

medical facility leases that will assist the VA in bringing health care closer to veterans and improve the quality of current health care services, especially in rural America.

It contains several extensions of authority for homeless programs and supportive services for very low-income veteran families. We owe it to our veterans to ensure they have access to secure, safe, clean housing that offers a supportive environment.

Finally, this bill extends programs that are critical for our veterans who suffer from mental health issues. Nearly 30 percent of the patients the VA sees during any given year have a mental health diagnosis. We've taken strides to address this ever-growing issue, but we still have a long way to go. With the growing number of veterans returning from Iraq and Afghanistan and with an increasing number of veterans suffering from mental health issues, we must work together to tackle this challenge, and this legislation helps by extending those programs.

I would certainly encourage my colleagues to do what's right by our veterans and to support this good piece of legislation, H.R. 2646, as amended.

I reserve the balance of my time.

Mr. JOHNSON of Ohio. Mr. Speaker, I yield 3 minutes to my friend and colleague from the great State of Texas, Representative RANDY NEUGEBAUER.

Mr. NEUGEBAUER. I thank the gentleman for yielding.

Earlier this year, I introduced H.R. 558. This legislation would rename the Veterans Affairs Medical Center located in Big Spring, Texas, after Medal of Honor recipient George H. O'Brien, Jr. I would like to thank Chairman MILLER and Congressman FLORES for working to include this legislation as a part of the bill before us today.

Born in Fort Worth, Texas, in 1926, Mr. O'Brien enlisted in the Marine Corps while attending Texas Tech University. Shortly after graduation, he was deployed to Korea.

On October 27, 1952, the Americans mounted a counterattack during the Battle of the Hook, a position of key strategic significance. When the battle began, Second Lieutenant O'Brien leapt from his trench and bravely led his platoon into deadly small arms, artillery, and mortar fire against a numerically superior force.

Mr. O'Brien's official citation tells his story best: "Although shot through the arm and thrown to the ground by hostile automatic-weapons fire as he neared the well-entrenched enemy position, he regained his feet, waved his men onward, and continued to spearhead the assault, pausing only long enough to go to the aid of a wounded marine. Encountering the enemy at close range, Second Lieutenant O'Brien proceeded to hurl handgrenades into the bunkers and, utilizing his carbine to best advantage in savage hand-to-hand combat, succeeded in killing at least three of the enemy."

Impressively, despite being wounded, Second Lieutenant O'Brien refused to

be evacuated for medical treatment for nearly four hours, and continued to lead his men in battle.

One year to the day after his actions, Mr. O'Brien was awarded the Medal of Honor by President Eisenhower for "conspicuous gallantry and intrepidity at the risk of his life above and beyond the call of duty as a rifle platoon commander in action against enemy aggressor forces."

Upon his discharge from the United States Marines, O'Brien settled in Big Spring, Texas, to raise a family and begin a career in petroleum geology. He often participated in volunteer programs at the Big Spring VA. In a 2003 interview with American Veteran magazine, old Mr. O'Brien stated, "This Medal of Honor is not mine. I hold it in trust for so many young people who didn't become grandfathers." George Herman O'Brien, Jr., passed away on March 11, 2005. He was 78 years old.

I urge my colleagues to support the underlying bill, and I am proud to honor this great American veteran.

Mr. WALZ of Minnesota. Mr. Speaker, I urge the support of this important piece of legislation. Again, I thank the gentleman from Ohio and the staff on both sides for putting together an important piece of legislation for America's veterans.

As I have no further requests for time, I yield back the balance of my time.

#### GENERAL LEAVE

Mr. JOHNSON of Ohio. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks on the manager's amendment to H.R. 2646, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

Mr. JOHNSON of Ohio. Once again, I encourage all Members to support H.R. 2646, as amended, and I yield back the balance of my time.

Mr. STUTZMAN. Mr. Speaker, I rise today in support of H.R. 2646, the Veterans Health Care Facilities Capital Improvement Act of 2011. This bill authorizes appropriations for the Department of Veterans Affairs to begin major construction projects and enter into leases for VA facilities in 15 cities. These construction projects and leases will help many veterans around the country receive the best care they possibly can.

One of those leases has special significance for Hoosier veterans. Today, I'm very pleased that Fort Wayne, Indiana, will benefit from a lease that will support an important annex to the VA hospital that serves vets in northeast Indiana.

A 27,000 square-foot annex will provide a mental health clinic, Post Traumatic Stress Disorder Clinic, and substance abuse clinic. This bill is the final step in moving the lease for this annex into fruition and extending health services for veterans in northeast Indiana. This annex will only add to the array of services already provided by the Fort Wayne VA Hospital. It's not the last chapter in our ongoing effort to ensure quality care for our vets, but it's an important one.

Nearly 30 percent of our men and women returning from Operations Enduring Freedom and Iraqi Freedom who use the VA Health System have Post Traumatic Stress Disorder. Seven percent of newly returning veterans enrolled in the VA Health System are addicted to alcohol and/or other substances. It's only right to take care of those who have risked their lives for our Nation.

