

AMENDMENT TO COMMITTEE PRINT OF H.R. 4631
OFFERED BY MR. UPTON OF MICHIGAN

[Page and line numbers to H4631_CPT]

Page 2, strike lines 1 through 3 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 2014” or the “Autism CARES Act of 2014”.

Page 3, strike lines 4 through 7, and insert the following:

5 (2) in subsection (b)(1)—
6 (A) by striking “establishment of regional
7 centers of excellence” and inserting “establish-
8 ment or support of regional centers of excel-
9 lence”; and
10 (B) by inserting “for children and adults”
11 before the period at the end;

Page 4, line 7, insert “centers or” before “networks”.

Page 5, line 5, strike “, services, and support activities” and insert “, and to the extent practicable services and support activities,”.

Page 8, strike lines 14 through 21, and insert the following:

1 (A) PERIOD OF APPOINTMENT FOR NON-
2 FEDERAL MEMBERS.—Non-Federal members
3 shall serve for a term of 4 years, and may be
4 reappointed for one or more additional 4 year
5 term.

Page 8, line 22, strike “(C)” and insert “(B)”.

Page 9, line 7, insert “and” after the semicolon.

Page 9, strike lines 10 through 12.

Page 9, strike line 15 and all that follows through page 16, line 14, and insert the following:

6 **SEC. 6. REPORTS.**

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

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

11 (2) in subsection (b), by redesignating para-
12 graphs (1) through (9) as subparagraphs (A)

1 through (I), respectively, and realigning the margins
2 accordingly;

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

6 (4) by inserting after the section heading the
7 following:

8 “(a) PROGRESS REPORT.—”;

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

10 (A) by striking “2 years after the date of
11 enactment of the Combating Autism Reauthor-
12 ization Act of 2011” and inserting “4 years
13 after the date of enactment of the Autism
14 CARES Act of 2014”;

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

17 (C) by inserting “, and make publicly
18 available, including through posting on the
19 Internet Web site of the Department of Health
20 and Human Services,” after “Representatives”;
21 and

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

23 (A) in subparagraph (A), (as so redesi-
24 gnated), by striking “Combating Autism Act of

1 2006” and inserting “the Autism CARES Act
2 of 2014”;

3 (B) in subparagraph (B) (as so redesign-
4 ated), by striking “particular provision of
5 Combating Autism Act of 2006” and inserting
6 “amendments made by the Autism CARES Act
7 of 2014”;

8 (C) by striking subparagraph (C) (as so
9 redesignated), and inserting the following:

10 “(C) information on the incidence and
11 prevalence of autism spectrum disorder, includ-
12 ing available information on the prevalence of
13 autism spectrum disorder among children and
14 adults, and identification of any changes over
15 time with respect to the incidence and preva-
16 lence of autism spectrum disorder;”;

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

24 (E) in subparagraph (E) (as so redesign-
25 ated), by striking “6-year period beginning on

1 the date of enactment of the Combating Autism
2 Act of 2006” and inserting “4-year period be-
3 ginning on the date of enactment of the Autism
4 CARES Act of 2014 and, as appropriate, how
5 this age varies across populations subgroups”;

6 (F) in subparagraph (F) (as so redesign-
7 ated), by inserting “and, as appropriate, on
8 how such average time varies across populations
9 subgroups” before the semicolon at the end;

10 (G) in subparagraph (G) (as so redesign-
11 ated)—

12 (i) by striking “including by various
13 subtypes,” and inserting “including by se-
14 verity level as practicable,”; and

15 (ii) by striking “child may” and in-
16 serting “child or other factors, such as de-
17 mographic characteristics, may”;

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

20 “(I) a description of the actions taken to
21 implement and the progress made on implemen-
22 tation of the strategic plan developed by the
23 Interagency Autism Coordinating Committee
24 under section 399CC(b).”; and

1 (7) by adding at the end the following new sub-
2 section:

3 “(b) REPORT ON YOUNG ADULTS AND
4 TRANSITIONING YOUTH.—

5 “(1) IN GENERAL.—Not later than 2 years
6 after the date of enactment of the Autism CARES
7 Act of 2014, the Secretary, in coordination with the
8 Secretary of Education and in collaboration with the
9 Secretary of Transportation, the Secretary of Labor,
10 the Secretary of Housing and Urban Development,
11 and the Attorney General, shall prepare and submit
12 to the Committee on Health, Education, Labor, and
13 Pensions of the Senate and the Committee on En-
14 ergy and Commerce of the House of Representa-
15 tives, a report concerning young adults with autism
16 spectrum disorder and the challenges related to the
17 transition from existing school-based services to
18 those services available during adulthood.

19 “(2) CONTENTS.—The report submitted under
20 paragraph (1) shall contain—

21 “(A) demographic characteristics of youth
22 transitioning from school-based to community-
23 based supports;

24 “(B) an overview of policies and programs
25 relevant to young adults with autism spectrum

1 disorder relating to post-secondary school tran-
2 sitional services, including an identification of
3 existing Federal laws, regulations, policies, re-
4 search, and programs;

5 “(C) proposals on establishing best prac-
6 tices guidelines to ensure—

7 “(i) interdisciplinary coordination be-
8 tween all relevant service providers receiv-
9 ing federal funding;

10 “(ii) coordination with transitioning
11 youth and the family of such transitioning
12 youth; and

13 “(iii) inclusion of the individualized
14 education program for the transitioning
15 youth, as prescribed in section 614 of the
16 Individuals with Disabilities Education Act
17 (20 U.S.C. 1414);

18 “(D) comprehensive approaches to
19 transitioning from existing school-based services
20 to those services available during adulthood, in-
21 cluding—

22 “(i) services that increase access to,
23 and improve integration and completion of,
24 post-secondary education, peer support, vo-
25 cational training (as defined in section 103

1 of the Rehabilitation Act of 1973 (29
2 U.S.C. 723)), rehabilitation, self-advocacy
3 skills, and competitive, integrated employ-
4 ment;

5 “(ii) community-based behavioral sup-
6 ports and interventions;

7 “(iii) community-based integrated res-
8 idential services, housing, and transpor-
9 tation;

10 “(iv) nutrition, health and wellness,
11 recreational, and social activities;

12 “(v) personal safety services for indi-
13 viduals with autism spectrum disorder re-
14 lated to public safety agencies or the crimi-
15 nal justice system; and

16 “(vi) evidence-based approaches for
17 coordination of resources and services once
18 individuals have aged out of post-secondary
19 education; and

20 “(E) proposals that seek to improve out-
21 comes for adults with autism spectrum disorder
22 making the transition from a school-based sup-
23 port system to adulthood by—

24 “(i) increasing the effectiveness of
25 programs that provide transition services;

1 “(ii) increasing the ability of the rel-
2 evant service providers described in sub-
3 paragraph (C) to provide supports and
4 services to underserved populations and re-
5 gions;

6 “(iii) increasing the efficiency of serv-
7 ice delivery to maximize resources and out-
8 comes, including with respect to the inte-
9 gration of and collaboration among services
10 for transitioning youth;

11 “(iv) ensuring access to all services
12 necessary to transitioning youth of all ca-
13 pabilities; and

14 “(v) encouraging transitioning youth
15 to utilize all available transition services to
16 maximize independence, equal opportunity,
17 full participation, and self-sufficiency.”.

Page 16, line 15, strike “**8.**” and insert “**7.**”.

