

Committee Print

(SHOWING THE TEXT OF H.R. 7213 AS FAVORABLY FORWARDED BY THE
SUBCOMMITTEE ON HEALTH ON MAY 16, 2024)

118TH CONGRESS
2D SESSION

H. R. 7213

To amend the Public Health Service Act to **enhance activities of the National Institutes of Health with respect to research on autism spectrum disorder and enhance programs relating to autism / reauthorize certain programs with respect to autism spectrum disorder?**, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 1, 2024

Mr. SMITH of New Jersey (for himself and Mr. CUELLAR) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to **enhance activities of the National Institutes of Health with respect to research on autism spectrum disorder and enhance programs relating to autism / reauthorize certain programs with respect to autism spectrum disorder?**, and for other purposes.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Autism Collaboration,
3 Accountability, Research, Education, and Support Act of
4 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—

19 “(i) basic and clinical research in
20 fields including pathology, developmental
21 neurobiology, genetics, epigenetics, phar-
22 macology, nutrition, immunology,
23 neuroimmunology, neurobehavioral devel-
24 opment, endocrinology, gastroenterology,
25 toxicology, speech, language and hearing
26 science, psychiatry, psychology, develop-

1 mental behavioral pediatrics, and geron-
2 tology; and

3 “(ii) research on interventions to
4 maximize outcomes for individuals with au-
5 tism spectrum disorder; and

6 “(B) ensure that research referred to in
7 subparagraph (A)—

8 “(i) investigates the causes (including
9 possible environmental causes), diagnosis
10 or ruling out, early and ongoing detection,
11 prevention, intervention, services, supports
12 across the lifespan for autistic individuals
13 and caregivers, and treatment for autism
14 spectrum disorder and co-occurring condi-
15 tions, including dissemination and imple-
16 mentation of clinical care, supports, inter-
17 ventions, and treatments; and

18 “(ii) reflects the entire population of
19 individuals with autism spectrum disorder,
20 including the full range of cognitive, com-
21 municative, behavioral, and adaptive func-
22 tioning, as well as co-occurring conditions
23 and needs for support and services.”.

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

4 (1) in paragraph (2)—

5 (A) by striking “prevention, and treat-
6 ment” and inserting “prevention, services, and
7 treatment”;

8 (B) by striking “including the fields” and
9 inserting “including in the fields”; and

10 (C) by striking “behavioral psychology, and
11 clinical psychology” and inserting “behavioral
12 psychology, clinical psychology, and geron-
13 tology”;

14 (2) in paragraph (5)(A), by striking “not less
15 than five centers” and inserting “not fewer than six
16 centers”; and

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

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

22 “(d) PUBLIC INPUT.—

23 “(1) IN GENERAL.—The Director shall under
24 subsection (a)(1) provide for means through which
25 the public can obtain information on the existing

1 and planned programs and activities of the National
2 Institutes of Health with respect to autism spectrum
3 disorder and through which the Director can receive
4 comments from the public regarding such programs
5 and activities.

6 “(2) OPPORTUNITIES.—Such public input op-
7 portunities may include encouraging the centers
8 under subsection (b)(1) to establish an external advi-
9 sory board or adopting a comprehensive plan to en-
10 sure individuals with various backgrounds and per-
11 spectives are represented, among other activities.
12 Such opportunities should consider including, as ap-
13 propriate, individuals, family members, and care-
14 givers of individuals with autism spectrum disorder
15 who represent the entire population of individuals
16 with autism spectrum disorder, including the full
17 range of cognitive, communicative, behavioral, and
18 adaptive functioning, to better inform research find-
19 ings and future studies.”.

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

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

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

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

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

6 (1) in subsection (a)(2), by striking “subse-
7 quent interventions” and inserting “subsequent
8 interventions and services”;

9 (2) in subsection (b)(1), by striking “culturally
10 competent information” and inserting “culturally
11 and linguistically responsive information”;

12 (3) in subsection (b)(2)—

13 (A) by striking “promote research” and in-
14 serting “promote research, which may include
15 community-based participatory research,”; and

16 (B) by striking “screening tools” and in-
17 serting “screening and diagnostic tools”;

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

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

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

4 (7) in subsection (c)(2)(A)(ii)—

5 (A) by striking “advocates,” and inserting
6 “advocates, self-advocates,”; and

7 (B) by striking “culturally competent in-
8 formation” and inserting “culturally and lin-
9 guistically responsive information”;

10 (8) by amending paragraph (1) of subsection
11 (e) to read as follows:

12 “(1) TRAINING.—The Secretary, in coordina-
13 tion with activities conducted under title V of the
14 Social Security Act, shall, subject to the availability
15 of appropriations, strengthen the capacity of existing
16 training programs and expand existing interdiscipli-
17 nary training opportunities or opportunities to in-
18 crease the number of programs that address the
19 health and well-being of individuals who have or are
20 at increased likelihood for autism spectrum disorder
21 and other neurodevelopmental disabilities across
22 their lifespan. Activities under the preceding sen-
23 tence shall include—

24 “(A) awarding competitive grants or coop-
25 erative agreements to public or nonprofit agen-

1 cies, including institutions of higher education,
2 to expand existing or develop new maternal and
3 child health interdisciplinary leadership edu-
4 cation in neurodevelopmental and related dis-
5 abilities programs (similar to the programs de-
6 veloped under section 501(a)(2) of the Social
7 Security Act) in States that do not have such
8 a program;

9 “(B) ensuring that trainees under such
10 training programs—

11 “(i) receive an appropriate balance of
12 academic, clinical, and community opportu-
13 nities;

