

will help get broadband deployed in the rural parts of America just like the Third District of South Carolina.

The benefits of H.R. 3293 are clear. Faster broadband deployment will create jobs, stimulate economic development, and improve the quality of life for countless Americans. Students will have access to online learning resources. Telehealth services will become more accessible, and rural communities will be better connected to the global economy.

H.R. 3293 is a commonsense solution that will help us achieve universal broadband access. It is a critical investment in our future, and I urge my colleagues to support this important legislation.

Mr. LATTA. Mr. Speaker, I yield 5 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of H.R. 3293, the Expediting Federal Broadband Deployment Reviews Act.

I thank the bipartisan sponsors for this bill in working to close the digital divide. There are over 7 million American homes and businesses that lack access to high-speed broadband, and it is often lengthy permitting processes that contribute to this digital divide.

In every industry ranging from energy to telecommunications, the permitting process gets in the way of investment and deployment and ends up hurting consumers the most.

There are so many benefits to communities having reliable internet access such as educational and job opportunities, expansion of small business operations, and simply allowing people and services to reach new populations and areas.

Mr. Speaker, this important legislation ensures that broadband deployment on Federal lands gets reviewed and prioritized in a timely manner, while also holding the relevant agencies accountable, and I urge my colleagues to support this bill.

□ 1530

Mr. LATTA. Mr. Speaker, that was my last speaker on the bill. I am prepared to close if my friend, the gentleman from Florida, is.

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

Mr. SOTO. Mr. Speaker, I am prepared to close.

First, I thank Representative DUNCAN for his leadership on the committee, especially in areas of energy. We worked on a lot of issues relating to nuclear energy, which is going to be a key part of the clean energy future that we all care deeply about, so I wish him well in his future endeavors.

Mr. Speaker, it is simple. Once the environmental and historic preservation reviews are done, or where they are not required, we have to get these broadband dollars out the door.

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

Mr. LATTA. Mr. Speaker, as I mentioned earlier on the previous bills, the Communications and Technology Subcommittee of the Committee on Energy and Commerce has been moving legislation to make sure we get broadband deployed across this country. As the speakers have already mentioned, broadband is not something that is a luxury, but it is a necessity.

Mr. Speaker, I urge passage of the legislation today, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio that the House suspend the rules and pass the bill, H.R. 3293, as amended.

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

A motion to reconsider was laid on the table.

AUTISM COLLABORATION, ACCOUNTABILITY, RESEARCH, EDUCATION, AND SUPPORT ACT OF 2024

Mr. BUCSHON. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 7213) to amend the Public Health Service Act to enhance and reauthorize activities and programs relating to autism spectrum disorder, and for other purposes.

The Clerk read the title of the bill.

The text of the Senate amendment is as follows:

Senate amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Autism Collaboration, Accountability, Research, Education, and Support Act of 2024” or the “Autism CARES Act of 2024”.

SEC. 2. NATIONAL INSTITUTES OF HEALTH ACTIVITIES.

(a) EXPANSION OF ACTIVITIES.—Section 409C(a)(1) of the Public Health Service Act (42 U.S.C. 284g(a)(1)) is amended—

(1) by striking “) shall, subject to the availability” and inserting the following: “), in consultation with relevant Federal departments and agencies, as appropriate, shall—

“(A) subject to the availability”;

(2) by striking “basic and clinical research in fields including pathology” and inserting the following: “basic and clinical research—

“(i) in fields, such as pathology”;

(3) by striking “toxicology, and interventions” and inserting the following: “toxicology, psychiatry, psychology, developmental behavioral pediatrics, audiology, and gerontology; and

“(ii) on interventions”;

(4) by striking “disorder. Such research shall investigate” and inserting the following: “disorder; and

“(B) ensure that research referred to in subparagraph (A)—

“(i) investigates”;

(5) by striking “prevention, services across the lifespan, supports, intervention, and treatment of autism spectrum disorder” and inserting “prevention, services and supports across the lifespan, intervention, and treatment of autism spectrum disorder and co-occurring conditions”; and

(6) by striking “treatments.” and inserting the following: “treatments”;

“(ii) examines supports for caregivers; and

“(iii) reflects the entire population of individuals with autism spectrum disorder, including those individuals with co-occurring conditions and the full range of needs for supports and services, including such supports and services to ensure the safety, and promote the well-being, of such individuals.”.

