

111TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To provide for enhanced treatment, support, services, and research for individuals with autism spectrum disorders and their families.

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IN THE SENATE OF THE UNITED STATES

Mr. DURBIN (for himself and Mr. CASEY) introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To provide for enhanced treatment, support, services, and research for individuals with autism spectrum disorders and their families.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Autism Treatment Acceleration Act of 2009”.

6 (b) TABLE OF CONTENTS.—The table of contents for  
7 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Parental rights rule of construction.
- Sec. 4. Definitions; technical amendment to the Public Health Service Act.

- Sec. 5. Autism Care Centers Demonstration Project.
- Sec. 6. Planning and demonstration grants for services for adults.
- Sec. 7. National Registry.
- Sec. 8. Multimedia campaign.
- Sec. 9. Interdepartmental Autism Coordinating Committee.
- Sec. 10. National Network for Autism Spectrum Disorders Research and Services.
- Sec. 11. National training initiatives on autism spectrum disorders.
- Sec. 12. Amendments relating to health insurance.
- Sec. 13. Authorization of appropriations.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Autism (sometimes called “classical au-  
4 tism”) is the most common condition in a group of  
5 developmental disorders known as autism spectrum  
6 disorders.

7 (2) Autism spectrum disorders include autism  
8 as well as Asperger syndrome, Retts syndrome,  
9 childhood disintegrative disorder, and pervasive de-  
10 velopmental disorder not otherwise specified (usually  
11 referred to as PDD-NOS), as well as other related  
12 developmental disorders.

13 (3) Individuals with autism spectrum disorders  
14 have the same rights as other individuals to exert  
15 control and choice over their own lives, to live inde-  
16 pendently, and to participate fully in, and contribute  
17 to, their communities and society through full inte-  
18 gration and inclusion in the economic, political, so-  
19 cial, cultural, and educational mainstream of society.

1 Individuals with autism spectrum disorders have the  
2 right to a life with dignity and purpose.

3 (4) While there is no uniform prevalence or se-  
4 verity of symptoms associated with autism spectrum  
5 disorders, the National Institutes of Health has de-  
6 termined that autism spectrum disorders are charac-  
7 terized by 3 distinctive behaviors: impaired social  
8 interaction, problems with verbal and nonverbal  
9 communication, and unusual, repetitive, or severely  
10 limited activities and interests.

11 (5) Both children and adults with autism spec-  
12 trum disorders can show difficulties in verbal and  
13 nonverbal communication, social interactions, and  
14 sensory processing. Individuals with autism spec-  
15 trum disorders exhibit different symptoms or behav-  
16 iors, which may range from mild to significant, and  
17 require varying degrees of support from friends,  
18 families, service providers, and communities.

19 (6) Individuals with autism spectrum disorders  
20 often need assistance in the areas of comprehensive  
21 early intervention, health, recreation, job training,  
22 employment, housing, transportation, and early, pri-  
23 mary, and secondary education. With access to, and  
24 assistance with, these types of services and supports,  
25 individuals with autism spectrum disorders can live

1 rich, full, and productive lives. Greater coordination  
2 and streamlining within the service delivery system  
3 will enable individuals with autism spectrum dis-  
4 orders and their families to access assistance from  
5 all sectors throughout an individual's lifespan.

6 (7) A 2007 report from the Centers for Disease  
7 Control and Prevention found that the prevalence of  
8 autism spectrum disorders is estimated to be 1 in  
9 150 people in the United States.

10 (8) The Harvard School of Public Health re-  
11 ported that the cost of caring for and treating indi-  
12 viduals with autism spectrum disorders in the  
13 United States is more than \$35,000,000,000 annu-  
14 ally (an estimated \$3,200,000 over an individual's  
15 lifetime).

16 (9) Although the overall incidence of autism is  
17 consistent around the globe, researchers with the  
18 Journal of Paediatrics and Child Health have found  
19 that males are 4 times more likely to develop an au-  
20 tism spectrum disorder than females. Autism spec-  
21 trum disorders know no racial, ethnic, or social  
22 boundaries, nor differences in family income, life-  
23 style, or educational levels, and can affect any child.

24 (10) Individuals with autism spectrum disorders  
25 from low-income, rural, and minority communities

1 often face significant obstacles to accurate diagnosis  
2 and necessary specialized services, supports, and  
3 education.

4 (11) There is strong consensus within the re-  
5 search community that intensive treatment as soon  
6 as possible following diagnosis not only can reduce  
7 the cost of lifelong care by two-thirds, but also yields  
8 the most positive life outcomes for children with au-  
9 tism spectrum disorders.

10 (12) Individuals with autism spectrum disorders  
11 and their families experience a wide range of medical  
12 issues. Few common standards exist for the diag-  
13 nosis and management of many aspects of clinical  
14 care. Behavioral difficulties may be attributed to the  
15 overarching disorder rather than to the pain and dis-  
16 comfort of a medical condition, which may go unde-  
17 tected and untreated. The health care and other  
18 treatments available in different communities can  
19 vary widely. Many families, lacking access to com-  
20 prehensive and coordinated health care, must fend  
21 for themselves to find the best health care, treat-  
22 ments, and services in a complex clinical world.

23 (13) Effective health care, treatment, and serv-  
24 ices for individuals with autism spectrum disorders  
25 depends upon a continuous exchange among re-

1       searchers and caregivers. Evidence-based and prom-  
2       ising autism practices should move quickly into com-  
3       munities, allowing individuals with autism spectrum  
4       disorders and their families to benefit from the new-  
5       est research and enabling researchers to learn from  
6       the life experiences of the people whom their work  
7       most directly affects.

8           (14) The appropriate goals of the Nation re-  
9       garding individuals with autism spectrum disorder  
10      are the same as the appropriate goals of the Nation  
11      regarding individuals with disabilities in general, as  
12      established in the Americans with Disabilities Act of  
13      1990 (42 U.S.C. 12101 et seq.): to assure equality  
14      of opportunity, full participation, independent living,  
15      and economic self-sufficiency for such individuals.

16          (15) Finally, individuals with autism spectrum  
17      disorders are often denied health care benefits solely  
18      because of their diagnosis, even though proven, ef-  
19      fective treatments for autism spectrum disorders do  
20      exist.

21   **SEC. 3. PARENTAL RIGHTS RULE OF CONSTRUCTION.**

22      Nothing in this Act shall be construed to modify the  
23      legal rights of parents or legal guardians under Federal,  
24      State, or local law regarding the care of their children.

1 **SEC. 4. DEFINITIONS; TECHNICAL AMENDMENT TO THE**  
2 **PUBLIC HEALTH SERVICE ACT.**

3 Part R of title III of the Public Health Service Act  
4 (42 U.S.C. 280i et seq.) is amended—

5 (1) by inserting after the header for part R the  
6 following:

7 **“Subpart 1—Surveillance and Research Program;**  
8 **Education, Early Detection, and Intervention;**  
9 **and Reporting”;**

10 (2) in section 399AA(d), by striking “part” and  
11 inserting “subpart”; and

12 (3) by adding at the end the following:

13 **“Subpart 2—Care for People With Autism Spectrum**  
14 **Disorders, Registry, and Public Education**

15 **“SEC. 399GG. DEFINITIONS.**

16 “Except as otherwise provided, in this subpart:

17 “(1) **AUTISM SPECTRUM DISORDER.**—The term  
18 ‘autism spectrum disorder’ means developmental dis-  
19 abilities that cause substantial impairments in the  
20 areas of social interaction, emotional regulation,  
21 communication, and the integration of higher-order  
22 cognitive processes and are often characterized by  
23 the presence of unusual behaviors and interests.  
24 Such term includes autistic disorder, pervasive devel-  
25 opmental disorder (not otherwise specified),  
26 Asperger syndrome, Retts disorder, childhood dis-

1 integrative disorder, and other related developmental  
2 disorders.

