

previous generations, these men and women are our Nation's finest, and we owe them more than just our gratitude.

Madam Speaker, since the beginning of the wars in Iraq and Afghanistan, Congress and the American people have made it clear that our combat wounded deserve the best our Nation has to offer. To that end, Congress has worked hard to ensure that the needs of the wounded troops and their families are met. From the best health care to jobs, to education benefits, the Members of this House have and will continue to insist that the support to the wounded and injured is unsurpassed.

Madam Speaker, there is no question that serving in combat is a profoundly life-altering experience. Men and women who survive the horrors of combat return home forever changed. Our Nation is eternally indebted to the brave men and women of the Armed Forces who fight to preserve our freedoms.

It is right and fitting, Madam Speaker, that today we recognize the service and the sacrifice of the members of the Armed Forces who have been wounded while serving this great Nation.

I'd like to thank my friend and colleague from Vermont (Mr. WELCH) for introducing this resolution, and I strongly urge all Members to support this resolution.

Madam Speaker, I reserve the balance of my time.

Ms. BORDALLO. Madam Speaker, I yield 3 minutes to my friend and colleague, the gentleman from New York (Mr. HIGGINS).

Mr. HIGGINS. I want to thank the sponsor of this bill, Mr. WELCH, from Vermont.

Madam Speaker, I'm proud to be an original cosponsor of House Resolution 1020. Thanks to advances in modern technology, many American soldiers serving in Iraq and Afghanistan have lived through events that would have previously cost them their lives. Of the 1.6 million servicemembers that have been deployed in Operation Enduring Freedom, in Operation Iraqi Freedom since September, 2001, more than 30,000 have been wounded in battle.

The numbers are staggering, but we are here today to acknowledge that these wounded warriors are not just statistics; they are men and women from across the country who have faced unique situations and struggles, and they have individual stories to tell.

Last summer I had the honor to meet a young man from my district who was injured in a roadside bomb explosion in Iraq that killed three other soldiers riding in the same HUMVEE. He suffered extensive injuries, including a broken back and elbow, and underwent two surgeries at a hospital in Germany before being transferred to Walter Reed Army Medical Center.

Quick reaction by the medics meant that instead of being paralyzed, he can now walk again, but only after extensive surgeries and painful rehabilita-

tion. This young man is actually a lucky one. He was able to recover with the help of a caring family and a supportive wife. There are many others that are not as fortunate, and it is our responsibility to provide them with the best physical and emotional support possible.

Over the last year, Congress has taken many steps to enhance the quality of care of our veterans, including passing the largest increase in veterans' health funding in history, but there is still more to be done.

With this legislation, we do a simple but necessary thing; we take a moment to thank the men and women of the Armed Services who have been wounded in the line of duty and for their service and their sacrifice.

I urge my colleagues to support passage of House Resolution 1020.

□ 1500

Mr. WITTMAN of Virginia. Madam Speaker, I reserve the balance of my time.

Ms. BORDALLO. Madam Speaker, I yield 2 minutes to my friend and colleague, the gentleman from Vermont (Mr. WELCH), the original sponsor of this very important resolution.

Mr. WELCH of Vermont. Madam Speaker, I thank the gentlewoman from Guam, my cosponsor and traveling companion, the new Member, the distinguished Member already from Virginia, my cosponsors.

You know, they have said it pretty well. There's nothing that we can say or do that will acknowledge our appreciation for the sacrifice that the men and women of the uniformed services have given to this country.

What we are acknowledging here is that we have a common commitment to meeting the needs of those soldiers and sailors and airmen who return from active duty. What we are also acknowledging is that in this war, very much unlike past conflicts, our soldiers, benefiting from this extraordinary battlefield medicine, are returning with extraordinary injuries. That is what they will have to live with for the rest of their lives.

Many of us have had the opportunity to visit some of these soldiers out at Bethesda, out at Walter Reed. We are trying, in this small gesture, to acknowledge the sense that all of us have in Congress of our debt and our obligation and our appreciation to them.

Madam Speaker, next week, we are going to have a group of these servicemen and -women visiting us in the Capitol. I'm going to be joining with my colleagues here today to welcome those men and women of the uniformed services to this Capitol, and I will encourage all of us to join in welcoming them personally to thank them for their sacrifice.

Mr. WITTMAN of Virginia. Madam Speaker, I yield to the gentleman from Michigan (Mr. WALBERG) as much time as he may consume.

Mr. WALBERG. Madam Speaker, I rise with my colleague from Vermont

to voice strong support for H. Res. 1020, which expresses the commitment of this Congress to our injured heroes, ensures they're receiving the highest quality of health care available and encourages all Americans to show support and appreciation for our veterans.

