

SECTION 1. SANCTUARY SYSTEM FOR SURPLUS CHIMPANZES; TERMINATION OF AUTHORITY FOR REMOVAL FROM SYSTEM FOR RESEARCH PURPOSES.

(a) IN GENERAL.—The first section 481C of the Public Health Service Act (42 U.S.C. 287a–3a) (added by section 2 of Public Law 106–551) is amended in subsection (d)—

(1) in paragraph (2), in subparagraph (J), by striking “If any chimpanzee is removed” and all that follows; and

(2) in paragraph (3)—

(A) in subparagraph (A)—

(i) by striking clause (ii); and

(ii) by striking “except as provided” in the matter preceding clause (i) and all that follows through “behavioral studies” and inserting the following: “except that the chimpanzee may be used for noninvasive behavioral studies”;

(B) by striking subparagraph (B);

(C) by redesignating subparagraph (C) as subparagraph (B); and

(D) in subparagraph (B) (as so redesignated), by striking “under subparagraphs (A) and (B)” and inserting “under subparagraph (A)”.

(b) TECHNICAL CORRECTION.—Part E of title IV of the Public Health Service Act (42 U.S.C. 287 et seq.) is amended by redesignating the second section 481C (added by section 204(a) of Public Law 106–505) as section 481D.

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

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. DEAL of Georgia. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert extraneous material on this bill.

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

There was no objection.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5798, a bill modifying the authorities of the chimpanzee sanctuary system.

A few years ago, Congress enacted a law offered by former Congressman GREENWOOD of Pennsylvania to provide for sanctuary for chimpanzees that have been used for research purposes at the National Institutes of Health. I believe this legislation and the resulting sanctuary system have been very successful. The bill before us today would modify the existing law to eliminate a provision that could have, under very limited circumstances, allowed for the removal of the chimpanzees from the sanctuary system for further research.

H.R. 5798 strikes an appropriate balance between the need for medical research and the need to provide safeguards for the subject animals because it would still allow for non-invasive behavioral studies and medical and longitudinal studies based on information that could be obtained at the same time as information gathered for veterinary care. Thus, the simple items like blood samples or imaging studies

could, under certain circumstances, be provided within the sanctuary system, so long as such studies involved minimal physical and mental harm, pain, distress and disturbance to the chimpanzee and the social group in which the chimpanzee lives.

In particular, we now have the ability to non-invasively look inside brains of living individuals, including chimpanzees, to find the changes associated with aging, cognitive decline and changes in immune system function.

One of the key questions in the field of brain sciences is to understand what brain changes are responsible for the decline in cognitive functions as we age. The chimpanzee exhibits some of the same age-related changes as humans. Accordingly, the ability to use non-invasive brain imaging in individual chimpanzees whose genetic backgrounds and behavioral experiences have been well-documented and studied can be very important for Alzheimer’s research and add to our knowledge on aging.

Mr. Speaker, I believe that H.R. 5798 preserves our ability to conduct important medical research, while providing needed safeguards for the animals, and I would ask my colleagues to join me in supporting this legislation.

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

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

Mr. Speaker, I rise in support of H.R. 5798, a bill to amend the Public Health Service Act to modify the program for the sanctuary system for surplus chimpanzees by terminating the authority for the removal of chimpanzees from the system for research purposes.

On December 20, 2000, the Chimpanzee Health Improvement, Maintenance, and Protection Act was signed into law by President Clinton. That law required the Secretary of Health and Human Services to establish a non-profit sanctuary system of lifetime care for chimpanzees that have been used by the Federal Government for research. Chimpanzees within this sanctuary system were declared surplus, and any research, save for non-invasive behavioral research, was restricted.

The bill before us today takes even greater steps to ensure that extremely stringent criteria are met with regard to research on surplus chimpanzees. Currently there are approximately 1,500 captive chimpanzees in laboratories in the U.S., many of whom are no longer being used in biomedical research, and this legislation takes important steps forward in an effort to protect their health, well-being and livelihood.

H.R. 5798 is supported by Dr. Jane Goodall, whose work in the field of wildlife research, education and conservation with respect to chimpanzees is unmatched. I would like to thank Dr. Goodall for her significant contribution, and would also like to thank Representative MCCRERY for his hard work on this bill.

I urge my colleagues to support H.R. 5798.

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

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would likewise wish to express appreciation to Mr. JIM MCCRERY from Louisiana, the author of this legislation, and thank him for bringing this to our attention, and would urge my colleagues to vote in favor of this legislation.

Mr. MCCRERY. Mr. Speaker, I rise today in support of H.R. 5798, a bill to further the success of the national chimpanzee sanctuary system established by the 2000 Chimpanzee Health, Improvement, Maintenance and Protection Act. Chimpanzees are very similar to humans, not only in anatomy and physiology, but also in their behavior, emotional needs, and cognitive abilities. Chimps have served as medical research models for decades, and humans have reaped the benefits, including life-saving vaccines and medical therapies. But with new technologies and changing research goals, hundreds of chimpanzees are no longer needed for research.

Responding to the urgent need for long-term chimpanzee care, the Congress passed the CHIMP Act in 2000 to create a Federal chimpanzee sanctuary system. My constituents were awarded the first contract and now operate Chimp Haven in Keithville, LA. They are currently caring for 89 retired research chimpanzees and anticipate the addition of 111 new chimpanzees over time. The cost of letting the chimpanzees live in the natural environment at Chimp Haven is half of the cost of keeping them in the laboratory—providing a tremendous savings of taxpayers’ dollars. In addition, Chimp Haven is responsible for matching 25 percent of the Federal funding they receive each year.

But a provision inserted in the 2000 law is making private fundraising difficult for Chimp Haven because it leaves open the possibility that the retired chimpanzees can be recalled into Federal research if the need were to arise. In making changes to this bill, we will return to the original intent of the CHIMP Act—to provide permanent retirement to chimpanzees who have served Americans in medical research.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and pass the bill, H.R. 5798.

The question was taken; and (two-thirds of those voting having responded in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

COMBATING AUTISM ACT OF 2006

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 843) to amend the Public Health Service Act to combat autism through research, screening, intervention and education, as amended.

The Clerk read as follows:

S. 843

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 “Combating Autism Act of 2006”.

SEC. 2. CENTERS OF EXCELLENCE; IMPROVING AUTISM-RELATED RESEARCH.

(a) CENTERS OF EXCELLENCE REGARDING RESEARCH ON AUTISM.—Section 409C of the Public Health Service Act (42 U.S.C.284g) is amended—

(1) in the section heading, by striking “AUTISM” and inserting “AUTISM SPECTRUM DISORDER”;

(2) by striking the term “autism” each place such term appears (other than the section heading) and inserting “autism spectrum disorder”;

(3) in subsection (a)—

(A) by redesignating paragraph (2) as paragraph (3); and

(B) by striking paragraph (1) and inserting the following:

“(1) EXPANSION OF ACTIVITIES.—The Director of NIH (in this section referred to as the ‘Director’) shall, subject to the availability of appropriations, expand, intensify, and coordinate the activities of the National Institutes of Health with respect to research on autism spectrum disorder, including basic and clinical research in fields including pathology, developmental neurobiology, genetics, epigenetics, pharmacology, nutrition, immunology, neuroimmunology, neurobehavioral development, endocrinology, gastroenterology, and toxicology. Such research shall investigate the cause (including possible environmental causes), diagnosis or rule out, early detection, prevention, services, supports, intervention, and treatment of autism spectrum disorder.

“(2) CONSOLIDATION.—The Director may consolidate program activities under this section if such consolidation would improve program efficiencies and outcomes.”.

(b) CENTERS OF EXCELLENCE GENERALLY.—Part A of title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by adding at the end the following:

“SEC. 404H. REVIEW OF CENTERS OF EXCELLENCE.

“(a) IN GENERAL.—Not later than April 1, 2008, and periodically thereafter, the Secretary, acting through the Director of NIH, shall conduct a review and submit a report to the appropriate committees of the Congress on the centers of excellence.

“(b) REPORT CONTENTS.—Each report under subsection (a) shall include the following:

“(1) Evaluation of the performance and research outcomes of each center of excellence.

“(2) Recommendations for promoting coordination of information among centers of excellence.

“(3) Recommendations for improving the effectiveness, efficiency, and outcomes of the centers of excellence.

“(c) DEFINITION.—In this section, the term ‘center of excellence’ means an entity receiving funding under this title in its capacity as a center of excellence.”.

SEC. 3. DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.

