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REPORT
110–565

EARLY HEARING DETECTION AND INTERVENTION ACT OF 2008

APRIL 8, 2008.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

R E P O R T

[To accompany H.R. 1198]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 1198) to amend the Public Health Service Act regarding early detection, diagnosis, and treatment of hearing loss, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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AMENDMENT

The amendment is as follows:

69–006

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Early Hearing Detection and Intervention Act of 2008".

SEC. 2. EARLY DETECTION, DIAGNOSIS, AND TREATMENT OF HEARING LOSS.

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

(1) in the section heading, by striking "**INFANTS**" and inserting "**NEWBORNS AND INFANTS**";

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking "screening, evaluation and intervention programs and systems" and inserting "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,";

(B) by amending paragraph (1) to read as follows:

"(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."; and

(C) by adding at the end the following:

"(3) To develop 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. These models shall be evaluated for their effectiveness, and State agencies shall be encouraged to adopt models that effectively increase the rate of occurrence of such follow-up.

"(4) To ensure an adequate supply of qualified personnel to meet the screening, evaluation, diagnosis, and early intervention needs of children.";

(3) in subsection (b)—

(A) in paragraph (1)(A), by striking "hearing loss screening, evaluation, and intervention programs" and inserting "hearing loss screening, evaluation, diagnosis, and intervention programs"; and

(B) in paragraph (2)—

(i) by striking "for purposes of this section, continue" and insert the following: "for purposes of this section—

"(A) continue";

(ii) by striking the period at the end and inserting "; and"; and

(iii) by adding at the end the following:

"(B) establish a postdoctoral fellowship program to foster research and development in the area of early hearing detection and intervention.";

(4) in paragraphs (2) and (3) of subsection (c), by striking the term "hearing screening, evaluation and intervention programs" each place such term appears and inserting "hearing screening, evaluation, diagnosis, and intervention programs";

(5) in subsection (e)—

(A) in paragraph (3), by striking "ensuring that families of the child" and all that follows and inserting "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."; and

(B) in paragraph (6), by striking ", after rescreening,"; and

(6) in subsection (f)—

(A) in paragraph (1), by striking "fiscal year 2002" and inserting "fiscal years 2009 through 2014";

(B) in paragraph (2), by striking "fiscal year 2002" and inserting "fiscal years 2009 through 2014"; and

(C) in paragraph (3), by striking "fiscal year 2002" and inserting "fiscal years 2009 through 2014".

PURPOSE AND SUMMARY

The purpose of H.R. 1198, the Early Hearing Detection and Intervention Act of 2008, is to amend the Public Health Service Act to establish grant programs to provide for education and outreach on newborn screening and coordinated follow-up care once newborn screening has been conducted, to reauthorize programs under part A of title XI of such act, and for other purposes.

BACKGROUND AND NEED FOR LEGISLATION

Each year in the United States, more than 12,000 babies are born with hearing loss. The cause of hearing loss for many babies is not known, and hearing loss can go undetected for years. Studies have shown that children who have hearing loss can have delays in speech, language, and cognitive development. When a child's hearing loss is identified soon after birth, the child's family and doctors can make sure the child gets services (e.g., intervention) he or she needs at an early age, increasing the likelihood of mitigating or preventing those delays.

H.R. 1198 reauthorizes the Early Hearing Detection and Intervention (EHDI) program within the U.S. Department of Health and Human Services (HHS). The original legislation, which was enacted in 2000, directed Federal agencies to work with States to develop newborn infant hearing screening and early intervention programs. EHDI programs include screening (the initial test of infants for hearing loss), diagnostic evaluations (to confirm hearing loss), and early intervention (including medical services, early intervention programs, and family support) to enhance language, communication, and cognitive and social skill development.

When the EHDI program was first implemented, 44 percent of newborns were screened for hearing loss. With increased Congressional funding, this increased to 67 percent by the end of 2001, and 87 percent by the end of 2002. Today, more than 93 percent of all newborns are screened, and each year there are thousands of infants with hearing loss who benefit from early identification.

Despite the success of the EHDI program, much work remains to be done. Many infants do not receive timely follow-up and referrals due to shortages in properly trained healthcare providers, limited access to early intervention programs, and poor EHDI program integration with existing public healthcare systems.

HEARINGS

There were no hearings held in connection to the bill reported by the Committee.

COMMITTEE CONSIDERATION

On Tuesday, March 11, 2008, the Subcommittee on Health met in open markup session and favorably forwarded H.R. 1198, amended, to the full Committee for consideration, by a voice vote. On Thursday, March 13, 2008, the full Committee met in open markup session and ordered H.R. 1198 favorably reported to the House, as amended by the Subcommittee on Health, by a voice

vote. No amendments were offered during full Committee consideration.