(b) CENTERS OF EXCELLENCE.—Section 409C(b) of the Public Health Service Act (42 U.S.C. 284g(b)) is amended—

(1) in paragraph (2)—

(A) by striking “including the fields of” and inserting “in fields such as”; and

(B) by striking “behavioral psychology, and clinical psychology” and inserting “behavioral psychology, clinical psychology, and gerontology”;

(2) in paragraph (5)(A), by striking “five” and inserting “seven”; and

(3) in paragraph (5)(B), by striking “period of not to exceed” and inserting “period not to exceed”.

(c) PUBLIC INPUT.—Section 409C(d) of the Public Health Service Act (42 U.S.C. 284g(d)) is amended to read as follows:

“(d) PUBLIC INPUT.—

“(1) IN GENERAL.—The Director shall under subsection (a)(1) provide for means through which the public can obtain information on the existing and planned programs and activities of the National Institutes of Health with respect to autism spectrum disorder and through which the Director can receive comments from the public regarding such programs and activities.

“(2) GUIDANCE.—The Director may provide guidance to centers under subsection (b)(1) on strategies, activities, and opportunities to promote engagement with, and solicit input from, individuals with autism spectrum disorder and their family members, guardians, advocates or authorized representatives, providers, or other appropriate individuals to inform the activities of the center. Such strategies, activities, and opportunities should consider including, as appropriate, individuals, family members, and caregivers of individuals with autism spectrum disorder who represent the entire population of individuals with autism spectrum disorder, including those individuals with co-occurring conditions and the full range of needs for supports and services, including such supports and services to ensure the safety, and promote the well-being, of such individuals, to inform the activities of the center.”.

(d) BUDGET ESTIMATE.—Section 409C of the Public Health Service Act (42 U.S.C. 284g) is amended by adding at the end the following:

“(e) BUDGET ESTIMATE.—For each of fiscal years 2026 through 2029, the Director shall prepare and submit, directly to the President for review and transmittal to Congress, an annual budget estimate for the initiatives of the National Institutes of Health pursuant to the strategic plan developed under section 399CC(b)(5) and updated under section 399CC(b)(6)(B), after reasonable opportunity for comment (but without change) by the Secretary and the Interagency Autism Coordinating Committee established under section 399CC.”.

SEC. 3. PROGRAMS RELATING TO AUTISM.

(a) DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.—Section 399AA of the Public Health Service Act (42 U.S.C. 280i) is amended—

(1) in subsection (a)(3), by striking “an Indian tribe, or a tribal organization” and inserting “an Indian Tribe, or a Tribal organization”;

(2) in subsection (b)(1), by inserting “across the lifespan” before the period at the end;

(3) in subsection (d)(1)—

(A) in the paragraph heading, by striking “TRIBE; TRIBAL” and inserting “TRIBE; TRIBAL”;

(B) by striking “tribe” and inserting “Tribe”; and

(C) by striking “tribal” and inserting “Tribal”; and

(4) in subsection (e), by striking “December 20, 2024” and inserting “September 30, 2029”.

