

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO COMMITTEE PRINT OF H.R. 7213  
OFFERED BY M. \_\_\_\_\_**

Strike all after the enacting clause and insert the following:

**1 SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Autism Collaboration,  
3 Accountability, Research, Education, and Support Act of  
4 2024” or the “Autism CARES Act of 2024”.

**5 SEC. 2. NATIONAL INSTITUTES OF HEALTH ACTIVITIES.**

6 (a) EXPANSION OF ACTIVITIES.—Paragraph (1) of  
7 section 409C(a) of the Public Health Service Act (42  
8 U.S.C. 284g(a)) is amended to read as follows:

9 “(1) EXPANSION OF ACTIVITIES.—The Director  
10 of NIH (in this section referred to as the ‘Director’),  
11 in coordination and consultation with the Adminis-  
12 trator of the Administration for Community Living,  
13 and other agencies as appropriate, shall—

14 “(A) subject to the availability of appro-  
15 priations, expand, intensify, and coordinate the  
16 activities of the National Institutes of Health  
17 with respect to research on autism spectrum  
18 disorder, including—

1           “(i) basic and clinical research in  
2           fields including pathology, developmental  
3           neurobiology, genetics, epigenetics, phar-  
4           macology, nutrition, immunology,  
5           neuroimmunology, neurobehavioral devel-  
6           opment, endocrinology, gastroenterology,  
7           toxicology, speech, language and hearing  
8           science, psychiatry, psychology, develop-  
9           mental behavioral pediatrics, and geron-  
10          tology; and

11          “(ii) research on interventions to  
12          maximize outcomes for individuals with au-  
13          tism spectrum disorder; and

14          “(B) ensure that research referred to in  
15          subparagraph (A)—

16               “(i) investigates the causes (including  
17               possible environmental causes), diagnosis  
18               or ruling out, early and ongoing detection,  
19               prevention, intervention, services, supports  
20               across the lifespan for autistic individuals  
21               and caregivers, and treatment for autism  
22               spectrum disorder and co-occurring condi-  
23               tions, including dissemination and imple-  
24               mentation of clinical care, supports, inter-  
25               ventions, and treatments; and

1                   “(ii) reflects the entire population of  
2                   individuals with autism spectrum disorder,  
3                   including the full range of cognitive, com-  
4                   municative, behavioral, and adaptive func-  
5                   tioning, as well as co-occurring conditions  
6                   and needs for support and services, includ-  
7                   ing care necessary for physical safety.”.

8           (b) CENTERS OF EXCELLENCE.—Section 409C(b) of  
9 the Public Health Service Act (42 U.S.C. 284g(b)) is  
10 amended—

11           (1) in paragraph (2)—

12                   (A) by striking “prevention, and treat-  
13                   ment” and inserting “prevention, services, and  
14                   treatment”;

15                   (B) by striking “including the fields” and  
16                   inserting “including in the fields”; and

17                   (C) by striking “behavioral psychology, and  
18                   clinical psychology” and inserting “behavioral  
19                   psychology, clinical psychology, and geron-  
20                   tology”;

21           (2) in paragraph (5)(A), by striking “not less  
22           than five centers” and inserting “not fewer than six  
23           centers”; and

24           (3) in paragraph (5)(B), by striking “period of  
25           not to exceed” and inserting “period not to exceed”.

1 (c) PUBLIC INPUT.—Section 409C(d) of the Public  
2 Health Service Act (42 U.S.C. 284g(d)) is amended to  
3 read as follows:

4 “(d) PUBLIC INPUT.—

5 “(1) IN GENERAL.—The Director shall under  
6 subsection (a)(1) provide for means through which  
7 the public can obtain information on the existing  
8 and planned programs and activities of the National  
9 Institutes of Health with respect to autism spectrum  
10 disorder and through which the Director can receive  
11 comments from the public regarding such programs  
12 and activities.

13 “(2) OPPORTUNITIES.—Such public input op-  
14 portunities may include encouraging the centers  
15 under subsection (b)(1) to establish an external advi-  
16 sory board or adopting a comprehensive plan to en-  
17 sure individuals with various backgrounds and per-  
18 spectives are represented, among other activities.  
19 Such opportunities should consider including, as ap-  
20 propriate, individuals, family members, and care-  
21 givers of individuals with autism spectrum disorder  
22 who represent the entire population of individuals  
23 with autism spectrum disorder, including the full  
24 range of cognitive, communicative, behavioral, and

1 adaptive functioning, to better inform research find-  
2 ings and future studies.”.

3 **SEC. 3. PROGRAMS RELATING TO AUTISM.**

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

7 (1) in subsection (b)(1), by striking “and  
8 causes” and inserting “causes, and life course”; and

9 (2) in subsection (e), by striking “2024” and  
10 inserting “2029”.

