

118TH CONGRESS
2^D SESSION

H. R. 7213

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 19, 2024

Received

AN ACT

To amend the Public Health Service Act to enhance and reauthorize activities and programs relating 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.—Section 409C(a)(1)
7 of the Public Health Service Act (42 U.S.C. 284g(a)(1))
8 is amended—

9 (1) by striking “) shall, subject to the avail-
10 ability” and inserting the following: “), in consulta-
11 tion with relevant Federal departments and agen-
12 cies, as appropriate, shall—

13 “(A) subject to the availability”;

14 (2) by striking “basic and clinical research in
15 fields including pathology” and inserting the fol-
16 lowing: “basic and clinical research—

17 “(i) in fields, such as pathology”;

18 (3) by striking “toxicology, and interventions”
19 and inserting the following: “toxicology, psychiatry,
20 psychology, developmental behavioral pediatrics,
21 audiology, and gerontology; and

22 “(ii) on interventions”;

23 (4) by striking “disorder. Such research shall
24 investigate” and inserting the following: “disorder;
25 and

1 “(B) ensure that research referred to in
2 subparagraph (A)—

3 “(i) investigates”;

4 (5) by striking “prevention, services across the
5 lifespan, supports, intervention, and treatment of
6 autism spectrum disorder” and inserting “preven-
7 tion, services and supports across the lifespan, inter-
8 vention, and treatment of autism spectrum disorder
9 and co-occurring conditions”; and

10 (6) by striking “treatments.” and inserting the
11 following: “treatments;

12 “(ii) examines supports for caregivers;

13 and

14 “(iii) reflects the entire population of
15 individuals with autism spectrum disorder,
16 including those individuals with co-occur-
17 ring conditions and the full range of needs
18 for supports and services, including such
19 supports and services to ensure the safety,
20 and promote the well-being, of such indi-
21 viduals.”.

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

25 (1) in paragraph (2)—

1 (A) by striking “including the fields of”
2 and inserting “in fields such as”; and

3 (B) by striking “behavioral psychology,
4 and clinical psychology” and inserting “behav-
5 ioral psychology, clinical psychology, and geron-
6 tology”;

7 (2) in paragraph (5)(A), by striking “five” and
8 inserting “seven”; and

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

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

14 “(d) PUBLIC INPUT.—

15 “(1) IN GENERAL.—The Director shall under
16 subsection (a)(1) provide for means through which
17 the public can obtain information on the existing
18 and planned programs and activities of the National
19 Institutes of Health with respect to autism spectrum
20 disorder and through which the Director can receive
21 comments from the public regarding such programs
22 and activities.

23 “(2) GUIDANCE.—The Director may provide
24 guidance to centers under subsection (b)(1) on strat-
25 egies, activities, and opportunities to promote en-

1 gagement with, and solicit input from, individuals
2 with autism spectrum disorder and their family
3 members, guardians, advocates or authorized rep-
4 resentatives, providers, or other appropriate individ-
5 uals to inform the activities of the center. Such
6 strategies, activities, and opportunities should con-
7 sider including, as appropriate, individuals, family
8 members, and caregivers of individuals with autism
9 spectrum disorder who represent the entire popu-
10 lation of individuals with autism spectrum disorder,
11 including those individuals with co-occurring condi-
12 tions and the full range of needs for supports and
13 services, including such supports and services to en-
14 sure the safety, and promote the well-being, of such
15 individuals, to inform the activities of the center.”.

16 (d) BUDGET ESTIMATE.—Section 409C of the Public
17 Health Service Act (42 U.S.C. 284g) is amended by add-
18 ing at the end the following:

19 “(e) BUDGET ESTIMATE.—For each of fiscal years
20 2026 through 2029, the Director shall prepare and sub-
21 mit, directly to the President for review and transmittal
22 to Congress, an annual budget estimate for the initiatives
23 of the National Institutes of Health pursuant to the stra-
24 tegic plan developed under section 399CC(b)(5) and up-
25 dated under section 399CC(b)(6)(B), after reasonable op-

1 portunity for comment (but without change) by the Sec-
2 retary and the Interagency Autism Coordinating Com-
3 mittee established under section 399CC.”.