3 “(2) ADULT WITH AUTISM SPECTRUM DIS-  
4 ORDER.—The term ‘adult with autism spectrum dis-  
5 order’ means an individual with an autism spectrum  
6 disorder who has attained 22 years of age.

7 “(3) AFFECTED INDIVIDUAL.—The term ‘af-  
8 fected individual’ means an individual with an au-  
9 tism spectrum disorder.

10 “(4) AUTISM.—The term ‘autism’ means an au-  
11 tism spectrum disorder or a related developmental  
12 disability.

13 “(5) AUTISM MANAGEMENT TEAM.—The term  
14 ‘autism management team’ means a group of autism  
15 care providers, including behavioral specialists, phy-  
16 sicians, psychologists, social workers, family thera-  
17 pists, nurse practitioners, nurses, educators, other  
18 appropriate personnel, and family members who  
19 work in a coordinated manner to treat individuals  
20 with autism spectrum disorders and their families.  
21 Such team shall determine the specific structure and  
22 operational model of its specific autism care center,  
23 including cultural, regional, and geographical consid-  
24 erations.

1           “(6) CARE MANAGEMENT MODEL.—The term  
2           ‘care management model’ means a model of care  
3           that with respect to autism—

4                   “(A) is centered on the relationship be-  
5                   tween an individual with an autism spectrum  
6                   disorder and his or her family and their per-  
7                   sonal autism care coordinator;

8                   “(B) provides services to individuals with  
9                   autism spectrum disorders to improve the man-  
10                  agement and coordination of care provided to  
11                  patients and their families; and

12                  “(C) has established, where practicable, ef-  
13                  fective referral relationships between the autism  
14                  care coordinator and the major medical, edu-  
15                  cational, and behavioral specialties and ancillary  
16                  services in the region.

17           “(7) CHILD WITH AUTISM SPECTRUM DIS-  
18           ORDER.—The term ‘child with autism spectrum dis-  
19           order’ means an individual with an autism spectrum  
20           disorder who has not attained 22 years of age.

21           “(8) INTERVENTIONS.—The term ‘interven-  
22           tions’ means the educational methods and positive  
23           behavioral support strategies designed to improve or  
24           ameliorate symptoms associated with autism spec-  
25           trum disorders.

1           “(9) NETWORK.—The term ‘Network’ means  
2           the Network for Autism Spectrum Disorders Re-  
3           search and Services described in section 10 of the  
4           Autism Treatment Acceleration Act of 2009.

5           “(10) PERSONAL PRIMARY CARE COORDI-  
6           NATOR.—The term ‘personal primary care coordi-  
7           nator’ means a physician, nurse, nurse practitioner,  
8           psychologist, social worker, family therapist, educa-  
9           tor, or other appropriate personnel (as determined  
10          by the Secretary) who has extensive expertise in  
11          treatment and services for individuals with autism  
12          spectrum disorders, who—

13                   “(A) practices in an autism care center;  
14                   and

15                   “(B) has been trained to coordinate and  
16                   manage comprehensive autism care for the  
17                   whole person.

18          “(11) PROJECT.—The term ‘project’ means the  
19          autism care center demonstration project established  
20          under section 399HH.

21          “(12) SERVICES.—The term ‘services’ means  
22          services to assist individuals with autism spectrum  
23          disorders to live more independently in their commu-  
24          nities and to improve their quality of life.

1           “(13) TREATMENTS.—The term ‘treatments’  
2 means the health services, including mental health  
3 and behavioral therapy services, designed to improve  
4 or ameliorate symptoms associated with autism spec-  
5 trum disorders.

6           “(14) AUTISM CARE CENTER.—In this subpart,  
7 the term ‘autism care center’ means a center that is  
8 directed by a primary care coordinator who is an ex-  
9 pert in autism spectrum disorder treatment and  
10 practice and provides an array of medical, psycho-  
11 logical, behavioral, educational, and family services  
12 to individuals with autism and their families. Such  
13 a center shall—

14                   “(A) incorporate the attributes of the care  
15 management model;

16                   “(B) offer, through on-site service provi-  
17 sion or through detailed referral and coordi-  
18 nated care arrangements, an autism manage-  
19 ment team of appropriate providers, including  
20 behavioral specialists, physicians, psychologists,  
21 social workers, family therapists, nurse practi-  
22 tioners, nurses, educators, and other appro-  
23 priate personnel; and

1                   “(C) have the capability to achieve im-  
2                   provements in the management and coordina-  
3                   tion of care for targeted beneficiaries.”.

4 **SEC. 5. AUTISM CARE CENTERS DEMONSTRATION**  
5                   **PROJECT.**

6                   Part R of title III of the Public Health Service Act  
7 (42 U.S.C. 280i), as amended by section 4, is further  
8 amended by adding at the end the following:

9 **“SEC. 399HH. AUTISM CARE CENTER DEMONSTRATION**  
10                   **PROJECT.**

11                   “(a) IN GENERAL.—Not later than 1 year after the  
12 date of enactment of the Autism Treatment Acceleration  
13 Act of 2009, the Secretary, acting through the Adminis-  
14 trator of the Health Resources and Services Administra-  
15 tion, shall establish a demonstration project for the imple-  
16 mentation of an Autism Care Center Program (referred  
17 to in this section as the ‘Program’) to provide grants and  
18 other assistance to improve the effectiveness and efficiency  
19 in providing comprehensive care to individuals diagnosed  
20 with autism spectrum disorders and their families.

21                   “(b) GOALS.—The Program shall be designed—

22                   “(1) to increase—

23                   “(A) comprehensive autism spectrum dis-  
24                   order care delivery;

1           “(B) access to appropriate health care  
2 services, especially wellness and prevention care,  
3 at times convenient for patients;

4           “(C) patient satisfaction;

5           “(D) communication among autism spec-  
6 trum disorder health care providers,  
7 behaviorists, educators, specialists, hospitals,  
8 and other autism spectrum disorder care pro-  
9 viders;

10          “(E) school placement and attendance;

11          “(F) successful transition to postsecondary  
12 education, vocational or job training and place-  
13 ment, and comprehensive adult services for in-  
14 dividuals with autism spectrum disorders, focus-  
15 ing in particular upon the transitional period  
16 for individuals between the ages of 18 and 25;

17          “(G) the quality of health care services,  
18 taking into account nationally-developed stand-  
19 ards and measures;

20          “(H) development, review, and promulga-  
21 tion of common clinical standards and guide-  
22 lines for medical care to individuals with autism  
23 spectrum disorders;

1           “(I) development of clinical research  
2 projects to support clinical findings in a search  
3 for recommended practices; and

4           “(J) the quality of life of individuals with  
5 autism spectrum disorders, including commu-  
6 nication abilities, social skills, community inte-  
7 gration, and employment and other related  
8 services; and

9           “(2) to decrease—

10           “(A) inappropriate emergency room utiliza-  
11 tion, which can be accomplished through initia-  
12 tives such as expanded hours of care;

13           “(B) avoidable hospitalizations;

14           “(C) the duplication of health care serv-  
15 ices;

16           “(D) the inconvenience of multiple provider  
17 locations;

18           “(E) health disparities and inequalities  
19 that individuals with autism spectrum disorders  
20 face; and

21           “(F) preventable and inappropriate in-  
22 volvement with the juvenile and criminal justice  
23 systems.

