

DeSantis  
DesJarlais  
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Duffy  
Duncan (SC)  
Duncan (TN)  
Ellmers  
Enyart  
Farenthold  
Fincher  
Fleischmann  
Fleming  
Flores  
Forbes  
Fortenberry  
Foxy  
Franks (AZ)  
Frelinghuysen  
Gallego  
Gardner  
Garrett  
Gerlach  
Gibbs  
Gibson  
Gingrey (GA)  
Gohmert  
Goodlatte  
Gosar  
Gowdy  
Granger  
Graves (GA)  
Graves (MO)  
Green, Al  
Green, Gene  
Griffin (AR)  
Griffith (VA)  
Grimm  
Guthrie  
Hall  
Harper  
Harris  
Hartzler  
Hastings (WA)  
Heck (NV)  
Hensarling  
Herrera Beutler  
Hinojosa  
Holding  
Hudson  
Huelskamp  
Huizenga (MI)  
Hultgren  
Hunter  
Hurt  
Issa  
Jenkins  
Johnson (OH)  
Johnson, Sam  
Jolly  
Jordan  
Joyce  
Kelly (PA)  
King (IA)

King (NY)  
Kinzinger (IL)  
Kline  
Labrador  
LaMalfa  
Lamborn  
Lance  
Latham  
Latta  
LoBiondo  
Long  
Lucas  
Luetkemeyer  
Lummis  
Marchant  
Marino  
Massie  
Matheson  
McAllister  
McCarthy (CA)  
McCaul  
McClintock  
McHenry  
McIntyre  
McKeon  
McKinley  
McMorris  
Rodgers  
Meadows  
Meehan  
Messer  
Mica  
Miller (FL)  
Miller (MI)  
Miller, Gary  
Mulvaney  
Murphy (FL)  
Murphy (PA)  
Hall  
Neugebauer  
Noem  
Nugent  
Nunes  
Olson  
Owens  
Palazzo  
Paulsen  
Pearce  
Perry  
Peterson  
Petri  
Pittenger  
Pitts  
Poe (TX)  
Pompeo  
Posey  
Price (GA)  
Rahall  
Reed  
Reichert  
Renacci  
Ribble  
Rice (SC)  
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Roby  
Roe (TN)  
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Rogers (KY)  
Rogers (MI)  
Rohrabacher  
Rokita  
Rooney  
Ros-Lehtinen  
Roskam  
Ross  
Rothfus  
Royce  
Runyan  
Ryan (WI)  
Salmon  
Sanford  
Scalise  
Schock  
Schrader  
Schweikert  
Scott, Austin  
Sensenbrenner  
Sessions  
Shimkus  
Shuster  
Simpson  
Smith (MO)  
Smith (NE)  
Smith (NJ)  
Southerland  
Stivers  
Stockman  
Stutzman  
Terry  
Thompson (PA)  
Thornberry  
Tiberi  
Tipton  
Turner  
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Valadao  
Vela  
Wagner  
Walberg  
Walden  
Walorski  
Weber (TX)  
Webster (FL)  
Wenstrup  
Westmoreland  
Whitfield  
Wilson (SC)  
Wittman  
Wolf  
Womack  
Woodall  
Yoder  
Yoho  
Young (AK)  
Young (IN)

## NOES—173

Barber  
Bass  
Beatty  
Becerra  
Bera (CA)  
Bishop (NY)  
Blumenauer  
Bonamici  
Brady (PA)  
Braley (IA)  
Brown (FL)  
Brownley (CA)  
Bustos  
Butterfield  
Capps  
Capuano  
Cardenas  
Carney  
Carson (IN)  
Cartwright  
Castor (FL)  
Castro (TX)  
Chu  
Cicilline  
Clark (MA)  
Clarke (NY)  
Clay  
Cleaver  
Clyburn  
Cohen  
Connolly  
Conyers  
Cooper  
Courtney

Cummings  
Davis (CA)  
Davis, Danny  
DeFazio  
DeGette  
Delaney  
DeLauro  
DelBene  
Deutch  
Dingell  
Doggett  
Doyle  
Duckworth  
Ellison  
Engel  
Eshoo  
Esty  
Farr  
Fattah  
Foster  
Frankel (FL)  
Fudge  
Gabbard  
Garamendi  
Garcia  
Grayson  
Grijalva  
Gutiérrez  
Hahn  
Hanabusa  
Hastings (FL)  
Heck (WA)  
Higgins  
Himes

