## 110TH CONGRESS 1ST SESSION H.R. 1198

To amend the Public Health Service Act regarding early detection, diagnosis, and treatment of hearing loss.

#### IN THE HOUSE OF REPRESENTATIVES

#### FEBRUARY 27, 2007

Mrs. CAPPS (for herself, Mr. WALSH of New York, Mr. CUMMINGS, Mr. EHLERS, Mr. MCHUGH, Mr. MCNULTY, Ms. MCCOLLUM of Minnesota, Mrs. MCCARTHY of New York, Mr. MCDERMOTT, Mr. GRIJALVA, Ms. SCHAKOWSKY, Ms. KILPATRICK, Mr. PAYNE, Mr. GENE GREEN of Texas, Mr. HINCHEY, Mr. GUTIERREZ, Mr. FOSSELLA, Mr. SMITH of New Jersey, Mr. JEFFERSON, Mr. JOHNSON of Georgia, Ms. WOOLSEY, Mr. KUHL of New York, Mr. DAVIS of Illinois, Ms. ESHOO, and Mr. BACHUS) introduced the following bill; which was referred to the Committee on Energy and Commerce

# A BILL

- To amend the Public Health Service Act regarding early detection, diagnosis, and treatment of hearing loss.
- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,

### **3** SECTION 1. SHORT TITLE.

- 4 This Act may be cited as the "Early Hearing Detec-
- 5 tion and Intervention Act of 2007".

