

# Calendar No. 673

111<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# S. 3199

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

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## IN THE SENATE OF THE UNITED STATES

APRIL 14, 2010

Ms. SNOWE (for herself, Mr. HARKIN, Mrs. LINCOLN, Mr. BENNETT, Mr. CHAMBLISS, Mr. BURRIS, Mr. MENENDEZ, and Mr. JOHNSON) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

DECEMBER 6, 2010

Reported by Mr. HARKIN, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

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## 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 2010~~”.

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 AND IN-**  
 7 **FANTS**”;

8 (2) in subsection (a)—

9 (A) in the matter preceding paragraph (1),  
 10 by striking “screening, evaluation and interven-  
 11 tion programs and systems” and inserting  
 12 “screening, evaluation, diagnosis, and interven-  
 13 tion programs and systems, and to assist in the  
 14 recruitment, retention, education, and training  
 15 of qualified personnel and health care pro-  
 16 viders,”;

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

19 “(1) To develop and monitor the efficacy of  
 20 statewide programs and systems for hearing screen-  
 21 ing of newborns and infants; prompt evaluation and  
 22 diagnosis of children referred from screening pro-  
 23 grams; and appropriate educational, audiological,  
 24 and medical interventions for children identified with  
 25 hearing loss. Early intervention includes referral to  
 26 and delivery of information and services by schools

1 and agencies, including community, consumer, and  
2 parent-based agencies and organizations and other  
3 programs mandated by part C of the Individuals  
4 with Disabilities Education Act, which offer pro-  
5 grams specifically designed to meet the unique lan-  
6 guage and communication needs of deaf and hard of  
7 hearing newborns, infants, toddlers, and children.  
8 Programs and systems under this paragraph shall  
9 establish and foster family-to-family support mecha-  
10 nisms that are critical in the first months after a  
11 child is identified with hearing loss.”; and

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

13 “(3) To develop efficient models to ensure that  
14 newborns and infants who are identified with a hear-  
15 ing loss through screening receive follow-up by a  
16 qualified health care provider. These models shall be  
17 evaluated for their effectiveness, and State agencies  
18 shall be encouraged to adopt models that effectively  
19 increase the rate of occurrence of such follow-up.

20 “(4) To ensure an adequate supply of qualified  
21 personnel to meet the screening, evaluation, diag-  
22 nosis, and early intervention needs of children.”;

23 (3) in subsection (b)(1)(A), by striking “hear-  
24 ing loss screening, evaluation, and intervention pro-

1       grams” and inserting “hearing loss screening, eval-  
 2       uation, diagnosis, and intervention programs”;

3               (4) in paragraphs (2) and (3) of subsection (e),  
 4       by striking the term “hearing screening, evaluation  
 5       and intervention programs” each place such term  
 6       appears and inserting “hearing screening, evalua-  
 7       tion, diagnosis, and intervention programs”;

8               (5) in subsection (e)—

9               (A) in paragraph (3), by striking “ensur-  
 10       ing that families of the child” and all that fol-  
 11       lows and inserting “ensuring that families of  
 12       the child are provided comprehensive, con-  
 13       sumer-oriented information about the full range  
 14       of family support, training, information serv-  
 15       ices, and language and communication options  
 16       and are given the opportunity to consider and  
 17       obtain the full range of such appropriate serv-  
 18       ices, educational and program placements, and  
 19       other options for their child from highly quali-  
 20       fied providers.”; and

21               (B) in paragraph (6), by striking “, after  
 22       rescreening,”; and

23               (6) in subsection (f)—

1 (A) in paragraph (1), by striking “fiscal  
2 year 2002” and inserting “fiscal years 2010  
3 through 2015”;

4 (B) in paragraph (2), by striking “fiscal  
5 year 2002” and inserting “fiscal years 2010  
6 through 2015”; and

7 (C) in paragraph (3), by striking “fiscal  
8 year 2002” and inserting “fiscal years 2010  
9 through 2015”.