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 on amendments or in connection with ordering H.R. 1198 reported to the House. A motion by Mr. Dingell to order H.R. 1198 favorably reported to the House, as amended, was agreed to by a voice vote.

COMMITTEE OVERSIGHT FINDINGS

Regarding clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the oversight findings of the Committee regarding H.R. 1198 are reflected in this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The objective of H.R. 1198 is to expand the EHDI program to include diagnostic services among services provided and to require the Secretary of HHS, acting through the Administrator of the Health Resources and Services Administration (HRSA), to assist in the recruitment, retention, education, and training of qualified personnel and healthcare providers. Within the purposes section of the EHDI program, H.R. 1198 states that the Secretary of HHS, acting through the Administrator of HRSA, shall make awards of grants for the purpose of developing efficient models to ensure that newborns, infants, and young children who are identified with a hearing loss through screening are not lost to follow-up by a qualified healthcare provider and for the purpose of ensuring an adequate supply of qualified personnel to meet the screening, evaluation, and early intervention needs of children. H.R. 1198 requires the Director of the National Institutes of Health (NIH), acting through the Director of the National Institute on Deafness and Other Communication Disorders (NIDOCD), to establish a postdoctoral fellowship program to foster research and development in the area of early hearing detection and intervention. In conclusion, H.R. 1198 amends the definition of "early intervention" to require that families be given the opportunity to obtain the full range of early intervention services, educational and program placements, and other options for their child from highly qualified providers.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Regarding compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 1198 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

EARMARKS AND TAX AND TARIFF BENEFITS

Regarding compliance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 1198 does not contain any con-

gressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 1198 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 on H.R. 1198 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

APRIL 7, 2008.

Hon. JOHN D. DINGELL,
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. 1198, the Early Hearing Detection and Intervention Act of 2008.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contacts are Sarah Evans, Tim Gronniger, and Lara Robillard.

Sincerely,

ROBERT A. SUNSHINE
(For Peter R. Orszag, Director).

Enclosure.

H.R. 1198—Early Hearing Detection and Intervention Act of 2008

Summary: H.R. 1198 would amend the Public Health Service Act to authorize and expand research and public health activities related to the early detection, diagnosis, and treatment of hearing loss in newborns and infants. CBO estimates that implementing the bill would cost $183 million over the 2009–2013 period, subject to the appropriation of the necessary amounts. Enacting H.R. 1198 would not affect direct spending or federal revenues.

H.R. 1198 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. 1198 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

Basis of estimate: H.R. 1198 would authorize funding for early hearing loss detection and intervention activities at the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH) for fiscal years 2009 through 2014. It also would require the Director of the National Institutes of Health to establish a postdoctoral research program to foster research and development in the area of early hearing detection and intervention. CBO estimates that those activities would require the appropriation of $222 million over the 2009–2013 period. Based on historical spending patterns for similar activities and assuming the appropriation of necessary amounts, CBO estimates that implementing H.R. 1198

would cost $183 million over the 2009–2013 period. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—				
	2009	2010	2011	2012	2013
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
HRSA:					
Estimated Authorization Level	12	12	13	13	13
Estimated Outlays	6	11	12	13	13
CDC:					
Estimated Authorization Level	10	10	11	11	11
Estimated Outlays	4	9	10	10	11
NIH					
Estimated Authorization Level	20	21	21	22	22
Estimated Outlays	5	17	20	21	21
Total Changes					
Estimated Authorization Level	45	43	45	46	46
Estimated Outlays	15	37	42	44	45

Note: CDC = Centers for Disease and Prevention; HRSA = Health Resources and Services Administration; NIH = National Institutes of Health.

HRSA administers the Universal Newborn Screening program, which makes grants to states to support testing of infants prior to hospital discharge, audiologic evaluation by three months of age, and early intervention activities. CBO estimates that those activities would require the appropriation of $63 million over the 2009–2013 period. Assuming the appropriation of estimated amounts, CBO estimates that implementing H.R. 1198 would cost $55 million over the 2009–2013 period.

H.R. 1198 would authorize CDC to make grants to states and provide technical assistance to states to promote screening, surveillance, and research into the causes of hearing loss among newborns and infants. CBO estimates that the CDC would require the appropriation of $53 million over the 2009–2013 period to conduct the authorized activities. CBO estimates that implementing those programs would cost $44 million over the 2009–2013 period, assuming the appropriation of the estimated amounts.

