

110TH CONGRESS
1ST SESSION

S. 937

To improve support and services for individuals with autism and their families.

IN THE SENATE OF THE UNITED STATES

MARCH 20, 2007

Mrs. CLINTON (for herself and Mr. ALLARD) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To improve support and services for individuals with autism 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.**

4 This Act may be cited as the “Expanding the Prom-
5 ise for Individuals With Autism Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Autism is a natural part of the human ex-
9 perience. Individuals living with autism have the
10 same rights as other individuals to exert control and

1 choice over their own lives, to live independently,
2 and to fully participate in and contribute to their
3 communities through full integration and inclusion
4 in the economic, political, social, cultural, and edu-
5 cational mainstream of society.

6 (2) Autism is a complex developmental dis-
7 ability that affects the functioning of the brain and
8 lasts through a person's lifetime.

9 (3) The prevalence of autism appears to be
10 growing. The Centers for Disease Control and Pre-
11 vention report that in 2007, autism affects 1 in
12 every 150 children and 1,500,000 Americans have
13 autism.

14 (4) Both children and adults with autism typi-
15 cally show difficulties in verbal and nonverbal com-
16 munication, social interactions, and sensory proc-
17 essing. Individuals with autism exhibit different
18 symptoms or behaviors, which may range from mild
19 to significant, and require varying degrees of sup-
20 port from their friends, families, and communities.

21 (5) Although the overall incidence of autism is
22 consistent around the globe, it is 4 times more prev-
23 alent in boys than in girls. Autism knows no racial,
24 ethnic, or social boundaries, or differences in family

1 income, lifestyle, or educational levels and can affect
2 any family and any child.

3 (6) Individuals with autism often need assist-
4 ance in the areas of early intervention, education,
5 employment, transportation, housing, health, and
6 recreation. With access to these types of services and
7 supports, individuals with autism can live full, rich,
8 productive lives. Greater coordination within the
9 service delivery system will enable individuals and
10 families to access assistance from all sectors
11 throughout the lifespan, thus facilitating the appro-
12 priate delivery of information, education, and serv-
13 ices.

14 (7) There is strong consensus within the re-
15 search community that intensive intervention started
16 as soon as possible following diagnosis yields the
17 most positive outcomes for children with autism.

18 (8) The limited amount of credible evidence-
19 based research on services to children and adults
20 with autism is a major impediment to the develop-
21 ment of quality services. Without this base of re-
22 search, many services and supports for individuals
23 with autism are not covered by private or public
24 health insurance programs, nor are certain interven-
25 tions provided as part of a child's special education

1 individualized education plan. As a result, individ-
2 uals and families who wish to access services are
3 often only able to do so through incurring significant
4 nonreimbursable costs.

5 (9) Workforce shortages contribute to the lim-
6 ited availability of treatments, interventions, and
7 supports. There is a need for more professionals who
8 can appropriately provide employment, residential,
9 and other community-based services to adults with
10 autism, as well as a need for professionals who can
11 appropriately diagnose autism in very young chil-
12 dren, and those who can develop appropriate evi-
13 dence-based treatments, interventions, and supports
14 across the lifespan of individuals with autism.

15 (10) The combined characteristics of an indi-
16 vidual with autism, a lack of or limited verbal com-
17 munication, the inability to gauge social cues, and
18 challenging behaviors, has resulted in a growing
19 need for community-based individual and family sup-
20 port services and increased monitoring for abuse, ne-
21 glect, and rights violations.

22 (11) Preliminary numbers on 20 States indicate
23 that in 2006, almost a quarter of individuals served
24 under protection and advocacy programs for individ-
25 uals with developmental disabilities were individuals

1 with autism, a 6 percent increase from the previous
 2 year, yet thousands of individuals with autism were
 3 unable to access services due to a lack of resources.

4 (12) Whatever their individual needs, children
 5 and adults with autism should receive the treat-
 6 ments, interventions, services, and programs that
 7 will enable them to fully participate in and enjoy a
 8 good quality of life in their communities.

9 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE**

10 **ACT.**

11 Part R of title III of the Public Health Service Act
 12 (42 U.S.C. 280i et seq.) is amended—

13 (1) by inserting after the header for part R the
 14 following:

15 **“Subpart 1—Combating Autism”;**

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

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

19 **“Subpart 2—Support for Individuals With Autism**
 20 **and Their Families**

21 **“SEC. 399GG. DEFINITIONS.**

22 “In this subpart:

23 “(1) ADULT WITH AUTISM.—The term ‘adult
 24 with autism’ means an individual with autism who
 25 is 18 years of age or older.

1 “(2) AUTISM.—The term ‘autism’ means an au-
2 tism spectrum disorder or a related developmental
3 disability.

4 “(3) CHILDREN WITH AUTISM.—The term ‘chil-
5 dren with autism’ means individuals with autism
6 who have not attained 18 years of age.

