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(Original Signature of Member)

111TH CONGRESS
1ST SESSION

H. R.

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

IN THE HOUSE OF REPRESENTATIVES

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

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. Multimedia campaign.
- Sec. 8. Interdepartmental Autism Coordinating Committee.
- Sec. 9. National Network for Autism Spectrum Disorders Research and Services.
- Sec. 10. National training initiatives on autism spectrum disorders.
- Sec. 11. Amendments relating to health insurance.
- Sec. 12. 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, communication, health, recre-
22 ation, job training, employment, housing, transpor-
23 tation, and early, primary, and secondary education.
24 With access to, and assistance with, these types of
25 services and supports, individuals with autism spec-

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

7 (7) A 2007 report from the Centers for Disease
8 Control and Prevention found that the prevalence of
9 autism spectrum disorders is estimated to be 1 in
10 150 people in the United States.

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

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

1 (10) Individuals with autism spectrum disorders
2 from low-income, rural, and minority communities
3 often face significant obstacles to accurate diagnosis
4 and necessary specialized services, supports, and
5 education.

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

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

1 (13) Effective health care, treatment, and serv-
2 ices for individuals with autism spectrum disorders
3 depends upon a continuous exchange among re-
4 searchers and caregivers. Evidence-based and prom-
5 ising autism practices should move quickly into com-
6 munities, allowing individuals with autism spectrum
7 disorders and their families to benefit from the new-
8 est research and enabling researchers to learn from
9 the life experiences of the people whom their work
10 most directly affects.

11 (14) There is a critical shortage of appro-
12 priately trained personnel across numerous impor-
13 tant disciplines who can assess, diagnose, treat, and
14 support children and adults with autism spectrum
15 disorders and their families. Practicing professionals,
16 as well as those in training to become professionals,
17 need the most up-to-date practices informed by the
18 most current research findings.

19 (15) The appropriate goals of the Nation re-
20 garding individuals with autism spectrum disorder
21 are the same as the appropriate goals of the Nation
22 regarding individuals with disabilities in general, as
23 established in the Americans with Disabilities Act of
24 1990 (42 U.S.C. 12101 et seq.): to assure equality

1 of opportunity, full participation, independent living,
2 and economic self-sufficiency for such individuals.

3 (16) Finally, individuals with autism spectrum
4 disorders are often denied health care benefits solely
5 because of their diagnosis, even though proven, ef-
6 fective treatments for autism spectrum disorders do
7 exist.

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

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

12 **SEC. 4. DEFINITIONS; TECHNICAL AMENDMENT TO THE**
13 **PUBLIC HEALTH SERVICE ACT.**

14 Part R of title III of the Public Health Service Act
15 (42 U.S.C. 280i et seq.) is amended—

16 (1) by inserting after the header for part R the
17 following:

18 **“Subpart 1—Surveillance and Research Program;**
19 **Education, Early Detection, and Intervention;**
20 **and Reporting”;**

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

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

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

3 **“SEC. 399GG. DEFINITIONS.**

4 “Except as otherwise provided, in this subpart:

5 “(1) AUTISM SPECTRUM DISORDER.—The term
6 ‘autism spectrum disorder’ means a developmental
7 disability that causes substantial impairments in the
8 areas of social interaction, emotional regulation,
9 communication, and the integration of higher-order
10 cognitive processes and which may be characterized
11 by the presence of unusual behaviors and interests.
12 Such term includes autistic disorder, pervasive devel-
13 opmental disorder (not otherwise specified),
14 Asperger syndrome, Retts disorder, childhood dis-
15 integrative disorder, and other related developmental
16 disorders.

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

21 “(3) AFFECTED INDIVIDUAL.—The term ‘af-
22 fected individual’ means an individual with an au-
23 tism spectrum disorder.

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

1 “(5) AUTISM MANAGEMENT TEAM.—The term
2 ‘autism management team’ means a group of autism
3 care providers, including behavioral specialists, phy-
4 sicians, speech-language pathologists, audiologists,
5 psychologists, social workers, family therapists,
6 nurse practitioners, nurses, educators, other appro-
7 priate personnel, and family members who work in
8 a coordinated manner to treat individuals with au-
9 tism spectrum disorders and their families. Such
10 team shall determine the specific structure and oper-
11 ational model of its specific autism care center, tak-
12 ing into consideration cultural, regional, and geo-
13 graphical factors.

