

105TH CONGRESS
2D SESSION

S. 2483

To establish programs regarding early detection, diagnosis, and interventions for newborns and infants with hearing loss.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 16, 1998

Ms. SNOWE (for herself and Mr. HARKIN) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

A BILL

To establish programs regarding early detection, diagnosis, and interventions for newborns and infants with 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 Loss
5 Detection, Diagnosis, and Intervention Act of 1998”.

6 **SEC. 2. PURPOSES.**

7 The purposes of this Act are to clarify the authority
8 within the Public Health Service Act to authorize state-
9 wide early detection, diagnosis, referral, and intervention

1 networks, technical assistance, a national applied research
2 program, and interagency and private sector collaboration
3 for policy development, in order to assist the States in
4 making progress toward the following goals:

5 (1) All babies born in hospitals in the United
6 States and its territories should be screened for
7 hearing loss before leaving the hospital (unless the
8 parents of the children object to the screening).

9 (2) Babies who are not born in hospitals should
10 be screened within the first 3 months of life.

11 (3) Diagnostic audiologic testing, if indicated,
12 should be performed in a timely manner to allow ap-
13 propriate referral for treatment/intervention before
14 the age of 6 months.

15 (4) All universal newborn hearing screening
16 programs should include a component which ensures
17 linkage to diagnosis and the community system of
18 early intervention services.

19 (5) Public policy in early hearing detection, di-
20 agnosis, and intervention should be based on applied
21 research and the recognition that infants, toddlers,
22 and children who are deaf or hard-of-hearing have
23 unique language, learning, and communication
24 needs, and should be the result of consultation with
25 pertinent public and private sectors.

1 **SEC. 3. STATEWIDE EARLY DETECTION, DIAGNOSIS, AND**
2 **INTERVENTION NETWORKS.**

3 Under the existing authority under the Public Health
4 Service Act (42 U.S.C. 201 et seq.), the Secretary of
5 Health and Human Services (referred to in this Act as
6 the “Secretary”), acting through the Administrator of the
7 Health Resources and Services Administration, shall make
8 awards of grants or cooperative agreements to develop
9 statewide early detection, diagnosis, and intervention net-
10 works for the following purposes:

11 (1) To develop State capacity to support new-
12 born hearing loss detection, diagnosis, and interven-
13 tion.

14 (2) To monitor the extent to which hearing de-
15 tection is conducted in birthing hospitals throughout
16 the State, and assist in the development of universal
17 newborn hearing detection programs in birthing hos-
18 pitals and nonhospital birthing sites.

19 (3) To develop statewide models which ensure
20 effective screening, referral, and linkage with appro-
21 priate diagnostic, medical, and qualified early inter-
22 vention services, providers, and programs. Early
23 intervention includes referrals to schools and agen-
24 cies, including community, consumer and parent-
25 based agencies and organizations and other pro-
26 grams mandated under part C of the Individuals

1 with Disabilities Education Act, which offers pro-
 2 grams specifically designed to meet the unique lan-
 3 guage and communications needs of deaf and hard
 4 of hearing infants, toddlers and children.

5 (4) To collect data on statewide early detection,
 6 diagnosis, and intervention that can be used for ap-
 7 plied research and policy development.

8 **SEC. 4. TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND**
 9 **APPLIED RESEARCH.**

10 (a) CENTERS FOR DISEASE CONTROL AND PREVEN-
 11 TION.—Under the existing authority under the Public
 12 Health Service Act (42 U.S.C. 201 et seq.), the Secretary,
 13 acting through the Director of the Centers for Disease
 14 Control and Prevention, shall make awards of grants or
 15 cooperative agreements to provide technical assistance to
 16 State agencies to complement an intramural program and
 17 to conduct applied research related to infant hearing de-
 18 tection, diagnosis, and treatment/intervention. The pro-
 19 gram shall carry out the following:

20 (1) Provide technical assistance on data collec-
 21 tion and management.

22 (2) Develop standardized procedures for data
 23 management to ensure quality monitoring of infant
 24 hearing loss detection, diagnosis, and intervention
 25 programs.

1 (3) Study the costs and effectiveness of hearing
2 detection conducted by State-based programs in
3 order to answer issues of importance to national and
4 State policymakers.

5 (4) Identify the causes and risk factors for con-
6 genital hearing loss.

7 (5) Study the effectiveness of early hearing de-
8 tection, diagnosis, and treatment/intervention pro-
9 grams by assessing the health, developmental, cog-
10 nitive, and language status of these children at
11 school age.