(a) IN GENERAL.—Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

“PART R—PROGRAMS RELATING TO AUTISM**“SEC. 399AA. DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.**

“(a) AUTISM SPECTRUM DISORDER AND OTHER DEVELOPMENTAL DISABILITIES.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Dis-

ease Control and Prevention, may award grants or cooperative agreements to eligible entities for the collection, analysis, and reporting of State epidemiological data on autism spectrum disorder and other developmental disabilities. An eligible entity shall assist with the development and coordination of State autism spectrum disorder and other developmental disability surveillance efforts within a region. In making such awards, the Secretary may provide direct technical assistance in lieu of cash.

“(2) DATA STANDARDS.—In submitting epidemiological data to the Secretary pursuant to paragraph (1), an eligible entity shall report data according to guidelines prescribed by the Director of the Centers for Disease Control and Prevention, after consultation with relevant State and local public health officials, private sector developmental disability researchers, and advocates for individuals with autism spectrum disorder or other developmental disabilities.

“(3) ELIGIBILITY.—To be eligible to receive an award under paragraph (1), an entity shall be a public or nonprofit private entity (including a health department of a State or a political subdivision of a State, a university, or any other educational institution), and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(b) CENTERS OF EXCELLENCE IN AUTISM SPECTRUM DISORDER EPIDEMIOLOGY.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, subject to the availability of appropriations, award grants or cooperative agreements for the establishment of regional centers of excellence in autism spectrum disorder and other developmental disabilities epidemiology for the purpose of collecting and analyzing information on the number, incidence, correlates, and causes of autism spectrum disorder and other developmental disabilities.

“(2) REQUIREMENTS.—To be eligible to receive a grant or cooperative agreement under paragraph (1), an entity shall submit to the Secretary an application containing such agreements and information as the Secretary may require, including an agreement that the center to be established under the grant or cooperative agreement shall operate in accordance with the following:

“(A) The center will collect, analyze, and report autism spectrum disorder and other developmental disability data according to guidelines prescribed by the Director of the Centers for Disease Control and Prevention, after consultation with relevant State and local public health officials, private sector developmental disability researchers, and advocates for individuals with developmental disabilities.

“(B) The center will develop or extend an area of special research expertise (including genetics, epigenetics, and epidemiological research related to environmental exposures), immunology, and other relevant research specialty areas.

“(C) The center will identify eligible cases and controls through its surveillance system and conduct research into factors which may cause or increase the risk of autism spectrum disorder and other developmental disabilities.

“(c) FEDERAL RESPONSE.—The Secretary shall coordinate the Federal response to requests for assistance from State health, mental health, and education department officials regarding potential or alleged autism spectrum disorder or developmental disability clusters.

“(d) DEFINITIONS.—In this part:

“(1) OTHER DEVELOPMENTAL DISABILITIES.—The term ‘other developmental disabilities’

has the meaning given the term ‘developmental disability’ in section 102(8) of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002(8)).

“(2) STATE.—The term ‘State’ means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, and the Trust Territory of the Pacific Islands.

“(e) SUNSET.—This section shall not apply after September 30, 2011.

“SEC. 399BB. AUTISM EDUCATION, EARLY DETECTION, AND INTERVENTION.

“(a) PURPOSE.—It is the purpose of this section—

“(1) to increase awareness, reduce barriers to screening and diagnosis, promote evidence-based interventions for individuals with autism spectrum disorder or other developmental disabilities, and train professionals to utilize valid and reliable screening tools to diagnose or rule out and provide evidence-based interventions for children with autism spectrum disorder and other developmental disabilities; and

“(2) to conduct activities under this section with a focus on an interdisciplinary approach (as defined in programs developed under section 501(a)(2) of the Social Security Act) that will also focus on specific issues for children who are not receiving an early diagnosis and subsequent interventions.

“(b) IN GENERAL.—The Secretary shall, subject to the availability of appropriations, establish and evaluate activities to—

“(1) provide information and education on autism spectrum disorder and other developmental disabilities to increase public awareness of developmental milestones;

“(2) promote research into the development and validation of reliable screening tools for autism spectrum disorder and other developmental disabilities and disseminate information regarding those screening tools;

“(3) promote early screening of individuals at higher risk for autism spectrum disorder and other developmental disabilities as early as practicable, given evidence-based screening techniques and interventions;

“(4) increase the number of individuals who are able to confirm or rule out a diagnosis of autism spectrum disorder and other developmental disabilities;

“(5) increase the number of individuals able to provide evidence-based interventions for individuals diagnosed with autism spectrum disorder or other developmental disabilities; and

“(6) promote the use of evidence-based interventions for individuals at higher risk for autism spectrum disorder and other developmental disabilities as early as practicable.

“(c) INFORMATION AND EDUCATION.—

“(1) IN GENERAL.—In carrying out subsection (b)(1), the Secretary, in collaboration with the Secretary of Education and the Secretary of Agriculture, shall, subject to the availability of appropriations, provide culturally competent information regarding autism spectrum disorder and other developmental disabilities, risk factors, characteristics, identification, diagnosis or rule out, and evidence-based interventions to meet the needs of individuals with autism spectrum disorder or other developmental disabilities and their families through—

“(A) Federal programs, including—

“(i) the Head Start program;

“(ii) the Early Start program;

“(iii) the Healthy Start program;

“(iv) programs under the Child Care and Development Block Grant Act of 1990;

“(v) programs under title XIX of the Social Security Act (particularly the Medicaid

Early and Periodic Screening, Diagnosis and Treatment Program);

“(vi) the program under title XXI of the Social Security Act (the State Children’s Health Insurance Program);

“(vii) the program under title V of the Social Security Act (the Maternal and Child Health Block Grant Program);

“(viii) the program under parts B and C of the Individuals with Disabilities Education Act;

“(ix) the special supplemental nutrition program for women, infants, and children established under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786); and

“(x) the State grant program under the Rehabilitation Act of 1973.

“(B) State licensed child care facilities; and

“(C) other community-based organizations or points of entry for individuals with autism spectrum disorder and other developmental disabilities to receive services.

“(2) LEAD AGENCY.—

“(A) DESIGNATION.—As a condition on the provision of assistance or the conduct of activities under this section with respect to a State, the Secretary may require the Governor of the State—

“(i) to designate a public agency as a lead agency to coordinate the activities provided for under paragraph (1) in the State at the State level; and

“(ii) acting through such lead agency, to make available to individuals and their family members, guardians, advocates, or authorized representatives; providers; and other appropriate individuals in the State, comprehensive culturally competent information about State and local resources regarding autism spectrum disorder and other developmental disabilities, risk factors, characteristics, identification, diagnosis or rule out, available services and supports, and evidence-based interventions.

“(B) REQUIREMENTS OF AGENCY.—In designating the lead agency under subparagraph (A)(i), the Governor shall—

“(i) select an agency that has demonstrated experience and expertise in—

“(I) autism spectrum disorder and other developmental disability issues; and

“(II) developing, implementing, conducting, and administering programs and delivering education, information, and referral services (including technology-based curriculum-development services) to individuals with developmental disabilities and their family members, guardians, advocates or authorized representatives, providers, and other appropriate individuals locally and across the State; and

“(ii) consider input from individuals with developmental disabilities and their family members, guardians, advocates or authorized representatives, providers, and other appropriate individuals.

“(C) INFORMATION.—Information under subparagraph (A)(ii) shall be provided through—

“(i) toll-free telephone numbers;

“(ii) Internet websites;

“(iii) mailings; or

“(iv) such other means as the Governor may require.

“(d) TOOLS.—

“(1) IN GENERAL.—To promote the use of valid and reliable screening tools for autism spectrum disorder and other developmental disabilities, the Secretary shall develop a curriculum for continuing education to assist individuals in recognizing the need for valid and reliable screening tools and the use of such tools.

“(2) COLLECTION, STORAGE, COORDINATION, AND AVAILABILITY.—The Secretary, in collaboration with the Secretary of Education, shall provide for the collection, storage, coordination, and public availability of tools

described in paragraph (1), educational materials and other products that are used by the Federal programs referred to in subsection (c)(1)(A), as well as—

“(A) programs authorized under the Developmental Disabilities Assistance and Bill of Rights Act of 2000;

“(B) early intervention programs or interagency coordinating councils authorized under part C of the Individuals with Disabilities Education Act; and

“(C) children with special health care needs programs authorized under title V of the Social Security Act.

“(3) REQUIRED SHARING.—In establishing mechanisms and entities under this subsection, the Secretary, and the Secretary of Education, shall ensure the sharing of tools, materials, and products developed under this subsection among entities receiving funding under this section.

