

117TH CONGRESS
1ST SESSION

H. R. 482

IN THE SENATE OF THE UNITED STATES

JUNE 24, 2021

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

To amend the Public Health Service Act to reauthorize certain programs under part A of title XI of such Act relating to genetic diseases, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Newborn Screening
3 Saves Lives Reauthorization Act of 2021”.

4 **SEC. 2. IMPROVED NEWBORN AND CHILD SCREENING AND**
5 **FOLLOW-UP FOR HERITABLE DISORDERS.**

6 (a) **PURPOSES.**—Section 1109(a) of the Public
7 Health Service Act (42 U.S.C. 300b–8(a)) is amended—

8 (1) in paragraph (1), by striking “enhance, im-
9 prove or” and inserting “facilitate, enhance, im-
10 prove, or”;

11 (2) by amending paragraph (3) to read as fol-
12 lows:

13 “(3) to develop, and deliver to parents, families,
14 and patient advocacy and support groups, edu-
15 cational programs that—

16 “(A) address newborn screening coun-
17 seling, testing (including newborn screening
18 pilot studies), follow-up, treatment, specialty
19 services, and long-term care;

20 “(B) assess the target audience’s current
21 knowledge, incorporate health communications
22 strategies, and measure impact; and

23 “(C) are at appropriate literacy levels;”;
24 and

25 (3) in paragraph (4)—

1 (A) by striking “followup” and inserting
 2 “follow-up”; and

3 (B) by inserting before the semicolon at
 4 the end the following: “, including re-engaging
 5 patients who have not received recommended
 6 follow-up services and supports”.

7 (b) APPROVAL FACTORS.—Section 1109(c) of the
 8 Public Health Service Act (42 U.S.C. 300b–8(c)) is
 9 amended—

10 (1) by striking “or will use” and inserting “will
 11 use”; and

12 (2) by inserting “, or will use amounts received
 13 under such grant to enhance capacity and infra-
 14 structure to facilitate the adoption of,” before “the
 15 guidelines and recommendations”.

16 **SEC. 3. ADVISORY COMMITTEE ON HERITABLE DISORDERS**
 17 **IN NEWBORNS AND CHILDREN.**

18 Section 1111 of the Public Health Service Act (42
 19 U.S.C. 300b–10) is amended—

20 (1) in subsection (b)—

21 (A) in paragraph (5), by inserting “and
 22 adopt process improvements” after “take ap-
 23 propriate steps”;

24 (B) in paragraph (7) by striking “and” at
 25 the end;

1 (C) by redesignating paragraph (8) as
2 paragraph (9);

3 (D) by inserting after paragraph (7) the
4 following:

5 “(8) develop, maintain, and publish on a pub-
6 licly accessible website consumer-friendly materials
7 detailing—

8 “(A) the uniform screening panel nomina-
9 tion process, including data requirements,
10 standards, and the use of international data in
11 nomination submissions; and

12 “(B) the process for obtaining technical as-
13 sistance for submitting nominations to the uni-
14 form screening panel and detailing the in-
15 stances in which the provision of technical as-
16 sistance would introduce a conflict of interest
17 for members of the Advisory Committee; and”;

18 (E) in paragraph (9), as redesignated—

19 (i) by redesignating subparagraphs
20 (K) and (L) as subparagraphs (L) and
21 (M), respectively; and

22 (ii) by inserting after subparagraph
23 (J) the following:

24 “(K) the appropriate and recommended
25 use of safe and effective genetic testing by

health care professionals in newborns and children with an initial diagnosis of a disease or condition characterized by a variety of genetic causes and manifestations;” and

(2) in subsection (g)—

(A) in paragraph (1) by striking “2019” and inserting “2026”; and

(B) in paragraph (2) by striking “2019” and inserting “2026”.

SEC. 4. CLEARINGHOUSE OF NEWBORN SCREENING INFORMATION.

Section 1112(c) of the Public Health Service Act (42 U.S.C. 300b–11(c)) is amended by striking “and supplement, not supplant, existing information sharing efforts” and inserting “and complement other Federal newborn screening information sharing activities”.

SEC. 5. LABORATORY QUALITY AND SURVEILLANCE.

Section 1113 of the Public Health Service Act (42 U.S.C. 300b–12) is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) by striking “performance evaluation services,” and inserting “development of new screening tests,”; and

(ii) by striking “and” at the end;

1 (B) in paragraph (2)—

2 (i) by striking “performance test ma-
3 terials” and inserting “test performance
4 materials”; and

5 (ii) by striking the period at the end
6 and inserting “; and”; and

7 (C) by adding at the end the following:

8 “(3) performance evaluation services to enhance
9 disease detection, including the development of tools,
10 resources, and infrastructure to improve data anal-
11 ysis, test result interpretation, data harmonization,
12 and dissemination of laboratory best practices.”; and

13 (2) in subsection (b) to read as follows:

14 “(b) SURVEILLANCE ACTIVITIES.—The Secretary,
15 acting through the Director of the Centers for Disease
16 Control and Prevention, and taking into consideration the
17 expertise of the Advisory Committee on Heritable Dis-
18 orders in Newborns and Children established under sec-
19 tion 1111, shall provide for the coordination of national
20 surveillance activities, including—

21 “(1) standardizing data collection and reporting
22 through the use of electronic and other forms of
23 health records to achieve real-time data for tracking
24 and monitoring the newborn screening system, from

1 the initial positive screen through diagnosis and
2 long-term care management; and

3 “(2) by promoting data sharing linkages be-
4 tween State newborn screening programs and State-
5 based birth defects and developmental disabilities
6 surveillance programs to help families connect with
7 services to assist in evaluating long-term outcomes.”.