Today, I want to take time to thank all of the servicemen and -women and their families for their sacrifices. I know the pride of having a son serve in the United States military, and my wife, Sue, and I pray every day for the safety of our fighting men and women abroad and here at home.

When our soldiers go into battle, we can all agree that they deserve the best training, equipment, and necessary resources to accomplish their mission. Congress has an obligation to care for America's wounded heroes when they return home from the battlefield. I believe the least we can do is to provide the highest quality medical care to the brave men and women of our Armed Forces when they're injured defending the freedoms that we enjoy.

Right now, we have more wounded warriors returning home than ever before because of improved medical technology and advanced equipment to transport our sick and wounded. The thousands of men and women serving in the military who have been wounded serving in Iraq and Afghanistan and other wars deserve the best treatment and care available.

I look forward to working with my colleagues in a nonpartisan manner to make sure Congress delivers on our responsibility. I urge my colleagues to support H. Res. 1020 and support our wounded warriors.

Ms. BORDALLO. Madam Speaker, at this time I have no further requests for time. I am prepared to close after my colleague has yielded back his time. I continue to reserve the balance of my time.

Mr. WITTMAN of Virginia. Madam Speaker, I yield back the balance of my time.

Ms. BORDALLO. Madam Speaker, at this time I have no further speakers, and I would like to extend my sincerest thanks to my colleague on the House Committee on Armed Services and Natural Resources, Mr. WITTMAN. I've enjoyed working with him on the floor this afternoon.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and agree to the resolution, H. Res. 1020, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

#### EARLY HEARING DETECTION AND INTERVENTION ACT OF 2008

Mrs. CAPPS. Madam Speaker, I move to suspend the rules and pass the bill

(H.R. 1198) to amend the Public Health Service Act regarding early detection, diagnosis, and treatment of hearing loss, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1198

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 be cited as the "Early Hearing Detection and Intervention Act of 2008".

# SEC. 2. EARLY DETECTION, DIAGNOSIS, AND TREATMENT OF HEARING LOSS.

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

(1) in the section heading, by striking "INFANTS" and inserting "NEWBORNS AND INFANTS";

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking "screening, evaluation and intervention programs and systems" and inserting "screening, evaluation, diagnosis, and intervention programs and systems, and to assist in the recruitment, retention, education, and training of qualified personnel and health care providers,";

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

"(1) To develop and monitor the efficacy of statewide programs and systems for hearing screening of newborns and infants; prompt evaluation and diagnosis of children referred from screening programs; and appropriate educational, audiological, and medical interventions for children identified with hearing loss. Early intervention includes referral to and delivery of information and services by schools and agencies, including community, 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, toddlers, and 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.";

(C) by adding at the end the following:

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

"(4) To ensure an adequate supply of qualified personnel to meet the screening, evaluation, diagnosis, and early intervention needs of children.";

(3) in subsection (b)—

(A) in paragraph (1)(A), by striking "hearing loss screening, evaluation, and intervention programs" and inserting "hearing loss screening, evaluation, diagnosis, and intervention programs"; and

(B) in paragraph (2)—

(i) by striking "for purposes of this section, continue" and insert the following: "for purposes of this section—

"(A) continue";

(ii) by striking the period at the end and inserting "and"; and

(iii) by adding at the end the following:

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

(4) in paragraphs (2) and (3) of subsection (c), by striking the term "hearing screening, evaluation and intervention programs" each place such term appears and inserting "hearing

screening, evaluation, diagnosis, and intervention programs";

(5) in subsection (e)—

(A) in paragraph (3), by striking "ensuring that families of the child" and all that follows and inserting "ensuring that families of the child are provided comprehensive, consumer-oriented information about the full range of family support, training, information services, and language and communication options and are given the opportunity to consider and obtain the full range of such appropriate services, educational and program placements, and other options for their child from highly qualified providers.";

and

(B) in paragraph (6), by striking "after rescreening,"; and

(6) in subsection (f)—

(A) in paragraph (1), by striking "fiscal year 2002" and inserting "fiscal years 2009 through 2014";

(B) in paragraph (2), by striking "fiscal year 2002" and inserting "fiscal years 2009 through 2014"; and

(C) in paragraph (3), by striking "fiscal year 2002" and inserting "fiscal years 2009 through 2014".

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Mrs. CAPPs) and the gentleman from Georgia (Mr. DEAL) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

## GENERAL LEAVE

Mrs. CAPPs. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Mrs. CAPPs. Madam Speaker, I yield myself such time as I may consume.

I rise in strong support of H.R. 1198, the Early Hearing Detection and Intervention Act. I'm very proud to have introduced this bill with Congressman JIM WALSH of New York, who has championed this issue for many years.