“(e) DIAGNOSIS.—

“(1) TRAINING.—The Secretary, in coordination with activities conducted under title V of the Social Security Act, shall, subject to the availability of appropriations, expand existing interdisciplinary training opportunities or opportunities to increase the number of sites able to diagnose or rule out individuals with autism spectrum disorder or other developmental disabilities and ensure that—

“(A) competitive grants or cooperative agreements are awarded to public or non-profit agencies, including institutions of higher education, to expand existing or develop new maternal and child health interdisciplinary leadership education in neurodevelopmental and related disabilities programs (similar to the programs developed under section 501(a)(2) of the Social Security Act) in States that do not have such a program;

“(B) trainees under such training programs—

“(i) receive an appropriate balance of academic, clinical, and community opportunities;

“(ii) are culturally competent;

“(iii) are ethnically diverse;

“(iv) demonstrate a capacity to evaluate, diagnose or rule out, develop, and provide evidence-based interventions to individuals with autism spectrum disorder and other developmental disabilities; and

“(v) demonstrate an ability to use a family-centered approach; and

“(C) program sites provide culturally competent services.

“(2) TECHNICAL ASSISTANCE.—The Secretary may award one or more grants under this section to provide technical assistance to the network of interdisciplinary training programs.

“(3) BEST PRACTICES.—The Secretary shall promote research into additional valid and reliable tools for shortening the time required to confirm or rule out a diagnosis of autism spectrum disorder or other developmental disabilities and detecting individuals with autism spectrum disorder or other developmental disabilities at an earlier age.

“(f) INTERVENTION.—The Secretary shall promote research, through grants or contracts, to determine the evidence-based practices for interventions for individuals with autism spectrum disorder or other developmental disabilities, develop guidelines for those interventions, and disseminate information related to such research and guidelines.

“(g) SUNSET.—This section shall not apply after September 30, 2011.

“SEC. 399CC. INTERAGENCY AUTISM COORDINATING COMMITTEE.

“(a) ESTABLISHMENT.—The Secretary shall establish a committee, to be known as the ‘Interagency Autism Coordinating Com-

mittee’ (in this section referred to as the ‘Committee’), to coordinate all efforts within the Department of Health and Human Services concerning autism spectrum disorder.

“(b) RESPONSIBILITIES.—In carrying out its duties under this section, the Committee shall—

“(1) develop and annually update a summary of advances in autism spectrum disorder research related to causes, prevention, treatment, early screening, diagnosis or rule out, intervention, and access to services and supports for individuals with autism spectrum disorder;

“(2) monitor Federal activities with respect to autism spectrum disorder;

“(3) make recommendations to the Secretary regarding any appropriate changes to such activities, including recommendations to the Director of NIH with respect to the strategic plan developed under paragraph (5);

“(4) make recommendations to the Secretary regarding public participation in decisions relating to autism spectrum disorder;

“(5) develop and annually update a strategic plan for the conduct of, and support for, autism spectrum disorder research, including proposed budgetary requirements; and

“(6) submit to the Congress such strategic plan and any updates to such plan.

“(c) MEMBERSHIP.—

“(1) IN GENERAL.—The Committee shall be composed of—

“(A) the Director of the Centers for Disease Control and Prevention;

“(B) the Director of the National Institutes of Health, and the Directors of such national research institutes of the National Institutes of Health as the Secretary determines appropriate;

“(C) the heads of such other agencies as the Secretary determines appropriate;

“(D) representatives of other Federal Governmental agencies that serve individuals with autism spectrum disorder such as the Department of Education; and

“(E) the additional members appointed under paragraph (2).

“(2) ADDITIONAL MEMBERS.—Not fewer than 6 members of the Committee, or 1/3 of the total membership of the Committee, whichever is greater, shall be composed of non-Federal public members to be appointed by the Secretary, of which—

“(A) at least one such member shall be an individual with a diagnosis of autism spectrum disorder;

“(B) at least one such member shall be a parent or legal guardian of an individual with an autism spectrum disorder; and

“(C) at least one such member shall be a representative of leading research, advocacy, and service organizations for individuals with autism spectrum disorder.

“(d) ADMINISTRATIVE SUPPORT; TERMS OF SERVICE; OTHER PROVISIONS.—The following provisions shall apply with respect to the Committee:

“(1) The Committee shall receive necessary and appropriate administrative support from the Secretary.

“(2) Members of the Committee appointed under subsection (c)(2) shall serve for a term of 4 years, and may be reappointed for one or more additional 4 year term. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member’s term until a successor has taken office.

“(3) The Committee shall meet at the call of the chairperson or upon the request of the Secretary. The Committee shall meet not fewer than 2 times each year.

“(4) All meetings of the Committee shall be public and shall include appropriate time

periods for questions and presentations by the public.

“(e) SUBCOMMITTEES; ESTABLISHMENT AND MEMBERSHIP.—In carrying out its functions, the Committee may establish subcommittees and convene workshops and conferences. Such subcommittees shall be composed of Committee members and may hold such meetings as are necessary to enable the subcommittees to carry out their duties.

“(f) SUNSET.—This section shall not apply after September 30, 2011, and the Committee shall be terminated on such date.

“SEC. 399DD. REPORT TO CONGRESS.

“(a) IN GENERAL.—Not later than 4 years after the date of enactment of the Combating Autism Act of 2006, the Secretary, in coordination with the Secretary of Education, shall prepare and submit to the Health, Education, Labor, and Pensions Committee of the Senate and the Energy and Commerce Committee of the House of Representatives a progress report on activities related to autism spectrum disorder and other developmental disabilities.

“(b) CONTENTS.—The report submitted under subsection (a) shall contain—

“(1) a description of the progress made in implementing the provisions of the Combating Autism Act of 2006;

“(2) a description of the amounts expended on the implementation of the particular provisions of Combating Autism Act of 2006;

“(3) information on the incidence of autism spectrum disorder and trend data of such incidence since the date of enactment of the Combating Autism Act of 2006;

“(4) information on the average age of diagnosis for children with autism spectrum disorder and other disabilities, including how that age may have changed over the 4-year period beginning on the date of enactment of this Act;

“(5) information on the average age for intervention for individuals diagnosed with autism spectrum disorder and other developmental disabilities, including how that age may have changed over the 4-year period beginning on the date of enactment of this Act;

“(6) information on the average time between initial screening and then diagnosis or rule out for individuals with autism spectrum disorder or other developmental disabilities, as well as information on the average time between diagnosis and evidence-based intervention for individuals with autism spectrum disorder or other developmental disabilities;

“(7) information on the effectiveness and outcomes of interventions for individuals diagnosed with autism spectrum disorder, including by various subtypes, and other developmental disabilities and how the age of the child may affect such effectiveness;

“(8) information on the effectiveness and outcomes of innovative and newly developed intervention strategies for individuals with autism spectrum disorder or other developmental disabilities; and

“(9) information on services and supports provided to individuals with autism spectrum disorder and other developmental disabilities who have reached the age of majority (as defined for purposes of section 615(m) of the Individuals with Disabilities Education Act (20 U.S.C. 1415(m))).”

(b) REPEALS.—The following sections of the Children’s Health Act of 2000 (Public Law 106-310) are repealed:

(1) Section 102 (42 U.S.C. 247b-4b), relating to the Developmental Disabilities Surveillance and Research Program.

(2) Section 103 (42 U.S.C. 247b-4c), relating to information and education.

(3) Section 104 (42 U.S.C. 247b-4d), relating to the Inter-Agency Autism Coordinating Committee.

(4) Section 105 (42 U.S.C. 247b-4e), relating to reports.

SEC. 4. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—Part R of title III of the Public Health Service Act, as added by section 3, is amended by adding at the end the following:

“SEC. 399EE. AUTHORIZATION OF APPROPRIATIONS.

“(a) DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.—To carry out section 399AA, there are authorized to be appropriated the following:

“(1) For fiscal year 2007, \$15,000,000.

“(2) For fiscal year 2008, \$16,500,000.

“(3) For fiscal year 2009, \$18,000,000.

“(4) For fiscal year 2010, \$19,500,000.

“(5) For fiscal year 2011, \$21,000,000.

“(b) AUTISM EDUCATION, EARLY DETECTION, AND INTERVENTION.—To carry out section 399BB, there are authorized to be appropriated the following:

“(1) For fiscal year 2007, \$32,000,000.

“(2) For fiscal year 2008, \$37,000,000.

“(3) For fiscal year 2009, \$42,000,000.

“(4) For fiscal year 2010, \$47,000,000.

“(5) For fiscal year 2011, \$52,000,000.

“(c) INTERAGENCY AUTISM COORDINATING COMMITTEE; CERTAIN OTHER PROGRAMS.—To carry out section 399CC, 409C, and section 404H, there are authorized to be appropriated the following:

“(1) For fiscal year 2007, \$100,000,000.

“(2) For fiscal year 2008, \$114,500,000.

“(3) For fiscal year 2009, \$129,000,000.

“(4) For fiscal year 2010, \$143,500,000.

“(5) For fiscal year 2011, \$158,000,000.”

(b) CONFORMING AMENDMENT.—Section 409C of the Public Health Service Act (42 U.S.C. 284g) is amended by striking subsection (e) (relating to funding).

