deploying the STIR-SHAKEN call authentication protocol for IP Voice services, and we welcome the continued momentum toward a bipartisan, comprehensive solution that empowers service providers, law enforcement, and most of all consumers. We commend this legislation and look forward to working with Congress to make abusive robocalls history.''

Charter Communications: ''Charter wants to see an end to robocalls and we commend Chairman Pallone and Ranking Member Walden for introducing legislation that will help do just that. This bipartisan bill is an important step in curbing unwanted and illegal calls. As we work to implement the call authentication protocol SHAKEN/STIR by the end of the year in addition to our currently offered call blocking, screening, and identification features like the Nomorobo app, we will continue to work with Congress to hopefully stop these disruptive calls once and for all.''

NCTA—The Internet & Television Association: ''Robocalls have become a scourge on our daily lives causing many Americans to simply stop answering their phones. This is why we welcome the bipartisan leadership of Chairman Pallone and Ranking Member Walden to introduce the Stopping Bad Robocalls Act. This legislation along with efforts by the FCC to combat robocalls are critical to protecting consumers from this nuisance.''

Mr. PALLONE. Mr. Speaker, again, this is a bipartisan effort and a bicameral effort. We are not doing messaging here, Mr. Speaker. This is a bill that will become law, and the President will sign it once we get it passed in the Senate and we have a final bill.

Mr. Speaker, I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 3375, the ''Stopping Bad Robocalls Act.''

H.R. 3375 will require the Federal Communications Commission to update the definition of what qualifies as a robocall and ensure that any attempt to circumvent its rules using new or different robocall technology is outlawed.

The Stopping Bad Robocalls Act would also require telecommunications corporations to implement new technology to ensure that calls are not spam.

In addition, it will yield more efficient investigations conducted by government officials and the heightened enforcement of anti-robocall rules.

In June of 2019 4.4 billion robocalls were placed nationwide.

Texas led all 50 states, receiving over 500 million robocalls in that month.

Mr. Speaker, robocalls have become an overwhelming issue in our country and threaten to paralyze our most critical communications lines.

These callers are not only a nuisance but are also predatory.

They have begun to target crucial establishments including hospitals, cancer centers, and medical research organizations, creating conditions that can potentially lead to a health crisis.

Administrators at these institutions worry that, without intervention, the myriad of incoming robocalls could eventually outmatch their best efforts to keep hospital phone lines free during emergencies.

Robocallers have gone even further to perform scams using the spoofing tactic, in which they can appear to take on existing phone numbers.

With the aid of spoofing, scammers can take on phone numbers that are the same as or very similar to the numbers of health care providers.

Robocallers use the names and numbers of these organizations, to aid their scam of telling people that they owe money and requesting private information.

We are all aware of the difficulty millions of Americans face in attaining affordable health care.

Robocallers are maliciously taking advantage of these circumstances and seek to profit from the exacerbation of the stress that families are challenged with.

The federal government as well as multiple large telecommunications corporations are equipped with information on these robocallers and the groups whom they seek to take advantage of.

The virulent aspirations of these callers must be met with the commitment of our government to protect our citizens by placing the responsibility on these corporations to protect consumers.

I urge all members to join me in voting to pass H.R. 3375, the ''Stopping Bad Robocalls Act.''

The SPEAKER pro tempore (Mr. DELGADO). The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 3375, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. PALLONE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

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AUTISM COLLABORATION, ACCOUNTABILITY, RESEARCH, EDUCATION, AND SUPPORT ACT OF 2019

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1058) 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. 1058

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 2019'' or the ''Autism CARES Act of 2019''.

SEC. 2. EXPANSION, INTENSIFICATION, AND COORDINATION OF ACTIVITIES OF THE NIH WITH RESPECT TO RESEARCH ON AUTISM SPECTRUM DISORDER.

Section 409C of the Public Health Service Act (42 U.S.C. 284g) is amended—

(1) in subsection (a)(1)—

(A) in the first sentence, by striking ''and toxicology'' and inserting ''toxicology, and interventions to maximize outcomes for individuals with autism spectrum disorder''; and

(B) by striking the second sentence and inserting the following: ''Such research shall investigate the causes (including possible environmental causes), diagnosis or ruling out, early and ongoing detection, prevention, services across the lifespan, supports, intervention, and treatment of autism spectrum disorder, including dissemination and implementation of clinical care, supports, interventions, and treatments.'';

(2) in subsection (b)—

(A) in paragraph (2)—

(i) in the second sentence, by striking ''cause'' and all that follows through ''disorder'' and inserting ''causes, diagnosis, early and ongoing detection, prevention, and treatment of autism spectrum disorder across the lifespan''; and

(ii) in the third sentence, by striking ''neurobiology'' and all that follows through the period and inserting ''neurobiology, genetics, genomics, psychopharmacology, developmental psychology, behavioral psychology, and clinical psychology.''; and

(B) in paragraph (3), by adding at the end the following:

''(D) REDUCING DISPARITIES.—The Director may consider, as appropriate, the extent to which a center can demonstrate availability and access to clinical services for youth and adults from diverse racial, ethnic, geographic, or linguistic backgrounds in decisions about awarding grants to applicants which meet the scientific criteria for funding under this section.''.