12 (6) Promote the sharing of data regarding early
13 hearing loss with State-based birth defects and de-
14 velopmental disabilities monitoring programs for the
15 purpose of identifying previously unknown causes of
16 hearing loss.

17 (b) NATIONAL INSTITUTES OF HEALTH.—Under the
18 existing authority under the Public Health Service Act (42
19 U.S.C. 201 et seq.), the Director of the National Institutes
20 of Health, acting through the Director of the National In-
21 stitute on Deafness and Other Communication Disorders,
22 shall for purposes of this Act continue a program of re-
23 search on the efficacy of new screening techniques and
24 technology, including studies of screening methods, studies

1 on efficacy of intervention, and related basic and applied
2 research.

3 **SEC. 5. COORDINATION AND COLLABORATION.**

4 (a) IN GENERAL.—In carrying out programs under
5 this Act, under the existing authority under the Public
6 Health Service Act (42 U.S.C. 201 et seq.), the Adminis-
7 trator of the Health Resources and Services Administra-
8 tion, the Director of the Centers for Disease Control and
9 Prevention, and the Director of the National Institutes of
10 Health shall collaborate and consult with other Federal
11 agencies; State and local agencies (including those respon-
12 sible for early intervention services pursuant to part C of
13 the Individuals with Disabilities Education Act); consumer
14 groups serving individuals who are deaf and hard-of-hear-
15 ing; persons who are deaf and hard-of-hearing and their
16 families; qualified professional personnel who are pro-
17 ficient in deaf or hard-of-hearing children’s language and
18 who possess the specialized knowledge, skills, and at-
19 tributes needed to serve deaf and hard-of-hearing infants,
20 toddlers, children, and their families; other health and
21 education professionals and organizations; third-party
22 payers and managed care organizations; and related com-
23 mercial industries.

24 (b) POLICY DEVELOPMENT.—Under the existing au-
25 thority under the Public Health Service Act (42 U.S.C.

1 201 et seq.), the Administrator of the Health Resources
 2 and Services Administration, the Director of the Centers
 3 for Disease Control and Prevention, and the Director of
 4 the National Institutes of Health shall coordinate and col-
 5 laborate on recommendations for policy development at
 6 the Federal and State levels and with the private sector,
 7 including consumer and professional based organizations,
 8 with respect to early hearing detection, diagnosis, and
 9 treatment/intervention.

10 (c) STATE EARLY DETECTION, DIAGNOSIS, AND
 11 INTERVENTION NETWORKS; DATA COLLECTION.—Under
 12 the existing authority under the Public Health Service Act
 13 (42 U.S.C. 201 et seq.), the Administrator of the Health
 14 Resources and Services Administration and the Director
 15 of the Centers for Disease Control and Prevention shall
 16 coordinate and collaborate in assisting States to establish
 17 early detection, diagnosis, and intervention networks
 18 under section 3 and to develop a data collection system
 19 under section 4.

20 **SEC. 6. RULE OF CONSTRUCTION.**

21 Nothing in this Act shall be construed to preempt or
 22 prohibit State laws which do not require the screening for
 23 hearing loss of newborn infants or young children of par-
 24 ents who object to the screening on the ground that such

1 screening conflicts with the parents' sincerely held reli-
 2 gious beliefs.

3 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

4 (a) STATEWIDE EARLY DETECTION, DIAGNOSIS, AND
 5 INTERVENTION NETWORKS.—For the purpose of carrying
 6 out section 3, under the existing authority under the Pub-
 7 lic Health Service Act (42 U.S.C. 201 et seq.), there are
 8 authorized to be appropriated \$5,000,000 for fiscal year
 9 1999, \$8,000,000 for fiscal year 2000, and such sums as
 10 may be necessary for each of the fiscal years 2001 through
 11 2003.

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

14 (1) CENTERS FOR DISEASE CONTROL AND PRE-
 15 VENTION.—For the purpose of carrying out section
 16 4(a), under the existing authority under the Public
 17 Health Service Act (42 U.S.C. 201 et seq.), there
 18 are authorized to be appropriated \$5,000,000 for
 19 fiscal year 1999, \$7,000,000 for fiscal year 2000,
 20 and such sums as may be necessary for each of the
 21 fiscal years 2001 through 2003.

22 (2) NATIONAL INSTITUTES OF HEALTH.—For
 23 the purpose of carrying out section 4(b), under the
 24 existing authority under the Public Health Service
 25 Act (42 U.S.C. 201 et seq.), there are authorized to

1 be appropriated \$3,000,000 for fiscal year 1999,
2 \$4,000,000 for fiscal year 2000, and such sums as
3 may be necessary for each of the fiscal years 2001
4 through 2003.

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