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

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. DEAL of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this legislation and to insert extraneous material.

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

There was no objection.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to join Chairman BARTON in support of S. 843, as amended, the Combating Autism Act of 2006. Although many of us would like to have done more sooner, the bill represents a positive step forward in addressing the serious problem of autism in the United States. The legislation focuses on expanding and coordinating autism research at the National Institutes of Health, monitoring the disorder and educating the public through programs at the Centers for Disease Control and Prevention, as well as ensuring that citizens have a voice in the Federal Government’s response to autism.

□ 1230

Leo Kanner first described autism in 1943 as a developmental disorder char-

acterized by “extreme autistic loneliness” and “an obsessional desire for the maintenance of sameness.” Since the 1940s, we have learned much more about autism, including its diagnosis, traits, and possible treatments.

Data from several recent studies show that between two and six out of every 1,000 children fall within the definition of what is called autism spectrum disorder. That means that of the roughly 4 million children born in the United States each year, about 24,000 of these children will eventually be diagnosed with autism spectrum disorder.

Autism affects many aspects of a person’s mental development, including social skills; speech, language and communication; repetitive behaviors and routines; and the other ways that children interact with the world. These children also often exhibit emotional problems, challenging behaviors, hyperactivity and other difficulties.

As a child with autism grows into adolescence, some of these behaviors are intensified. The teen suffering from autism may also suffer from depression related to their inability to interact normally with their peers.

All of these problems exert tremendous pressures on parents and siblings, who often must devote round-the-clock attention to a family member with autism.

Although there is no cure for autism, early detection and early intervention have shown promise in lessening the impact of the disorder and increasing a child’s ability to have normal social interaction and functioning. Early intervention is a child’s best hope for reaching his or her full potential.

Furthermore, research has shown that developmental disabilities like autism can be diagnosed as early as 18 months; however, an estimated 50 percent of children with these disorders remain unidentified until they are 5 years old, missing critical opportunities to improve their functioning early on. Therefore, it is imperative that both parents and doctors caring for children learn the warning signs of autism and are familiar with the developmental milestones that each child should reach.

The legislation before us takes several steps to improve upon and expand educational and outreach activities that will alert the public on the warning signs for autism and the need for early screening and intervention. It will also strengthen biomedical research activities conducted at the National Institutes of Health looking into the causes, pathways and possible cures for autism spectrum disorder.

Finally, the legislation provides for public participation in decisions relating to the Federal response to the autism problem, allowing for greater transparency and accountability.

I am also pleased that many of the major groups and organizations representing autistic people and their families have chosen to support this important piece of legislation. The Autism Society of America, Cure Autism

Now, Autism Speaks and the Dan Marino Foundation are just a few of the many organizations that support the reforms in this bill.

Finally, I would like to thank the lead House sponsor of the Combating Autism Act, Mrs. BONO of California, for her efforts on behalf of autistic people and their families.

I urge my colleagues to support this legislation.

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

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

I rise in support of S. 843, the Combating Autism Act of 2006.

Today, many American children suffer from autism spectrum disorders. The Centers for Disease Control and Prevention has estimated that between two in 1,000 to five in 1,000 children are classified as having an autism spectrum disorder, or ASD. Whether this increase is due to a true increase in prevalence or whether it is due to changes in assessment standards, it is clear that ASDs are the second most common serious developmental disability after mental retardation or intellectual impairment.

According to the CDC, autism spectrum disorders are a group of developmental disabilities characterized by significant impairments in social interaction and communication and the presence of atypical behaviors and interests. It is important that we treat common developmental disabilities, and especially autism, as conditions of urgent public health concern, and the Combating Autism Act of 2006 certainly moves in that direction.

Mr. Speaker, this bill would authorize the award of grants and contracts to establish centers of excellence on autism spectrum disorder and to collect, analyze and report State epidemiological data on autism spectrum disorders and other developmental disabilities. It would also provide culturally competent information on developmental disabilities to increase awareness of developmental milestones, promote disabilities research, encourage early screening and provide early diagnosis and interventions for individuals diagnosed with such disabilities.

A major theme of the bill is coordination and planning. This bill would authorize a strategic plan to be developed and implemented to guide Federal efforts in autism spectrum disorder research. It would also authorize the designation of an interagency autism coordinating committee to coordinate HHS efforts concerning autism spectrum disorder, make recommendations concerning a strategic plan for autism, develop and update advances in research, and make recommendations regarding public participation in the various autism programs.

The Combating Autism Act of 2006 has bipartisan support, and it has the support of numerous national, State and local autism-focused stakeholder

organizations, including Autism Now, Autism Speaks, Cure Autism Now and the Autism Society of America.

The bill before us is an affirmative step toward addressing the serious health issue of autism spectrum disorders and toward ensuring all children are able to reach their full potential. I urge all of my colleagues to join me, along with these stakeholder groups, in supporting this potentially life-saving legislation.

I would also like to thank Representatives BONO and DEGETTE for all their hard work and dedication that they have devoted to this issue.

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

Mr. DEAL of Georgia. Mr. Speaker, I insert in the RECORD at this time two letters, one from the chairman of the Education and Workforce Committee and the response from the chairman of the Energy and Commerce Committee related to jurisdiction on this bill.

HOUSE OF REPRESENTATIVES, COMMITTEE ON EDUCATION AND THE WORKFORCE,

Washington, DC, December 6, 2006.

Hon. JOE BARTON,

Chairman, Committee on Energy and Commerce, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: I am writing to confirm our mutual understanding with respect to the consideration of S. 843, the Combating Autism Act of 2006. As you are aware, 'Sec. 399BB. Autism Education, Early Detection, And Intervention' requires the Secretary of Education to collaborate with the Secretaries of Agriculture and Health and Human Service in the provision of autism related services through the Head Start Act, the Early Start Act, the Child Care Development Act, the Individuals with Disabilities Education Act, the Child Nutrition Act, and the Rehabilitation Act. This provision and these acts fall within the jurisdiction of the Committee on Education and the Workforce.

Given the importance of moving this bill forward promptly, I do not intend to object to its consideration in the House. However, I do so only with the understanding that this procedure should not be construed to prejudice my Committee's jurisdictional interest and prerogative in S. 843 or any other similar legislation and will not be considered as precedent for consideration of matters of jurisdictional interest to my Committee in the future.

Finally, I ask that you include a copy of our exchange of letters in the Congressional Record during the consideration of this bill. If you have questions regarding this matter, please do not hesitate to call me. I thank you for your consideration.

Sincerely,

HOWARD P. "BUCK" MCKEON,

Chairman.

HOUSE OF REPRESENTATIVES,

COMMITTEE ON ENERGY AND COMMERCE,

Washington, DC, December 6, 2006.

Hon. HOWARD P. "BUCK" MCKEON,

Chairman, Committee on Education and the Workforce, Washington, DC.

DEAR CHAIRMAN MCKEON: Thank you for your recent letter regarding the consideration of S. 843, the Combating Autism Act of 2006. I agree that provisions in 'Sec. 399BB. Autism Education, Early Detection, And Intervention' fall within the jurisdiction of the Committee on Education and the Workforce.

I appreciate your willingness to allow this bill to move forward today; and I agree that

this procedure in no way diminishes or alters the jurisdictional interest of the Committee on Education and the Workforce. I will include your letter and this response in the Congressional Record during consideration of the bill on the House floor.

Sincerely,

JOE BARTON,

Chairman.

Mr. Speaker, I am pleased to yield 5 minutes to the gentlewoman from California (Mrs. BONO), who is the primary sponsor of this legislation.

Mrs. BONO. Mr. Speaker, I would like to thank the gentleman from Georgia for yielding me the time to speak on this most important piece of legislation. I would also like to commend the members of our leadership and thank them for allowing a vote on this legislation.

Mr. Speaker, I rise today in strong support of the Combating Autism Act of 2006. This historic and monumental piece of legislation is a critical first step towards addressing the unknown causes of autism by providing record levels of research funding and support for other services.

Today, one in 166 individuals is diagnosed with autism. This alarming statistic proves that autism does not discriminate based on race or gender.

As a longstanding supporter of the autism community, I have had the opportunity to speak with many national organizations, individuals and families who have been personally impacted by this disease. The selfless service that is provided by parents, siblings, extended family and other caregivers is unwavering and is unending.

While we have made significant strides since the identification of the disease in 1943, the task that lies before us requires the support of all involved parties and I am proud to have witnessed the cooperation of many groups that span the autism community. They banded together in an unprecedented manner, and their collective voice resonated with the Congress.

On May 18, 2005, it was my privilege to introduce the House version of this legislation. More than 240 of my colleagues joined Representative DEGETTE and myself in support of autism research. Today, I hope that they will join me in voicing their support of the Combating Autism Act of 2006.

