

106TH CONGRESS
1ST SESSION

H. R. 1193

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

IN THE HOUSE OF REPRESENTATIVES

MARCH 18, 1999

Mr. WALSH (for himself, Mr. BILIRAKIS, Mr. WAXMAN, Mr. DEAL of Georgia, Mr. COBURN, Mr. UPTON, Mr. ACKERMAN, Ms. KILPATRICK, Mrs. KELLY, Mr. SHOWS, Mrs. MORELLA, Mr. MCHUGH, Mr. DUNCAN, Mr. SHERMAN, Mr. MCNULTY, Mr. FROST, Mrs. MALONEY of New York, Mr. BALDACCI, Mr. BERMAN, Mr. WEYGAND, Mr. QUINN, Mr. FRELINGHUYSEN, Mr. KLECZKA, Mr. OLVER, Mr. FOSSELLA, Ms. DELAURO, Mr. GEJDENSON, Mr. LEWIS of Georgia, Mr. YOUNG of Alaska, Mr. PASTOR, Mr. DIXON, Mrs. JOHNSON of Connecticut, Mr. FALEOMAVAEGA, Mr. POMEROY, Ms. ROS-LEHTINEN, Mr. ENGLISH, Mr. FARR of California, Mr. STRICKLAND, Mr. PAYNE, Mr. DOYLE, Ms. SCHAKOWSKY, Mr. WEXLER, Mr. ROTHMAN, Ms. SLAUGHTER, Mrs. CAPPS, and Mr. FOLEY) introduced the following bill; which was referred to the Committee on Commerce

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Newborn and Infant
3 Hearing Screening and Intervention Act of 1999”.

4 **SEC. 2. EARLY DETECTION, DIAGNOSIS, AND INTERVEN-**
5 **TIONS FOR NEWBORNS AND INFANTS WITH**
6 **HEARING LOSS.**

7 (a) DEFINITIONS.—For the purposes of this Act only,
8 the following terms in this section are defined as follows:

9 (1) HEARING SCREENING.—Newborn and in-
10 fant hearing screening consists of objective physio-
11 logic procedures to detect possible hearing loss and
12 to identify newborns and infants who, after re-
13 screening, require further audiologic and medical
14 evaluations.

15 (2) AUDIOLOGIC EVALUATION.—Audiologic
16 evaluation consists of procedures to assess the status
17 of the auditory system; to establish the site of the
18 auditory disorder; the type and degree of hearing
19 loss, and the potential effects of hearing loss on
20 communication; and to identify appropriate treat-
21 ment and referral options. Referral options should
22 include linkage to state IDEA Part C coordinating
23 agencies or other appropriate agencies, medical eval-
24 uation, hearing aid/sensory aid assessment,
25 audiologic rehabilitation treatment, national and

1 local consumer, self-help, parent, and education or-
2 ganizations, and other family-centered services.

3 (3) MEDICAL EVALUATION.—Medical evaluation
4 by a physician consists of key components including
5 history, examination, and medical decision making
6 focused on symptomatic and related body systems
7 for the purpose of diagnosing the etiology of hearing
8 loss and related physical conditions, and for identi-
9 fying appropriate treatment and referral options.

10 (4) MEDICAL INTERVENTION.—Medical inter-
11 vention is the process by which a physician provides
12 medical diagnosis and direction for medical and/or
13 surgical treatment options of hearing loss and/or re-
14 lated medical disorder associated with hearing loss.

15 (5) AUDIOLOGIC REHABILITATION.—Audiologic
16 rehabilitation (intervention) consists of procedures,
17 techniques, and technologies to facilitate the recep-
18 tive and expressive communication abilities of a child
19 with hearing loss.

20 (6) EARLY INTERVENTION.—Early intervention
21 (e.g., nonmedical) means providing appropriate serv-
22 ices for the child with hearing loss and ensuring that
23 families of the child are provided comprehensive,
24 consumer-oriented information about the full range
25 of family support, training, information services,

1 communication options and are given the oppor-
2 tunity to consider the full range of educational and
3 program placements and options for their child.

4 (b) PURPOSES.—The purposes of this Act are to clar-
5 ify the authority within the Public Health Service Act to
6 authorize statewide newborn and infant hearing screening,
7 evaluation and intervention programs and systems, tech-
8 nical assistance, a national applied research program, and
9 interagency and private sector collaboration for policy de-
10 velopment, in order to assist the States in making
11 progress toward the following goals:

12 (1) All babies born in hospitals in the United
13 States and its territories should have a hearing
14 screening before leaving the birthing facility. Babies
15 born in other countries and residing in the United
16 States via immigration or adoption should have a
17 hearing screening as early as possible.

18 (2) All babies who are not born in hospitals in
19 the United States and its territories should have a
20 hearing screening within the first 3 months of life.

21 (3) Appropriate audiologic and medical evalua-
22 tions should be conducted by 3 months for all
23 newborns and infants suspected of having hearing
24 loss to allow appropriate referral and provisions for

1 audiologic rehabilitation, medical and early interven-
2 tion before the age of 6 months.

3 (4) All newborn and infant hearing screening
4 programs and systems should include a component
5 for audiologic rehabilitation, medical and early inter-
6 vention options that ensures linkage to any new and
7 existing state-wide systems of intervention and reha-
8 bilitative services for newborns and infants with
9 hearing loss.

10 (5) Public policy in regard to newborn and in-
11 fant hearing screening and intervention should be
12 based on applied research and the recognition that
13 newborns, infants, toddlers, and children who are
14 deaf or hard-of-hearing have unique language, learn-
15 ing, and communication needs, and should be the re-
16 sult of consultation with pertinent public and private
17 sectors.

18 (c) STATEWIDE NEWBORN AND INFANT HEARING
19 SCREENING, EVALUATION AND INTERVENTION PRO-
20 GRAMS AND SYSTEMS.—Under the existing authority of
21 the Public Health Service Act, the Secretary of Health
22 and Human Services (in this Act referred to as the “Sec-
23 retary”), acting through the Administrator of the Health
24 Resources and Services Administration, shall make awards
25 of grants or cooperative agreements to develop statewide

1 newborn and infant hearing screening, evaluation and
2 intervention programs and systems for the following pur-
3 poses:

4 (1) To develop and monitor the efficacy of
5 state-wide newborn and infant hearing screening,
6 evaluation and intervention programs and systems.
7 Early intervention includes referral to schools and
8 agencies, including community, consumer, and par-
9 ent-based agencies and organizations and other pro-
10 grams mandated by Part C of the Individuals with
11 Disabilities Education Act, which offer programs
12 specifically designed to meet the unique language
13 and communication needs of deaf and hard of hear-
14 ing newborns, infants, toddlers, and children.

15 (2) To collect data on statewide newborn and
16 infant hearing screening, evaluation and intervention
17 programs and systems that can be used for applied
18 research, program evaluation and policy develop-
19 ment.

20 (d) TECHNICAL ASSISTANCE, DATA MANAGEMENT,
21 AND APPLIED RESEARCH.—

22 (1) CENTERS FOR DISEASE CONTROL AND PRE-
23 VENTION.—Under the existing authority of the Pub-
24 lic Health Service Act, the Secretary, acting through
25 the Director of the Centers for Disease Control and

1 Prevention, shall make awards of grants or coopera-
2 tive agreements to provide technical assistance to
3 State agencies to complement an intramural pro-
4 gram and to conduct applied research related to
5 newborn and infant hearing screening, evaluation
6 and intervention programs and systems. The pro-
7 gram shall develop standardized procedures for data
8 management and program effectiveness and costs,
9 such as—

10 (A) to ensure quality monitoring of new-
11 born and infant hearing loss screening, evalua-
12 tion, and intervention programs and systems;

13 (B) to provide technical assistance on data
14 collection and management;

15 (C) to study the costs and effectiveness of
16 newborn and infant hearing screening, evalua-
17 tion and intervention programs and systems
18 conducted by State-based programs in order to
19 answer issues of importance to state and na-
20 tional policymakers;

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

23 (E) to study the effectiveness of newborn
24 and infant hearing screening, audiologic and
25 medical evaluations and intervention programs

1 and systems by assessing the health, intellectual
2 and social developmental, cognitive, and lan-
3 guage status of these children at school age;
4 and

5 (F) to promote the sharing of data regard-
6 ing early hearing loss with state-based birth de-
7 fects and developmental disabilities monitoring
8 programs for the purpose of identifying pre-
9 viously unknown causes of hearing loss.

10 (2) NATIONAL INSTITUTES OF HEALTH.—

11 Under the existing authority of the Public Health
12 Service Act, the Director of the National Institutes
13 of Health, acting through the Director of the Na-
14 tional Institute on Deafness and Other Communica-
15 tion Disorders, shall for purposes of this section,
16 continue a program of research and development on
17 the efficacy of new screening techniques and tech-
18 nology, including clinical studies of screening meth-
19 ods, studies on efficacy of intervention, and related
20 research.