When I came to Washington, I knew it was critical to obtain a seat on the House Veterans Affairs Committee for this very reason. I have the honor of working for the Fort Wayne hospital and veterans health care in northeast Indiana. This bill is not only important to Hoosier veterans, but also for our veterans around the country. I urge my colleagues to support the passage of H.R. 2646.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. JOHNSON) that the House suspend the rules and pass the bill, H.R. 2646, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. JOHNSON of Ohio. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess for a period of less than 15 minutes.

Accordingly (at 3 o'clock and 48 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1554

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. HARRIS) at 3 o'clock and 54 minutes p.m.

#### COMBATING AUTISM REAUTHORIZATION ACT OF 2011

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2005) to reauthorize the Combating Autism Act of 2006.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2005

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Combating Autism Reauthorization Act of 2011".

#### SEC. 2. DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.

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

(1) in section 399AA(e), by striking "2011" and inserting "2014";

(2) in section 399BB(g), by striking "2011" and inserting "2014";

(3) in section 399CC(f), by striking “2011” and inserting “2014”; and

(4) in section 399DD—

(A) in subsection (a), by striking “Not later than 4 years after the date of enactment of the Combating Autism Act of 2006” and inserting “Not later than 2 years after the date of enactment of the Combating Autism Reauthorization Act of 2011”; and

(B) in subsection (b), in paragraphs (4) and (5), by striking “the 4-year period beginning on the date of enactment of this Act” and inserting “the 6-year period beginning on the date of enactment of the Combating Autism Act of 2006”.

### SEC. 3. AUTHORIZATION OF APPROPRIATIONS.

Section 399EE of the Public Health Service Act (42 U.S.C. 2801-4) is amended to read as follows:

#### “SEC. 399EE. AUTHORIZATION OF APPROPRIATIONS.

“(a) DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.—To carry out section 399AA, there is authorized to be appropriated \$22,000,000 for each of fiscal years 2012 through 2014.

“(b) AUTISM EDUCATION, EARLY DETECTION, AND INTERVENTION.—To carry out section 399BB, there is authorized to be appropriated \$48,000,000 for each of fiscal years 2011 through 2014.

“(c) INTERAGENCY AUTISM COORDINATING COMMITTEE; CERTAIN OTHER PROGRAMS.—To carry out sections 399CC, 404H, and 409C, there is authorized to be appropriated \$161,000,000 for each of fiscal years 2011 through 2014.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. PITTS) and the gentleman from Pennsylvania (Mr. DOYLE) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania (Mr. PITTS).

Mr. PITTS. I yield myself such time as I may consume.

Mr. Speaker, H.R. 2005, the Combating Autism Reauthorization Act of 2011, would enable the Department of Health and Human Services to continue its important work to understand, treat, and cure autism spectrum disorders.

In 2000, Congress passed the Children's Health Act that included funding for research and surveillance on autism. Eventually in 2006, Congress passed the Combating Autism Act that is now being reauthorized.

The Combating Autism Act authorizes HHS to research on autism spectrum disorders and other developmental disabilities at NIH, convene an Interagency Autism Coordinating Council, conduct surveillance to identify the extent of the disorder, and promote early screening and train medical personnel to identify children at risk.

Since the program was first passed in 2006, research has led to better diagnosis, more comprehensive surveillance and programs that offer support and respite for families. I urge my colleagues to support this legislation, and I reserve the balance of my time.

Mr. DOYLE. I yield myself such time as I may consume.

Mr. Speaker, I am pleased to see that the House of Representatives is considering legislation to reauthorize the Combating Autism Act, and it's not a moment too soon with the Combating

Autism Act set to expire at the end of this month.

I want to take this opportunity to emphasize the importance of this act, and I also want to thank my counterpart, my colleague and my good friend, CHRIS SMITH, on the other side of the aisle, for his leadership on this issue.

Five years ago, the House of Representatives passed bipartisan legislation by a voice vote that provided the support and direction for the country's first autism-specific research. That bill, the Combating Autism Act, included life-changing provisions relating to the diagnosis and treatment of persons with autism spectrum disorders, and expanded biomedical research on autism, including an essential focus on possible environmental causes.

With this funding, the Centers for Disease Control have been able to put together detailed surveillance of autism so that we have better data to use. Autism screening at well-baby checkups have become mainstream, and parents are better educated about the warning signs, along with the treatment options. Additionally, standards of care for those with an autism spectrum disorder have been developed for both physical and behavioral health where there had been none.

Early diagnoses and intervention for children with autism is utterly life changing. It can mean the difference between independence in the community and living in a communal home. It can mean the difference between speaking or being mute. And for many parents, it means peace of mind and a support network that would have been impossible without this initial investment in research on autism spectrum disorders.

I introduced this legislation with my good friend, CHRIS SMITH, as part of a three-bill package. Those pieces of legislation would ensure that there are also services available to adults with autism, which I think is critical. It's my hope that in the future this body will have a conversation about the needs of adults living with autism, and that we will consider how best to provide for them so that everyone has a long, fulfilling and productive life.