I would like to commend Chairman JOE BARTON, who has been a steadfast supporter of the autism community, and Senators RICK SANTORUM and CHRISTOPHER DODD for their commitment and action to support the autism community.

I would like to give special acknowledgement to former Congressman Jim Greenwood of Pennsylvania, who throughout the process has remained a tireless champion of this cause.

I would also like to thank the hard-working members of the House Energy and Commerce Committee staff, Randy Pate and Ryan Long; of the Senate HELP Committee, Shana Christrup and Erin Bishop; Jennifer Vesey of Senator SANTORUM's office; Jim Fenton of Senator DODD's staff; and Jed Perry of

Congresswoman DEGETTE's office for their commitment on this piece of legislation.

Finally, I would like to thank my personal staff, both past and present, Katherine Martin and Taryn Nader, for their hard work and tireless efforts on the Combating Autism Act of 2006.

As the 109th Congress comes to a close, we have an opportunity to pass this meaningful and life-changing piece of legislation. I will proudly cast my vote in support, and I urge my colleagues to do the same.

Again, I thank the chairman.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Rhode Island (Mr. LANGEVIN).

(Mr. LANGEVIN asked and was given permission to revise and extend his remarks.)

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

Mr. Speaker, today I rise in strong support of the Combating Autism Act. As a member of the Congressional Coalition for Autism Research and Education, and as the uncle of a little boy with autism, I am well-acquainted with the issues faced by families of children with this disorder.

I have been struck by the rapid increase in the number of children diagnosed with autism in the last decade, both nationally and in my home State of Rhode Island, and while we do not yet know for certain what causes autism, we do know that early intervention does make a difference in treatment.

Mr. Speaker, we must commit ourselves to providing parents, pediatricians, early childhood educators and all those who have contact with very young children the resources and training to identify children who need help early enough to begin effective interventions. The Combating Autism Act is a tremendous step toward an effective national policy of autism research, screening, intervention and education.

Like all children, those diagnosed with autism spectrum disorders are individuals with unique talents and abilities. Across the Nation, special education teachers, psychologists and others are working hard to bring these gifts and talents to light and help these children realize their potential.

I urge all of my colleagues to support these professionals in their noble work, and these families in their time of need, by voting in favor of the Combating Autism Act. It is the right thing to do. It's an exciting piece of legislation, and I look forward to its passage.

Mr. DEAL of Georgia. Mr. Speaker, can I inquire of the remaining time on our side?

The SPEAKER pro tempore. The gentleman from Georgia (Mr. DEAL) has 14 minutes remaining, and the gentleman from New Jersey (Mr. PALLONE) has 15 minutes remaining.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from New Jersey (Mr. SMITH).

(Mr. SMITH of New Jersey asked and was given permission to revise and extend his remarks.)

Mr. SMITH of New Jersey. Mr. Speaker, I thank my good friend for yielding.

Mr. Speaker, I rise in very strong support of S. 843, with the amendment, the Combating Autism Act. This bill is great news for the 1.5 million individuals suffering from autism spectrum disorders and their families, the many ASD advocacy groups who have been working hard for so long, and also the very many Members of Congress who have championed the cause of autism with the goal of providing meaningful relief to those autistic individuals and their families.

I just point out, Mr. Speaker, that from my very first session of Congress in 1981, I have been a consistent advocate for individuals who have autism, and frankly, it was not until the mid-1990s when some caseworker wrote in my own district about a family who had two children with autism that I realized that we were not doing enough, that the research, the best practices that are so important, the early intervention was not happening.

It was at that time that we formed the Autism Caucus. MIKE DOYLE, who is my friend and colleague on the other side of the aisle, and I formed this caucus. We have about 200 members and we have been pushing very hard to get money for NIH, as well as for the Centers for Disease Control so we get better prevalence data, and also, most importantly, how do we deal with this issue and how do we help these individuals.

Let me point out to my colleagues, when I first got elected, the incidence or the common prevalence of autism was thought to be one out of every 10,000. Now, because of the work that the CDC has done, we know that it is probably around one out of every 166 individuals. We have an epidemic on our hands.

This legislation which reauthorizes Title I of the Children's Health Act, and has other very, very important additions to that, I think takes us into a new era of helping the individuals who have been afflicted by this disability, trying to find out what is the trigger. There are many, many ideas out there as to what may be triggering this. We need more definitive information about that, and again, I think this legislation is good, bipartisan legislation, and it is an example of what we can do here when we put our minds together and work across the aisle and especially when we work with these many autism advocacy groups that have been tremendous in helping to bring this legislation to the floor.

So I urge strong support for it. I thank Chairman BARTON for bringing it up, even if it is late, but not too late. This legislation will make a significant difference in the lives of autistic children, as well as in the lives of their families.

Mr. Speaker, I rise today in support of S. 843, with an amendment, the Combating Autism Act. This bill is great news for the 1.5 million individuals suffering from autism spectrum disorders (ASD) and their families, the many ASD advocacy groups who have been working hard for so long, and also the very many Members of Congress who have championed the cause of autism with the goal of providing meaningful relief to those autistic individuals and their families.

From my first session in Congress in 1981, I have been a consistent advocate for individuals with developmental disorders, including autism. More recently, in 1998, I successfully requested the Centers for Disease Control and Prevention (CDC) to conduct an investigation in Brick Township, New Jersey after learning and listening to the community's concerns about high numbers of autism cases—a study that showed that cases of both classic autism and autism spectrum disorders were significantly higher nationwide than expected.

The Combating Autism Act, that was introduced in the Senate by my good friend RICK SANTORUM of Pennsylvania and was unanimously passed by the Senate, reauthorizes major components of Title I of the Children's Health Act of 2000 (P.L. 106–310), and also adds significant new provisions to broaden and strengthen activities related to autism.

Specifically, within its provisions, this legislation: requires the Director of the National Institutes of Health (NIH) to expand, intensify, and coordinate ASD-related research and to conduct an NIH-wide study of research centers of excellence, and reauthorizes provisions, which I had authored in the Children's Health Act, to grant HHS the authority to award grants for the collection, analysis, and reporting of state-level epidemiological data on ASDs and other developmental disabilities, as well as the authority to award grants for the establishment of regional centers of excellence in autism spectrum disorders epidemiology.

Importantly, the bill directs that NIH-funded research include investigation of possible environmental causes of ASDs and that CDC-funded epidemiological centers develop expertise in specialty areas, including environmental exposures. I applaud this recognition of the need to pursue research into environmental factors and epigenetics to further advance and clarify the science. While not specifically addressed in this bill and although some are fearful to even mention the issue, I believe that we do not yet have the answers we need regarding the biological effects of thimerosal, and I am hopeful that research on environmental factors will include further study to find those important answers.

The bill does much more, such as, facilitates the creation of state-level agencies to serve as clearinghouses for public information; reauthorizes the proven successful Interagency Autism Coordinating Committee; and also includes a very robust section "Autism Education, Early Detection, and Intervention," to improve the early screening, diagnosis, interventions, and treatments for ASDs.

As many as 1.5 million Americans today have some form of autism and the number is on the rise. Each and every day across America, 66 children are diagnosed with autism and as many as 1 in 166 children born today will eventually be diagnosed with autism. Just 10 years ago, the estimate was 1 in 500.

A complex neurobiological disorder that generally appears in the first 3 years of life,

autism impairs a person's ability to communicate and to relate to others; the condition is often associated with rigid routines or repetitive behaviors. About 40 percent of children with autism do not talk, and others only repeat what is said to them. Children with autism may experience a range of medical problems which can be very debilitating. Because these patients have such extreme communication problems, behavioral symptoms such as agitation, sleep difficulties, and other behavioral problems may be attributed to the disability rather than to the pain and discomfort of a medical condition. Adolescents with autism may develop a strong sense of isolation, socially and emotionally, and show signs of depression or increased challenging behaviors.

Autism generally is a life-long disability; it also is a spectrum disorder that affects each individual differently and at varying degrees. Autism can overwhelm families, as their lives become consumed with the considerable challenges of identifying appropriate biomedical and psychosocial treatments, schooling and other needed support systems for their autistic child and eventually for an autistic adult.

Our Nation is in the midst of an autism crisis that becomes more severe each passing month, a crisis that costs our nation tens of billions of dollars annually in medical care, behavioral therapy, special child care, and a range of child and adult services needed to care for these individuals. While we have significantly increased our government's commitment to surveillance and biomedical research in the last decade in an effort to find a cause or cure, it is incumbent upon us to act now to reauthorize, intensify, and expand those and other efforts to identify individuals with autism and to provide them with more effective care and treatments.

Thanks to the incredible work of Energy & Commerce Committee Chairman JOE BARTON and his staff in finalizing this bill and getting it here today to the floor of the House of Representatives, we have a tremendous opportunity to join together in carrying it over the finish line. I strongly encourage everyone of my colleagues to vote for this bill.

