with respect to newborn, infant, and young childhood hearing screening, evaluation, diagnosis, and intervention programs and systems.

(3) *STATE EARLY DETECTION, DIAGNOSIS, AND INTERVENTION PROGRAMS AND SYSTEMS; DATA COLLECTION.*—The Administrator of the Health Resources and Services Administration and the Director of the Centers for Disease Control and Prevention shall coordinate and collaborate in assisting States—

(A) to establish newborn, infant, and young childhood hearing screening, evaluation, diagnosis, and intervention programs and systems under subsection (a); and

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

(d) *RULE OF CONSTRUCTION; RELIGIOUS ACCOMMODATION.*—Nothing in this section shall be construed to preempt or prohibit any State law, including State laws which do not require the screening for hearing loss of newborns, infants, or young children of parents who object to the screening on the grounds that such screening conflicts with the parents' religious beliefs.

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

(1) The term “audiologic”, when used in connection with evaluation, refers to procedures—

(A) to assess the status of the auditory system;

(B) to establish the site of the auditory disorder, the type and degree of hearing loss, and the potential effects of hearing loss on communication; and

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

(i) linkage to State coordinating agencies under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) or other appropriate agencies;

(ii) medical evaluation;

(iii) hearing aid/sensory aid assessment;
 (iv) audiologic rehabilitation treatment; and
 (v) referral to national and local consumer, self-help, parent, and education organizations, and other family-centered services.

(2) The term “early intervention” refers to—

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

(B) ensuring the family of the child is—

(i) provided comprehensive, consumer-oriented information about the full range of family support, training, information services, and language and communication options; and

(ii) given the opportunity to consider and obtain the full range of such appropriate services, educational and program placements, and other options for their child from highly qualified providers.

(3) The term “medical evaluation” refers to key components performed by a physician, including history, examination, and medical decisionmaking focused on symptomatic and related body systems for the purpose of diagnosing the etiology of hearing loss and related physical conditions, and for identifying appropriate treatment and referral options.

(4) The term “medical intervention” refers to the process by which a physician provides medical diagnosis and direction for medical or surgical treatment options for hearing loss or related medical disorders.

(5) The term “newborn, infant, and young childhood hearing screening” refers to objective physiologic procedures to detect possible hearing loss and to identify newborns, infants, and young children who require further audiologic evaluations and medical evaluations.

(f) AUTHORIZATION OF APPROPRIATIONS.—

(1) STATEWIDE NEWBORN, INFANT, AND YOUNG CHILDHOOD HEARING SCREENING, EVALUATION AND INTERVENTION PROGRAMS AND SYSTEMS.—For the purpose of carrying out subsection (a), there is authorized to be appropriated to the Health Resources and Services Administration \$17,800,000 for each of fiscal years 2016 through 2020.

(2) TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND APPLIED RESEARCH; CENTERS FOR DISEASE CONTROL AND PREVENTION.—For the purpose of carrying out subsection (b)(1), there is authorized to be appropriated to the Centers for Disease Control and Prevention \$10,800,000 for each of fiscal years 2016 through 2020.

(3) TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND APPLIED RESEARCH; NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS.—No additional funds are authorized to be appropriated for the purpose of carrying out subsection (b)(2). Such subsection shall be carried out using funds which

are otherwise authorized (under section 402A or other provisions of law) to be appropriated for such purpose.

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