(b) **AUTISM EDUCATION, EARLY DETECTION, AND INTERVENTION.**—Section 399BB of the Public Health Service Act (42 U.S.C. 280i-1) is amended—

(1) in subsection (b)(1), by striking “culturally competent information” and inserting “culturally and linguistically appropriate information”;

(2) in subsection (b)(2)—

(A) by striking “promote research” and inserting “promote research, which may include research that takes a community-based approach,”; and

(B) by striking “screening tools” each place it appears and inserting “screening and diagnostic tools”;

(3) in subsection (b)(3), by striking “at higher risk” and inserting “at increased likelihood”;

(4) in subsection (b)(4), by inserting “, which may give consideration to the perspectives of parents and guardians” before the semicolon at the end;

(5) in subsection (b)(7), by striking “at higher risk” and inserting “at increased likelihood”;

(6) in subsection (c)(1), by striking “culturally competent information” and inserting “culturally and linguistically appropriate information”;

(7) in subsection (c)(2)(A)(ii), by striking “culturally competent information” and inserting “culturally and linguistically appropriate information”;

(8) by amending paragraph (1) of subsection (e) to read as follows:

(9) in subsection (e)(1)—

(A) in the matter preceding subparagraph (A), by inserting “, and strengthen the capacity of,” after “expand”;

(B) in subparagraph (A)—

(i) by striking “expand existing or develop new” and inserting “expand and strengthen the capacity of existing, or, in States that do not have such a program, develop new,”; and

(ii) by striking “Act in States that do not have such a program” and inserting “Act”;

(C) in subparagraph (B)(v), by inserting “or other providers, as applicable” before the semicolon at the end; and

(D) by amending subparagraph (C) to read as follows:

“(C) program sites—

“(i) provide culturally and linguistically appropriate services;

“(ii) take a multidisciplinary approach and have experience working with underserved populations; and

“(iii) identify opportunities to partner with community-based organizations to expand the capacity of communities to serve individuals with autism spectrum disorder or other developmental disabilities.”;

(10) in subsection (e)(2), by adding at the end the following new subparagraph:

“(C) **REPORT.**—Not later than 2 years after the date of the enactment of the Autism CARES Act of 2024, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that examines the need for, and feasibility of, expanding the developmental-behavioral pediatric training programs described in subparagraph (A).”;

(11) by amending subsection (f) to read as follows:

“(f) **INTERVENTION.**—The Secretary shall promote research through grants or contracts, which may include grants or contracts to research centers or networks, to—

“(1) develop and evaluate evidence-based practices and interventions to improve outcomes for individuals with autism spectrum disorder or other developmental disabilities by addressing physical and behavioral health and communication needs of such individuals across the lifespan;

“(2) develop guidelines for such evidence-based practices and interventions; and

“(3) disseminate information related to such evidence-based practices and interventions and guidelines.”; and

(12) in subsection (g), by striking “December 20, 2024” and inserting “September 30, 2029”.

(c) **INTERAGENCY AUTISM COORDINATING COMMITTEE.**—Section 399CC of the Public Health Service Act (42 U.S.C. 280i-2) is amended—

(1) in subsection (b)—

(A) in the matter preceding paragraph (1), by inserting “, on a regular basis” after “shall”;

(B) in paragraph (2), by striking “develop a summary” and inserting “summarize”;

(C) by striking paragraphs (5) and (6) and inserting the following:

“(5) develop a strategic plan for the conduct of, and support for, autism spectrum disorder research, as described in section 409C(a)(1), 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 the Congress and the President—

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

“(B) a biennial update on the strategic plan described in paragraph (5), including progress made in achieving the goals outlined in such strategic plan and any specific measures taken pursuant to such strategic plan.”; and

(2) in subsection (f), by striking “December 20, 2024” and inserting “September 30, 2029”.