7 “(4) INDIVIDUAL WITH AUTISM.—The term ‘in-
8 dividual with autism’ means an individual who has
9 been diagnosed with autism.

10 “(5) INTERVENTIONS.—The term ‘interven-
11 tions’ means the educational methods and positive
12 behavioral support strategies designed to improve or
13 ameliorate symptoms associated with autism.

14 “(6) SERVICES.—The term ‘services’ means the
15 services to assist individuals with autism to live
16 more independently in their communities.

17 “(7) TREATMENTS.—The term ‘treatments’
18 means the health services, including mental health
19 services, designed to improve or ameliorate symp-
20 toms associated with autism.

21 **“SEC. 399HH. TREATMENTS, INTERVENTIONS, AND SERV-**
22 **ICES EVALUATION TASK FORCE.**

23 “(a) IN GENERAL.—Not later than 60 days after the
24 date of enactment of the Expanding the Promise for Indi-
25 viduals With Autism Act of 2007, the Secretary, on behalf

1 of the Interagency Autism Coordinating Committee (es-
2 tablished in section 399CC), shall convene a Treatments,
3 Interventions, and Services Evaluation Task Force (re-
4 ferred to in this subpart as the ‘Task Force’) to evaluate
5 evidence-based biomedical and behavioral treatments and
6 services, including the following:

7 “(1) Treatments, interventions, and services
8 that are effective in reducing the impact of symp-
9 toms associated with autism upon the quality of life
10 outcomes for children with autism and adults with
11 autism.

12 “(2) Treatments, interventions, and services
13 that are effective in reducing the long-term costs of
14 treatments associated with autism.

15 “(3) Treatments, interventions, and services
16 that are effective in assisting individuals with autism
17 to live independently in their communities.

18 “(4) Treatments, interventions, and services
19 that can be widely replicated across States and com-
20 munities during the 2-year period after the date of
21 enactment of the Expanding the Promise for Indi-
22 viduals With Autism Act of 2007.

23 “(5) Gaps in applied research on treatments,
24 interventions, and services that should be addressed
25 by future research.

1 “(6) The cost effectiveness of such treatments,
2 interventions, and services.

3 “(7) The availability of such treatments, inter-
4 ventions, and services in each of the States.

5 “(8) Successful State- and community-based
6 models that organize, integrate, and deliver com-
7 prehensive services, interventions, and treatments
8 across the lifespan of individuals with autism.

9 “(9) Other relevant concerns regarding the
10 availability of such treatments, interventions, and
11 services, as designated by the Secretary.

12 “(b) MEMBERSHIP.—The Secretary shall ensure that
13 the Task Force membership shall consist of the following:

14 “(1) Health care providers with expertise in
15 treating children or adults with autism in hospitals
16 or other health care settings where comprehensive
17 health care is available.

18 “(2) Licensed mental health professionals with
19 experience in treatments of autism or other related
20 behavioral therapies and interventions.

21 “(3) Developmental pediatricians with expertise
22 in autism.

23 “(4) Researchers with an expertise in neu-
24 rology, gastroenterology, behavioral sciences, endo-
25 crinology, special education, vocational services, and

1 other specialties that pertain to treatments, inter-
2 ventions, and services as designated by the Sec-
3 retary.

4 “(5) Health economists or other individuals
5 with expertise in cost-benefit analysis and health
6 policy.

7 “(6) Service providers with an expertise in as-
8 sisting individuals with autism to access housing,
9 employment, and other services necessary to live in
10 such individuals’ communities.

11 “(7) Educators with expertise in early interven-
12 tions, special education, and transition services for
13 children with autism, and education or training for
14 adults with autism.

15 “(8) A representative of the National Council
16 on Disability.

17 “(9) A liaison from the National Institutes of
18 Health involved with the Interagency Autism Coordi-
19 nating Committee.

20 “(10) Representatives of State agencies man-
21 aging services to individuals with autism.

22 “(11) Individuals with autism, families affected
23 by autism, and members of organizations that advo-
24 cate for individuals with autism and their families,

1 whose representation on the Task Force shall be not
2 less than one-third of all members.

3 “(12) Other individuals, as designated by the
4 Secretary.

5 “(c) REPORT.—

6 “(1) IN GENERAL.—Not later than 1 year after
7 first convening, the Task Force shall deliver a report
8 to the Interagency Autism Coordinating Committee,
9 the Director of the National Institutes of Health,
10 the Secretary, the heads of other agencies rep-
11 resented on the Interagency Autism Coordinating
12 Committee, and the relevant committees of Congress
13 containing the evaluation as detailed in subsection
14 (a).

15 “(2) RESPONSE.—Not later than 90 days after
16 receiving the report described in paragraph (1), the
17 Interagency Autism Coordinating Committee shall
18 provide to the Director of the National Institutes of
19 Health, the Secretary, and the relevant committees
20 of Congress a response to the Task Force report.
21 Such report shall be posted on the Internet and shall
22 be available and easily accessible to the public.