But, for now, it is of grave importance that the House passes this reauthorization with the same overwhelming support as 5 years ago and that we can get this bill to the President's desk by the end of this month.

I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, I yield 3 minutes to the gentleman from Alabama (Mr. BACHUS).

Mr. BACHUS. I thank the gentleman from Pennsylvania and, in fact, both gentlemen from Pennsylvania.

Mr. DOYLE, I commend you, and I commend my colleague, CHRIS SMITH, for your excellent work over the years in combating autism and for bringing this bill to reauthorize the Combating Autism Act.

As Mr. DOYLE said, there is an increasing prevalence of autism, and it is a diagnosis and a condition that these children and their families deal with for their entire life. It's a challenge for those families, a tremendous challenge, one that can't be overstated; but it's also a challenge for society as well because the long-term cost involved in providing care for individuals with developmental disorders can be great, although it can be lessened. There is hope; there is treatment.

The blessing of recent years, in fact, has been that new research and early intervention programs are making an enormous difference in bettering the lives of young boys and girls with autism spectrum disorders.

□ 1600

With early intervention, many can lead much better if not almost normal lives, which is a blessing for all of us, and it's a joy to see. It's a joy to see these children respond to early intervention and begin to develop emotionally.

As a member of the Congressional Autism Caucus, I personally have seen exciting innovations at facilities using a comprehensive approach to care. Mitchell's Place in Birmingham is helping young children and adolescents in Alabama improve both their academic performance and social behavior by combining the latest in research and services with a structured and caring environment.

That center was started by a couple whose young boy had autism, and it is a blessing for our community. You only need to visit that center and see the beautiful children and the new hope that they have, not only they but their proud parents and grandparents as they realize that every day, every week, every month they are improving and becoming more a part of society and more a functioning individual as far as their interaction with others. It is literally a godsend to these people. It's an oasis. It's a spring in the desert.

A coordinated and comprehensive approach to the treatment of autism spectrum disorders has been key to this encouraging process. My home State of Alabama, I am proud to say, has recognized the importance of close cooperation when it formed the Alabama Interagency Autism Coordinating Council in 2008. To a certain extent it looked to Pennsylvania and the work that had been done there. Children and parents across my State are being helped by the council's planning and awareness efforts.

Finally, the Combating Autism Act has been crucial to promoting a coordinated approach on the national level. The renewal of this legislation will build on the successes that have already been achieved in a responsible and effective way. I close by saying that it's my hope that this legislation will receive overwhelming bipartisan support because it is doing good work while making life-changing investments in the health and well-being of

very special children and very precious children.

I thank you, Mr. DOYLE.

Mr. DOYLE. Mr. Speaker, I would like to thank the gentleman from Alabama, a valuable member of the Autism Caucus, for his words of support.

My good friend, CHRIS SMITH, has joined us on the floor. CHRIS, you weren't here, I thanked you for your leadership, and it's good to see you.

Mr. Speaker, at this time I would like to yield 3 minutes to my friend and colleague, the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. Let me first thank Congressman DOYLE for yielding me time and certainly thank him for his leadership on this very important issue. Not only has he led on this issue, but he has led on the Energy and Commerce Committee for many years, and I just want to thank him publicly for his friendship and his leadership. Also let me thank Congressman CHRIS SMITH for his bipartisan spirit and his willingness to work on this very important issue. These two men working together have really and truly made a difference. I join the chairman of the subcommittee, Mr. PITTS, and all of the others, in thanking them for a job well done.

Mr. Speaker, later today the House is going to take up this legislation, the Combating Autism Reauthorization Act of 2011. Make no mistake about it, I intend to vote for this very important bill.

However, I have come to the floor today to make a very simple but important point that I had intended to raise had this bill been heard in regular order and had it been considered by our committee.

Although autism occurs in every racial, ethnic, and socioeconomic group, studies show clearly that, on average, a diagnosis of autism or autism spectrum disorder is actually delayed by almost 2 years for African American and Hispanic children as compared to their Caucasian counterparts. Many of my colleagues may not know this, but it is a clear fact, minority children are much more likely to be misdiagnosed with conduct-related or adjustment disorders.

Since research shows that early detection yields better, more effective results, it is imperative, Mr. Speaker, that we expand efforts to address disparities in awareness, diagnosis, treatment, and services. In carrying out the programs of the Reauthorization Act, I simply ask the Secretary of Health and Human Services to make every conceivable effort to address the well-documented needs of minority children who are diagnosed with this disease that we refer to as autism.

I want to thank you for listening and thank you for your advocacy, and I urge my colleagues to support passage of H.R. 2005.

Mr. PITTS. Mr. Speaker, I yield such time as he may consume to the gentleman from New Jersey (Mr. SMITH)

and thank him for his leadership on this issue.

Mr. SMITH of New Jersey. I thank my good friend, the chair, Mr. PITTS, for yielding and for his leadership on all issues relating to health, and in particular on autism. I do want to thank Speaker BOEHNER and Majority Leader CANTOR for bringing the bill to the floor. Without them, it wouldn't be on the floor today. And I also thank Energy and Commerce Committee Chairman FRED UPTON. And of course, again, Chairman PITTS.