24           “(c) ELIGIBLE ENTITIES.—To be eligible to receive  
25 assistance under the Program, an entity shall—

1           “(1) be a State or a public or private nonprofit  
2           entity;

3           “(2) agree to establish and implement an au-  
4           tism care center that—

5                   “(A) enables targeted beneficiaries to des-  
6                   ignate a personal primary care coordinator in  
7                   such center to be their source of first contact  
8                   and to recommend comprehensive and coordi-  
9                   nated care for the whole of the individual;

10                   “(B) provides for the establishment of a  
11                   coordination of care committee that is com-  
12                   posed of clinicians and practitioners trained in  
13                   and working in autism spectrum disorder inter-  
14                   vention;

15                   “(C) establishes a network of physicians,  
16                   psychologists, family therapists, behavioral spe-  
17                   cialists, social workers, educators, and health  
18                   centers that have volunteered to participate as  
19                   consultants to patient-centered autism care cen-  
20                   ters to provide high-quality care, focusing on  
21                   autism spectrum disorder care, at the appro-  
22                   priate times and places and in a cost-effective  
23                   manner;

24                   “(D) works in cooperation with hospitals,  
25                   local public health departments, and the net-

1 work of patient-centered autism care centers, to  
2 coordinate and provide health care;

3 “(E) utilizes health information technology  
4 to facilitate the provision and coordination of  
5 health care by network participants; and

6 “(F) collaborates with other entities to fur-  
7 ther the goals of the program, particularly by  
8 collaborating with entities that provide transi-  
9 tional adult services to individuals between the  
10 ages of 18 and 25 with autism spectrum dis-  
11 order, to ensure successful transition of such in-  
12 dividuals to adulthood; and

13 “(3) submit to the Secretary an application, at  
14 such time, in such manner, and containing such in-  
15 formation as the Secretary may require, including—

16 “(A) a description of the treatments, inter-  
17 ventions, or services that the eligible entity pro-  
18 poses to provide under the Program;

19 “(B) a demonstration of the capacity of  
20 the eligible entity to provide or establish such  
21 treatments, interventions, and services within  
22 such entity;

23 “(C) a demonstration of the capacity of  
24 the eligible entity to monitor and evaluate the

1 outcomes of the treatments, interventions, and  
2 services described in subparagraph (A);

3 “(D) estimates of the number of individ-  
4 uals and families who will be served by the eli-  
5 gible entity under the Program, including an es-  
6 timate of the number of such individuals and  
7 families in medically underserved areas;

8 “(E) a description of the ability of the eli-  
9 gible entity to enter into partnerships with com-  
10 munity-based or nonprofit providers of treat-  
11 ments, interventions, and services, which may  
12 include providers that act as advocates for indi-  
13 viduals with autism spectrum disorders and  
14 local governments that provide services for indi-  
15 viduals with autism spectrum disorders at the  
16 community level;

17 “(F) a description of the ways in which ac-  
18 cess to such treatments and services may be  
19 sustained following the Program period;

20 “(G) a description of the ways in which the  
21 eligible entity plans to collaborate with other  
22 entities to develop and sustain an effective pro-  
23 tocol for successful transition from children’s  
24 services to adult services for individuals with

1 autism spectrum disorder, particularly for indi-  
2 viduals between the ages of 18 and 25; and

3 “(H) a description of the compliance of the  
4 eligible entity with the integration requirement  
5 provided under section 302 of the Americans  
6 with Disabilities Act of 1990 (42 U.S.C.  
7 12182).

8 “(d) GRANTS.—The Secretary shall award 3-year  
9 grants to eligible entities whose applications are approved  
10 under subsection (c). Such grants shall be used to—

11 “(1) carry out a program designed to meet the  
12 goals described in subsection (b) and the require-  
13 ments described in subsection (c); and

14 “(2) facilitate coordination with local commu-  
15 nities to be better prepared and positioned to under-  
16 stand and meet the needs of the communities served  
17 by autism care centers.

18 “(e) ADVISORY COUNCILS.—

19 “(1) IN GENERAL.—Each recipient of a grant  
20 under this section shall establish an autism care cen-  
21 ter advisory council, which shall advise the autism  
22 care center regarding policies, priorities, and serv-  
23 ices.

24 “(2) MEMBERSHIP.—Each recipient of a grant  
25 shall appoint members of the recipient’s advisory

1 council, which shall include a variety of autism care  
2 center service providers, individuals from the public  
3 who are knowledgeable about autism spectrum dis-  
4 orders, individuals receiving services through the  
5 Program, and family members of such individuals.  
6 At least 60 percent of the membership shall be com-  
7 prised of individuals who have received, or are re-  
8 ceiving, services through the Program or who are  
9 family members of such individuals.

10 “(3) CHAIRPERSON.—The recipient of a grant  
11 shall appoint a chairperson to the advisory council of  
12 the recipient’s autism care center who shall be—

13 “(A) an individual with autism spectrum  
14 disorder who has received, or is receiving, serv-  
15 ices through the Program; or

16 “(B) a family member of such an indi-  
17 vidual.

18 “(f) EVALUATION.—The Secretary shall enter into a  
19 contract with an independent third-party organization  
20 with expertise in evaluation activities to conduct an eval-  
21 uation and, not later than 180 days after the conclusion  
22 of the 3-year grant program under this section, submit  
23 a report to the Secretary, which may include measures  
24 such as whether and to what degree the treatments, inter-  
25 ventions, and services provided through the Program have

1 resulted in improved health, educational, employment, and  
2 community integration outcomes for individuals with au-  
3 tism spectrum disorders, or other measures, as the Sec-  
4 retary determines appropriate.

5 “(g) ADMINISTRATIVE EXPENSES.—Of the amounts  
6 appropriated to carry out this section, the Secretary shall  
7 allocate not more than 7 percent for administrative ex-  
8 penses, including the expenses related to carrying out the  
9 evaluation described in subsection (f).

10 “(h) SUPPLEMENT NOT SUPPLANT.—Amounts pro-  
11 vided to an entity under this section shall be used to sup-  
12 plement, not supplant, amounts otherwise expended for  
13 existing treatments, interventions, and services for individ-  
14 uals with autism spectrum disorders.”.

15 **SEC. 6. PLANNING AND DEMONSTRATION GRANTS FOR**  
16 **SERVICES FOR ADULTS.**

17 Part R of title III of the Public Health Service Act  
18 (42 U.S.C. 280i), as amended by section 5, is further  
19 amended by adding at the end the following:

20 **“SEC. 399II. PLANNING AND DEMONSTRATION GRANT FOR**  
21 **SERVICES FOR ADULTS.**

22 “(a) IN GENERAL.—In order to enable selected eligi-  
23 ble entities to provide appropriate services to adults with  
24 autism spectrum disorders, to enable such adults to be as  
25 independent as possible, the Secretary shall establish—

1           “(1) a one-time, single-year planning grant pro-  
2           gram for eligible entities; and

3           “(2) a multiyear service provision demonstra-  
4           tion grant program for selected eligible entities.

5           “(b) PURPOSE OF GRANTS.—Grants shall be award-  
6           ed to eligible entities to provide all or part of the funding  
7           needed to carry out programs that focus on critical aspects  
8           of adult life, such as—

9           “(1) postsecondary education, vocational train-  
10          ing, self-advocacy skills, and employment;

11          “(2) residential services and supports, housing,  
12          and transportation;

13          “(3) nutrition, health and wellness, recreational  
14          and social activities; and

15          “(4) personal safety and the needs of adults  
16          with autism spectrum disorders who become involved  
17          with the criminal justice system.

18          “(c) ELIGIBLE ENTITY.—An eligible entity desiring  
19          to receive a grant under this section shall be a State or  
20          other public or private nonprofit organization, including  
21          an autism care center.

22          “(d) PLANNING GRANTS.—

23          “(1) IN GENERAL.—The Secretary shall award  
24          one-time grants to eligible entities to support the  
25          planning and development of initiatives that will ex-

1       pand and enhance service delivery systems for adults  
2       with autism spectrum disorders.

3               “(2) APPLICATION.—In order to receive such a  
4       grant, an eligible entity shall—

5                       “(A) submit an application at such time  
6                       and containing such information as the Sec-  
7                       retary may require; and

8                       “(B) demonstrate the ability to carry out  
9                       such planning grant in coordination with the  
10                      State Developmental Disabilities Council and  
11                      organizations representing or serving individ-  
12                      uals with autism spectrum disorders and their  
13                      families.

14       “(e) IMPLEMENTATION GRANTS.—

15               “(1) IN GENERAL.—The Secretary shall award  
16       grants to eligible entities that have received a plan-  
17       ning grant under subsection (d) to enable such enti-  
18       ties to provide appropriate services to adults with  
19       autism spectrum disorders.

