

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 4631
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 “Combating Autism Re-
3 authorization Act of 2014”.

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

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

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

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

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

5 **SEC. 3. RESEARCH PROGRAM.**

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

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

11 (2) in subsection (b)(1), by striking “establish-
12 ment of regional centers of excellence” and inserting
13 “establishment or support of regional centers of ex-
14 cellence”;

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

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

20 **SEC. 4. AUTISM INTERVENTION.**

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

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

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

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

10 (4) in subsection (f), by striking “grants or
11 contracts” and all that follows through “for indi-
12 vidual with” and inserting “grants or contracts,
13 which may include grants or contracts to research
14 networks, to determine the evidence-based practices
15 for interventions to improve the physical and behav-
16 ioral health of individuals with”; and

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

19 **SEC. 5. INTERAGENCY AUTISM COORDINATING COM-**
20 **MITTEE.**

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

23 (1) in subsection (b)—

24 (A) in paragraph (1)—

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

2 and

3 (ii) by striking “intervention” and in-
4 sserting “interventions, including school and
5 community-based interventions”;

6 (B) by striking paragraph (2);

7 (C) by redesignating paragraph (1) as
8 paragraph (2), and inserting before such reded-
9 icated paragraph the following:

10 “(1) monitor autism spectrum disorder re-
11 search, services, and support activities across all
12 Federal departments and agencies, including coordi-
13 nation of Federal activities with respect to autism
14 spectrum disorder;”;

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

17 (E) in paragraph (4), by inserting before
18 the semicolon the following: “, and the process
19 by which public feedback can be better inte-
20 grated into such decisions”; and

21 (F) by striking paragraphs (5) and (6) and
22 inserting the following:

23 “(5) develop a strategic plan for the conduct of,
24 and support for, autism spectrum disorder research
25 and services and supports for individuals with an au-

1 tism spectrum disorder and the families of such indi-
2 viduals, which shall include—

3 “(A) proposed budgetary requirements;
4 and

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

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

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

14 “(B) an annual update to the strategic
15 plan described in paragraph (5), including any
16 progress made in achieving the goals outlined in
17 such strategic plan.”;

18 (2) in subsection (c)—

19 (A) in paragraph (1)—

20 (i) by striking the paragraph heading
21 and matter preceding subparagraph (A)
22 and inserting the following:

23 “(1) FEDERAL MEMBERSHIP.—The Committee
24 shall be composed of the following Federal mem-
25 bers—”;

1 (ii) in subparagraph (C)—

2 (I) by inserting “, such as the
3 Administration for Community Living,
4 Administration for Children and Fam-
5 ilies, the Centers for Medicare & Med-
6 icaid Services, the Food and Drug Ad-
7 ministration, and the Health Re-
8 sources and Services Administration”
9 before the semicolon at the end; and

10 (II) by adding at the end “and”;

11 (iii) in subparagraph (D)—

12 (I) by inserting “and the Depart-
13 ment of Defense” after “Department
14 of Education”; and

15 (II) by striking at the end “;
16 and” and inserting a period; and

17 (iv) by striking subparagraph (E);

18 (B) in paragraph (2)—

19 (i) in the paragraph heading, by strik-
20 ing “ADDITIONAL” and inserting “NON-
21 FEDERAL”;

22 (ii) in the matter preceding subpara-
23 graph (A), by striking “Not fewer than 6
24 members of the Committee, or 1/3 of the
25 total membership of the Committee, which-

1 ever is greater” and inserting “Not more
2 than $\frac{1}{2}$, but not fewer than $\frac{1}{3}$, of the
3 total membership of the Committee”;

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

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

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

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

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

19 “(A) FEDERAL MEMBERS.—Federal mem-
20 bers shall be appointed under paragraph (1) for
21 a term lasting 4 years, and may be reappointed
22 for one or more additional 4-year term.

23 “(B) NON-FEDERAL MEMBERS.—Non-Fed-
24 eral members shall be appointed under para-

1 graph (2) for a term lasting 2 years, and may
2 be reappointed for one additional 2-year term.

3 “(C) VACANCIES.—A vacancy on the Com-
4 mittee shall be filled in the manner in which the
5 original appointment was made and shall not
6 affect the powers or duties of the Committee.
7 Any member appointed to fill a vacancy for an
8 unexpired term shall be appointed for the re-
9 mainder of such term. A member may serve
10 after the expiration of the member’s term until
11 a successor has been appointed.”;

12 (3) in subsection (d)—

13 (A) by striking paragraph (2);

14 (B) by redesignating paragraph (3) and
15 (4) as paragraphs (2) and (3), respectively; and

16 (C) in paragraph (3) (as so redesignated),
17 by inserting “and hearings” after “meetings”;
18 and

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

21 **SEC. 6. PROGRESS REPORT.**

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

24 (1) in the section heading, by striking “**RE-**
25 **PORT**” and inserting “**PROGRESS REPORT**”;

1 (2) in subsection (a)—

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

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

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

14 (3) in subsection (b)—

15 (A) in paragraph (1), by striking “Com-
16 bating Autism Act of 2006” and inserting “the
17 Combating Autism Reauthorization Act of
18 2014”;

19 (B) in paragraph (2), by striking “par-
20 ticular provision of Combating Autism Act of
21 2006” and inserting “amendments made by the
22 Combating Autism Reauthorization Act of
23 2014”;

24 (C) by striking paragraph (3) and insert-
25 ing the following:

1 “(3) information on the incidence and preva-
2 lence of autism spectrum disorder, including avail-
3 able information on the prevalence of autism spec-
4 trum disorder among children and adults, and iden-
5 tification of any changes over time with respect to
6 the incidence and prevalence of autism spectrum dis-
7 order;”;