(d) **REPORTS TO CONGRESS.**—Section 399DD of the Public Health Service Act (42 U.S.C. 280i-3) is amended—

(1) by striking “2019” each place it appears and inserting “2024”; and

(2) in subsection (a), by amending paragraph (1) to read as follows:

“(1) **IN GENERAL.**—Not later than 4 years after September 30, 2024, the Secretary, in consultation with other relevant Federal departments and agencies, shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and make publicly available, including through posting on the website of the Department of Health and Human Services, a progress report on activities related to autism spectrum disorder and other developmental disabilities. Such report shall include activities and research related to the entire population of individuals with autism spectrum disorder, including those individuals with co-occurring conditions and the full range of needs for supports and services, including such supports and services to ensure the safety, and promote the well-being, of such individuals.”;

(3) in subsection (b)—

(A) in the heading of subsection (b), by striking “HEALTH AND WELL-BEING” and inserting “MENTAL HEALTH NEEDS”;

(B) in paragraph (1), by striking “health and well-being” and inserting “mental health needs”;

(C) by amending paragraph (2) to read as follows:

“(2) **CONTENTS.**—The report submitted under paragraph (1) shall contain—

“(A) an overview of policies and programs relevant to the mental health of individuals with autism spectrum disorder across their lifespan, including an identification of existing Federal laws, regulations, policies, research, and programs; and

“(B) recommendations to improve mental health outcomes and address related disparities in mental health care for individuals with autism spectrum disorder, including prevention, care coordination, and community-based services.”;

(4) by adding at the end the following:

“(c) **UPDATE ON YOUNG ADULTS AND YOUTH TRANSITIONING TO ADULTHOOD.**—Not later than 2 years after the date of enactment of the Autism CARES Act of 2024, the Secretary, in coordination with other relevant Federal departments and agencies, as appropriate, shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate an update to the report required pursuant to subsection (b) of this section, as added by section 6 of the Autism CARES Act of 2014 (Public Law 113-157), and in effect before the date of enactment of the Autism CARES Act of 2019 (Public Law 116-60), concerning young adults with autism spectrum disorder and the challenges related to the transition from existing school-based services to those services available during adulthood.”.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—Section 399EE of the Public Health Service Act (42 U.S.C. 280i-4) is amended—

(1) in subsection (a), by striking “\$23,100,000 for each of fiscal years 2020 through 2024” and inserting “\$28,100,000 for each of fiscal years 2025 through 2029”;

(2) in subsection (b), by striking “\$50,599,000 for each of fiscal years 2020 through 2024” and inserting “\$56,344,000 for each of fiscal years 2025 through 2029”;

(3) in subsection (c), by striking “there are authorized to be appropriated \$296,000,000 for each of fiscal years 2020 through 2024” and inserting “there is authorized to be appropriated \$306,000,000 for each of fiscal years 2025 through 2029”.

SEC. 4. TECHNICAL ASSISTANCE TO IMPROVE ACCESS TO COMMUNICATION TOOLS.

(a) **IN GENERAL.**—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) may, at the request of a State, Indian Tribe, Tribal organization, locality, or territory, provide training and technical assistance to such jurisdiction on the manner in which Federal funding administered by the Secretary may be used to provide individuals with autism spectrum disorder and other developmental disabilities with access to evidence-based services, tools, and technologies that support communication needs.

(b) **ANNUAL REPORT.**—The Secretary shall annually prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report summarizing any technical assistance provided by the Secretary in the preceding fiscal year under subsection (a) and any advancements in the development or evaluation of such evidence-based services, tools, and technologies.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. BUCSHON) and the gentlewoman from Florida (Ms. CASTOR) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana.

GENERAL LEAVE

Mr. BUCSHON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD on the bill.

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

There was no objection.

Mr. BUCSHON. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of the Senate amendment to H.R. 7213, the Autism Collaboration, Accountability,

Research, Education, and Support Act, or the Autism CARES Act of 2024, led by Representative CHRIS SMITH.

Autism affects an estimated 1 in 36 children in the United States, with recent studies showing an increasing prevalence nationwide. The Autism CARES Act of 2024 will reauthorize critical programs and activities that support autism research, services, training, and monitoring across the Federal Government.

Importantly, it also takes steps to ensure the public and all individuals within the autism community have an opportunity to engage in and are included in the research process and other activities related to autism spectrum disorder.

I thank Congressman SMITH for his leadership on this and for his decades-long advocacy on behalf of those with autism.