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

17 “(A) is centered on the relationship be-
18 tween an individual with an autism spectrum
19 disorder and his or her family and their per-
20 sonal autism care coordinator;

21 “(B) provides services to individuals with
22 autism spectrum disorders to improve the man-
23 agement and coordination of care provided to
24 patients and their families; and

1 “(C) has established, where practicable, ef-
2 fective referral relationships between the autism
3 care coordinator and the major medical, edu-
4 cational, and behavioral specialties and ancillary
5 services in the region.

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

10 “(8) INTERVENTIONS.—The term ‘interven-
11 tions’ means the educational methods, communica-
12 tion services and supports, and positive behavioral
13 support strategies designed to improve or ameliorate
14 symptoms associated with autism spectrum dis-
15 orders.

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

20 “(10) PERSONAL PRIMARY CARE COORDI-
21 NATOR.—The term ‘personal primary care coordi-
22 nator’ means a physician, occupational therapist,
23 speech-language pathologist, audiologist, nurse,
24 nurse practitioner, psychologist, social worker, fam-
25 ily therapist, educator, or other appropriate per-

1 sonnel (as determined by the Secretary) who has ex-
2 tensive expertise in treatment and services for indi-
3 viduals with autism spectrum disorders, who—

4 “(A) practices in an autism care center;
5 and

6 “(B) has been trained to coordinate and
7 manage comprehensive autism care for the
8 whole person.

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

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

16 “(13) TREATMENTS.—The term ‘treatments’
17 means the health services, including mental health
18 and behavioral therapy services, designed to improve
19 or ameliorate symptoms associated with autism spec-
20 trum disorders.

21 “(14) AUTISM CARE CENTER.—In this subpart,
22 the term ‘autism care center’ means a center that is
23 directed by a primary care coordinator who is an ex-
24 pert in autism spectrum disorder treatment and
25 practice and provides an array of medical, psycho-

1 logical, behavioral, educational, and family services
2 to individuals with autism and their families. Such
3 a center shall—

4 “(A) incorporate the attributes of the care
5 management model;

6 “(B) offer, through on-site service provi-
7 sion or through detailed referral and coordi-
8 nated care arrangements, an autism manage-
9 ment team of appropriate providers, including
10 behavioral specialists, physicians, psychologists,
11 social workers, family therapists, nurse practi-
12 tioners, nurses, educators, and other appro-
13 priate personnel; and

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

17 **SEC. 5. AUTISM CARE CENTERS DEMONSTRATION**
18 **PROJECT.**

19 Part R of title III of the Public Health Service Act
20 (42 U.S.C. 280i), as amended by section 4, is further
21 amended by adding at the end the following:

22 **“SEC. 399HH. AUTISM CARE CENTER DEMONSTRATION**
23 **PROJECT.**

24 “(a) IN GENERAL.—Not later than 1 year after the
25 date of enactment of the Autism Treatment Acceleration

1 Act of 2009, the Secretary, acting through the Adminis-
2 trator of the Health Resources and Services Administra-
3 tion, shall establish a demonstration project for the imple-
4 mentation of an Autism Care Center Program (referred
5 to in this section as the ‘Program’) to provide grants and
6 other assistance to improve the effectiveness and efficiency
7 in providing comprehensive care to individuals diagnosed
8 with autism spectrum disorders and their families.

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

10 “(1) to increase—

11 “(A) comprehensive autism spectrum dis-
12 order care delivery;

13 “(B) access to appropriate health care
14 services, especially wellness and prevention care,
15 at times convenient for patients;

16 “(C) patient satisfaction;

17 “(D) communication among autism spec-
18 trum disorder health care providers,
19 behaviorists, educators, specialists, hospitals,
20 and other autism spectrum disorder care pro-
21 viders;

22 “(E) school placement and attendance;

23 “(F) successful transition to postsecondary
24 education, vocational or job training and place-
25 ment, and comprehensive adult services for in-

1 individuals with autism spectrum disorders, focus-
2 ing in particular upon the transitional period
3 for individuals between the ages of 18 and 25;

4 “(G) the quality of health care services,
5 taking into account nationally developed stand-
6 ards and measures;

7 “(H) development, review, and promulga-
8 tion of common clinical standards and guide-
9 lines for medical care to individuals with autism
10 spectrum disorders;

11 “(I) development of clinical research
12 projects to support clinical findings in a search
13 for recommended practices; and

14 “(J) the quality of life of individuals with
15 autism spectrum disorders, including commu-
16 nication abilities, social skills, community inte-
17 gration, and employment and other related
18 services; and

19 “(2) to decrease—

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

23 “(B) avoidable hospitalizations;

24 “(C) the duplication of health care serv-
25 ices;

1 “(D) the inconvenience of multiple provider
2 locations;

3 “(E) health disparities and inequalities
4 that individuals with autism spectrum disorders
5 face; and

6 “(F) preventable and inappropriate in-
7 volvement with the juvenile and criminal justice
8 systems.

