

119TH CONGRESS
1ST SESSION

H. R. 4086

To authorize the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, to award grants for providing evidence-based caregiver skills training to family caregivers of children with autism spectrum disorder or other developmental disabilities or delays, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 23, 2025

Mr. MIN (for himself, Ms. MENG, Mr. FITZPATRICK, Mr. CUELLAR, Mr. BACON, Ms. SALAZAR, Mr. CORREA, Mr. VALADAO, Mr. KRISHNAMOORTHY, Mr. GOTTHEIMER, Ms. MALLIOTAKIS, Ms. NORTON, Mrs. McIVER, Mr. COHEN, Mrs. HAYES, Mr. MANNION, Mr. KENNEDY of New York, Mr. TONKO, Mr. KHANNA, Ms. McBRIDE, Mr. RASKIN, Ms. BUDZINSKI, and Mr. GARCIA of California) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To authorize the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, to award grants for providing evidence-based caregiver skills training to family caregivers of children with autism spectrum disorder or other developmental disabilities or delays, 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 Family Care-
3 givers Act of 2025”.

4 **SEC. 2. CAREGIVER SKILLS TRAINING PILOT PROGRAM.**

5 (a) **AUTHORIZATION.**—The Secretary of Health and
6 Human Services, acting through the Administrator of the
7 Health Resources and Services Administration (referred
8 to in this Act as the “Secretary”), shall carry out a pro-
9 gram, to be known as the Caregiver Skills Training Pilot
10 Program, under which the Secretary shall award grants
11 to eligible entities to provide evidence-based caregiver
12 skills training to family caregivers, for the purposes of—

13 (1) improving the well-being of children with
14 autism spectrum disorder or another developmental
15 disability or developmental delay and their care-
16 givers; and

17 (2) teaching family caregivers evidenced-based
18 intervention strategies to promote—

19 (A) improvement in the well-being of such
20 children and their caregivers; and

21 (B) the greater inclusion of such children
22 in family and community life.

23 (b) **APPLICATION.**—To seek a grant under this sec-
24 tion, an eligible entity shall submit to the Secretary an
25 application that includes—

26 (1) a description of—

1 (A) the applicant's experience delivering
2 evidence-based caregiver skills training to fam-
3 ily caregivers;

4 (B) the activities that the applicant pro-
5 poses to carry out through the grant; and

6 (C) how such activities will achieve the
7 purposes described in subsection (a); and

8 (2) a plan for—

9 (A) coordination with—

10 (i) community-based organizations;

11 (ii) State and local early intervention
12 providers;

13 (iii) State plans (or waivers of such
14 plans) under the Medicaid program under
15 title XIX of the Social Security Act (42
16 U.S.C. 1396 et seq.);

17 (iv) State Directors of Head Start
18 Collaboration (as described in section
19 642B of the Head Start Act (42 U.S.C.
20 9837b));

21 (v) schools; and

22 (vi) other providers of early inter-
23 vening services;

24 (B) collaboration with health care payors
25 (including public and private insurance), State

1 departments of insurance, health plans, and
2 other relevant payors;

3 (C) expanding the skills training program
4 proposed to be carried out through the grant;

5 (D) achieving sustainability of such pro-
6 gram; and

7 (E) establishing and maintaining a stake-
8 holder implementation committee under sub-
9 section (e).

10 (c) REDUCING DISPARITIES.—In awarding grants
11 under this section, the Secretary may consider the extent
12 to which an eligible entity can deliver evidence-based, cul-
13 turally competent and linguistically appropriate informa-
14 tion to family caregivers from diverse racial, ethnic, geo-
15 graphic, or linguistic backgrounds.

16 (d) USE OF FUNDS.—The recipient of a grant under
17 this section shall use funds received through the grant—

18 (1) to provide, at no cost to participants—

19 (A) evidence-based caregiver skills training
20 to family caregivers; and

21 (B) such training in areas related to chil-
22 dren’s learning and development, including—

23 (i) communication skills;

24 (ii) social engagement;

25 (iii) daily living skills;

1 (iv) caregiver response strategies to
2 challenging behaviors; and

3 (v) coping and self-care strategies for
4 family caregivers; and

5 (2) to establish and maintain a stakeholder im-
6 plementation committee under subsection (e).

