

**Attachment A.**

**Autism CARES Act of 2014 and Autism CARES Act of 2019**

113TH CONGRESS }  
2d Session } HOUSE OF REPRESENTATIVES { REPORT  
113-490

AUTISM COLLABORATION, ACCOUNTABILITY, RESEARCH,  
EDUCATION, AND SUPPORT ACT OF 2014

JUNE 23, 2014.—Committed to the Committee of the Whole House on the State of  
the Union and ordered to be printed

Mr. UPTON, from the Committee on Energy and Commerce,  
submitted the following

R E P O R T

[To accompany H.R. 4631]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred  
the bill (H.R. 4631) to reauthorize certain provisions of the Public  
Health Service Act relating to autism, and for other purposes, hav-  
ing considered the same, report favorably thereon with an amend-  
ment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Autism Collaboration, Accountability, Research, Education, and Support Act of 2014” or the “Autism CARES Act of 2014”.

**SEC. 2. NATIONAL AUTISM SPECTRUM DISORDER INITIATIVE.**

(a) **IN GENERAL.**—The Secretary of Health and Human Services shall designate an existing official within the Department of Health and Human Services to oversee, in consultation with the Secretaries of Defense and Education, national autism spectrum disorder research, services, and support activities.

(b) **DUTIES.**—The official designated under subsection (a) shall—

(1) implement autism spectrum disorder activities, taking into account the strategic plan developed by the Interagency Autism Coordinating Committee under section 399CC(b) of the Public Health Service Act (42 U.S.C. 280i–2(b)); and

(2) ensure that autism spectrum disorder activities of the Department of Health and Human Services and of other Federal departments and agencies are not unnecessarily duplicative.

**SEC. 3. RESEARCH PROGRAM.**

Section 399AA of the Public Health Service Act (42 U.S.C. 280i) is amended—

(1) in subsection (a)(1), by inserting “for children and adults” after “reporting of State epidemiological data”;

(2) in subsection (b)(1)—

(A) by striking “establishment of regional centers of excellence” and inserting “establishment or support of regional centers of excellence”; and

(B) by inserting “for children and adults” before the period at the end;

(3) in subsection (b)(2), by striking “center to be established” and inserting “center to be established or supported”; and

(4) in subsection (e), by striking “2014” and inserting “2019”.

**SEC. 4. AUTISM INTERVENTION.**

Section 399BB of the Public Health Service Act (42 U.S.C. 280i–1) is amended—

(1) in subsection (b)(1), by inserting “culturally competent” after “provide”;

(2) in subsection (c)(2)(A)(ii), by inserting “(which may include respite care for caregivers of individuals with an autism spectrum disorder)” after “services and supports”;

(3) in subsection (e)(1)(B)(v), by inserting before the semicolon the following: “, which may include collaborating with research centers or networks to provide training for providers of respite care (as defined in section 2901)”;

(4) in subsection (f), by striking “grants or contracts” and all that follows through “for individuals with” and inserting “grants or contracts, which may include grants or contracts to research centers or networks, to determine the evidence-based practices for interventions to improve the physical and behavioral health of individuals with”;

(5) in subsection (g), by striking “2014” and inserting “2019”.

**SEC. 5. INTERAGENCY AUTISM COORDINATING COMMITTEE.**

Section 399CC of the Public Health Service Act (42 U.S.C. 280i–2) is amended—

(1) in subsection (b)—

(A) in paragraph (1)—

(i) by striking “and annually update”; and

(ii) by striking “intervention” and inserting “interventions, including school and community-based interventions”;

(B) by striking paragraph (2);

(C) by redesignating paragraph (1) as paragraph (2), and inserting before such redesignated paragraph the following:

“(1) monitor autism spectrum disorder research, and to the extent practicable services and support activities, across all Federal departments and agencies, including coordination of Federal activities with respect to autism spectrum disorder”;

(D) in paragraph (3), by striking “recommendations to the Director of NIH”;

(E) in paragraph (4), by inserting before the semicolon the following: “, and the process by which public feedback can be better integrated into such decisions”; and

(F) by striking paragraphs (5) and (6) and inserting the following:

“(5) develop a strategic plan for the conduct of, and support for, autism spectrum disorder research and services and supports for individuals with an autism spectrum disorder and the families of such individuals, which shall include—

“(A) proposed budgetary requirements; and

- “(B) recommendations to ensure that autism spectrum disorder research, services, and support activities of the Department of Health and Human Services and of other Federal departments and agencies are not unnecessarily duplicative; and
- “(6) submit to Congress and the President—
- “(A) an annual update on the summary of advances described in paragraph (2); and
- “(B) an annual update to the strategic plan described in paragraph (5), including any progress made in achieving the goals outlined in such strategic plan.”;
- (2) in subsection (c)—
- (A) in paragraph (1)—
- (i) by striking the paragraph designation, the heading, and the matter preceding subparagraph (A) and inserting the following:
- “(1) FEDERAL MEMBERSHIP.—The Committee shall be composed of the following Federal members—”;
- (ii) in subparagraph (C)—
- (I) by inserting “, such as the Administration for Community Living, Administration for Children and Families, the Centers for Medicare & Medicaid Services, the Food and Drug Administration, and the Health Resources and Services Administration” before the semicolon at the end; and
- (II) by adding at the end “and”;
- (iii) in subparagraph (D)—
- (I) by inserting “and the Department of Defense” after “Department of Education”; and
- (II) by striking at the end “; and” and inserting a period; and
- (iv) by striking subparagraph (E);
- (B) in paragraph (2)—
- (i) in the paragraph heading, by striking “ADDITIONAL” and inserting “NON-FEDERAL”;
- (ii) in the matter preceding subparagraph (A), by striking “Not fewer than 6 members of the Committee, or 1/3 of the total membership of the Committee, whichever is greater” and inserting “Not more than 1/2, but not fewer than 1/3, of the total membership of the Committee”;
- (iii) in subparagraph (A), by striking “one such member shall be an individual” and inserting “two such members shall be individuals”;
- (iv) in subparagraph (B), by striking “one such member shall be a parent or legal guardian” and inserting “two such members shall be parents or legal guardians”; and
- (v) in subparagraph (C), by striking “one such member shall be a representative” and inserting “two such members shall be representatives”; and
- (C) by adding at the end the following:
- “(3) PERIOD OF APPOINTMENT; VACANCIES.—
- “(A) PERIOD OF APPOINTMENT FOR NON-FEDERAL MEMBERS.—Non-Federal members shall serve for a term of 4 years, and may be reappointed for one or more additional 4-year terms.
- “(B) VACANCIES.—A vacancy on the Committee shall be filled in the manner in which the original appointment was made and shall not affect the power or duties of the Committee. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member’s term until a successor has been appointed.”;
- (3) in subsection (d)—
- (A) by striking paragraph (2); and
- (B) by redesignating paragraphs (3) and (4) as paragraphs (2) and (3), respectively; and
- (4) in subsection (f), by striking “2014” and inserting “2019”.

