

116TH CONGRESS
1ST SESSION

H. R. 1058

To reauthorize certain provisions of the Public Health Service Act relating to autism, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 7, 2019

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

A BILL

To reauthorize certain provisions of the Public Health Service Act relating to autism, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Autism Collaboration,
5 Accountability, Research, Education, and Support Act of
6 2019” or the “Autism CARES Act of 2019”.

1 **SEC. 2. EXPANSION, INTENSIFICATION, AND COORDINA-**
2 **TION OF ACTIVITIES OF NATIONAL INSTI-**
3 **TUTES OF HEALTH WITH RESPECT TO RE-**
4 **SEARCH ON AUTISM SPECTRUM DISORDER.**

5 Section 409C of the Public Health Service Act (42
6 U.S.C. 284g) is amended—

7 (1) in subsection (a)(1)—

8 (A) by inserting after “and toxicology” the
9 following: “, and interventions to maximize out-
10 comes for persons with autism spectrum dis-
11 order”;

12 (B) by inserting after “early” the fol-
13 lowing: “and ongoing”; and

14 (C) by inserting after “treatment of autism
15 spectrum disorder” the following: “, including
16 dissemination and implementation of clinical
17 care, supports, intervention, and treatment”;
18 and

19 (2) in subsection (b)—

20 (A) by amending paragraph (2) to read as
21 follows:

22 “(2) RESEARCH.—Each center under para-
23 graph (1) shall conduct basic and clinical research
24 into autism spectrum disorder. Such research should
25 include investigations into the causes, diagnosis, and
26 early and ongoing detection, prevention, and treat-

1 ment of autism spectrum disorder across the life-
 2 span. The centers, as a group, shall conduct re-
 3 search including in the fields of developmental
 4 neurobiology, genetics, psychopharmacology, genom-
 5 ics, and developmental, behavioral, and clinical psy-
 6 chology.”; and

7 (B) in paragraph (3), by adding at the end
 8 the following new subparagraph:

9 “(D) REDUCING DISPARITIES.—In award-
 10 ing grants to applicants which meet the sci-
 11 entific criteria for funding under this section,
 12 the Director may consider, as appropriate, the
 13 extent to which a center can demonstrate avail-
 14 ability and access to clinical services for youth
 15 and adults from diverse racial, ethnic, geo-
 16 graphic, or linguistic backgrounds.”.

17 **SEC. 3. DEVELOPMENTAL DISABILITIES SURVEILLANCE**
 18 **AND RESEARCH PROGRAM.**

19 Section 399AA(e) of the Public Health Service Act
 20 (42 U.S.C. 280i(e)) is amended by striking “2019” and
 21 inserting “2024”.

22 **SEC. 4. AUTISM EDUCATION, EARLY DETECTION, AND**
 23 **INTERVENTION.**

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

(1) in subsection (a)(1), by striking “for children” and inserting “for individuals”;

(2) in subsection (b)—

(A) by redesignating paragraphs (4) through (6) as paragraphs (5) through (7), respectively; and

(B) by inserting after paragraph (3) the following new paragraph:

“(4) promote evidence-based screening techniques and interventions for individuals with autism spectrum disorder across their lifespans;”;

(3) in subsection (c)(1), in the matter preceding subparagraph (A), by inserting after “needs of individuals with autism spectrum disorder or other developmental disabilities” the following: “across the lifespan of such individuals”;

(4) in subsection (e), by adding at the end the following new paragraph:

“(4) PRIORITIZATION.—

“(A) IN GENERAL.—In awarding grants and agreements under paragraphs (1) and (2), the Secretary may prioritize awards to training programs described in paragraph (1) that are developmental-behavioral pediatrician training

1 programs located in rural areas or underserved
2 areas.

3 “(B) UNDERSERVED AREA DEFINED.—In
4 this paragraph, the term ‘underserved area’
5 means—

6 “(i) an area described in section
7 332(a)(1)(A); and

8 “(ii) a medically underserved popu-
9 lation (as defined in section
10 330(b)(3)(A)).”;

11 (5) in subsection (f), by inserting after “individ-
12 uals with autism spectrum disorder or other develop-
13 mental disabilities” the following: “across the life-
14 span of such individuals”; and

15 (6) in subsection (g), by striking “2019” and
16 inserting “2024”.