1 **“SEC. 399II. DEMONSTRATION GRANTS FOR COVERAGE OF**
2 **TREATMENTS, INTERVENTIONS, AND SERV-**
3 **ICES.**

4 “(a) IN GENERAL.—Not later than 24 months after
5 the date of enactment of the Expanding the Promise for
6 Individuals With Autism Act of 2007, the Secretary shall
7 establish a demonstration grant program awarding
8 multiyear grants to enable selected States to provide evi-
9 dence-based autism treatments, interventions, and serv-
10 ices, as identified by the Task Force under section
11 399HH.

12 “(b) APPLICATION.—A State that desires to receive
13 a grant under subsection (a), shall submit an application,
14 in consultation with the State Developmental Disabilities
15 Council and organizations representing or serving individ-
16 uals with autism and their families, that contains the fol-
17 lowing information:

18 “(1) The treatments, interventions, or services
19 that the State proposes to provide.

20 “(2) Demonstrated capacity to provide or estab-
21 lish such treatments, interventions, and services
22 within the State.

23 “(3) Demonstrated capacity to monitor and
24 evaluate the outcomes of such treatments, interven-
25 tions, and services upon individuals with autism.

1 “(4) Demonstrated ability to develop a process
2 for distributing funds to a range of community-
3 based or nonprofit providers of treatments, interven-
4 tions, and services, as well as local governments that
5 provide services for individuals with autism at the
6 community level.

7 “(5) Estimates of the number of individuals
8 and families who will be served by such grant, in-
9 cluding an estimate of the number of individuals and
10 families in medically underserved areas who will be
11 served by such grants.

12 “(6) Documented ability to administer such
13 grants in partnership with community-based or non-
14 profit providers of treatments, interventions, and
15 services, including those that act as advocates for in-
16 dividuals with autism, and local governments that
17 provide services for individuals with autism at the
18 community level.

19 “(7) A description of the ways in which access
20 to such treatments and services may be sustained
21 following the grant period.

22 “(8) Compliance with the integration require-
23 ment provided under section 302 of the Americans
24 With Disabilities Act of 1990 (42 U.S.C. 12182).

1 “(c) EVALUATION.—The Secretary shall contract, 36
2 months after establishing the demonstration grant pro-
3 gram under this section, with a third-party organization
4 with expertise in evaluation to evaluate such demonstra-
5 tion grant program and release a report not later than
6 4 years after the date of enactment of the Expanding the
7 Promise for Individuals With Autism Act of 2007, on the
8 ways in which the treatments, interventions, and services
9 provided through the demonstration grant program have
10 resulted in improved health, educational, employment, and
11 community integration outcomes for individuals with au-
12 tism.

13 “(d) SUPPLEMENT, NOT SUPPLANT.—Demonstra-
14 tion grant funds provided under this section shall supple-
15 ment, not supplant, existing treatments, interventions,
16 and services for individuals with autism.

17 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
18 is authorized to be appropriated to carry out this section
19 \$20,000,000 for each of the fiscal years 2009 through
20 2012. Amounts not expended in 1 fiscal year shall be car-
21 ried over to the next fiscal year.

22 **“SEC. 399JJ. PLANNING AND DEMONSTRATION GRANT FOR**
23 **SERVICES FOR ADULTS.**

24 “(a) PURPOSE.—In order to enable States to provide
25 appropriate services to adults with autism, thus enabling

1 such adults to be as independent as possible, the Secretary
2 shall establish—

3 “(1) a 1-time, single year planning grant pro-
4 gram for selected States; and

5 “(2) a multiyear service provision demonstra-
6 tion grant program for selected States.

7 “(b) PLANNING GRANTS.—

8 “(1) IN GENERAL.—The Secretary shall award
9 1-time grants to selected States to support the plan-
10 ning and development of initiatives that will expand
11 and enhance service delivery systems for adults with
12 autism.

13 “(2) APPLICATION.—In order to receive such a
14 grant, a State shall submit an application at such
15 time and containing such information as the Sec-
16 retary may require, including a demonstrated ability
17 to carry out such planning grant in partnership with
18 the State Developmental Disabilities Council and or-
19 ganizations representing or serving individuals with
20 autism and their families.

21 “(3) AUTHORIZATION OF APPROPRIATIONS.—
22 There is authorized to be appropriated to carry out
23 this subsection \$5,000,000 for fiscal year 2008.

24 “(c) IMPLEMENTATION GRANTS.—

1 “(1) IN GENERAL.—The Secretary shall award
2 grants to States that have received a planning grant
3 under subsection (b) to enable such State to provide
4 appropriate services to adults with autism.