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

14 (1) in subsection (a)(2), by striking “subse-  
15 quent interventions” and inserting “subsequent  
16 interventions and services”;

17 (2) in subsection (b)(1), by striking “culturally  
18 competent information” and inserting “culturally  
19 and linguistically responsive information”;

20 (3) in subsection (b)(2)—

21 (A) by striking “promote research” and in-  
22 serting “promote research, which may include  
23 community-based participatory research,”; and

24 (B) by striking “screening tools” and in-  
25 serting “screening and diagnostic tools”;

1 (4) in subsection (b)(3), by striking “at higher  
2 risk” and inserting “at increased likelihood”;

3 (5) in subsection (b)(4), by inserting “, which  
4 may include such individuals utilizing parents and  
5 guardians trained to provide interventions, services,  
6 and supports” before the semicolon at the end;

7 (6) in subsection (c)(1), by striking “culturally  
8 competent information” and inserting “culturally  
9 and linguistically responsive information”;

10 (7) in subsection (c)(2)(A)(ii)—

11 (A) by striking “advocates,” and inserting  
12 “advocates, self-advocates,”; and

13 (B) by striking “culturally competent in-  
14 formation” and inserting “culturally and lin-  
15 guistically responsive information”;

16 (8) by amending paragraph (1) of subsection  
17 (e) to read as follows:

18 “(1) TRAINING.—The Secretary, in coordina-  
19 tion with activities conducted under title V of the  
20 Social Security Act, shall, subject to the availability  
21 of appropriations, strengthen the capacity of existing  
22 training programs and expand existing interdiscipli-  
23 nary training opportunities or opportunities to in-  
24 crease the number of programs that address the  
25 health and well-being of individuals who have or are

1 at increased likelihood for autism spectrum disorder  
2 and other neurodevelopmental disabilities across  
3 their lifespan. Activities under the preceding sen-  
4 tence shall include—

5 “(A) awarding competitive grants or coop-  
6 erative agreements to public or nonprofit agen-  
7 cies, including institutions of higher education,  
8 to expand existing or develop new maternal and  
9 child health interdisciplinary leadership edu-  
10 cation in neurodevelopmental and related dis-  
11 abilities programs (similar to the programs de-  
12 veloped under section 501(a)(2) of the Social  
13 Security Act) in States that do not have such  
14 a program;

15 “(B) ensuring that trainees under such  
16 training programs—

17 “(i) receive an appropriate balance of  
18 academic, clinical, and community opportu-  
19 nities;

20 “(ii) are culturally and linguistically  
21 responsive;

22 “(iii) are from various backgrounds;

23 “(iv) demonstrate a capacity to evalu-  
24 ate, diagnose or rule out, develop, and pro-  
25 vide evidence-based interventions and pro-

1                   grams to individuals with autism spectrum  
2                   disorder and other developmental disabili-  
3                   ties across their lifespan; and

4                   “(v) demonstrate an ability to use a  
5                   person- and family-centered approach,  
6                   which may include collaborating with re-  
7                   search centers or networks to provide  
8                   training for providers of respite care (as  
9                   defined in section 2901);

10                  “(C) ensuring that program sites provide  
11                  culturally and linguistically responsive services;  
12                  and

13                  “(D) encouraging training programs to  
14                  partner with appropriate entities to build com-  
15                  munity capacity.”;

16                  (9) in subsection (e)(2), by adding at the end  
17                  the following new subparagraph:

18                  “(C) REPORT.—Not later than 2 years  
19                  after September 30, 2024, the Comptroller  
20                  General of the United States shall prepare and  
21                  submit to the Committee on Energy and Com-  
22                  merce of the House of Representatives and the  
23                  Committee on Health, Education, Labor, and  
24                  Pensions of the Senate a report examining how  
25                  to increase the number of developmental-behav-



1 ioral pediatricians, including through the devel-  
2 opmental behavioral pediatrician training pro-  
3 gram.”;

4 (10) in subsection (f)—

5 (A) by striking “promote research” and in-  
6 serting “promote research, including commu-  
7 nity-based participatory research,”;

8 (B) by striking “physical and behavioral  
9 health of individuals” and inserting “physical  
10 and behavioral health, and communication  
11 needs, of individuals”; and

12 (C) by striking “disseminate information  
13 related to such research and guidelines” and in-  
14 serting “disseminate information relating to  
15 such research and guidelines to improve the  
16 quality of life and long-term outcomes”; and

17 (11) in subsection (g), by striking “2024” and  
18 inserting “2029”.