8 **SEC. 6. HUNTER KELLY RESEARCH PROGRAM.**

9 Section 1116 of the Public Health Service Act (42
10 U.S.C. 300b–15) is amended—

11 (1) in subsection (a)(1)—

12 (A) by striking “may” and inserting
13 “shall”; and

14 (B) in subparagraph (D)—

15 (i) by inserting “, or with a high prob-
16 ability of being recommended by,” after
17 “recommended by”; and

18 (ii) by striking “that screenings are
19 ready for nationwide implementation” and
20 inserting “that reliable newborn screening
21 technologies are piloted and ready for
22 use”; and

23 (2) in subsection (b) to read as follows:

24 “(b) FUNDING.—In carrying out the research pro-
25 gram under this section, the Secretary and the Director

1 shall ensure that entities receiving funding through the
2 program will provide assurances, as practicable, that such
3 entities will work in consultation with State departments
4 of health, as appropriate.”.

5 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS FOR NEW-**
6 **BORN SCREENING PROGRAMS AND ACTIVITIES.**
7

8 Section 1117 of the Public Health Service Act (42
9 U.S.C. 300b–16) is amended—

10 (1) in paragraph (1)—

11 (A) by striking “\$11,900,000” and insert-
12 ing “\$31,000,000”;

13 (B) by striking “2015” and inserting
14 “2022”; and

15 (C) by striking “2019” and inserting
16 “2026”; and

17 (2) in paragraph (2)—

18 (A) by striking “\$8,000,000” and inserting
19 “\$29,650,000”;

20 (B) by striking “2015” and inserting
21 “2022”; and

22 (C) by striking “2019” and inserting
23 “2026”.

1 **SEC. 8. INSTITUTIONAL REVIEW BOARDS; ETHICS GUID-**
2 **ANCE PROGRAM.**

3 Section 12 of the Newborn Screening Saves Lives Re-
4 authorization Act of 2014 (42 U.S.C. 289 note) is amend-
5 ed to read as follows:

6 **“SEC. 12. INSTITUTIONAL REVIEW BOARDS; ETHICS GUID-**
7 **ANCE PROGRAM.**

8 “Research on nonidentified newborn dried blood spots
9 shall be considered secondary research (as that term is
10 defined in section 46.104(d)(4) of title 45, Code of Federal
11 Regulations (or successor regulations)) with nonidentified
12 biospecimens for purposes of federally funded research
13 conducted pursuant to the Public Health Service Act (42
14 U.S.C. 200 et seq.).”.

15 **SEC. 9. NAM REPORT ON THE MODERNIZATION OF NEW-**
16 **BORN SCREENING.**

17 (a) STUDY.—Not later than 60 days after the date
18 of the enactment of this Act, the Secretary of Health and
19 Human Services shall seek to enter into an agreement
20 with the National Academy of Medicine (in this section
21 referred to as “NAM”) (or if NAM declines to enter into
22 such an agreement, another appropriate entity) under
23 which NAM, or such other appropriate entity, agrees to
24 conduct a study on the following:

25 (1) The uniform screening panel review and
26 recommendation processes to identify factors that

1 impact decisions to add new conditions to the uni-
2 form screening panel, to describe challenges posed
3 by newly nominated conditions, including low-incidence
4 diseases, late onset variants, and new treatments
5 without long-term efficacy data.

6 (2) The barriers that preclude States from adding
7 new uniform screening panel conditions to their
8 State screening panels with recommendations on resources
9 needed to help States implement uniform
10 screening panel recommendations.

11 (3) The current state of federally and privately
12 funded newborn screening research with recommendations
13 for optimizing the capacity of this research, including
14 piloting multiple prospective conditions at once and
15 addressing rare disease questions.

16 (4) New and emerging technologies that would
17 permit screening for new categories of disorders, or
18 would make current screening more effective, more
19 efficient, or less expensive.

20 (5) Technological and other infrastructure
21 needs to improve timeliness of diagnosis and short-
22 and long-term follow-up for infants identified
23 through newborn screening and improve public
24 health surveillance.

1 (6) Current and future communication and edu-
2 cational needs for priority stakeholders and the pub-
3 lic to promote understanding and knowledge of a
4 modernized newborn screening system with an em-
5 phasis on evolving communication channels and mes-
6 saging.

7 (7) The extent to which newborn screening
8 yields better data on the disease prevalence for
9 screened conditions and improves long-term out-
10 comes for those identified through newborn screen-
11 ing, including existing systems supporting such data
12 collection and recommendations for systems that
13 would allow for improved data collection.

14 (8) The impact on newborn morbidity and mor-
15 tality in States that adopt newborn screening tests
16 included on the uniform panel.

17 (b) PUBLIC STAKEHOLDER MEETING.—In the course
18 of completing the study described in subsection (a), NAM
19 or such other appropriate entity shall hold not less than
20 one public meeting to obtain stakeholder input on the top-
21 ics of such study.

22 (c) REPORT.—Not later than 18 months after the ef-
23 fective date of the agreement under subsection (a), such
24 agreement shall require NAM, or such other appropriate
25 entity, to submit to the Secretary of Health and Human

1 Services and the appropriate committees of jurisdiction of
2 Congress a report containing—

3 (1) the results of the study conducted under
4 subsection (a);

5 (2) recommendations to modernize the proc-
6 esses described in subsection (a)(1); and

7 (3) recommendations for such legislative and
8 administrative action as NAM, or such other appro-
9 priate entity, determines appropriate.

10 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
11 authorized to be appropriated \$2,000,000 for the period
12 of fiscal years 2022 and 2023 to carry out this section.

Passed the House of Representatives June 23, 2021.

Attest: CHERYL L. JOHNSON,
Clerk.