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

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

8 (1) in subsection (a)(3), by striking “an Indian
9 tribe, or a tribal organization” and inserting “an In-
10 dian Tribe, or a Tribal organization”;

11 (2) in subsection (b)(1), by inserting “across
12 the lifespan” before the period at the end;

13 (3) in subsection (d)(1)—

14 (A) in the paragraph heading, by striking
15 “TRIBE; TRIBAL” and inserting “TRIBE; TRIB-
16 AL”;

17 (B) by striking “tribe” and inserting
18 “Tribe”; and

19 (C) by striking “tribal” and inserting
20 “Tribal”; and

21 (4) in subsection (e), by striking “2024” and
22 inserting “2029”.

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

1 (1) in subsection (b)(1), by striking “culturally
2 competent information” and inserting “culturally
3 and linguistically appropriate information”;

4 (2) in subsection (b)(2)—

5 (A) by striking “promote research” and in-
6 serting “promote research, which may include
7 research that takes a community-based ap-
8 proach,”; and

9 (B) by striking “screening tools” each
10 place it appears and inserting “screening and
11 diagnostic tools”;

12 (3) in subsection (b)(3), by striking “at higher
13 risk” and inserting “at increased likelihood”;

14 (4) in subsection (b)(4), by inserting “, which
15 may give consideration to the perspectives of parents
16 and guardians” before the semicolon at the end;

17 (5) in subsection (b)(7), by striking “at higher
18 risk” and inserting “at increased likelihood”;

19 (6) in subsection (c)(1), by striking “culturally
20 competent information” and inserting “culturally
21 and linguistically appropriate information”;

22 (7) in subsection (c)(2)(A)(ii), by striking “cul-
23 turally competent information” and inserting “cul-
24 turally and linguistically appropriate information”;

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

3 (9) in subsection (e)(1)—

4 (A) in the matter preceding subparagraph
5 (A), by inserting “, and strengthen the capacity
6 of,” after “expand”; and

7 (B) in subparagraph (A)—

8 (i) by striking “expand existing or de-
9 velop new” and inserting “expand and
10 strengthen the capacity of existing, or, in
11 States that do not have such a program,
12 develop new,”; and

13 (ii) by striking “Act) in States that do
14 not have such a program” and inserting
15 “Act”;

16 (C) in subparagraph (B)(v), by inserting
17 “or other providers, as applicable” before the
18 semicolon at the end; and

19 (D) by amending subparagraph (C) to read
20 as follows:

21 “(C) program sites—

22 “(i) provide culturally and linguis-
23 tically appropriate services;

1 “(ii) take a multidisciplinary approach
2 and have experience working with under-
3 served populations; and

4 “(iii) identify opportunities to partner
5 with community-based organizations to ex-
6 pand the capacity of communities to serve
7 individuals with autism spectrum disorder
8 or other developmental disabilities.”;

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

11 “(C) REPORT.—Not later than 2 years
12 after the date of the enactment of the Autism
13 CARES Act of 2024, the Secretary shall submit
14 to the Committee on Energy and Commerce of
15 the House of Representatives and the Com-
16 mittee on Health, Education, Labor, and Pen-
17 sions of the Senate a report that examines the
18 need for, and feasibility of, expanding the devel-
19 opmental-behavioral pediatrician training pro-
20 grams described in subparagraph (A).”;

21 (11) by amending subsection (f) to read as fol-
22 lows:

23 “(f) INTERVENTION.—The Secretary shall promote
24 research through grants or contracts, which may include
25 grants or contracts to research centers or networks, to—

1 “(1) develop and evaluate evidence-based prac-
2 tices and interventions to improve outcomes for indi-
3 viduals with autism spectrum disorder or other de-
4 velopmental disabilities by addressing physical and
5 behavioral health and communication needs of such
6 individuals across the lifespan;

7 “(2) develop guidelines for such evidence-based
8 practices and interventions; and

9 “(3) disseminate information related to such
10 evidence-based practices and interventions and
11 guidelines.”; and

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

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

17 (1) in subsection (b)—

18 (A) in the matter preceding paragraph (1),
19 by inserting “, on a regular basis” after
20 “shall”;

21 (B) in paragraph (2), by striking “develop
22 a summary” and inserting “summarize”; and

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

1 “(5) develop a strategic plan for the conduct of,
2 and support for, autism spectrum disorder research,
3 as described in section 409C(a)(1), which shall in-
4 clude—

5 “(A) proposed budgetary requirements;

6 and

7 “(B) recommendations to ensure that au-
8 tism spectrum disorder research, and services
9 and support activities to the extent practicable,
10 of the Department of Health and Human Serv-
11 ices and of other Federal departments and
12 agencies are not unnecessarily duplicative; and

13 “(6) submit to the Congress and the Presi-
14 dent—

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

17 “(B) a biennial update on the strategic
18 plan described in paragraph (5), including
19 progress made in achieving the goals outlined in
20 such strategic plan and any specific measures
21 taken pursuant to such strategic plan.”; and

22 (2) in subsection (f), by striking “2024” and
23 inserting “2029”.