And I want to thank my good friend Mr. DOYLE. We have worked on this for well over a decade. We formed the Autism Caucus. It has over 100 members. It is totally bipartisan. It has been a pleasure to work with him, and I thank him for his leadership as well.

Mr. Speaker, I do rise in support of this bill, H.R. 2005, the Combating Autism Reauthorization Act of 2011. This legislation is critically important to continue without interruption the progress that has been achieved to date in understanding autism and in developing interventions that will have the greatest impact in helping individuals affected by autism or other developmental disabilities.

When I first got elected to Congress in 1980, the autism community accepted that autism prevalence rates in the United States were something on the order of 3 in 10,000. Today it is estimated to be 1 in 110, and in some places like New Jersey, the data suggests 1 in 94, for a total of about 1.5 million individuals in the U.S. who are suffering from autism.

On May 31 of this year, I chaired a hearing as chairman of the Africa, Global Health, and Human Rights Subcommittee, a hearing entitled, "Global Autism: A Developmental Disability Pandemic." My committee received testimony that some 67 million people worldwide suffer from ASD in the world. There are tens of millions in Africa, according to the World Health Organization. It is an epidemic, and this legislation, the Combating Autism Act, is a very responsible and, I would suggest, modest effort to combat this pandemic that's occurring.

In 1998, Mr. Speaker, the wonderful parents of two autistic children in my district, Bobby and Billy Gallagher, asked me to look into what appeared at the time to be an autism prevalence spike in Brick Township, New Jersey. I invited CDC and the Agency for Toxic Substances and Disease Registry, ATSDR, and others to investigate. Not only did their probe show what appeared to be elevated numbers of children with the disorder in Brick Township, but the data strongly suggested a much wider problem than anticipated in other parts of my State because they weren't doing comparisons, and the data calls produced information which said, we have a problem not just in Brick, but elsewhere.

In direct response to that, in 1999 I introduced the Autism Statistics, Sur-

veillance, Research, and Epidemiology, or ASSURE, Act to establish centers of excellence and create a Federal advisory committee which became Title I of the Children's Health Act of 2000. I always want to thank Chairman BILIRAKIS for including it in his bill. It made all the difference in the world. Five years later, the initiative was reauthorized and expanded in the Combating Autism Act, the law we respectfully ask Members to renew today.

□ 1610

According to the NIH, autism spectrum disorder—and just for the record, again, autism is defined as impaired verbal or nonverbal communication skills and social interactions, and restricted, repetitive, and stereotyped patterns of behavior ranging in impact from mild to significantly disabling—it ought to be noted that the Combating Autism Act of 2011 will continue the success of the CAA of 2006 by authorizing funding for programs at NIH, CDC, and HRSA for 3 additional years.

I would point out, and this is important, autism spectrum disorder is very expensive and, again, efforts made to mitigate its prevalence and to treat with early intervention those who show or manifest signs of it are not only humane, and that should be our driving force, but they are also very cost effective. It's estimated that ASD costs per year are between \$35 billion and \$90 billion dollars, with a "b." So the costs are very, very large.

H.R. 2005, as my colleagues I know have said, would also reauthorize the Interagency Autism Coordinating Committee, or the IACC, a panel of government and public members tasked with coordinating all ASD-related activities within HHS, as well as developing and annually updating a strategic plan for ASD research in order to enhance the quality, efficacy, and applicability of research grants. In other words, let's spend the money wisely.

To avoid waste and duplication, the IACC has crafted three strategic research plans: one in 2009, one in 2010, and another for this year. For example, in 2009, the strategic plan included 40 research objectives, including development of new diagnostic tools, identification of genetic and environmental risk factors, and assessments of services for people with ASD in all ages in a community setting.

It should be noted that the aging-out issue is becoming increasingly a concern. What does a parent whose son or daughter or sons or daughters turn 21 and the full array of those services are no longer available? What do they do?

Recently I met with Chuck Colson's daughter, who wrote a book called "Dancing with Max," a wonderful story of love between a mother and son. Her son now is aging out, and she is frightened by the prospect of what happens if she gets elderly and those services are not there. We need to be focusing on that.

The 2010 strategic plan had 32 new objectives, including health disparities in

early diagnosis and treatment of co-occurring conditions, such as epilepsy, sleep, and gastrointestinal disorders. The 2011 strategic plan added another 16 objectives, including studies on the use and accessibility of alternative and augmentative communication tools for nonverbal individuals.

I just want to say to my colleagues, and I have much more that I will put into the RECORD of how important it is, but all these different agencies of government are surging to try to combat autism. We need to reauthorize this legislation. The CDC has its “learn the signs, act early campaign.” My friend, Mr. BUTTERFIELD, earlier mentioned the fact that minority communities have been left out or diagnoses are often not done in a timely way. That is absolutely true. And more needs to be done. The programs are in place. The policies are in place. We need to continue what is truly a very, very effective use of taxpayer dollars to help these autistic children.