20               “(2) APPLICATION.—In order to receive a grant  
21       under paragraph (1), the eligible entity shall submit  
22       an application at such time and containing such in-  
23       formation as the Secretary may require, including—

24                       “(A) the services that the eligible entity  
25                       proposes to provide and the expected outcomes

1 for adults with autism spectrum disorders who  
2 receive such services;

3 “(B) the number of adults and families  
4 who will be served by such grant, including an  
5 estimate of the adults and families in under-  
6 served areas who will be served by such grant;

7 “(C) the ways in which services will be co-  
8 ordinated among both public and nonprofit pro-  
9 viders of services for adults with disabilities, in-  
10 cluding community-based services;

11 “(D) where applicable, the process through  
12 which the eligible entity will distribute funds to  
13 a range of community-based or nonprofit pro-  
14 viders of services, including local governments,  
15 and such entity’s capacity to provide such serv-  
16 ices;

17 “(E) the process through which the eligible  
18 entity will monitor and evaluate the outcome of  
19 activities funded through the grant upon adults  
20 with autism spectrum disorders who receive  
21 such services;

22 “(F) the plans of the eligible entity to co-  
23 ordinate and streamline transitions from youth  
24 to adult services;

1           “(G) the process by which the eligible enti-  
2           ty will ensure compliance with the integration  
3           requirement provided under section 302 of the  
4           Americans With Disabilities Act of 1990 (42  
5           U.S.C. 12182); and

6           “(H) a description of how such services  
7           may be sustained following the grant period.

8           “(f) EVALUATION.—The Secretary shall contract  
9           with a third-party organization with expertise in evalua-  
10          tion to evaluate such demonstration grant program and,  
11          not later than 180 days after the conclusion of the grant  
12          program under subsection (e), submit a report to the Sec-  
13          retary. The evaluation and report may include an analysis  
14          of whether and to what extent the services provided  
15          through the grant program described in this section re-  
16          sulted in improved health, education, employment, and  
17          community integration outcomes for adults with autism  
18          spectrum disorders, or other measures, as the Secretary  
19          determines appropriate.

20          “(g) ADMINISTRATIVE EXPENSES.—Of the amounts  
21          appropriated to carry out this section, the Secretary shall  
22          set aside not more than 7 percent for administrative ex-  
23          penses, including the expenses related to carrying out the  
24          evaluation described in subsection (f).

1           “(h) SUPPLEMENT, NOT SUPPLANT.—Demonstra-  
2 tion grant funds provided under this section shall supple-  
3 ment, not supplant, existing treatments, interventions,  
4 and services for individuals with autism spectrum dis-  
5 orders.”.

6 **SEC. 7. NATIONAL REGISTRY.**

7           Part R of title III of the Public Health Service Act  
8 (42 U.S.C. 280i), as amended by section 6, is further  
9 amended by adding at the end the following:

10 **“SEC. 399JJ. NATIONAL REGISTRY FOR AUTISM SPECTRUM**  
11 **DISORDERS.**

12           “(a) ESTABLISHMENT.—The Secretary, in consulta-  
13 tion with national health organizations and professional  
14 societies with experience and expertise relating to autism  
15 spectrum disorders, shall establish a voluntary population-  
16 based registry of cases of autism spectrum disorders. Such  
17 registry shall be known as the ‘National Registry for Au-  
18 tism Spectrum Disorders’ (referred to in this section as  
19 the ‘Registry’). The Secretary shall ensure that the Reg-  
20 istry maintains the privacy of individuals and the highest  
21 level of medical and scientific research ethics.

22           “(b) PURPOSE.—The purpose of the Registry is to  
23 facilitate the collection, analysis, and dissemination of  
24 data related to autism spectrum disorders that can in-

1 crease understanding of causal factors, rates, and trends  
2 of autism spectrum disorders.

3 “(c) ACTIVITIES.—In carrying out the Registry, the  
4 Secretary may—

5 “(1) implement a surveillance and monitoring  
6 system that is based on thorough and complete med-  
7 ical diagnosis data, clinical history, and medical  
8 findings;

9 “(2) collect standardized information con-  
10 cerning the environmental, medical, social, and ge-  
11 netic circumstances that may correlate with diag-  
12 nosis of autism spectrum disorders;

13 “(3) promote the use of standardized autism  
14 spectrum disorder investigation and reporting tools  
15 of the Centers for Disease Control and Prevention,  
16 as well as standardized autism spectrum disorder  
17 protocols;

18 “(4) establish a standardized classification sys-  
19 tem for defining subcategories of autism spectrum  
20 disorders for surveillance research activities; and

21 “(5) support multidisciplinary reviews of autism  
22 spectrum disorders.”.

1 **SEC. 8. MULTIMEDIA CAMPAIGN.**

2 Part R of title III of the Public Health Service Act  
3 (42 U.S.C. 280i), as amended by section 7, is further  
4 amended by adding at the end the following:

5 **“SEC. 399KK. MULTIMEDIA CAMPAIGN.**

6 “(a) IN GENERAL.—The Secretary, in order to en-  
7 hance existing awareness campaigns and provide for the  
8 implementation of new campaigns, shall award grants to  
9 public and nonprofit private entities for the purpose of  
10 carrying out multimedia campaigns to increase public edu-  
11 cation and awareness and reduce stigma concerning—

12 “(1) healthy developmental milestones for in-  
13 fants and children that may assist in the early iden-  
14 tification of the signs and symptoms of autism spec-  
15 trum disorders; and

16 “(2) autism spectrum disorders through the  
17 lifespan and the challenges that individuals with au-  
18 tism spectrum disorders face, which may include  
19 transitioning into adulthood, securing appropriate  
20 job training or postsecondary education, securing  
21 and holding jobs, finding suitable housing, inter-  
22 acting with the correctional system, increasing inde-  
23 pendence, and attaining a good quality of life.

24 “(b) ELIGIBILITY.—To be eligible to receive a grant  
25 under subsection (a), an entity shall—

1           “(1) submit to the Secretary an application at  
2 such time, in such manner, and containing such in-  
3 formation as the Secretary may require; and

4           “(2) provide assurance that the multimedia  
5 campaign implemented under such grant will provide  
6 information that is tailored to the intended audience,  
7 which may be a diverse public audience or a specific  
8 audience, such as health professionals, criminal jus-  
9 tice professionals, or emergency response profes-  
10 sionals.”.

11 **SEC. 9. INTERDEPARTMENTAL AUTISM COORDINATING**  
12 **COMMITTEE.**

13       (a) **ESTABLISHMENT.**—There is established a com-  
14 mittee, to be known as the “Interdepartmental Autism Co-  
15 ordinating Committee,” (referred to in this section as the  
16 “Committee”) to coordinate all Federal efforts concerning  
17 autism spectrum disorders.

18       (b) **RESPONSIBILITIES.**—In carrying out its duties  
19 under this section, the Committee shall—

20           (1) develop and annually update a summary of  
21 developments in research on autism spectrum dis-  
22 orders, services for people on the autism spectrum  
23 and their families, and programs that focus on peo-  
24 ple on the autism spectrum;

1           (2) monitor governmental and nongovernmental  
2           activities with respect to autism spectrum disorders;

3           (3) make recommendations to the Secretary of  
4           Health and Human Services and other relevant  
5           heads of agencies (referred to in this subsection as  
6           the “agency heads”) regarding any appropriate  
7           changes to such activities and any ethical consider-  
8           ations relating to those activities;

9           (4) make recommendations to the agency heads  
10          regarding public participation in decisions relating to  
11          autism spectrum disorders;

12          (5) develop and annually update a strategic  
13          plan, including proposed budgetary requirements, for  
14          conducting and supporting research related to au-  
15          tism spectrum disorders, services for individuals on  
16          the autism spectrum and their families, and pro-  
17          grams that focus on such individuals and their fami-  
18          lies; and

19          (6) annually submit to Congress and the Presi-  
20          dent such strategic plan and any updates to such  
21          plan.

