The Chair will not at this point determine whether the resolution constitutes a question of privilege. That determination will be made at the time designated for consideration of the resolution.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 4 of rule I, the following enrolled bills were signed by Speaker pro tempore HARRIS on Thursday, August 6, 2015:

H.R. 212, to amend the Safe Drinking Water Act to provide for the assessment and management of the risk of algal toxins in drinking water, and for other purposes;

H.R. 1138, to establish certain wilderness areas in central Idaho and to authorize various land conveyances involving National Forest System land and Bureau of Land Management land in central Idaho, and for other purposes;

H.R. 1531, to amend title 5, United States Code, to provide a pathway for temporary seasonal employees in Federal land management agencies to compete for vacant permanent positions under internal merit promotion procedures, and for other purposes;

H.R. 2131, to designate the Federal building and United States courthouse located at 83 Meeting Street in Charleston, South Carolina, as the ''J. Waties Waring Judicial Center'';

H.R. 2559, to designate the ''PFC Milton A. Lee Medal of Honor Memorial Highway'' in the State of Texas.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 4 p.m. today.

Accordingly (at 2 o'clock and 39 minutes p.m.), the House stood in recess.

□ 1600

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. WALKER) at 4 p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

EARLY HEARING DETECTION AND INTERVENTION ACT OF 2015

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass 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, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1344

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

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 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.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Kentucky?

There was no objection.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

I am pleased that, today, the House is considering H.R. 1344, the Early Hearing Detection and Intervention Act of 2015. This bipartisan bill sets a strong precedent for working together on the many big issues before Congress this month.

This bill, which I introduced along with Congresswoman LOIS CAPPS, reauthorizes the program for the early detection, diagnosis, and treatment of deaf and hard of hearing newborns, infants, and young children.

H.R. 1344 encourages hearing tests and intervention for newborn babies. Through early detection, these children and their families can be made aware of a child's hearing loss and given access to specialized early intervention providers and programs in order to help children meet their potential. This reauthorization increases the focus on loss to followup. So those children whose hearing loss is identified don't just stop with identification; they may go on to receive intervention, treatment, or an introduction to deaf services.

This program has proven success. In 2000, only 40 percent of newborns were screened for hearing loss. That number rose to just over 86 percent in 2011, and, today, the CDC reports that, roughly, 97 percent of all infant children are screened for hearing loss.

In closing, I want to thank my colleague, Congresswoman CAPPS, for her leadership over the years on this important bipartisan issue. I urge my colleagues to support H.R. 1344 so we can continue these vital services for newborn babies and young children.

Mr. Speaker, I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 1344, the Early Hearing Detection and Intervention Act. This important legislation is led by Representatives LOIS CAPPS and BRETT GUTHRIE, both members of our committee.

Beginning in 2000, Congress took steps to facilitate the development of newborn and infant screening and intervention programs. This bill reauthorizes and makes further improvements to the Early Hearing Detection and Intervention Program, which supports detection and treatment for hearing-impaired newborns and young children.

The early identification of a child's hearing loss increases the likelihood that intervention and treatment services can successfully prevent or limit developmental delays. Research shows that it can significantly improve quality of life and education outcomes for children with hearing impairments. The vast majority of deaf children are born to parents who do not have impaired hearing and who, therefore, may not be able to identify their children's conditions early on. The outreach services provided for by the program reauthorized in this bill may help ensure

that children and their parents receive appropriate screenings and followup.

I want to thank Representatives CAPPS and GUTHRIE for their leadership on this issue. I thank Chairman UPTON, Ranking Member PALLONE, and Chairman PITTS for their work to advance this important legislation. I urge my colleagues to support H.R. 1344, the Early Hearing Detection and Intervention Act.

I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I have no further requests for time, and I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Mrs. CAPPS), my colleague and a cosponsor of the bill.

Mrs. CAPPS. I thank my colleague for yielding.

Mr. Speaker, I rise in strong support of H.R. 1344, the Early Hearing Detection and Intervention Act, which I was so pleased to coauthor with my colleague from Kentucky, Congressman BRETT GUTHRIE.

Hearing loss in newborns is considered an invisible disability. Almost 3 out of every 1,000 children in the United States are born deaf or hard of hearing, and even more children lose their hearing later on during childhood. When hearing loss is left undetected, it can impede speech, language, and cognitive development; but we know that, when hearing loss is caught early, children have much better outcomes. In fact, early intervention can help children overcome hearing issues and get them ready to learn on par with their peers.

That is exactly what the Early Hearing Detection and Intervention Act does, pronounced ''Eddie.'' As it is commonly called, EHDI has helped families in all 50 States and the District of Columbia identify children in need of care early when interventions are most effective.

By all accounts, this program has worked. Since the implementation of the EHDI program 15 years ago, we have seen a tremendous increase in the number of newborns who are being screened for hearing loss. Back in 2000, when we first set up the EHDI program, only 44 percent of newborns in the country were being screened for hearing loss. Now we are screening newborns at a rate of over 96 percent. This is a remarkable achievement, but our work is not done.