Holt  
Honda  
Horsford  
Hoyer  
Huffman  
Israel  
Jackson Lee  
Jeffries  
Johnson (GA)  
Johnson, E. B.  
Jones  
Kaptur  
Keating  
Kelly (IL)  
Kennedy  
Kildee  
Kilmer  
Kind  
Kirkpatrick  
Kuster  
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Larson (CT)  
Lee (CA)  
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Lewis  
Lipinski  
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Lowenthal  
Lowe  
Lujan Grisham (NM)

Luján, Ben Ray (NM)  
Lynch  
Maffei  
Maloney, Carolyn  
Maloney, Sean  
Matsui  
McCarthy (NY)  
McCollum  
McDermott  
McGovern  
McNerney  
Meng  
Michaud  
Miller, George  
Moore  
Moran  
Nadler  
Neal  
Negrete McLeod  
Nolan  
O'Rourke  
Pallone  
Pascarell  
Pastor (AZ)

Payne  
Pelosi  
Perlmutter  
Peters (CA)  
Peters (MI)  
Pingree (ME)  
Pocan  
Price (NC)  
Quigley  
Richmond  
Roybal-Allard  
Ruiz  
Ruppersberger  
Ryan (OH)  
Sanchez, Linda  
T.  
Sanchez, Loretta  
Sarbanes  
Schakowsky  
Schiff  
Schneider  
Schwartz  
Scott (VA)  
Scott, David  
Sewell (AL)  
Shea-Porter

Sherman  
Sinema  
Sires  
Slaughter  
Speier  
Swalwell (CA)  
Takano  
Thompson (CA)  
Thompson (MS)  
Tierney  
Titus  
Tonko  
Tsongas  
Van Hollen  
Vargas  
Veasey  
Visclosky  
Walz  
Wasserman  
Schultz  
Waters  
Waxman  
Welch  
Wilson (FL)  
Yarmuth

## NOT VOTING—20

Campbell  
Cantor  
Crowley  
Edwards  
Fitzpatrick  
Hanna  
Kingston

Rankford  
Meeks  
Mullin  
Napolitano  
Nunnelee  
Polis  
Rangel

Rush  
Serrano  
Smith (TX)  
Smith (WA)  
Velázquez  
Williams

□ 1817

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated against:

Mrs. NAPOLITANO. Mr. Speaker, I was absent during rollcall vote No. 354 due to a medical emergency in my family. Had I been present, I would have voted "no" on final passage of H.R. 3301—North American Energy Infrastructure Act.

# REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 4899, LOWERING GASOLINE PRICES TO FUEL AN AMERICA THAT WORKS ACT OF 2014; PROVIDING FOR CONSIDERATION OF H.R. 4923, ENERGY AND WATER DEVELOPMENT AND RELATED AGENCIES APPROPRIATIONS ACT, 2015; AND FOR OTHER PURPOSES

Mr. BISHOP of Utah, from the Committee on Rules, submitted a privileged report (Rept. No. 113-493) on the resolution (H. Res. 641) providing for consideration of the bill (H.R. 4899) to lower gasoline prices for the American family by increasing domestic onshore and offshore energy exploration and production, to streamline and improve onshore and offshore energy permitting and administration, and for other purposes; providing for consideration of the bill (H.R. 4923) making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2015; and for other purposes; and for other purposes, which was referred to the House Calendar and ordered to be printed.

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. BYRNE). Pursuant to clause 8 of rule

XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

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

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4631) to reauthorize certain provisions of the Public Health Service Act relating to autism, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4631

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

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

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

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

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

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

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

### SEC. 3. RESEARCH PROGRAM.

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

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

(2) in subsection (b)(1)—  
(A) by striking "establishment of regional centers of excellence" and inserting "establishment or support of regional centers of excellence"; and

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

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

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

### SEC. 4. AUTISM INTERVENTION.

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

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

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

(3) in subsection (e)(1)(B)(v), by inserting before the semicolon the following: "which

may include collaborating with research centers or networks to provide training for providers of respite care (as defined in section 2901)";

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

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

#### SEC. 5. INTERAGENCY AUTISM COORDINATING COMMITTEE.

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

(1) in subsection (b)—

(A) in paragraph (1)—

(i) by striking "and annually update"; and

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

(B) by striking paragraph (2);

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

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

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

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

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

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

"(A) proposed budgetary requirements; and

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

"(6) submit to Congress and the President—

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

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

(2) in subsection (c)—

(A) in paragraph (1)—

(i) by striking the paragraph designation, the heading, and the matter preceding subparagraph (A) and inserting the following:

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

(ii) in subparagraph (C)—

(I) by inserting ", such as the Administration for Community Living, Administration for Children and Families, the Centers for Medicare & Medicaid Services, the Food and Drug Administration, and the Health Resources and Services Administration" before the semicolon at the end; and

(II) by adding at the end "and";

(iii) in subparagraph (D)—

(I) by inserting "and the Department of Defense" after "Department of Education"; and

(II) by striking at the end "; and" and inserting a period; and

(iv) by striking subparagraph (E);

(B) in paragraph (2)—

(i) in the paragraph heading, by striking "ADDITIONAL" and inserting "NON-FEDERAL";

(ii) in the matter preceding subparagraph (A), by striking "Not fewer than 6 members of the Committee, or 1/3 of the total membership of the Committee, whichever is greater" and inserting "Not more than 1/2, but not fewer than 1/3, of the total membership of the Committee";

(iii) in subparagraph (A), by striking "one such member shall be an individual" and inserting "two such members shall be individuals";

(iv) in subparagraph (B), by striking "one such member shall be a parent or legal guardian" and inserting "two such members shall be parents or legal guardians"; and

(v) in subparagraph (C), by striking "one such member shall be a representative" and inserting "two such members shall be representatives"; and

(C) by adding at the end the following:

"(3) PERIOD OF APPOINTMENT; VACANCIES.—

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

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

(3) in subsection (d)—

(A) by striking paragraph (2); and

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

(4) in subsection (f), by striking "2014" and inserting "2019".

#### SEC. 6. REPORTS.

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

(1) in the section heading, by striking "REPORT" and inserting "REPORTS";

(2) in subsection (b), by redesignating paragraphs (1) through (9) as subparagraphs (A) through (I), respectively, and realigning the margins accordingly;

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

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

"(a) PROGRESS REPORT.—";

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. PITTS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

#### GENERAL LEAVE

Mr. PITTS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials into the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. PITTS. Mr. Speaker, I yield myself such time as I may consume.

I rise today, Mr. Speaker, in support of H.R. 4631, the Autism Collaboration, Accountability, Research, Education, and Support—CARES—Act of 2014, introduced by Congressman CHRIS SMITH of New Jersey.

Autism CARES demonstrates our continued effort to address the needs of children and adults with autism spectrum disorder, ASD.

Thanks to the monitoring done by the Centers for Disease Control and Prevention, CDC, we know that as many as 1 in 68 children have ASD.

With recent studies showing that ASD can be detected in the first 6 months of life, the screening and diagnosis funded in the bill will mean early diagnosis and improved health and behavioral outcomes.

Many of these children are now transitioning into adulthood and will need community-based services to replace those provided by the schools. As a part of this bill, HHS will be required to study their needs and available services to identify gaps and make their transition seamless and productive.

The bill would also fund important research at the National Institutes of Health to understand and treat ASD and the operation of the Interagency Autism Coordinating Committee.

I urge my colleagues to support this important legislation, and I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 4631, the Autism Collaboration, Accountability, Research, Education, and Support Act of 2014.

Autism spectrum disorder, or ASD, is a developmental disability that can lead to significant social, communication, and behavioral challenges.

We still do not know all the causes of autism, and we do not have a cure, but we do know that early intervention services can improve a child's development.

Recent data for the Centers for Disease Control and Prevention show more children than ever before are receiving an autism diagnosis. This is due, at least in part, to a broader definition of ASD and better diagnosis, but we cannot rule out the possibility of a true increase in the number of Americans with ASD.

Continued Federal support for autism activities at HHS will help us learn more about the causes of autism. It will help more children receive early diagnosis and intervention, as well as access to services that they need throughout their lives.

I want to acknowledge the sponsor of this legislation—Congressman SMITH and Congressman DOYLE; the sponsors of the Senate companion legislation, Senators MENENDEZ and ENZI; and leaders on the Energy and Commerce Committee and on the Senate Health, Education, Labor, and Pensions Committee—for making it possible to have a consensus bill before the House today.

I urge my colleagues to join me in supporting this bill, so we can send it to the Senate and on to the President for his signature, well in advance of the September 30 sunset provisions in current law.

Mr. Speaker, I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, at this time, I yield 5 minutes to the gentleman from New Jersey, Congressman CHRIS SMITH, the distinguished prime sponsor of the legislation, who has really provided the leadership on this issue.

Mr. SMITH of New Jersey. I thank the chairman for yielding and thank him for his strong support, along with Chairman FRED UPTON, former Chairman HENRY WAXMAN, and so many others—MIKE DOYLE, my good friend and colleague, who together, since 2000, headed up the Coalition for Autism Research and Education. We have done everything bipartisan. We have 91 members in the coalition right now.