SEC. 3. PROGRAMS RELATING TO AUTISM.

(a) DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.—Section 399AA of the Public Health Service Act (42 U.S.C. 280i) is amended—

(1) in subsection (a)(1), by striking ''adults on autism spectrum disorder'' and inserting ''adults with autism spectrum disorder'';

(2) in subsection (a)(2)—

(A) by striking ''State and local public health officials'' and inserting ''State, local, and Tribal public health officials'';

(B) by striking ''or other developmental disabilities'' and inserting ''and other developmental disabilities'';

(3) in subsection (a)(3), by striking ''a university, or any other educational institution'' and inserting ''a university, any other educational institution, an Indian tribe, or a tribal organization'';

(4) in subsection (b)(2)(A), by striking ''relevant State and local public health officials, private sector developmental disability researchers, and advocates for individuals with developmental disabilities'' and inserting ''State, local, and Tribal public health officials, private sector developmental disability researchers, advocates for individuals with autism spectrum disorder, and advocates for individuals with other developmental disabilities'';

(5) in subsection (d)—

(A) by redesignating paragraphs (1) and (2) as paragraphs (2) and (3), respectively; and

(B) by inserting before paragraph (2), as so redesignated, the following new paragraph:

''(1) INDIAN TRIBE; TRIBAL ORGANIZATION.—The terms 'Indian tribe' and 'tribal organization' have the meanings given such terms in section 4 of the Indian Health Care Improvement Act.''; and

(6) in subsection (e), by striking ''2019'' and inserting ''2024''.

(b) AUTISM EDUCATION, EARLY DETECTION, AND INTERVENTION.—Section 399BB of the Public Health Service Act (42 U.S.C. 280i–1) is amended—

(1) in subsection (a)(1)—

(A) by striking ''individuals with autism spectrum disorder or other developmental disabilities'' and inserting ''individuals with autism spectrum disorder and other developmental disabilities''; and

(B) by striking ''children with autism spectrum disorder'' and all that follows through ''disabilities;'' and inserting ''individuals with

autism spectrum disorder and other developmental disabilities across their lifespan;’’;

(2) in subsection (b)—

(A) in paragraph (2), by inserting ‘‘individuals with’’ before ‘‘autism spectrum disorder’’;

(B) by redesignating paragraphs (4) through (6) as paragraphs (5) through (7), respectively; and

(C) by inserting after paragraph (3) the following:

‘‘(4) promote evidence-based screening techniques and interventions for individuals with autism spectrum disorder and other developmental disabilities across their lifespan;’’;

(3) in subsection (c)—

(A) in paragraph (1), in the matter preceding subparagraph (A), by striking ‘‘the needs of individuals with autism spectrum disorder or other developmental disabilities and their families’’ and inserting ‘‘the needs of individuals with autism spectrum disorder and other developmental disabilities across their lifespan and the needs of their families’’; and

(B) in paragraph (2)—

(i) in subparagraph (A)(ii), by striking ‘‘caregivers of individuals with an autism spectrum disorder’’ and inserting ‘‘caregivers of individuals with autism spectrum disorder or other developmental disabilities’’;

(ii) in subparagraph (B)(i)(II), by inserting ‘‘autism spectrum disorder and’’ after ‘‘individuals with’’; and

(iii) in subparagraph (B)(ii), by inserting ‘‘autism spectrum disorder and’’ after ‘‘individuals with’’;

(4) in subsection (e)—

(A) in paragraph (1)—

(i) in the matter preceding subparagraph (A), by inserting ‘‘across their lifespan’’ before ‘‘and ensure’’; and

(ii) in subparagraph (B)(iv), by inserting ‘‘across their lifespan’’ after ‘‘other developmental disabilities’’;

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

(C) by inserting after paragraph (1) the following:

‘‘(2) DEVELOPMENTAL-BEHAVIORAL PEDIATRICIAN TRAINING PROGRAMS.—

‘‘(A) IN GENERAL.—In making awards under this subsection, the Secretary may prioritize awards to applicants that are developmental-behavioral pediatrician training programs located in rural or underserved areas.

‘‘(B) DEFINITION OF UNDERSERVED AREA.—In this paragraph, the term ‘underserved area’ means—

‘‘(i) a health professional shortage area (as defined in section 332(a)(1)(A)); and

‘‘(ii) an urban or rural area designated by the Secretary as an area with a shortage of personal health services (as described in section 330(b)(3)(A)).’’;

(5) in subsection (f), by inserting ‘‘across the lifespan of such individuals’’ after ‘‘other developmental disabilities’’; and

(6) in subsection (g), by striking ‘‘2019’’ and inserting ‘‘2024’’.

(c) 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 (2), by inserting ‘‘across the lifespan of such individuals’’ before the semicolon; and

(B) in paragraph (5), by inserting ‘‘across the lifespan of such individuals’’ before ‘‘and the families’’;

(2) in subsection (c)—

(A) in paragraph (1)(D), by inserting ‘‘, the Department of Labor, the Department of Justice, the Department of Veterans Affairs, the Department of Housing and Urban Development,’’ after ‘‘Department of Education’’;

(B) in subparagraphs (A), (B), and (C) of paragraph (2), by striking ‘‘at least two such members’’ each place it appears and inserting ‘‘at least three such members’’;

(C) in paragraph (3)(A), by striking ‘‘one or more additional 4-year terms’’ and inserting ‘‘one additional 4-year term’’; and

(3) in subsection (f), by striking ‘‘2019’’ and inserting ‘‘2024’’.