10 **SEC. 3. POSTDOCTORAL FELLOWSHIP PROGRAM.**

11 Part P of title III of the Public Health Service Act  
12 (42 U.S.C. 280g et seq.) is amended by inserting after  
13 section 399M the following:

14 **“SEC. 399M-1. POSTDOCTORAL FELLOWSHIP PROGRAM IN**  
15 **THE AREA OF EARLY HEARING DETECTION**  
16 **AND INTERVENTION.**

17 “(a) **IN GENERAL.**—The Secretary shall establish a  
18 postdoctoral fellowship program to foster research and de-  
19 velopment in the area of early hearing detection and inter-  
20 vention.

21 “(b) **AUTHORIZATION OF APPROPRIATIONS.**—There  
22 are authorized to be appropriated such sums as may be  
23 necessary to carry out this section.”.

1 **SECTION 1. SHORT TITLE.**

2 *This Act may be cited as the “Early Hearing Detection*  
3 *and Intervention Act of 2010”.*

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

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

8 *(1) in the section heading, by striking “IN-*  
9 *FANTS” and inserting “NEWBORNS AND IN-*  
10 *FANTS”;*

11 *(2) in subsection (a)—*

12 *(A) in the matter preceding paragraph (1),*  
13 *by striking “screening, evaluation and interven-*  
14 *tion programs and systems” and inserting*  
15 *“screening, evaluation, diagnosis, and interven-*  
16 *tion programs and systems, and to assist in the*  
17 *recruitment, retention, education, and training*  
18 *of qualified personnel and health care pro-*  
19 *viders,”;*

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

22 *“(1) To develop and monitor the efficacy of state-*  
23 *wide programs and systems for hearing screening of*  
24 *newborns and infants; prompt evaluation and diag-*  
25 *nosis of children referred from screening programs;*  
26 *and appropriate educational, audiological, and med-*

1        *ical interventions for children identified with hearing*  
2        *loss. Early intervention includes referral to and deliv-*  
3        *ery of information and services by schools and agen-*  
4        *cies, including community, consumer, and parent-*  
5        *based agencies and organizations and other programs*  
6        *mandated by part C of the Individuals with Disabil-*  
7        *ities Education Act, which offer programs specifically*  
8        *designed to meet the unique language and commu-*  
9        *nication needs of deaf and hard of hearing newborns,*  
10       *infants, toddlers, and children. Programs and systems*  
11       *under this paragraph shall establish and foster fam-*  
12       *ily-to-family support mechanisms that are critical in*  
13       *the first months after a child is identified with hear-*  
14       *ing loss.”; and*

15                    *(C) by adding at the end the following:*

16                    *“(3) Other activities may include developing effi-*  
17                    *cient models to ensure that newborns and infants who*  
18                    *are identified with a hearing loss through screening*  
19                    *receive follow-up by a qualified health care provider,*  
20                    *and State agencies shall be encouraged to adopt mod-*  
21                    *els that effectively increase the rate of occurrence of*  
22                    *such follow-up.”;*

23                    *(3) in subsection (b)(1)(A), by striking “hearing*  
24                    *loss screening, evaluation, and intervention pro-*

1       grams” and inserting “hearing loss screening, evaluation,  
2       tion, diagnosis, and intervention programs”;

3           (4) in paragraphs (2) and (3) of subsection (c),  
4       by striking the term “hearing screening, evaluation  
5       and intervention programs” each place such term ap-  
6       pears and inserting “hearing screening, evaluation,  
7       diagnosis, and intervention programs”;

8           (5) in subsection (e)—

9           (A) in paragraph (3), by striking “ensuring  
10       that families of the child” and all that follows  
11       and inserting “ensuring that families of the child  
12       are provided comprehensive, consumer-oriented  
13       information about the full range of family sup-  
14       port, training, information services, and lan-  
15       guage and communication options and are given  
16       the opportunity to consider and obtain the full  
17       range of such appropriate services, educational  
18       and program placements, and other options for  
19       their child from highly qualified providers.”; and

20           (B) in paragraph (6), by striking “, after  
21       rescreening,”; and

22           (6) in subsection (f)—

23           (A) in paragraph (1), by striking “fiscal  
24       year 2002” and inserting “fiscal years 2011  
25       through 2015”;



1           *(B) in paragraph (2), by striking “fiscal*  
2           *year 2002” and inserting “fiscal years 2011*  
3           *through 2015”;* and

4           *(C) in paragraph (3), by striking “fiscal*  
5           *year 2002” and inserting “fiscal years 2011*  
6           *through 2015”.*

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**A BILL**

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