I would also like to thank the staff, who have helped us move this bill and negotiate text, including Gary Andres, Cheryl Jaeger, Brenda Destro, Jean Roehrenbeck, Katie Novaria, Cate Benedetti, and, of course, Neil Bradley, and so many others who have been so critical to this legislation.

Mr. Speaker, previous autism law, including the Combating Autism Reauthorization Act of 2011, made critical investments—continued by this bill—that are working to determine the causes of autism spectrum disorder, identify autistic children as early as possible to begin treatment, raise critical awareness, and develop new therapies and effective services.

The latest prevalence data from the Centers for Disease Control and Prevention, Mr. Speaker, is shocking. One in every 68 American children are on the autism spectrum, a tenfold increase over the last 40 years. Boys on the spectrum outnumber girls 5 to 1.

In my home State of New Jersey, one in every 45 children has ASD, the highest rate in the CDC study.

I would note parenthetically, Mr. Speaker, I have chaired two congressional hearings on global autism, and this developmental disability is everywhere—one conservative estimate, 67 million worldwide.

Looking back, Mr. Speaker, it was two dedicated parents from New Jersey who helped launch the comprehensive Federal policy we seek to reauthorize today.

Almost 17 years ago, September 1997, Bobbie and Billy Gallagher of Brick, New Jersey, and parents of two small autistic children, walked into my Ocean County office looking for help.

They believed Brick had a disproportionate number of students with autism and wanted action, especially for their son Austin and daughter Alana, so I invited CDC and other Federal agencies to Brick for an investigation, only to learn that prevalence rates were high not only in Brick, but in nearby communities as well.

Believing we had a serious spike in prevalence, I introduced the ASSURE Act, and that was incorporated as title I of the Children's Health Act of 2000.

Mr. Speaker, much progress has been made since. Today, the evidence suggests there is no single cause of autism or type. Genetic risk, coupled with environmental factors, including advanced parental age, low birth weight, and prematurity—among other factors—may be triggers.

Signs of autism in a child usually manifest between 12–18 months, some as early as 6 months, while some regress after the age of 2, yet transformative early intervention continues to lag.

According to the IACC:

The clinical reality is that, currently, only about 20 percent of children with ASD are being identified early (by 3 years of age).

That, Members of the House, is not good, and it has got to change. The research clearly shows that early diagnosis means early intervention and much better outcomes.

The most recent IACC strategic plan—and I encourage Members to read it. It is a textbook on how the Federal Government should do anything when it deals with research. They have pointed out that:

During the past few years, there has been a major revolution in ASD genetics research.

Research on the potential relationship between the immune system and ASD has grown considerably, resulting in “major breakthroughs.”

They go on to say:

Much progress has been made in understanding the prevalence and biology of conditions that commonly co-occur with ASD, including epilepsy, sleep disorders, GI disturbances, attention deficit hyperactivity disorder, and other psychiatric comorbidities.

They also point out:

Particularly intriguing are the results of prenatal vitamin intake through supplements and diet, showing a 40 percent reduction in risk of ASD with prenatal vitamin supplements taken in the 3 months before or during the first month of pregnancy.

Daily folic acid is also highly recommended.

Mr. Speaker, there is another issue that this bill seeks to address. Every year, 50,000 young people on the autism spectrum matriculate to adulthood and are in the process of losing services.

Jonathan Kratchman, a 16-year-old with Asperger's from New Jersey, was the keynote speaker at a Dare to Dream conference at Mercer County Community College last year. He stated:

I know I can be a great contributor to society when I graduate. However, I need continuing support to get there.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PITTS. I yield an additional minute to the gentleman.

Mr. SMITH of New Jersey. Mr. Kratchman said:

If you take your high school diploma at age 18, you automatically lose services from your school district.

Both individuals with autism—like Jonathan—and their parents find themselves confronted with almost unimaginable challenges, including loss of school, housing, and then they have job needs.

□ 1830

We are in the midst of a huge yet largely invisible crisis that begs serious focus and remedies.

The Autism CARES Act tasks multiple Federal agencies to comprehensively study and report back to Congress on the special needs of autistic young adults and transitioning youth.

Additionally, Chairman UPTON and Chairman PITTS are in the process of requesting a comprehensive aging-out GAO report that will include key stakeholder involvement.

Passage of this bill, Mr. Speaker, is an important investment in a very important special group of people who, along with their families, caregivers, and friends, face seemingly endless challenges and struggles.

I strongly urge Members to support this legislation.