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

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

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

15 “(A) enables targeted beneficiaries to des-
16 ignate a personal primary care coordinator in
17 such center to be their source of first contact
18 and to recommend comprehensive and coordi-
19 nated care for the whole of the individual;

20 “(B) provides for the establishment of a
21 coordination of care committee that is com-
22 posed of clinicians and practitioners trained in
23 and working in autism spectrum disorder inter-
24 vention;

1 “(C) establishes a network of physicians,
2 psychologists, family therapists, behavioral spe-
3 cialists, social workers, educators, and health
4 centers that have expressed willingness to par-
5 ticipate as consultants to patient-centered au-
6 tism care centers to provide high-quality care,
7 focusing on autism spectrum disorder care, at
8 the appropriate times and places and in a cost-
9 effective manner;

10 “(D) works in cooperation with hospitals,
11 local public health departments, and the net-
12 work of patient-centered autism care centers, to
13 coordinate and provide health care;

14 “(E) utilizes health information technology
15 to facilitate the provision and coordination of
16 health care by network participants; and

17 “(F) collaborates with other entities to fur-
18 ther the goals of the program, particularly by
19 collaborating with entities that provide transi-
20 tional adult services to individuals between the
21 ages of 18 and 25 with autism spectrum dis-
22 order, to ensure successful transition of such in-
23 dividuals to adulthood; and

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

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

7 “(B) a demonstration of the capacity of
8 the eligible entity to provide or establish such
9 treatments, interventions, and services within
10 such entity;

11 “(C) a demonstration of the capacity of
12 the eligible entity to monitor and evaluate the
13 outcomes of the treatments, interventions, and
14 services described in subparagraph (A);

15 “(D) estimates of the number of individ-
16 uals and families who will be served by the eli-
17 gible entity under the Program, including an es-
18 timate of the number of such individuals and
19 families in medically underserved areas;

20 “(E) a description of the ability of the eli-
21 gible entity to enter into partnerships with com-
22 munity-based or nonprofit providers of treat-
23 ments, interventions, and services, which may
24 include providers that act as advocates for indi-
25 viduals with autism spectrum disorders and

1 local governments that provide services for indi-
2 viduals with autism spectrum disorders at the
3 community level;

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

7 “(G) a description of the ways in which the
8 eligible entity plans to collaborate with other
9 entities to develop and sustain an effective pro-
10 tocol for successful transition from children’s
11 services to adult services for individuals with
12 autism spectrum disorder, particularly for indi-
13 viduals between the ages of 18 and 25; and

14 “(H) a description of the compliance of the
15 eligible entity with the integration requirement
16 provided under section 302 of the Americans
17 with Disabilities Act of 1990.

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

21 “(1) carry out a program designed to meet the
22 goals described in subsection (b) and the require-
23 ments described in subsection (c); and

24 “(2) facilitate coordination with local commu-
25 nities to be better prepared and positioned to under-

1 stand and meet the needs of the communities served
2 by autism care centers.

3 “(e) ADVISORY COUNCILS.—

4 “(1) IN GENERAL.—Each recipient of a grant
5 under this section shall establish an autism care cen-
6 ter advisory council, which shall advise the autism
7 care center regarding policies, priorities, and serv-
8 ices.

9 “(2) MEMBERSHIP.—Each recipient of a grant
10 shall appoint members of the recipient’s advisory
11 council, which shall include a variety of autism care
12 center service providers, individuals from the public
13 who are knowledgeable about autism spectrum dis-
14 orders, individuals receiving services through the
15 Program, and family members of such individuals.
16 At least 60 percent of the membership shall be com-
17 prised of individuals who have received, or are re-
18 ceiving, services through the Program or who are
19 family members of such individuals.

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

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

1 “(B) a family member of such an indi-
2 vidual.

3 “(f) EVALUATION.—The Secretary shall enter into a
4 contract with an independent third-party organization
5 with expertise in evaluation activities to conduct an eval-
6 uation and, not later than 180 days after the conclusion
7 of the 3-year grant program under this section, submit
8 a report to the Secretary, which may include measures
9 such as whether and to what degree the treatments, inter-
10 ventions, and services provided through the Program have
11 resulted in improved health, educational, employment, and
12 community integration outcomes for individuals with au-
13 tism spectrum disorders, or other measures, as the Sec-
14 retary determines appropriate.

