

PUBLIC LAW 115-71—OCT. 18, 2017

EARLY HEARING DETECTION AND
INTERVENTION ACT OF 2017

Public Law 115–71
115th Congress

An Act

Oct. 18, 2017
[S. 652]

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.

Early Hearing
Detection and
Intervention Act
of 2017.
42 USC 201 note.

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 “Early Hearing Detection and Intervention Act of 2017”.

SEC. 2. REAUTHORIZATION OF PROGRAM FOR EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING DEAF AND HARD-OF-HEARING NEWBORNS, INFANTS, AND YOUNG CHILDREN.

(a) **SECTION HEADING.**—The section heading of 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.**”

(b) **STATEWIDE SYSTEMS.**—Section 399M(a) of the Public Health Service Act (42 U.S.C. 280g–1(a)) is amended—

(1) in the subsection heading, by striking “NEWBORN AND INFANT” and inserting “NEWBORN, INFANT, AND YOUNG CHILD”;

(2) in the matter preceding paragraph (1)—

(A) by striking “newborn and infant” and inserting “newborn, infant, and young child”; and

(B) by striking “providers,” and inserting “providers (including, as appropriate, education and training of family members),”;

(3) in paragraph (1)—

(A) in the first sentence—

(i) by striking “newborns and infants” and inserting “newborns, infants, and young children (referred to in this section as ‘children’)”; and

(ii) by striking “and medical” and all that follows through the period and inserting “medical, and communication (or language acquisition) interventions (including family support), for children identified as deaf or hard-of-hearing, consistent with the following.”;

(B) in the second sentence—

(i) by striking “Early” and inserting the following: “(A) Early”;

(ii) by striking “and delivery of” and inserting “, and delivery of,”;

(iii) by striking “by schools” and all that follows through “programs mandated” and inserting “by organizations such as schools and agencies (including community, consumer, and family-based agencies), in health care settings (including medical homes for children), and in programs mandated”; and

(iv) by striking “hard of hearing” and all that follows through the period and inserting “hard-of-hearing children.”; and

(C) by striking the last sentence and inserting the following:

“(B) Information provided to families should be accurate, comprehensive, up-to-date, and evidence-based, as appropriate, to allow families to make important decisions for their children in a timely manner, including decisions with respect to the full range of assistive hearing technologies and communications modalities, as appropriate.

“(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.”;

(4) in paragraph (2), by striking “To collect” and all that follows through the period and inserting “To continue to provide technical support to States, through one or more technical resource centers, to assist in further developing and enhancing State early hearing detection and intervention programs.”; and

(5) by striking paragraph (3) and inserting the following:

“(3) To identify or develop efficient models (educational and medical) to ensure that children who are identified as deaf or hard-of-hearing through screening receive follow-up by qualified early intervention providers or qualified health care providers (including those at medical homes for children), and referrals, as appropriate, including to early intervention services under part C of the Individuals with Disabilities Education Act. State agencies shall be encouraged to effectively increase the rate of such follow-up and referral.”.

(c) TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND APPLIED RESEARCH.—Section 399M(b)(1) of the Public Health Service Act (42 U.S.C. 280g–1(b)(1)) is amended—

(1) in the first sentence—

(A) by striking “The Secretary” and inserting the following:

“(A) IN GENERAL.—The Secretary”;

(B) by striking “to complement an intramural program and” and inserting the following: “or designated entities of States—

“(i) to develop, maintain, and improve data collection systems related to newborn, infant, and young child hearing screening, evaluation (including audiologic, medical, and language acquisition evaluations), diagnosis, and intervention services;”;

(C) by striking “to conduct” and inserting the following:

“(ii) to conduct”; and

(D) by striking “newborn” and all that follows through the period and inserting the following: “newborn, infant,

and young child hearing screening, evaluation, and intervention programs and outcomes;

“(iii) to ensure quality monitoring of hearing screening, evaluation, and intervention programs and systems for newborns, infants, and young children; and

“(iv) to support newborn, infant, and young child hearing screening, evaluation, and intervention programs, and information systems.”;

(2) in the second sentence—

(A) by striking the matter that precedes subparagraph (A) and all that follows through subparagraph (C) and inserting the following:

“(B) USE OF AWARDS.—The awards made under subparagraph (A) may be used—

“(i) to provide technical assistance on data collection and management, including to coordinate and develop standardized procedures for data management;

“(ii) to assess and report on the cost and program effectiveness of newborn, infant, and young child hearing screening, evaluation, and intervention programs and systems;

“(iii) to collect data and report on newborn, infant, and young child hearing screening, evaluation, diagnosis, and intervention programs and systems for applied research, program evaluation, and policy improvement.”;

(B) by redesignating subparagraphs (D), (E), and (F) as clauses (iv), (v), and (vi), respectively, and aligning the margins of those clauses with the margins of clause (i) of subparagraph (B) (as inserted by subparagraph (A) of this paragraph);

(C) in clause (v) (as redesignated by subparagraph (B) of this paragraph)—

(i) by striking “newborn and infant” and inserting “newborn, infant, and young child”; and

(ii) by striking “language status” and inserting “hearing status”; and

(D) in clause (vi) (as redesignated by subparagraph (B) of this paragraph)—

(i) by striking “sharing” and inserting “integration and interoperability”; and

(ii) by striking “with State-based” and all that follows through the period and inserting “across multiple sources to increase the flow of information between clinical care and public health settings, including the ability of States and territories to exchange and share data.”.

