

(July 1, 1944, ch. 373, title III, §399AA, as added Pub. L. 109-416, §3(a), Dec. 19, 2006, 120 Stat. 2822; amended Pub. L. 112-32, §2(1), Sept. 30, 2011, 125 Stat. 361; Pub. L. 113-157, §3, Aug. 8, 2014, 128 Stat. 1831; Pub. L. 116-60, §3(a), Sept. 30, 2019, 133 Stat. 1111.)

AMENDMENTS

2019—Subsec. (a)(1). Pub. L. 116-60, §3(a)(1), substituted “adults with autism spectrum disorder” for “adults on autism spectrum disorder”.

Subsec. (a)(2). Pub. L. 116-60, §3(a)(2), substituted “State, local, and Tribal public health officials” for “State and local public health officials” and “and other developmental disabilities” for “or other developmental disabilities”.

Subsec. (a)(3). Pub. L. 116-60, §3(a)(3), substituted “a university, any other educational institution, an Indian tribe, or a tribal organization” for “a university, or any other educational institution”.

Subsec. (b)(2)(A). Pub. L. 116-60, §3(a)(4), substituted “State, local, and Tribal public health officials, private sector developmental disability researchers, advocates for individuals with autism spectrum disorder, and advocates for individuals with other developmental disabilities” for “relevant State and local public health officials, private sector developmental disability researchers, and advocates for individuals with developmental disabilities”.

Subsec. (d). Pub. L. 116-60, §3(a)(5), added par. (1) and redesignated former pars. (1) and (2) as (2) and (3), respectively.

Subsec. (e). Pub. L. 116-60, §3(a)(6), substituted “2024” for “2019”.

2014—Subsec. (a)(1). Pub. L. 113-157, §3(1), inserted “for children and adults” after “reporting of State epidemiological data”.

Subsec. (b)(1). Pub. L. 113-157, §3(2), substituted “establishment or support of regional centers of excellence” for “establishment of regional centers of excellence” and inserted “for children and adults” before period at end.

Subsec. (b)(2). Pub. L. 113-157, §3(3), substituted “center to be established or supported” for “center to be established” in introductory provisions.

Subsec. (e). Pub. L. 113-157, §3(4), substituted “2019” for “2014”.

2011—Subsec. (e). Pub. L. 112-32 substituted “2014” for “2011”.

TERMINATION OF TRUST TERRITORY OF THE PACIFIC ISLANDS

For termination of Trust Territory of the Pacific Islands, see note set out preceding section 1681 of Title 48, Territories and Insular Possessions.

NATIONAL AUTISM SPECTRUM DISORDER INITIATIVE

Pub. L. 113-157, §2, Aug. 8, 2014, 128 Stat. 1831, provided that:

“(a) **IN GENERAL.**—The Secretary of Health and Human Services shall designate an existing official within the Department of Health and Human Services to oversee, in consultation with the Secretaries of Defense and Education, national autism spectrum disorder research, services, and support activities.

“(b) **DUTIES.**—The official designated under subsection (a) shall—

“(1) implement autism spectrum disorder activities, taking into account the strategic plan developed by the Interagency Autism Coordinating Committee under section 399CC(b) of the Public Health Service Act (42 U.S.C. 280i-2(b)); and

“(2) ensure that autism spectrum disorder activities of the Department of Health and Human Services and of other Federal departments and agencies are not unnecessarily duplicative.”

§ 280i-1. Autism education, early detection, and intervention

(a) Purpose

It is the purpose of this section—

(1) to increase awareness, reduce barriers to screening and diagnosis, promote evidence-based interventions for individuals with autism spectrum disorder and other developmental disabilities, and train professionals to utilize valid and reliable screening tools to diagnose or rule out and provide evidence-based interventions for individuals with autism spectrum disorder and other developmental disabilities across their lifespan; and

(2) to conduct activities under this section with a focus on an interdisciplinary approach (as defined in programs developed under section 501(a)(2) of the Social Security Act [42 U.S.C. 701(a)(2)]) that will also focus on specific issues for children who are not receiving an early diagnosis and subsequent interventions.