(d) REPORTS TO CONGRESS.—Section 399DD of the Public Health Service Act (42 U.S.C. 280i–3) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking ‘‘Autism CARES Act of 2014’’ and inserting ‘‘Autism CARES Act of 2019’’; and

(B) in paragraph (2)—

(i) in subparagraphs (A), (B), (D), and (E), by striking ‘‘Autism CARES Act of 2014’’ each place it appears and inserting ‘‘Autism CARES Act of 2019’’;

(ii) in subparagraph (G), by striking ‘‘age of the child’’ and inserting ‘‘age of the individual’’;

(iii) in subparagraph (H), by striking ‘‘; and’’ and inserting ‘‘;’’;

(iv) in subparagraph (I), by striking the period and inserting ‘‘; and’’; and

(v) by adding at the end the following:

‘‘(J) information on how States use home- and community-based services and other supports to ensure that individuals with autism spectrum disorder and other developmental disabilities are living, working, and participating in their community.’’; and

(2) in subsection (b)—

(A) in the heading, by striking ‘‘YOUNG ADULTS AND TRANSITIONING YOUTH’’ and inserting ‘‘THE HEALTH AND WELL-BEING OF INDIVIDUALS WITH AUTISM SPECTRUM DISORDER ACROSS THEIR LIFESPAN’’;

(B) by amending paragraph (1) to read as follows:

‘‘(1) IN GENERAL.—Not later than 2 years after the date of enactment of the Autism CARES Act of 2019, the Secretary 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 the health and well-being of individuals with autism spectrum disorder.’’; and

(C) in paragraph (2)—

(i) by amending subparagraph (A) to read as follows:

‘‘(A) demographic factors associated with the health and well-being of individuals with autism spectrum disorder;’’;

(ii) in subparagraph (B), by striking ‘‘young adults’’ and all that follows through the semicolon and inserting ‘‘the health and well-being of individuals with autism spectrum disorder, including an identification of existing Federal laws, regulations, policies, research, and programs;’’; and

(iii) by amending subparagraphs (C), (D), and (E) to read as follows:

‘‘(C) recommendations on establishing best practices guidelines to ensure interdisciplinary coordination between all relevant service providers receiving Federal funding;

‘‘(D) comprehensive approaches to improving health outcomes and well-being for individuals with autism spectrum disorder, including—

‘‘(i) community-based behavioral supports and interventions;

‘‘(ii) nutrition, recreational, and social activities; and

‘‘(iii) personal safety services related to public safety agencies or the criminal justice system for such individuals; and

‘‘(E) recommendations that seek to improve health outcomes for such individuals, including across their lifespan, by addressing—

‘‘(i) screening and diagnosis of children and adults;

‘‘(ii) behavioral and other therapeutic approaches;

‘‘(iii) primary and preventative care;

‘‘(iv) communication challenges;

‘‘(v) aggression, self-injury, elopement, and other behavioral issues;

‘‘(vi) emergency room visits and acute care hospitalization;

‘‘(vii) treatment for co-occurring physical and mental health conditions;

‘‘(viii) premature mortality;

‘‘(ix) medical practitioner training; and

‘‘(x) caregiver mental health.’’.

(e) 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 ‘‘$22,000,000 for each of fiscal years 2015 through 2019’’ and inserting ‘‘$23,100,000 for each of fiscal years 2020 through 2024’’;

(2) in subsection (b), by striking ‘‘$48,000,000 for each of fiscal years 2015 through 2019’’ and inserting ‘‘$50,599,000 for each of fiscal years 2020 through 2024’’; and

(3) in subsection (c), by striking ‘‘there is authorized to be appropriated $190,000,000 for each of fiscal years 2015 through 2019’’ and inserting ‘‘there are authorized to be appropriated $296,000,000 for each of fiscal years 2020 through 2024’’.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1058.

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

There was no objection.

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

Mr. Speaker, I am proud to rise in support of H.R. 1058, the Autism CARES Act, which will continue critical research, surveillance, education, early detection, and intervention programs for people living with autism spectrum disorder, also known as ASD, and their families.

The number of children diagnosed with ASD has risen dramatically over recent years. While 1 in every 150 children was diagnosed with ASD in 1992, that number grew to 1 in every 59 children born in 2006.

While some of this increase may be attributed to an overall higher number of people with ASD, a significant portion is likely due to increased efforts to diagnose people to get them the treatment they need. As efforts to identify individuals with autism have improved, so has the ability to intervene and treat them. Early intervention for children with ASD is associated with a positive outcome on developmental concerns.

It is important that we continue to improve outcomes for children and all individuals with ASD, and that is what we are doing with this reauthorization of the Autism CARES program today. This bill would reauthorize funding for programs at the National Institutes of Health, Centers for Disease Control and Prevention, and Health Resources and Services Administration through 2024. The bill also expands efforts to conduct research and intervene with better treatment options for all individuals with ASD across their lifespan, regardless of age. Additionally, the bill aims to reduce disparities among individuals from diverse racial, ethnic, geographic, or linguistic backgrounds, and directs additional care to rural and underserved areas.