Mr. Speaker, I urge my colleagues to support the underlying bill, which makes minor updates to the previous version we passed in September with over 400 votes. I encourage my colleagues to support this bill, and I reserve the balance of my time.

Ms. CASTOR of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to speak in support of the Senate amendment to H.R. 7213, the Autism CARES Act. This bipartisan legislation, sponsored by Representatives SMITH and CUELLAR, will reauthorize funding for a variety of programs that support autism education, research, and resources.

Mr. Speaker, in the United States, about 1 in 36 children have been diagnosed with autism spectrum disorder. The prevalence of autism in children has been increasing every 2 years.

With these worrisome statistics in mind, it is important that we reauthorize the critical research and funding for the Autism CARES Act in order to continue this collaborative nationwide program.

In 2006, the original Autism CARES Act, which was then known as the Combating Autism Act, was signed into law. This law built a public health infrastructure that addresses autism on the Federal level directed by the Department of Health and Human Services.

From that point forward, over \$5 billion has been invested in addressing autism through various programs related to autism research, autism support services, early detection training for medical providers, and autism education.

With this legislation, we renew and expand support for Federal autism programs, underscoring our commitment to addressing the growing needs of individuals with autism and their families. The legislation authorizes funding over the next 5 years for key programs under the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the National Institutes of Health.

The legislation addresses challenges related to autism and aging, inclusivity in autism research, strengthening the developmental-behavioral pediatrician workforce, and mental health and communication supports, particularly for autistic individuals who may be unable or limited in their speech capabilities.

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

Mr. BUCSHON. Mr. Speaker, I yield 5 minutes to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, I thank my good friend for yielding and for his leadership and that of my colleague on the other side of the aisle.

Mr. Speaker, it all started in September 1997, 27 years ago, with Brick Township, New Jersey, parents Bobbie and Billy Gallagher and their indomitable commitment to help their two children, Austin and Alanna, and everyone else with autism.

We met several times and continue to plan and strategize to this day. We invited the CDC to Brick, New Jersey, only to realize that Federal autism programs were woefully inadequate. Frankly, they were nonexistent.

They spend \$287,000 per year on autism. That is it, a straight line for 5 years. It was a nothing burger, and they did nothing really of substance. So I introduced the Autism Statistics, Surveillance, Research, and Epidemiology Act, the ASSURE Act, in 1998 and again in 1999. In the second one, we had 199, almost one-half of the House of Representatives, as cosponsors. That would have established three to five autism centers of excellence, authorized serious prevalence studies, and established an autism advisory committee, which we now call IACC.

I am deeply grateful that the ASSURE Act was incorporated in large part by Chairman MIKE BILIRAKIS as title I of the Children's Health Act of 2000.

Mr. Speaker, in 2016, Bobbie Gallagher, now a board-certified behavior analyst, wrote an amazing book called "A Brick Wall: How a Boy with No Words Spoke to the World."

In it she points out, and it is just an amazing book, that all parents of children with autism face many, many hardships: frequent tears, agony, as well as physical, emotional, and spiritual exhaustion.

Doctors had told the Gallaghers not to worry about telltale early warning signs of autism. One doctor was so uninformed that he said that their daughter, Alanna, just needed a good swift kick in the ass.

She recounts, however, the big moments that she treasures deep within her heart, like when 11-year-old Austin called her "Mommy" for the first time. It was slow and deliberate, "Mommy," and she said it was beautiful. When he asked for a cookie, they celebrated in the Gallagher household.

It is a primer for everyone, and I would hope that others would read it.

She said in the book that she realized why she is on this Earth: "I am here to fight for children with autism," and fight she and her husband, Billy, have, like so many other brave and remarkable parents who deeply love their children.

They are parents like Scott Badesch, who is on my staff. Scott was the president of Autism Society for 10 years. Deeply, he and his wife love their son, Evan. They love their whole family. He is 37, and they have benefited from his leadership. We have benefited here in the Congress from Scott's leadership.