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

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

1 **SEC. 6. PLANNING AND DEMONSTRATION GRANTS FOR**
2 **SERVICES FOR ADULTS.**

3 Part R of title III of the Public Health Service Act
4 (42 U.S.C. 280i), as amended by section 5, is further
5 amended by adding at the end the following:

6 **“SEC. 399II. PLANNING AND DEMONSTRATION GRANT FOR**
7 **SERVICES FOR ADULTS.**

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

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

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

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

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

22 “(2) residential services and supports, housing,
23 and transportation;

24 “(3) nutrition, health and wellness, recreational
25 and social activities; and

1 “(4) personal safety and the needs of individ-
2 uals with autism spectrum disorders who become in-
3 volved with the criminal justice system.

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

8 “(d) PLANNING GRANTS.—

9 “(1) IN GENERAL.—The Secretary shall award
10 one-time grants to eligible entities to support the
11 planning and development of initiatives that will ex-
12 pand and enhance service delivery systems for adults
13 with autism spectrum disorders.

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

16 “(A) submit an application at such time
17 and containing such information as the Sec-
18 retary may require; and

19 “(B) demonstrate the ability to carry out
20 such planning grant in coordination with the
21 State Developmental Disabilities Council and
22 organizations representing or serving individ-
23 uals with autism spectrum disorders and their
24 families.

25 “(e) IMPLEMENTATION GRANTS.—

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

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

10 “(A) the services that the eligible entity
11 proposes to provide and the expected outcomes
12 for adults with autism spectrum disorders who
13 receive such services;

14 “(B) the number of adults and families
15 who will be served by such grant, including an
16 estimate of the adults and families in under-
17 served areas who will be served by such grant;

18 “(C) the ways in which services will be co-
19 ordinated among both public and nonprofit pro-
20 viders of services for adults with disabilities, in-
21 cluding community-based services;

22 “(D) where applicable, the process through
23 which the eligible entity will distribute funds to
24 a range of community-based or nonprofit pro-
25 viders of services, including local governments,

1 and such entity's capacity to provide such serv-
2 ices;

3 “(E) the process through which the eligible
4 entity will monitor and evaluate the outcome of
5 activities funded through the grant, including
6 the effect of the activities upon adults with au-
7 tism spectrum disorders who receive such serv-
8 ices;

9 “(F) the plans of the eligible entity to co-
10 ordinate and streamline transitions from youth
11 to adult services;

12 “(G) the process by which the eligible enti-
13 ty will ensure compliance with the integration
14 requirement provided under section 302 of the
15 Americans with Disabilities Act of 1990; and

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

18 “(f) EVALUATION.—The Secretary shall contract
19 with a third-party organization with expertise in evalua-
20 tion to evaluate such demonstration grant program and,
21 not later than 180 days after the conclusion of the grant
22 program under subsection (e), submit a report to the Sec-
23 retary. The evaluation and report may include an analysis
24 of whether and to what extent the services provided
25 through the grant program described in this section re-

1 sulted in improved health, education, employment, and
2 community integration outcomes for adults with autism
3 spectrum disorders, or other measures, as the Secretary
4 determines appropriate.

5 “(g) ADMINISTRATIVE EXPENSES.—Of the amounts
6 appropriated to carry out this section, the Secretary shall
7 set aside 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.—Demonstra-
11 tion grant funds provided under this section shall supple-
12 ment, not supplant, existing treatments, interventions,
13 and services for individuals with autism spectrum dis-
14 orders.”.

15 **SEC. 7. MULTIMEDIA CAMPAIGN.**

16 Part R of title III of the Public Health Service Act
17 (42 U.S.C. 280i), as amended by section 7, is further
18 amended by adding at the end the following:

19 **“SEC. 399JJ. MULTIMEDIA CAMPAIGN.**

20 “(a) IN GENERAL.—The Secretary, in order to en-
21 hance existing awareness campaigns and provide for the
22 implementation of new campaigns, shall award grants to
23 public and nonprofit private entities for the purpose of
24 carrying out multimedia campaigns to increase public edu-
25 cation and awareness and reduce stigma concerning—

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

5 “(2) autism spectrum disorders through the
6 lifespan and the challenges that individuals with au-
7 tism spectrum disorders face, which may include
8 transitioning into adulthood, securing appropriate
9 job training or postsecondary education, securing
10 and holding jobs, finding suitable housing, inter-
11 acting with the correctional system, increasing inde-
12 pendence, and attaining a good quality of life.