8 (D) in paragraph (4), by striking “6-year
9 period beginning on the date of enactment of
10 the Combating Autism Act of 2006” and insert-
11 ing “4-year period beginning on the date of en-
12 actment of the Combating Autism Reauthoriza-
13 tion Act of 2014 and, as appropriate, how this
14 age varies across populations subgroups”;

15 (E) in paragraph (5), by striking “6-year
16 period beginning on the date of enactment of
17 the Combating Autism Act of 2006” and insert-
18 ing “4-year period beginning on the date of en-
19 actment of the Combating Autism Reauthoriza-
20 tion Act of 2014 and, as appropriate, how this
21 age varies across populations subgroups”;

22 (F) in paragraph (6), by inserting “and, as
23 appropriate, how this average time varies across
24 populations subgroups” after “disabilities”;

25 (G) in paragraph (7)—

1 (i) by striking “including by various
2 subtypes,” and inserting “including by se-
3 verity level as practicable,”; and

4 (ii) by striking “child may” and in-
5 serting “child or other factors, such as de-
6 mographic characteristics, may”;

7 (H) in paragraph (8), by striking “and” at
8 the end;

9 (I) in paragraph (9), by striking the period
10 at the end and inserting “; and”; and

11 (J) by adding at the end the following:

12 “(10) a description of the actions taken to im-
13 plement and the progress made on implementation
14 of the strategic plan developed by the Interagency
15 Autism Coordinating Committee.”.

16 **SEC. 7. REPORT TO CONGRESS ON DEMOGRAPHICS AND**
17 **NEEDS OF ADULTS WITH AUTISM SPECTRUM**
18 **DISORDER.**

19 (a) IN GENERAL.—Not later than 24 months after
20 the date of enactment of this Act, the Comptroller General
21 of the United States shall complete a study and submit
22 to the Congress a report on the demographics and needs,
23 if any, of individuals in the United States with an autism
24 spectrum disorder (in this section referred to as “ASD”).

1 (b) ISSUES TO BE ADDRESSED.—The study and re-
2 port under subsection (a) shall—

3 (1) address the demographics of individuals
4 with ASD making the transition from a school-based
5 support system to adulthood;

6 (2) address the needs, if any, of adults with
7 ASD with respect to—

8 (A) community integration;

9 (B) housing and residential supports;

10 (C) employment;

11 (D) transportation;

12 (E) vocational training and rehabilitation;

13 (F) continued education;

14 (G) health care and social services;

15 (H) speech therapy;

16 (I) public safety; and

17 (J) day habilitation activities, including
18 those to provide a safe, respectful, and stimu-
19 lating environment that allows participants to
20 become active members of their community;

21 (3) provide an overview of policies and pro-
22 grams for addressing the needs identified in para-
23 graph (2), which should include policies and pro-
24 grams provided or funded by Federal departments

1 and agencies, as well as by selected State and local
2 governments and private sector assistance; and

3 (4) provide policy recommendations to—

4 (A) improve outcomes for adults with ASD
5 making the transition from a school-based sup-
6 port system to adulthood;

7 (B) enhance the effectiveness of the poli-
8 cies, programs, and assistance described in
9 paragraph (3);

10 (C) ensure integration of and collaboration
11 among services for addressing the needs of
12 adults with ASD; and

13 (D) encourage independent living, equal
14 opportunity, full participation, and economic
15 self-sufficiency.

16 (c) STAKEHOLDER INPUT.—

17 (1) IN GENERAL.—In carrying out this section,
18 the Comptroller General shall obtain the input of
19 key stakeholders on—

20 (A) the needs, if any, of adults with ASD;

21 (B) the services and resources available for
22 addressing such needs; and

23 (C) the effectiveness of such services and
24 resources.

1 (2) STAKEHOLDERS.—The key stakeholders de-
2 scribed in paragraph (1) should, to the extent prac-
3 ticable, include the following:

4 (A) Individuals from the business commu-
5 nity representing both large and small busi-
6 nesses.

7 (B) Institutions of higher education, com-
8 munity colleges, vocational schools, and univer-
9 sity centers for excellence in developmental dis-
10 abilities.

11 (C) Health care and social service pro-
12 viders, including case management experts.

13 (D) Vocational rehabilitation experts.

14 (E) State and local housing departments
15 and nonprofit organizations that provide hous-
16 ing services for individuals with disabilities.

17 (F) Individuals with ASD, parents of indi-
18 viduals with ASD, and representatives from ad-
19 vocacy groups that focus on individuals with
20 ASD.

21 (G) Officials or employees of the Federal
22 Government responsible for overseeing disability
23 services at each of the following departments
24 and agencies:

1 (i) The Department of Health and
2 Human Services, including the Administra-
3 tion for Children and Families, the Centers
4 for Disease Control and Prevention, the
5 Centers for Medicare & Medicaid Services,
6 the Health Resources and Services Admin-
7 istration, and the Administration for Com-
8 munity Living.

9 (ii) The Department of Education.

10 (iii) The Department of Housing and
11 Urban Development.

12 (iv) The Department of Labor.

13 (v) The Department of Justice.

14 (vi) The Department of Transpor-
15 tation.

16 (vii) Any other Federal departments
17 and agencies determined appropriate by
18 the Comptroller General.

19 **SEC. 8. AUTHORIZATION OF APPROPRIATIONS.**

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

22 (1) in subsection (a), by striking “fiscal years
23 2012 through 2014” and inserting “fiscal years
24 2015 through 2019”;

1 (2) in subsection (b), by striking “fiscal years
2 2011 through 2014” and inserting “fiscal years
3 2015 through 2019”; and

4 (3) in subsection (c), by striking “\$161,000,000
5 for each of fiscal years 2011 through 2014” and in-
6 serting “\$190,000,000 for each of fiscal years 2015
7 through 2019”.