Mr. Speaker, I rise today to urge passage of H.R. 4631, the Autism Collaboration, Accountability, Research, Education and Support Act of 2014—Autism CARES ACT of 2014.

Mr. Speaker, previous autism law including the Combating Autism Act of 2011 made critical investments—continued by this bill—that are working to determine the causes of autism spectrum disorder (ASD), identify autistic children as early as possible to begin treatment, raise critical awareness and develop new therapies and effective services.

According to the National Institutes of Health (NIH), “ASD is a range of complex neurodevelopment disorders, characterized by social impairments, communication difficulties, and restricted, repetitive, and stereotyped patterns of behavior. Autistic disorder, sometimes called autism or classical ASD, is the most severe form of ASD, while other conditions along the spectrum include a milder form known as Asperger syndrome . . .”

The latest prevalence data from the Centers for Disease Control and Prevention (CDC) is shocking: 1 in every 68 American children are on the autism spectrum—a tenfold increase over the last 40 years. Boys on the autism spectrum outnumber girls 5 to 1.

In my home state of New Jersey, 1 in every 45 children has ASD, the highest rate in the CDC study.

I've chaired two congressional hearings on global autism—and this developmental disability is everywhere. One conservative estimate: 67 million worldwide.

Looking back, it was two dedicated parents from New Jersey who helped launch the comprehensive federal policy we seek to reauthorize today.

Almost 17 years ago—September 13, 1997—Bobbie and Billy Gallagher of Brick, New Jersey and parents of two small children with autism, walked into my Ocean County district office looking for help. They believed Brick had a disproportionate number of students with autism and wanted action especially for their son Austin and daughter Alana. So I invited CDC and other federal agencies to Brick for an investigation only to learn that

prevalence rates were high not only in Brick but in nearby communities as well. Believing we had a serious spike in the prevalence of autism, I introduced H.R. 274—the Autism Statistics, Surveillance, Research and Epidemiology Act (ASSURE) which was enacted as Title 1 of the Children Health Act of 2000.

Much progress has been made since. Today, the evidence suggests that there is no single cause or type of autism. Genetic risk coupled with environmental factors including advanced parental age, low birth weight and prematurity among other factors may be triggers. Signs of autism in a child usually manifest between 12–18 months—some as early as 6 months—while some “regress” after 2.

Yet, transformative early intervention continues to lag. According to the Interagency Autism Coordinating Committee (IACC): “The clinical reality is that currently only about 20 percent of children with ASD are being identified early (by 3 years of age)” and that members of the House is not good and has got to change. Early diagnosis means early intervention and better outcomes. IACC says “More needs to be done to raise awareness in the practitioner community of the current capabilities and benefits of early, repeated screenings, early diagnosis, and early intervention.”

Research on autism is showing tremendous promise. The most recent IACC strategic plan—which is reauthorized for five years by Section 5—is filled with insight and actionable information:

“During the past few years there has been a major revolution in ASD genetics research. Using the newest molecular and epidemiological methods, recent data continues to strongly support the role of genes in ASD, and the understanding of this role has been greatly refined.”

“In infants at high genetic risk for ASD due to having an older sibling with autism, symptoms of autism begin to emerge as young as 6 months of age in those who later develop ASD. These new findings suggest that it may someday be possible to screen for children at risk for ASD before the emergence of the full symptoms of autism and early enough to facilitate even more effective intervention.”

“Research on the potential relationship between the immune system and ASD has grown considerably over the past 2 years, resulting in several major breakthroughs. In the realm of basic developmental research, immune cells and immune signaling molecules have been identified as essential for establishing stable connections between neurons during early brain development.”

“Much progress has been made in understanding the prevalence and biology of conditions that commonly co-occur with ASD, including epilepsy, sleep disorders, gastrointestinal (GI) disturbances, attention deficit hyperactivity disorder, and other psychiatric comorbidities.”

“The time around conception and during pregnancy are likely the most important time windows of heightened vulnerability for the development of the brain with supporting evidence from early reports linking autism symptoms to maternal ingestion of drugs.”

“Particularly intriguing are the results of prenatal vitamin intake through supplements and diet, showing a 40 percent reduction in risk of ASD with prenatal vitamin supplements taken in the 3 months before or during the first month of pregnancy.”

"A trend of decreasing ASD risk as mothers consumed greater daily folic acid intake from foods, vitamins, and supplements in the first month of pregnancy was also reported."

Over the past 5 years, progress has been made toward developing tools and practices for more effective screening and early diagnosis—and I am pleased that the Committee reports includes language that will ensure federal agencies pay particular attention to the need to focus on early diagnosis and intervention in children.