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

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

18 “(2) provide assurance that the multimedia
19 campaign implemented under such grant will provide
20 information that is tailored to the intended audience,
21 which may be a diverse public audience or a specific
22 audience, such as health professionals, criminal jus-
23 tice professionals, or emergency response profes-
24 sionals.”.

1 **SEC. 8. INTERDEPARTMENTAL AUTISM COORDINATING**
2 **COMMITTEE.**

3 (a) **ESTABLISHMENT.**—There is established a com-
4 mittee, to be known as the “Interdepartmental Autism Co-
5 ordinating Committee” (referred to in this section as the
6 “Committee”), to coordinate all Federal efforts concerning
7 autism spectrum disorders.

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

10 (1) develop and annually update a summary of
11 developments in research on autism spectrum dis-
12 orders, services for people on the autism spectrum
13 and their families, and programs that focus on peo-
14 ple on the autism spectrum;

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

17 (3) make recommendations to the Secretary of
18 Health and Human Services and other relevant
19 heads of agencies (referred to in this subsection as
20 the “agency heads”) regarding any appropriate
21 changes to such activities and any ethical consider-
22 ations relating to those activities;

23 (4) make recommendations to the agency heads
24 regarding public participation in decisions relating to
25 autism spectrum disorders;

1 (5) develop and annually update a strategic
2 plan, including proposed budgetary requirements, for
3 conducting and supporting research related to au-
4 tism spectrum disorders, services for individuals on
5 the autism spectrum and their families, and pro-
6 grams that focus on such individuals and their fami-
7 lies; and

8 (6) annually submit to Congress and the Presi-
9 dent such strategic plan and any updates to such
10 plan.

11 (c) MEMBERSHIP.—

12 (1) FEDERAL MEMBERS.—The Committee shall
13 be composed of—

14 (A) the Director of the National Institutes
15 of Health, and the directors of such national re-
16 search institutes of the National Institutes of
17 Health as the Director determines appropriate;

18 (B) the heads of other agencies within the
19 Department of Health and Human Services, as
20 the Secretary determines appropriate; and

21 (C) representatives of the Department of
22 Education, the Department of Defense, and
23 other Federal agencies that provide services to
24 individuals with autism spectrum disorders and
25 their families or that have programs that affect

1 individuals with autism spectrum disorders, as
2 the Secretary determines appropriate.

3 (2) NON-FEDERAL MEMBERS.—Not less than
4 $\frac{2}{5}$ of the total membership of the Committee shall
5 be composed of public members to be appointed by
6 the Secretary, of which—

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

9 (B) at least one such member shall be a
10 parent or legal guardian of an individual with
11 an autism spectrum disorder;

12 (C) at least one such member shall be a
13 representative of a nongovernmental organiza-
14 tion that provides services to individuals with
15 autism spectrum disorders or their families; and

16 (D) at least one such member shall be a
17 representative of a leading research, advocacy,
18 and service organization for individuals with au-
19 tism spectrum disorders and their families.

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

23 (1) The Committee shall receive necessary and
24 appropriate administrative support from the Sec-
25 retary.

1 (2) Members of the Committee appointed under
2 subsection (c)(2) shall serve for a term of 4 years
3 and may be reappointed for one or more additional
4 4-year terms. The term of any member appointed
5 under subsection (c)(2)(C) or subsection (c)(2)(D)
6 shall expire if the member no longer represents the
7 organization described in such subsections. Any
8 member appointed to fill a vacancy for an unexpired
9 term shall be appointed for the remainder of such
10 term. A member may serve after the expiration of
11 the member's term until a successor has taken of-
12 fice.

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

17 (4) All meetings of the Committee or its sub-
18 committees shall be public and shall include appro-
19 priate time periods for questions and presentations
20 by the public.

21 (5) The Committee may convene workshops and
22 conferences.

23 (e) SUBCOMMITTEES: ESTABLISHMENT AND MEM-
24 BERSHIP.—

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

4 (A) a subcommittee on research on autism
5 spectrum disorders;

6 (B) a subcommittee on services for individ-
7 uals with autism spectrum disorders and their
8 families and programs that focus on individuals
9 with autism spectrum disorders; and

10 (C) such other subcommittees as the Com-
11 mittee determines appropriate.

12 (2) MEMBERSHIP.—Subcommittees may include
13 as members individuals who are not members of the
14 Committee.

15 (3) MEETINGS.—Subcommittees may hold such
16 meetings as are necessary.