22          (c) MEMBERSHIP.—

23                 (1) FEDERAL MEMBERS.—The Committee shall  
24                 be composed of—

1 (A) the Director of the National Institutes  
2 of Health, and the directors of such national re-  
3 search institutes of the National Institutes of  
4 Health as the Director determines appropriate;

5 (B) the heads of other agencies within the  
6 Department of Health and Human Services, as  
7 the Secretary determines appropriate; and

8 (C) representatives of the Department of  
9 Education, the Department of Defense, and  
10 other Federal agencies that provide services to  
11 individuals with autism spectrum disorders and  
12 their families or that have programs that affect  
13 individuals with autism spectrum disorders, as  
14 the Secretary determines appropriate.

15 (2) NON-FEDERAL MEMBERS.—Not less than 2/  
16 5 of the total membership of the Committee shall be  
17 composed of public members to be appointed by the  
18 Secretary, of which—

19 (A) at least one such member shall be an  
20 individual with an autism spectrum disorder;

21 (B) at least one such member shall be a  
22 parent or legal guardian of an individual with  
23 an autism spectrum disorder;

24 (C) at least one such member shall be a  
25 representative of a nongovernmental organiza-

1           tion that provides services to individuals with  
2           autism spectrum disorders or their families; and

3                   (D) at least one such member shall be a  
4           representative of a leading research, advocacy,  
5           and service organization for individuals with au-  
6           tism spectrum disorders and their families.

7           (d) ADMINISTRATIVE SUPPORT; TERMS OF SERVICE;  
8   OTHER PROVISIONS.—The following provisions shall apply  
9   with respect to the Committee:

10           (1) The Committee shall receive necessary and  
11           appropriate administrative support from the Sec-  
12           retary.

13           (2) Members of the Committee appointed under  
14           subsection (c)(2) shall serve for a term of 4 years  
15           and may be reappointed for one or more additional  
16           4-year terms. The term of any member appointed  
17           under subsection (c)(2)(C) or subsection (c)(2)(D)  
18           shall expire if the member no longer represents the  
19           organization described in such subsections. Any  
20           member appointed to fill a vacancy for an unexpired  
21           term shall be appointed for the remainder of such  
22           term. A member may serve after the expiration of  
23           the member's term until a successor has taken of-  
24           fice.

1           (3) The Committee shall be chaired by the Sec-  
2           retary or the Secretary's designee. The Committee  
3           shall meet at the call of the chairperson and not  
4           fewer than 2 times each year.

5           (4) All meetings of the Committee or its sub-  
6           committees shall be public and shall include appro-  
7           priate time periods for questions and presentations  
8           by the public.

9           (5) The Committee may convene workshops and  
10          conferences.

11          (e) SUBCOMMITTEES: ESTABLISHMENT AND MEM-  
12          BERSHIP.—

13           (1) ESTABLISHMENT OF SUBCOMMITTEES.—In  
14          carrying out its functions, the Committee may estab-  
15          lish—

16           (A) a subcommittee on research on autism  
17          spectrum disorders;

18           (B) a subcommittee on services for individ-  
19          uals with autism spectrum disorders and their  
20          families and programs that focus on individuals  
21          with autism spectrum disorders; and

22           (C) such other subcommittees as the Com-  
23          mittee determines appropriate.

1           (2) MEMBERSHIP.—Subcommittees may include  
2           as members individuals who are not members of the  
3           Committee.

4           (3) MEETINGS.—Subcommittees may hold such  
5           meetings as are necessary.

6           (f) INTERAGENCY AUTISM COORDINATING COM-  
7           MITTEE.—Part R of title III of the Public Health Service  
8           Act (42 U.S.C. 280i) is amended by striking section  
9           399CC (42 U.S.C. 284i-2).

10   **SEC. 10. NATIONAL NETWORK FOR AUTISM SPECTRUM DIS-**  
11                           **ORDERS RESEARCH AND SERVICES.**

12           (a) DEFINITIONS.—In this section:

13           (1) SERVICES.—The term “services” means  
14           services to assist individuals with autism spectrum  
15           disorders to live more independently in their commu-  
16           nities and improve their quality of life.

17           (2) SECRETARY.—The term “Secretary” means  
18           the Secretary of Health and Human Services.

19           (3) TREATMENTS.—The term “treatments”  
20           means the health services, including mental health  
21           and behavioral therapy services, designed to improve  
22           or ameliorate symptoms associated with autism spec-  
23           trum disorders.

24           (4) AUTISM CARE CENTER.—In this subpart,  
25           the term “autism care center” means a center that

1 is directed by a primary care coordinator who is an  
2 expert in autism spectrum disorder treatment and  
3 practice and provides an array of medical, psycho-  
4 logical, behavioral, educational, and family services  
5 to individuals with autism and their families. Such  
6 a center shall—

7 (A) incorporate the attributes of the care  
8 management model;

9 (B) offer, through on-site service provision  
10 or through detailed referral and coordinated  
11 care arrangements, an autism management  
12 team of appropriate providers, including behav-  
13 ioral specialists, physicians, psychologists, social  
14 workers, family therapists, nurse practitioners,  
15 nurses, educators, and other appropriate per-  
16 sonnel; and

17 (C) have the capability to achieve improve-  
18 ments in the management and coordination of  
19 care for targeted beneficiaries.

20 (b) ESTABLISHMENT OF THE NATIONAL NETWORK  
21 FOR AUTISM SPECTRUM DISORDERS RESEARCH AND  
22 SERVICES.—Not later than 1 year after the date of enact-  
23 ment of this Act, the Secretary shall establish the National  
24 Network for Autism Spectrum Disorders Research and  
25 Services (referred to in this section as the “National Net-

1 work’). The National Network shall provide resources for,  
2 and facilitate communication between, autism spectrum  
3 disorder researchers and service providers for individuals  
4 with autism spectrum disorders and their families.

5 (c) PURPOSES.—The purposes of the National Net-  
6 work are to—

7 (1) build upon the infrastructure relating to au-  
8 tism spectrum disorders that exists on the date of  
9 enactment of this Act;

10 (2) strengthen linkages between autism spec-  
11 trum disorders research and service initiatives at the  
12 Federal, regional, State, and local levels;

13 (3) facilitate the translation of research on au-  
14 tism spectrum disorders into services and treatments  
15 to improve the quality of life for individuals with au-  
16 tism and their families; and

17 (4) ensure the rapid dissemination of evidence-  
18 based or promising autism spectrum disorder prac-  
19 tices through the National Data Repository for Au-  
20 tism Spectrum Disorders Research and Services de-  
21 scribed in subsection (e).

22 (d) ORGANIZATION AND ACTIVITIES OF THE NA-  
23 TIONAL NETWORK.—

24 (1) IN GENERAL.—In establishing the National  
25 Network, the Secretary, acting through Adminis-

1       trator of the Health Resources and Services Admin-  
2       istration, shall ensure that the National Network is  
3       composed of entities at the Federal, regional, State,  
4       and local levels.

5           (2) REGIONAL LEADERSHIP AND ORGANIZA-  
6       TION.—In establishing the National Network, the  
7       Secretary shall establish a Committee of Regional  
8       Leaders, which shall ensure that regional participa-  
9       tion is provided through the appointment of regional  
10      leaders such as university- and community-based  
11      partnerships that represent the needs and interests  
12      of regional stakeholders (including individuals with  
13      autism spectrum disorders and their families, pro-  
14      viders, and researchers). The Committee of Regional  
15      Leaders shall be responsible for monitoring, report-  
16      ing, analyzing, and disseminating information in the  
17      Data Repository described in subsection (e) to other  
18      stakeholders to ensure that the information con-  
19      tained in such Data Repository is widely available to  
20      policymakers and service providers at the State and  
21      local levels, and to facilitate communication between  
22      various members of the National Network.