Mr. Speaker, I am confident that this legislation will improve health outcomes and quality of life for millions of Americans living with ASD, as well as their families. For that reason, I urge all of my colleagues to join me in supporting the bill today.

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

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

Mr. Speaker, I rise today to speak in favor of H.R. 1058, the Autism Collaboration, Accountability, Research, Education, and Support Act of 2019, also known as the Autism CARES Act.

H.R. 1058 builds upon a strong foundation that Congress laid by passing the Combating Autism Act in 2006. This legislation, in 2006, expanded research, surveillance, and treatment of autism spectrum disorder, and it has equipped our Federal agencies with enhanced resources to expand its knowledge of this complex disorder.

The number of children diagnosed with autism spectrum disorder has increased. It is even more imperative that we reauthorize this program and ensure the continuation of the Interagency Autism Coordinating Committee. As families across our Nation navigate raising children with autism, the Autism CARES Act would provide hope by authorizing funding for continued research, surveillance and education at the National Institutes of Health, Centers for Disease Control and Prevention, and Health Resources and Services Administration, and it would continue this through calendar year 2024.

I thank Representatives CHRIS SMITH and MICHAEL DOYLE for their tireless work to reauthorize this program and better the lives for individuals with autism and their families.

As Dr. Amy Hewitt pointed out at our hearing, the number of autism spectrum disorder diagnoses has risen more than 600 percent in the past few decades.

In 2018, the Centers for Disease Control and Prevention determined that 1 in 59 children is diagnosed with an autism spectrum disorder, and that boys are four times more likely to be diagnosed with autism than are girls. As more individuals are diagnosed, it becomes even more important for Congress to ensure that there is adequate research and support services for these individuals and their families.

Early detection and intervention for individuals with autism and their families help to increase the communication and social skills, preparing children for a successful future. The Autism CARES Act reauthorizes these early detection and intervention programs, in addition to workforce programs for health professionals. The Leadership Education in Neurodevelopmental and Related Disabilities, LEND, programs provide training for healthcare professionals to address intellectual disabilities, including autism.

As we continue to support research efforts at the National Institutes of Health and through the Interagency Autism Coordinating Committee, we will learn more about autism and how to best address it. As we gain knowledge, our healthcare system needs to stand ready to implement the best practices obtained, which is why workforce programs are important.

It is critical that we reauthorize the Autism CARES Act on time so that the Interagency Autism Coordinating Committee does not lapse, and so that our Nation's research can seamlessly continue.

Mr. Speaker, I urge Members to support this bill, and I hope that the Senate will swiftly take up this legislation after its passage here today.

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

Mr. PALLONE. Mr. Speaker, I yield 5 minutes to the gentleman from Pennsylvania (Mr. MICHAEL F. DOYLE), the Democratic sponsor of the bill.

Mr. MICHAEL F. DOYLE of Pennsylvania. Mr. Speaker, I rise in support of the Autism CARES Act of 2019.

My good friend and colleague, CHRIS SMITH, and I formed the Autism Caucus in 2001 to raise awareness in Congress about autism spectrum disorder, ASD for short, to advocate for greater Federal involvement in understanding ASD, and to help individuals and families get the support they need.

Nearly 20 years later, we have made significant progress, but we are still far behind where we would like to be and where individuals and families need us to be. In 2000, the CDC reported approximately 1 in 150 children with ASD. The latest report found that number had increased to 1 in 59 children.

Similarly, even though ASD can be diagnosed as early as 2 years old, most children are not diagnosed with ASD until after age 4. Children and adolescents with ASD have had average medical expenditures that were $4,000 to $6,000 higher than children without ASD.

We also don't have a reliable estimate of autism's prevalence among adults. As autism is a lifelong condition, an estimated 50,000 teens and young adults with autism age out of school-based services each year. That is why it is so important that we pass this bill: to continue to close the gaps in knowledge and services surrounding ASD.

The Autism CARES Act of 2019 increases authorized program levels to match our recent success in the Appropriations Committee: $296 million annually at NIH, $23 million at CDC, and $55 million at HRSA. This money will be used for research, surveillance, education, detection, and intervention for individuals with autism spectrum disorders of all ages, not just children.

The bill also supports training the healthcare workforce to better understand and treat individuals with autism, and it prioritizes awards to medically underserved areas.

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It also directs HHS to submit a report to Congress on the health and well-being of individuals on the autism spectrum, an often-overlooked aspect of ASD.

The bill also adds important voices to the Interagency Autism Coordinating Committee, including representatives from the Department of Labor, the Department of Justice, the Department of Housing and Urban Development, and the VA.

Finally, it increases the minimum number of self-advocates included in the public membership of the committee, an important step for a community whose voices are invaluable.

I am proud of the progress that we have made over the last 20 years, but I know we have to do more. Autism CARES Act of 2019 takes important steps toward our ultimate goal to ensure that every individual has access to the treatment and support that is a right for them.