Perhaps the greatest thanks should go to the very many individuals and organizations in the ASD community who coalesced and advocated so effectively for this bill. Some, but certainly not all, of those organizations are: Autism One, Autism Society of America, Autism Speaks, Cure Autism Now, Dan Marino Foundation, First Signs, Organization for Autism Research, Southwest Autism Research & Resource Center, TalkAutism, Unlocking Autism, and the US Autism and Asperger Association. I know that there are numerous other organizations and individuals who also deserve thanks and recognition.

I know that all of us here share the commitment to dramatically improve the lives for the well over a million American children and adults who have an autism spectrum disorder and improve the outlook for their families and other loved ones. I humbly encourage you not to let this opportunity pass without casting your vote in support of this much needed and much desired legislation.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, I want to thank the gentleman from New Jersey for yielding.

I rise in strong support of S. 843, the Combating Autism Act of 2006. I also take this opportunity to commend and congratulate Mr. Tim Muri, president and CEO of Easter Seals of Chicago, as well as the University of Illinois Medical Center, and all of those who support this venture which I am about to mention.

On October 30, 2006, Easter Seals, with the support of many in the Chicagoland area, broke ground for a brand new therapeutic school and center for autism research in the Illinois Medical Center District. This bill, S. 843, will greatly enhance the work of this school and other entities across the country.

So I simply support not only the development of this brand new school but certainly the legislation which is going to enhance the work of those combating autism across the country.

I thank the gentleman again for yielding.

□ 1245

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 5 minutes to the gentleman from Mississippi (Mr. PICKERING).

Mr. PICKERING. Mr. Speaker, I rise in proud support of this legislation. I want to thank you and your leadership; I want to thank Congressman PALLONE, Congresswomen DEGETTE and BONO, all of the coalitions that have been great advocates for helping increase the research, the funding, the exploration, and the discovery of what we know today about autism. I want to thank my friend RICK SANTORUM and commend him for his dogged support and championing of this effort. And, I want to talk a little bit about today what we know about autism, how pervasive it is, how many children it affects, and what it means for us as a Nation and for our families.

One in 166 children is diagnosed with autism. For boys, and I am the father of five sons, one in 104 boys is on the autism spectrum; 67 children per day are diagnosed. A new case is diagnosed almost every 20 minutes. More children will be diagnosed with autism this year than with AIDS, diabetes, or cancer combined. It is the fastest growing serious developmental disability in the U.S. and it costs our Nation over \$90 billion per year and it is a figure expected to double over the next decade. Yet, autism receives less than 5 percent of the research funding available when it is one of the most prevalent diseases spreading across our country.

But the good news is we are learning, we are discovering, we are understanding much better today. We are much better able to detect, understand, identify. It is much more possible to have early intervention and the therapies and the types of treatments that help young children maximize the gifts and the talents that they have.

I want to say as someone who has met with many of the families, and all of our families have children that have

been affected by this, I want to say it is not only a disability but it is also a gift. And it really is. For those of us who know and who have personal involvement, there are special angels among us with great tremendous gifts that come from autism. And what we want to do, what I want to do is to make sure that these gifts, these abilities that are special, unique, distinct, wonderful opportunities, to really maximize the things that children with autism can bring to all of us. And with this legislation today, I believe that we will maximize the understanding, we will maximize the gifts of our children who have autism, and we will make sure that their gifts are shared with the rest of the Nation and their contributions in science and math and reading and all the different areas where they may have gifts but also great struggles, that we can overcome those, that we can meet this challenge, and that the understanding of this disease and the treatments that are made available because of this legislation will make a difference in the lives of countless families and countless children. So I rise today in proud support.

I want to thank all of those who made it possible and the Members who have worked. CHRIS SMITH and the Autism Caucus deserve special praise for raising the awareness and building the coalitions within Congress and organizing the outside groups to make this day possible. I am proud that before we leave this Congress, we do not leave this job undone. And I thank Chairman DEAL for all of his hard work in making this possible, and Chairman BARTON, the ranking members, and all those who worked, especially our staff. May God bless this effort, and thank you very much.

Mr. PALLONE. Mr. Speaker, I would again urge that we pass this very important legislation.

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

Mr. DEAL of Georgia. Mr. Speaker, as we close, I would simply reiterate what some others have said, thanking all of those within the Congress itself who have brought this bill to this point and hopefully to a finalization and sent to the President.

Autism is an affliction on our children, and there are many answers that people want and this will help us try to find those answers. But this is not the end of the journey. Those who are committed to this cause will continue their efforts here in the halls of Congress, hopefully in the research halls throughout our country. This is a worthwhile step in the very proper direction, and I would urge my colleagues to adopt this resolution.

Mr. BURTON of Indiana. Mr. Speaker, I rise in support of the Combating Autism Act of 2006—S. 843—as amended. I want to thank Chairman NATHAN DEAL and Chairman JOE BARTON, and the Energy and Commerce Committee staff, for bringing this bill to the floor today.

Over the last 5 years or more, many of you have heard me speak many times on this floor

about the subject of autism and you will likely continue to hear me speak on this issue because I believe we truly have our work cut out for us. About 20 years ago, autism was considered a rare disease, affecting about 1 in 10,000 children. Now, that rate is about 1 in 166; making autism the third most common developmental disability that children face, even more prevalent than things such as Down's syndrome and other childhood cancers. In my own home State of Indiana we experienced a 923 percent cumulative growth rate for autism from 1992 to 2003. The annual growth rate of autism in Indiana averaged 27 percent compared to an average of 7 percent for the growth rate of all disabilities.

This literal epidemic of autism is a looming and immediate economic crisis to our education system, our health care systems, our long-term housing and care system for the disabled, and most especially, to an ever-increasing number of families across the country. Autism is a condition that has no known cure, which means that this is a crisis that is simply not going to "go away."

Today we take a huge step forward in terms of dealing with this problem. Although in my opinion, only a down payment on the resources that we must invest in order to defeat this terrible scourge, the Combating Autism Act, commits nearly \$1 billion—in essence almost a doubling of funding for autism—to autism research, including essential research on environmental factors, treatments, early identification and support services. This bill amounts to a long overdue and vitally needed declaration of war by the Congress of the United States on autism.

Even so, while a needed step forward, this is not a perfect bill, because I believe we are missing a crucial opportunity to use this bill to help unravel the mystery of autism. Specifically, while the bill before us does include language on the need to research the environmental factors which may contribute to autism, it does not include a specific mandate that environmental research topics must include vaccines, other biologics, and their preservatives. Now I am not against vaccinations, but I do believe, as do many of my colleagues, that there is a strong link between the mercury contained in a product called thimerosal—commonly used as a vaccine preservative—and children developing neurological disorders such as autism. In fact, my own grandson became autistic after receiving nine shots in 1 day, seven of which contained thimerosal.

Because of what happened to my grandson, I took it upon myself to learn about autism and what I discovered during my research was deeply disturbing. During my tenure as chairman of the Government Reform Committee, 1997–2002, and as chairman of the Subcommittee on Human Rights and Wellness, 2003–2005, a number of very credible national and international scientists testified at a series of hearings that the mercury in vaccines is a contributing factor to developing neurological disorders, including, but not limited to, modest declines in intelligence quotient, IQ, autism, and Alzheimer's disease. And the body of evidence to support that conclusion gets larger every day.

Yet we continue to hear repeatedly in congressional hearings, in media communications, and through government and scientific reports that "there is no evidence that proves a connection between vaccines and autism." This

conclusion is not too surprising when you consider that our health agencies seem to routinely dismiss out of hand any scientific study that does conclude thimerosal is a danger.

Experience tells us that, as with any other epidemic, while there may be underlying genetic susceptibilities, there usually is some type of environmental trigger as well, such as a virus, fungus, heavy metals, pollutants, or whatever. There has never, to the best of my knowledge, been a purely genetic epidemic. So, genetics alone cannot explain how we went from 1 in 10,000 children with autism spectrum disorders 20 years ago to 1 in 166 today. Considering that mercury is a base element and the most toxic substance known to science outside of radioactive materials, it is biologically plausible that mercury is an environmental trigger of autism.

Recent studies indicate that more than half of pediatricians said that in the previous year they had encountered at least one family that refused all vaccines, while 85 percent said they'd had a parent turn down at least one shot. Whether it's because of fear that mercury used as a preservative in childhood vaccines causes autism, or that the dangers of immunizations far outweigh their benefits, or that there is a conspiracy by drug companies, doctors and vaccine makers to conceal the harm, the facts are clear, more and more American families are fighting immunization.