1	SEC. 2. EARLY DETECTION, DIAGNOSIS, AND TREATMENT
2	OF HEARING LOSS.
3	Section 399M of the Public Health Service Act (42 $$
4	U.S.C. 280g–1) is amended—
5	(1) in the section heading, by striking "IN-
6	FANTS" and inserting "NEWBORNS, INFANTS,
7	AND YOUNG CHILDREN";
8	(2) in subsection (a)—
9	(A) in the heading, by striking "NEWBORN
10	AND INFANT" and inserting "NEWBORN, IN-
11	FANT, AND YOUNG CHILD";
12	(B) in the matter preceding paragraph (1),
13	by striking "newborn and infant hearing screen-
14	ing, evaluation and intervention programs and
15	systems" and inserting "newborn, infant, and
16	young child hearing screening, evaluation, diag-
17	nosis, and intervention programs and systems,
18	and to assist in the recruitment, retention, edu-
19	cation, and training of qualified personnel and
20	health care providers,"; and
21	(C) by amending paragraph (1) to read as
22	follows:
23	"(1) To develop and monitor the efficacy of
24	statewide programs and systems for hearing screen-
25	ing of newborns, infants, and young children;
26	prompt evaluation and diagnosis of children referred
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<ul> <li>cational, audiological, and medical interventions for</li> <li>children identified with hearing loss. Early interven-</li> <li>tion includes referral to and delivery of information</li> <li>and services by schools and agencies, including com-</li> <li>munity, consumer, and parent-based agencies and</li> <li>organizations and other programs mandated by part</li> <li>C of the Individuals with Disabilities Education Act,</li> <li>which offer programs specifically designed to meet</li> <li>the unique language and communication needs of</li> <li>deaf and hard of hearing newborns, infants, and</li> <li>young children. Programs and systems under this</li> <li>paragraph shall establish and foster family-to-family</li> <li>support mechanisms that are critical in the first</li> <li>months after a child is identified with hearing loss.";</li> <li>(D) in paragraph (2), by striking "new-</li> <li>born and infant" and inserting "newborn, in-</li> <li>fant, and young child"; and</li> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are iden-</li> <li>tified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	1	from screening programs; and appropriate edu-
<ul> <li>tion includes referral to and delivery of information</li> <li>and services by schools and agencies, including community, consumer, and parent-based agencies and</li> <li>organizations and other programs mandated by part</li> <li>C of the Individuals with Disabilities Education Act,</li> <li>which offer programs specifically designed to meet</li> <li>the unique language and communication needs of</li> <li>deaf and hard of hearing newborns, infants, and</li> <li>young children. Programs and systems under this</li> <li>paragraph shall establish and foster family-to-family</li> <li>support mechanisms that are critical in the first</li> <li>months after a child is identified with hearing loss.";</li> <li>(D) in paragraph (2), by striking "newborn and infant" and inserting "newborn, infant, and young child"; and</li> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are identified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	2	cational, audiological, and medical interventions for
5and services by schools and agencies, including com- munity, 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, and young 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."; (D) in paragraph (2), by striking "new- born and infant" and inserting "newborn, in- fant, and young child"; and (E) by adding at the end the following: 20 "(3) To develop efficient models to ensure that newborns, infants, and young children who are iden- tified with a hearing loss through screening are not lost to follow-up by a qualified health care provider.	3	children identified with hearing loss. Early interven-
6 munity, consumer, and parent-based agencies and 7 organizations and other programs mandated by part 8 C of the Individuals with Disabilities Education Act, 9 which offer programs specifically designed to meet 10 the unique language and communication needs of 11 deaf and hard of hearing newborns, infants, and 12 young children. Programs and systems under this 13 paragraph shall establish and foster family-to-family 14 support mechanisms that are critical in the first 15 months after a child is identified with hearing loss."; 16 (D) in paragraph (2), by striking "new- 17 born and infant" and inserting "newborn, in- 18 fant, and young child"; and 19 (E) by adding at the end the following: 20 "(3) To develop efficient models to ensure that 21 newborns, infants, and young children who are iden- 22 tified with a hearing loss through screening are not 23 lost to follow-up by a qualified health care provider.	4	tion includes referral to and delivery of information
<ul> <li>organizations and other programs mandated by part</li> <li>C of the Individuals with Disabilities Education Act,</li> <li>which offer programs specifically designed to meet</li> <li>the unique language and communication needs of</li> <li>deaf and hard of hearing newborns, infants, and</li> <li>young children. Programs and systems under this</li> <li>paragraph shall establish and foster family-to-family</li> <li>support mechanisms that are critical in the first</li> <li>months after a child is identified with hearing loss.";</li> <li>(D) in paragraph (2), by striking "new-</li> <li>born and infant" and inserting "newborn, in-</li> <li>fant, and young child"; and</li> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are iden-</li> <li>tified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	5	and services by schools and agencies, including com-
<ul> <li>C of the Individuals with Disabilities Education Act,</li> <li>which offer programs specifically designed to meet</li> <li>the unique language and communication needs of</li> <li>deaf and hard of hearing newborns, infants, and</li> <li>young children. Programs and systems under this</li> <li>paragraph shall establish and foster family-to-family</li> <li>support mechanisms that are critical in the first</li> <li>months after a child is identified with hearing loss.";</li> <li>(D) in paragraph (2), by striking "new-</li> <li>born and infant" and inserting "newborn, in-</li> <li>fant, and young child"; and</li> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are iden-</li> <li>tified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	6	munity, consumer, and parent-based agencies and
<ul> <li>which offer programs specifically designed to meet</li> <li>the unique language and communication needs of</li> <li>deaf and hard of hearing newborns, infants, and</li> <li>young children. Programs and systems under this</li> <li>paragraph shall establish and foster family-to-family</li> <li>support mechanisms that are critical in the first</li> <li>months after a child is identified with hearing loss.";</li> <li>(D) in paragraph (2), by striking "new-</li> <li>born and infant" and inserting "newborn, in-</li> <li>fant, and young child"; and</li> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are iden-</li> <li>tified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	7	organizations and other programs mandated by part
<ul> <li>the unique language and communication needs of</li> <li>deaf and hard of hearing newborns, infants, and</li> <li>young children. Programs and systems under this</li> <li>paragraph shall establish and foster family-to-family</li> <li>support mechanisms that are critical in the first</li> <li>months after a child is identified with hearing loss.";</li> <li>(D) in paragraph (2), by striking "new-</li> <li>born and infant" and inserting "newborn, in-</li> <li>fant, and young child"; and</li> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are identified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	8	C of the Individuals with Disabilities Education Act,
<ul> <li>deaf and hard of hearing newborns, infants, and</li> <li>young children. Programs and systems under this</li> <li>paragraph shall establish and foster family-to-family</li> <li>support mechanisms that are critical in the first</li> <li>months after a child is identified with hearing loss.";</li> <li>(D) in paragraph (2), by striking "new-</li> <li>born and infant" and inserting "newborn, in-</li> <li>fant, and young child"; and</li> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are iden-</li> <li>tified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	9	which offer programs specifically designed to meet
<ul> <li>young children. Programs and systems under this</li> <li>paragraph shall establish and foster family-to-family</li> <li>support mechanisms that are critical in the first</li> <li>months after a child is identified with hearing loss.";</li> <li>(D) in paragraph (2), by striking "new-</li> <li>born and infant" and inserting "newborn, in-</li> <li>fant, and young child"; and</li> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are iden-</li> <li>tified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	10	the unique language and communication needs of
<ul> <li>paragraph shall establish and foster family-to-family</li> <li>support mechanisms that are critical in the first</li> <li>months after a child is identified with hearing loss.";</li> <li>(D) in paragraph (2), by striking "new-</li> <li>born and infant" and inserting "newborn, in-</li> <li>fant, and young child"; and</li> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are iden-</li> <li>tified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	11	deaf and hard of hearing newborns, infants, and
<ul> <li>support mechanisms that are critical in the first</li> <li>months after a child is identified with hearing loss.";</li> <li>(D) in paragraph (2), by striking "new-</li> <li>born and infant" and inserting "newborn, in-</li> <li>fant, and young child"; and</li> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are iden-</li> <li>tified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	12	young children. Programs and systems under this
<ul> <li>months after a child is identified with hearing loss.";</li> <li>(D) in paragraph (2), by striking "new-</li> <li>born and infant" and inserting "newborn, in-</li> <li>fant, and young child"; and</li> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are iden-</li> <li>tified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	13	paragraph shall establish and foster family-to-family
<ul> <li>(D) in paragraph (2), by striking "new-</li> <li>born and infant" and inserting "newborn, in-</li> <li>fant, and young child"; and</li> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are iden-</li> <li>tified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	14	support mechanisms that are critical in the first
<ul> <li>born and infant" and inserting "newborn, in-</li> <li>fant, and young child"; and</li> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are iden-</li> <li>tified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	15	months after a child is identified with hearing loss.";
<ul> <li>fant, and young child"; and</li> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are iden-</li> <li>tified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	16	(D) in paragraph (2), by striking "new-
<ul> <li>(E) by adding at the end the following:</li> <li>"(3) To develop efficient models to ensure that</li> <li>newborns, infants, and young children who are iden-</li> <li>tified with a hearing loss through screening are not</li> <li>lost to follow-up by a qualified health care provider.</li> </ul>	17	born and infant" and inserting "newborn, in-
<ul> <li>20 "(3) To develop efficient models to ensure that</li> <li>21 newborns, infants, and young children who are iden-</li> <li>22 tified with a hearing loss through screening are not</li> <li>23 lost to follow-up by a qualified health care provider.</li> </ul>	18	fant, and young child"; and
<ul> <li>21 newborns, infants, and young children who are iden-</li> <li>22 tified with a hearing loss through screening are not</li> <li>23 lost to follow-up by a qualified health care provider.</li> </ul>	19	(E) by adding at the end the following:
<ul><li>tified with a hearing loss through screening are not</li><li>lost to follow-up by a qualified health care provider.</li></ul>	20	"(3) To develop efficient models to ensure that
23 lost to follow-up by a qualified health care provider.	21	newborns, infants, and young children who are iden-
	22	tified with a hearing loss through screening are not
24 These models shall be evaluated for their effective-	23	lost to follow-up by a qualified health care provider.
	24	These models shall be evaluated for their effective-
25 ness, and State agencies shall be encouraged to	25	ness, and State agencies shall be encouraged to