14 “(ii) are culturally and linguistically
15 responsive;

16 “(iii) are from various backgrounds;

17 “(iv) demonstrate a capacity to evalu-
18 ate, diagnose or rule out, develop, and pro-
19 vide evidence-based interventions and pro-
20 grams to individuals with autism spectrum
21 disorder and other developmental disabil-
22 ities across their lifespan; and

23 “(v) demonstrate an ability to use a
24 person- and family-centered approach,
25 which may include collaborating with re-

1 search centers or networks to provide
2 training for providers of respite care (as
3 defined in section 2901);

4 “(C) ensuring that program sites provide
5 culturally and linguistically responsive services;
6 and

7 “(D) encouraging training programs to
8 partner with appropriate entities to build com-
9 munity capacity.”;

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

12 “(C) REPORT.—Not later than 2 years
13 after September 30, 2024, the Comptroller
14 General of the United States shall prepare and
15 submit to the Committee on Energy and Com-
16 merce of the House of Representatives and the
17 Committee on Health, Education, Labor, and
18 Pensions of the Senate a report examining how
19 to increase the number of developmental-behav-
20 ioral pediatricians, including through the devel-
21 opmental behavioral pediatrician training pro-
22 gram.”;

23 (10) in subsection (f)—

1 (A) by striking “promote research” and in-
2 serting “promote research, including commu-
3 nity-based participatory research,”;

4 (B) by striking “physical and behavioral
5 health of individuals” and inserting “physical
6 and behavioral health, and communication
7 needs, of individuals”; and

8 (C) by striking “disseminate information
9 related to such research and guidelines” and in-
10 serting “disseminate information relating to
11 such research and guidelines to improve the
12 quality of life and long-term outcomes”; and

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

15 (c) INTERAGENCY AUTISM COORDINATING COM-
16 MITTEE.—Section 399CC of the Public Health Service Act
17 (42 U.S.C. 280i–2) is amended—

18 (1) in subsection (b)—

19 (A) in paragraph (2), by striking “develop
20 a summary” and inserting “develop and update
21 a summary”;

22 (B) in paragraphs (3) and (4), by striking
23 “make recommendations” and inserting “make
24 and update recommendations”; and

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

3 “(5) develop and update a strategic plan for the
4 conduct of, and support for, autism spectrum dis-
5 order research, including as practicable for services
6 and supports, for individuals with an autism spec-
7 trum disorder across the lifespan of such individuals
8 and the families of such individuals, and across the
9 entire population of individuals with autism spec-
10 trum disorder, including the full range of cognitive,
11 communicative, behavioral, and adaptive functioning,
12 as well as co-occurring conditions and needs for sup-
13 port and services, which such plan shall include pro-
14 posed budgetary requirements and recommendations
15 to ensure that autism spectrum disorder research,
16 and services and support activities to the extent
17 practicable, of the Department of Health and
18 Human Services and of other Federal departments
19 and agencies are not unnecessarily duplicative; and

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

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

23 “(B) each update to the strategic plan de-
24 scribed in paragraph (5), including any steps
25 that have already been taken to implement the

1 recommendations in such updated strategic
2 plan and progress made in achieving the goals
3 outlined in such updated strategic plan.”; and
4 (2) in subsection (f), by striking “2024” and
5 inserting “2029”.

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

9 (1) by striking “Autism CARES Act of 2019”
10 each place it appears and inserting “Autism CARES
11 Act of 2024”;

12 (2) in subsection (a)—

13 (A) in the heading of paragraph (1), by
14 striking “GENERAL” and inserting “GENERAL”;
15 and

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

18 “(1) IN GENERAL.—Not later than 4 years
19 after September 30, 2024, the Secretary, in con-
20 sultation and coordination with other Federal de-
21 partments and agencies that serve individuals with
22 autism spectrum disorder, shall prepare and submit
23 to the Committee on Health, Education, Labor, and
24 Pensions of the Senate and the Committee on En-
25 ergy and Commerce of the House of Representa-

1 tives, and make publicly available, including through
2 posting on the internet website of the Department of
3 Health and Human Services, a progress report on
4 activities related to autism spectrum disorder and
5 other developmental disabilities. Such report shall
6 include activities and research related to the entire
7 population of individuals with autism spectrum dis-
8 order, including the full range of cognitive, commu-
9 nicative, behavioral, and adaptive functioning, as
10 well as co-occurring conditions and needs for sup-
11 port and services.”; and

12 (3) by adding at the end the following new sub-
13 section:

14 “(c) UPDATE ON YOUNG ADULTS AND YOUTH
15 TRANSITIONING TO ADULTHOOD.—Not later than 2 years
16 after the date of enactment of the Autism CARES Act
17 of 2024, the Secretary, in coordination with other Federal
18 departments and agencies that serve individuals with au-
19 tism spectrum disorder, shall prepare and submit to the
20 Committee on Energy and Commerce of the House of
21 Representatives and the Committee on Health, Education,
22 Labor, and Pensions of the Senate an update to the report
23 required pursuant to section 6 of the Autism Cares Act
24 of 2014 (Public Law 113–157) concerning young adults
25 with autism spectrum disorder and the challenges related

1 to the transition from existing school-based services to
2 those services available during adulthood.”.

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

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

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

14 (3) in subsection (c), by striking “there are au-
15 thorized to be appropriated \$296,000,000 for each
16 of fiscal years 2020 through 2024” and inserting
17 “there is authorized to be appropriated
18 \$341,000,000 for each of fiscal years 2025 through
19 2029”.