There is also the problem, as the information has shown, that early detection is key to mitigating the impact of autism. But still, even with 10 years’ experience educating doctors, parents, and educators, there is still about a 2-year lag when there’s a detection of something is wrong with my son or daughter before that diagnosis is actually made. The earlier we start the intervention strategies, the greater chance that child will have a quality of life and a life where they can then achieve their goals and their dreams, but if we don’t catch it early and begin taking action, very often, the life of that child is more seriously impaired.

This legislation, like I said, is a modest step, but a very crucial step. I want to thank all the organizations for the work that they have done—they have been tremendous—the NGOs that are in the community, Autism Speaks, the Autism Society, the AUCD, all of the groups, for the work that they have done in educating Members.

And again, thank you Chairman PITTS for bringing this bill to the floor, and to ERIC CANTOR for scheduling it and ensuring that we can act on this in a timely way, and again my good friend on the other side of the aisle, Mr. DOYLE, for his leadership.

Mr. Speaker, I rise today in support of H.R. 2005, the Combating Autism Reauthorization Act of 2011. This legislation is critically important to continue without interruption the progress achieved to date in understanding autism and in developing interventions that will have the greatest impact in helping individuals affected by autism or another developmental disability.

When I first got elected to Congress in 1980, the community accepted that autism prevalence rates in the United States were 3 in 10,000. Today, it is estimated to be 1 in 110, and in some places like New Jersey, 1 in 94—for a total of 1.5 million individuals in the United States. On May 31 of this year, I chaired a hearing entitled, “Global Autism: ‘A Developmental Disability Pandemic,’” and my committee received testimony that some 67 million people suffer from ASD worldwide.

In 1998, the wonderful parents of two autistic children in my district, Bobbie and Billy Gallagher, asked me to look into what appeared to be an autism prevalence spike in Brick Township, New Jersey. I asked CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) and others to investigate, and not only did their probe show what appeared to be elevated numbers of children with the disorder in Brick, but the data strongly suggested a much wider problem than anticipated in other parts of the State.

In 1999, I introduced the Autism Statistics, Surveillance, Research and Epidemiology (AS-SURE) Act to establish centers of excellence and create a Federal advisory committee, which became Title I of the Children’s Health Act of 2000.

Five years later, the initiative was reauthorized and expanded in the Combating Autism Act—the law we respectfully ask members to renew today.

According to the National Institutes of Health, Autism Spectrum Disorder (ASD) is “characterized by impaired verbal and non-verbal communication skills and social interactions and restricted, repetitive and stereotyped patterns of behavior, ranging in impact from mild to significantly disabling.”

The total cost to society of ASD has been estimated from 35 to 90 billion dollars annually. The Harvard School of Public Health calculated that it can cost \$3.2 million to take care of one autistic person over his or her lifetime. Looking at medical expenses alone, a CD study of employer-based health insurance showed that individuals with an ASD had average medical expenditures that exceeded those without an ASD by \$4,100 to \$6,200 per year.

A decade of research, surveillance, treatment and education has had a significant positive impact on the ASD affected person, as well as his or her family—who, as we all know, face huge financial and emotional challenges of their own.

The Combating Autism Reauthorization Act of 2011 will continue the success of the CAA of 2006 by authorizing funding for programs at NIH, CDC, and HRSA for three additional years. Total funding for the legislation will be at the fiscal year 2011 appropriated level of \$231 million for each of fiscal years 2012, 2013, and 2014. The Reauthorization Act will authorize appropriations of \$22 million for surveillance; \$48 million for education, early detection, and intervention; and \$161 million for NIH research and operation of the Interagency Autism Coordinating Committee.

This is not considered “new” money, but rather a straight-line reauthorization of total funds for the legislation, in compliance with the “cut-go” requirements of the 112th Congress. The Combating Autism Reauthorization Act also retains sunset and reporting provisions that ensure appropriate review and accountability.

H.R. 2005 reauthorizes the Interagency Autism Coordinating Committee (IACC)—a panel of government and public members, tasked with coordinating all ASD-related activities within HHS, as well as developing and annually updating a strategic plan for ASD research. In order to enhance the quality, efficacy and applicability of research grants and to avoid waste and duplication, the IACC has crafted 3 strategic research plans in 2009, 2010, and 2011.

For example, in 2009, the strategic plan included 40 research objectives, including the

development of new diagnostic tools, identification of genetic and environmental risk factors, and assessments of services for people with ASD of all ages in a community setting.

The 2010 IACC strategic plan has 32 new objectives, including health disparities in early diagnosis and treatment of co-occurring conditions, such as epilepsy and sleep and gastrointestinal disorders.

And the 2011 strategic plan added another 16 objectives, including studies on the use and accessibility of alternative and augmentative communication (AAC) tools for nonverbal individuals.

The IACC also summarizes advances in ASD research identified as having the greatest impact on the field of autism, which has included the association between family history of autoimmune disease and ASD, genetic risk factors, racial disparities, and novel ways to diagnose ASD using speech patterns. Just for fiscal year 2010, NIH awarded 528 grants from baseline funding to pursue promising research related to autism.

