

109TH CONGRESS
1ST SESSION

S. 843

To amend the Public Health Service Act to combat autism through research, screening, intervention and education.

IN THE SENATE OF THE UNITED STATES

APRIL 19, 2005

Mr. SANTORUM (for himself and Mr. DODD) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to combat autism through research, screening, intervention and education.

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 “Combating Autism Act
5 of 2005”.

6 **SEC. 2. ACTIVITIES TO IMPROVE AUTISM-RELATED RE-**
7 **SEARCH AND FUNDING.**

8 Title IV of the Public Health Service Act (42 U.S.C.
9 281 et seq.) is amended by adding at the end the fol-
10 lowing:

1 **“PART J—AUTISM-RELATED ACTIVITIES**

2 **“SEC. 499A. AUTHORITY OF THE DIRECTOR OF THE NA-**
3 **TIONAL INSTITUTES OF HEALTH RELATING**
4 **TO AUTISM.**

5 “(a) IDENTIFYING TOTAL EXPENDITURES ON AU-
6 TISM SPECTRUM DISORDERS.—The Director of NIH, in
7 coordination with the National Institute of Mental Health
8 and other institutes of the National Institutes of Health,
9 shall identify the total amount of expenditures, both intra-
10 mural and extramural, by the National Institutes of
11 Health for autism spectrum disorders for fiscal year 2005.

12 “(b) BUDGET FOR AUTISM RESEARCH AND COORDI-
13 NATION OF ACTIVITIES AND PROGRAMS.—The Director of
14 NIH, based on the strategic plan developed under sub-
15 section (c), shall—

16 “(1) develop and oversee the implementation of
17 a scientifically justified budget for research on au-
18 tism spectrum disorders at the National Institutes of
19 Health;

20 “(2) coordinate all research activities and pro-
21 grams on autism spectrum disorders at the insti-
22 tutes, centers, and divisions of the National Insti-
23 tutes of Health; and

24 “(3) evaluate all such activities and programs.

25 “(c) STRATEGIC PLAN FOR AUTISM RESEARCH.—

1 “(1) IN GENERAL.—The Director of NIH shall
2 develop and oversee the implementation of a com-
3 prehensive, long-range plan for the conduct and sup-
4 port of research on autism spectrum disorders by
5 the institutes, centers, and divisions of the National
6 Institutes of Health.

7 “(2) REQUIREMENTS.—The plan developed
8 under paragraph (1) shall—

9 “(A) be updated on an annual basis;

10 “(B) be based on the research rec-
11 ommendations contained in the Autism Re-
12 search Roadmap and Matrix of the Interagency
13 Autism Coordinating Committee;

14 “(C) determine and establish priorities
15 among critical scientific questions related to au-
16 tism spectrum disorders;

17 “(D) based on the priorities established
18 under subparagraph (C), specify the short and
19 long-range objectives to be achieved, and esti-
20 mate the resources needed to achieve these ob-
21 jectives;

22 “(E) evaluate the sufficiency of existing re-
23 search programs on autism spectrum disorders
24 to meet the objectives specified under subpara-
25 graph (D), and establish objectives, timelines,

1 and criteria for evaluating future research pro-
2 grams; and

3 “(F) make recommendations for changes
4 to existing research programs on autism spec-
5 trum disorders.

6 “(d) BUDGETARY AUTHORITY.—

7 “(1) IN GENERAL.—The Director of NIH
8 shall—

9 “(A) in accordance with the strategic plan
10 developed under subsection (c), annually pre-
11 pare and submit to Congress a scientifically jus-
12 tified budget estimate for research on autism
13 spectrum disorders to be conducted within the
14 agencies of the National Institutes of Health,
15 which shall include the amount of funds that
16 will be required for—

17 “(i) the continued funding of ongoing
18 discretionary program initiatives at the in-
19 stitutes, centers, and divisions of the Na-
20 tional Institutes of Health; and

21 “(ii) the funding of new and com-
22 plementary program initiatives.

23 “(B) receive all research funds for autism
24 spectrum disorders described in subparagraph
25 (A), and allocate those funds to the institutes,

1 centers, and divisions of the National Institutes
2 of Health.

3 “(2) EFFECTIVE DATE.—Paragraph (1)(B)
4 shall become effective in the fiscal year following the
5 submission of the autism budget described in para-
6 graph (1)(A).

7 “(e) EVALUATION AND REPORT.—

8 “(1) EVALUATION.—The Director of NIH shall
9 evaluate the effect of this section on the planning
10 and coordination of research programs on autism
11 spectrum disorders at the institutes, centers, and di-
12 visions of the National Institutes of Health, and the
13 extent to which funding mandated under this section
14 has followed the recommendation of the strategic
15 plan developed under subsection (c).

16 “(2) REPORT.—Not later than 1 year after the
17 date of enactment of this section, the Director of
18 NIH shall prepare and submit to the Committee on
19 Energy and Commerce and the Committee on Ap-
20 propriations of the House of Representatives, and
21 the Committee on Health, Education, Labor, and
22 Pensions and the Committee on Appropriations of
23 the Senate, a report based on the evaluation de-
24 scribed in paragraph (1).

1 **“SEC. 499B. EXPANSION, INTENSIFICATION, AND COORDI-**
2 **NATION OF ACTIVITIES OF NATIONAL INSTI-**
3 **TUTES OF HEALTH WITH RESPECT TO RE-**
4 **SEARCH ON AUTISM.**

5 “(a) IN GENERAL.—

6 “(1) EXPANSION OF ACTIVITIES.—The Director
7 of NIH shall expand, intensify, and coordinate the
8 activities of the National Institutes of Health with
9 respect to research on autism.

10 “(2) ADMINISTRATION OF PROGRAM; COORDI-
11 NATION AMONG AGENCIES.—The Director of NIH
12 shall carry out this section acting through the Direc-
13 tor of the National Institute of Mental Health and
14 in collaboration with the National Institute of Child
15 Health and Human Development, the National In-
16 stitute of Neurological Disorders and Stroke, the
17 National Institute of Environmental Health
18 Sciences, the National Institute on Deafness and
19 Other Communication Disorders, and any other
20 agencies that the Director determines appropriate.

21 “(b) CENTERS OF EXCELLENCE.—

22 “(1) IN GENERAL.—In carrying out subsection
23 (a)(1), the Director of NIH shall award grants and
24 contracts to public or nonprofit private entities to
25 pay all or part of the cost of planning, establishing,

1 improving, and providing basic operating support for
2 centers of excellence regarding research on autism.

3 “(2) RESEARCH.—Each center of excellence
4 that receives funding under paragraph (1) shall con-
5 duct basic and clinical research into autism. Such
6 research—

7 “(A) shall be conducted in the fields of de-
8 velopmental neurobiology, genetics, and
9 psychopharmacology, and, beginning on July 1,
10 2008, immunology, endocrinology, gastro-
11 enterology, and toxicology; and

12 “(B) should include—

13 “(i) investigations into the cause, di-
14 agnosis, early detection, prevention, con-
15 trol, treatment, and cure of autism; and

16 “(ii) research on high-risk infant sib-
17 lings.

18 “(3) SERVICES FOR PATIENTS.—

19 “(A) IN GENERAL.—A center of excellence
20 that receives funding under paragraph (1) may
21 expend amounts provided under a grant or con-
22 tract under such paragraph to carry out a pro-
23 gram to make individuals aware of opportuni-
24 ties to participate as subjects in research con-
25 ducted by the centers.

1 “(B) REFERRALS AND COSTS.—A program
2 carried out under subparagraph (A) may, in ac-
3 cordance with such criteria as the Director of
4 NIH may establish, provide to the subjects de-
5 scribed in such subparagraph, referrals for
6 health and other services, and such patient care
7 costs as are required for research.

8 “(C) AVAILABILITY AND ACCESS.—The ex-
9 tent to which a center of excellence that re-
10 ceives funding under paragraph (1) can dem-
11 onstrate availability and access to clinical serv-
12 ices shall be considered by the Director of NIH
13 in decisions about awarding grants or contracts
14 to applicants that meet the scientific criteria for
15 funding under this section.

16 “(4) COORDINATION OF CENTERS OF EXCEL-
17 LENCE.—

18 “(A) IN GENERAL.—The Director of NIH
19 shall, as appropriate, provide for the coordina-
20 tion of information among centers of excellence
21 that receive funding under paragraph (1) and
22 centers of excellence that receive funding under
23 section 463C, and ensure regular communica-
24 tion between such centers.

1 “(B) PERIODIC REPORTS.—The Director
2 of NIH may require the periodic preparation of
3 reports on the activities of the centers described
4 in subparagraph (A) and the submission of
5 such reports to the Director.

6 “(C) COLLECTION AND STORAGE OF
7 DATA.—The Director of NIH shall establish
8 and fund mechanisms and entities for col-
9 lecting, storing, and coordinating data collected
10 by the centers referred to in subparagraph (A)
11 and data generated from public and private re-
12 search partnerships.

13 “(5) ORGANIZATION.—Each center of excellence
14 that receives funding under paragraph (1) shall use
15 the facilities of a single institution, or be formed
16 from a consortium of cooperating institutions, meet-
17 ing such requirements as may be prescribed by the
18 Director of NIH.

19 “(6) NUMBER AND DURATION.—

20 “(A) IN GENERAL.—The Director shall
21 provide for the establishment of not less than
22 10 centers under paragraph (1).

23 “(B) DURATION.—A grant or contract
24 awarded under paragraph (1) shall not exceed
25 a period of 5 years. Such period may be ex-

1 tended for 1 or more additional periods not ex-
2 ceeding 5 years if the operations of the center
3 of excellence involved have been reviewed by an
4 appropriate technical and scientific peer review
5 group established by the Director of NIH and
6 the group has recommended to the Director
7 that such period should be extended.

8 “(C) FACILITATION OF RESEARCH.—

9 “(i) ESTABLISHMENT OF PROGRAM.—

10 The Director of NIH shall establish a pro-
11 gram under which samples of tissues and
12 genetic and other biological materials that
13 are of use in research on autism are do-
14 nated, collected, preserved, and made avail-
15 able for such research.

16 “(ii) ACCEPTED SCIENTIFIC STAND-
17 ARDS.—The program established under
18 clause (i) shall be carried out in accord-
19 ance with accepted scientific and medical
20 standards for the donation, collection, and
21 preservation of such samples, and shall be
22 conducted so that the tissues and other
23 materials saved, as well as any database
24 compiled from such tissues and materials,

1 lishing, improving, and providing basic operating support
2 for the Collaborative Programs of Excellence in Autism.

3 “(b) RESEARCH.—Each program established under
4 subsection (a) shall conduct basic and clinical research
5 into autism. Such program—

6 “(1) shall conduct research in the fields of de-
7 velopmental neurobiology, genetics, and
8 psychopharmacology, and, beginning July 1, 2008,
9 in the fields of immunology, endocrinology, gastro-
10 enterology, and toxicology; and

11 “(2) should conduct—

12 “(A) investigations into the cause, diag-
13 nosis, early detection, prevention, control, treat-
14 ment, and cure of autism; and

15 “(B) research on high-risk infant siblings.

16 “(c) COORDINATION OF PROGRAMS.—

17 “(1) IN GENERAL.—The Director of NIH shall,
18 as appropriate, provide for the coordination of infor-
19 mation among programs established under sub-
20 section (a), and centers of excellence that receive
21 funding under section 463C and 499B, and ensure
22 regular communication between such centers.

23 “(2) PERIODIC REPORTS.—The Director of
24 NIH may require the periodic preparation of reports
25 on the activities of the programs described in para-

1 graph (1) and the submission of such reports to the
2 Director.

3 “(3) COLLECTION AND STORAGE OF DATA.—

4 The Director of NIH shall establish and fund mech-
5 anisms and entities for collecting, storing, and co-
6 ordinating data collected by the programs referred
7 to in paragraph (1) and data generated from public
8 and private research partnerships.

9 “(d) ORGANIZATION.—Each program that receives
10 funding under subsection (a) shall use the facilities of a
11 single institution, or be formed from a consortium of co-
12 operating institutions, meeting such requirements as may
13 be prescribed by the Director of NIH.

14 “(e) NUMBER AND DURATION.—

15 “(1) IN GENERAL.—The Director shall provide
16 for the establishment of not less than 10 programs
17 under paragraph (1).

18 “(2) DURATION.—A grant or contract awarded
19 under subsection (a) shall not exceed a period of 5
20 years. Such period may be extended for 1 or more
21 additional periods not exceeding 5 years if the oper-
22 ations of the program involved have been reviewed
23 by an appropriate technical and scientific peer re-
24 view group established by the Director of NIH and

1 the group has recommended to the Director that
2 such period should be extended.

3 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated to carry out this section,
5 \$14,000,000 for each of fiscal years 2007 through 2011.
6 Amounts appropriated under this subsection shall be in
7 addition to any other amounts appropriated for such pur-
8 pose.”.

9 **SEC. 3. DEVELOPMENTAL DISABILITIES SURVEILLANCE**
10 **AND RESEARCH PROGRAM.**

11 Title III of the Public Health Service Act (42 U.S.C.
12 241 et seq.) is amended by adding at the end thereof the
13 following:

14 **“PART R—PROGRAMS RELATING TO AUTISM**
15 **“SEC. 399AA. DEVELOPMENTAL DISABILITIES SURVEIL-**
16 **LANCE AND RESEARCH PROGRAM.**

17 “(a) NATIONAL AUTISM AND PERVASIVE DEVELOP-
18 MENTAL DISABILITIES SURVEILLANCE PROGRAM.—

19 “(1) IN GENERAL.—The Secretary, acting
20 through the Director of the Centers for Disease
21 Control and Prevention, may award grants and co-
22 operative agreements to eligible entities for the col-
23 lection, analysis, and reporting of epidemiological
24 data on autism and pervasive developmental disabil-

1 ities. In making such awards, the Secretary may
2 provide direct technical assistance in lieu of cash.

3 “(2) ELIGIBILITY.—To be eligible to receive a
4 grant or cooperative agreement under paragraph (1),
5 an entity shall be a public or nonprofit private entity
6 (including a health department of a State or political
7 subdivisions of a State, a university, or any other
8 educational institution), and submit to the Secretary
9 an application at such time, in such manner, and
10 containing such information as the Secretary may
11 require.

12 “(b) CENTERS OF EXCELLENCE IN AUTISM AND
13 PERVASIVE DEVELOPMENTAL DISABILITIES EPIDEMI-
14 OLOGY.—

15 “(1) IN GENERAL.—The Secretary, acting
16 through the Director of the Centers for Disease
17 Control and Prevention, shall establish not less than
18 6 regional centers of excellence in autism and perva-
19 sive developmental disabilities epidemiology for the
20 purpose of collecting and analyzing information on
21 the number, incidence, incidence trend over time,
22 correlates, and causes of autism and related develop-
23 mental disabilities.

24 “(2) RECIPIENTS OF AWARDS.—Each center of
25 excellence under paragraph (1) shall be established

1 and operated through the awarding of grants or co-
2 operative agreements to public or nonprofit private
3 entities that conduct research, including health de-
4 partments of States and political subdivisions of
5 States, and universities and other educational enti-
6 ties.

7 “(3) REQUIREMENTS.—To be eligible to receive
8 a grant or cooperative agreement under paragraph
9 (2), an entity shall submit to the Secretary an appli-
10 cation containing such agreements and information
11 as the Secretary may require, including an agree-
12 ment that the center to be established shall operate
13 in accordance with the following:

14 “(A) The center will collect, analyze, and
15 report autism and pervasive developmental dis-
16 abilities data according to guidelines prescribed
17 by the Director of the Centers for Disease Con-
18 trol and Prevention, after consultation with rel-
19 evant State and local public health officials, pri-
20 vate sector developmental disability researchers,
21 and advocates for those with developmental dis-
22 abilities.

23 “(B) The center will assist with the devel-
24 opment and coordination of State autism and

1 pervasive developmental disabilities surveillance
2 efforts within a region.

3 “(C) The center will identify eligible cases
4 and controls through its surveillance systems
5 and conduct research into factors which may
6 cause or increase the risk of autism and related
7 developmental disabilities.

8 “(D) The center will develop or extend an
9 area of special research expertise (including ge-
10 netics, environmental exposure to contaminants,
11 immunology, and other relevant research spe-
12 cialty areas).

13 “(c) CLEARINGHOUSE.—The Secretary, acting
14 through the Director of the Centers for Disease Control
15 and Prevention, shall carry out the following:

16 “(1) ESTABLISHMENT.—The Secretary shall es-
17 tablish a clearinghouse within the Centers for Dis-
18 ease Control and Prevention for the collection and
19 storage of data generated from the monitoring pro-
20 grams established under this part and part J of title
21 IV. Through the clearinghouse, such Centers shall
22 serve as the coordinating agency for autism and per-
23 vasive developmental disabilities surveillance activi-
24 ties. The functions of such clearinghouse shall in-
25 clude facilitating the coordination of research and

1 policy development relating to the epidemiology of
2 autism and other pervasive developmental disabili-
3 ties.

4 “(2) FEDERAL RESPONSE.—The Secretary shall
5 coordinate the Federal response to requests for as-
6 sistance from State health department officials re-
7 garding potential or alleged autism or developmental
8 disability clusters.

9 “(3) FACILITATION OF RESEARCH.—The Sec-
10 retary shall provide for the establishment of a pro-
11 gram under which samples of tissues and genetic
12 and other biological materials that are of use in re-
13 search on autism are donated, collected, preserved,
14 and made available for such research. Such program
15 shall be carried out in accordance with accepted sci-
16 entific and medical standards for the donation, col-
17 lection, and preservation of such samples, and shall
18 be conducted so that the tissues and other materials
19 saved, as well as any database compiled from such
20 tissues and materials, are available to researchers at
21 a reasonable cost.

22 “(4) COORDINATION.—The Centers for Disease
23 Control and Prevention shall coordinate research
24 and surveillance activities of such Centers with the
25 National Institutes of Health, other appropriate

1 Federal agencies, and interested nonprofit private
2 entities, in a manner consistent with the research
3 recommendations contained in the Autism Research
4 Roadmap and Matrix of the Interagency Autism Co-
5 ordinating Committee, which shall be updated as de-
6 termined appropriate by the Secretary.

7 “(d) STATE.—In this part, the term ‘State’ means
8 each of the several States, the District of Columbia, the
9 Commonwealth of Puerto Rico, American Samoa, Guam,
10 the Commonwealth of the Northern Mariana Islands, the
11 Virgin Islands, and the Trust Territory of the Pacific Is-
12 lands.

13 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
14 is authorized to be appropriated to carry out this section,
15 \$12,000,000 for each of fiscal years 2007 through 2011.

16 **“SEC. 399BB. INFORMATION AND EDUCATION RELATING TO**
17 **AUTISM.**

18 “(a) IN GENERAL.—The Secretary shall establish
19 and implement a program to provide information and edu-
20 cation on autism and its risk factors to health profes-
21 sionals and the general public, including information and
22 education on advances in the diagnosis and treatment of
23 autism and training and continuing education through
24 programs for scientists, physicians, and other health pro-
25 fessionals who provide care for patients with autism. The

1 program shall place special emphasis on early identifica-
 2 tion of autism and those at risk for autism and prompt
 3 referral for appropriate services.

4 “(b) STIPENDS.—The Secretary may use amounts
 5 made available under this section to provide stipends for
 6 health professionals who are enrolled in training programs
 7 under this section.

8 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
 9 is authorized to be appropriated to carry out this section,
 10 \$10,000,000 for each of fiscal years 2007 through 2011.

11 **“SEC. 399CC. INTERAGENCY AUTISM COORDINATING COM-
 12 MITTEE.**

13 “(a) ESTABLISHMENT.—The Secretary shall estab-
 14 lish a committee to be known as the ‘Autism Coordinating
 15 Committee’ (in this section referred to as the ‘Committee’)
 16 to coordinate all efforts within the Department of Health
 17 and Human Services concerning autism, including activi-
 18 ties carried out through the National Institutes of Health
 19 and the Centers for Disease Control and Prevention under
 20 the amendments made by the National Autism Research
 21 Act.

22 “(b) MEMBERSHIP.—

23 “(1) IN GENERAL.—The Committee shall be
 24 composed of —

1 “(A) the Director of the Centers for Dis-
2 ease Control and Prevention;

3 “(B) the Directors of such national re-
4 search institutes of the National Institutes of
5 Health as the Secretary determines appropriate;

6 “(C) the heads of such other agencies as
7 the Secretary determines appropriate; and

8 “(D) the additional members appointed
9 under paragraph (2) (if any).

10 “(2) ADDITIONAL MEMBERS.—If determined
11 appropriate by the Secretary, the Secretary may ap-
12 point to the Committee—

13 “(A) individuals with autism or other per-
14 vasive developmental disorders;

15 “(B) parents or legal guardians of individ-
16 uals with autism or other pervasive develop-
17 mental disorders;

18 “(C) representatives of leading autism re-
19 search and service organizations; and

20 “(D) representatives of other governmental
21 agencies that serve children with autism such
22 as the Department of Education.

23 “(c) ADMINISTRATIVE SUPPORT; TERMS OF SERV-
24 ICES; OTHER PROVISIONS.—The following shall apply
25 with respect to the Committee:

1 “(1) The Committee shall receive necessary and
2 appropriate administrative support from the Sec-
3 retary.

4 “(2) Members of the Committee appointed
5 under subsection (b)(2)(A) shall serve for a term of
6 3 years, and may serve for an unlimited number of
7 terms if reappointed.

8 “(3) The Committee shall meet not less than 2
9 times each year.

10 **“SEC. 399DD. SCREENING, DIAGNOSIS, AND TREATMENT OF**
11 **AUTISM; MEDICAL CARE FOR INDIVIDUALS**
12 **WITH AUTISM.**

13 “(a) STATEWIDE AUTISM SCREENING, DIAGNOSIS,
14 AND INTERVENTION PROGRAMS AND SYSTEMS.—

15 “(1) IN GENERAL.—The Secretary, acting
16 through the Administrator of the Health Resources
17 and Services Administration, shall award grants or
18 cooperative agreements to eligible entities to develop
19 statewide autism screening, diagnosis, and interven-
20 tion programs and systems for the purposes de-
21 scribed in paragraph (2).

22 “(2) PURPOSES.—The purposes described in
23 this paragraph are the following:

24 “(A) To develop and monitor the efficacy
25 of statewide autism screening, diagnosis, and

1 intervention programs and systems, ensuring
2 that all children are screened for autism before
3 their second birthday, and that children at risk
4 for autism receive appropriate services as early
5 as possible. Intervention includes referral to
6 schools and agencies, including community, con-
7 sumer, and parent-based agencies, and organi-
8 zations and other programs mandated by part
9 C of the Individuals with Disabilities Education
10 Act, which offer programs specifically designed
11 to meet the unique needs of children with au-
12 tism.

13 “(B) To collect data on statewide autism
14 screening, diagnosis, and intervention programs
15 and systems that can be used for applied re-
16 search, program evaluation, and policy develop-
17 ment.

18 “(C) To provide comprehensive medical
19 care for individuals with autism through evi-
20 dence-based practices, with specific attention to
21 medical conditions that may be associated with
22 autism, and to disseminate information on the
23 medical care of individuals with autism to
24 health professionals and the general public. In
25 carrying out the program under this paragraph,

1 a grant shall be awarded to a national organiza-
2 tion that will establish and support regional
3 centers of clinical excellence to provide medical
4 care to individuals with autism and promote re-
5 search aimed at improving the treatment of
6 such individuals, and that will build a shared
7 national medical database to record the results
8 of treatments and studies at the regional cen-
9 ters.

10 “(3) SET ASIDE OF FUNDS.—From amounts
11 appropriated under subsection (e), the Secretary
12 shall set-aside not less than \$4,000,000 for each of
13 fiscal years 2007 through 2011 to carry out activi-
14 ties described in paragraph (2)(C).

15 “(b) TECHNICAL ASSISTANCE, DATA MANAGEMENT,
16 AND APPLIED RESEARCH.—The Secretary, acting
17 through the Director of the Centers for Disease Control
18 and Prevention, shall award grants or cooperative agree-
19 ments to provide technical assistance to State agencies to
20 conduct applied research related to autism screening, diag-
21 nosis, and intervention programs and systems. In carrying
22 out this section the Secretary shall develop standardized
23 procedures for data management and program effective-
24 ness and costs, including procedures—

1 “(1) to ensure quality monitoring of autism
2 screening, diagnosis, and intervention programs and
3 systems;

4 “(2) to provide technical assistance on data col-
5 lection and management;

6 “(3) to study the costs and effectiveness of au-
7 tism screening, diagnosis, and intervention programs
8 and systems conducted by State-based programs in
9 order to address issues of importance to State and
10 national policymakers;

11 “(4) to identify the causes and risk factors for
12 autism;

13 “(5) to study the effectiveness of autism screen-
14 ing, diagnosis, and intervention programs and sys-
15 tems by assessing the intellectual and social develop-
16 ment, cognitive status, and language skills of chil-
17 dren with autism at school age; and

18 “(6) to promote the sharing of data regarding
19 autism with State-based birth defects and develop-
20 mental disabilities monitoring programs and environ-
21 mental discharge monitoring programs of the Envi-
22 ronmental Protection Agency for the purpose of
23 identifying previously unknown causes of and risk
24 factors for autism.

25 “(c) COORDINATION AND COLLABORATION.—

1 “(1) IN GENERAL.—In carrying out programs
2 under this section, the Administrator of the Health
3 Resources and Services Administration, the Director
4 of the Centers for Disease Control and Prevention,
5 and the Director of the National Institutes of Health
6 shall collaborate and consult with—

7 “(A) other Federal, State and local agen-
8 cies, including those responsible for early inter-
9 vention services pursuant to title XIX of the
10 Social Security Act (particularly the Medicaid
11 Early and Periodic Screening, Diagnosis and
12 Treatment Program), title XXI of the Social
13 Security Act (State Children’s Health Insur-
14 ance Program), title V of the Social Security
15 Act (Maternal and Child Health Block Grant
16 Program), and part C of the Individuals with
17 Disabilities Education Act;

18 “(B) consumer groups of, and that serve,
19 individuals with autism and their families;

20 “(C) appropriate national medical and
21 other health and education specialty organiza-
22 tions;

23 “(D) individuals with autism and their
24 families;

1 “(E) other qualified personnel who possess
2 the specialized knowledge, skills, and attributes
3 needed to serve autistic children and their fami-
4 lies; and

5 “(F) related commercial industries.

6 “(2) POLICY DEVELOPMENT.—The Adminis-
7 trator of the Health Resources and Services Adminis-
8 tration, the Director of the Centers for Disease
9 Control and Prevention, and the Director of the Na-
10 tional Institutes of Health shall coordinate and col-
11 laborate on recommendations for policy development
12 at the Federal and State levels and with the private
13 sector, including consumer, medical, and other
14 health and education professional-based organiza-
15 tions, with respect to autism screening, diagnosis,
16 and intervention programs and systems.

17 “(3) STATE EARLY DETECTION, DIAGNOSIS,
18 AND INTERVENTION PROGRAMS AND SYSTEMS.—The
19 Administrator of the Health Resources and Services
20 Administration and the Director of the Centers for
21 Disease Control and Prevention shall coordinate and
22 collaborate in assisting States to establish autism
23 screening, diagnosis, and intervention programs and
24 systems under subsection (a) and to develop a data
25 collection system under subsection (b).

1 “(d) PHYSICIAN REIMBURSEMENT FOR DEVELOP-
2 MENT SCREENING.—To make developmental screening
3 more readily available, the Secretary, acting through the
4 Administrator of the Centers for Medicare & Medicaid
5 Services, shall assign a relative value unit to the diagnostic
6 code for developmental screening.

7 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
8 is authorized to be appropriated—

9 “(1) to carry out subsection (a), \$75,000,000
10 for each of fiscal years 2007 through 2011; and

11 “(2) to carry out subsection (b), \$25,000,000
12 for each of fiscal years 2007 through 2011.

13 **“SEC. 399EE. ANNUAL REPORT ON AUTISM.**

14 “(a) IN GENERAL.—Not later than January 1, 2006,
15 and each January 1 thereafter, the Secretary shall prepare
16 and submit to the appropriate committees of Congress, a
17 report concerning the implementation of this part and part
18 J of title IV.

19 “(b) CONTENTS.—The report, utilizing uniform re-
20 porting methods and procedures, shall—

21 “(1) provide the dollar amount that each insti-
22 tute of the National Institutes of Health expended
23 on autism research in the year for which the report
24 was prepared; and

1 “(2) detail the progress and success of the Na-
2 tional Institutes of Health in implementing and
3 funding the recommendations contained in the Au-
4 tism Research Roadmap and Matrix of the Inter-
5 agency Autism Coordinating Committee.”.

6 **SEC. 4. ENVIRONMENTAL HEALTH RESEARCH PROGRAMS.**

7 Subpart 12 of part C of title IV of the Public Health
8 Service Act (42 U.S.C. 2851 et seq.) is amended by adding
9 at the end the following:

10 **“SEC. 463C. ENVIRONMENTAL HEALTH RESEARCH PRO-**
11 **GRAMS.**

12 “(a) **CENTERS OF EXCELLENCE.**—The Director of
13 NIH, acting through the Director of the Institute, shall
14 awards grants and contracts to public or nonprofit private
15 entities to pay all or part of the cost of planning, estab-
16 lishing, improving, and providing basic operating support
17 for centers of excellence regarding environmental health
18 and autism.

19 “(b) **RESEARCH.**—Each center of excellence under
20 subsection (a) shall conduct basic and clinical research
21 into possible environmental causes of and risk factors for
22 autism and the mechanisms by which they may lead to
23 autism, and the developmental effects of environmental
24 agents that may be associated with autism.

1 “(c) COORDINATION; REPORTS.—The Director of
2 NIH shall, as appropriate, provide for the coordination of
3 information among centers of excellence established under
4 subsection (a) and section 499B and ensure regular com-
5 munication between such centers. The Director may re-
6 quire the periodic preparation of reports on the activities
7 of the centers and the submission of such reports to the
8 Director. The Director shall establish and fund mecha-
9 nisms and entities for collecting, storing, and coordinating
10 data collected by the centers established under this section
11 and data generated from public and private research part-
12 nerships.

13 “(d) ORGANIZATION.—Each center of excellence
14 under subsection (a) shall use the facilities of a single in-
15 stitution, or be formed from a consortium of cooperating
16 institutions, meeting such requirements as may be pre-
17 scribed by the Director of NIH.

18 “(e) NUMBER OF CENTERS; DURATION.—

19 “(1) IN GENERAL.—The Director shall provide
20 for the establishment of not less than 3 centers
21 under subsection (a).

22 “(A) DURATION.—A grant or contract
23 awarded under subsection (a) shall not exceed
24 a period of 5 years. Such period may be ex-
25 tended for 1 or more additional periods not ex-

1 ceeding 5 years if the operations of the center
2 of excellence involved have been reviewed by an
3 appropriate technical and scientific peer review
4 group established by the Director of NIH and
5 the group has recommended to the Director
6 that such period should be extended.

7 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
8 is authorized to be appropriated to carry out this section,
9 \$6,000,000 for each of fiscal years 2007 through 2011.”.

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