This bill is near and dear to me as co-chair of both the Hearing Health Caucus and the Infant Health and Safety Caucus.

The Early Hearing Detection and Intervention Program is one of those success stories that are often rare in Washington. Since its authorization in 2000, we have seen a tremendous increase in the number of newborns who are being screened for hearing loss, but our work is not done. We need to ensure that every newborn is screened and that every family that needs access to follow-up care is given that access.

I have been a school nurse for over 20 years, and in those years, I can tell you firsthand what happens to a child who has undiagnosed hearing loss and/or never received proper intervention. They may fall behind in school and they may face other social difficulties. Early identification and intervention are essential to a child's well-being, and that's what we aim to achieve through the reauthorization of the Early Hearing Detection and Intervention Act.

I would like to thank the Deaf and Hard of Hearing Alliance, the American Academy of Audiology, and the March of Dimes for their support of this legislation. Let's continue to build upon the success of the past 8 years and make sure that every child has access to diagnosis and treatment of hearing loss.

Madam Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Madam Speaker, I yield myself such time as I may consume.

I would like to join my colleague in supporting H.R. 1198, the Early Hearing Detection and Intervention Act of 2008.

This legislation reauthorizes the Early Hearing Detection and Intervention Program, which was first enacted in 2000 to help States develop newborn hearing screening and early intervention programs. This program has successfully improved newborn screening for hearing loss, which allows many children to benefit from early detection. This provides enhanced opportunities for language and communication skill development.

Unfortunately, children experiencing hearing loss who are not identified early can have delays in speech, language, and cognitive development. Through grant programs, this legislation helps ensure infants with hearing losses are identified and receive appropriate follow-up care. The bill also establishes a post-doctoral fellowship program to improve early hearing detection research.

This legislation moved through our committee in a bipartisan fashion, and I would urge its adoption.

I reserve the balance of my time.

Mrs. CAPPs. Madam Speaker, I continue to reserve the balance of my time.

Mr. DEAL of Georgia. Madam Speaker, I am pleased to yield 3 minutes to the gentleman from New York (Mr. WALSH) who was the sponsor of the original legislation which this bill seeks to reauthorize.

Mr. WALSH of New York. Madam Speaker, I thank my friend and colleague, Mr. DEAL from Georgia, for yielding time and his leadership on health issues. I would also like to thank my colleague from California, LOIS CAPPs, who's done such a marvelous job of leading the Hearing Caucus for the past several years.

I would like to recognize, also, my cochairs along with Congresswoman CAPPs, VERN EHLERS, and CAROLYN MCCARTHY, who also worked long and hard on this issue, as well as the Deaf and Hard of Hearing Alliance, the National Center of Hearing for Assessment and Management. Without their hard work, this important legislation would not have been possible.

In the year 2000, Congress authorized the Children's Health Act which, among several initiatives, provided the necessary authority for the U.S. Department of Health and Human Services to begin addressing the screening

and intervention needs of newborns and children with hearing loss. Indeed, when this program began, there were pilot programs in the country, probably back about 12 or 13 years ago, 3 percent of the children born in the United States were tested. Today, it's well over 95 percent of the entire universe of newborns born in the United States today are being tested.

As we all know, the first 3 years of life are the most important period for language and speech development. It is essential that hearing impaired infants and young children be identified and an intervention begun in order to take full advantage of the developing sensory systems. If unidentified, these children will lose out on the crucial period of speech and language learning.

Auditory impairment can impact social, emotional, cognitive, and academic development leading to personal, vocational, and economical defects. Delayed identification in management of severe to profound hearing loss can impede a child's ability to adopt to life in a hearing or deaf community.

The early hearing, detection, and intervention programs include screening, audiological evaluation, and early intervention to enhance communication, thinking, and behavioral skills needed to achieve academic and social success. The EHDI programs are serving a critical need in a successful manner.

Today, I call upon Congress to continue the success that has been experienced since the year 2000 and enact legislation to reauthorize EHDI programs. H.R. 1198 builds upon the EHDI authorization from the year 2000 to address areas of continuing challenge.

First, it would provide authority to address those children who are falling through cracks and not receiving necessary care after a screening that shows they have potential hearing loss.

Second, it is clear that family-to-family support is critical in the first months after a child is identified with hearing loss. Excellent family-to-family support programs developed by state EHDI programs and other organizations are not yet widely implemented. This legislation would provide the agency authority to support and disseminate such programs that are working for parents and their children.

Third, it is clear that more research and study is needed in the area of hearing detection and intervention.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. DEAL of Georgia. I yield the gentleman an additional minute.

Mr. WALSH of New York. I thank the gentleman.

H.R. 1198 would enable NIH to establish a post-doctoral research fellowship program to effectively recruit researchers to become involved in early hearing detection and intervention.