23           (3) STATE AND COMMUNITY LEVEL LEADER-  
24      SHIP AND ORGANIZATION.—

1           (A) STATE DIRECTORS.—The regional  
2           leaders appointed under paragraph (2) shall ap-  
3           point State directors who shall coordinate the  
4           activities of the National Network at the State  
5           and community levels.

6           (B) STATE AND COMMUNITY SUBNET-  
7           WORKS.—The Secretary shall ensure that the  
8           State directors establish State and community  
9           autism subnetworks, which shall engage in a va-  
10          riety of frontline autism activities and provide  
11          services, including comprehensive diagnostics,  
12          treatment, resource and referral, and support  
13          programs, for individuals with autism spectrum  
14          disorders.

15          (e) NATIONAL DATA REPOSITORY FOR AUTISM  
16          SPECTRUM DISORDERS RESEARCH AND SERVICES.—

17           (1) IN GENERAL.—The Secretary shall establish  
18           a National Data Repository for Autism Spectrum  
19           Disorders Research and Services (referred to in this  
20           section as the “Data Repository”) and shall contract  
21           with one eligible third-party entity to develop and  
22           administer such repository (referred to in this sec-  
23           tion as the “Data Repository Administrator”). The  
24           Data Repository shall be used to collect, store, and  
25           disseminate information regarding research related

1 to autism spectrum disorders in order to facilitate  
2 the development and rapid dissemination of research  
3 into best practices that improve care.

4 (2) ELIGIBILITY.—To be eligible to receive the  
5 contract described in paragraph (1), an entity  
6 shall—

7 (A) be a public or private nonprofit entity;

8 and

9 (B) have experience—

10 (i) collecting data;

11 (ii) developing systems to store data  
12 in a secure manner that does not person-  
13 ally identify individuals;

14 (iii) developing internet web portals  
15 and other means of communicating with a  
16 wide audience; and

17 (iv) making information available to  
18 the public.

19 (3) CONTENTS.—The Data Repository shall in-  
20 clude—

21 (A) emerging research, data, and findings  
22 regarding autism spectrum disorders from basic  
23 and applied researchers and service providers;

24 (B) emerging or promising models of treat-  
25 ment, service provision, and training related to

1 autism spectrum disorders that are developed in  
2 individual care centers or programs; and

3 (C) training modules and technical assist-  
4 ance materials.

5 (4) DUTIES OF THE ADMINISTRATOR.—The  
6 Data Repository Administrator shall—

7 (A) collect information from autism spec-  
8 trum disorders research and service provision  
9 agencies and organizations including—

10 (i) Centers of Excellence in Autism  
11 Spectrum Disorder Epidemiology under  
12 section 399AA(b) of the Public Health  
13 Service Act (42 U.S.C. 280i(b));

14 (ii) autism care centers;

15 (iii) recipients of grants through the  
16 grant program for adult services under  
17 section 399II of the Public Health Service  
18 Act, as added by section 6 of this Act;

19 (iv) members and recipients of the na-  
20 tional training initiatives on autism spec-  
21 trum disorders under section 399LL of the  
22 Public Health Service Act, as added by  
23 section 11 of this Act; and

24 (v) the Committee of Regional Lead-  
25 ers, regional leaders, State directors, mem-

1           bers of State and community autism sub-  
2           networks, and other entities, as determined  
3           by the Secretary;

4           (B) secure storing and maintain informa-  
5           tion in the Data Repository in a manner that  
6           does not personally identify individuals;

7           (C) make information in the Data Reposi-  
8           tory accessible through an Internet web portal  
9           or other appropriate means of sharing informa-  
10          tion;

11          (D) ensure that the information contained  
12          in the Data Repository is accessible to the Na-  
13          tional Network, including health care providers,  
14          educators, and other autism spectrum disorders  
15          service providers at the national, State, and  
16          local levels; and

17          (E) provide a means through the Internet  
18          web portal, or through other means, for mem-  
19          bers of the National Network to share informa-  
20          tion, research, and best practices on autism  
21          spectrum disorders.

22          (f) SUPPLEMENT NOT SUPPLANT.—Amounts pro-  
23          vided under this section shall be used to supplement, not  
24          supplant, amounts otherwise expended for existing net-

1 work or organizational structures relating to autism spec-  
2 trum disorders.

3 **SEC. 11. NATIONAL TRAINING INITIATIVES ON AUTISM**  
4 **SPECTRUM DISORDERS.**

5 Part R of title III of the Public Health Service Act  
6 (42 U.S.C. 280i), as amended by section 8, is further  
7 amended by adding at the end the following:

8 **“SEC. 399LL. NATIONAL TRAINING INITIATIVES ON AUTISM**  
9 **SPECTRUM DISORDERS.**

10 “(a) NATIONAL TRAINING INITIATIVE SUPPLE-  
11 MENTAL GRANTS.—

12 “(1) IN GENERAL.—The Secretary shall award  
13 multiyear national training initiative supplemental  
14 grants to eligible entities so that such entities may  
15 provide training and technical assistance and to dis-  
16 seminate information, in order to enable such enti-  
17 ties to address the unmet needs of individuals with  
18 autism spectrum disorders and their families.

19 “(2) ELIGIBLE ENTITY.—To be eligible to re-  
20 ceive assistance under this section an entity shall—

21 “(A) be a public or private nonprofit enti-  
22 ty, including centers of excellence for develop-  
23 mental disabilities at institutions of higher edu-  
24 cation and other service, training, and academic  
25 entities; and

1                   “(B) submit an application as described in  
2                   paragraph (3).

3                   “(3) REQUIREMENTS.—An eligible entity that  
4                   desires to receive a grant under this paragraph shall  
5                   submit to the Secretary an application containing  
6                   such agreements and information as the Secretary  
7                   may require, including agreements that the training  
8                   program shall—

9                   “(A) provide trainees with an appropriate  
10                  balance of interdisciplinary academic and com-  
11                  munity-based experiences;

12                  “(B) have a demonstrated capacity to in-  
13                  clude individuals with autism spectrum dis-  
14                  orders, parents, and family members as part of  
15                  the training program to ensure that a person  
16                  and family-centered approach is used;

17                  “(C) provide to the Secretary, in the man-  
18                  ner prescribed by the Secretary, data regarding  
19                  the outcomes of the provision of training and  
20                  technical assistance;

21                  “(D) demonstrate a capacity to share and  
22                  disseminate materials and practices that are de-  
23                  veloped and evaluated to be effective in the pro-  
24                  vision of training and technical assistance; and

1           “(E) provide assurances that training,  
2           technical assistance, and information dissemina-  
3           tion performed under grants made pursuant to  
4           this paragraph shall be consistent with the  
5           goals established under already existing dis-  
6           ability programs authorized under Federal law  
7           and conducted in coordination with other rel-  
8           evant State agencies and service providers.

9           “(4) ACTIVITIES.—An entity that receives a  
10          grant under this section shall expand and develop  
11          interdisciplinary training and continuing education  
12          initiatives for health, allied health, and educational  
13          professionals by engaging in the following activities:

14               “(A) Promoting and engaging in training  
15               for health, allied health, and educational profes-  
16               sionals to identify, diagnose, and develop inter-  
17               ventions for individuals with, or at risk of devel-  
18               oping, autism spectrum disorders.

19               “(B) Working to expand the availability of  
20               training and information regarding effective,  
21               lifelong interventions, educational services, and  
22               community supports, including specific training  
23               for criminal justice system, emergency health  
24               care, legal, and other mainstream first re-  
25               sponder professionals, to identify characteristics

1 of individuals with autism spectrum disorders  
2 and to develop appropriate responses and inter-  
3 ventions.

4 “(C) Providing technical assistance in col-  
5 laboration with relevant State, regional, or na-  
6 tional agencies, institutions of higher education,  
7 advocacy groups for individuals with autism  
8 spectrum disorders and their families, or com-  
9 munity-based service providers.