While biological differences in individuals with ASD were hypothesized earlier, there is now "data demonstrating specific changes in the genome and epigenome, gene expression, cell structure and function, brain connectivity, and behavior that have been linked to the causes and underlying biology of ASD."

I mentioned Bobbie and Billy Gallagher's children earlier because they represent a generation of young men and women who are aging out—both are now over 21 years old, which means far too much of their support system no longer exists.

Mr. Speaker, every year 50,000 young people on the autism spectrum matriculate to adulthood.

Jonathan Kratchman, a 16-year-old with Asperger's from New Jersey, was the keynote speaker at a "Dare To Dream Conference" at Mercer County Community College last year, where he stated: "I know I can be a great contributor to society when I graduate. However, I need continuing support to get there... Here is a fast fact. If you take your high school diploma at age 18, you automatically lose services from your school district."

Both individuals with autism, like Jonathan, and their parents find themselves confronted with almost unimaginable challenges including loss of school instruction, housing and job needs. We are in the midst of huge yet largely invisible crisis that begs serious focus and remedies.

The Autism CARES Act tasks multiple federal agencies to comprehensively study and report back to Congress on the special needs of autistic young adults and transitioning youth.

While studies show that young adults with autism appear to fare worse in employment outcomes—including when compared to young adults with other types of disabilities—there is evidence that with specialized support programs employment is feasible even among individuals with higher support needs.

I'm planning a congressional hearing next month in my global health committee on employers like software giant SAP which has actively recruited and hired over 700 young adults on the autism spectrum and recently told me these diligent young employees are extraordinarily effective workers.

Well planned transition programs will not only assist families and help shape a brighter future for individuals with ASD, they are also a smart investment that will reduce government spending in the long-term. The University Centers for Excellence in Developmental Disabilities recently estimated that: "Diverting just one young person into living-wage employment could save an average of \$150,000 in SSI benefits over their lifetime. According to the Social Security Administration, transitioning just one half of one percent of current SSDI and SSI beneficiaries from benefits to self-sustaining employment would save

\$3.5 billion in cash benefits over the work-life of those individuals."

IACC recently concluded that since 2009, the adult services research field has made some important advances, including gathering of new data on the services available across the states, information about how adults are interacting with the service system, and data on the service needs of adults on the autism spectrum.

But in light of the severity of the aging out crisis, we must do more and do it fast and ensure we are providing a comprehensive and thorough review of available services—and those that need to be established. Additionally, Chairman UPTON and Chairman PITTS are in the process of requesting a comprehensive autism aging-out GAO report that will include key stakeholder involvement.

We are making real progress, but we still don't have all the answers.

Specifically, the Autism Cares Act of 2014 authorizes funding for each of fiscal years 2015 through 2019 at \$22 million for the CDC, \$48 million for the Health Resources and Services Administration (HRSA) and \$190 million for the National Institutes of Health (NIH) and IACC activities—for a total of \$1.3 billion.

I especially want to thank Majority Leader ERIC CANTOR, Chairman FRED UPTON and former Chairman HENRY WAXMAN as well as Chairman JOE PITTS—all strong and committed friends of persons with autism—for their critical support of this legislation.

Special thanks to my friend MIKE DOYLE. Since 2000, MIKE and I have co-chaired the 91 member congressional autism caucus—the Coalition on Autism Research and Education (CARE).

I am very grateful to the many excellent, professional staff who played key roles in helping move the bill and negotiate text including Gary Andres, Cheryl Jaeger, Brenda Destro, Jean Roehrenbeck, Katie Novaria, Cate Benedetti and of course Neil Bradley.

I also want to express my deep appreciation for the extraordinary contributions made by Autism Speaks, the Autism Society, the Association of University Centers on Disabilities and the American Academy of Pediatrics—all of whom strongly endorse H.R. 4631.

Mr. Speaker, passage of this bill today is an investment in a very important group of people who, along with their families, caregivers and friends, face seemingly endless challenges and struggles. I urge support.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. DOYLE), my good friend and colleague.

Mr. DOYLE. Thank you, Mr. GREEN, for yielding and for your support of the Autism CARES Act.

First off, I want to thank my good friend and Autism Caucus cochair CHRIS SMITH for his leadership and work on this critical legislation over the past 11 years. It has been a real pleasure and a labor of love to work with CHRIS on these issues. He is truly a champion in the autism community. I look forward to continuing that great working relationship with him.

Mr. Chairman, it seems that every time new data is released on autism spectrum disorders, the numbers become more and more troubling. In fact,

the Centers for Disease Control's most recent data show a continued rise in autism prevalence rates: 1 in every 68 American children. That is 1 in 189 girls and 1 in 42 boys.

