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(Original Signature of Member)

111TH CONGRESS
1ST SESSION

H. R. _____

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

IN THE HOUSE OF REPRESENTATIVES

Mrs. CAPPS introduced the following bill; which was referred to the Committee
on _____

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 2009”.

6 **SEC. 2. EARLY DETECTION, DIAGNOSIS, AND TREATMENT**
7 **OF HEARING LOSS.**

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

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

4 (2) in subsection (a)—

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

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

15 “(1) To develop and monitor the efficacy of
16 statewide programs and systems for hearing screen-
17 ing of newborns and infants; prompt evaluation and
18 diagnosis of children referred from screening pro-
19 grams; and appropriate educational, audiological,
20 and medical interventions for children identified with
21 hearing loss. Early intervention includes referral to
22 and delivery of information and services by schools
23 and agencies, including community, consumer, and
24 parent-based agencies and organizations and other
25 programs mandated by part C of the Individuals

1 with Disabilities Education Act, which offer pro-
2 grams specifically designed to meet the unique lan-
3 guage and communication needs of deaf and hard of
4 hearing newborns, infants, toddlers, and children.
5 Programs and systems under this paragraph shall
6 establish and foster family-to-family support mecha-
7 nisms that are critical in the first months after a
8 child is identified with hearing loss.”; and

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

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

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

20 (3) in subsection (b)—

21 (A) in paragraph (1)(A), by striking
22 “hearing loss screening, evaluation, and inter-
23 vention programs” and inserting “hearing loss
24 screening, evaluation, diagnosis, and interven-
25 tion programs”; and

1 (B) in paragraph (2)—

2 (i) by striking “for purposes of this
3 section, continue” and insert the following:

4 “for purposes of this section—
5 “(A) continue”;

6 (ii) by striking the period at the end
7 and inserting “; and”; and

8 (iii) by adding at the end the fol-
9 lowing:

10 “(B) establish a postdoctoral fellowship
11 program to foster research and development in
12 the area of early hearing detection and inter-
13 vention.”;

14 (4) in paragraphs (2) and (3) of subsection (c),
15 by striking the term “hearing screening, evaluation
16 and intervention programs” each place such term
17 appears and inserting “hearing screening, evalua-
18 tion, diagnosis, and intervention programs”;

19 (5) in subsection (e)—

20 (A) in paragraph (3), by striking “ensur-
21 ing that families of the child” and all that fol-
22 lows and inserting “ensuring that families of
23 the child are provided comprehensive, con-
24 sumer-oriented information about the full range
25 of family support, training, information serv-

1 ices, and language and communication options
2 and are given the opportunity to consider and
3 obtain the full range of such appropriate serv-
4 ices, educational and program placements, and
5 other options for their child from highly quali-
6 fied providers.”; and

7 (B) in paragraph (6), by striking “, after
8 rescreening,”; and
9 (6) in subsection (f)—

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

13 (B) in paragraph (2), by striking “fiscal
14 year 2002” and inserting “fiscal years 2010
15 through 2015”; and

16 (C) in paragraph (3), by striking “fiscal
17 year 2002” and inserting “fiscal years 2010
18 through 2015”.