I thank Congressman SMITH, Chairman PALLONE, Ranking Member WALDEN, Chairwoman ESHOO, and Ranking Member BURGESS, as well as Autism Speaks, Autism Society of America, Association of University Centers on Disabilities, Autistic Self Advocacy Network, and other stakeholders for their input and support for this legislation.

Mr. Speaker, reauthorization of the Autism CARES Act means a great deal to millions of Americans affected by autism spectrum disorder. I urge my colleagues to give this bill their wholehearted support and vote in favor of this legislation.

Mr. BURGESS. Mr. Speaker, I yield 5 minutes to the gentleman from New Jersey (Mr. SMITH), the principal author of this bill and the intellectual driving force behind getting this legislation reauthorized.

Mr. SMITH of New Jersey. Mr. Speaker, I thank my good friend, Dr. BURGESS.

Mr. Speaker, the Autism CARES Act of 2019, I say to my colleagues, is a comprehensive reauthorization and strengthening of America's whole-of-government autism spectrum disorder initiative.

As the prime author of the bill, let me extend very special thanks to cosponsor MIKE DOYLE from Pennsylvania for his extraordinary leadership, his partnership, and his friendship over these many years; to Health Subcommittee Chairwoman ANNA ESHOO for expertly shepherding this bill through her subcommittee with Ranking Member Dr. BURGESS; and my deep gratitude to the full committee Chair FRANK PALLONE and Ranking Member GREG WALDEN.

Mr. Speaker, I also thank staff, including Kelsey Griswold, Kate Werley, Rachel Fybel, Dr. Kristen Shatynski, and Stephen Holland, for their tremendous help and assistance on this legislation.

Frankly, we couldn't have done this without so many autism advocates, including and especially Stuart Spielman of Autism Speaks and Scott Badesch of the Autism Society.

Mr. Speaker, this bipartisan legislation powerfully supports and pursues durable remedies and effective interventions for the approximately 1.5 million children with ASD. That is an estimated 1 in 59 children in the U.S. In my home State of New Jersey, that is 1 in 34. We do have the highest rate, according to the CDC.

This bill also helps adults with autism who were and are today often misdiagnosed, underdiagnosed, and overlooked. Language throughout the bill emphasizes that causes, diagnosis, detection, prevention, and treatment of autism spectrum disorder must be throughout the lifespan of that person.

According to Drexel University's autism center—and this is a very important number—in our last bill that the gentleman, MIKE DOYLE, and I did just 5 years ago, it pointed out that the number of young people who become adults is increasing every year. Now, it is about 50,000 to 60,000 children who age out every year, creating challenges for education, housing, employment, and access to healthcare.

This legislation also assists parents, families, and caregivers who deeply love and cherish their children and want the brightest future for them. In addition to its groundbreaking prevalence studies and crafting a whole myriad of intervention work, CDC's ‘‘Learn the Signs. Act Early.’’ program is just one more amazing tool for parents.

At its core, the bill authorizes a little over $1.8 billion over 5 years for NIH, the Centers for Disease Control and Prevention, and HRSA.

Looking back, Mr. Speaker, it was two dedicated parents from New Jersey who helped launch the comprehensive Federal policy we are now reauthorizing. In September 1997, Bobbi and Billy Gallagher of Brick, New Jersey, my constituents, parents of two constituent autistic children, walked into my Ocean County office looking for help.

They believed that Brick had a disproportionate number of students with autism and wanted action, especially for their son Austin and daughter Alana.

I invited the CDC, the ATSDR, and other Federal agencies to Brick for an investigation, only to learn when they did the study that prevalence rates were high in other communities as well.

Believing we had a serious spike in prevalence everywhere, I introduced the ASSURE Act, cosponsored by 199 Members, which was incorporated as title I of the Children's Health Act of 2000.

Progress, Mr. Speaker, has been made over the many years, particularly in the area of looking at risk factors, but also the overwhelming importance of early intervention.

Mr. Speaker, as my colleagues have pointed out, this legislation reauthorizes and expands the interagency coordinating committee, or IACC, managed so effectively and professionally by Dr. Susan Daniels, the director of the Office of Autism Research Coordination.

Speaking to this, the Director of the National Institute of Mental Health, Dr. Joshua Gordon, said yesterday:

> The National Institutes of Health is proud to work hand-in-hand with the Interagency Autism Coordinating Committee to ensure the coordination of research efforts focusing on critical topics related to autism, such as developing early detection and screening tools, understanding the genetic and biological underpinnings of autism, and developing and testing the effectiveness of services and supports to improve functional and health outcomes of individuals with autism.

As my colleague, Mr. DOYLE, said a moment ago, we have expanded IACC. The Departments of Labor, Justice, Veterans Affairs, and HUD are now part of it, and there has been an expansion from two to three members for self-advocates, parents, legal guardians, and advocates.

Let me remind Members, and I encourage them even to go online and check this out.

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

Mr. BURGESS. Mr. Speaker, I yield an additional 30 seconds to the gentleman from New Jersey.

Mr. SMITH of New Jersey. Mr. Speaker, IACC has a strategic plan that is updated every year, so there is no duplication of efforts. They ask several essential questions, and all the research revolves around trying to find answers to those seven questions.