5 “(2) APPLICATION.—In order to receive a grant
6 under paragraph (1), the State shall submit an ap-
7 plication at such time and containing such informa-
8 tion as the Secretary may require, including—

9 “(A) the services that the State proposes
10 to provide and the expected outcomes for adults
11 with autism who receive such services;

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

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

20 “(D) the process through which the States
21 will distribute funds to a range of community-
22 based or nonprofit providers of services, includ-
23 ing local governments, and their capacity to
24 provide such services;

1 “(E) the process through which the States
2 will monitor and evaluate the outcome of activi-
3 ties funded through the grant upon adults with
4 autism who receive such services;

5 “(F) the process by which the State will
6 ensure compliance with the integration require-
7 ment provided under section 302 of the Ameri-
8 cans With Disabilities Act of 1990 (42 U.S.C.
9 12182); and

10 “(G) a description of how such services
11 may be sustained following the grant period.

12 “(d) EVALUATION.—The Secretary shall contract, 36
13 months after establishing the demonstration grant pro-
14 gram under this section, with a third-party organization
15 with expertise in evaluation to evaluate such demonstra-
16 tion grant program and release a report, not later than
17 4 years after the date of enactment of the Expanding the
18 Promise for Individuals With Autism Act of 2007, as to
19 whether the services provided through this grant program
20 have resulted in improved health, education, employment,
21 and community integration outcomes for adults with au-
22 tism.

23 “(e) SUPPLEMENT, NOT SUPPLANT.—Demonstration
24 grant funds provided under this section shall supplement,

1 not supplant, existing treatments, interventions, and serv-
2 ices for individuals with autism.

3 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated to carry out this section
5 \$20,000,000 for each of the fiscal years 2008 through
6 2012. Any amounts not expended in 1 fiscal year shall
7 be carried over to the next fiscal year

8 **“SEC. 399KK. EXPANDING ACCESS TO POSTDIAGNOSIS**
9 **CARE.**

10 “(a) IN GENERAL.—The Secretary shall award
11 grants to States to enable the States to assist with the
12 provision of treatments, interventions, and services to chil-
13 dren with autism, with the goal of—

14 “(1) providing multi-agency, intensive, and
15 comprehensive, evidence-based treatments, interven-
16 tions, and services;

17 “(2) coordinating supplementary health care,
18 behavioral support services, and individual and fam-
19 ily-support services through Federal and State-fund-
20 ed programs; and

21 “(3) supplementing, not supplanting, Federal
22 and State funds supporting early interventions, edu-
23 cation, and health and long-term care services to in-
24 crease treatments, interventions, and services, and

1 eliminate delays in access to such treatments, inter-
2 ventions, and services.

3 “(b) GUIDANCE TO STATES.—Not later than 6
4 months after the date of enactment of the Expanding the
5 Promise for Individuals With Autism Act of 2007, the
6 Secretary, in conjunction with the heads of other relevant
7 agencies, shall develop a guidance to States, with the pur-
8 pose of increasing the amount and quality of postdiagnosis
9 treatments, interventions, and services, and eliminating
10 delays in access to supplementary health care, behavioral
11 support services, and individual and family-support serv-
12 ices through Federal and State funded programs.

13 “(c) TIMELINES.—Following the release of the guid-
14 ance described in subsection (b), the Secretary shall de-
15 velop an implementation timeline for States to establish
16 programs that reduce the amount of time between diag-
17 nosis of autism in children and the point when children
18 with autism receive evidence-based treatment, interven-
19 tions, and services.

20 “(d) APPLICATION AND GRANTS.—Not later than 12
21 months after the date of enactment of the Expanding the
22 Promise for Individuals With Autism Act of 2007, the
23 Secretary shall award grants to States to enable the States
24 to carry out the guidance established in subsection (b).
25 States that desire to receive a grant under this subsection

1 shall submit an application at such time and containing
2 such information as the Secretary may require.

3 “(e) SUPPLEMENT, NOT SUPPLANT.—Grant funds
4 provided under this section shall supplement, not sup-
5 plant, existing treatments, interventions, and services for
6 individuals with autism.

7 “(f) EVALUATION.—The Secretary shall contract, 36
8 months after establishing the demonstration grant pro-
9 gram under this section, with a third-party organization
10 with expertise in evaluation to evaluate such demonstra-
11 tion grant program and release a report not later than
12 4 years after the date of enactment of the Expanding the
13 Promise for Individuals With Autism Act of 2007 on the
14 following topics:

15 “(1) Whether such grant program has resulted
16 in increased and improved provision of multi-agency,
17 intensive, and comprehensive, evidence-based treat-
18 ments and interventions, and elimination of delays in
19 access to Federal and State-funded programs.

20 “(2) The best practices in States to increase
21 and improve services and eliminate delays in access
22 to such services.