Also, Mr. Speaker, the Autism Collaboration, Accountability, Research, Education, and Support Act, or simply the Autism CARES Act of 2024, is a comprehensive reauthorization and strengthening of America's whole-of-government autism spectrum disorder initiative.

As the prime author of the Autism CARES Act of 2024 and previous iterations of the law in 2011, 2014, and again in 2019, let me send special thanks to cosponsor HENRY CUELLAR for his leadership and partnership, and to BRETT GUTHRIE, who is the chairman of the Health Subcommittee and incoming full committee chairman, for faithfully shepherding this legislation through the committee.

I thank my fellow New Jerseyan, FRANK PALLONE. Above all, I thank and show the deepest respect and gratitude to CATHY MCMORRIS RODGERS, who is a tenacious, effective, and brilliant advocate for the autism community. I thank STEVE SCALISE for making sure we are here today with the bill. I also thank SUSAN COLLINS and BEN RAY LUJÁN for their important work over on the Senate side.

I thank committee staff, including Molly Brimmer, Kristin Fritsch, and Caitlin Wilson, among others, for their help, which was totally invaluable; and John McDonough, Mary Noonan, and, of course, Scott Badesch on my staff for their work on this bill.

The bill, as we know, provides, as has already been mentioned by my colleagues, critical research goals focused on responsive and effective interventions for the estimated 6.8 million individuals with autism, 27 percent of whom—that is 1.8 million—are profoundly autistic.

According to the CDC, 1 in 36 children in the U.S., including 1 in 35 in my home State of New Jersey, are on the autism spectrum.

The bill authorizes more than \$1.59 billion over 5 years for programs at the NIH, CDC, and HRSA, Health Resources and Services Administration. It directs the NIH to include the scope of research issues encountered by individuals and caregivers.

The SPEAKER pro tempore (Mr. ISSA). The time of the gentleman has expired.

Mr. BUCSHON. Mr. Speaker, I yield an additional 1 minute to the gentleman from New Jersey.

Mr. SMITH of New Jersey. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I will be very brief and close and put the rest of it in the RECORD.

Autism Speaks says that the Autism CARES Act is the single most important driver of autism research, training, and data collection programs at NIH, HRSA, and CDC.

Mr. Speaker, we are joined here by Chris Banks, the CEO of Autism Society. They say it is a pivotable law for individuals with autism and their families to live fully, and it is crucial to understand the immense impact this law has on the daily lives of the autism community.

The Association of University Centers on Disabilities is also very, very supportive, and Profound Autism Alliance has pushed hard for this bill and its enhanced focus on individuals with profound autism, which they define as people who require lifetime, 24/7 care.

Mr. Speaker, I urge my colleagues to support the bill, and the President, we hope, will sign it.

Mr. Speaker, H.R. 7213: Directs the NIH to include in the scope of research issues encountered by individuals and caregivers as they age, mental health concerns, issues related to aging, as well as co-occurring conditions and needs for supports and services, such as care necessary for physical safety and the prevention of self-injurious behavior.

Increases the number of NIH Centers of Excellence to seven and ensures research reflects the entire population of individuals with autism spectrum disorder and is designed to address the full range of needs faced by individuals, including to ensure the physical safety and to promote the well being of all Americans with autism.

Includes, for the first time, a professional bypass budget to provide the autism community with a comprehensive budget highlighting priority research areas and resources needed to advance quality of life improvements for all individuals with autism.

Promotes the adoption of assistive communication technologies to improve communications outcomes for those with communication assistance needs.

My bill also helps adults with autism who were and are today often misdiagnosed, underdiagnosed and overlooked.

Language throughout the bill continues to emphasize that causes, diagnosis, detection, prevention and treatment of autism spectrum disorder must be throughout the lifespan of a person. To this end, Congress has included the study of gerontology—the study of aging, including the physical, mental, and social changes that occur as people age, as an NIH research priority.