10 “(D) Developing mechanisms to provide  
11 training and technical assistance, including for-  
12 credit courses, intensive summer institutes, con-  
13 tinuing education programs, distance-based pro-  
14 grams, and web-based information dissemina-  
15 tion strategies.

16 “(E) Collecting data on the outcomes of  
17 training and technical assistance programs to  
18 meet statewide needs for the expansion of serv-  
19 ices to children with autism spectrum disorders  
20 and adults with autism spectrum disorders.

21 “(b) TECHNICAL ASSISTANCE.—The Secretary shall  
22 reserve 2 percent of the appropriated funds to make a  
23 grant to a national organization with demonstrated capac-  
24 ity for providing training and technical assistance to the

1 entities receiving grants under subsection (a) to enable  
2 such entities to—

3           “(1) assist in national dissemination of specific  
4 information, including evidence-based and promising  
5 best practices, from interdisciplinary training pro-  
6 grams, and when appropriate, other entities whose  
7 findings would inform the work performed by enti-  
8 ties awarded grants;

9           “(2) compile and disseminate strategies and  
10 materials that prove to be effective in the provision  
11 of training and technical assistance so that the en-  
12 tire network can benefit from the models, materials,  
13 and practices developed in individual centers;

14           “(3) assist in the coordination of activities of  
15 grantees under this section;

16           “(4) develop an Internet web portal that will  
17 provide linkages to each of the individual training  
18 initiatives and provide access to training modules,  
19 promising training, and technical assistance prac-  
20 tices and other materials developed by grantees;

21           “(5) convene experts from multiple interdiscipli-  
22 nary training programs and individuals with autism  
23 spectrum disorders and their families to discuss and  
24 make recommendations with regard to training  
25 issues related to the assessment, diagnosis of, treat-

1       ment, interventions and services for, children with  
2       autism spectrum disorders and adults with autism  
3       spectrum disorders; and

4               “(6) undertake any other functions that the  
5       Secretary determines to be appropriate.

6       “(c) SUPPLEMENT NOT SUPPLANT.—Amounts pro-  
7       vided under this section shall be used to supplement, not  
8       supplant, amounts otherwise expended for existing net-  
9       work or organizational structures.”.

10 **SEC. 12. AMENDMENTS RELATING TO HEALTH INSURANCE.**

11       (a) ERISA.—

12               (1) IN GENERAL.—Subpart B of part 7 of sub-  
13       title B of title I of the Employee Retirement Income  
14       Security Act of 1974 (29 U.S.C. 1185 et seq.) is  
15       amended by adding at the end the following:

16 **“SEC. 715. REQUIRED COVERAGE FOR AUTISM SPECTRUM**  
17 **DISORDERS.**

18       “(a) IN GENERAL.—A group health plan, and a  
19       health insurance issuer providing health insurance cov-  
20       erage in connection with a group health plan, shall provide  
21       coverage for the diagnosis of autism spectrum disorders  
22       and the treatment of autism spectrum disorders.

23       “(b) RULE OF CONSTRUCTION.—Nothing in this sec-  
24       tion shall be construed—

1           “(1) as preventing a group health plan or  
2 health insurance issuer from imposing deductibles,  
3 coinsurance, or other cost-sharing in relation to ben-  
4 efits for the diagnosis and treatment of autism spec-  
5 trum disorders, except that such coinsurance or  
6 other cost-sharing for any such benefits may not be  
7 greater than such coinsurance or cost-sharing for  
8 substantially all other benefits covered by the plan,  
9 and there shall be no separate cost-sharing require-  
10 ments that are applicable only with respect to bene-  
11 fits for the diagnosis or treatment of autism spec-  
12 trum disorders; and

13           “(2) to prevent a group health plan or a health  
14 insurance issuer from negotiating the level and type  
15 of reimbursement with a provider for care provided  
16 in accordance with this section.

17           “(c) NOTICE UNDER GROUP HEALTH PLAN.—The  
18 imposition of the requirements of this section shall be  
19 treated as a material modification in the terms of the plan  
20 described in section 102(a)(1), for purposes of assuring  
21 notice of such requirements under the plan, except that  
22 the summary description required to be provided under the  
23 last sentence of section 104(b)(1) with respect to such  
24 modification shall be provided not later than the earlier  
25 of—

1           “(1) 60 days after the first day of the first plan  
2 year in which such requirements apply; or

3           “(2) in the first mailing after the date of enact-  
4 ment of the Autism Treatment Acceleration Act of  
5 2009 made by the plan or issuer to the participant  
6 or beneficiary.

7           “(d) PROHIBITIONS.—A group health plan, and a  
8 health insurance issuer offering group health insurance  
9 coverage in connection with a group health plan, shall  
10 not—

11           “(1) deny to an individual eligibility, or contin-  
12 ued eligibility, to enroll or to renew coverage under  
13 the terms of the plan, solely for the purpose of  
14 avoiding the requirements of this section; or

15           “(2) deny coverage otherwise available under  
16 this section on the basis that such coverage will  
17 not—

18           “(A) develop skills or functioning;

19           “(B) maintain skills or functioning;

20           “(C) restore skills or functioning; or

21           “(D) prevent the loss of skills or func-  
22 tioning.

23           “(e) PREEMPTION; RELATION TO STATE LAW.—

24           “(1) IN GENERAL.—Nothing in this section  
25 shall be construed to preempt any State law with re-

1       spect to health insurance coverage that requires cov-  
2       erage of at least the coverage for autism spectrum  
3       disorders otherwise required under this section.

4           “(2) EFFECT ON OTHER LAWS.—Nothing in  
5       this section shall be construed to affect or modify  
6       the provisions of section 514 with respect to group  
7       health plans.

8       “(f) DEFINITIONS.—In this section:

9           “(1) AUTISM SPECTRUM DISORDERS.—The  
10       term ‘autism spectrum disorders’ means develop-  
11       mental disabilities that cause substantial impair-  
12       ments in the areas of social interaction, emotional  
13       regulation, communication, and the integration of  
14       higher-order cognitive processes and are often char-  
15       acterized by the presence of unusual behaviors and  
16       interests. Such term includes autistic disorder, per-  
17       vasive developmental disorder (not otherwise speci-  
18       fied), Asperger syndrome, Retts disorder, and child-  
19       hood disintegrative disorder.

20           “(2) DIAGNOSIS OF AUTISM SPECTRUM DIS-  
21       ORDERS.—The term ‘diagnosis of autism spectrum  
22       disorders’ means medically necessary assessments,  
23       evaluations, or tests to diagnose whether an indi-  
24       vidual has an autism spectrum disorder.

1           “(3) TREATMENT OF AUTISM SPECTRUM DIS-  
2           ORDERS.—The term ‘treatment of autism spectrum  
3           disorders’ means the following care prescribed, pro-  
4           vided, or ordered for an individual diagnosed with an  
5           autism spectrum disorder by a physician, psycholo-  
6           gist, or other qualified professional who determines  
7           the care to be medically necessary:

8                   “(A) Medications prescribed by a physician  
9                   and any health-related services necessary to de-  
10                  termine the need or effectiveness of the medica-  
11                  tions.

12                   “(B) Occupational therapy, physical ther-  
13                  apy, and speech therapy.

14                   “(C) Direct or consultative services pro-  
15                  vided by a psychiatrist or psychologist.

16                   “(D) Professional, counseling, and guid-  
17                  ance services and treatment programs, includ-  
18                  ing applied behavior analysis and other struc-  
19                  tured behavioral programs. In this subpara-  
20                  graph, the term ‘applied behavior analysis’  
21                  means the design, implementation and evalua-  
22                  tion of environmental modifications, using be-  
23                  havioral stimuli and consequences, to produce  
24                  socially significant improvement in human be-  
25                  havior, including the use of direct observation,

1 measurement, and functional analysis of the re-  
2 lationship between environment and behavior.

3 “(E) Augmentative communication devices  
4 and other assistive technology devices.”.

