

Calendar No. 444

113TH CONGRESS
2D SESSION

S. 2449

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

IN THE SENATE OF THE UNITED STATES

JUNE 9, 2014

Mr. MENENDEZ (for himself, Mr. ENZI, Mr. KIRK, Mr. FRANKEN, Ms. KLOBUCHAR, Mr. BURR, Mr. SCHUMER, Mr. BLUNT, Mr. HARKIN, Mr. MORAN, and Mr. COONS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

JUNE 26, 2014

Reported by Mr. HARKIN, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

A BILL

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) 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 (c), 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”;

1 (3) in subsection (c)(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 indi-
 8 vidual with” and inserting “grants or contracts,
 9 which may include grants or contracts to research
 10 centers or networks, to determine the evidence-based
 11 practices for interventions to improve the physical
 12 and 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 red-
4 igned paragraph the following:

5 “(1) monitor autism spectrum disorder re-
6 search, and to the extent practicable services and
7 support activities, across all Federal departments
8 and agencies, including coordination of Federal ac-
9 tivities with respect to autism spectrum disorder;”;

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

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

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

18 “(5) develop a strategic plan for the conduct of,
19 and support for, autism spectrum disorder research
20 and services and supports for individuals with an au-
21 tism spectrum disorder and the families of such indi-
22 viduals, which shall include—

23 “(A) proposed budgetary requirements;
24 and

1 “(B) recommendations to ensure that au-
 2 tism spectrum disorder research, services, and
 3 support activities of the Department of Health
 4 and Human Services and of other Federal de-
 5 partments and agencies are not unnecessarily
 6 duplicative; and

7 “(6) submit to Congress and the President—

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

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

14 (2) in subsection (c)—

15 (A) in paragraph (1)—

16 (i) by striking the paragraph heading
 17 and matter preceding subparagraph (A)
 18 and inserting the following:

19 “(1) FEDERAL MEMBERSHIP.—The Committee
 20 shall be composed of the following Federal mem-
 21 bers—”;

22 (ii) in subparagraph (C)—

23 (I) by inserting “, such as the
 24 Administration for Community Living;
 25 Administration for Children and Fam-

- 1 ilies; the Centers for Medicare & Med-
 2 icaid Services; the Food and Drug Ad-
 3 ministration; and the Health Re-
 4 sources and Services Administration”
 5 before the semicolon at the end; and
 6 (II) by adding at the end “and”;
 7 (iii) in subparagraph (D)—
 8 (I) by inserting “and the Depart-
 9 ment of Defense” after “Department
 10 of Education”; and
 11 (II) by striking at the end “;
 12 and” and inserting a period; and
 13 (iv) by striking subparagraph (E);
 14 (B) in paragraph (2)—
 15 (i) in the paragraph heading; by strik-
 16 ing “ADDITIONAL” and inserting “NON-
 17 FEDERAL”;
 18 (ii) in the matter preceding subpara-
 19 graph (A); by striking “Not fewer than 6
 20 members of the Committee, or $\frac{1}{3}$ of the
 21 total membership of the Committee, which-
 22 ever is greater” and inserting “Not more
 23 than $\frac{1}{2}$, but not fewer than $\frac{1}{3}$, of the total
 24 membership of the Committee”;

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

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

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

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

15 ~~“(3) PERIOD OF APPOINTMENT; VACANCIES.—~~

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

21 ~~“(B) VACANCIES.—A vacancy on the Com-~~
 22 ~~mittee shall be filled in the manner in which the~~
 23 ~~original appointment was made and shall not~~
 24 ~~affect the powers or duties of the Committee.~~
 25 ~~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.—**”;

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

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

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

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

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

14 (A) in subparagraph (A), (as so redesign-
15 ated), by striking “Combating Autism Act of
16 2006” and inserting “the Autism CARES Act
17 of 2014”;

18 (B) in subparagraph (B) (as so redesign-
19 ated), by striking “particular provision of
20 Combating Autism Act of 2006” and inserting
21 “amendments made by the Autism CARES Act
22 of 2014”;