Finally, H.R. 1198 provides the agency the authority to address the shortage of trained health professionals and other personnel necessary to make cer-

tain that every child who is screened with a hearing problem gets access to appropriate interventions needed to succeed.

I urge my colleagues to support this important legislation. Again, I thank my cochairmen on the caucus.

Mrs. CAPPS. Madam Speaker, I continue to reserve.

Mr. DEAL of Georgia. I would urge the adoption of the resolution, and I yield back the balance of my time.

Mrs. CAPPS. Madam Speaker, I am prepared to close, and as I do, I would like to remind us all that since the authorization of the Early Hearing Detection Intervention Act in 2000, we've seen a tremendous increase in the numbers of newborns who are being screened for hearing loss; and with this passage of this reauthorization, we can continue to build upon the success of the past 8 years and make sure that every child has access to diagnosis and treatment of hearing loss.

Mr. VAN HOLLEN. Madam Speaker, I rise in strong support of the Early Hearing Detection and Intervention Act.

Sadly, thousands of infants are born with a hearing loss each year. Fortunately, thanks to the Early Hearing Detection and Intervention (EHDI) program that was established in 2000, today approximately 93 percent of all newborns are screened. Many infants with hearing loss and their families have benefited from early identification of hearing loss. The EHDI program allows babies with hearing loss to develop normally and lead productive lives by ensuring that they will be ready to learn when they enter school.

However, many infants who are identified as having a hearing disability due to the screening tests do not receive timely follow-up care because of shortages in trained professionals needed for infant hearing screening programs. We must do better in ensuring that infants and their families have access to comprehensive hearing loss care. The bill seeks to accomplish this by presiding comprehensive information about family support, training, and information services to the family of children identified with hearing loss and ensure that they are given the opportunity to consider all the options of early intervention services, educational and program placements.

This legislation will improve on the successful Early Hearing Detection and Intervention program. I urge my colleagues to vote for this much needed bill.

Mrs. CAPPS. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mrs. CAPPS) that the House suspend the rules and pass the bill, H.R. 1198, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

□ 1515

#### WAKEFIELD ACT

Mrs. CAPPS. Madam Speaker, I move to suspend the rules and pass the bill

(H.R. 2464) to amend the Public Health Service Act to provide a means for continued improvement in Emergency Medical Services for Children, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2464

*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 be cited as the "Wakefield Act".*

#### SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress makes the following findings:

(1) There are 31,000,000 child and adolescent visits to the Nation's emergency departments every year.

(2) Over 90 percent of children requiring emergency care are seen in general hospitals, not in free-standing children's hospitals, with one-quarter to one-third of the patients being children in the typical general hospital emergency department.

(3) Severe asthma and respiratory distress are the most common emergencies for pediatric patients, representing nearly one-third of all hospitalizations among children under the age of 15 years, while seizures, shock, and airway obstruction are other common pediatric emergencies, followed by cardiac arrest and severe trauma.

(4) Up to 20 percent of children needing emergency care have underlying medical conditions such as asthma, diabetes, sickle-cell disease, low birth weight, and bronchopulmonary dysplasia.

(5) Significant gaps remain in emergency medical care delivered to children. Only about 6 percent of hospitals have available all the pediatric supplies deemed essential by the American Academy of Pediatrics and the American College of Emergency Physicians for managing pediatric emergencies, while about half of hospitals have at least 85 percent of those supplies.

(6) Providers must be educated and trained to manage children's unique physical and psychological needs in emergency situations, and emergency systems must be equipped with the resources needed to care for this especially vulnerable population.

(7) Systems of care must be continually maintained, updated, and improved to ensure that research is translated into practice, best practices are adopted, training is current, and standards and protocols are appropriate.

(8) The Emergency Medical Services for Children (EMSC) Program under section 1910 of the Public Health Service Act (42 U.S.C. 300w-9) is the only Federal program that focuses specifically on improving the pediatric components of emergency medical care.

(9) The EMSC Program promotes the nationwide exchange of pediatric emergency medical care knowledge and collaboration by those with an interest in such care and is depended upon by Federal agencies and national organizations to ensure that this exchange of knowledge and collaboration takes place.

(10) The EMSC Program also supports a multi-institutional network for research in pediatric emergency medicine, thus allowing providers to rely on evidence rather than anecdotal experience when treating ill or injured children.

(11) The Institute of Medicine stated in its 2006 report, "Emergency Care for Children: Growing Pains", that the EMSC Program "boasts many accomplishments... and the work of the program continues to be relevant and vital".

(12) The EMSC Program has proven effective over two decades in driving key improvements in emergency medical services to children, and should continue its mission to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency