

113TH CONGRESS
2^D SESSION

H. R. 4631

AN ACT

To reauthorize certain provisions of the Public Health Service Act relating to autism, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Autism Collaboration,
3 Accountability, Research, Education, and Support Act of
4 2014” or the “Autism CARES Act of 2014”.

5 **SEC. 2. NATIONAL AUTISM SPECTRUM DISORDER INITIA-**
6 **TIVE.**

7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services shall designate an existing official within
9 the Department of Health and Human Services to oversee,
10 in consultation with the Secretaries of Defense and Edu-
11 cation, national autism spectrum disorder research, serv-
12 ices, and support activities.

13 (b) DUTIES.—The official designated under sub-
14 section (a) shall—

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

20 (2) ensure that autism spectrum disorder activi-
21 ties of the Department of Health and Human Serv-
22 ices and of other Federal departments and agencies
23 are not unnecessarily duplicative.

24 **SEC. 3. RESEARCH PROGRAM.**

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

1 (1) in subsection (a)(1), by inserting “for chil-
2 dren and adults” after “reporting of State epidemio-
3 logical data”;

4 (2) in subsection (b)(1)—

5 (A) by striking “establishment of regional
6 centers of excellence” and inserting “establish-
7 ment or support of regional centers of excel-
8 lence”; and

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

11 (3) in subsection (b)(2), by striking “center to
12 be established” and inserting “center to be estab-
13 lished or supported”; and

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

16 **SEC. 4. AUTISM INTERVENTION.**

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

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

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

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

6 (4) in subsection (f), by striking “grants or
7 contracts” and all that follows through “for individ-
8 uals with” and inserting “grants or contracts, which
9 may include grants or contracts to research centers
10 or networks, to determine the evidence-based prac-
11 tices for interventions to improve the physical and
12 behavioral health of individuals with”; and

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

15 **SEC. 5. INTERAGENCY AUTISM COORDINATING COM-**
16 **MITTEE.**

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

19 (1) in subsection (b)—

20 (A) in paragraph (1)—

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

22 and

23 (ii) by striking “intervention” and in-
24 serting “interventions, including school and
25 community-based interventions”;

1 (B) by striking paragraph (2);

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

5 “(1) monitor autism spectrum disorder re-
6 search, and to the extent practicable services and
7 support activities, across all relevant Federal depart-
8 ments and agencies, including coordination of Fed-
9 eral activities with respect to autism spectrum dis-
10 order;”;

11 (D) in paragraph (3), by striking “rec-
12 ommendations to the Director of NIH”;

13 (E) in paragraph (4), by inserting before
14 the semicolon the following: “, and the process
15 by which public feedback can be better inte-
16 grated into such decisions”; and

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

19 “(5) develop a strategic plan for the conduct of,
20 and support for, autism spectrum disorder research,
21 including as practicable for services and supports,
22 for individuals with an autism spectrum disorder
23 and the families of such individuals, which shall in-
24 clude—

1 “(A) proposed budgetary requirements;
2 and

3 “(B) recommendations to ensure that au-
4 tism spectrum disorder research, and services
5 and support activities to the extent practicable,
6 of the Department of Health and Human Serv-
7 ices and of other Federal departments and
8 agencies are not unnecessarily duplicative; and
9 “(6) submit to Congress and the President—

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

12 “(B) an annual update to the strategic
13 plan described in paragraph (5), including any
14 progress made in achieving the goals outlined in
15 such strategic plan.”;

16 (2) in subsection (c)—

17 (A) in paragraph (1)—

18 (i) by striking the paragraph designa-
19 tion, the heading, and the matter pre-
20 ceding subparagraph (A) and inserting the
21 following:

22 “(1) FEDERAL MEMBERSHIP.—The Committee
23 shall be composed of the following Federal mem-
24 bers—”;

25 (ii) in subparagraph (C)—

1 (I) by inserting “, such as the
2 Administration for Community Living,
3 Administration for Children and Fam-
4 ilies, the Centers for Medicare & Med-
5 icaid Services, the Food and Drug Ad-
6 ministration, and the Health Re-
7 sources and Services Administration”
8 before the semicolon at the end; and

9 (II) by adding at the end “and”;
10 (iii) in subparagraph (D)—

11 (I) by inserting “and the Depart-
12 ment of Defense” after “Department
13 of Education”; and

14 (II) by striking at the end “;
15 and” and inserting a period; and

16 (iv) by striking subparagraph (E);

17 (B) in paragraph (2)—

18 (i) in the paragraph heading, by strik-
19 ing “ADDITIONAL” and inserting “NON-
20 FEDERAL”;

21 (ii) in the matter preceding subpara-
22 graph (A), by striking “Not fewer than 6
23 members of the Committee, or $\frac{1}{3}$ of the
24 total membership of the Committee, which-
25 ever is greater” and inserting “Not more

1 than $\frac{1}{2}$, but not fewer than $\frac{1}{3}$, of the total
2 membership of the Committee”;

3 (iii) in subparagraph (A), by striking
4 “one such member shall be an individual”
5 and inserting “two such members shall be
6 individuals”;

7 (iv) in subparagraph (B), by striking
8 “one such member shall be a parent or
9 legal guardian” and inserting “two such
10 members shall be parents or legal guard-
11 ians”; and

12 (v) in subparagraph (C), by striking
13 “one such member shall be a representa-
14 tive” and inserting “two such members
15 shall be representatives”; and

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

17 “(3) PERIOD OF APPOINTMENT; VACANCIES.—

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

23 “(B) VACANCIES.—A vacancy on the Com-
24 mittee shall be filled in the manner in which the
25 original appointment was made and shall not

1 affect the powers or duties of the Committee.
2 Any member appointed to fill a vacancy for an
3 unexpired term shall be appointed for the re-
4 mainder of such term. A member may serve
5 after the expiration of the member’s term until
6 a successor has been appointed.”;

7 (3) in subsection (d)—

8 (A) by striking paragraph (2); and

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

11 (4) in subsection (f), by striking “2014” and
12 inserting “2019”.

13 **SEC. 6. REPORTS.**

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

16 (1) in the section heading, by striking “**RE-**
17 **PORT**” and inserting “**REPORTS**”;

18 (2) in subsection (b), by redesignating para-
19 graphs (1) through (9) as subparagraphs (A)
20 through (I), respectively, and realigning the margins
21 accordingly;

22 (3) by redesignating subsections (a) and (b) as
23 paragraphs (1) and (2), respectively, and realigning
24 the margins accordingly;

1 (4) by inserting after the section heading the
2 following:

3 “(a) PROGRESS REPORT.—”;

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

5 (A) by striking “2 years after the date of
6 enactment of the Combating Autism Reauthor-
7 ization Act of 2011” and inserting “4 years
8 after the date of enactment of the Autism
9 CARES Act of 2014”;

10 (B) by inserting “and the Secretary of De-
11 fense” after “the Secretary of Education”; and

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

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

18 (A) in subparagraph (A), (as so redesign-
19 ated), by striking “Combating Autism Act of
20 2006” and inserting “Autism CARES Act of
21 2014”;

22 (B) in subparagraph (B) (as so redesign-
23 ated), by striking “particular provisions of
24 Combating Autism Act of 2006” and inserting

1 “amendments made by the Autism CARES Act
2 of 2014”;

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

5 “(C) information on the incidence and
6 prevalence of autism spectrum disorder, includ-
7 ing available information on the prevalence of
8 autism spectrum disorder among children and
9 adults, and identification of any changes over
10 time with respect to the incidence and preva-
11 lence of autism spectrum disorder;”;

12 (D) in subparagraph (D) (as so redesign-
13 ated), by striking “6-year period beginning on
14 the date of enactment of the Combating Autism
15 Act of 2006” and inserting “4-year period be-
16 ginning on the date of enactment of the Autism
17 CARES Act of 2014 and, as appropriate, how
18 this age varies across population subgroups”;

19 (E) in subparagraph (E) (as so redesign-
20 ated), by striking “6-year period beginning on
21 the date of enactment of the Combating Autism
22 Act of 2006” and inserting “4-year period be-
23 ginning on the date of enactment of the Autism
24 CARES Act of 2014 and, as appropriate, how
25 this age varies across population subgroups”;

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

5 (G) in subparagraph (G) (as so redesignated)—
 6

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

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

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

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

20 (7) by adding at the end the following new sub-
 21 section:

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

24 “(1) IN GENERAL.—Not later than 2 years
 25 after the date of enactment of the Autism CARES

1 Act of 2014, the Secretary of Health and Human
2 Services, in coordination with the Secretary of Edu-
3 cation and in collaboration with the Secretary of
4 Transportation, the Secretary of Labor, the Sec-
5 retary of Housing and Urban Development, and the
6 Attorney General, shall prepare and submit to the
7 Committee on Health, Education, Labor, and Pen-
8 sions of the Senate and the Committee on Energy
9 and Commerce of the House of Representatives, a
10 report concerning young adults with autism spec-
11 trum disorder and the challenges related to the tran-
12 sition from existing school-based services to those
13 services available during adulthood.

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

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

19 “(B) an overview of policies and programs
20 relevant to young adults with autism spectrum
21 disorder relating to post-secondary school tran-
22 sitional services, including an identification of
23 existing Federal laws, regulations, policies, re-
24 search, and programs;

1 “(C) proposals on establishing best prac-
2 tices guidelines to ensure—

3 “(i) interdisciplinary coordination be-
4 tween all relevant service providers receiv-
5 ing Federal funding;

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

9 “(iii) inclusion of the individualized
10 education program for the transitioning
11 youth, as prescribed in section 614 of the
12 Individuals with Disabilities Education Act
13 (20 U.S.C. 1414);

14 “(D) comprehensive approaches to
15 transitioning from existing school-based services
16 to those services available during adulthood, in-
17 cluding—

18 “(i) services that increase access to,
19 and improve integration and completion of,
20 post-secondary education, peer support, vo-
21 cational training (as defined in section 103
22 of the Rehabilitation Act of 1973 (29
23 U.S.C. 723)), rehabilitation, self-advocacy
24 skills, and competitive, integrated employ-
25 ment;

1 “(ii) community-based behavioral sup-
2 ports and interventions;

3 “(iii) community-based integrated res-
4 idential services, housing, and transpor-
5 tation;

6 “(iv) nutrition, health and wellness,
7 recreational, and social activities;

8 “(v) personal safety services for indi-
9 viduals with autism spectrum disorder re-
10 lated to public safety agencies or the crimi-
11 nal justice system; and

12 “(vi) evidence-based approaches for
13 coordination of resources and services once
14 individuals have aged out of post-secondary
15 education; and

16 “(E) proposals that seek to improve out-
17 comes for adults with autism spectrum disorder
18 making the transition from a school-based sup-
19 port system to adulthood by—

20 “(i) increasing the effectiveness of
21 programs that provide transition services;

22 “(ii) increasing the ability of the rel-
23 evant service providers described in sub-
24 paragraph (C) to provide supports and

1 services to underserved populations and re-
2 gions;

3 “(iii) increasing the efficiency of serv-
4 ice delivery to maximize resources and out-
5 comes, including with respect to the inte-
6 gration of and collaboration among services
7 for transitioning youth;

8 “(iv) ensuring access to all services
9 necessary to transitioning youth of all ca-
10 pabilities; and

11 “(v) encouraging transitioning youth
12 to utilize all available transition services to
13 maximize independence, equal opportunity,
14 full participation, and self-sufficiency.”.

15 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

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

18 (1) in subsection (a), by striking “fiscal years
19 2012 through 2014” and inserting “fiscal years
20 2015 through 2019”;

21 (2) in subsection (b), by striking “fiscal years
22 2011 through 2014” and inserting “fiscal years
23 2015 through 2019”; and

24 (3) in subsection (c), by striking “\$161,000,000
25 for each of fiscal years 2011 through 2014” and in-

1 sertyng “\$190,000,000 for each of fiscal years 2015
2 through 2019”.

Passed the House of Representatives June 24, 2014.

Attest:

Clerk.

113TH CONGRESS
2^D SESSION

H. R. 4631

AN ACT

To reauthorize certain provisions of the Public Health Service Act relating to autism, and for other purposes.