21 (e) COORDINATION AND COLLABORATION.—

22 (1) IN GENERAL.—Under the existing authority
23 of the Public Health Service Act, in carrying out
24 programs under this section, the Administrator of
25 the Health Resources and Services Administration,

1 the Director of the Centers for Disease Control and
2 Prevention, and the Director of the National Insti-
3 tutes of Health shall collaborate and consult with
4 other Federal agencies; State and local agencies, in-
5 cluding those responsible for early intervention serv-
6 ices pursuant to Title XIX of the Social Security
7 Act (Medicaid Early and Periodic Screening, Diag-
8 nosis and Treatment Program); Title XXI of the So-
9 cial Security Act (State Children’s Health Insurance
10 Program); Title V of the Social Security Act (Mater-
11 nal and Child Health Block Grant Program; and
12 Part C of the Individuals with Disabilities Education
13 Act); consumer groups of and that serve individuals
14 who are deaf and hard-of-hearing and their families;
15 appropriate national medical and other health and
16 education specialty organizations; persons who are
17 deaf and hard-of-hearing and their families; other
18 qualified professional personnel who are proficient in
19 deaf or hard-of-hearing children’s language and who
20 possess the specialized knowledge, skills, and at-
21 tributes needed to serve deaf and hard-of-hearing
22 newborns, infants, toddlers, children, and their fami-
23 lies; third-party payers and managed care organiza-
24 tions; and related commercial industries.

1 (2) POLICY DEVELOPMENT.—Under the exist-
2 ing authority of the Public Health Service Act, the
3 Administrator of the Health Resources and Services
4 Administration, the Director of the Centers for Dis-
5 ease Control and Prevention, and the Director of the
6 National Institutes of Health shall coordinate and
7 collaborate on recommendations for policy develop-
8 ment at the Federal and state levels and with the
9 private sector, including consumer, medical and
10 other health and education professional-based orga-
11 nizations, with respect to newborn and infant hear-
12 ing screening, evaluation and intervention programs
13 and systems.

14 (3) STATE EARLY DETECTION, DIAGNOSIS, AND
15 INTERVENTION PROGRAMS AND SYSTEMS; DATA COL-
16 LECTION.—Under the existing authority of the Pub-
17 lic Health Service Act, the Administrator of the
18 Health Resources and Services Administration and
19 the Director of the Centers for Disease Control and
20 Prevention shall coordinate and collaborate in assist-
21 ing States to establish newborn and infant hearing
22 screening, evaluation and intervention programs and
23 systems under subsection (c) and to develop a data
24 collection system under subsection (d).

1 (f) RULE OF CONSTRUCTION.—Nothing in this Act
2 shall be construed to preempt any State law.

3 (g) AUTHORIZATION OF APPROPRIATIONS.—

4 (1) STATEWIDE NEWBORN AND INFANT HEAR-
5 ING SCREENING, EVALUATION AND INTERVENTION
6 PROGRAMS AND SYSTEMS.—For the purpose of car-
7 rying out subsection (c) under the existing authority
8 of the Public Health Service Act, there are author-
9 ized to the Health Resources and Services Adminis-
10 tration appropriations in the amount of \$5,000,000
11 for fiscal year 2000, \$8,000,000 for fiscal year
12 2001, and such sums as may be necessary for fiscal
13 year 2002.

14 (2) TECHNICAL ASSISTANCE, DATA MANAGE-
15 MENT, AND APPLIED RESEARCH; CENTERS FOR DIS-
16 EASE CONTROL AND PREVENTION.—For the purpose
17 of carrying out subsection (d)(1) under the existing
18 authority of the Public Health Service Act, there are
19 authorized to the Centers for Disease Control and
20 Prevention, appropriations in the amount of
21 \$5,000,000 for fiscal year 2000, \$7,000,000 for fis-
22 cal year 2001, and such sums as may be necessary
23 for fiscal year 2002.

24 (3) TECHNICAL ASSISTANCE, DATA MANAGE-
25 MENT, AND APPLIED RESEARCH; NATIONAL INSTI-

1 TUTE ON DEAFNESS AND OTHER COMMUNICATION
2 DISORDERS.—For the purpose of carrying out sub-
3 section (d)(2) under the existing authority of the
4 Public Health Service Act, there are authorized to
5 the National Institute on Deafness and Other Com-
6 munication Disorders appropriations for such sums
7 as may be necessary for each of the fiscal years
8 2000 through 2002.

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