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

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

8 (D) in subparagraph (D) (as so redesign-
9 nated), by striking “6-year period beginning on
10 the date of enactment of the Combating Autism
11 Act of 2006” and inserting “4-year period be-
12 ginning on the date of enactment of the Autism
13 CARES Act of 2014 and, as appropriate, how
14 this age varies across populations subgroups”;

15 (E) in subparagraph (E) (as so redesign-
16 nated), by striking “6-year period beginning on
17 the date of enactment of the Combating Autism
18 Act of 2006” and inserting “4-year period be-
19 ginning on the date of enactment of the Autism
20 CARES Act of 2014 and, as appropriate, how
21 this age varies across populations subgroups”;

22 (F) in subparagraph (F) (as so redesign-
23 nated), by inserting “and, as appropriate, how
24 this average time varies across populations sub-
25 groups” after “disabilities”;

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

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

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

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

11 “(I) a description of the actions taken to
12 implement and the progress made on implementation of the strategic plan developed by the
13 Interagency Autism Coordinating Committee.”;
14 and

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

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

20 “(1) IN GENERAL.—Not later than 2 years
21 after the date of enactment of the Autism CARES
22 Act of 2014, the Secretary of Health and Human
23 Services, in coordination with the Secretary of Education and in collaboration with the Secretary of
24 Transportation, the Secretary of Labor, the Sec-

1 retary of Housing and Urban Development, and the
 2 Attorney General, shall prepare and submit to the
 3 Committee on Health, Education, Labor, and Pen-
 4 sions of the Senate and the Committee on Energy
 5 and Commerce of the House of Representatives, a
 6 report concerning young adults with autism spec-
 7 trum disorder and the challenges related to the tran-
 8 sition from existing school-based services to those
 9 services available during adulthood.

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

12 “(A) an overview of policies and programs
 13 relevant to young adults with autism spectrum
 14 disorder relating to post-secondary school tran-
 15 sitional services, including an identification of
 16 existing Federal laws, regulations, policies, re-
 17 search, and programs;

18 “(B) demographic characteristics of youth
 19 transitioning from school-based to community-
 20 based supports;

21 “(C) proposals on establishing best prac-
 22 tices guidelines to ensure—

23 “(i) interdisciplinary coordination be-
 24 tween all relevant services providers receiv-
 25 ing Federal funding;

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

4 “(iii) the inclusion of the transitioning
5 youth’s Individualized Education Program
6 as prescribed in section 614 of the Individ-
7 uals with Disabilities Education Act (20
8 U.S.C. 1414);

9 “(D) comprehensive approaches to
10 transitioning from existing school-based services
11 to services available during adulthood, includ-
12 ing—

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

21 “(ii) community-based behavioral sup-
22 ports and interventions;

23 “(iii) community-based integrated res-
24 idential services, housing, and transpor-
25 tation;

1 ~~“(iv) nutrition, health and wellness,~~
 2 ~~recreational, and social activities;~~

3 ~~“(v) personal safety services for indi-~~
 4 ~~viduals with autism spectrum disorder re-~~
 5 ~~lated to public safety agencies or the crimi-~~
 6 ~~nal justice system; and~~

7 ~~“(vi) evidence-based approaches for~~
 8 ~~coordination of resources and services once~~
 9 ~~individuals have aged out of post-secondary~~
 10 ~~education; and~~

11 ~~“(E) proposals that seek to improve out-~~
 12 ~~comes for adults with autism spectrum disorder~~
 13 ~~making the transition from a school-based sup-~~
 14 ~~port system to adulthood by—~~

15 ~~“(i) increasing the effectiveness of~~
 16 ~~programs that provide transition services;~~

17 ~~“(ii) increasing the ability of relevant~~
 18 ~~service providers to provide supports and~~
 19 ~~services to underserved populations and re-~~
 20 ~~gions;~~

21 ~~“(iii) increasing the efficiency of serv-~~
 22 ~~ice delivery to maximize resources and out-~~
 23 ~~comes, including with respect to the inte-~~
 24 ~~gration of and collaboration among services~~
 25 ~~for transitioning youth;~~

1 “(iv) ensuring access to all services
2 necessary to transitioning youth of all ca-
3 pabilities; and

4 “(v) encouraging transitioning youth
5 to utilize all available transition services to
6 maximize independence, equal opportunity,
7 full participation, and self-sufficiency.”.