23 “(3) Additional actions that may be required in
24 order to ensure increases and improvement in
25 postdiagnosis treatments, interventions, and services,

1 and eliminating delays in access to Federal and
2 State-funded programs.

3 “(4) Other information, as required by the Sec-
4 retary.

5 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated to carry out this sec-
7 tion—

8 “(1) \$10,000,000 for fiscal year 2009;

9 “(2) \$13,000,000 for fiscal year 2010;

10 “(3) \$17,000,000 for fiscal year 2011; and

11 “(4) \$20,000,000 for fiscal year 2012.

12 **“SEC. 399LL. NATIONAL TRAINING INITIATIVES ON AUTISM.**

13 “(a) NATIONAL TRAINING INITIATIVE SUPPLE-
14 MENTAL GRANTS AND TECHNICAL ASSISTANCE.—

15 “(1) SUPPLEMENTAL GRANTS.—

16 “(A) IN GENERAL.—The Secretary shall
17 award, in consultation with the Interagency Au-
18 tism Coordinating Committee, multiyear na-
19 tional training initiative supplemental grants to
20 University Centers of Excellence for Develop-
21 mental Disabilities in order to allow each such
22 center to provide training, technical assistance,
23 dissemination, and services, and address the
24 unmet needs of individuals with autism and
25 their families.

1 “(B) REQUIREMENTS.—A University Cen-
2 ter of Excellence for Developmental Disabilities
3 that desires to receive a grant under this para-
4 graph shall submit to the Secretary an applica-
5 tion containing such agreements and informa-
6 tion as the Secretary may require, including
7 agreements that the training program shall—

8 “(i) provide trainees with an appro-
9 priate balance of interdisciplinary academic
10 and community-based experiences;

11 “(ii) have a demonstrated capacity to
12 provide training and technical assistance in
13 evidence-based practices to evaluate and
14 provide effective treatments, interventions,
15 and services to children with autism,
16 adults with autism, and their families;

17 “(iii) have a demonstrated capacity to
18 include individuals with autism, parents,
19 and family members as part of the training
20 program to ensure that a person and fam-
21 ily-centered approach is used;

22 “(iv) provide to the Secretary, in the
23 manner prescribed by the Secretary, data
24 regarding the outcomes of the provision of
25 training and technical assistance;

1 “(v) demonstrate a willingness to
2 share and disseminate materials and prac-
3 tices that are developed and evaluated to
4 be effective in the provision of training and
5 technical assistance; and

6 “(vi) provide assurances that training,
7 technical assistance, and service dem-
8 onstration performed under grants made
9 pursuant to this paragraph shall be con-
10 sistent with the goals established under al-
11 ready existing disability programs author-
12 ized under Federal law and conducted in
13 coordination with other relevant State
14 agencies and service providers.

15 “(C) ACTIVITIES.—A University Center of
16 Excellence for Developmental Disabilities that
17 receives a grant under this paragraph shall ex-
18 pand and develop interdisciplinary training and
19 continuing education initiatives for health, al-
20 lied health, and educational professionals and
21 develop model services that demonstrate evi-
22 dence-based practices, by engaging in the fol-
23 lowing activities:

24 “(i) Training health, allied health, and
25 educational professionals to identify, diag-

1 nose, and develop interventions for individ-
2 uals with, or at risk of developing, autism.

3 “(ii) Working to expand the avail-
4 ability of effective, lifelong interventions,
5 educational services, and community sup-
6 ports.

7 “(iii) Providing statewide technical as-
8 sistance in collaboration with relevant
9 State agencies, autism advocacy groups,
10 and community-based service providers.

11 “(iv) Working to develop comprehen-
12 sive systems of supports and services for
13 individuals with autism and their families.

14 “(v) Promoting and engaging in train-
15 ing, technical assistance, dissemination,
16 and evidence-based supports and services.

17 “(vi) Developing mechanisms to pro-
18 vide training and technical assistance, in-
19 cluding for-credit courses, intensive sum-
20 mer institutes, continuing education pro-
21 grams, distance-based programs, and web-
22 based information dissemination strategies.

23 “(vii) Promoting activities that sup-
24 port community-based family and indi-
25 vidual services and enable individuals with

1 autism to participate in society and achieve
2 good quality of life outcomes.

3 “(viii) Collecting data on the out-
4 comes of training and technical assistance
5 programs to meet statewide needs for the
6 expansion of services to children with au-
7 tism and adults with autism.