While it is important that all babies are screened for hearing loss, it is just as important that those babies who do not pass this screening receive a diagnostic evaluation and be connected to early intervention programs. Unfortunately, according to the Centers for Disease Control, 36 percent of newborns who fail their initial hearing screenings are not receiving appropriate followup care. This reauthorization effort will focus on those children, helping to bridge the gap between screening and intervention.

My background is as a school nurse for over 20 years, and I have worked with so many students who were lagging behind their classmates due to undiagnosed or untreated hearing loss.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. GENE GREEN of Texas. I yield the gentlewoman an additional 30 seconds.

Mrs. CAPPS. These children did not need to suffer. We can and must help them succeed through stronger investments in followup and interventions, such as sign language training, hearing aids, and speech-language development. Early identification and intervention are both keys to a child's wellbeing.

Our legislation would ensure that these programs are there for the children who need them. A vote for this bill is a vote to keep this program strong. I urge my colleagues to support our bipartisan bill.

Mr. GENE GREEN of Texas. Mr. Speaker, I urge the support of this bill, and I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, in closing, I thank my friend from California (Mrs. CAPPS) so much for our working together to move this bipartisan bill forward. I thank our subcommittee ranking member, Mr. GREEN, and our chairman, Chairman PITTS.

I was involved in this effort in Kentucky when I was in the State Senate. I have seen the difference that it makes, and I am glad to be involved in this on a national level. Knowing that 97 percent of our babies are screened so they can get intervention and treatment very early in their lives makes a big difference. I am proud to be a part of this, and I urge my colleagues to vote for H.R. 1344.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I support H.R. 1344, the ''Early Hearing Detection and Intervention Act of 2015'' introduced by my colleagues Representatives CAPPS and GUTHRIE.

H.R. 1344, would reauthorize the Early Hearing Detection and Intervention Program. Prior to the creation of this program, less than 50 percent of all newborns were regularly screened for hearing loss. I'm proud to say that thanks to this program about 97 percent of newborns now receive a hearing screening. Through this program, children gain early access to interventions and treatments that are critical in minimizing a hearing-impaired child's risk of developmental delays, especially communication, social skills and cognition. H.R. 1344 would ensure that we continue to support this valuable public health program that has a proven track record of success.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 1344, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

NATIONAL ALL SCHEDULES PRESCRIPTION ELECTRONIC REPORTING REAUTHORIZATION ACT OF 2015

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1725) to amend and reauthorize the controlled substance monitoring program under section 399O of the Public Health Service Act, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1725

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''National All Schedules Prescription Electronic Reporting Reauthorization Act of 2015''.

SEC. 2. AMENDMENT TO PURPOSE.

Paragraph (1) of section 2 of the National All Schedules Prescription Electronic Reporting Act of 2005 (Public Law 109–60) is amended to read as follows:

''(1) foster the establishment of State-administered controlled substance monitoring systems in order to ensure that—

''(A) health care providers have access to the accurate, timely prescription history information that they may use as a tool for the early identification of patients at risk for addiction in order to initiate appropriate medical interventions and avert the tragic personal, family, and community consequences of untreated addiction; and

''(B) appropriate law enforcement, regulatory, and State professional licensing authorities have access to prescription history information for the purposes of investigating drug diversion and prescribing and dispensing practices of errant prescribers or pharmacists; and''.

SEC. 3. AMENDMENTS TO CONTROLLED SUBSTANCE MONITORING PROGRAM.

Section 399O of the Public Health Service Act (42 U.S.C. 280g–3) is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) in subparagraph (A), by striking ''or'';

(ii) in subparagraph (B), by striking the period at the end and inserting ''; or''; and

(iii) by adding at the end the following:

''(C) to maintain and operate an existing State-controlled substance monitoring program.''; and

(B) in paragraph (3), by inserting ''by the Secretary'' after ''Grants awarded'';

(2) by amending subsection (b) to read as follows:

''(b) MINIMUM REQUIREMENTS.—The Secretary shall maintain and, as appropriate, supplement or revise (after publishing proposed additions and revisions in the Federal Register and receiving public comments thereon) minimum requirements for criteria to be used by States for purposes of clauses (ii), (v), (vi), and (vii) of subsection (c)(1)(A).'';

(3) in subsection (c)—

(A) in paragraph (1)(B)—

(i) in the matter preceding clause (i), by striking ''(a)(1)(B)'' and inserting ''(a)(1)(B) or (a)(1)(C)'';

(ii) in clause (i), by striking ''program to be improved'' and inserting ''program to be improved or maintained'';

(iii) by redesignating clauses (iii) and (iv) as clauses (iv) and (v), respectively;

(iv) by inserting after clause (ii) the following:

''(iii) a plan to apply the latest advances in health information technology in order to incorporate prescription drug monitoring