8 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

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

11 (1) in subsection (a), by striking “fiscal years
12 2012 through 2014” and inserting “fiscal years
13 2015 through 2019”;

14 (2) in subsection (b), by striking “fiscal years
15 2011 through 2014” and inserting “fiscal years
16 2015 through 2019”; and

17 (3) in subsection (c), by striking “\$161,000,000
18 for each of fiscal years 2011 through 2014” and in-
19 serting “\$190,000,000 for each of fiscal years 2015
20 through 2019”.

21 **SECTION 1. SHORT TITLE.**

22 *This Act may be cited as the “Autism Collaboration,*
23 *Accountability, Research, Education, and Support Act of*
24 *2014” or the “Autism CARES Act of 2014”.*

1 **SEC. 2. NATIONAL AUTISM SPECTRUM DISORDER INITIA-**
 2 **TIVE.**

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

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

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

16 (2) *ensure that autism spectrum disorder activi-*
 17 *ties of the Department of Health and Human Services*
 18 *and of other Federal departments and agencies are*
 19 *not unnecessarily duplicative.*

20 **SEC. 3. RESEARCH PROGRAM.**

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

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

26 (2) *in subsection (b)(1)—*

1 (A) by striking “establishment of regional
2 centers of excellence” and inserting “establish-
3 ment or support of regional centers of excel-
4 lence”; and

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

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

10 (4) in subsection (e), by striking “2014” and in-
11 serting “2019”.

12 **SEC. 4. AUTISM INTERVENTION.**

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

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

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

21 (3) in subsection (e)(1)(B)(v), by inserting before
22 the semicolon the following: “, which may include col-
23 laborating with research centers or networks to pro-
24 vide training for providers of respite care (as defined
25 in section 2901)”;

1 (4) in subsection (f), by striking “grants or con-
 2 tracts” and all that follows through “for individuals
 3 with” and inserting “grants or contracts, which may
 4 include grants or contracts to research centers or net-
 5 works, to determine the evidence-based practices for
 6 interventions to improve the physical and behavioral
 7 health of individuals with”; and

8 (5) in subsection (g), by striking “2014” and in-
 9 serting “2019”.

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

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

13 (1) in subsection (b)—

14 (A) in paragraph (1)—

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

16 and

17 (ii) by striking “intervention” and in-
 18 serting “interventions, including school and
 19 community-based interventions”;

20 (B) by striking paragraph (2);

21 (C) by redesignating paragraph (1) as
 22 paragraph (2), and inserting before such redesign-
 23 ated paragraph the following:

24 “(1) monitor autism spectrum disorder research,
 25 and to the extent practicable services and support ac-

1 *tivities, across all relevant Federal departments and*
 2 *agencies, including coordination of Federal activities*
 3 *with respect to autism spectrum disorder;”;*

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

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

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

12 *“(5) develop a strategic plan for the conduct of,*
 13 *and support for, autism spectrum disorder research,*
 14 *including as practicable for services and supports for*
 15 *individuals with an autism spectrum disorder and*
 16 *the families of such individuals, which shall in-*
 17 *clude—*

18 *“(A) proposed budgetary requirements; and*

19 *“(B) recommendations to ensure that au-*
 20 *tism spectrum disorder research, and services*
 21 *and support activities to the extent practicable,*
 22 *of the Department of Health and Human Serv-*
 23 *ices and of other Federal departments and agen-*
 24 *cies are not unnecessarily duplicative; and*

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

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

3 “(B) an annual update to the strategic plan
4 described in paragraph (5), including any
5 progress made in achieving the goals outlined in
6 such strategic plan.”;

7 (2) in subsection (c)—

8 (A) in paragraph (1)—

9 (i) by striking the paragraph designa-
10 tion, the heading, and the matter preceding
11 subparagraph (A) and inserting the fol-
12 lowing:

13 “(1) *FEDERAL MEMBERSHIP.*—The Committee
14 shall be composed of the following Federal members—
15 ”;

16 (ii) in subparagraph (C)—

17 (I) by inserting “, such as the Ad-
18 ministration for Community Living,
19 Administration for Children and Fam-
20 ilies, the Centers for Medicare & Med-
21 icaid Services, the Food and Drug Ad-
22 ministration, and the Health Resources
23 and Services Administration” before
24 the semicolon at the end; and

25 (II) by adding at the end “and”;

1 (iii) in subparagraph (D)—

2 (I) by inserting “and the Depart-
3 ment of Defense” after “Department of
4 Education”; and

5 (II) by striking at the end “; and”
6 and inserting a period; and

7 (iv) by striking subparagraph (E);

8 (B) in paragraph (2)—

9 (i) in the paragraph heading, by strik-
10 ing “ADDITIONAL” and inserting “NON-
11 FEDERAL”;

12 (ii) in the matter preceding subpara-
13 graph (A), by striking “Not fewer than 6
14 members of the Committee, or 1/3 of the
15 total membership of the Committee, which-
16 ever is greater” and inserting “Not more
17 than 1/2, but not fewer than 1/3, of the total
18 membership of the Committee”;

19 (iii) in subparagraph (A), by striking
20 “one such member shall be an individual”
21 and inserting “two such members shall be
22 individuals”;

23 (iv) in subparagraph (B), by striking
24 “one such member shall be a parent or legal
25 guardian” and inserting “two such mem-

1 bers shall be parents or legal guardians”;
2 and

3 (v) in subparagraph (C), by striking
4 “one such member shall be a representative”
5 and inserting “two such members shall be
6 representatives”; and

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

8 “(3) *PERIOD OF APPOINTMENT; VACANCIES.*—

9 “(A) *PERIOD OF APPOINTMENT FOR NON-*
10 *FEDERAL MEMBERS.*—*Non-Federal members*
11 *shall serve for a term of 4 years, and may be re-*
12 *appointed for one or more additional 4-year*
13 *terms.*

14 “(B) *VACANCIES.*—*A vacancy on the Com-*
15 *mittee shall be filled in the manner in which the*
16 *original appointment was made and shall not*
17 *affect the powers or duties of the Committee. Any*
18 *member appointed to fill a vacancy for an unex-*
19 *pired term shall be appointed for the remainder*
20 *of such term. A member may serve after the expi-*
21 *ration of the member’s term until a successor has*
22 *been appointed.”;*

23 (3) in subsection (d)—

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

1 (B) by redesignating paragraphs (3) and
 2 (4) as paragraphs (2) and (3), respectively; and
 3 (4) in subsection (f), by striking “2014” and in-
 4 serting “2019”.

5 **SEC. 6. REPORTS.**

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

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

10 (2) in subsection (b), by redesignating para-
 11 graphs (1) through (9) as subparagraphs (A) through
 12 (I), respectively, and realigning the margins accord-
 13 ingly;

14 (3) by redesignating subsections (a) and (b) as
 15 paragraphs (1) and (2), respectively, and realigning
 16 the margins accordingly;

17 (4) by inserting after the section heading the fol-
 18 lowing:

19 “(a) *PROGRESS REPORT.*—”;

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

21 (A) by striking “2 years after the date of
 22 enactment of the Combating Autism Reauthor-
 23 ization Act of 2011” and inserting “4 years after
 24 the date of enactment of the Autism CARES Act
 25 of 2014”;

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

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

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

9 (A) in subparagraph (A), (as so redesign-
10 ated), by striking “Combating Autism Act of
11 2006” and inserting “Autism CARES Act of
12 2014”;

13 (B) in subparagraph (B) (as so redesign-
14 ated), by striking “particular provisions of
15 Combating Autism Act of 2006” and inserting
16 “amendments made by the Autism CARES Act
17 of 2014”;

18 (C) by striking subparagraph (C) (as so re-
19 designated), and inserting the following:

20 “(C) information on the incidence and
21 prevalence of autism spectrum disorder, includ-
22 ing available information on the prevalence of
23 autism spectrum disorder among children and
24 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 population 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 population subgroups”;