This reauthorization bill also continues support of the critical surveillance and epidemiology programs that were established by the Children’s Health Act and strengthened by the Combating Autism Act.

The Autism and Developmental Disabilities Network (ADDM) has published the most comprehensive and highest quality estimates to date of the prevalence of ASD in multiple areas of the U.S.

The Centers for Autism Developmental Disabilities Research and Epidemiology has implemented the Study to Explore Early Development (SEED), which is the largest study planned to date of the causes of autism, including genetic and environmental risk factors. The study has enrolled 2700 families and initial findings are due next year.

The CAA also focuses on programs in education, early detection and interventions that have already impacted the lives of hundreds of thousands of individuals with autism and other developmental disabilities and their families.

CDC’s health communication campaign, “Learn the Signs. Act Early,” educates parents, health care professionals, and early childhood educators about the importance of monitoring a child’s developmental milestones, seeking further evaluation where there is a concern, and seeking early intervention services as soon as possible.

The Maternal and Child Health Bureau of the Health Resources and Services Administration developed and implemented the Combating Autism Act Initiative, which is conducting research on and providing training to health professionals in the use of valid, reliable screening and diagnostic tools and in the provision of evidence-based interventions for children with ASD or another developmental disability.

As a result of increased awareness of the public, of educators, and of health care professionals, the median age for diagnosis of autism—which currently is about 4.5 years—appears to be on the decline. However, it is important to continue our efforts, as there is still on average a 2 year time gap from developmental concerns to actual diagnosis, research has demonstrated the positive impact of implementing behavioral intervention before age 3, and Applied Behavioral analysis has shown significant improvement for children as young as 18 months.

In summary, under the Children's Health Act and the Combating Autism Act, our scientific infrastructure for addressing autism and other developmental disorders has developed and we have made major advances in our understanding of ASD. For the first time, we have high quality data on prevalence and data to support analysis of causes of autism, and a clearer picture of promising paths and gaps in research. Health professionals have a level of knowledge for greatly improved diagnostics and interventions to provide meaningful medical and behavioral benefits. There is optimism that a sustained focus on genetic and environmental triggers will lead to efficacious treatments and prevention strategies. Importantly, the infrastructure and programs are in place to continue our progress.

I want to thank our Speaker BOEHNER and Majority Leader CANTOR, as well as Energy and Commerce Chairman UPTON, Health Subcommittee Chairman PITTS for the leadership that have shown in moving this legislation forward. I also would like to thank my friend and autism caucus co-chair, Congressman MIKE DOYLE, for his work in developing and supporting this legislation.

Mr. DOYLE. I want to thank my friend, CHRIS SMITH, for his important words. I hope all Members were listening carefully because the clock is running.

Mr. Speaker, we anticipate maybe some people coming to the floor to speak, so at this time I will reserve the balance of my time.

Mr. PITTS. I yield 1 minute to the gentleman from Mississippi (Mr. HARPER).

Mr. HARPER. Mr. Speaker, I rise today in support of the Combating Autism Reauthorization Act of 2011, and I want to thank my colleagues, particularly Congressman SMITH, Congressman DOYLE, and Chairman PITTS, for their great work on bringing this to the forefront today.

Experts estimate that one in every 110 children is diagnosed with autism. As a whole, developmental disabilities affect an increasing number of young people, and specifically students. In an effort to help provide students with exciting education and enrichment opportunities, I was honored to establish the Congressional Internship Program for Individuals With Intellectual Disabilities in 2010. Last week, 22 congressional offices, Republican and Democratic, welcomed 11 developmentally disabled students to their staffs to serve as interns for this fall.

Collecting data for autism spectrum disorders and other developmental disabilities is vital to ensuring that every young person with a significant disability has the opportunity, the encouragement, and the support to become gainfully employed in an integrated setting, pursue a postsecondary education, and contribute to and engage in meaningful ways in typical community settings once they leave high school. This gives these individuals with autism hope.

I urge my colleagues to support this legislation.

Mr. DOYLE. I yield myself the balance of my time.

Mr. Speaker, I first learned about autism when I was a young staffer in the Pennsylvania State senate. A gentleman by the name of Dan Torisky came into our office one day. His son, Eddie, had autism, and he had asked us to see what we could do at the State level to give him and his family some help. Eddie was a young man at that time. He's an adult now. He's in his mid-forties. A lot of people's idea of autism I think was from the movie "Rain Man." That was about the only thing they knew about autism. It was something that people didn't understand and something that was frequently misdiagnosed.

When CHRIS and I decided to form this caucus over 10 years ago, one of the goals that we had was to bring education and awareness, not only to our colleagues, many of whom were not familiar with the disorder, but also to the public, and also to bring some attention to the researchers at NIH too, that there was something much bigger to this than people realized. It has borne fruit over the years. We've seen research dollars greatly increased at NIH.