17 (f) INTERAGENCY AUTISM COORDINATING COM-
18 MITTEE.—Part R of title III of the Public Health Service
19 Act (42 U.S.C. 280i) is amended by striking section
20 399CC (42 U.S.C. 284i–2).

21 **SEC. 9. NATIONAL NETWORK FOR AUTISM SPECTRUM DIS-**
22 **ORDERS RESEARCH AND SERVICES.**

23 (a) DEFINITIONS.—In this section:

24 (1) SERVICES.—The term “services” means
25 services to assist individuals with autism spectrum

1 disorders to live more independently in their commu-
2 nities and improve the quality of life of such individ-
3 uals.

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

6 (3) TREATMENTS.—The term “treatments”
7 means the health services, including mental health
8 and behavioral therapy services, designed to improve
9 or ameliorate symptoms associated with autism spec-
10 trum disorders.

11 (4) AUTISM CARE CENTER.—In this subpart,
12 the term “autism care center” means a center that
13 is directed by a primary care coordinator who is an
14 expert in autism spectrum disorder treatment and
15 practice and provides an array of medical, commu-
16 nication, psychological, behavioral, educational, and
17 family services to individuals with autism and their
18 families. Such a center shall—

19 (A) incorporate the attributes of the care
20 management model;

21 (B) offer, through on-site service provision
22 or through detailed referral and coordinated
23 care arrangements, an autism management
24 team of appropriate providers, including behav-
25 ior specialists, physicians, occupational thera-

1 pists, speech-language pathologists, audiologists,
2 ologists, psychologists, social workers, family
3 therapists, nurse practitioners, nurses, educators,
4 and other appropriate personnel; and

5 (C) have the capability to achieve improvements
6 in the management and coordination of
7 care for targeted beneficiaries.

8 (b) ESTABLISHMENT OF THE NATIONAL NETWORK
9 FOR AUTISM SPECTRUM DISORDERS RESEARCH AND
10 SERVICES.—Not later than 1 year after the date of enactment
11 of this Act, the Secretary shall establish the National
12 Network for Autism Spectrum Disorders Research and
13 Services (referred to in this section as the “National Network”).
14 The National Network shall provide resources for,
15 and facilitate communication between, autism spectrum
16 disorder researchers and service providers for individuals
17 with autism spectrum disorders and their families.

18 (c) PURPOSES.—The purposes of the National Network
19 are to—

20 (1) build upon the infrastructure relating to autism
21 spectrum disorders that exists on the date of
22 enactment of this Act;

23 (2) strengthen linkages between autism spectrum
24 disorders research and service initiatives at the
25 Federal, regional, State, and local levels;

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

5 (4) ensure the rapid dissemination of evidence-
6 based or promising autism spectrum disorder prac-
7 tices through the National Data Repository for Au-
8 tism Spectrum Disorders Research and Services de-
9 scribed in subsection (e).

10 (d) ORGANIZATION AND ACTIVITIES OF THE NA-
11 TIONAL NETWORK.—In establishing the National Net-
12 work, the Secretary, acting through Administrator of the
13 Health Resources and Services Administration, shall en-
14 sure that the National Network is composed of entities
15 at the Federal, regional, State, and local levels.

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

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

1 disseminate information regarding research, data,
2 findings, models of treatment, training modules, and
3 technical assistance materials related to autism spec-
4 trum disorders in order to facilitate the development
5 and rapid dissemination of research into best prac-
6 tices that improve care.

7 (2) ELIGIBILITY.—To be eligible to receive the
8 contract described in paragraph (1), an entity
9 shall—

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

11 and

12 (B) have experience—

13 (i) collecting data;

14 (ii) developing systems to store data
15 in a secure manner that does not person-
16 ally identify individuals;

17 (iii) developing internet web portals
18 and other means of communicating with a
19 wide audience; and

20 (iv) making information available to
21 the public.

22 (3) CONTENTS.—The Data Repository shall in-
23 clude—

1 (A) emerging research, data, and findings
2 regarding autism spectrum disorders from basic
3 and applied researchers and service providers;

4 (B) emerging or promising models of treat-
5 ment, service provision, and training related to
6 autism spectrum disorders that are developed in
7 individual care centers or programs; and

8 (C) training modules and technical assist-
9 ance materials.

