

[H.R.1344, Early Hearing Detection and Intervention Act of 2015](#)

FLOOR SITUATION

On Tuesday, September 8, 2015, the House will consider [H.R. 1344](#), *the Early Hearing Detection and Intervention Act of 2015*, under suspension of the rules. H.R. 1344 was introduced on March 10, 2015, by Rep. Brett Guthrie (R-KY) and was referred to the Committee on Energy and Commerce, which ordered the bill reported by voice vote on Wednesday July 29, 2015.

SUMMARY

H.R. 1344 amends the Public Health Service Act to reauthorize a program for early detection, diagnosis, and treatment for deaf and hard-of-hearing newborns, infants, and young children through fiscal year 2020.

BACKGROUND

According to the National Institute of Health (NIH), two to three out of every 1,000 children in the United States are born deaf or hard-of-hearing, and more lose their hearing later during childhood.¹ Certain genetic disorders, environmental causes, complications after birth, and certain infections can cause hearing loss in infants and children.²

Early Hearing Detection and Intervention (EHDI) refers to the practice of screening every newborn for hearing loss prior to hospital discharge. Infants not passing the screening receive diagnostic evaluation before three months of age and, when necessary, are enrolled in early intervention programs by six months of age. According to reports, early intervention is particularly critical for speech acquisition in many children with hearing loss. All 50 states and the District of Columbia have EHDI laws or voluntary compliance programs that screen hearing.³

¹ <http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=104>

² <http://www.cdc.gov/ncbddd/hearingloss/data.html>

³ <http://www.asha.org/advocacy/federal/ehdi/>

H.R. 1344 reauthorizes the federal authority for hearing tests and intervention programs for newborn babies, which were first authorized through the Newborn Infant Hearing Screening and Intervention Act of 1999.⁴

According to the bill sponsor, “early detection of hearing loss is just like the early detection of any other disease or illness – it can dramatically change the outcome of one’s prognosis. By reauthorizing these screening and intervention programs, and by shifting our focus to ensure there is less loss to follow-up, we can ensure all newborn babies are being evaluated and receiving any necessary treatment.”⁵

COST

The Congressional Budget Office (CBO) [estimates](#) that enacting H.R. 1344 would cost \$212 million over the 2016 to 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.

STAFF CONTACT

For questions or further information please contact [John Huston](#) with the House Republican Policy Committee by email or at 6-5539.

⁴ <http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=104>

⁵ <http://capps.house.gov/press-release/capps-guthrie-introduce-bipartisan-bill-reauthorize-early-hearing-detection-and>