(F) in subparagraph (F) (as so redesignated), by inserting “and, as appropriate, how such average time varies across population 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

1 (ii) by striking “child may” and in-
 2 serting “child or other factors, such as de-
 3 mographic characteristics, may”; and

4 (H) by striking subparagraph (I) (as so re-
 5 designated), and inserting the following:

6 “(I) a description of the actions taken to
 7 implement and the progress made on implemen-
 8 tation of the strategic plan developed by the
 9 Interagency Autism Coordinating Committee
 10 under section 399CC(b).”; and

11 (7) by adding at the end the following new sub-
 12 section:

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

15 “(1) *IN GENERAL.*—Not later than 2 years after
 16 the date of enactment of the Autism CARES Act of
 17 2014, the Secretary of Health and Human Services,
 18 in coordination with the Secretary of Education and
 19 in collaboration with the Secretary of Transportation,
 20 the Secretary of Labor, the Secretary of Housing and
 21 Urban Development, and the Attorney General, shall
 22 prepare and submit to the Committee on Health,
 23 Education, Labor, and Pensions of the Senate and the
 24 Committee on Energy and Commerce of the House of
 25 Representatives, a report concerning young adults

1 *with autism spectrum disorder and the challenges re-*
 2 *lated to the transition from existing school-based serv-*
 3 *ices to those services available during adulthood.*

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

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

9 “(B) *an overview of policies and programs*
 10 *relevant to young adults with autism spectrum*
 11 *disorder relating to post-secondary school transi-*
 12 *tional services, including an identification of ex-*
 13 *isting Federal laws, regulations, policies, re-*
 14 *search, and programs;*

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

17 “(i) *interdisciplinary coordination be-*
 18 *tween all relevant service providers receiv-*
 19 *ing Federal funding;*

20 “(ii) *coordination with transitioning*
 21 *youth and the family of such transitioning*
 22 *youth; and*

23 “(iii) *inclusion of the individualized*
 24 *education program for the transitioning*
 25 *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 services available during adulthood, includ-
ing—

“(i) services that increase access to,
and improve integration and completion of,
post-secondary education, peer support, vo-
cational 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 sup-
ports and interventions;

“(iii) community-based integrated resi-
dential services, housing, and transpor-
tation;

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

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

1 “(vi) evidence-based approaches for co-
 2 ordination of resources and services once in-
 3 dividuals have aged out of post-secondary
 4 education; and

5 “(E) proposals that seek to improve out-
 6 comes for adults with autism spectrum disorder
 7 making the transition from a school-based sup-
 8 port system to adulthood by—

9 “(i) increasing the effectiveness of pro-
 10 grams that provide transition services;

11 “(ii) increasing the ability of the rel-
 12 evant service providers described in sub-
 13 paragraph (C) to provide supports and
 14 services to underserved populations and re-
 15 gions;

16 “(iii) increasing the efficiency of serv-
 17 ice delivery to maximize resources and out-
 18 comes, including with respect to the integra-
 19 tion of and collaboration among services for
 20 transitioning youth;

21 “(iv) ensuring access to all services
 22 necessary to transitioning youth of all capa-
 23 bilities; and

24 “(v) encouraging transitioning youth
 25 to utilize all available transition services to

1 *maximize independence, equal opportunity,*
2 *full participation, and self-sufficiency.”.*

3 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

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

6 (1) *in subsection (a), by striking “fiscal years*
7 *2012 through 2014” and inserting “fiscal years 2015*
8 *through 2019”;*

9 (2) *in subsection (b), by striking “fiscal years*
10 *2011 through 2014” and inserting “fiscal years 2015*
11 *through 2019”; and*

12 (3) *in subsection (c), by striking “\$161,000,000*
13 *for each of fiscal years 2011 through 2014” and in-*
14 *serting “\$190,000,000 for each of fiscal years 2015*
15 *through 2019”.*

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113TH CONGRESS
2^D Session

S. 2449

A BILL

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

JUNE 26, 2014

Reported with an amendment