7 (e) STAKEHOLDER IMPLEMENTATION COMMITTEE.—

8 (1) IN GENERAL.—An eligible entity shall es-
9 tablish and maintain a stakeholder implementation
10 committee referred to in subsection (d)(2) to advise
11 on ensuring that the training provided pursuant to
12 the grant is accessible and culturally appropriate
13 and linguistically appropriate.

14 (2) COMPOSITION.—The members of the stake-
15 holder implementation committee shall all be from
16 the local community served pursuant to the grant
17 (or the relevant metropolitan statistical area) and
18 shall include, at a minimum, the following:

19 (A) Family caregivers, including autistic
20 caregivers and other caregivers with disabilities.

21 (B) Pediatric health care and early inter-
22 vention providers, including developmental be-
23 havioral pediatricians, with expertise providing
24 services to children with autism spectrum dis-

1 order or other developmental disabilities and
2 delays.

3 (C) Educators or related service profes-
4 sionals, including child care providers, with ex-
5 perience serving children with autism spectrum
6 disorder or other developmental disabilities and
7 delays.

8 (D) Representatives of local organizations
9 familiar with the cultural values and priorities
10 of individuals in the local community.

11 (E) Local government officials.

12 (f) REQUIREMENTS.—

13 (1) NUMBER OF RECIPIENTS AND STATES.—

14 The Secretary shall award grants under subsection
15 (a) to not fewer than 25 eligible entities in not fewer
16 than 15 States.

17 (2) AMOUNT.—The total amount of each grant
18 awarded under subsection (a) shall be not less than
19 \$500,000 over a 5-year period.

20 (g) SUPPLEMENT NOT SUPPLANT.—Amounts re-
21 ceived through a grant under this section shall be used
22 to supplement, not supplant, other amounts received to
23 provide—

24 (1) behavioral, medical, habilitative, and other
25 services covered by the Medicaid program under title

1 XIX of the Social Security Act (42 U.S.C. 1396 et
2 seq.) or private health insurance;

3 (2) services provided under the Individuals with
4 Disabilities Education Act (20 U.S.C. 1400 et seq.);
5 or

6 (3) adaptations of a training program using evi-
7 dence-based approaches to serve children of different
8 ages, communities, and underrepresented groups.

9 (h) ACTIVITIES OF THE SECRETARY.—The Sec-
10 retary, acting through the Administrator of the Health
11 Resources and Services Administration, shall—

12 (1) assist recipients of grants under subsection
13 (a) in—

14 (A) the implementation of caregiver skills
15 training programs using lessons learned from
16 other evidenced-based activities or caregiver
17 programs conducted or supported by the Health
18 Resources and Services Administration;

19 (B) ensuring the programs of the recipi-
20 ents assist medically underserved communities
21 (as defined in section 799B(6) of the Public
22 Health Service Act (42 U.S.C. 295p(6))), when
23 possible; and

24 (C) developing plans for achieving sustain-
25 ability of the programs of the recipients;

1 (2) conduct an annual evaluation of activities
2 funded through grants under subsection (a), in con-
3 sultation with the grant recipients, including evalua-
4 tion of the effectiveness of—

5 (A) the communication, social engagement,
6 and daily living skills of children with autism
7 spectrum disorder or other developmental dis-
8 abilities and delays; and

9 (B) the extent to which family caregivers
10 see improvements in the communication, social
11 engagement, and daily living skills of such chil-
12 dren; and

13 (3) convene at least one national or regional
14 meeting of such grant recipients to discuss best
15 practices.