These are staggering numbers with serious implications for many aspects of American life. That is why passage of the Autism CARES Act today is so important: to continue research into the causes of autism, to educate health care providers and the public, to improve early diagnosis and intervention, to identify effective treatments, and to evaluate the types of services available to young adults with ASD. We can and must do better for the millions of Americans living with ASD and their families.

Many Federal autism programs were first authorized by the Combating Autism Act of 2006, which has made a huge difference in the lives of autistic Americans and their families. Since its inception, Congress has reauthorized these Federal autism programs twice. Without new legislation to reauthorize them, the funding for these important programs will expire on September 30 of this year.

We have made tremendous advances in understanding autism spectrum disorders, but this progress will be lost if Congress allows these programs to expire. This is why it is so important that Congress pass this commonsense, bipartisan, bicameral legislation like the bill that is before us today.

The autism programs this legislation would reauthorize are vitally important to many families and individuals across the country. Early diagnosis and intervention can make a huge difference in an autistic individual's life and can have a dramatic impact on the individual's family and community as well.

With the prevalence of autism spectrum disorders much higher than we thought just a few years ago, inaction is simply not an option.

I urge my colleagues to support the Autism CARES legislation.

Mr. PITTS. Mr. Speaker, at this time I yield 1 minute to the distinguished gentleman from Florida (Mr. BILIRAKIS), a valued member of the Health Subcommittee.

Mr. BILIRAKIS. Mr. Speaker, I rise today in support of H.R. 4631, the Autism CARES Act, of which I am an original cosponsor. I want to commend a sponsor, Mr. SMITH from New Jersey, as well as a Democratic prime cosponsor, Mr. MIKE DOYLE from the great State of Pennsylvania, for sponsoring this bill.

Autism is serious and it does not discriminate. People in all racial, socioeconomic, and ethnic groups are impacted, Mr. Speaker. Autism awareness and research is something people from all walks of life can support.

One in 68 children is diagnosed with autism. That is a disturbing statistic. This legislation will help direct autism research on a Federal level. This research is vital, and I am glad my colleagues and I have come together in a

bipartisan manner to continue autism research, early identification, intervention, and education.

I am proud to support this legislation, and I urge my colleagues to support final passage of this legislation.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. ENGEL), my good friend and desk mate on the Energy and Commerce Committee and the ranking member of the Foreign Affairs Committee.

Mr. ENGEL. Mr. Speaker, I want to thank my good friend from Texas (Mr. GENE GREEN) for yielding me the time. I want to thank my good friend, Mr. SMITH from New Jersey. I have so much respect for his hard work in doing this. Anyone who knows Chris knows that when he wants something done, he is tenacious. MIKE DOYLE has been his really good partner. We all take pride in this legislation.

I rise to support the Autism Collaboration, Accountability, Research, Education, and Support Act, or the Autism CARES Act. I am pleased that we have an opportunity to pass this today.

Autism, as my colleagues have said, affects more than 2 million individuals and their families across our country. The rate of diagnosis has climbed dramatically in recent years. Today, 1 out of every 68 American children is diagnosed with autism spectrum disorder by the age of 8. That is really shocking. These individuals and their families are counting on us to pass this bill.

The Autism CARES Act will extend and strengthen the efforts we established under the Combating Autism Act of 2006 and the Combating Autism Reauthorization Act of 2011. I was proud to support both of these bills on the Foreign Affairs Committee, the Energy and Commerce Committee, and the full House. I am pleased to see that this legislation will give our autism programs the continued support they deserve.

With this bill, we will extend Federal autism programs for another 5 years, including vital autism research and prevalence monitoring, as well as training for medical professionals. This bill will also provide valuable updates to the law. It will increase coordination across Federal agencies and improve our understanding of the issues youth and young adults face as they transition out of school-based services.

These changes will advance our understanding of autism spectrum disorder and allow us to better assist the millions of Americans it impacts.

The programs provided for in this bill have traditionally enjoyed strong bipartisan support in the Energy and Commerce Committee. It enjoyed strong bipartisan support, as I guess it will as well here, because this is a strong bipartisan issue.

So I urge my colleagues to continue this commitment by voting for the Autism CARES Act today.

Mr. PITTS. Mr. Speaker, I yield 1 minute to the distinguished gentleman

from Illinois (Mr. ROSKAM), one of our distinguished leaders.

Mr. ROSKAM. Mr. Speaker, I thank the gentleman for yielding.