19 (c) INTERAGENCY AUTISM COORDINATING COM-  
20 MITTEE.—Section 399CC of the Public Health Service Act  
21 (42 U.S.C. 280i–2) is amended—

22 (1) in subsection (b)—

23 (A) in paragraph (2), by striking “develop  
24 a summary” and inserting “develop and update  
25 a summary”;

1 (B) in paragraphs (3) and (4), by striking  
2 “make recommendations” and inserting “make  
3 and update recommendations”; and

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

6 “(5) develop and update a strategic plan for the  
7 conduct of, and support for, autism spectrum dis-  
8 order research, including as practicable for services  
9 and supports, for individuals with an autism spec-  
10 trum disorder across the lifespan of such individuals  
11 and the families of such individuals, and across the  
12 entire population of individuals with autism spec-  
13 trum disorder, including the full range of cognitive,  
14 communicative, behavioral, and adaptive functioning,  
15 as well as co-occurring conditions and needs for sup-  
16 port and services, including care necessary for phys-  
17 ical safety, which such plan shall include proposed  
18 budgetary requirements and recommendations to en-  
19 sure that autism spectrum disorder research, and  
20 services and support activities to the extent prac-  
21 ticable, of the Department of Health and Human  
22 Services and of other Federal departments and  
23 agencies are not unnecessarily duplicative; and  
24 “(6) submit to the Congress and President—

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

3           “(B) each update to the strategic plan de-  
4           scribed in paragraph (5), including any steps  
5           that have already been taken to implement the  
6           recommendations in such updated strategic  
7           plan and progress made in achieving the goals  
8           outlined in such updated strategic plan.”; and  
9           (2) in subsection (f), by striking “2024” and  
10          inserting “2029”.

11          (d) REPORTS TO CONGRESS.—Section 399DD of the  
12          Public Health Service Act (42 U.S.C. 280i–3) is amend-  
13          ed—

14                 (1) by striking “Autism CARES Act of 2019”  
15                 each place it appears and inserting “Autism CARES  
16                 Act of 2024”;

17                 (2) in subsection (a)—

18                         (A) in the heading of paragraph (1), by  
19                         striking “GENERAL” and inserting “GENERAL”;  
20                         and

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

23                                 “(1) IN GENERAL.—Not later than 4 years  
24                                 after September 30, 2024, the Secretary, in con-  
25                                 sultation and coordination with other Federal de-

1       partments and agencies that serve individuals with  
2       autism spectrum disorder, shall prepare and submit  
3       to the Committee on Health, Education, Labor, and  
4       Pensions of the Senate and the Committee on En-  
5       ergy and Commerce of the House of Representa-  
6       tives, and make publicly available, including through  
7       posting on the internet website of the Department of  
8       Health and Human Services, a progress report on  
9       activities related to autism spectrum disorder and  
10      other developmental disabilities. Such report shall  
11      include activities and research related to the entire  
12      population of individuals with autism spectrum dis-  
13      order, including the full range of cognitive, commu-  
14      nicative, behavioral, and adaptive functioning, as  
15      well as co-occurring conditions and needs for sup-  
16      port and services, including care necessary for phys-  
17      ical safety.”; and

18               (3) by adding at the end the following:

19       “(c) UPDATE ON YOUNG ADULTS AND YOUTH  
20      TRANSITIONING TO ADULTHOOD.—Not later than 2 years  
21      after the date of enactment of the Autism CARES Act  
22      of 2024, the Secretary, in coordination with other Federal  
23      departments and agencies that serve individuals with au-  
24      tism spectrum disorder, shall prepare and submit to the  
25      Committee on Energy and Commerce of the House of

1 Representatives and the Committee on Health, Education,  
2 Labor, and Pensions of the Senate an update to the report  
3 required pursuant to section 6 of the Autism Cares Act  
4 of 2014 (Public Law 113–157) concerning young adults  
5 with autism spectrum disorder and the challenges related  
6 to the transition from existing school-based services to  
7 those services available during adulthood.

8 “(d) PROFESSIONAL JUDGMENT BUDGET.—For each  
9 fiscal year through fiscal year 2029, the Director of the  
10 National Institutes of Health, in coordination with other  
11 relevant agencies, as appropriate, shall prepare and sub-  
12 mit, directly to the President for review and transmittal  
13 to Congress, after reasonable opportunity for comment,  
14 but without change, by the Secretary and the Interagency  
15 Autism Coordinating Committee established under section  
16 399CC(a), an annual budget estimate for carrying out the  
17 strategic plan developed and updated under section  
18 399CC(b)(5).”.

19 (e) AUTHORIZATION OF APPROPRIATIONS.—Section  
20 399EE of the Public Health Service Act (42 U.S.C. 280i–  
21 4) is amended—

22 (1) in subsection (a), by striking “\$23,100,000  
23 for each of fiscal years 2020 through 2024” and in-  
24 serting “\$28,100,000 for each of fiscal years 2025  
25 through 2029”;

1           (2) in subsection (b), by striking “\$50,599,000  
2           for each of fiscal years 2020 through 2024” and in-  
3           serting “\$56,344,000 for each of fiscal years 2025  
4           through 2029”; and

5           (3) in subsection (c), by striking “there are au-  
6           thorized to be appropriated \$296,000,000 for each  
7           of fiscal years 2020 through 2024” and inserting  
8           “there is authorized to be appropriated  
9           \$341,000,000 for each of fiscal years 2025 through  
10          2029”.

Amend the title so as to read: “A bill to amend the Public Health Service Act to enhance and reauthorize activities and programs relating to autism spectrum disorder, and for other purposes.”.