17 **SEC. 5. INTERAGENCY AUTISM COORDINATING COM-**
18 **MITTEE.**

19 Section 399CC of the Public Health Service Act (42
20 U.S.C. 280i–2) is amended—

21 (1) in subsection (b)—

22 (A) in paragraph (2), by inserting after
23 “services and supports for individuals with au-
24 tism spectrum disorder” the following: “across
25 the lifespan of such individuals”; and

1 (B) in paragraph (5), by inserting after
2 “individuals with an autism spectrum disorder”
3 the following: “across the lifespan of such indi-
4 viduals”;
5 (2) in subsection (c)—

6 (A) in paragraph (1)(D), by inserting after
7 “the Department of Education” the following:
8 “, the Department of Labor, the Department of
9 Justice, the Department of Housing and Urban
10 Development,”; and

11 (B) in paragraph (3)(A), by striking “one
12 or more additional 4-year terms” and inserting
13 “one additional 4-year term”; and

14 (3) in subsection (f), by striking “2019” and
15 inserting “2024”.

16 **SEC. 6. REPORTS TO CONGRESS.**

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

19 (1) in subsection (a)—

20 (A) in paragraph (1), by striking “of
21 2014” and inserting “of 2019”; and

22 (B) in paragraph (2)—

23 (i) by striking “of 2014” each place it
24 appears and inserting “of 2019”;

1 (ii) in subparagraph (G), striking
2 “age of the child” and inserting “age of
3 the individual”;

4 (iii) in subparagraph (H), by striking
5 “and” at the end;

6 (iv) in subparagraph (I), by striking
7 the period at the end and inserting “;
8 and”; and

9 (v) by adding at the end the following
10 new subparagraph:

11 “(J) information on how States use home
12 and community-based services and other sup-
13 ports to ensure that individuals with autism
14 spectrum disorder or other developmental dis-
15 abilities are living, working, and participating in
16 the community.”; and

17 (2) by amending subsection (b) to read as fol-
18 lows:

19 “(b) REPORT ON HEALTH AND WELL-BEING OF IN-
20 DIVIDUALS WITH AUTISM SPECTRUM DISORDER.—

21 “(1) IN GENERAL.—Not later than 2 years
22 after the date of enactment of the Autism CARES
23 Act of 2019, the Secretary shall prepare and submit
24 to the Committee on Health, Education, Labor and
25 Pensions of the Senate and the Committee on En-

1 ergy and Commerce of the House of Representatives
2 a report concerning the health and well-being of in-
3 dividuals with autism spectrum disorder.

4 “(2) CONTENTS.—The report submitted under
5 paragraph (1) shall contain—

6 “(A) demographic factors associated with
7 the health and well-being of individuals with au-
8 tism spectrum disorder;

9 “(B) an overview of policies and programs
10 relevant to the health and well-being of individ-
11 uals with autism spectrum disorder, including
12 an identification of existing Federal laws, regu-
13 lations, policies, research, and programs;

14 “(C) proposals on establishing best prac-
15 tices guidelines to ensure interdisciplinary co-
16 ordination between all relevant service providers
17 receiving Federal funding;

18 “(D) comprehensive approaches to improv-
19 ing health outcomes and well-being for individ-
20 uals with autism spectrum disorder, including—

21 “(i) community-based behavioral sup-
22 ports and interventions;

23 “(ii) nutrition, recreational, and social
24 activities; and

1 “(iii) personal safety services for indi-
2 viduals with autism spectrum disorder re-
3 lated to public safety agencies or the crimi-
4 nal justice system; and

5 “(E) recommendations that seek to im-
6 prove health outcomes for individuals with au-
7 tism spectrum disorder by addressing—

8 “(i) screening and diagnosis of indi-
9 viduals of all ages;

10 “(ii) behavioral and other therapeutic
11 approaches;

12 “(iii) primary and preventative care;

13 “(iv) communication challenges;

14 “(v) aggression, self-injury, elope-
15 ment, and other behavioral issues;

16 “(vi) emergency room visits and acute
17 care hospitalization;

18 “(vii) treatment for co-occurring phys-
19 ical and mental health conditions;

20 “(viii) premature mortality;

21 “(ix) medical practitioner training;

22 and

23 “(x) caregiver mental health.”.

1 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

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

4 (1) in subsection (a), by striking “\$22,000,000
5 for each of fiscal years 2015 through 2019” and in-
6 serting “\$23,100,000 for each of fiscal years 2020
7 through 2024”;

8 (2) in subsection (b), by striking “\$48,000,000
9 for each of fiscal years 2015 through 2019” and in-
10 serting “\$50,599,000 for each of fiscal years 2020
11 through 2024”; and

12 (3) in subsection (c), by striking “there is au-
13 thorized to be appropriated \$190,000,000 for each
14 of fiscal years 2015 through 2019” and inserting
15 “there are authorized to be appropriated such sums
16 as may be necessary for each of fiscal years 2020
17 through 2024”.

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