5 (2) CLERICAL AMENDMENT.—The table of con-  
6 tents in section 1 of the Employee Retirement In-  
7 come Security Act of 1974 (29 U.S.C. 1001 note) is  
8 amended by inserting after the item relating to sec-  
9 tion 714 the following:

“Sec. 715. Required coverage for autism spectrum disorders.”.

10 (b) PUBLIC HEALTH SERVICE ACT.—

11 (1) GROUP MARKET.—Subpart 2 of part A of  
12 title XXVII of the Public Health Service Act (42  
13 U.S.C. 300gg-4 et seq.) is amended by adding at the  
14 end the following:

15 **“SEC. 2708. REQUIRED COVERAGE FOR AUTISM SPECTRUM**  
16 **DISORDERS.**

17 “(a) IN GENERAL.—A group health plan, and a  
18 health insurance issuer providing health insurance cov-  
19 erage in connection with a group health plan, shall provide  
20 coverage for the diagnosis of autism spectrum disorders  
21 and the treatment of autism spectrum disorders.

22 “(b) RULE OF CONSTRUCTION.—Nothing in this sec-  
23 tion shall be construed—

24 “(1) as preventing a group health plan or  
25 health insurance issuer from imposing deductibles,

1 coinsurance, or other cost-sharing in relation to ben-  
2 efits for the diagnosis and treatment of autism spec-  
3 trum disorders, except that such coinsurance or  
4 other cost-sharing for any such benefits may not be  
5 greater than such coinsurance or cost-sharing for  
6 substantially all other benefits covered by the plan,  
7 and there shall be no separate cost-sharing require-  
8 ments that are applicable only with respect to bene-  
9 fits for the diagnosis or treatment of autism spec-  
10 trum disorders; or

11 “(2) to prevent a group health plan or a health  
12 insurance issuer from negotiating the level and type  
13 of reimbursement with a provider for care provided  
14 in accordance with this section.

15 “(c) NOTICE UNDER GROUP HEALTH PLAN.—The  
16 imposition of the requirements of this section shall be  
17 treated as a material modification in the terms of the plan  
18 described in section 102(a)(1), for purposes of assuring  
19 notice of such requirements under the plan, except that  
20 the summary description required to be provided under the  
21 last sentence of section 104(b)(1) with respect to such  
22 modification shall be provided not later than the earlier  
23 of—

24 “(1) 60 days after the first day of the first plan  
25 year in which such requirements apply; or

1           “(2) in the first mailing after the date of enact-  
2           ment of the Autism Treatment Acceleration Act of  
3           2009 made by the plan or issuer to the enrollee.

4           “(d) PROHIBITIONS.—A group health plan, and a  
5           health insurance issuer offering group health insurance  
6           coverage in connection with a group health plan, shall  
7           not—

8           “(1) deny to an individual eligibility, or contin-  
9           ued eligibility, to enroll or to renew coverage under  
10          the terms of the plan, solely for the purpose of  
11          avoiding the requirements of this section; or

12          “(2) deny coverage otherwise available under  
13          this section on the basis that such coverage will  
14          not—

15                 “(A) develop skills or functioning;

16                 “(B) maintain skills or functioning;

17                 “(C) restore skills or functioning; or

18                 “(D) prevent the loss of skills or func-  
19          tioning.

20          “(e) PREEMPTION; RELATION TO STATE LAW.—

21                 “(1) IN GENERAL.—Nothing in this section  
22          shall be construed to preempt any State law with re-  
23          spect to health insurance coverage that requires cov-  
24          erage of at least the coverage for autism spectrum  
25          disorders otherwise required under this section.

1           “(2) ERISA.—Nothing in this section shall be  
2           construed to affect or modify the provisions of sec-  
3           tion 514 of the Employee Income Retirement Secu-  
4           rity Act of 1974 with respect to group health plans.

5           “(f) DEFINITIONS.—In this section:

6           “(1) AUTISM SPECTRUM DISORDERS.—The  
7           term ‘autism spectrum disorders’ means develop-  
8           mental disabilities that cause substantial impair-  
9           ments in the areas of social interaction, emotional  
10          regulation, communication, and the integration of  
11          higher-order cognitive processes and are often char-  
12          acterized by the presence of unusual behaviors and  
13          interests. Such term includes autistic disorder, per-  
14          vasive developmental disorder (not otherwise speci-  
15          fied), and Asperger syndrome.

16          “(2) DIAGNOSIS OF AUTISM SPECTRUM DIS-  
17          ORDERS.—The term ‘diagnosis of autism spectrum  
18          disorders’ means medically necessary assessments,  
19          evaluations, or tests to diagnose whether an indi-  
20          vidual has an autism spectrum disorder.

21          “(3) TREATMENT OF AUTISM SPECTRUM DIS-  
22          ORDERS.—The term ‘treatment of autism spectrum  
23          disorders’ means the following care prescribed, pro-  
24          vided, or ordered for an individual diagnosed with an  
25          autism spectrum disorder by a physician, psycholo-

1           gist, or other qualified professional who determines  
2           the care to be medically necessary:

3                   “(A) Medications prescribed by a physician  
4                   and any health-related services necessary to de-  
5                   termine the need or effectiveness of the medica-  
6                   tions.

7                   “(B) Occupational therapy, physical ther-  
8                   apy, and speech therapy.

9                   “(C) Direct or consultative services pro-  
10                  vided by a psychiatrist or psychologist.

11                  “(D) Professional, counseling, and guid-  
12                  ance services and treatment programs, includ-  
13                  ing applied behavior analysis and other struc-  
14                  tured behavioral programs. In this subpara-  
15                  graph, the term ‘applied behavior analysis’  
16                  means the design, implementation and evalua-  
17                  tion of environmental modifications, using be-  
18                  havioral stimuli and consequences, to produce  
19                  socially significant improvement in human be-  
20                  havior, including the use of direct observation,  
21                  measurement, and functional analysis of the re-  
22                  lationship between environment and behavior.

23                  “(E) Augmentative communication devices  
24                  and other assistive technology devices.”.

1           (2) INDIVIDUAL MARKET.—Subpart 3 of part B  
2           of title XXVII of the Public Health Service Act (42  
3           U.S.C. 300gg-51 et seq.) is amended by adding at  
4           the end the following:

5           **“SEC. 2754. REQUIRED COVERAGE FOR AUTISM SPECTRUM**  
6                                   **DISORDERS.**

7           “The provisions of section 2708 shall apply to health  
8           insurance coverage offered by a health insurance issuer  
9           in the individual market in the same manner as they apply  
10          to health insurance coverage offered by a health insurance  
11          issuer in connection with a group health plan in the small  
12          or large group market.”.

13          (c) EFFECTIVE DATES.—

14               (1) GROUP HEALTH PLANS.—

15                   (A) IN GENERAL.—The amendment made  
16                   by subsection (a) shall apply to group health  
17                   plans for plan years beginning on or after the  
18                   date of enactment of this Act.

19                   (B) SPECIAL RULE FOR COLLECTIVE BAR-  
20                   GAINING AGREEMENTS.—In the case of a group  
21                   health plan maintained pursuant to one or more  
22                   collective bargaining agreements between em-  
23                   ployee representatives and one or more employ-  
24                   ers, any plan amendment made pursuant to a  
25                   collective bargaining agreement relating to the

1           plan which amends the plan solely to conform  
2           to any requirement added by the amendment  
3           made by subsections (a) and (b)(1) shall not be  
4           treated as a termination of such collective bar-  
5           gaining agreement.

6           (2) INDIVIDUAL PLANS.—The amendment made  
7           by subsection (b)(2) shall apply with respect to  
8           health insurance coverage offered, sold, issued, re-  
9           newed, in effect, or operated in the individual mar-  
10          ket on or after the date of enactment of this Act.

11 **SEC. 13. AUTHORIZATION OF APPROPRIATIONS.**

12          There are authorized to be appropriated for fiscal  
13 years 2010 through 2014 such sums as may be necessary  
14 to carry out this Act.