I want to also echo what my friend, CHRIS, said about the parents' groups. This is really the strength of the autism community. It's not the Autism Caucus. It's not CHRIS SMITH or MIKE DOYLE. It's really the parents of these children that formed the many different groups you see out there. Their grassroots effort really has grown this movement, brought attention to it, given it strength and brought us to where we are today.

We have a clock ticking. This act expires at the end of September. I know there's some concern over in the Senate with some of our colleagues about reauthorizing these specific bills. I hope that all of us will speak to our colleagues over in the Senate—I certainly intend to speak to mine—and stress the importance of continuing the great progress that's been made over these past 5 years. This is not a time for us to stop what we're doing and to pull support for this very, very important act.

I hope that we will pass this swiftly in the House of Representatives, and I hope all of us will use whatever influence we may have with our colleagues in the other body to see that they also get this reauthorized by the end of the month so that the President can sign it for all of the families out in America who are dealing with this disorder.

With that, Mr. Speaker, I yield back the balance of my time.

#### GENERAL LEAVE

Mr. PITTS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. PITTS. Mr. Speaker, I have no other speakers. I urge Members to support H.R. 2005. I commend, again, CHRIS SMITH and MIKE DOYLE for their leadership on this issue.

With that, I yield back the balance of my time.

Ms. JACKSON LEE of Texas. Mr. Speaker, I rise today in support of H.R. 2005, the Combating Autism Reauthorization Act. As a founding Member of the Congressional Children's Caucus, I am greatly concerned with the impact that autism has on children and their families.

The Centers for Disease Control and Prevention (CDC) estimates that Autism Spectrum Disorders impact an average of 1 in 110 American children, and 1 in 70 boys. We can all benefit from learning about this disease; autism occurs in all racial, ethnic, and socioeconomic groups. Continuing research on treating this disease is essential for children's health. Thousands of children with autism disorders have already shown significant improvement and increased independence resulting from early detection and new treatments.

Currently, there are between 1 and 1.5 million Americans living with a form of autism. If current diagnostic rates remain the same or increase, more children will be diagnosed with autism this year than AIDS, diabetes and cancer combined. Autism is the fastest growing serious developmental disability in the country. In my home state of Texas, where I represent the 18th Congressional District, there are 1 out of every 163 public students who are eight years old has a form of autism.

As many parents can attest, autism is an extremely costly disability; the average annual medical expenditures for individuals with autism are between 4 and 6 times greater than those without autism. The Center for Disease Control (CDC) places the average lifetime care cost for an autism patient at 3.2 million dollars. This legislation provides funding for services to assist individuals with autism and their families, and allocates vital dollars toward research to improve care and treatment.

The Combating Autism Act of 2006 was a landmark piece of legislation that raised awareness of autism spectrum disorders, and organized an aggressive federal response to autism. Reauthorizing this bill continues funding at current levels, \$693 million dollars over 3 years for biomedical and treatment research, and services for those living with autism and their families.

In 2006, the Combating Autism Act established the disease as a national health priority, increased awareness, and highlighted the need for swift and urgent action to address autism. Since that time, promising developments and innovations have helped individuals living with autism lead more independent lives. Improvements in detection and treatment have led to increased independence in teenagers and adults with autism.

The Combating Autism Reauthorization Act is a shining example of how government can do more than issue Social Security checks and debate debt reduction. This legislation clearly demonstrates that our government can be a force for good, and a mechanism for change. New science and new technology have presented an unparalleled moment of possibility; this legislation has the power to make real differences in the lives of those affected by autism.

Mr. Speaker, we all have constituents living with autism. We all have constituents whose child, sibling, cousin, or friend is living with a form of autism. This disability affects Americans of all races and backgrounds, and I urge my colleagues to join me in supporting H.R. 2005, the Combating Autism Reauthorization Act.

Ms. HIRONO. Mr. Speaker, I rise today in strong support of H.R. 2005, the Combating Autism Reauthorization Act of 2011, a bill important to many families in Hawaii.

H.R. 2005 reauthorizes the landmark Combating Autism Act of 2006, which significantly increased both the depth and breadth of the federal response to the national and public health emergency posed by autism spectrum disorders (ASD).

Since passage of that law, we have made tremendous strides in federally-funded and directed research. It was the detailed surveillance by the federal Centers for Disease Control under the act that identified the increasing prevalence of autism: 1 in every 110 American children—including 1 in 70 boys—is diagnosed with an ASD, making it the nation's fastest-growing, serious developmental disorder.

I've heard from a mother in Kailua on the island of Oahu who credits the 2006 law for providing her family with needed medical attention and assistance for their autistic child. H.R. 2005 builds on our good efforts.

I became a cosponsor of the bill because I believe it supports hope and opportunity for a brighter future for families not only in Hawaii but across our nation. I urge my colleagues to join me in voting in support of the H.R. 2005.

Mr. LOEBSACK. Mr. Speaker, today, one in every 110 children is diagnosed with autism and 1.5 million individuals in the United States are affected by this disorder. The rate of autism is increasing by at least 10 percent annually, but scientists do not yet know why. That is why research into causes and treatments for autism is so important.