8 “(2) TECHNICAL ASSISTANCE.—The Secretary
9 shall reserve 2 percent of the appropriated funds to
10 make a grant to a national organization with dem-
11 onstrated capacity for providing training and tech-
12 nical assistance to University Centers of Excellence
13 for Developmental Disabilities to—

14 “(A) assist in national dissemination of
15 specific information, including evidence-based
16 best practices, from interdisciplinary training
17 programs, and when appropriate, other entities
18 whose findings would inform the work per-
19 formed by entities awarded grants;

20 “(B) compile and disseminate strategies
21 and materials that prove to be effective in the
22 provision of training and technical assistance so
23 that the entire network can benefit from the
24 models, materials, and practices developed in
25 individual centers;

1 “(C) assist in the coordination of activities
2 of grantees under this section;

3 “(D) develop a web portal that will provide
4 linkages to each of the individual training ini-
5 tiatives and provide access to training modules,
6 promising training, and technical assistance
7 practices and other materials developed by
8 grantees;

9 “(E) serve as a research-based resource for
10 Federal and State policymakers on information
11 concerning the provision of training and tech-
12 nical assistance for the assessment, diagnosis
13 of, and provisions for supports and services for
14 children with autism and adults with autism;

15 “(F) convene experts from multiple inter-
16 disciplinary training programs and individuals
17 with autism and their families to discuss and
18 make recommendations with regard to training
19 issues related to the assessment, diagnosis of,
20 treatment, interventions and services for, chil-
21 dren with autism and adults with autism; and

22 “(G) undertake any other functions that
23 the Secretary determines to be appropriate.

24 “(3) AUTHORIZATION OF APPROPRIATIONS.—

1 “(A) FISCAL YEAR 2008.—There is author-
2 ized to be appropriated to carry out this sub-
3 section \$13,400,000 for fiscal year 2008—

4 “(i) to award supplemental grants, in
5 equal amounts, to University Centers of
6 Excellence for Developmental Disabilities;
7 and

8 “(ii) in the case of University Centers
9 of Excellence for Developmental Disabil-
10 ities located in American Samoa or the
11 Commonwealth of the Northern Mariana
12 Islands, to award supplemental grants of
13 not less than \$100,000 each.

14 “(B) FISCAL YEAR 2009 THROUGH 2012.—
15 There is authorized to be appropriated to carry
16 out this subsection such sums as may be nec-
17 essary for each of the fiscal years 2009 through
18 2012—

19 “(i) to award supplemental grants, in
20 equal amounts, to University Centers of
21 Excellence for Developmental Disabilities;
22 and

23 “(ii) in the case of University Centers
24 of Excellence for Developmental Disabil-
25 ities located in American Samoa or the

1 Commonwealth of the Northern Mariana
2 Islands, to award supplemental grants of
3 not less than \$100,000 per individual
4 grant.

5 “(C) APPROPRIATIONS LESS THAN
6 \$13,400,000.—Notwithstanding subparagraphs
7 (A) and (B), with respect to any fiscal year for
8 which the amount appropriated under this
9 paragraph to carry out this section is less than
10 \$13,400,000, the Secretary shall—

11 “(i) award supplemental grants, on a
12 competitive basis, from such amount to in-
13 dividual University Centers for Excellence
14 in Developmental Disabilities of not less
15 than \$200,000 per individual grant; and

16 “(ii) in the case of University Centers
17 of Excellence for Developmental Disabil-
18 ities located in American Samoa or the
19 Commonwealth of the Northern Mariana
20 Islands, award supplemental grants, on a
21 competitive basis, of not less than
22 \$100,000 per individual grant.

23 “(D) RESERVATION.—Not more than 2
24 percent of the amount appropriated under this

1 paragraph for a fiscal year may be reserved to
2 carry out paragraph (2) for such fiscal year.

3 “(b) EXPANSION OF THE NUMBER OF UNIVERSITY
4 CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DIS-
5 ABILITIES RESEARCH, EDUCATION, AND SERVICES.—

6 “(1) PURPOSE.—The Secretary shall award not
7 more than 4 additional grants for the University
8 Centers for Excellence in Developmental Disabilities
9 for the purpose of expanding the capacity of existing
10 national networks and enhancing the number of
11 training facilities with a primary focus on autism.
12 Such Centers shall—

13 “(A) train health, allied health, and edu-
14 cational professionals to identify, diagnose,
15 treat, and provide services for individuals with
16 autism;

17 “(B) provide services to individual with au-
18 tism; and

19 “(C) provide other training and technical
20 assistance, as necessary.

21 “(2) PRIORITY.—The Secretary shall give pri-
22 ority in awarding grants to Centers in—

23 “(A) minority-serving institutions that
24 have demonstrated the capacity to meet the re-
25 quirements to qualify as a University Center for

1 Excellence in Developmental Disabilities and
2 provide services to individuals with autism; or

3 “(B) States with underserved populations.

4 “(3) AUTHORIZATION OF APPROPRIATIONS.—

5 There is authorized to be appropriated to carry out
6 this subsection \$5,000,000 for each of the fiscal
7 years 2008 through 2012.

8 **“SEC. 399MM. GAO STUDY ON SERVICE PROVISION AND FI-**
9 **NANCING.**

10 “Not later than 2 years after the date of enactment
11 of the Expanding the Promise for Individuals With Autism
12 Act of 2007, the Comptroller General of the United States
13 shall release a report that examines the following issues:

14 “(1) The ways in which autism services and
15 treatments are currently financed in the United
16 States.