H.R. 1198 would authorize the NIH to conduct research on early detection and treatment of hearing loss. The bill also would direct NIH to establish a postdoctoral fellowship program to train researchers in the field of detecting and intervening in early hearing loss. Based on information provided by NIH, CBO expects that the new postdoctoral program would fund two to three postdoctoral fellows at approximately $50,000 per year. Based on that information, historical program expenditures at NIH, and adjustments for inflation, CBO estimates that NIH would require the appropriation of $106 million over the 2009–2013 period to conduct the authorized activities. CBO estimates that implementing those programs would cost $84 million over the 2009–2013 period, assuming appropriation of the estimated amounts.

Intergovernmental and private-sector impact: H.R. 1198 contains no intergovernmental or private-sector mandates as defined in UMRA. States that participate in programs to detect, diagnose, and treat hearing loss in newborns and infants would benefit from activities authorized in the bill.

Estimate prepared by: Federal Costs: Sarah Evans, Tim Gronniger, and Lara Robillard; Impact on State, Local, and Tribal

Governments: Lisa Ramirez-Branum; Impact on the Private Sector: Patrick Bernhardt.

Estimate approved by: Keith J. Fontenot, Deputy Assistant Director for Health and Human Resources, Budget Analysis Division.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 1198 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 1198.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for H.R. 1198 is provided in the provisions of Article I, section 8, clause 1, that relate to expending funds to provide for the general welfare of the United States.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 1198 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 of 1995.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 establishes the short title of the Act as the "Early Hearing Detection and Intervention Act of 2008".

Section 2. Early detection, diagnosis, and treatment of hearing loss

Section 2 of this legislation amends Section 399M of the Public Health Service Act (42 U.S.C. 280g–1). In the Section 399M heading, H.R. 1198 strikes "infants" and inserts "newborns and infants."

Section 2 expands the purpose of the grant program to say that grants and cooperative agreements will be given to (1) develop statewide newborn, infant hearing screening, evaluation, diagnosis, and intervention programs and systems; (2) assist in the recruitment, retention, education, and training of qualified personnel and healthcare providers; (3) ensure the prompt evaluation of children referred from screening programs; (4) provide appropriate educational, audiological, and medical interventions for children identified with hearing loss; (5) establish and foster family-to-family support mechanisms; (6) develop 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 (7) ensure an adequate supply of qualified personnel to meet the screening, evaluation, diagnosis, and early intervention needs of children.

Section 2 directs the Director of the NIH, acting through the Director of NIDOCD, to establish a postdoctoral fellowship program to foster research and development in the area of early hearing detection and intervention.

Section 2 amends the definition of the term "early intervention." As amended by H.R. 1198, the term "early intervention" ensures 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.

Finally, Section 2 updates the authorization of appropriation sections to strike "fiscal year 2002" everywhere that such term appears and replace it with "fiscal years 2009 through 2014."

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, 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 [INFANTS] *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 and intervention programs and systems] *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 state-wide newborn and infant hearing screening, evaluation and intervention programs and systems. Early intervention includes referral to 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.]

(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.

* * * * * * *

(3) To develop 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. These models shall be evaluated for their effectiveness, and State agencies shall be encouraged to adopt models that effectively increase the rate of occurrence of such follow-up.

(4) To ensure an adequate supply of qualified personnel to meet the screening, evaluation, diagnosis, and early intervention needs of children.

(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, and intervention programs] *hearing loss screening, evaluation, diagnosis, and intervention programs* and systems;

* * * * * * *

(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] *for purposes of this section—*

(A) 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[.]*; and*

(B) establish a postdoctoral fellowship program to foster research and development in the area of early hearing detection and intervention.

(c) COORDINATION AND COLLABORATION.—

(1) * * *

(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 and intervention programs] *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 and intervention programs] *hearing screening, evaluation, diagnosis, and intervention programs* and systems under subsection (a) and to develop a data collection system under subsection (b).

* * * * * * *

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

(1) * * *

* * * * * * *

(3) The term "early intervention" refers to providing appropriate services for the child with hearing loss, including nonmedical services, and [ensuring that families of the child are provided comprehensive, consumer-oriented information about the full range of family support, training, information services, communication options and are given the opportunity to consider the full range of educational and program placements and options for their child.] *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.*

* * * * * * *

(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[, after rescreening,] 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 year 2002] *fiscal years 2009 through 2014*.

(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 year 2002] *fiscal years 2009 through 2014*.

(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 year 2002] *fiscal years 2009 through 2014*.

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