10 (4) DUTIES OF THE ADMINISTRATOR.—The
11 Data Repository Administrator shall—

12 (A) collect information from autism spec-
13 trum disorders research and service provision
14 agencies and organizations including—

15 (i) Centers of Excellence in Autism
16 Spectrum Disorder Epidemiology under
17 section 399AA(b) of the Public Health
18 Service Act (42 U.S.C. 280i(b));

19 (ii) autism care centers;

20 (iii) recipients of grants through the
21 grant program for adult services under
22 section 399II of the Public Health Service
23 Act, as added by section 6 of this Act; and

24 (iv) members and recipients of the na-
25 tional training initiatives on autism spec-

1 trum disorders under section 399KK of the
2 Public Health Service Act, as added by
3 section 11 of this Act;

4 (B) securely store 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. 10. 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. 399KK. 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 University Centers for Excellence
23 in Developmental Disabilities and other service,
24 training, and academic 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. 11. 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 financial re-
3 quirements or limits in relation to benefits for the
4 diagnosis and treatment of autism spectrum dis-
5 orders, except that such financial requirements or
6 limits for any such benefits may not be less favor-
7 able to the individual than such financial require-
8 ments or limits for substantially all other medical
9 and surgical benefits covered by the plan, and there
10 shall be no separate financial requirements or limits
11 that are applicable only with respect to benefits for
12 the diagnosis or treatment of autism spectrum dis-
13 orders; and

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

18 “(c) NOTICE UNDER GROUP HEALTH PLAN.—The
19 imposition of the requirements of this section shall be
20 treated as a material modification in the terms of the plan
21 described in section 102(a)(1), for purposes of assuring
22 notice of such requirements under the plan, except that
23 the summary description required to be provided under the
24 last sentence of section 104(b)(1) with respect to such

1 modification shall be provided not later than the earlier
2 of—

3 “(1) 60 days after the first day of the first plan
4 year in which such requirements apply; or

5 “(2) in the first mailing after the date of enact-
6 ment of the Autism Treatment Acceleration Act of
7 2009 made by the plan or issuer to the participant
8 or beneficiary.

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

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

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

20 “(A) develop skills or functioning;

21 “(B) maintain skills or functioning;

22 “(C) restore skills or functioning; or

23 “(D) prevent the loss of skills or func-
24 tioning.

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

1 “(1) IN GENERAL.—Nothing in this section
2 shall be construed to preempt any State law (or cost
3 sharing requirements under State law) with respect
4 to health insurance coverage that requires coverage
5 of at least the coverage for autism spectrum dis-
6 orders otherwise required under this section.

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

11 “(f) DEFINITIONS.—In this section:

12 “(1) AUTISM SPECTRUM DISORDERS.—The
13 term ‘autism spectrum disorders’ means develop-
14 mental disabilities that cause substantial impair-
15 ments in the areas of social interaction, emotional
16 regulation, communication, and the integration of
17 higher-order cognitive processes and which may be
18 characterized by the presence of unusual behaviors
19 and interests. Such term includes autistic disorder,
20 pervasive developmental disorder (not otherwise
21 specified), Asperger syndrome, Retts disorder, and
22 childhood disintegrative disorder.

23 “(2) DIAGNOSIS OF AUTISM SPECTRUM DIS-
24 ORDERS.—The term ‘diagnosis of autism spectrum
25 disorders’ means medically necessary assessments,

1 evaluations, or tests to diagnose whether an indi-
2 vidual has an autism spectrum disorder.

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

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

14 “(B) Occupational therapy, physical ther-
15 apy, and speech-language pathology.

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

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

1 socially significant improvement in human be-
2 havior, including the use of direct observation,
3 measurement, and functional analysis of the re-
4 lationship between environment and behavior.

5 “(E) Augmentative communication devices
6 and other assistive technology devices.”.

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

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

12 (b) PUBLIC HEALTH SERVICE ACT.—

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

17 **“SEC. 2708. REQUIRED COVERAGE FOR AUTISM SPECTRUM**
18 **DISORDERS.**

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

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

1 “(1) as preventing a group health plan or
2 health insurance issuer from imposing financial re-
3 quirements or limits in relation to benefits for the
4 diagnosis and treatment of autism spectrum dis-
5 orders, except that such financial requirements or
6 limits for any such benefits may not be less favor-
7 able to the individual than such financial require-
8 ments or limits for substantially all other medical
9 and surgical benefits covered by the plan, and there
10 shall be no separate financial requirements or limits
11 that are applicable only with respect to benefits for
12 the diagnosis or treatment of autism spectrum dis-
13 orders; or

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

18 “(c) NOTICE UNDER GROUP HEALTH PLAN.—The
19 imposition of the requirements of this section shall be
20 treated as a material modification in the terms of the plan
21 described in section 102(a)(1), for purposes of assuring
22 notice of such requirements under the plan, except that
23 the summary description required to be provided under the
24 last sentence of section 104(b)(1) with respect to such

1 modification shall be provided not later than the earlier
2 of—

3 “(1) 60 days after the first day of the first plan
4 year in which such requirements apply; or

5 “(2) in the first mailing after the date of enact-
6 ment of the Autism Treatment Acceleration Act of
7 2009 made by the plan or issuer to the enrollee.