One in 68 is diagnosed with autism, Mr. Speaker, and we have an opportunity to come alongside those families that are dealing with this diagnosis by supporting the Autism CARES Act. It is a holistic approach, one that takes on research, education, early detection, and intervention for those all across the autism spectrum.

There are so many times that we can get into dollars and cents and chapter and verse and future savings in all of these things, but think about it. Beyond all of that is something that is much more important, and it is this: we can be a part of helping children reach their potential as adults. It is the desire of every parent to see their child reach full potential. So we can do that by coming together with this legislation. Think about the joy that is involved in that.

I am pleased to associate myself with the work of Congressman SMITH in this effort and to be a cosponsor of the Autism CARES Act.

Mr. GENE GREEN of Texas. Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

Mr. PITTS. Mr. Speaker, I am very pleased to support this very important bipartisan legislation. I urge all Members to do so, and I yield back the balance of my time.

Mr. MESSER. Mr. Speaker, I rise in support of H.R. 4631, the Autism CARES Act, which reauthorizes the Combating Autism Reauthorization Act. I want to commend my colleague, Representative CHRIS SMITH, for bringing this measure forward.

Our understanding of autism remains an unsolved puzzle. More children than ever are being diagnosed with communication and behavior disorders that lead to a diagnosis of autism.

Though our understanding of autism is limited, what we do know is that autism affects too many children, strains families, costs too much, and puts those it afflicts at an educational, professional, and social disadvantage compared to their peers.

Families with autistic children do everything they can to help their kids maximize their God-given abilities whatever those may be. But it's not always easy especially in a world where many don't understand the unique challenges autism presents. Helping these families better navigate this treacherous world would make a huge difference.

The Autism CARES Act provides federal support for critical autism research by reauthorizing research programs at the National Institute of Health, Centers for Disease Control and Prevention and the Department of Health and Human Services. The bill will help better coordinate federal autism research and ensure more focused efforts to maximize the benefits of the resources we invest in such research.

This bill also will begin efforts to determine how best to meet the needs of young adults with autism as they face the new challenges that come with being an adult.

These investments are extremely important because autism imposes tremendous emo-

tional and financial costs on families and economic impact on the health care system. The investments called for by this bill will pale in comparison to the personal and financial benefits they will yield in the future.

Families struggling with autism face challenges many of us can't imagine. They need and deserve our help. It is time to commit ourselves to solving this puzzle today so autism can be prevented, treated, and cured tomorrow.

I urge all of my colleagues to join me in supporting this bipartisan measure.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. PITTS) that the House suspend the rules and pass the bill, H.R. 4631, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### TRAUMA SYSTEMS AND REGIONALIZATION OF EMERGENCY CARE REAUTHORIZATION ACT

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4080) to amend title XII of the Public Health Service Act to reauthorize certain trauma care programs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4080

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

##### SECTION 1. SHORT TITLE.

This Act may be cited as the "Trauma Systems and Regionalization of Emergency Care Reauthorization Act".

##### SEC. 2. REAUTHORIZATION OF CERTAIN TRAUMA CARE PROGRAMS.

Section 1232(a) of the Public Health Service Act (42 U.S.C. 300d-32(a)) is amended by striking "2014" and inserting "2019".

##### SEC. 3. IMPROVEMENTS AND CLARIFICATIONS TO CERTAIN TRAUMA CARE PROGRAMS.

(a) ALLOCATION OF FUNDS FOR COMPETITIVE GRANTS FOR REGIONALIZED SYSTEMS FOR EMERGENCY CARE RESPONSE.—Section 1232(c) of the Public Health Service Act (42 U.S.C. 300d-32(c)) is amended—

(1) in paragraph (1), by striking "and" at the end;

(2) in paragraph (2), by striking the period at the end and inserting "and"; and

(3) by adding at the end the following new paragraph:

"(3) for a fiscal year after fiscal year 2014, not more than 50 percent of such amounts remaining for such fiscal year after application of paragraphs (1) and (2) shall be allocated for the purpose of carrying out section 1204."

(b) CLARIFICATIONS UNDER TRAUMA SYSTEMS FORMULA GRANTS REQUIREMENTS RELATING TO THE AMERICAN BURN ASSOCIATION.—Section 1213 of the Public Health Service Act (42 U.S.C. 300d-13) is amended—

(1) in subsection (a)(3), by inserting "and (for a fiscal year after fiscal year 2014) contains national standards and requirements of the American Burn Association for the designation of verified burn centers," after "such entity";

(2) in subsection (b)(3)(A), by striking "and the American Academy of Pediatrics," and