HRSA is all about helping the geographically isolated and economically or medically vulnerable. There are 52 Leadership Education in Neurodevelopmental and Other Related Disabilities, or LEND, training programs and 10 developmental-behavioral pediatric training programs.

They are reauthorized, and we have one at Rutgers right in my home State. They are doing an amazing job. There are 38 organizations that support this, and I hope all Members will support it as well.

Mr. Speaker, autism spectrum disorder (ASD), is “a neurodevelopmental condition characterized by persistent impairments in social communication and social interaction, as well as restricted and repetitive patterns of behavior, leading to difficulty in developing, maintaining and understanding relationships with others.”

As Autism Speaks notes “it is often accompanied by sensory sensitivities and medical issues such as gastrointestinal (GI) disorders, seizures or sleep disorders, as well as mental health challenges such as anxiety, depression and attention issues.”

The Autism Collaboration, Accountability, Research, Education and Support Act—or simply the Autism CARES Act of 2019—is a comprehensive reauthorization and strengthening of America's whole-of-government Autism Spectrum Disorder (ASD) initiative.

As prime author of the bill let me extend special thanks to cosponsor Mike Doyle of Pennsylvania for his extraordinary leadership, partnership and friendship and to the Chairwoman of the Health subcommittee Anna Eshoo for expertly shepherding this through the committee with ranking member Dr. Michael Burgess and my deep gratitude to full committee chair Frank Pallone and ranking member Greg Walden.

I also want to thank staff including Kelsey Griswold, Kate Werley, Rachel Fybel, Dr. Kristen Shatynski, and Stephen Holland for their tremendous help and assistance.

And frankly, we couldn't have done this without so many autism advocates especially Stuart Spielman of Autism Speaks and Scott Badesch of Autism Society.

Mr. Speaker, this bipartisan, bicameral legislation powerfully supports and pursues durable remedies and effective interventions for the approximately 1.5 million children with ASD,—that is an estimated 1 in 59 children in the United States, in my home State of New Jersey, 1 in 34 children, the highest rate in the CDC study.

This bill also helps adults with autism who were and are today often misdiagnosed, underdiagnosed and overlooked. Language throughout the bill emphasizes that causes, diagnosis, detection, prevention and treatment of autism spectrum disorder must be throughout the lifespan of a person.

According to Drexel University's AJ Drexel Autism Center, about fifty to sixty thousand children “age out” to adulthood each year creating challenges for education, housing, employment and access to health care. Autism CARES of 2019 continues the work on aging out begun under the Autism CARES Act of 2014.

The Autism CARES Act of 2019 assists the parents, families and caregivers who deeply love and cherish children with ASD and want the brightest future possible for them. In addition to its groundbreaking prevalence studies and early intervention work, CDC's Learn the Signs. Act Early is an amazing tool for parents.

The legislation also robustly supports the dedicated physicians, scientists and support teams who daily strive to treat, research and provide meaningful answers.

The Autism CARES Act of 2019 authorizes a little over $1.8 billion over five years for the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA).

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

In September of 1997, Bobbie and Billy Gallagher of Brick, New Jersey—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 the CDC, ATSDR 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, cosponsored by 199 members, which 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. Other studies have identified ASD risk factors including pesticides, air pollutants, dietary factors.

Early intervention is making a major positive impact in the lives of children with ASD but parents need more support. In 2016, Bobbi Gallagher wrote a book: A Brick Wall—How a Boy with No Words Spoke to the World. In this highly personal, extraordinarily moving must read account of raising two children with autism, Bobbi writes: "This mom thing is hard."

Mr. Speaker, Autism CARES Act of 2019 ensures that the federal government continues to help hundreds of thousands of parents like the Gallaghers—funding research and support programs and sharing best practices. The bill reauthorizes and expands the Interagency Autism Coordinating Committee (IACC) managed so effectively and professionally by Dr. Susan Daniels, Director of the Office of Autism Research Coordination (OARC).

Coordination is key to maximizing outcomes. The Director of the National Institutes of Mental Health (NIMH) Dr. Joshua Gordon—who also serves as IACC chair said yesterday:

"The National Institutes of Health is proud to work hand-in-hand with the Interagency Autism Coordinating Committee to ensure the coordination of research efforts focusing on critical topics related to autism, such as developing early detection and screening tools, understanding the genetic and biological underpinnings of autism, and developing and testing the effectiveness of services and supports to improve functional and health outcomes of individuals with autism."

New members of IACC added by our new bill are representatives from the Departments of Labor, Justice, Veterans Affairs and Housing and Urban Development as well as raising from two to three members who are self-advocates, parents or legal guardians and advocacy/service organizations.

IACC not only includes a cross section of knowledgeable stakeholders, but periodically develops the IACC Strategic Plan for ASD and most recently the 2018 update.

The IACC strategic plan asks the seven most essential questions and helps steer research projects and resources to find answers including: How can I recognize the signs of ASD, and why is early detection so important?; What is the biology underlying ASD?; What causes ASD, and can disabling aspects of ASD be prevented or preempted?; Which treatments and interventions will help?; What kinds of services and supports are needed to maximize quality of life for people on the Autism spectrum?; How can we meet the needs of people with ASD as they progress into and through adulthood?; and How do we continue to build, expand, and enhance the infrastructure system to meet the needs of the ASD community?