It is imperative that we do all we can to restore the public's trust in vaccinations. And the only way we are going to resolve the conflict of opinion over thimerosal is through more research. Unfortunately, if the Department of Health and Human Services never funds or conducts the right studies, and given their current track record on the subject, that is very likely what will happen, this question will forever remain unanswered. That will be a national tragedy because often once an environmental cause is discovered, immediate steps can be taken to prevent new cases and abate the epidemic. In addition, knowledge of the environmental cause or triggers often leads directly to more effective treatments.

For example, this bill promotes the use of evidence-based interventions for those at higher risk for autism. However, so long as we ignore the potential danger of mercury, many biomedical interventions, such as restricted diet, applied kinesiology and/or chelation therapy—which many families have found to be the best treatments for their children with autism—will be excluded from the list of evidence-based treatments.

I stand here today not just as a concerned grandfather of an autistic child but as the voice for the hundreds of parents and families who continue to contact my office looking for help for their children. They are our constituents, we represent them in the People's House, and I hope we are all listening to them. The debate about mercury in vaccines must be addressed, investigated and resolved. Parents have a right to know what happened to their children regardless of where the truth lies. And we have a responsibility to those children and families already suffering. In the meantime, we should err on the side of caution and remove thimerosal, even trace amounts, from all vaccinations.

By failing to provide a clear congressional mandate to research all of the potential environmental causes of autism spectrum disorders, ASD, including vaccines and their pre-

servatives, I believe we are handicapping our efforts to give all ASD patients the best possible quality of life and the ability to make the greatest possible contributions to society. I hope that in the coming weeks, months and years this Congress will push for further research into the question of thimerosal and autism so that one day we will be able to say that we have done everything possible to stop and treat this epidemic. In the meantime, I urge my colleagues to support this very good bill.

Mr. TERRY. Mr. Speaker, I rise in support of S. 843, the Combating Autism Act. As a member of the congressional Coalition on Autism Research and Education CARE, as well as a cosponsor of the companion bill, H.R. 2421, I strongly support the provisions of the bill. This important legislation will improve the lives of those affected by expanding and improving detection, care and treatment of autism spectrum disorders.

The establishment of centers of excellence for autism research will enable us to conduct cutting edge research and apply it in the most effective manner possible to treat our young citizens affected by autism in the best way we can.

I want to give a special thanks to the many parents, siblings, families and friends of those with autism, especially my constituents in the Second District of Nebraska. Your support of autism issues, and specifically this legislation, has been crucial to the advancement of this bill. I congratulate you and other advocates for your tireless work. I urge my colleagues to support the enactment of S. 843.

Mr. BARTON of Texas. Mr. Speaker, I rise today in support of the bill, S. 843, as amended, also known as the Combating Autism Act. This legislation takes several important steps intended to improve and intensify the Federal response to the problem of autism in the United States.

As many of my colleagues are aware, autism is a brain disorder that appears in childhood and persists throughout a person's life. Autism affects crucial areas of a person's development, including communication, social interaction, and creativity. Recent studies estimate that autism afflicts more than 3 of every 1,000 children between ages 3 and 10. While autism varies widely in its symptoms and severity, early diagnosis and treatment can help autistic people to live independent and productive lives.

Today, little is understood about the causes and mechanisms of autism. Many studies have been conducted into possible genetic and environmental causes of autism, and scientists are learning more about this disorder and how its effects can be lessened or eliminated. But there is no cure, and much more work needs to be done to pinpoint the true causes of autism before we'll know how to cure it.

This legislation contains provisions designed to intensify and coordinate the Federal response to autism. It instructs the Centers for Disease Control and Prevention to expand and update its efforts to monitor autism incidence and prevalence around the country. The legislation also requires the CDC to educate parents and health care providers about the early warning signs of autism as well as the need for early and regular screenings.

Another section of the bill addresses autism research conducted at the National Institutes

of Health. Building on provisions contained in the Children's Health Act of 2000, the bill requires the Director of NIH to expand and intensify autism-related research, including research into possible environmental causes of autism. The expansion and intensification will include research to be conducted at the National Institute of Mental Health, the National Institute of Environmental Health Sciences, and a number of other institutes at NIH. The National Institute of Environmental Health Sciences already has two centers, one located at the University of California at Davis and one at the Robert Wood Johnson Medical School in New Jersey, funded to study possible environmental causes of autism. In conjunction with the bill's authorizations of appropriations, these provisions will ensure the continuation and intensification of crucial research at NIEHS so that it is able to conduct all necessary research to determine the environmental factors in autism.

With respect to possible environmental or external causes of autism, some have suggested a link exists between autism and childhood vaccines. In the past several years, several major epidemiological studies have been conducted to look into the question of whether vaccines cause autism. Examining the published studies, the non-partisan Institute of Medicine has concluded that the weight of the available evidence favors rejection of a causal relationship between vaccines and autism. However, I recognize that there is much that we do not know about the biological pathways and origins of this disorder, and that further investigation into all possible causes of autism is needed.

This legislation is not designed to predetermine the outcome of scientific research. Rather, the legislation rightfully calls for renewed efforts to study all possible causes of autism—including vaccines and other environmental causes. Simply put, we should leave no stone unturned in our efforts to find a cure, whether it means exploring possible environmental factors, paternal age, genetic factors, or any other factors that may hold answers. Perhaps further inquiry will show that it is not a single factor but a combination of two or more factors that cause what we know as autism. For example, a child might have a genetic predisposition that is triggered by an external, environmental factor that causes autism. The important thing to understand is that there are no preconceived notions contained in this bill; the bill language is clear that we should follow every avenue that science opens to us in searching for a cure.

During the House consideration of the NIH reauthorization bill, we found that the NIH has created centers of excellence to promote collaborative research into a particular field. A center of excellence is a designated entity, such as a university or a hospital, that receives NIH funding to study a particular research area. At their best, centers of excellence can foster collaboration and communication between scientists in a concentrated research area that can benefit from such an environment. However, the proliferation of centers of excellence, especially congressionally mandated centers of excellence, is a concern because it diverts precious resources away from other promising avenues of research that may be worthwhile. If Congress were to mandate new centers of excellence without sound scientific justification, it could greatly fragment

NIH's research budget, increase administrative and overhead costs, and slow down important medical and scientific breakthroughs. The right funding and the right minds will cure autism, but even staggering amounts of money won't do the job if our efforts are not focused on the most promising research. I think, it is important to let scientists decide how to conduct the medical research. They must be held accountable, too, but this is a job for science, not politics.

The amended bill before us today does not create new centers, nor does it remove any of the old ones. There were five autism-related centers of excellence mandated in the Children's Health Act of 2000. In the intervening years, NIH created the five statutorily required centers of excellence that study various aspects of autism. NIH then went on to create an estimated 21 to 28 centers of excellence dealing with various aspects of autism research, including research into possible environmental causes. Rather than mandating in statute the creation of a specified number of additional centers on top of those centers already in existence, this bill lays the groundwork for effective congressional oversight of centers of excellence. It requires the Director of NIH to submit a report to Congress detailing the effectiveness of centers of excellence across the NIH and how they can be improved. The bill also gives the Director of NIH the explicit authority to consolidate centers of excellence if it would lead to improved program efficiencies and outcomes.

Next, the amended bill expands and reauthorizes an existing Interagency Autism Coordinating Committee, or IACC. The coordinating committee will be made up of relevant government officials, experts, and parents and families of those suffering from autism. The committee's far-reaching mandate will be to compose and annually report to Congress on a strategic plan for Federal autism activities and to make important recommendations to both Congress and the executive branch on ways to better coordinate and conduct Federal autism-related activities. Further, this legislation increases the amount of public participation on the IACC from two individuals to at least six. In addition, the IACC has been tasked with making recommendations to the Secretary regarding the public participation in decisions relating to autism. For instance, the committee notes that the IACC may recommend providing other formal mechanisms, such as an Autism Advisory Board, to provide public feedback and interaction. Further, the Secretary may opt to provide such a mechanism under existing statutory authority, without the recommendation of the IACC. Public participation, especially among the parents and families of those affected by autism, is necessary to emphasize the human side of autism research and to ensure that Federal resources are used wisely.

This legislation takes several important steps forward in continuing the fight against autism, and I support its passage. Should the Senate also take up and pass the bipartisan NIH reauthorization bill overwhelmingly passed by the House earlier this year, Congress and the public will benefit from increased transparency and accountability at NIH that will benefit research into all diseases, including autism. I urge swift passage of both bills so we can get them to the President's desk before the end of this Congress.

At this time, I'd like to thank the sponsors of both the House and Senate bills who have worked tirelessly on this issue as well as the members of the autism advocacy community who have contributed constructive ideas and insights into this legislation. With that Mr. Speaker, I urge my colleagues to support the bill.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I rise today in support of S. 843, the Combating Autism Act of 2006. This bill would amend the Public Health Service Act to combat autism through research, screening, intervention and education.