#### SEC. 6. REPORTS.

Section 399DD of the Public Health Service Act (42 U.S.C. 280i–3) is amended—

- (1) in the section heading, by striking “REPORT” and inserting “REPORTS”;
- (2) in subsection (b), by redesignating paragraphs (1) through (9) as subparagraphs (A) through (I), respectively, and realigning the margins accordingly;
- (3) by redesignating subsections (a) and (b) as paragraphs (1) and (2), respectively, and realigning the margins accordingly;
- (4) by inserting after the section heading the following:
- “(a) PROGRESS REPORT.—”;

(5) in subsection (a)(1) (as so redesignated)—

(A) by striking “2 years after the date of enactment of the Combating Autism Reauthorization Act of 2011” and inserting “4 years after the date of enactment of the Autism CARES Act of 2014”;

(B) by inserting “and the Secretary of Defense” after “the Secretary of Education”; and

(C) by inserting “, and make publicly available, including through posting on the Internet Web site of the Department of Health and Human Services,” after “Representatives”; and

(6) in subsection (a)(2) (as so redesignated)—

(A) in subparagraph (A), (as so redesignated), by striking “Combating Autism Act of 2006” and inserting “Autism CARES Act of 2014”;

(B) in subparagraph (B) (as so redesignated), by striking “particular provisions of Combating Autism Act of 2006” and inserting “amendments made by the Autism CARES Act of 2014”;

(C) by striking subparagraph (C) (as so redesignated), and inserting the following:

“(C) information on the incidence and prevalence of autism spectrum disorder, including available information on the prevalence of autism spectrum disorder among children and adults, and identification of any changes over time with respect to the incidence and prevalence of autism spectrum disorder.”;

(D) in subparagraph (D) (as so redesignated), by striking “6-year period beginning on the date of enactment of the Combating Autism Act of 2006” and inserting “4-year period beginning on the date of enactment of the Autism CARES Act of 2014 and, as appropriate, how this age varies across populations subgroups”;

(E) in subparagraph (E) (as so redesignated), by striking “6-year period beginning on the date of enactment of the Combating Autism Act of 2006” and inserting “4-year period beginning on the date of enactment of the Autism CARES Act of 2014 and, as appropriate, how this age varies across populations subgroups”;

(F) in subparagraph (F) (as so redesignated), by inserting “and, as appropriate, on how such average time varies across populations subgroups” before the semicolon at the end;

(G) in subparagraph (G) (as so redesignated)—

(i) by striking “including by various subtypes,” and inserting “including by severity level as practicable.”; and

(ii) by striking “child may” and inserting “child or other factors, such as demographic characteristics, may”; and

(H) by striking subparagraph (I) (as so redesignated), and inserting the following:

“(I) a description of the actions taken to implement and the progress made on implementation of the strategic plan developed by the Interagency Autism Coordinating Committee under section 399CC(b).”; and

(7) by adding at the end the following new subsection:

“(b) REPORT ON YOUNG ADULTS AND TRANSITIONING YOUTH.—

“(1) IN GENERAL.—Not later than 2 years after the date of enactment of the Autism CARES Act of 2014, the Secretary, in coordination with the Secretary of Education and in collaboration with the Secretary of Transportation, the Secretary of Labor, the Secretary of Housing and Urban Development, and the Attorney General, shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report concerning young adults with autism spectrum disorder and the challenges related to the transition from existing school-based services to those services available during adulthood.

“(2) CONTENTS.—The report submitted under paragraph (1) shall contain—

“(A) demographic characteristics of youth transitioning from school-based to community-based supports;

“(B) an overview of policies and programs relevant to young adults with autism spectrum disorder relating to post-secondary school transitional services, including an identification of existing Federal laws, regulations, policies, research, and programs;

“(C) proposals on establishing best practices guidelines to ensure—

“(i) interdisciplinary coordination between all relevant service providers receiving Federal funding;

“(ii) coordination with transitioning youth and the family of such transitioning youth; and

- “(iii) inclusion of the individualized education program for the transitioning youth, as prescribed in section 614 of the Individuals with Disabilities Education Act (20 U.S.C. 1414);
- “(D) comprehensive approaches to transitioning from existing school-based services to those services available during adulthood, including—
  - “(i) services that increase access to, and improve integration and completion of, post-secondary education, peer support, vocational training (as defined in section 103 of the Rehabilitation Act of 1973 (29 U.S.C. 723)), rehabilitation, self-advocacy skills, and competitive, integrated employment;
  - “(ii) community-based behavioral supports and interventions;
  - “(iii) community-based integrated residential services, housing, and transportation;
  - “(iv) nutrition, health and wellness, recreational, and social activities;
  - “(v) personal safety services for individuals with autism spectrum disorder related to public safety agencies or the criminal justice system; and
  - “(vi) evidence-based approaches for coordination of resources and services once individuals have aged out of post-secondary education; and
- “(E) proposals that seek to improve outcomes for adults with autism spectrum disorder making the transition from a school-based support system to adulthood by—
  - “(i) increasing the effectiveness of programs that provide transition services;
  - “(ii) increasing the ability of the relevant service providers described in subparagraph (C) to provide supports and services to underserved populations and regions;
  - “(iii) increasing the efficiency of service delivery to maximize resources and outcomes, including with respect to the integration of and collaboration among services for transitioning youth;
  - “(iv) ensuring access to all services necessary to transitioning youth of all capabilities; and
  - “(v) encouraging transitioning youth to utilize all available transition services to maximize independence, equal opportunity, full participation, and self-sufficiency.”.

#### SEC. 7. AUTHORIZATION OF APPROPRIATIONS.

Section 399EE of the Public Health Service Act (42 U.S.C. 280i-4) is amended—

- (1) in subsection (a), by striking “fiscal years 2012 through 2014” and inserting “fiscal years 2015 through 2019”;
- (2) in subsection (b), by striking “fiscal years 2011 through 2014” and inserting “fiscal years 2015 through 2019”; and
- (3) in subsection (c), by striking “\$161,000,000 for each of fiscal years 2011 through 2014” and inserting “\$190,000,000 for each of fiscal years 2015 through 2019”.

#### PURPOSE AND SUMMARY

H.R. 4631, “Autism Collaboration, Accountability, Research, Education, and Support Act of 2014” or the “Autism CARES Act of 2014” was introduced on May 9, 2014 by Rep. Chris Smith (R-NJ) and Rep. Michael Doyle (D-PA) and referred to the Committee on Energy and Commerce.

#### BACKGROUND AND NEED FOR LEGISLATION

Autism spectrum disorder (ASD) is a range of complex neurodevelopment disorders, characterized by social impairments, communication difficulties, and repetitive patterns of behavior. The disorder can range in severity from milder forms known as Asperger syndrome to more severe forms. The Centers for Disease Control and Prevention (CDC) estimates that about 1 in 68 children have been identified with ASD. Boys are five times more likely to have ASD. This is a tenfold increase in prevalence in ASD

over the last 40 years, primarily due to better awareness, surveillance, and diagnosis.<sup>1</sup>

Although the cause of ASD is unclear, science has determined that genetics and environment are factors. Researchers have identified a number of genes associated with the disorder. Studies of people with ASD have found irregularities in several regions of the brain along with abnormal levels of brain chemicals that could affect normal brain development during gestation. This research is preliminary, and further study is needed.<sup>2</sup>

In 2000, Congress passed the Children's Health Act to address the growing need for research and resources directed toward ASD and other developmental disorders. Activities included surveillance, education, and research. It also established the Interagency Autism Coordinating Committee (IACC). In 2006, Congress passed the Combating Autism Act (CAA) that reauthorized provisions in the Children's Health Act related to ASD and required the development of an overall strategic plan. In 2011, CAA was reauthorized again to continue research at the National Institutes of Health (NIH), surveillance at the CDC, and education and early detection activities at the Health Resources and Services Administration (HRSA). The IACC also was reauthorized. It expires in 2014.

The Autism CARES Act 2014 would reauthorize the Combating Autism Reauthorization Act (CARA) of 2011. The bill would continue current Federal activities related to autism, including biomedical research, surveillance, and education. The bill would require the Secretary to appoint an existing Federal official to oversee the Federal activities related to ASD, including the strategic plan, and ensure that activities are not unnecessarily duplicative. In addition, within 2 years, the Secretary would prepare a report that studies the needs of autistic youth transitioning into adulthood. The IACC would be reauthorized and include requirements for Federal and non-Federal membership.

In implementing the programmatic and research initiatives funded by this Act, the Committee strongly encourages Federal agencies to pay particular attention to the need to focus on early diagnosis and intervention in children ages 5 or younger. With new advances in scientific research relating to autism, it is important that Federal agencies are aware of and taking into account that the average age of diagnosis could drop, in the very near term, from ages 4 and 5 to toddlers and younger. The Committee is aware that there is evidence-based science that will make it possible to identify signs of autism present in the first year or two of life, thereby opening a window for even earlier diagnosis and intervention in the future. The Committee is aware that such scientific progress could create significant societal and economic benefits if intervention and treatment can start earlier than previously thought possible. This could improve dramatically the quality of life for children with autism, permit them to have more fulfilling and productive lives, and could lower substantially the costs associated with their education and health care over their lifetimes.

The Committee appreciates the diverse makeup of IACC, and would like the panel to continue to represent the diversity within

<sup>1</sup><http://www.cdc.gov/ncbddd/autism/index.html>.

<sup>2</sup>[http://www.ninds.nih.gov/disorders/autism/detail\\_autism.htm](http://www.ninds.nih.gov/disorders/autism/detail_autism.htm).

the autism community and remain a place where all viewpoints can be heard. Current members include parents and legal guardians, individuals with an autism diagnosis, advocacy organizations, and medical researchers. The Committee believes that these groups should continue to be represented. After previous reauthorizations of the Combating Autism Act, IACC has been dissolved and reconstituted. The Committee believes that this is unproductive and disruptive, and would like IACC to remain active, as the changes in this bill are instituted to ensure continuity.

#### HEARINGS

The Committee on Energy and Commerce has not held hearings on the legislation.

#### COMMITTEE CONSIDERATION

On May 28, 2014, the Subcommittee on Health met in open markup session and forwarded H.R. 4631 to the full Committee, as amended, by a voice vote. On June 10, 2014, the full Committee met in open markup session and ordered H.R. 4631 reported to the House, as amended, by voice vote.

#### COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 4631 reported. A motion by Mr. Upton to order H.R. 4631 reported to the House, with amendment, was agreed to by a voice vote.

#### COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee has not held hearings on this legislation.

#### STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

H.R. 4631 reauthorizes Federal activities related to ASD and provides direction to the relevant agencies to improve these activities.

#### NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 4631, would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

#### EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

In compliance with clause 9(e), 9(f), and 9(g) of rule XXI of the Rules of the House of Representatives, the Committee finds that H.R. 4631 contains no earmarks, limited tax benefits, or limited tariff benefits.



## COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

## CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,  
CONGRESSIONAL BUDGET OFFICE,  
*Washington, DC, June 20, 2014.*

Hon. FRED UPTON,  
*Chairman, Committee on Energy and Commerce,  
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 4631, the Autism Collaboration, Accountability, Research, Education, and Support Act of 2014. This estimate supersedes CBO's original estimate that was transmitted on June 18, 2014. It corrects an error in stating the bill's authorization amount of \$190 million a year for the National Institutes of Health. There is no change to CBO's estimate of outlays under the bill.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Lisa Ramirez-Branum.  
Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

*H.R. 4631—Autism Collaboration, Accountability, Research, Education, and Support Act of 2014*

Summary: H.R. 4631 would amend the Public Health Service Act to reauthorize research, surveillance, and education activities related to autism spectrum disorders (autism) conducted by various agencies within the Department of Health and Human Services (HHS). Those activities are conducted by the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH).

The bill would authorize appropriations for autism activities at HHS of \$260 million in 2015 and \$1.3 billion over the 2015–2019 period. CBO estimates that implementing H.R. 4631 would cost \$1.1 billion over the 2015–2019 period, assuming appropriation of the authorized amounts. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Estimated cost to the Federal Government: The estimated budgetary effect of H.R. 4631 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in million of dollars—					
	2015	2016	2017	2018	2019	2015–2019
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
CDC:						
Authorization Level .....	22	22	22	22	22	110
Estimated Outlays .....	10	20	20	20	20	90
HRSA:						
Authorization Level .....	48	48	48	48	48	240
Estimated Outlays .....	25	45	45	50	50	215
NIH:						
Authorization Level .....	190	190	190	190	190	950
Estimated Outlays .....	50	150	180	185	190	755
Total Changes:						
Authorization Level .....	260	260	260	260	260	1,300
Estimated Outlays .....	85	215	245	255	260	1,060

Note: CDC = Centers for Disease Control and Prevention; HRSA = Health Resources and Services Administration; NIH = National Institutes of Health.

Basis of estimate: The CDC, HRSA, and NIH administer programs that support activities to prevent, diagnose, and treat autism. The Congress appropriated \$259 million for such activities in 2014; however, authority to operate those programs expires at the end of fiscal year 2014. H.R. 4631 would reauthorize funding for these activities through 2019 at a level of \$260 million per year. For this estimate, CBO assumes that H.R. 4631 will be enacted near the end of fiscal year 2014 and that the authorized amounts will be appropriated near the beginning of each fiscal year. The estimate of outlays is based on historical spending patterns for CDC, HRSA, and NIH activities.

The CDC currently administers several surveillance and research programs directed at determining the prevalence of autism and the risk factors for developing autism, as well as raising awareness of the signs of autism for families, health care providers, and childcare educators. The Congress appropriated approximately \$22 million for those activities in fiscal year 2014. The bill would authorize the appropriation of \$22 million annually over the 2015–2019 period for such programs. CBO estimates that implementing those provisions would cost \$90 million over the 2015–2019 period.

HRSA currently operates several programs to train health care providers in the delivery of care to children with autism and other developmental disabilities. The Congress appropriated approximately \$47 million for those activities in fiscal year 2014. The legislation would authorize the appropriation of \$48 million for each of fiscal years 2015 through 2019 for HRSA to continue such activities. CBO estimates that implementing those provisions would cost \$215 million over the 2015–2019 period.

H.R. 4631 also would reauthorize programs and activities carried out by NIH to advance autism research and treatment including the Autism Centers of Excellence program. The Congress appropriated \$190 million for those activities in fiscal year 2014. The bill would authorize the appropriation of \$190 million for each of fiscal years 2015 through 2019 for NIH to continue such activities. CBO estimates that implementing those provisions would cost \$755 million over the 2015–2019 period.

Pay-As-You-Go considerations: None.

Intergovernmental and private-sector impact: H.R. 4631 contains no intergovernmental or private-sector mandates as defined in

UMRA. The bill would benefit state, local, and tribal governments that receive grants related to autism spectrum disorders.

Previous CBO estimate: On June 18, 2014, CBO transmitted a cost estimate for H.R. 4631, the Autism Collaboration, Accountability, Research, Education, and Support Act of 2014, as ordered reported by the House Committee on Energy and Commerce on June 10, 2014. That previous estimate incorrectly stated that the legislation authorized the appropriation of \$191 million a year for each of fiscal years 2015 through 2019 for NIH to carry out autism-related activities. This revised estimate corrects the amounts authorized to be equal to \$190 million a year for each of fiscal years 2015 through 2019. There is no change to CBO's estimate of outlays under the bill.

Estimate prepared by: Federal costs: Lisa Ramirez-Branum and Santiago Vallinas; Impact on state, local, and tribal governments: J'nell L. Blanco; Impact on the private sector: Sam Trachtman.

Estimate approved by: Holly Harvey, Deputy Assistant Director for Budget Analysis.

#### FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

#### DUPLICATION OF FEDERAL PROGRAMS

No provision of H.R. 4631 establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

#### DISCLOSURE OF DIRECTED RULE MAKINGS

The Committee estimates that enacting H.R. 4631 specifically directs to be completed 0 rule makings within the meaning of 5 U.S.C. 551.

#### ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

#### APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

#### SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

##### *Section 1. Short title*

Section 1 provides the short title of “Autism Collaboration, Accountability, Research, Education, and Support Act of 2014” or the “Autism CARES Act of 2014.”

*Section 2. National Autism Spectrum Disorder Initiative*

Section 2 would require the Secretary to appoint an existing official to oversee the activities related to autism including the strategic plan and ensure the elimination of unnecessary duplication in activities.

*Section 3. Research program*

Section 3 would require the CDC to collect data on both children and adults with autism.

*Section 4. Autism intervention*

Section 4 would require that activities related to autism early education, early detection, and intervention be culturally competent. The bill also would provide for the identification of evidence-based practices and the training of respite caregivers.

*Section 5. Interagency Autism Coordinating Committee*

Section 5 would require the IACC, as part of its responsibilities, to include school and community-based interventions in the summary of advances; monitor research, services, and support activities across Federal departments and agencies; and include a plan for the conduct of and support for ASD research and services and supports for individuals with ASD and their families in the strategic plan. Federal members of the IACC can include the Department of Defense, the Department of Education, the Administration for Community Living, the Administration for Children and Families, the Centers for Medicare and Medicaid Services, the Food and Drug Administration, and the Health Resources and Services Administration. Non-Federal members would include at least 2 members from each of the following groups: parents, persons with ASD, and advocacy groups.

*Section 6. Reports*

Section 6 would extend the time frame for the progress report from 2 to 4 years and coordinate with the Secretary of Defense in the preparation of the report. The report would include data on the incidence and prevalence of ASD among children and adults and any changes over time and a description of actions made on the implementation of the strategic plan. The section would require the Secretary to prepare and submit a report on the needs and challenges of autistic youth transitioning from school-based services to adult, community-based services.

*Section 7. Authorization of appropriations*

Section 7 would reauthorize CDC activities at \$22 million for each of FY 2015 through FY 2019; HRSA activities at \$48 million for each of FY 2015 through FY 2019; and NIH/IACC activities at \$190 million for each of FY 2015 through FY 2019.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omit-

ted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

**PUBLIC HEALTH SERVICE ACT**

**TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE**

\* \* \* \* \*

**PART R—PROGRAMS RELATING TO AUTISM**

**SEC. 399AA. DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.**

**(a) AUTISM SPECTRUM DISORDER AND OTHER DEVELOPMENTAL DISABILITIES.—**

(1) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants or cooperative agreements to eligible entities for the collection, analysis, and reporting of State epidemiological data *for children and adults* on autism spectrum disorder and other developmental disabilities. An eligible entity shall assist with the development and coordination of State autism spectrum disorder and other developmental disability surveillance efforts within a region. In making such awards, the Secretary may provide direct technical assistance in lieu of cash.

\* \* \* \* \*

**(b) CENTERS OF EXCELLENCE IN AUTISM SPECTRUM DISORDER EPIDEMIOLOGY.—**

(1) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, subject to the availability of appropriations, award grants or cooperative agreements for the **[establishment of regional centers of excellence]** *establishment or support of regional centers of excellence* in autism spectrum disorder and other developmental disabilities epidemiology for the purpose of collecting and analyzing information on the number, incidence, correlates, and causes of autism spectrum disorder and other developmental disabilities *for children and adults*.

(2) **REQUIREMENTS.**—To be eligible to receive a grant or cooperative agreement under paragraph (1), an entity shall submit to the Secretary an application containing such agreements and information as the Secretary may require, including an agreement that the **[center to be established]** *center to be established or supported* under the grant or cooperative agreement shall operate in accordance with the following:

(A) \* \* \*

\* \* \* \* \*

**(e) SUNSET.**—This section shall not apply after September 30, **[2014]** *2019*.

**SEC. 399BB. AUTISM EDUCATION, EARLY DETECTION, AND INTERVENTION.**

(a) \* \* \*

(b) **IN GENERAL.**—The Secretary shall, subject to the availability of appropriations, establish and evaluate activities to—

(1) provide *culturally competent* information and education on autism spectrum disorder and other developmental disabilities to increase public awareness of developmental milestones;

\* \* \* \* \*

(c) INFORMATION AND EDUCATION.—

(1) \* \* \*

(2) LEAD AGENCY.—

(A) DESIGNATION.—As a condition on the provision of assistance or the conduct of activities under this section with respect to a State, the Secretary may require the Governor of the State—

(i) \* \* \*

(ii) acting through such lead agency, to make available to individuals and their family members, guardians, advocates, or authorized representatives; providers; and other appropriate individuals in the State, comprehensive culturally competent information about State and local resources regarding autism spectrum disorder and other developmental disabilities, risk factors, characteristics, identification, diagnosis or rule out, available services and supports (*which may include respite care for caregivers of individuals with an autism spectrum disorder*), and evidence-based interventions.

\* \* \* \* \*

(e) DIAGNOSIS.—

(1) TRAINING.—The Secretary, in coordination with activities conducted under title V of the Social Security Act, shall, subject to the availability of appropriations, expand existing interdisciplinary training opportunities or opportunities to increase the number of sites able to diagnose or rule out individuals with autism spectrum disorder or other developmental disabilities and ensure that—

(A) \* \* \*

(B) trainees under such training programs—

(i) \* \* \*

\* \* \* \* \*

(v) demonstrate an ability to use a family-centered approach, *which may include collaborating with research centers or networks to provide training for providers of respite care (as defined in section 2901)*; and

\* \* \* \* \*

(f) INTERVENTION.—The Secretary shall promote research, through [grants or contracts, to determine the evidence-based practices for interventions for individuals with] *grants or contracts, which may include grants or contracts to research centers or networks, to determine the evidence-based practices for interventions to improve the physical and behavioral health of individuals with autism spectrum disorder or other developmental disabilities, develop guidelines for those interventions, and disseminate information related to such research and guidelines.*

(g) SUNSET.—This section shall not apply after September 30, [2014] 2019.

**SEC. 399CC. INTERAGENCY AUTISM COORDINATING COMMITTEE.**

(a) \* \* \*

(b) **RESPONSIBILITIES.**—In carrying out its duties under this section, the Committee shall—

(1) *monitor autism spectrum disorder research, and to the extent practicable services and support activities, across all Federal departments and agencies, including coordination of Federal activities with respect to autism spectrum disorder;*

[(1)] (2) develop [and annually update] a summary of advances in autism spectrum disorder research related to causes, prevention, treatment, early screening, diagnosis or rule out, [intervention] *interventions, including school and community-based interventions, and access to services and supports for individuals with autism spectrum disorder;*

[(2) monitor Federal activities with respect to autism spectrum disorder;]

(3) make recommendations to the Secretary regarding any appropriate changes to such activities, including [recommendations to the Director of NIH] with respect to the strategic plan developed under paragraph (5);

(4) make recommendations to the Secretary regarding public participation in decisions relating to autism spectrum disorder, *and the process by which public feedback can be better integrated into such decisions;*

[(5) develop and annually update a strategic plan for the conduct of, and support for, autism spectrum disorder research, including proposed budgetary requirements; and

[(6) submit to the Congress such strategic plan and any updates to such plan.]

(5) *develop a strategic plan for the conduct of, and support for, autism spectrum disorder research and services and supports for individuals with an autism spectrum disorder and the families of such individuals, which shall include—*

(A) *proposed budgetary requirements; and*

(B) *recommendations to ensure that autism spectrum disorder research, services, and support activities of the Department of Health and Human Services and of other Federal departments and agencies are not unnecessarily duplicative; and*

(6) *submit to Congress and the President—*

(A) *an annual update on the summary of advances described in paragraph (2); and*

(B) *an annual update to the strategic plan described in paragraph (5), including any progress made in achieving the goals outlined in such strategic plan.*

(c) **MEMBERSHIP.**—

[(1) **IN GENERAL.**—The Committee shall be composed of—]

(1) **FEDERAL MEMBERSHIP.**—*The Committee shall be composed of the following Federal members—*

(A) \* \* \*

\* \* \* \* \*

(C) *the heads of such other agencies as the Secretary determines appropriate, such as the Administration for Community Living, Administration for Children and Families, the Centers for Medicare & Medicaid Services, the Food*

*and Drug Administration, and the Health Resources and Services Administration; and*

(D) representatives of other Federal Governmental agencies that serve individuals with autism spectrum disorder such as the Department of Education[; and] *and the Department of Defense.*

[(E) the additional members appointed under paragraph (2).]

(2) [ADDITIONAL] NON-FEDERAL MEMBERS.— [Not fewer than 6 members of the Committee, or 1/3 of the total membership of the Committee, whichever is greater] *Not more than 1/2, but not fewer than 1/3, of the total membership of the Committee,* shall be composed of non-Federal public members to be appointed by the Secretary, of which—

(A) at least [one such member shall be an individual] *two such members shall be individuals* with a diagnosis of autism spectrum disorder;

(B) at least [one such member shall be a parent or legal guardian] *two such members shall be parents or legal guardians* of an individual with an autism spectrum disorder; and

(C) at least [one such member shall be a representative] *two such members shall be representatives* of leading research, advocacy, and service organizations for individuals with autism spectrum disorder.

(3) PERIOD OF APPOINTMENT; VACANCIES.—

(A) PERIOD OF APPOINTMENT FOR NON-FEDERAL MEMBERS.—*Non-Federal members shall serve for a term of 4 years, and may be reappointed for one or more additional 4-year terms.*

(B) VACANCIES.—*A vacancy on the Committee shall be filled in the manner in which the original appointment was made and shall not affect the power or duties of the Committee. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has been appointed.*

(d) ADMINISTRATIVE SUPPORT; TERMS OF SERVICE; OTHER PROVISIONS.—The following provisions shall apply with respect to the Committee:

(1) \* \* \*

[(2) Members of the Committee appointed under subsection (c)(2) shall serve for a term of 4 years, and may be reappointed for one or more additional 4 year term. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has taken office.]

[(3)] (2) The Committee shall meet at the call of the chairperson or upon the request of the Secretary. The Committee shall meet not fewer than 2 times each year.

[(4)] (3) All meetings of the Committee shall be public and shall include appropriate time periods for questions and presentations by the public.

\* \* \* \* \*



(f) SUNSET.—This section shall not apply after September 30, [2014] 2019, and the Committee shall be terminated on such date.

**SEC. 399DD. [REPORT] REPORTS TO CONGRESS.**

(a) *PROGRESS REPORT.*—

[(a)] (1) *IN GENERAL.*—Not later than [2 years after the date of enactment of the Combating Autism Reauthorization Act of 2011] *4 years after the date of enactment of the Autism CARES Act of 2014*, the Secretary, in coordination with the Secretary of Education *and the Secretary of Defense*, shall prepare and submit to the Health, Education, Labor, and Pensions Committee of the Senate and the Energy and Commerce Committee of the House of Representatives, *and make publicly available, including through posting on the Internet Web site of the Department of Health and Human Services*, a progress report on activities related to autism spectrum disorder and other developmental disabilities.

[(b)] (2) *CONTENTS.*—The report submitted under subsection (a) shall contain—

[(1)] (A) a description of the progress made in implementing the provisions of the [Combating Autism Act of 2006] *Autism CARES Act of 2014*;

[(2)] (B) a description of the amounts expended on the implementation of the [particular provisions of Combating Autism Act of 2006] *amendments made by the Autism CARES Act of 2014*;

[(3)] information on the incidence of autism spectrum disorder and trend data of such incidence since the date of enactment of the Combating Autism Act of 2006;]

*(C) information on the incidence and prevalence of autism spectrum disorder, including available information on the prevalence of autism spectrum disorder among children and adults, and identification of any changes over time with respect to the incidence and prevalence of autism spectrum disorder;*

[(4)] (D) information on the average age of diagnosis for children with autism spectrum disorder and other disabilities, including how that age may have changed over the [6-year period beginning on the date of enactment of the Combating Autism Act of 2006] *4-year period beginning on the date of enactment of the Autism CARES Act of 2014 and, as appropriate, how this age varies across populations subgroups*;

[(5)] (E) information on the average age for intervention for individuals diagnosed with autism spectrum disorder and other developmental disabilities, including how that age may have changed over the [6-year period beginning on the date of enactment of the Combating Autism Act of 2006] *4-year period beginning on the date of enactment of the Autism CARES Act of 2014 and, as appropriate, how this age varies across populations subgroups*;

[(6)] (F) information on the average time between initial screening and then diagnosis or rule out for individuals with autism spectrum disorder or other developmental disabilities, as well as information on the average time between diagnosis and evidence-based intervention for indi-

viduals with autism spectrum disorder or other developmental disabilities and, as appropriate, on how such average time varies across populations subgroups;

【(7)】 (G) information on the effectiveness and outcomes of interventions for individuals diagnosed with autism spectrum disorder, [including by various subtypes,] including by severity level as practicable, and other developmental disabilities and how the age of the [child may] child or other factors, such as demographic characteristics, may affect such effectiveness;

【(8)】 (H) information on the effectiveness and outcomes of innovative and newly developed intervention strategies for individuals with autism spectrum disorder or other developmental disabilities; and

【(9) information on services and supports provided to individuals with autism spectrum disorder and other developmental disabilities who have reached the age of majority (as defined for purposes of section 615(m) of the Individuals with Disabilities Education Act (20 U.S.C. 1415(m)).】

(I) a description of the actions taken to implement and the progress made on implementation of the strategic plan developed by the Interagency Autism Coordinating Committee under section 399CC(b).

(b) REPORT ON YOUNG ADULTS AND TRANSITIONING YOUTH.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of the Autism CARES Act of 2014, the Secretary, in coordination with the Secretary of Education and in collaboration with the Secretary of Transportation, the Secretary of Labor, the Secretary of Housing and Urban Development, and the Attorney General, shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report concerning young adults with autism spectrum disorder and the challenges related to the transition from existing school-based services to those services available during adulthood.

(2) CONTENTS.—The report submitted under paragraph (1) shall contain—

(A) demographic characteristics of youth transitioning from school-based to community-based supports;

(B) an overview of policies and programs relevant to young adults with autism spectrum disorder relating to post-secondary school transitional services, including an identification of existing Federal laws, regulations, policies, research, and programs;

(C) proposals on establishing best practices guidelines to ensure—

(i) interdisciplinary coordination between all relevant service providers receiving Federal funding;

(ii) coordination with transitioning youth and the family of such transitioning youth; and

(iii) inclusion of the individualized education program for the transitioning youth, as prescribed in section 614 of the Individuals with Disabilities Education Act (20 U.S.C. 1414);

(D) *comprehensive approaches to transitioning from existing school-based services to those services available during adulthood, including—*

(i) *services that increase access to, and improve integration and completion of, post-secondary education, peer support, vocational training (as defined in section 103 of the Rehabilitation Act of 1973 (29 U.S.C. 723)), rehabilitation, self-advocacy skills, and competitive, integrated employment;*

(ii) *community-based behavioral supports and interventions;*

(iii) *community-based integrated residential services, housing, and transportation;*

(iv) *nutrition, health and wellness, recreational, and social activities;*

(v) *personal safety services for individuals with autism spectrum disorder related to public safety agencies or the criminal justice system; and*

(vi) *evidence-based approaches for coordination of resources and services once individuals have aged out of post-secondary education; and*

(E) *proposals that seek to improve outcomes for adults with autism spectrum disorder making the transition from a school-based support system to adulthood by—*

(i) *increasing the effectiveness of programs that provide transition services;*

(ii) *increasing the ability of the relevant service providers described in subparagraph (C) to provide supports and services to underserved populations and regions;*

(iii) *increasing the efficiency of service delivery to maximize resources and outcomes, including with respect to the integration of and collaboration among services for transitioning youth;*

(iv) *ensuring access to all services necessary to transitioning youth of all capabilities; and*

(v) *encouraging transitioning youth to utilize all available transition services to maximize independence, equal opportunity, full participation, and self-sufficiency.*

**SEC. 399EE. AUTHORIZATION OF APPROPRIATIONS.**

(a) **DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.**—To carry out section 399AA, there is authorized to be appropriated \$22,000,000 for each of **■** *fiscal years 2012 through 2014* **■** *fiscal years 2015 through 2019*.

(b) **AUTISM EDUCATION, EARLY DETECTION, AND INTERVENTION.**—To carry out section 399BB, there is authorized to be appropriated \$48,000,000 for each of **■** *fiscal years 2011 through 2014* **■** *fiscal years 2015 through 2019*.

(c) **INTERAGENCY AUTISM COORDINATING COMMITTEE; CERTAIN OTHER PROGRAMS.**—To carry out sections 399CC, 404H, and 409C, there is authorized to be appropriated **■** *\$161,000,000 for each of fis-*

cal years 2011 through 2014] \$190,000,000 for each of fiscal years  
2015 through 2019.

\* \* \* \* \*

○

# One Hundred Sixteenth Congress of the United States of America

AT THE FIRST SESSION

*Began and held at the City of Washington on Thursday,  
the third day of January, two thousand and nineteen*

## An Act

To amend the Public Health Service Act to enhance activities of the National Institutes of Health with respect to research on autism spectrum disorder and enhance programs relating to autism, and for other purposes.

*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 “Autism Collaboration, Accountability, Research, Education, and Support Act of 2019” or the “Autism CARES Act of 2019”.

### SEC. 2. EXPANSION, INTENSIFICATION, AND COORDINATION OF ACTIVITIES OF THE NIH WITH RESPECT TO RESEARCH ON AUTISM SPECTRUM DISORDER.

Section 409C of the Public Health Service Act (42 U.S.C. 284g) is amended—

(1) in subsection (a)(1)—

(A) in the first sentence, by striking “and toxicology” and inserting “toxicology, and interventions to maximize outcomes for individuals with autism spectrum disorder”; and

(B) by striking the second sentence and inserting the following: “Such research shall investigate the causes (including possible environmental causes), diagnosis or ruling out, early and ongoing detection, prevention, services across the lifespan, supports, intervention, and treatment of autism spectrum disorder, including dissemination and implementation of clinical care, supports, interventions, and treatments.”;

(2) in subsection (b)—

(A) in paragraph (2)—

(i) in the second sentence, by striking “cause” and all that follows through “disorder” and inserting “causes, diagnosis, early and ongoing detection, prevention, and treatment of autism spectrum disorder across the lifespan”; and

(ii) in the third sentence, by striking “neurobiology” and all that follows through the period and inserting “neurobiology, genetics, genomics, psychopharmacology, developmental psychology, behavioral psychology, and clinical psychology.”; and

(B) in paragraph (3), by adding at the end the following: “(D) REDUCING DISPARITIES.—The Director may consider, as appropriate, the extent to which a center can

demonstrate availability and access to clinical services for youth and adults from diverse racial, ethnic, geographic, or linguistic backgrounds in decisions about awarding grants to applicants which meet the scientific criteria for funding under this section.”.

**SEC. 3. PROGRAMS RELATING TO AUTISM.**

(a) DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.—Section 399AA of the Public Health Service Act (42 U.S.C. 280i) is amended—

(1) in subsection (a)(1), by striking “adults on autism spectrum disorder” and inserting “adults with autism spectrum disorder”;

(2) in subsection (a)(2)—

(A) by striking “State and local public health officials” and inserting “State, local, and Tribal public health officials”;

(B) by striking “or other developmental disabilities” and inserting “and other developmental disabilities”;

(3) in subsection (a)(3), by striking “a university, or any other educational institution” and inserting “a university, any other educational institution, an Indian tribe, or a tribal organization”;

(4) in subsection (b)(2)(A), by striking “relevant State and local public health officials, private sector developmental disability researchers, and advocates for individuals with developmental disabilities” and inserting “State, local, and Tribal public health officials, private sector developmental disability researchers, advocates for individuals with autism spectrum disorder, and advocates for individuals with other developmental disabilities”;

(5) in subsection (d)—

(A) by redesignating paragraphs (1) and (2) as paragraphs (2) and (3), respectively; and

(B) by inserting before paragraph (2), as so redesignated, the following new paragraph:

“(1) INDIAN TRIBE; TRIBAL ORGANIZATION.—The terms ‘Indian tribe’ and ‘tribal organization’ have the meanings given such terms in section 4 of the Indian Health Care Improvement Act.”; and

(6) in subsection (e), by striking “2019” and inserting “2024”.

(b) AUTISM EDUCATION, EARLY DETECTION, AND INTERVENTION.—Section 399BB of the Public Health Service Act (42 U.S.C. 280i–1) is amended—

(1) in subsection (a)(1)—

(A) by striking “individuals with autism spectrum disorder or other developmental disabilities” and inserting “individuals with autism spectrum disorder and other developmental disabilities”; and

(B) by striking “children with autism spectrum disorder” and all that follows through “disabilities;” and inserting “individuals with autism spectrum disorder and other developmental disabilities across their lifespan;”;

(2) in subsection (b)—

(A) in paragraph (2), by inserting “individuals with” before “autism spectrum disorder”;

(B) by redesignating paragraphs (4) through (6) as paragraphs (5) through (7), respectively; and

(C) by inserting after paragraph (3) the following:

“(4) promote evidence-based screening techniques and interventions for individuals with autism spectrum disorder and other developmental disabilities across their lifespan;”;

(3) in subsection (c)—

(A) in paragraph (1), in the matter preceding subparagraph (A), by striking “the needs of individuals with autism spectrum disorder or other developmental disabilities and their families” and inserting “the needs of individuals with autism spectrum disorder and other developmental disabilities across their lifespan and the needs of their families”; and

(B) in paragraph (2)—

(i) in subparagraph (A)(ii), by striking “caregivers of individuals with an autism spectrum disorder” and inserting “caregivers of individuals with autism spectrum disorder or other developmental disabilities”;

(ii) in subparagraph (B)(i)(II), by inserting “autism spectrum disorder and” after “individuals with”; and

(iii) in subparagraph (B)(ii), by inserting “autism spectrum disorder and” after “individuals with”;

(4) in subsection (e)—

(A) in paragraph (1)—

(i) in the matter preceding subparagraph (A), by inserting “across their lifespan” before “and ensure”; and

(ii) in subparagraph (B)(iv), by inserting “across their lifespan” after “other developmental disabilities”;

(B) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively; and

(C) by inserting after paragraph (1) the following:

“(2) DEVELOPMENTAL-BEHAVIORAL PEDIATRICIAN TRAINING PROGRAMS.—

“(A) IN GENERAL.—In making awards under this subsection, the Secretary may prioritize awards to applicants that are developmental-behavioral pediatrician training programs located in rural or underserved areas.

“(B) DEFINITION OF UNDERSERVED AREA.—In this paragraph, the term ‘underserved area’ means—

“(i) a health professional shortage area (as defined in section 332(a)(1)(A)); and

“(ii) an urban or rural area designated by the Secretary as an area with a shortage of personal health services (as described in section 330(b)(3)(A)).”;

(5) in subsection (f), by inserting “across the lifespan of such individuals” after “other developmental disabilities”; and

(6) in subsection (g), by striking “2019” and inserting “2024”.

(c) INTERAGENCY AUTISM COORDINATING COMMITTEE.—Section 399CC of the Public Health Service Act (42 U.S.C. 280i–2) is amended—

(1) in subsection (b)—

(A) in paragraph (2), by inserting “across the lifespan of such individuals” before the semicolon; and

(B) in paragraph (5), by inserting “across the lifespan of such individuals” before “and the families”;

(2) in subsection (c)—

(A) in paragraph (1)(D), by inserting “, the Department of Labor, the Department of Justice, the Department of Veterans Affairs, the Department of Housing and Urban Development,” after “Department of Education”;

(B) in subparagraphs (A), (B), and (C) of paragraph (2), by striking “at least two such members” each place it appears and inserting “at least three such members”;

(C) in paragraph (3)(A), by striking “one or more additional 4-year terms” and inserting “one additional 4-year term”; and

(3) in subsection (f), by striking “2019” and inserting “2024”.

(d) REPORTS TO CONGRESS.—Section 399DD of the Public Health Service Act (42 U.S.C. 280i–3) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking “Autism CARES Act of 2014” and inserting “Autism CARES Act of 2019”; and

(B) in paragraph (2)—

(i) in subparagraphs (A), (B), (D), and (E), by striking “Autism CARES Act of 2014” each place it appears and inserting “Autism CARES Act of 2019”;

(ii) in subparagraph (G), by striking “age of the child” and inserting “age of the individual”;

(iii) in subparagraph (H), by striking “; and” and inserting “;”;

(iv) in subparagraph (I), by striking the period and inserting “; and”; and

(v) by adding at the end the following:

“(J) information on how States use home- and community-based services and other supports to ensure that individuals with autism spectrum disorder and other developmental disabilities are living, working, and participating in their community.”; and

(2) in subsection (b)—

(A) in the heading, by striking “YOUNG ADULTS AND TRANSITIONING YOUTH” and inserting “THE HEALTH AND WELL-BEING OF INDIVIDUALS WITH AUTISM SPECTRUM DISORDER ACROSS THEIR LIFESPAN”;

(B) by amending paragraph (1) to read as follows:  
“(1) IN GENERAL.—Not later than 2 years after the date of enactment of the Autism CARES Act of 2019, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report concerning the health and well-being of individuals with autism spectrum disorder.”; and

(C) in paragraph (2)—

(i) by amending subparagraph (A) to read as follows:

“(A) demographic factors associated with the health and well-being of individuals with autism spectrum disorder;”;

(ii) in subparagraph (B), by striking “young adults” and all that follows through the semicolon and inserting “the health and well-being of individuals with



autism spectrum disorder, including an identification of existing Federal laws, regulations, policies, research, and programs;” and

(iii) by amending subparagraphs (C), (D), and (E) to read as follows:

“(C) recommendations on establishing best practices guidelines to ensure interdisciplinary coordination between all relevant service providers receiving Federal funding;

“(D) comprehensive approaches to improving health outcomes and well-being for individuals with autism spectrum disorder, including—

“(i) community-based behavioral supports and interventions;

“(ii) nutrition, recreational, and social activities; and

“(iii) personal safety services related to public safety agencies or the criminal justice system for such individuals; and

“(E) recommendations that seek to improve health outcomes for such individuals, including across their lifespan, by addressing—

“(i) screening and diagnosis of children and adults;

“(ii) behavioral and other therapeutic approaches;

“(iii) primary and preventative care;

“(iv) communication challenges;

“(v) aggression, self-injury, elopement, and other behavioral issues;

“(vi) emergency room visits and acute care hospitalization;

“(vii) treatment for co-occurring physical and mental health conditions;

“(viii) premature mortality;

“(ix) medical practitioner training; and

“(x) caregiver mental health.”.

(e) AUTHORIZATION OF APPROPRIATIONS.—Section 399EE of the Public Health Service Act (42 U.S.C. 280i–4) is amended—

(1) in subsection (a), by striking “\$22,000,000 for each of fiscal years 2015 through 2019” and inserting “\$23,100,000 for each of fiscal years 2020 through 2024”;

(2) in subsection (b), by striking “\$48,000,000 for each of fiscal years 2015 through 2019” and inserting “\$50,599,000 for each of fiscal years 2020 through 2024”; and

(3) in subsection (c), by striking “there is authorized to be appropriated \$190,000,000 for each of fiscal years 2015

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through 2019” and inserting “there are authorized to be appropriated \$296,000,000 for each of fiscal years 2020 through 2024”.

*Speaker of the House of Representatives.*

*Vice President of the United States and  
President of the Senate.*