(b) In general

The Secretary shall, subject to the availability of appropriations, establish and evaluate activities to—

(1) provide culturally competent information and education on autism spectrum disorder and other developmental disabilities to increase public awareness of developmental milestones;

(2) promote research into the development and validation of reliable screening tools for individuals with autism spectrum disorder and other developmental disabilities and disseminate information regarding those screening tools;

(3) promote early screening of individuals at higher risk for autism spectrum disorder and other developmental disabilities as early as practicable, given evidence-based screening techniques and interventions;

(4) promote evidence-based screening techniques and interventions for individuals with autism spectrum disorder and other developmental disabilities across their lifespan;

(5) increase the number of individuals who are able to confirm or rule out a diagnosis of autism spectrum disorder and other developmental disabilities;

(6) increase the number of individuals able to provide evidence-based interventions for individuals diagnosed with autism spectrum disorder or other developmental disabilities; and

(7) promote the use of evidence-based interventions for individuals at higher risk for autism spectrum disorder and other developmental disabilities as early as practicable.

(c) Information and education

(1) In general

In carrying out subsection (b)(1), the Secretary, in collaboration with the Secretary of Education and the Secretary of Agriculture, shall, subject to the availability of appropriations, provide culturally competent information regarding autism spectrum disorder and other developmental disabilities, risk factors, characteristics, identification, diagnosis or

rule out, and evidence-based interventions to meet the needs of individuals with autism spectrum disorder and other developmental disabilities across their lifespan and the needs of their families through—

(A) Federal programs, including—

- (i) the Head Start program;
- (ii) the Early Start program;
- (iii) the Healthy Start program;
- (iv) programs under the Child Care and Development Block Grant Act of 1990 [42 U.S.C. 9857 et seq.];

(v) programs under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.] (particularly the Medicaid Early and Periodic Screening, Diagnosis and Treatment Program);

(vi) the program under title XXI of the Social Security Act [42 U.S.C. 1397aa et seq.] (the State Children's Health Insurance Program);

(vii) the program under title V of the Social Security Act [42 U.S.C. 701 et seq.] (the Maternal and Child Health Block Grant Program);

(viii) the program under parts B and C of the Individuals with Disabilities Education Act [20 U.S.C. 1411 et seq., 1431 et seq.];

(ix) the special supplemental nutrition program for women, infants, and children established under section 1786 of this title; and

(x) the State grant program under the Rehabilitation Act of 1973 [29 U.S.C. 701 et seq.].

(B) State licensed child care facilities; and

(C) other community-based organizations or points of entry for individuals with autism spectrum disorder and other developmental disabilities to receive services.

(2) Lead agency

(A) Designation

As a condition on the provision of assistance or the conduct of activities under this section with respect to a State, the Secretary may require the Governor of the State—

(i) to designate a public agency as a lead agency to coordinate the activities provided for under paragraph (1) in the State at the State level; and

(ii) acting through such lead agency, to make available to individuals and their family members, guardians, advocates, or authorized representatives; providers; and other appropriate individuals in the State, comprehensive culturally competent information about State and local resources regarding autism spectrum disorder and other developmental disabilities, risk factors, characteristics, identification, diagnosis or rule out, available services and supports (which may include respite care for caregivers of individuals with autism spectrum disorder or other developmental disabilities), and evidence-based interventions.

(B) Requirements of agency

In designating the lead agency under subparagraph (A)(i), the Governor shall—

(i) select an agency that has demonstrated experience and expertise in—

(I) autism spectrum disorder and other developmental disability issues; and

(II) developing, implementing, conducting, and administering programs and delivering education, information, and referral services (including technology-based curriculum-development services) to individuals with autism spectrum disorder and developmental disabilities and their family members, guardians, advocates or authorized representatives, providers, and other appropriate individuals locally and across the State; and

(ii) consider input from individuals with autism spectrum disorder and developmental disabilities and their family members, guardians, advocates or authorized representatives, providers, and other appropriate individuals.