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

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

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

19 “(A) develop skills or functioning;

20 “(B) maintain skills or functioning;

21 “(C) restore skills or functioning; or

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

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

1 “(1) IN GENERAL.—Nothing in this section
2 shall be construed to preempt any State law (or cost
3 sharing requirements under State law) with respect
4 to health insurance coverage that requires coverage
5 of at least the coverage for autism spectrum dis-
6 orders otherwise required under this section.

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

11 “(f) DEFINITIONS.—In this section:

12 “(1) AUTISM SPECTRUM DISORDERS.—The
13 term ‘autism spectrum disorders’ means develop-
14 mental disabilities that cause substantial impair-
15 ments in the areas of social interaction, emotional
16 regulation, communication, and the integration of
17 higher-order cognitive processes and which may be
18 characterized by the presence of unusual behaviors
19 and interests. Such term includes autistic disorder,
20 pervasive developmental disorder (not otherwise
21 specified), and Asperger syndrome.

22 “(2) DIAGNOSIS OF AUTISM SPECTRUM DIS-
23 ORDERS.—The term ‘diagnosis of autism spectrum
24 disorders’ means medically necessary assessments,

1 evaluations, or tests to diagnose whether an indi-
2 vidual has an autism spectrum disorder.

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

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

14 “(B) Occupational therapy, physical ther-
15 apy, and speech therapy-language pathology.

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

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

1 socially significant improvement in human be-
2 havior, including the use of direct observation,
3 measurement, and functional analysis of the re-
4 lationship between environment and behavior.

5 “(E) Augmentative communication devices
6 and other assistive technology devices.”.

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

11 **“SEC. 2754. REQUIRED COVERAGE FOR AUTISM SPECTRUM**
12 **DISORDERS.**

13 “The provisions of section 2708 shall apply to health
14 insurance coverage offered by a health insurance issuer
15 in the individual market in the same manner as they apply
16 to health insurance coverage offered by a health insurance
17 issuer in connection with a group health plan in the small
18 or large group market.”.

19 (c) FEHBP.—The Director of the Office of Per-
20 sonnel Management shall require health benefits plans
21 under chapter 89 of title 5, United States Code, to comply
22 with the requirements of section 715 of Employee Retirement
23 Income Security Act of 1974, as added by subsection
24 (a), insofar as such requirements apply to a group health
25 plan.

1 (d) TITLE 10.—Coverage under chapter 55 of title
2 10, United States Code, shall include benefits that are re-
3 quired to be covered by a group health plan under section
4 715 of Employee Retirement Income Security Act of 1974,
5 as added by subsection (a).

6 (e) EFFECTIVE DATES.—

7 (1) GROUP HEALTH PLANS.—

8 (A) IN GENERAL.—The amendment made
9 by subsections (a) and (b)(1) shall apply to
10 group health plans for plan years beginning on
11 or after the date of enactment of this Act.

12 (B) SPECIAL RULE FOR COLLECTIVE BAR-
13 GAINING AGREEMENTS.—In the case of a group
14 health plan maintained pursuant to one or more
15 collective bargaining agreements between em-
16 ployee representatives and one or more employ-
17 ers, any plan amendment made pursuant to a
18 collective bargaining agreement relating to the
19 plan which amends the plan solely to conform
20 to any requirement added by the amendment
21 made by subsections (a) and (b)(1) shall not be
22 treated as a termination of such collective bar-
23 gaining agreement.

24 (2) INDIVIDUAL PLANS.—The amendment made
25 by subsection (b)(2) shall apply with respect to

1 health insurance coverage offered, sold, issued, re-
2 newed, in effect, or operated in the individual mar-
3 ket on or after the date of enactment of this Act.

4 (f) NO RELATION TO AUTISM CARE CENTERS DEM-
5 ONSTRATION PROJECT.—The provisions of this section
6 and the amendments made by this section shall not be con-
7 strued to require an individual to be participating in, or
8 to seek to participate in, the demonstration program under
9 section 399HH of the Public Health Service Act, as added
10 by section 5 of this Act, in order for such provisions to
11 apply in whole or in part with respect to such individual.

12 **SEC. 12. AUTHORIZATION OF APPROPRIATIONS.**

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