

110TH CONGRESS
2^D SESSION

H. R. 1198

IN THE SENATE OF THE UNITED STATES

APRIL 9, 2008

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

AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Early Hearing Detec-
3 tion and Intervention Act of 2008”.

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
23 statewide programs and systems for hearing screen-
24 ing of newborns and infants; prompt evaluation and
25 diagnosis of children referred from screening pro-
26 grams; and appropriate educational, audiological,

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

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

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

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

1 (3) in subsection (b)—

2 (A) in paragraph (1)(A), by striking
3 “hearing loss screening, evaluation, and inter-
4 vention programs” and inserting “hearing loss
5 screening, evaluation, diagnosis, and interven-
6 tion programs”; and

7 (B) in paragraph (2)—

8 (i) by striking “for purposes of this
9 section, continue” and insert the following:
10 “for purposes of this section—
11 “(A) continue”;

12 (ii) by striking the period at the end
13 and inserting “; and”; and

14 (iii) by adding at the end the fol-
15 lowing:

16 “(B) establish a postdoctoral fellowship
17 program to foster research and development in
18 the area of early hearing detection and inter-
19 vention.”;

20 (4) in paragraphs (2) and (3) of subsection (c),
21 by striking the term “hearing screening, evaluation
22 and intervention programs” each place such term
23 appears and inserting “hearing screening, evalua-
24 tion, diagnosis, and intervention programs”;

25 (5) in subsection (e)—

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

13 (B) in paragraph (6), by striking “, after
14 rescreening,”; and

15 (6) in subsection (f)—

16 (A) in paragraph (1), by striking “fiscal
17 year 2002” and inserting “fiscal years 2009
18 through 2014”;

19 (B) in paragraph (2), by striking “fiscal
20 year 2002” and inserting “fiscal years 2009
21 through 2014”; and

1 (C) in paragraph (3), by striking “fiscal
2 year 2002” and inserting “fiscal years 2009
3 through 2014”.

Passed the House of Representatives April 8, 2008.

Attest: LORRAINE C. MILLER,
Clerk.