(C) Information

Information under subparagraph (A)(ii) shall be provided through—

- (i) toll-free telephone numbers;
- (ii) Internet websites;
- (iii) mailings; or
- (iv) such other means as the Governor may require.

(d) Tools

(1) In general

To promote the use of valid and reliable screening tools for autism spectrum disorder and other developmental disabilities, the Secretary shall develop a curriculum for continuing education to assist individuals in recognizing the need for valid and reliable screening tools and the use of such tools.

(2) Collection, storage, coordination, and availability

The Secretary, in collaboration with the Secretary of Education, shall provide for the collection, storage, coordination, and public availability of tools described in paragraph (1), educational materials and other products that are used by the Federal programs referred to in subsection (c)(1)(A), as well as—

(A) programs authorized under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 [42 U.S.C. 15001 et seq.];

(B) early intervention programs or inter-agency coordinating councils authorized under part C of the Individuals with Disabilities Education Act [20 U.S.C. 1431 et seq.]; and

(C) children with special health care needs programs authorized under title V of the Social Security Act [42 U.S.C. 701 et seq.].

(3) Required sharing

In establishing mechanisms and entities under this subsection, the Secretary, and the Secretary of Education, shall ensure the sharing of tools, materials, and products developed under this subsection among entities receiving funding under this section.

(e) Diagnosis

(1) Training

The Secretary, in coordination with activities conducted under title V of the Social Se-

curity Act [42 U.S.C. 701 et seq.], shall, subject to the availability of appropriations, expand existing interdisciplinary training opportunities or opportunities to increase the number of sites able to diagnose or rule out individuals with autism spectrum disorder or other developmental disabilities across their lifespan and ensure that—

(A) competitive grants or cooperative agreements are awarded to public or non-profit agencies, including institutions of higher education, to expand existing or develop new maternal and child health interdisciplinary leadership education in neurodevelopmental and related disabilities programs (similar to the programs developed under section 501(a)(2) of the Social Security Act [42 U.S.C. 701(a)(2)]) in States that do not have such a program;

(B) trainees under such training programs—

(i) receive an appropriate balance of academic, clinical, and community opportunities;

(ii) are culturally competent;

(iii) are ethnically diverse;

(iv) demonstrate a capacity to evaluate, diagnose or rule out, develop, and provide evidence-based interventions to individuals with autism spectrum disorder and other developmental disabilities across their lifespan; and

(v) demonstrate an ability to use a family-centered approach, which may include collaborating with research centers or networks to provide training for providers of respite care (as defined in section 300ii of this title); and

(C) program sites provide culturally competent services.

(2) Developmental-behavioral pediatrician training programs

(A) In general

In making awards under this subsection, the Secretary may prioritize awards to applicants that are developmental-behavioral pediatrician training programs located in rural or underserved areas.

(B) Definition of underserved area

In this paragraph, the term “underserved area” means—

(i) a health professional shortage area (as defined in section 254e(a)(1)(A) of this title); and

(ii) an urban or rural area designated by the Secretary as an area with a shortage of personal health services (as described in section 254b(b)(3)(A) of this title).

(3) Technical assistance

The Secretary may award one or more grants under this section to provide technical assistance to the network of interdisciplinary training programs.

(4) Best practices

The Secretary shall promote research into additional valid and reliable tools for shortening the time required to confirm or rule out a diagnosis of autism spectrum disorder or

other developmental disabilities and detecting individuals with autism spectrum disorder or other developmental disabilities at an earlier age.

(f) Intervention

The Secretary shall promote research, through grants or contracts, which may include grants or contracts to research centers or networks, to determine the evidence-based practices for interventions to improve the physical and behavioral health of individuals with autism spectrum disorder or other developmental disabilities across the lifespan of such individuals, develop guidelines for those interventions, and disseminate information related to such research and guidelines.

(g) Sunset

This section shall not apply after September 30, 2024.

(July 1, 1944, ch. 373, title III, §399BB, as added Pub. L. 109-416, §3(a), Dec. 19, 2006, 120 Stat. 2823; amended Pub. L. 112-32, §2(2), Sept. 30, 2011, 125 Stat. 361; Pub. L. 113-157, §4, Aug. 8, 2014, 128 Stat. 1831; Pub. L. 116-60, §3(b), Sept. 30, 2019, 133 Stat. 1111.)