That is why I rise today in support of the Combating Autism Reauthorization Act of 2011, which would reauthorize the surveillance and research program for autism spectrum disorders and other developmental disabilities through 2014. The bill would also authorize programs for education, early detection, and intervention, which will give the families affected by this disorder access to the best available care and help make everyone more aware of the impact autism can have on those diagnosed and their families.

Autism affects the constituents of every single Member of Congress. In my own district I have met with families who are affected by autism and participated in walks to raise awareness of this disorder. I urge my colleagues to support bipartisan passage of this important legislation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. PITTS) that the House suspend the rules and pass the bill, H.R. 2005.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

□ 1620

#### CHILDREN'S HOSPITAL GME SUPPORT REAUTHORIZATION ACT OF 2011

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1852) to amend the Public Health Service Act to reauthorize support for graduate medical education programs in children's hospitals.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1852

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

##### SECTION 1. SHORT TITLE.

This Act may be cited as the "Children's Hospital GME Support Reauthorization Act of 2011".

##### SEC. 2. PROGRAM OF PAYMENTS TO CHILDREN'S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

(a) IN GENERAL.—Section 340E of the Public Health Service Act (42 U.S.C. 256e) is amended—

(1) in subsection (a), by striking "through 2005 and each of fiscal years 2007 through 2011" and inserting "through 2016";

(2) in subsection (f)(1)(A)(iv), by striking "2011" and inserting "2016"; and

(3) in subsection (f)(2)(D), by striking "2011" and inserting "2016".

(b) REPORT TO CONGRESS.—Section 340E(b)(3)(D) of the Public Health Service Act (42 U.S.C. 256e(b)(3)(D)) is amended by striking "Not later than the end of fiscal year 2011" and inserting "Not later than the end of fiscal year 2015".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. PITTS) and the gentleman from Pennsylvania (Mr. DOYLE) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania (Mr. PITTS).

Mr. PITTS. I yield myself such time as I may consume.

Mr. Speaker, H.R. 1852, the Children's Hospital Graduate Medical Education Support Reauthorization Act of 2011, would enable the Department of Health and Human Services to continue to provide funding to freestanding children's hospitals to support the training of pediatricians and other residents. This funding is critical to ensuring the adequacy of the pediatric workforce in the United States.

The program was first enacted by Congress in 1999 with wide bipartisan support and has been reauthorized twice. Since the enactment of the bill, the number of pediatricians trained has increased by 35 percent.

The week we marked up this bill, I met 10-year-old Anna Lipsman. Anna is a bright, outgoing young girl who is fighting leukemia. Diagnosed just a few months ago, Anna spent 2 weeks undergoing treatment at the Children's Hospital of Philadelphia. She is successfully fighting her disease, but will still need additional treatments over the next 2½ years. Anna is a strong, personal reminder of why I introduced this bill.

With the reauthorization of H.R. 1852, we hope to send a clear message to the

Obama administration and the Department of Health and Human Services that this bill is important to ensuring that children receive adequate health care.

I would like to thank Mr. PALLONE and all the 114 cosponsors that worked on this legislation.

I urge my colleagues to support this legislation, and I reserve the balance of my time.

Mr. DOYLE. I yield myself such time as I may consume.

Mr. Speaker, I rise in support of the Children's Hospital Graduate Medical Education Support Reauthorization Act, offered by my good friends, Mr. PITTS and Mr. PALLONE. I know Mr. PALLONE is on his way to the floor and will be speaking shortly. This critical legislation will reauthorize the Children's Hospital Graduate Medical Education program through 2016 to ensure that our children have access to the care they need and deserve, and I urge my colleagues to pass this bill with unanimous support.

The original bipartisan program was enacted over a decade ago to provide children's hospitals across the country with the Federal support to implement and carry out necessary residency training programs. Last year alone, over 50 children's hospitals received funding to carry out these training programs. Today, over 40 percent of pediatricians and pediatric specialists are trained through the Children's Hospital Graduate Medical Education program. This program is vital to maintaining the pediatric workforce and ensuring children's access to the highest levels of pediatric care provided in this country.

The Children's Hospital GME program is a critical investment in our children's health, and I am proud today that we will vote to reauthorize this hugely successful program.

With that, Mr. Speaker, I reserve the balance of my time.

Mr. PITTS. I yield such time as he may consume to the gentleman from New Jersey (Mr. LANCE), a member of the subcommittee.

Mr. LANCE. Mr. Speaker, I rise in strong support of H.R. 1852, legislation to reauthorize the Children's Hospital Graduate Medical Education program.

Today's legislation will assist pediatric training programs across the country by maintaining and strengthening existing hospital graduate medical education programs for children.

Independent children's hospitals have an indispensable role in the children's health workforce, training 40 percent of all pediatric residents and 43 percent of pediatric specialty fellows, and providing pediatric training for many other residents. Nowhere is this more evident than Children's Specialized Hospital in Mountainside, New Jersey, in the district I have the honor of serving. Under the strong leadership of my friend, Amy Mansue, the staff does an excellent job training and caring for children and making sure that highly