17 “(2) Current policies for public and private
18 health insurance coverage of autism treatments,
19 interventions, and services.

20 “(3) Geographic and regional disparities in pro-
21 vision of services across the lifespan of individuals
22 with autism, levels of community-based versus insti-
23 tutional services, and coverage for such services.

24 “(4) Ways in which to improve financing of au-
25 tism treatments, interventions, and services, so as to

1 ensure a minimum level of coverage across the
2 United States.

3 **“SEC. 399NN. EMERGING NEEDS PROTECTION AND ADVOCACY PROGRAM.**
4

5 “(a) IN GENERAL.—The Secretary shall make grants
6 to protection and advocacy systems for the purpose of ena-
7 bling such systems to address the needs of individuals with
8 autism and other emerging populations of individuals with
9 disabilities.

10 “(b) SERVICES PROVIDED.—Services provided under
11 this section may include the provision of—

12 “(1) information, referrals, and advice;

13 “(2) individual and family advocacy;

14 “(3) legal representation; and

15 “(4) specific assistance in self-advocacy.

16 “(c) APPLICATION.—To be eligible to receive a grant
17 under this section, a protection and advocacy system shall
18 submit an application to the Secretary at such time, in
19 such form and manner, and accompanied by such informa-
20 tion and assurances as the Secretary may require.

21 “(d) APPROPRIATIONS LESS THAN \$6,000,000.—

22 “(1) IN GENERAL.—With respect to any fiscal
23 year in which the amount appropriated under sub-
24 section (i) to carry out this section is less than
25 \$6,000,000, the Secretary shall make grants from

1 such amount to individual protection and advocacy
2 systems within States to enable such systems to plan
3 for, develop outreach strategies for, and carry out
4 services authorized under this section for emerging
5 populations of individuals with disabilities.

6 “(2) AMOUNT OF GRANT.—The amount of a
7 grant under paragraph (1) shall be based on the size
8 of the State in which the individual protection and
9 advocacy system is located but be not less than
10 \$100,000 for individual protection and advocacy sys-
11 tems located in States and not less than \$50,000 for
12 individual protection and advocacy systems located
13 in territories and the American Indian consortium.

14 “(e) APPROPRIATIONS OF \$6,000,000 OR MORE.—
15 The Secretary shall make grants during each fiscal year
16 not later than October 1 to States as follows:

17 “(1) POPULATION BASIS.—Except as provided
18 in paragraph (2), with respect to each fiscal year in
19 which the amount appropriated under subsection (i)
20 to carry out this section is \$6,000,000 or more, the
21 Secretary shall make a grant to a protection and ad-
22 vocacy system within each State.

23 “(2) AMOUNT.—The amount of a grant pro-
24 vided to a system under paragraph (1) shall be equal
25 to an amount bearing the same ratio to the total

1 amount appropriated for the fiscal year involved
2 under subsection (i) as the population of the State
3 in which the grantee is located bears to the popu-
4 lation of all States.

5 “(3) MINIMUMS.—Subject to the availability of
6 appropriations, the amount of a grant to a protec-
7 tion and advocacy system under paragraph (1) for a
8 fiscal year shall be—

9 “(A) in the case of a protection and advo-
10 cacy system located in American Samoa, Guam,
11 the United States Virgin Islands, or the Com-
12 monwealth of the Northern Mariana Islands,
13 and the protection and advocacy system serving
14 the American Indian consortium, not less than
15 \$50,000; and

16 “(B) in the case of a protection and advo-
17 cacy system in a State not described in sub-
18 paragraph (A), not less than \$100,000.

19 “(4) INFLATION ADJUSTMENT.—For each fiscal
20 year in which the total amount appropriated under
21 subsection (i) to carry out this section is \$7,000,000
22 or more, and such appropriated amount exceeds the
23 total amount appropriated to carry out this section
24 in the preceding fiscal year, the Secretary shall in-
25 crease each of the minimum grant amounts de-

1 scribed in subparagraphs (A) and (B) of paragraph
2 (3) by a percentage equal to the percentage increase
3 in the total amount appropriated under subsection
4 (i) to carry out this section between the preceding
5 fiscal year and the fiscal year involved.

6 “(f) CARRYOVER.—Any amount paid to a protection
7 and advocacy system that serves a State or the American
8 Indian consortium for a fiscal year under this section that
9 remains unobligated at the end of such fiscal year shall
10 remain available to such system for obligation during the
11 next fiscal year for the purposes for which such amount
12 was originally provided.

13 “(g) DIRECT PAYMENT.—Notwithstanding any other
14 provision of law, the Secretary shall pay directly to any
15 protection and advocacy system that complies with the
16 provisions of this section, the total amount of the grant
17 for such system, unless the system provides otherwise for
18 such payment.