16 (i) REPORTS.—

17 (1) INITIAL REPORT.—Not later than 6 months
18 after awarding the first grant under subsection (a),
19 the Secretary shall submit to the Committee on En-
20 ergy and Commerce of the House of Representatives
21 and the Committee on Health, Education, Labor,
22 and Pensions of the Senate, a report on the imple-
23 mentation of this section. Such report shall in-
24 clude—

25 (A) how many grants have been awarded;

1 (B) the name and location of the grant re-
2 cipients;

3 (C) the communities served by the grants;

4 (D) a description of the kind of activities
5 to be carried out with the grants;

6 (E) an analysis, conducted by the Adminis-
7 trator of the Health Resources and Services Ad-
8 ministration, based on the evaluation under
9 subsection (h)(2), of the effectiveness of such
10 grants with respect to—

11 (i) the communication, social engage-
12 ment, and daily living skills of children
13 with autism spectrum disorder or other de-
14 velopmental disabilities and delays; and

15 (ii) the extent to which family care-
16 givers see improvements in the communica-
17 tion, social engagement, and daily living
18 skills of such children; and

19 (F) best practices to increase access to
20 caregiver skills training programs described in
21 subsection (a) in medically underserved commu-
22 nities.

23 (2) FINAL REPORT.—Not later than the end of
24 fiscal year 2027, the Secretary shall submit to the
25 Committee on Energy and Commerce of the House

1 of Representatives and the Committee on Health,
2 Education, Labor, and Pensions of the Senate, a
3 final report on the implementation of this section,
4 including—

5 (A) the information, analysis, and best
6 practices listed in subparagraphs (A) through
7 (F) of paragraph (1); and

8 (B) recommendations on how to expand
9 and extend the program under this section.

10 (j) DEFINITIONS.—In this section:

11 (1) DEVELOPMENTAL DELAY.—The term “de-
12 velopmental delay” has the meaning given such term
13 in section 632(3) of the Individuals with Disabilities
14 Education Act (20 U.S.C. 1432(3)).

15 (2) DEVELOPMENTAL DISABILITY.—The term
16 “developmental disability” has the meaning given
17 such term in section 102(8)(A) of the Developmental
18 Disabilities Assistance and Bill of Rights Act of
19 2000 (42 U.S.C. 15002).

20 (3) ELIGIBLE ENTITY.—The term “eligible enti-
21 ty” means an entity that—

22 (A) is—

23 (i) a nonprofit or other community-
24 based organization;

1 (ii) a Federally qualified health cen-
2 ter;

3 (iii) an accredited academic medical
4 center;

5 (iv) a health system; or

6 (v) a collaboration or consortium of 2
7 or more entities listed in clauses (i)
8 through (iv);

9 (B) has at least 3 years of demonstrated
10 experience—

11 (i) delivering culturally appropriate
12 and linguistically appropriate services for
13 children with autism spectrum disorder or
14 other developmental disabilities or develop-
15 mental delays, as well as collaborating di-
16 rectly with their families, including in
17 medically underserved communities;

18 (ii) providing services to such chil-
19 dren, as well as collaborating directly with
20 their families;

21 (iii) providing individual caregiver
22 coaching to caregivers of such children;
23 and

24 (iv) working with self-advocates or
25 adults with autism spectrum disorder or

1 other developmental disabilities or develop-
2 mental delays;

3 (C) can demonstrate the ability to access
4 resources from and collaborate with—

5 (i) health care providers;

6 (ii) allied health professionals;

7 (iii) educators, including childcare
8 providers;

9 (iv) social workers; and

10 (v) direct care professionals; and

11 (D) has prior demonstrated experience de-
12 livering mental health services that address
13 both developmental disabilities and one or more
14 cooccurring mental health conditions, including
15 depression, anxiety, and attention-deficit/hyper-
16 activity disorder (ADHD)

17 (4) FAMILY CAREGIVER.—The term “family
18 caregiver” means an adult family member or other
19 individual who has a significant relationship with,
20 and who provides a broad range of assistance to, a
21 child between the ages of 0 and 9 diagnosed with
22 autism spectrum disorder or another developmental
23 disability or developmental delay.

24 (5) FEDERALLY QUALIFIED HEALTH CEN-
25 TER.—The term “Federally qualified health center”

1 has the meaning given the term in section 1861(aa)
2 of the Social Security Act (42 U.S.C. 1395x(aa)).

3 (k) AUTHORIZATION OF APPROPRIATIONS.—To carry
4 out this section, there is authorized to be appropriated
5 \$10,000,000 for each of fiscal years 2026 through 2030.

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