

**Calendar No. 444**113<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION**S. 2449**

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

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## IN THE SENATE OF THE UNITED STATES

JUNE 9, 2014

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

JUNE 26, 2014

Reported by Mr. HARKIN, with an amendment

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

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

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

1 **SECTION 1. SHORT TITLE.**

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

5 **SEC. 2. NATIONAL AUTISM SPECTRUM DISORDER INITIA-**  
6 **TIVE.**

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

13 (b) **DUTIES.**—The official designated under sub-  
14 section (a) shall—

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

20 (2) ensure that autism spectrum disorder activi-  
21 ties of the Department of Health and Human Serv-  
22 ices and of other Federal departments and agencies  
23 are not unnecessarily duplicative.

24 **SEC. 3. RESEARCH PROGRAM.**

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

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

4           (2) in subsection (b)(1)—

5                 (A) by striking “establishment of regional  
6                 centers of excellence” and inserting “establish-  
7                 ment or support of regional centers of excel-  
8                 lence”; and

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

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

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

16 **SEC. 4. AUTISM INTERVENTION.**

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

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

21           (2) in subsection (e)(2)(A)(ii), by inserting  
22           “(which may include respite care for caregivers of  
23           individuals with an autism spectrum disorder)” after  
24           “services and supports”;

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

6           (4) in subsection (f), by striking “grants or  
 7           contracts” and all that follows through “for indi-  
 8           vidual with” and inserting “grants or contracts,  
 9           which may include grants or contracts to research  
 10          centers or networks, to determine the evidence-based  
 11          practices for interventions to improve the physical  
 12          and behavioral health of individuals with”; and

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

15 **SEC. 5. INTERAGENCY AUTISM COORDINATING COM-**  
 16 **MITTEE.**

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

19           (1) in subsection (b)—

20                (A) in paragraph (1)—

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

22                   and

23                   (ii) by striking “intervention” and in-  
 24                   serting “interventions, including school and  
 25                   community-based interventions”;

1           (B) by striking paragraph (2);

2           (C) by redesignating paragraph (1) as  
3 paragraph (2); and inserting before such rededesignated  
4 paragraph the following:

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

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

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

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

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

23           “(A) proposed budgetary requirements;  
24           and

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

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

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

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

14           ~~(2) in subsection (c)—~~

15           ~~(A) in paragraph (1)—~~

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

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

22           ~~(ii) in subparagraph (C)—~~

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

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

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

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

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

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

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

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

21 ~~“(B) VACANCIES.—A vacancy on the Com-~~  
22 ~~mittee shall be filled in the manner in which the~~  
23 ~~original appointment was made and shall not~~  
24 ~~affect the powers or duties of the Committee.~~  
25 ~~Any member appointed to fill a vacancy for an~~



1 unexpired term shall be appointed for the re-  
 2 mainder of such term. A member may serve  
 3 after the expiration of the member's term until  
 4 a successor has been appointed.”;

5 (3) in subsection (d)—

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

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

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

11 **SEC. 6. REPORTS.**

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

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

16 (2) in subsection (b), by redesignating para-  
 17 graphs (1) through (9) as subparagraphs (A)  
 18 through (I), respectively; and realigning the margins  
 19 accordingly;

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

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

25 “(a) **PROGRESS REPORT.—**”;

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

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

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

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

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

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

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

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

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

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

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

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

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

2  
3           (i) by striking “including by various subtypes,” and inserting “including by severity level as practicable,”; and

4  
5  
6           (ii) by striking “child may” and inserting “child or other factors, such as demographic characteristics, may”; and

7  
8  
9           (H) by striking subparagraph (I) (as so redesignated); and inserting the following:

10  
11           “(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.”; and

12  
13  
14  
15           (7) by adding at the end the following new subsection:

16  
17           “(b) REPORT ON YOUNG ADULTS AND TRANSITIONING YOUTH.—

18           “(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 Sec-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 **SECTION 1. SHORT TITLE.**

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



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

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

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

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

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

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

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

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

26 (2) *in subsection (b)(1)—*

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

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

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

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

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

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

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

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

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

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

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

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

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

13           (1) *in subsection (b)—*

14           (A) *in paragraph (1)—*

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

16           *and*

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

20           (B) *by striking paragraph (2);*

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

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

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

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

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

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

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

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

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

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

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

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

7           (2) in subsection (c)—

8           (A) in paragraph (1)—

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

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

16          (ii) in subparagraph (C)—

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

25                 (II) by adding at the end “and”;

1                   (iii) in subparagraph (D)—

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

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

7                   (iv) by striking subparagraph (E);

8                   (B) in paragraph (2)—

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

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

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

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

1           bers shall be parents or legal guardians”;

2           and

3           (v) in subparagraph (C), by striking

4           “one such member shall be a representative”

5           and inserting “two such members shall be

6           representatives”; and

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

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

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

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

23           (3) in subsection (d)—

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

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

5 **SEC. 6. REPORTS.**

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

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

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

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

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

19                  “(a) *PROGRESS REPORT.*—”;

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

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



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

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

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

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

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

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

20               “(C) information on the incidence and  
21               prevalence of autism spectrum disorder, includ-  
22               ing available information on the prevalence of  
23               autism spectrum disorder among children and  
24               adults, and identification of any changes over

1           *time with respect to the incidence and prevalence*  
2           *of autism spectrum disorder;”;*

3           *(D) in subparagraph (D) (as so redesign-*  
4           *ated), by striking “6-year period beginning on*  
5           *the date of enactment of the Combating Autism*  
6           *Act of 2006” and inserting “4-year period begin-*  
7           *ning on the date of enactment of the Autism*  
8           *CARES Act of 2014 and, as appropriate, how*  
9           *this age varies across population subgroups”;*

10          *(E) in subparagraph (E) (as so redesign-*  
11          *ated), by striking “6-year period beginning on*  
12          *the date of enactment of the Combating Autism*  
13          *Act of 2006” and inserting “4-year period begin-*  
14          *ning on the date of enactment of the Autism*  
15          *CARES Act of 2014 and, as appropriate, how*  
16          *this age varies across population subgroups”;*

17          *(F) in subparagraph (F) (as so redesign-*  
18          *ated), by inserting “and, as appropriate, how*  
19          *such average time varies across population sub-*  
20          *groups” before the semicolon at the end;*

21          *(G) in subparagraph (G) (as so redesign-*  
22          *ated)—*

23                 *(i) by striking “including by various*  
24                 *subtypes,” and inserting “including by se-*  
25                 *verity level as practicable,”; and*

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

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

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

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

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

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

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

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

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

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

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

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

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

23 “(iii) *inclusion of the individualized*  
24 *education program for the transitioning*  
25 *youth, as prescribed in section 614 of the*

1                   *Individuals with Disabilities Education Act*  
2                   *(20 U.S.C. 1414);*

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

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

14                   “(ii) *community-based behavioral sup-*  
15                   *ports and interventions;*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Calendar No. 444**

113<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**S. 2449**

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**A BILL**

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

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JUNE 26, 2014

Reported with an amendment