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H.R. 1344— Early Hearing Detection and Intervention Act of 2015 (Rep. Guthrie, R-KY)

CONTACT: Rebekah Armstrong, 202-226-0678

FLOOR SCHEDULE:

September 8, 2015 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 1344 would amend the Public Health Service Act and reauthorize for five years a program for the early detection, diagnosis, and treatment of deaf and hard-of-hearing newborns, infants, and to add coverage for young children.

COST:

The Congressional Budget Office (CBO) estimates that implementing H.R. 1344 would cost $212 million over the 2016-2020 period, assuming appropriation of the specified and necessary amounts.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** Yes. The bill expands the eligible population served by grant-funded services to include young children. However, the measure does limit authorized appropriations to $28.6 million per year, as opposed to the open authorization of "such sums as necessary" in the existing authorization.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

This bill would require the secretary of Health and Human Services to make grants available to states to develop statewide newborn, infant, and young childhood hearing screening and intervention systems and to assist in the training and retention of qualified health care providers. In addition, the Centers for Disease Control and Prevention (CDC) would award grants to states for the development, and improvement of data tracking and surveillance systems on covered hearing screenings, evaluations, and interventions in order to conduct applied research related to services and outcomes. In carrying out this program, the administrator of the Health Resources and Services Administration (HRSA), the director of the CDC, and the director of the National Institutes of Health (NIH) would be directed to collaborate and consult with: (1) federal, state and local agencies; (2) consumer groups which serve the deaf; (3) national medical and educational specialty organizations; qualified professional personnel; and (4) third-party payers to create recommendations for policy development.

This bill would authorize $17,800,000 for each of fiscal years (FY) 2016-2020 for HRSA, and $10,800,000 for each of FY 2016-2020 for the CDC. This specific authorization would replace the authorization for "such sums as necessary" in current law. For reference, HRSA received appropriations of $17,818,000 for this program and the CDC received $10,752,000 in in FY2015

Without reauthorization, this program would expire at the end of FY 2015.

OUTSIDE GROUP SUPPORT:

- American Academy of Audiology
- American Speech-Language-Hearing Association
- American Cochlear Implant Alliance

COMMITTEE ACTION:

This bill was introduced by Representative Guthrie on March 10, 2015, and referred to the House Committee on Energy and Commence. The Subcommittee on Health and the full committee both held a mark-up where the bill was passed out by voice vote.

ADMINISTRATION POSITION:

No statement of administration policy is available at this time.

CONSTITUTIONAL AUTHORITY:

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: "Article I, Section 8." No specific clause citing an enumerated power of Congress was included.

H.R. 1462: Protecting Our Infants Act of 2015 (Rep. Clark, D-MA)

CONTACT: Rebekah Armstrong, 202-226-0678

FLOOR SCHEDULE:

September 8, 2015 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 1462 would instruct the director of the Agency for Healthcare Research and Quality to study and develop recommendations for preventing and treating prenatal opioid abuse and neonatal abstinence syndrome (NAS).

COST:

There is no Congressional Budget Office score at this time. Rule 28(a)(1) of the Rules of the Republican Conference prohibit measures from being scheduled for consideration under suspension of the rules without an accompanying cost estimate. Rule 28(b) provides that the cost estimate requirement may be waived by a majority of the Elected Leadership.

CONSERVATIVE CONCERNS:

There are no substantive conservative concerns.

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

This bill would instruct the director of the Agency for Healthcare Research and Quality to study and develop recommendations for preventing and treating prenatal opioid abuse and neonatal abstinence syndrome (NAS). In addition, the director would publish a report with a comprehensive assessment of existing research with respect to NAS, and an evaluation of the causes and risk factors for opioid use disorders among women of reproductive age. The secretary of Health and Human Services (HHS) would be directed to lead a review of planning and coordination within HHS related to opioid use and NAS with the goal of closing programming gaps. Finally, the director of the Centers for Disease Control and Prevention (CDC) would provide technical assistance to states to improve the availability and quality of data collection and surveillance activities regarding NAS.

OUTSIDE GROUP SUPPORT:

- March of Dimes

COMMITTEE ACTION:

This bill was introduced by Representative Clark on March 19, 2015, and referred to the House Committee on Energy and Commerce. The Subcommittee on Health and the full committee both held a mark-up where the bill was passed out by voice vote.

ADMINISTRATION POSITION:

No statement of administration policy is available at this time.

CONSTITUTIONAL AUTHORITY:

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: "Article I, Section 8 of the United States Constitution." No specific clause citing an enumerated power of Congress was included.

H.R. 1725: National All Schedules Prescription Electronic Reporting Authorization Act of 2015, as amended (Rep. Whitfield, R-KY)

CONTACT: Rebekah Armstrong, 202-226-0678

FLOOR SCHEDULE:

September 8, 2015 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 1725 would reauthorize funding and expand the eligible entities and uses for grants to states and territories to establish or maintain electronic database systems for monitoring and dispensing controlled substances. The program has been unauthorized since 2010.

COST:

The Congressional Budget Office (CBO) estimates that implementing H.R. 1725 would cost $43 million over the 2016-2020 period.

CONSERVATIVE CONCERNS:

Conservatives may oppose the increased involvement of the Federal Government in directly funding operations of database systems functioning entirely within a single state.