1	adopt models that effectively reduce loss to follow-
2	up.
3	"(4) To ensure an adequate supply of qualified
4	personnel to meet the screening, evaluation, and
5	early intervention needs of children.";
6	(3) in subsection (b)—
7	(A) in paragraph (1)—
8	(i) by striking the term "newborn and
9	infant" each place such term appears and
10	inserting "newborn, infant, and young
11	child"; and
12	(ii) in subparagraph (A), by striking
13	"hearing loss screening, evaluation, and
14	intervention programs" and inserting
15	"hearing loss screening, evaluation, diag-
16	nosis, and intervention programs";
17	(B) in paragraph (2)—
18	(i) by striking "for purposes of this
19	section, continue" and insert the following:
20	"for purposes of this section—
21	"(A) continue";
22	(ii) by striking the period at the end
23	and inserting "; and"; and
24	(iii) by adding at the end the fol-
25	lowing:

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

5 (4) in paragraphs (2) and (3) of subsection (c),
6 by striking the term "newborn and infant hearing
7 screening, evaluation and intervention programs"
8 each place such term appears and inserting "new9 born, infant, and young child hearing screening,
10 evaluation, diagnosis, and intervention programs";
11 and

12 (5) in subsection (e)—

(A) in paragraph (3), by striking "ensur-13 14 ing that families of the child" and all that follows and inserting "ensuring that families of 15 the child are provided comprehensive, con-16 17 sumer-oriented information about the full range 18 of family support, training, information serv-19 ices, and language and communication options 20 and are given the opportunity to consider and 21 obtain the full range of early intervention serv-22 ices, educational and program placements, and 23 other options for their child from highly quali-24 fied providers."; and

25 (B) in paragraph (6)—

1 (i) by striking "newborn and infant" 2 and inserting "newborn, infant, and young 3 child"; (ii) by striking "newborns and in-4 fants" and inserting "newborns, infants, 5 and young children"; and 6 (iii) by striking ", after rescreening,"; 7 8 and 9 (6) in subsection (f)— 10 (A) in paragraph (1)— (i) in the heading, by striking "NEW-11 BORN AND INFANT" and inserting "NEW-12 BORN, INFANT, AND YOUNG CHILD"; and 13 14 (ii) by striking "fiscal year 2002" and inserting "fiscal years 15 2008through 16 2013"; 17 (B) in paragraph (2), by striking "fiscal 18 year 2002" and inserting "fiscal years 2008 19 through 2013"; and (C) in paragraph (3), by striking "fiscal 20 year 2002" and inserting "fiscal years 2008 21 22 through 2013".

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