Also, each year since 2007, IACC has published a Summary of Advances in Autism Spectrum Disorder Research.

Dr. Ann Wagner does an extraordinary job as National Autism Coordinator—created by Autism CARES Act of 2014—ensuring the implementation of national autism spectrum disorder (ASD) research, services, and support activities across federal agencies.

As my colleagues know, the Health Resources and Services Administration (HRSA) is the "primary federal agency for improving healthcare to people who are geographically isolated, economically or medically vulnerable." The work begun under Autism CARES Act of 2014 continues and is expanded with this legislation including the training of health care professionals "to provide screening, diagnostic and early, evidence-based intervention services . . . ". This includes the 52 Leadership Education in Neurodevelopmental and other Related Disabilities (LEND) training programs like the one at Rutgers in my state and 10 Developmental-Behavior Pediatric (DBP) training programs.

The HHS Secretary is empowered by the new legislation to prioritize DBP grants to "rural and underserved areas."

According to the April 2019 Report to Congress, most children who have autism are not diagnosed until after they reach age 4 years—or later—even though many children can be identified before age 2 years. Recent studies supported by NIH have uncovered distinct differences in the brain development of children with ASD, as early as 6 months. The earlier ASD is found, the earlier interventions can begin.

Finally, not later than 2 years after enactment, the Autism CARES Act requires a comprehensive report on the demographic factors associated with the health and well-being of individuals with ASD, recommendations on establishing best practices to ensure interdisciplinary coordination, improvements for health outcomes, community based behavioral support and interventions, nutrition and recreational and social activities, personal safety and more.

Mr. Speaker, more than three dozen major organizations have helped shape this legislation and strongly support passage including: Autism Society of America, Autism Speaks, Autism New Jersey, American Academy of Neurology, American Academy of Pediatrics, American Association on Health and Disability, American Psychological Association, American Therapeutic Recreation Association, Association of Maternal & Child Health Programs, Association of Special Children and Families, Association of University Centers on Disability, Autism Science Foundation, Children's Hospital Association, Council on Exceptional Children, Easterseals, EveryLife Foundation, Family Voices, Family Voices New Jersey, Family Voices North Dakota, Lakeshore Foundation, Madison House Autism Foundation, Maine Parent Federation, Marcus Autism Center, National Alliance on Mental Illness, National Association of Councils on Developmental Disabilities, National Association of Pediatric Nurse Practitioners, National Association of State Directors of Developmental Disabilities Services, National Center for Learning Disabilities, National Council on Severe Autism, National Down Syndrome Congress, National Down Syndrome Society, National Fragile X Foundation, Network of Jewish Human Service Agencies, SPAN Parent Advocacy Network, TASH, The Independence Center, The Jewish Federations of North America, Thompson Center for Autism & Neurodevelopmental Disorders.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. ESHOO), chairwoman of our Health Subcommittee.

Ms. ESHOO. Mr. Speaker, I thank the chairman of the full committee. I want to acknowledge the ranking member of the Health Subcommittee, Dr. BURGESS. I want to salute Mr. DOYLE and Mr. SMITH for their passion and their advocacy inside the Congress and all the advocates and their organizations outside the Congress, without whom we wouldn't be on the floor today on this bill.

I am so proud that our Health Subcommittee advanced this bipartisan legislation, sponsored by Mr. DOYLE and Mr. SMITH.

The legislation extends the Autism CARES Act for 5 years, and that is very important. The other very important bookend is that the bill funds research at the NIH to understand the biology behind autism. It will help to build the infrastructure at CDC to advance our understanding of autism, and it trains medical providers on screening, on diagnosis, and on intervention.

I think what is so important in the paragraph that I just stated is understanding the biology behind autism. There is so much that we still don't know today. This act renews the Federal Government's commitment to getting the answers.

During the hearing on the bill at our Health Subcommittee, we heard how critical the Autism CARES programs are. Researchers, physicians, parents, and patients rely on Autism CARES to fund the support services, research, training, and surveillance programs to get people the diagnoses and the services they need.

The act expands research, and it provides services to people who are autistic, with an important focus on addressing racial disparities. Black and Latino children tend to go diagnosed later than White children and are often misdiagnosed. They have less access to services, and they are underrepresented in most autism research. This 5-year renewal addresses these disparities, as well as other challenges related to autism research, education, and detection.

My congressional district benefits directly from the act. I am proud that Stanford University receives CARES funding to research how certain innovative treatments can improve social behavior. Between 2014 and 2017, California received $237 million from the NIH to study autism.

When the Federal Government invests in research, the return on investment can improve the lives of all Americans. I hope that the House votes unanimously for this legislation. It certainly deserves it.

Those families with loved ones who do have autism, I know that their gratitude will be unending for what is built into this act. It is worthy of them, and it is worthy of our vote.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, reauthorizing the Autism CARES Act will continue the scientific development in understanding autism and support those with autism spectrum disorder.

Since its original passage in 2006, we have invested over $3 billion for the National Institutes of Health, the Centers for Disease Control and Prevention, and Health Resources and Services Administration to help the autism community.