REFERENCES IN TEXT

The Child Care and Development Block Grant Act of 1990, referred to in subsec. (c)(1)(A)(iv), is subchapter C (§658A et seq.) of chapter 8 of subtitle A of title VI of Pub. L. 97-35, as added by Pub. L. 101-508, title V, §5082(2), Nov. 5, 1990, 104 Stat. 1388-236, which is classified generally to subchapter II-B (§9857 et seq.) of chapter 105 of this title. For complete classification of this Act to the Code, see section 9857(a) of this title and Tables.

The Social Security Act, referred to in subsecs. (c)(1)(A)(v)–(vii), (d)(2)(C), and (e)(1), is act Aug. 14, 1935, ch. 531, 49 Stat. 620, as amended. Titles V, XIX, and XXI of the Act are classified generally to subchapters V (§701 et seq.), XIX (§1396 et seq.), and XXI (§1397aa et seq.), respectively, of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

The Individuals with Disabilities Education Act, referred to in subsecs. (c)(1)(A)(viii) and (d)(2)(B), is title VI of Pub. L. 91-230, Apr. 13, 1970, 84 Stat. 175, as amended. Parts B and C of the Act are classified generally to subchapters II (§1411 et seq.) and III (§1431 et seq.), respectively, of chapter 33 of Title 20, Education. For complete classification of this Act to the Code, see section 1400 of Title 20 and Tables.

The Rehabilitation Act of 1973, referred to in subsec. (c)(1)(A)(x), is Pub. L. 93-112, Sept. 26, 1973, 87 Stat. 355, as amended, which is classified principally to chapter 16 (§701 et seq.) of Title 29, Labor. For complete classification of this Act to the Code, see Short Title note set out under section 701 of Title 29 and Tables.

The Developmental Disabilities Assistance and Bill of Rights Act of 2000, referred to in subsec. (d)(2)(A), is Pub. L. 106-402, Oct. 30, 2000, 114 Stat. 1677, which is classified principally to chapter 144 (§15001 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 15001 of this title and Tables.

AMENDMENTS

2019—Subsec. (a)(1). Pub. L. 116-60, §3(b)(1), substituted “individuals with autism spectrum disorder and other developmental disabilities” for “individuals with autism spectrum disorder or other developmental disabilities” and “individuals with autism spectrum disorder and other developmental disabilities across their lifespan;” for “children with autism spectrum disorder and other developmental disabilities;”.

Subsec. (b)(2). Pub. L. 116-60, §3(b)(2)(A), inserted “individuals with” before “autism spectrum disorder”.

Subsec. (b)(4) to (7). Pub. L. 116-60, §3(b)(2)(B), (C), added par. (4) and redesignated former pars. (4) to (6) as (5) to (7), respectively.

Subsec. (c)(1). Pub. L. 116-60, §3(b)(3)(A), substituted “the needs of individuals with autism spectrum disorder and other developmental disabilities across their lifespan and the needs of their families” for “the needs of individuals with autism spectrum disorder or other developmental disabilities and their families” in introductory provisions.

Subsec. (c)(2)(A)(ii). Pub. L. 116-60, §3(b)(3)(B)(i), substituted “caregivers of individuals with autism spectrum disorder or other developmental disabilities” for “caregivers of individuals with an autism spectrum disorder”.

Subsec. (c)(2)(B)(i)(II). Pub. L. 116-60, §3(b)(3)(B)(ii), inserted “autism spectrum disorder and” after “individuals with”.

Subsec. (c)(2)(B)(ii). Pub. L. 116-60, §3(b)(3)(B)(iii), inserted “autism spectrum disorder and” after “individuals with”.

Subsec. (e)(1). Pub. L. 116-60, §3(b)(4)(A)(i), inserted “across their lifespan” before “and ensure” in introductory provisions.

