

113TH CONGRESS
2D SESSION

S. 2449

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

IN THE SENATE OF THE UNITED STATES

JUNE 9, 2014

Mr. MENENDEZ (for himself and Mr. ENZI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Autism Collaboration,
5 Accountability, Research, Education, and Support Act of
6 2014” or the “Autism CARES Act of 2014”.

7 **SEC. 2. NATIONAL AUTISM SPECTRUM DISORDER INITIA-**
8 **TIVE.**

9 (a) IN GENERAL.—The Secretary of Health and
10 Human Services shall designate an existing official within

1 the Department of Health and Human Services to oversee,
2 in consultation with the Secretaries of Defense and Edu-
3 cation, national autism spectrum disorder research, serv-
4 ices, and support activities.

5 (b) DUTIES.—The official designated under sub-
6 section (a) shall—

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

12 (2) ensure that autism spectrum disorder activi-
13 ties of the Department of Health and Human Serv-
14 ices and of other Federal departments and agencies
15 are not unnecessarily duplicative.

16 **SEC. 3. RESEARCH PROGRAM.**

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

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

22 (2) in subsection (b)(1)—

23 (A) by striking “establishment of regional
24 centers of excellence” and inserting “establish-

1 ment or support of regional centers of excel-
2 lence”; and

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

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

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

10 **SEC. 4. AUTISM INTERVENTION.**

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

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

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

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

24 (4) in subsection (f), by striking “grants or
25 contracts” and all that follows through “for indi-

1 vidual with” and inserting “grants or contracts,
 2 which may include grants or contracts to research
 3 centers or networks, to determine the evidence-based
 4 practices for interventions to improve the physical
 5 and behavioral health of individuals with”; and

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

8 **SEC. 5. INTERAGENCY AUTISM COORDINATING COM-**
 9 **MITTEE.**

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

12 (1) in subsection (b)—

13 (A) in paragraph (1)—

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

15 and

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

19 (B) by striking paragraph (2);

20 (C) by redesignating paragraph (1) as
 21 paragraph (2), and inserting before such reded-
 22 signated paragraph the following:

23 “(1) monitor autism spectrum disorder re-
 24 search, and to the extent practicable services and
 25 support activities, across all Federal departments

1 and agencies, including coordination of Federal ac-
2 tivities with respect to autism spectrum disorder;”;

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

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

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

11 “(5) develop a strategic plan for the conduct of,
12 and support for, autism spectrum disorder research
13 and services and supports for individuals with an au-
14 tism spectrum disorder and the families of such indi-
15 viduals, which shall include—

16 “(A) proposed budgetary requirements;
17 and

18 “(B) recommendations to ensure that au-
19 tism spectrum disorder research, services, and
20 support activities of the Department of Health
21 and Human Services and of other Federal de-
22 partments and agencies are not unnecessarily
23 duplicative; and

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

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

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

7 (2) in subsection (c)—

8 (A) in paragraph (1)—

9 (i) by striking the paragraph heading
10 and matter preceding subparagraph (A)
11 and inserting the following:

12 “(1) FEDERAL MEMBERSHIP.—The Committee
13 shall be composed of the following Federal mem-
14 bers—”;

15 (ii) in subparagraph (C)—

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

24 (II) by adding at the end “and”;

25 (iii) in subparagraph (D)—

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

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

6 (iv) by striking subparagraph (E);

7 (B) in paragraph (2)—

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

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

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

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

1 members shall be parents or legal guard-
2 ians”; and

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

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

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

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

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

23 (3) in subsection (d)—

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

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

5 **SEC. 6. REPORTS.**

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

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

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

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

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

19 “(a) **PROGRESS REPORT.—**”;

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

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

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

3 (C) by inserting “, and make publicly
4 available, including through posting on the
5 Internet Web site of the Department of Health
6 and Human Services,” after “Representatives”;
7 (6) in subsection (a)(2) (as so redesignated)—

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

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

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

19 “(C) information on the incidence and
20 prevalence of autism spectrum disorder, includ-
21 ing available information on the prevalence of
22 autism spectrum disorder among children and
23 adults, and identification of any changes over
24 time with respect to the incidence and preva-
25 lence of autism spectrum disorder;”;

1 (D) in subparagraph (D) (as so redesignated), by striking “6-year period beginning on
2 the date of enactment of the Combating Autism
3 Act of 2006” and inserting “4-year period beginning on the date of enactment of the Autism
4 CARES Act of 2014 and, as appropriate, how
5 this age varies across populations subgroups”;

6 (E) in subparagraph (E) (as so redesignated), by striking “6-year period beginning on
7 the date of enactment of the Combating Autism
8 Act of 2006” and inserting “4-year period beginning on the date of enactment of the Autism
9 CARES Act of 2014 and, as appropriate, how
10 this age varies across populations subgroups”;

11 (F) in subparagraph (F) (as so redesignated), by inserting “and, as appropriate, how
12 this average time varies across populations subgroups” after “disabilities”;

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

14 (i) by striking “including by various
15 subtypes,” and inserting “including by severity level as practicable,”; and
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1 (ii) by striking “child may” and in-
2 serting “child or other factors, such as de-
3 mographic characteristics, may”; and

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

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

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

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

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

1 report concerning young adults with autism spec-
2 trum disorder and the challenges related to the tran-
3 sition from existing school-based services to those
4 services available during adulthood.

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

7 “(A) an overview of policies and programs
8 relevant to young adults with autism spectrum
9 disorder relating to post-secondary school tran-
10 sitional services, including an identification of
11 existing Federal laws, regulations, policies, re-
12 search, and programs;

13 “(B) demographic characteristics of youth
14 transitioning from school-based to community-
15 based supports;

16 “(C) proposals on establishing best prac-
17 tices guidelines to ensure—

18 “(i) interdisciplinary coordination be-
19 tween all relevant services providers receiv-
20 ing Federal funding;

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

24 “(iii) the inclusion of the transitioning
25 youth’s Individualized Education Program

1 as prescribed in section 614 of the Individ-
2 uals with Disabilities Education Act (20
3 U.S.C. 1414);

4 “(D) comprehensive approaches to
5 transitioning from existing school-based services
6 to services available during adulthood, includ-
7 ing—

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

16 “(ii) community-based behavioral sup-
17 ports and interventions;

18 “(iii) community-based integrated res-
19 idential services, housing, and transpor-
20 tation;

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

23 “(v) personal safety services for indi-
24 viduals with autism spectrum disorder re-

1 lated to public safety agencies or the crimi-
2 nal justice system; and

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

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

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

13 “(ii) increasing the ability of relevant
14 service providers to provide supports and
15 services to underserved populations and re-
16 gions;

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

22 “(iv) ensuring access to all services
23 necessary to transitioning youth of all ca-
24 pabilities; and

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

5 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

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

8 (1) in subsection (a), by striking “fiscal years
9 2012 through 2014” and inserting “fiscal years
10 2015 through 2019”;

11 (2) in subsection (b), by striking “fiscal years
12 2011 through 2014” and inserting “fiscal years
13 2015 through 2019”; and

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

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