We provided services through programs and grants to benefit individuals with autism. We have improved training for those working with autistic patients, including how to better deter and diagnose autism.

We have expanded prevalence monitoring to improve our understanding of our population, and we have also invested in research that transforms our understanding of autism spectrum disorder and how we were able to treat and care for that community.

In Georgia, we are able to see up close what a big impact these programs can make in our children's lives. Children's Hospital of Atlanta's Marcus Autism Center is one of the largest autism centers in the U.S. Since opening, they have treated more than 40,000 children from Georgia and across the country, and we are blessed to have them in our State.

This reauthorization builds on our good work from the past, ensuring that places like the Marcus Autism Center can continue helping our children moving forward. I encourage my colleagues to support this legislation.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from Rhode Island (Mr. LANGEVIN).

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

Mr. Speaker, I thank both the chairman and the ranking member of the committee and the sponsors of this important piece of legislation. I am proud to rise in support of the Autism CARES reauthorization act.

This issue is very personal to me. As an uncle of a young man with autism, my nephew, Joshua, I know how challenging this condition can be.

I also know that, unfortunately, we still don't know the causes, let alone how to cure autism. It underscores the importance of why this legislation is so important to continue to invest in research and, at best, treatments for the condition.

We do know, Mr. Speaker, that early intervention and early treatments do make a difference in the long-term outcomes.

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So the provisions in this bill, the Autism CARES Act, are right on point. It is well thought-out and, again, encourages both research through NIH and the talented researchers who do this important work and, again, those who also treat both children and adults with autism. It is essential we pass this bill.

We also need to pay attention to the long-term care components. There are long-term care challenges that families have to contend with. We need to do our best to support them, and Mr. Speaker, I urge passage.

Mr. BURGESS. Mr. Speaker, I yield myself the balance of my time.

Once again, I want to thank my colleague, Mr. SMITH from New Jersey, for being the intellectual driver and providing the enthusiasm for getting this bill to the floor and getting it passed.

Mr. Speaker, I urge all colleagues to support this bill, and I yield back the balance of my time.

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

Mr. Speaker, I don't think I can stress enough how important this legislation is. I do want to thank my colleague from New Jersey, the chief sponsor, and also our Democratic sponsor, Mr. DOYLE, for pushing very hard to make sure that this bill went through regular order in a timely fashion. I agree with Dr. BURGESS that, hopefully, this is something the Senate will take up and will get to the President quickly.

Mr. Speaker, I ask support by all of our colleagues for the bill, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I rise today in support of H.R. 1058, the Autism Collaboration, Accountability, Research, Education, and Support Act, or Autism CARES Act. This important bill, led by Representatives CHRIS SMITH and MIKE DOYLE, reauthorizes the Interagency Autism Coordinating Committee along with funding for research, public health surveillance, and workforce development programs that directly impact patients with autism spectrum disorder. Reauthorization of these important initiatives demonstrates our commitment to provide a coordinated federal response to the needs of individuals diagnosed with autism and related neurodevelopmental disabilities. I'd like to thank Representatives SMITH and DOYLE for their tireless work on this important legislation and I urge my colleagues to vote yes.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1058, as amended.

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

The title of the bill was amended so as to read: ''A bill to amend the Public Health Service Act to enhance activities of the National Institutes of Health with respect to research on autism spectrum disorder and enhance programs relating to autism, and for other purposes.''.

A motion to reconsider was laid on the table.

LIFESPAN RESPITE CARE REAUTHORIZATION ACT OF 2019

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2035) to amend title XXIX of the Public Health Service Act to reauthorize the program under such title relating to lifespan respite care, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2035

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 ''Lifespan Respite Care Reauthorization Act of 2019''.

SEC. 2. REAUTHORIZATION OF LIFESPAN RESPITE CARE PROGRAM.

(a) DATA COLLECTION AND REPORTING.—Section 2904 of the Public Health Service Act (42 U.S.C. 290ii–3) is amended to read as follows:

''SEC. 2904. DATA COLLECTION AND REPORTING.

''Each eligible State agency awarded a grant or cooperative agreement under section 2902 shall collect, maintain, and report such data and records at such times, in such form, and in such manner as the Secretary may require to enable the Secretary—

''(1) to monitor State administration of programs and activities funded pursuant to such grant or cooperative agreement; and

''(2) to evaluate, and to compare effectiveness on a State-by-State basis, of programs and activities funded pursuant to section 2902.''.

(b) FUNDING.—Section 2905 of the Public Health Service Act (42 U.S.C. 300ii–4) is amended by striking paragraphs (1) through (5) and inserting the following:

''(1) $20,000,000 for fiscal year 2020;
''(2) $30,000,000 for fiscal year 2021;
''(3) $40,000,000 for fiscal year 2022;
''(4) $50,000,000 for fiscal year 2023; and
''(5) $60,000,000 for fiscal year 2024.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2035.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 2035, the Lifespan Respite Care Reauthorization Act of 2019 sponsored by my colleague from Rhode Island, Congressman LANGEVIN. I am proud to support this program because it provides much-needed respite services and educational resources to family caregivers of children and adults of all ages with special needs.