Subsec. (e)(1)(B)(iv). Pub. L. 116-60, §3(b)(4)(A)(ii), inserted “across their lifespan” after “other developmental disabilities”.

Subsec. (e)(2) to (4). Pub. L. 116-60, §3(b)(4)(B), (C), added par. (2) and redesignated former pars. (2) and (3) as (3) and (4), respectively.

Subsec. (f). Pub. L. 116-60, §3(b)(5), inserted “across the lifespan of such individuals” after “other developmental disabilities”.

Subsec. (g). Pub. L. 116-60, §3(b)(6), substituted “2024” for “2019”.

2014—Subsec. (b)(1). Pub. L. 113-157, §4(1), inserted “culturally competent” after “provide”.

Subsec. (c)(2)(A)(ii). Pub. L. 113-157, §4(2), inserted “(which may include respite care for caregivers of individuals with an autism spectrum disorder)” after “services and supports”.

Subsec. (e)(1)(B)(v). Pub. L. 113-157, §4(3), inserted before semicolon “, which may include collaborating with research centers or networks to provide training for providers of respite care (as defined in section 300ii of this title)”.

Subsec. (f). Pub. L. 113-157, §4(4), substituted “grants or contracts, which may include grants or contracts to research centers or networks, to determine the evidence-based practices for interventions to improve the physical and behavioral health of individuals with” for “grants or contracts, to determine the evidence-based practices for interventions for individuals with”.

Subsec. (g). Pub. L. 113-157, §4(5), substituted “2019” for “2014”.

2011—Subsec. (g). Pub. L. 112-32 substituted “2014” for “2011”.

§ 280i-2. Interagency Autism Coordinating Committee

(a) Establishment

The Secretary shall establish a committee, to be known as the “Interagency Autism Coordinating Committee” (in this section referred to as the “Committee”), to coordinate all efforts within the Department of Health and Human Services concerning autism spectrum disorder.

(b) Responsibilities

In carrying out its duties under this section, the Committee shall—

- (1) monitor autism spectrum disorder research, and to the extent practicable services and support activities, across all relevant Federal departments and agencies, including co-

ordination of Federal activities with respect to autism spectrum disorder;

- (2) develop a summary of advances in autism spectrum disorder research related to causes, prevention, treatment, early screening, diagnosis or rule out, interventions, including school and community-based interventions, and access to services and supports for individuals with autism spectrum disorder across the lifespan of such individuals;

- (3) make recommendations to the Secretary regarding any appropriate changes to such activities, including with¹ respect to the strategic plan developed under paragraph (5);

- (4) make recommendations to the Secretary regarding public participation in decisions relating to autism spectrum disorder, and the process by which public feedback can be better integrated into such decisions;

- (5) develop a strategic plan for the conduct of, and support for, autism spectrum disorder research, including as practicable for services and supports, for individuals with an autism spectrum disorder across the lifespan of such individuals and the families of such individuals, which shall include—

- (A) proposed budgetary requirements; and

- (B) recommendations to ensure that autism spectrum disorder research, and services and support activities to the extent practicable, of the Department of Health and Human Services and of other Federal departments and agencies are not unnecessarily duplicative; and

- (6) submit to Congress and the President—

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

- (B) an annual update to the strategic plan described in paragraph (5), including any progress made in achieving the goals outlined in such strategic plan.

(c) Membership

(1) Federal membership

The Committee shall be composed of the following Federal members—

- (A) the Director of the Centers for Disease Control and Prevention;

- (B) the Director of the National Institutes of Health, and the Directors of such national research institutes of the National Institutes of Health as the Secretary determines appropriate;

- (C) the heads of such other agencies as the Secretary determines appropriate, such as the Administration for Community Living, Administration for Children and Families, the Centers for Medicare & Medicaid Services, the Food and Drug Administration, and the Health Resources and Services Administration; and

- (D) representatives of other Federal Governmental agencies that serve individuals with autism spectrum disorder such as the Department of Education, the Department of Labor, the Department of Justice, the Department of Veterans Affairs, the Department of Housing and Urban Development, and the Department of Defense.

¹ So in original. Probably should be preceded by “recommendations”.