19 “(h) ANNUAL REPORT.—Each protection and advo-
20 cacy system that receives a payment under this section
21 shall submit an annual report to the Secretary concerning
22 the services provided to emerging populations of individ-
23 uals with disabilities by such system.

24 “(i) AUTHORIZATION OF APPROPRIATIONS.—There
25 are authorized to be appropriated to carry out this section

1 \$8,000,000 for fiscal year 2008, and such sums as may
2 be necessary for each the fiscal years 2009 through 2013.

3 “(j) DEFINITIONS.—In this section:

4 “(1) AMERICAN INDIAN CONSORTIUM.—The
5 term ‘American Indian consortium’ has the meaning
6 given the term in section 102 of the Developmental
7 Disabilities Assistance and Bill of Rights Act of
8 2000 (42 U.S.C. 15002).

9 “(2) PROTECTION AND ADVOCACY SYSTEM.—
10 The term ‘protection and advocacy system’ means a
11 protection and advocacy system established under
12 section 143 of the Developmental Disabilities Assist-
13 ance and Bill of Rights Act of 2000 (42 U.S.C.
14 15043).

15 “(3) STATE.—The term ‘State’, unless other-
16 wise specified, means the several States of the
17 United States, the District of Columbia, the Com-
18 monwealth of Puerto Rico, the United States Virgin
19 Islands, Guam, American Samoa, and the Common-
20 wealth of the Northern Mariana Islands.

21 “(k) TECHNICAL ASSISTANCE.—The Secretary shall
22 reserve 2 percent of appropriated funds to make a grant
23 to an eligible national organization for providing training
24 and technical assistance to protection and advocacy sys-
25 tems.

1 **“SEC. 39900. NATIONAL TECHNICAL ASSISTANCE CENTER**
2 **FOR AUTISM TREATMENT, INTERVENTION,**
3 **AND SERVICES.**

4 “(a) NATIONAL TECHNICAL ASSISTANCE CENTER
5 FOR AUTISM TREATMENTS, INTERVENTIONS, AND SERV-
6 ICES.—

7 “(1) ESTABLISHMENT.—The Secretary shall
8 award a grant to a national nonprofit organization
9 for the establishment and maintenance of a national
10 technical assistance center.

11 “(2) ELIGIBILITY.—An organization shall be el-
12 igible to receive a grant under paragraph (1) if the
13 organization—

14 “(A) has demonstrated knowledge and ex-
15 pertise in serving children with autism and
16 adults with autism and their families;

17 “(B) has demonstrated knowledge of how
18 to translate research to practice, and present
19 information in a way that is easily accessible
20 and understandable to the family members of
21 individuals with autism;

22 “(C) has demonstrated capacity of training
23 educators, health care providers, family mem-
24 bers, and others to support the needs of individ-
25 uals with autism or other developmental disabil-
26 ities;

1 “(D) has demonstrated capacity of dis-
2 seminating information throughout the United
3 States; and

4 “(E) has demonstrated capacity to estab-
5 lish and maintain a website through which to
6 disseminate information in an easily accessible
7 manner.

8 “(3) USE OF FUNDS.—The national technical
9 assistance center established under this section
10 shall—

11 “(A) gather and disseminate information
12 on evidence-based treatments, interventions,
13 and services for children with autism and adults
14 with autism, including best practices in deliv-
15 ering such treatments, interventions, and serv-
16 ices, and make this information available to
17 State agencies with responsibilities under sec-
18 tion 399BB(c)(2), local communities, and indi-
19 viduals;

20 “(B) gather and disseminate information
21 on activities of the Interagency Autism Coordi-
22 nating Committee and the Task Force;

23 “(C) provide analysis of activities funded
24 under this Act, including—

1 “(i) the effectiveness of State and
2 community-based models for delivering
3 comprehensive services to individuals with
4 autism;

5 “(ii) identification and dissemination
6 of best practices emerging from States,
7 community-based organizations, nonprofit
8 providers, and local governments receiving
9 demonstration grants under this subpart;

10 “(iii) the State-by-State availability of
11 and gaps in services for individuals with
12 autism, including information on services
13 or service gaps in rural areas; and

14 “(iv) levels of funding and funding
15 sources of services for individuals with au-
16 tism in States;

17 “(D) provide technical assistance to States
18 and organizations funded under this subpart;

19 “(E) gather and disseminate information
20 about autism;

21 “(F) establish and maintain a website
22 through which to disseminate the information
23 gathered under this section in an easily acces-
24 sible manner; and

1 “(G) gather and disseminate other infor-
2 mation as determined appropriate by the Sec-
3 retary.

4 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
5 is authorized to be appropriated to carry out this section
6 \$2,000,000 for each of the fiscal years 2008 through
7 2012.”.

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