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

4 (1) by striking “2019” each place it appears
5 and inserting “2024”; and

6 (2) in subsection (a), by amending paragraph
7 (1) to read as follows:

8 “(1) IN GENERAL.—Not later than 4 years
9 after September 30, 2024, the Secretary, in con-
10 sultation with other relevant Federal departments
11 and agencies, shall prepare and submit to the Com-
12 mittee on Health, Education, Labor, and Pensions
13 of the Senate and the Committee on Energy and
14 Commerce of the House of Representatives, and
15 make publicly available, including through posting
16 on the website of the Department of Health and
17 Human Services, a progress report on activities re-
18 lated to autism spectrum disorder and other develop-
19 mental disabilities. Such report shall include activi-
20 ties and research related to the entire population of
21 individuals with autism spectrum disorder, including
22 those individuals with co-occurring conditions and
23 the full range of needs for supports and services, in-
24 cluding such supports and services to ensure the

1 safety, and promote the well-being, of such individ-
2 uals.”;

3 (3) in subsection (b)—

4 (A) in the heading of subsection (b), by
5 striking “HEALTH AND WELL-BEING” and in-
6 serting “MENTAL HEALTH NEEDS”;

7 (B) in paragraph (1), by striking “health
8 and well-being” and inserting “mental health
9 needs”; and

10 (C) by amending paragraph (2) to read as
11 follows:

12 “(2) CONTENTS.—The report submitted under
13 paragraph (1) shall contain—

14 “(A) an overview of policies and programs
15 relevant to the mental health of individuals with
16 autism spectrum disorder across their lifespan,
17 including an identification of existing Federal
18 laws, regulations, policies, research, and pro-
19 grams; and

20 “(B) recommendations to improve mental
21 health outcomes and address related disparities
22 in mental health care for individuals with au-
23 tism spectrum disorder, including prevention,
24 care coordination, and community-based serv-
25 ices.”;

1 (4) by adding at the end the following:

2 “(c) UPDATE ON YOUNG ADULTS AND YOUTH
3 TRANSITIONING TO ADULTHOOD.—Not later than 2 years
4 after the date of enactment of the Autism CARES Act
5 of 2024, the Secretary, in coordination with other relevant
6 Federal departments and agencies, as appropriate, shall
7 prepare and submit to the Committee on Energy and
8 Commerce of the House of Representatives and the Com-
9 mittee on Health, Education, Labor, and Pensions of the
10 Senate an update to the report required pursuant to sub-
11 section (b) of this section, as added by section 6 of the
12 Autism Cares Act of 2014 (Public Law 113–157), and in
13 effect before the date of enactment of the Autism CARES
14 Act of 2019 (Public Law 116–60), concerning young
15 adults with autism spectrum disorder and the challenges
16 related to the transition from existing school-based serv-
17 ices to those services available during adulthood.”.

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

21 (1) in subsection (a), by striking “\$23,100,000
22 for each of fiscal years 2020 through 2024” and in-
23 serting “\$28,100,000 for each of fiscal years 2025
24 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 \$306,000,000 for each of fiscal years 2025 through
10 2029”.

11 **SEC. 4. TECHNICAL ASSISTANCE TO IMPROVE ACCESS TO**
12 **COMMUNICATION TOOLS.**

13 (a) IN GENERAL.—The Secretary of Health and
14 Human Services (referred to in this section as the “Sec-
15 retary”) may, at the request of a State, Indian Tribe,
16 Tribal organization, locality, or territory, provide training
17 and technical assistance to such jurisdiction on the man-
18 ner in which Federal funding administered by the Sec-
19 retary may be used to provide individuals with autism
20 spectrum disorder and other developmental disabilities
21 with access to evidence-based services, tools, and tech-
22 nologies that support communication needs.

23 (b) ANNUAL REPORT.—The Secretary shall annually
24 prepare and submit to the Committee on Health, Edu-
25 cation, Labor, and Pensions of the Senate and the Com-

