

The Chair will not at this point determine whether the resolution constitutes a question of privilege. That determination will be made at the time designated for consideration of the resolution.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 4 of rule I, the following enrolled bills were signed by Speaker pro tempore HARRIS on Thursday, August 6, 2015:

H.R. 212, to amend the Safe Drinking Water Act to provide for the assessment and management of the risk of algal toxins in drinking water, and for other purposes;

H.R. 1138, to establish certain wilderness areas in central Idaho and to authorize various land conveyances involving National Forest System land and Bureau of Land Management land in central Idaho, and for other purposes;

H.R. 1531, to amend title 5, United States Code, to provide a pathway for temporary seasonal employees in Federal land management agencies to compete for vacant permanent positions under internal merit promotion procedures, and for other purposes;

H.R. 2131, to designate the Federal building and United States courthouse located at 83 Meeting Street in Charleston, South Carolina, as the “J. Waties Waring Judicial Center”;

H.R. 2559, to designate the “PFC Milton A. Lee Medal of Honor Memorial Highway” in the State of Texas.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 4 p.m. today.

Accordingly (at 2 o'clock and 39 minutes p.m.), the House stood in recess.

□ 1600

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. WALKER) at 4 p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

EARLY HEARING DETECTION AND INTERVENTION ACT OF 2015

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill

(H.R. 1344) to amend the Public Health Service Act to reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1344

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may cited as the “Early Hearing Detection and Intervention Act of 2015”.

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Deaf and hard-of-hearing newborns, infants, toddlers, and young children require access to specialized early intervention providers and programs in order to help them meet their linguistic and cognitive potential.

(2) Families of deaf and hard-of-hearing newborns, infants, toddlers, and young children benefit from comprehensive early intervention programs that assist them in supporting their child's development in all domains.

(3) Best practices principles for early intervention for deaf and hard-of-hearing newborns, infants, toddlers, and young children have been identified in a range of areas including listening and spoken language and visual and signed language acquisition, family-to-family support, support from individuals who are deaf or hard-of-hearing, progress monitoring, and others.

(4) Effective hearing screening and early intervention programs must be in place to identify hearing levels in deaf and hard-of-hearing newborns, infants, toddlers, and young children so that they may access appropriate early intervention programs in a timely manner.

SEC. 3. REAUTHORIZATION OF PROGRAM FOR EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING DEAF AND HARD-OF-HEARING NEWBORNS, IN- FANTS, AND YOUNG CHILDREN.

Section 399M of the Public Health Service Act (42 U.S.C. 280g–1) is amended to read as follows:

“SEC. 399M. EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING DEAF AND HARD-OF-HEARING NEWBORNS, IN- FANTS, AND YOUNG CHILDREN.

“(a) HEALTH RESOURCES AND SERVICES ADMINISTRATION.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make awards of grants or cooperative agreements to develop statewide newborn, infant, and young childhood hearing screening, diagnosis, evaluation, and intervention programs and systems, and to assist in the recruitment, retention, education, and training of qualified personnel and health care providers for the following purposes:

“(1) To develop and monitor the efficacy of statewide programs and systems for hearing screening of newborns, infants, and young children, prompt evaluation and diagnosis of children referred from screening programs, and appropriate educational, audiological, and medical interventions for children confirmed to be deaf or hard-of-hearing, consistent with the following:

“(A) Early intervention includes referral to and delivery of information and services by organizations such as schools and agencies (including community, consumer, and parent-based agencies), pediatric medical homes, 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.

“(B) Information provided to parents must be accurate, comprehensive, and, where appropriate, evidence-based, allowing families to

make important decisions for their child in a timely way, including decisions relating to all possible assistive hearing technologies (such as hearing aids, cochlear implants, and osseointegrated devices) and communication options (such as visual and sign language, listening and spoken language, or both).

“(C) Programs and systems under this paragraph shall offer mechanisms that foster family-to-family and deaf and hard-of-hearing consumer-to-family supports.

“(2) To develop efficient models (both educational and medical) to ensure that newborns, infants, and young children who are identified through hearing screening receive followup by qualified early intervention providers, qualified health care providers, or pediatric medical homes (including by encouraging State agencies to adopt such models).

“(3) To provide for a technical resource center in conjunction with the Maternal and Child Health Bureau of the Health Resources and Services Administration—

“(A) to provide technical support and education for States; and

“(B) to continue development and enhancement of State early hearing detection and intervention programs.

“(b) TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND APPLIED RESEARCH.—

“(1) CENTERS FOR DISEASE CONTROL AND PREVENTION.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall make awards of grants or cooperative agreements to State agencies or their designated entities for development, maintenance, and improvement of data tracking and surveillance systems on newborn, infant, and young childhood hearing screenings, audiologic evaluations, medical evaluations, and intervention services; to conduct applied research related to services and outcomes, and provide technical assistance related to newborn, infant, and young childhood hearing screening, evaluation, and intervention programs, and information systems; to ensure high-quality monitoring of hearing screening, evaluation, and intervention programs and systems for newborns, infants, and young children; and to coordinate developing standardized procedures for data management and assessing program and cost effectiveness. The awards under the preceding sentence may be used—

“(A) to provide technical assistance on data collection and management;

“(B) to study and report on the costs and effectiveness of newborn, infant, and young childhood hearing screening, evaluation, diagnosis, intervention programs, and systems;

“(C) to collect data and report on newborn, infant, and young childhood hearing screening, evaluation, diagnosis, and intervention programs and systems that can be used—

“(i) for applied research, program evaluation, and policy development; and

“(ii) to answer issues of importance to State and national policymakers;

“(D) to identify the causes and risk factors for congenital hearing loss;

“(E) to study the effectiveness of newborn, infant, and young childhood hearing screening, audiologic evaluations, medical evaluations, and intervention programs and systems by assessing the health, intellectual and social developmental, cognitive, and hearing status of these children at school age; and

“(F) to promote the integration, linkage, and interoperability of data regarding early hearing loss and multiple sources to increase information exchanges between clinical care and public health including the ability of States and territories to exchange and share data.

“(2) NATIONAL INSTITUTES OF HEALTH.—The Director of the National Institutes of Health, acting through the Director of the National Institute on Deafness and Other Communication Disorders, shall, for purposes of this section, continue a program of research and development related to early hearing detection and