(d) COORDINATION AND COLLABORATION.—Section 399M(c) of the Public Health Service Act (42 U.S.C. 280g–1(c)) is amended—

(1) in paragraph (1)—

(A) by striking “consult with” and inserting “consult with—”;

(B) by striking “other Federal” and inserting the following:

“(A) other Federal”;

(C) by striking “State and local agencies, including those” and inserting the following:

“(B) State and local agencies, including agencies”;

(D) by striking “consumer groups of and that serve” and inserting the following:

“(C) consumer groups of, and that serve”;

(E) by striking “appropriate national” and inserting the following:

“(D) appropriate national”;

(F) by striking “persons who are deaf and” and inserting the following:

“(E) individuals who are deaf or”;

(G) by striking “other qualified” and inserting the following:

“(F) other qualified”;

(H) by striking “newborns, infants, toddlers, children,” and inserting “children,”;

(I) by striking “third-party” and inserting the following:

“(G) third-party”; and

(J) by striking “related commercial” and inserting the following:

“(H) related commercial”; and

(2) in paragraph (3)—

(A) by striking “States to establish newborn and infant” and inserting the following: “States—

“(A) to establish newborn, infant, and young child”;

(B) by inserting a semicolon after “subsection (a)”;

(C) by striking “to develop” and inserting the following:

“(B) to develop”.

(e) **RULE OF CONSTRUCTION; RELIGIOUS ACCOMMODATION.**—Section 399M(d) of the Public Health Service Act (42 U.S.C. 280g–1(d)) is amended—

(1) by striking “which” and inserting “that”;

(2) by striking “newborn infants or young”; and

(3) by striking “parents” and inserting “parent’s”.

(f) **DEFINITIONS.**—Section 399M(e) of the Public Health Service Act (42 U.S.C. 280g–1(e)) is amended—

(1) in paragraph (1)—

(A) by striking “(1)” and all that follows through “to procedures” and inserting the following:

“(1) The term ‘audiologic’, when used in connection with evaluation, means procedures—”;

(B) by striking “to assess” and inserting the following:

“(A) to assess”;

(C) by striking “to establish” and inserting the following:

“(B) to establish”;

(D) by striking “auditory disorder;” and inserting “auditory disorder,”;

(E) by striking “to identify” and inserting the following:

“(C) to identify”;

(F) by striking “options.” and all that follows through “linkage” and inserting the following: “options, including—

“(i) linkage”;

(G) by striking “appropriate agencies,” and all that follows through “national” and inserting the following: “appropriate agencies;

- “(ii) medical evaluation;
- “(iii) assessment for the full range of assistive hearing technologies appropriate for newborns, infants, and young children;
- “(iv) audiologic rehabilitation treatment; and
- “(v) referral to national”; and
- (H) by striking “parent, and education” and inserting “parent, family, and education”;
- (2) by striking paragraph (2);
- (3) by redesignating paragraphs (3) through (6) as paragraphs (2) through (5);
- (4) in paragraph (2) (as redesignated by paragraph (3) of this subsection)—
 - (A) by striking “refers to providing” and inserting the following: “means—
 - “(A) providing”;
 - (B) by striking “with hearing loss, including nonmedical services,” and inserting “who is deaf or hard-of-hearing, including nonmedical services.”;
 - (C) by striking “ensuring that families of the child are provided” and inserting the following:
 - “(B) ensuring that the family of the child is—
 - “(i) provided”;
 - (D) by striking “language and communication options and are given” and inserting the following: “language acquisition in oral and visual modalities; and
 - “(ii) given”; and
 - (E) by striking “their child” and inserting “the child”;
 - (5) in paragraph (3) (as redesignated by paragraph (3) of this subsection), by striking “(3)” and all that follows through “decision making” and inserting “The term ‘medical evaluation’ means key components performed by a physician including history, examination, and medical decisionmaking”;
 - (6) in paragraph (4) (as redesignated by paragraph (3) of this subsection)—
 - (A) by striking “refers to” and inserting “means”;
 - (B) by striking “and/or surgical” and inserting “or surgical”; and
 - (C) by striking “of hearing” and all that follows through “disorder” and inserting “for hearing loss or other medical disorders”; and
 - (7) in paragraph (5) (as redesignated by paragraph (3) of this subsection)—
 - (A) by striking “(5)” and all that follows through “refers to” and inserting “(5) The term ‘newborn, infant, and young child hearing screening’ means”; and
 - (B) by striking “and infants” and inserting “, infants, and young children under 3 years of age”.
- (g) AUTHORIZATION OF APPROPRIATIONS.—Section 399M(f) of the Public Health Service Act (42 U.S.C. 280g–1(f)) is amended—
 - (1) in paragraph (1), by striking “such sums” and all that follows through the period and inserting “\$17,818,000 for fiscal year 2018, \$18,173,800 for fiscal year 2019, \$18,628,145 for fiscal year 2020, \$19,056,592 for fiscal year 2021, and \$19,522,758 for fiscal year 2022.”; and
 - (2) in paragraph (2), by striking “such sums” and all that follows through the period and inserting “\$10,800,000 for fiscal

year 2018, \$11,026,800 for fiscal year 2019, \$11,302,470 for fiscal year 2020, \$11,562,427 for fiscal year 2021, and \$11,851,488 for fiscal year 2022.”.

Approved October 18, 2017.

LEGISLATIVE HISTORY—S. 652:

CONGRESSIONAL RECORD, Vol. 163 (2017):

Sept. 6, considered and passed Senate.

Oct. 3, considered and passed House.