I have been greatly concerned by the significant increase in autism rates in our country. As a member of the House Coalition for Autism Research and Education Caucus, I have tried to take an active roll in improving the government's response to this epidemic. I am pleased we are considering this legislation today.

Autism spectrum disorder (ASD) places a terrible burden on the families of those afflicted. Autism is growing at a rate of 10–17 percent each year, and we must take action before it becomes even more of a health crisis. The earlier we identify autism, the more options we have to help a child.

The Combating Autism Act of 2006 would authorize \$405 million in funding for autism research the National Institutes of Health over five years, and would require the director of NIH to develop and implement a plan for autism research by April 1, 2008. Passage of S. 843 would give \$185 million to Autism Centers of Excellence, which provide continued support to examine causation, diagnosis, early detection, prevention, control, intervention and a cure for autism. The bill would also authorize \$15 million for fiscal 2007 for the Centers for Disease Control and their surveillance and research programs.

Combating autism is imperative because it affects one in 166 children and persists through adulthood. By learning the signs, a child can begin benefiting from one of the many specialized intervention programs. We must provide Federal funding to ensure that research, education and prevention are possible.

Mr. Speaker, in closing, I hope that all Americans can continue to unite to form a collective voice for the autism community. I ask that my colleagues join me supporting S. 843, the Combating Autism Act of 2006.

Ms. BORDALLO. Mr. Speaker, I rise today in support of S. 843, the Combating Autism Act of 2006. This bill authorizes funding important for the continuation of research of pervasive development disabilities, the coordination and dissemination of the research findings from institutions throughout the country, and the promotion of early screening of pervasive development disabilities among high-risk children. This bill goes far towards making the combating of autism a national priority. This bill, notably, includes provisions that recognize the importance of providing culturally competent information to individuals and communities. These provisions are important to minority communities.

Pervasive development disabilities are indiscriminate, afflicting children of all socioeconomic backgrounds and all races. My district, Guam, alone is home to approximately 110 individuals with autism spectrum disorders. According to the Centers for Disease

Control and Prevention, one out of every 166 children may be affected by some form of autism spectrum disorder.

While there remains varying viewpoints over the causes of autism, research has shown that early diagnosis and intervention have been the most effective means of addressing pervasive development disabilities. The Combating Autism Act's multifaceted approach to this important issue allows for the funding of research, public education, and early detection efforts. This multi-faceted approach will assist the families and children who are afflicted with autism spectrum disorders today, while striving to continue the progress toward finding comprehensive treatments for autism spectrum disorders.

I commend my colleagues in the House of Representatives and in the Senate for moving this important legislation forward. It is my hope that this legislation will ease the emotional and psychological pressures experienced by families caring for individuals with autism; and that it will eventually bring about greater understanding of and improved treatment for autism spectrum disorders.

I urge my colleagues' support for S. 843.

Mr. VAN HOLLEN. Mr. Speaker, I rise in strong support of S. 843, the Combating Autism Act of 2006.

As a long-time supporter and friend of the autism community, I am pleased that this bipartisan legislation is before the full House today. Autism is a lifelong neurological disorder that usually strikes sometime within the first two years of a child's life. It can cause severe impairment in language, cognition and communication. The statistics on autism are staggering. According to the Centers for Disease Control and Prevention, one in every 166 children is affected by autism. Autism is one of the fastest-growing developmental disabilities in the United States.

There has been significant progress in recent years increasing autism research dollars at the National Institutes of Health, as well as surveillance and public health funding at the CDC. Current research indicates that autism has a strong genetic component and may be triggered by environmental factors. But much more needs to be done. We need to redouble our effort to find a cure and improved intervention techniques. That is why I am proud to be a co-sponsor of the House version of the Combating Autism Act. The legislation before us today would authorize increased funding at the NIH for autism research programs as well as expand screening, intervention and education programs within the Federal Government.

It is important that we promote funding for autism research in order to identify the best methods of early intervention and treatment. That is why I urge my colleagues to support this important legislation.

Mr. CROWLEY. Mr. Speaker, I rise in strong support of S. 843, the Combating Autism Act, which would authorize nearly \$1 billion over the next 5 years to combat autism.

This is an important authorization bill, but one that we must back up with funding during the appropriations process.

Autism is serious and Congress must get serious in addressing it. This bill is a first step on that path.

According to the Department of Education this disease is growing at an alarming rate of 10–17 percent each year. Autism afflicts 1 out

of every 166 births in the country, meaning today, 1.5 million Americans are living with this disease, and these numbers are growing particularly in places like New York City.

Autism has been personalized for me through a number of my constituents, including one father and his little boy who I have had the opportunity to meet with and discuss this illness.

The boy's father, who I have gotten to know, has helped educate me on this issue. It was his discussions with me that helped me become more involved in the issue of autism, spurred me to join the Autism Caucus here in the House and fight for increased funds both at the Defense Department and CDC for more funds for research and care.

Additionally, the Quality Services for the Autism Community, or QSAC, has also continually done outreach and education throughout Queens and all of New York City, including hosting an annual Autism Awareness Day. This year's event was held on April 9 at Shea Stadium, home of the Mets, in my district, and was their fourth consecutive annual event.

These events and their members bring more attention to a disease that affects so many individuals and families and today has helped us craft a good bill from their words and experiences.

This legislation will authorize nearly \$1 billion over the next 5 years to combat autism through research, early intervention, and screening, and will translate into a 50 percent increase in funding to help eliminate this disease.

With this bill many families in my own district, Bronx and Queens, will be able to rest assured that the U.S. Government has not forgotten them and is willing to work to eradicate this problem.

Scientists are finding preventative measures, and cures for many diseases such as cervical cancer. This would not have been possible without the funding giving to researchers to find a cure.

That is why I stand with the autism community not only in my district, Bronx and Queens, but all across the Nation in supporting this legislation. It is non-controversial, and it makes perfect sense to find a cure.

I urge my colleagues to vote for this bill today so families in the future won't have to suffer with autism.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and pass the Senate bill, S. 843, as amended.

The question was taken; and (two-thirds of those voting having responded in the affirmative) the rules were suspended and the Senate bill, as amended, was passed.

A motion to reconsider was laid on the table.

TSUNAMI WARNING AND EDUCATION ACT

Mr. EHLERS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1674) to authorize and strengthen the tsunami detection, forecast, warning, and mitigation program of the Na-

tional Oceanic and Atmospheric Administration, to be carried out by the National Weather Service, and for other purposes, as amended.

The Clerk read as follows:

H.R. 1674

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 "Tsunami Warning and Education Act".

SEC. 2. DEFINITIONS.

In this Act:

(1) The term "Administration" means the National Oceanic and Atmospheric Administration.

(2) The term "Administrator" means the Administrator of the National Oceanic and Atmospheric Administration.

SEC. 3. PURPOSES.

The purposes of this Act are—

(1) to improve tsunami detection, forecasting, warnings, notification, outreach, and mitigation to protect life and property in the United States;

(2) to enhance and modernize the existing Pacific Tsunami Warning System to increase coverage, reduce false alarms, and increase the accuracy of forecasts and warnings, and to expand detection and warning systems to include other vulnerable States and United States territories, including the Atlantic Ocean, Caribbean Sea, and Gulf of Mexico areas;

(3) to improve mapping, modeling, research, and assessment efforts to improve tsunami detection, forecasting, warnings, notification, outreach, mitigation, response, and recovery;

(4) to improve and increase education and outreach activities and ensure that those receiving tsunami warnings and the at-risk public know what to do when a tsunami is approaching;

(5) to provide technical and other assistance to speed international efforts to establish regional tsunami warning systems in vulnerable areas worldwide, including the Indian Ocean; and

(6) to improve Federal, State, and international coordination for detection, warnings, and outreach for tsunami and other coastal impacts.

SEC. 4. TSUNAMI FORECASTING AND WARNING PROGRAM.

(a) IN GENERAL.—The Administrator, through the National Weather Service and in consultation with other relevant Administration offices, shall operate a program to provide tsunami detection, forecasting, and warnings for the Pacific and Arctic Ocean regions and for the Atlantic Ocean, Caribbean Sea, and Gulf of Mexico ocean.

(b) COMPONENTS.—The program under this section shall—

(1) include the tsunami warning centers established under subsection (d);

(2) utilize and maintain an array of robust tsunami detection technologies;

(3) maintain detection equipment in operational condition to fulfill the detection, forecasting, and warning requirements of this Act;

(4) provide tsunami forecasting capability based on models and measurements, including tsunami inundation models and maps for use in increasing the preparedness of communities, including through the Tsunami-Ready program;

(5) maintain data quality and management systems to support the requirements of the program;

(6) include a cooperative effort among the Administration, the United States Geological Survey, and the National Science Foundation under which the Geological Survey