- **Expand the Size and Scope of the Federal Government?** Yes. The measure expands the entities eligible to receive grants from states and the District of Columbia to include all territories and commonwealths. Further, the measure adds ongoing operation of a database system to the eligible uses of a grant, expanding from the expired existing authorization for establishment, implementation, or improvement of such a database.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

This bill would reauthorize funding for grants to states and territories to establish or maintain electronic database systems for monitoring and dispensing controlled substances. The secretary of Health and Human Services (HHS) would have the authority to maintain and revise minimum program requirements to grantees. This would include a plan to apply the latest advances in health information technology in order to incorporate prescription drug monitoring program data directly in to the workflow of prescribers and dispensers to ensure timely access to patents' controlled prescription drug history.

States that submit an application for a grant would be required to describe how it will achieve interoperability between its monitoring program and health information technology systems. The state would report to the secretary on the interoperability with the controlled substances monitoring programs of federal departments and agencies, and, as appropriate, the interoperability with health information technology systems such as electronic health records and e-prescribing systems. In addition, a state would provide the secretary with the necessary data to evaluate the success of the program and to ensure it is achieving its goals.

Finally, states receiving a grant would be required to facilitate prescriber and dispenser use of the state's controlled substance monitoring system and educate prescribers and dispensers on the benefits of the system.

This bill would authorize for appropriation $10,000,000 for each of fiscal years (FY) 2016-2020. This is equal to the amount authorized in 2010, which was the last year in which the program was authorized. It received appropriations of $11,000,000 in FY2015.

COMMITTEE ACTION:

This bill was introduced by Representative Whitfield on March 26, 2015, and referred to the House committee on Energy and Commerce. The Subcommittee on Health and the full committee both held a mark-up where the bill was passed out by voice vote.

ADMINISTRATION POSITION:

No statement of administration policy is available at this time.

CONSTITUTIONAL AUTHORITY:

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: "Article I, Section 8, clause 3."

H.R. 2820: Stem Cell Therapeutic and Research Authorization Act of 2015 (Rep. Smith, R-NJ)

CONTACT: Rebekah Armstrong, 202-226-0678

FLOOR SCHEDULE:

September 8, 2015 under a suspension of the rules which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 2820 would reauthorize the National Cord Blood Inventory program and the C.W. Bill Young Cell Transplantation program through fiscal year (FY) 2020.

COST:

The Congressional Budget Office (CBO) estimates that implementing the bill would cost $220 million over the 2016-2020 period.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** Yes. The bill extends a demonstration project intended to last three years for the funding of collection and storage of cord blood units to a new total of ten years.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

This bill would reauthorize the National Cord Blood Inventory program and the C.W. Bill Young Cell Transplantation program through FY 2020. The National Cord Blood Inventory program is part of the Stem Cell Therapeutic and Research Act of 2005 and provides funding for the collection and storage of at least 150,000 cord blood units which are available through the C.W. Bill Young Cell Transplantation Program. The C.W. Bill Young Cell Transplantation Program provides support to those who need a bone-marrow transplant or umbilical cord blood transplant.

This bill would authorize for appropriation $23,000,000 for each of FY through 2020. In addition, it would extend a three-year demonstration project for the collection and storage of cord blood units for a family where a first-degree relative has been diagnosed with a condition that would benefit from transplantation for an additional five years. The funding for this three-year demonstration project was to conclude at the end of its original five-year authorization in FY 2015.

COMMITTEE ACTION:

This bill was introduced by Representative Smith on June 18, 2015, and referred to the House Committee on Energy and Commerce. The Subcommittee on Health and the full committee both held a mark-up where the bill was passed out by voice vote.

ADMINISTRATION POSITION:

No statement of administration policy is available at this time.

CONSTITUTIONAL AUTHORITY:

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: "Article 1, Section 8." No specific clause citing an enumerated power of Congress was included.

S. 1359: E-Warranty Act of 2015 (Sen. Fischer, R-NE)

CONTACT: Nicholas Rodman, 202-226-8576

FLOOR SCHEDULE:

SCHEDULED FOR CONSIDERATION ON SEPTEMBER 8, 2015, UNDER A SUSPENSION OF THE RULES WHICH REQUIRES TWO-THIRDS MAJORITY FOR PASSAGE.

TOPLINE SUMMARY:

S. 1359 would allow consumer product manufacturers to display warranty terms and labeling requirements online. Under current law, manufacturers are required to provide written warranty information at the physical location where the products are purchased.

COST:

The Congressional Budget Office (CBO) estimates that implementing the rulemaking requirement in S. 1359 would not have a significant effect on discretionary costs. Enacting S. 1359 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

CONSERVATIVE CONCERNS:

There are no substantive concerns.

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

The bill amends section 102(b) of the Magnuson-Moss Warranty—Federal Trade Commission Improvement Act (15 U.S.C. 2302(b)) to allow warranty terms to be made available on the manufacturer's Internet website in a clear and conspicuous manner. The updated rules would additionally require the manufacturer to provide information on how to obtain and review warranty terms by indicating the manufacturer's website, mailing address, and phone number on the product. S. 1359 would mandate that the Federal Trade Commission (FTC) update its rules within one year to comply with the changes made by the bill. The Senate Report (S. Rept. 114-77) accompanying S. 1359 can be found here.

OUTSIDE GROUP SUPPORT:

- Cellular Telephone Industries Association
- Consumer Electronics Association

COMMITTEE ACTION:

The bill was introduced on May 14, 2015 and was referred to the Senate Committee on Commerce, Science, and Transportation. The bill was then passed in the Senate with amendments by unanimous consent on July 9, 2015. The House Energy and Commerce Committee reported identical legislation (H.R. 3154) by voice vote.

ADMINISTRATION POSITION:

No statement of administration policy is available.

CONSTITUTIONAL AUTHORITY:

Senate rules do not require the inclusion of a constitutional authority statement.

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