H.R. 7213 continues to emphasize the need for early detection and intervention—including the use of advanced technologies in early detection—to provide the highest quality of life possible for those with autism.

The earlier a child can be identified as having ASD, the earlier they can access interventions and services.

Researchers have developed technologies to identify signs of autism in children as young as eighteen months—this is an incredible development and there is more research being done now to determine if autism can be identified even earlier. However, the median age of

diagnosis in the United States is not until after 4 years of age, and diagnosis often occurs even later among those without intellectual disabilities or delays in social communication.

The delivery of services and interventions must keep up with a younger patient population, and services and interventions for autistic individuals must continue to improve across their lifespans.

Examples of services and interventions research include approaches to address conditions that affect the quality of life for individuals on the autism spectrum, such as behavior that puts individuals with significant support needs or their caregivers at risk (e.g., self-injurious, elopement, aggression, etc.), or mental health concerns (anxiety, depression, suicidality). The Autism CARES Act emphasizes the need to improve the quality of life for individuals with the full range of needs across the lifespan. Continued research by NIH to study how to improve interventions and the delivery of services is crucial.

H.R. 7213 calls for a report on youth aging out of school-aged services since the pandemic, and recommendations to improve mental health outcomes and address related disparities in mental health care for individuals with autism spectrum disorder, including prevention, care coordination, and community-based services.

Ms. CASTOR of Florida. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. BUCSHON. Mr. Speaker, I yield 5 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in strong support of the Senate amendment to H.R. 7213, the Autism CARES Act of 2024, which reauthorizes and strengthens the autism spectrum disorder research, education, and support initiative through 2029.

The Autism CARES Act is the single most important driver of Federal investment in autism research and training programs over the past few decades. It has led to improvements in early intervention services, a better understanding of the prevalence of autism, and a better understanding of the co-occurring health conditions that individuals with autism experience.

Importantly, it has also been responsible for thousands of future health professionals being trained on how to screen, diagnose, and provide interventions to individuals with autism and other neurodevelopmental disabilities to improve their health and well-being.

Thanks to the Autism CARES Act, many health professionals are better equipped to meet the ever-changing and diverse needs of individuals with autism and other people with neurodevelopmental disabilities.

Located in my home State of Georgia within Children's Healthcare of Atlanta, the Marcus Autism Center is one of the largest autism centers in the U.S. and is actively involved in research to pinpoint the earliest signs of autism and determine better ways to treat the disorder. Marcus integrates research into clinical practice to maxi-

mize the potential of children with autism.

NIH had historically supported research grants focused on intervention and services, and I am hopeful that with engagement from Congress and stakeholders, NIH can once again support this important research through the centers of excellence program.

I thank Representative CHRIS SMITH for working on this important issue, and I urge my colleagues to support this legislation.

□ 1545

Ms. CASTOR of Florida. Mr. Speaker, I urge all of my colleagues to support H.R. 7213, and I yield back the balance of my time.

Mr. BUCSHON. Mr. Speaker, in closing, I encourage a “yes” vote on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Indiana (Mr. BUCSHON) that the House suspend the rules and concur in the Senate amendment to the bill, H.R. 7213.

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. BUCSHON. 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 motion will be postponed.

REAUTHORIZATION OF THE SOAR TO HEALTH AND WELLNESS TRAINING PROGRAM

Mr. BUCSHON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7224) to amend the Public Health Service Act to reauthorize the Stop, Observe, Ask, and Respond to Health and Wellness Training Program.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7224

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

SECTION 1. REAUTHORIZATION OF THE SOAR TO HEALTH AND WELLNESS TRAINING PROGRAM.

Section 1254(h) of the Public Health Service Act (42 U.S.C. 300d-54(h)) is amended by striking “fiscal years 2020 through 2024” and inserting “fiscal years 2025 through 2029”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. BUCSHON) and the gentlewoman from Florida (Ms. CASTOR) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana.

GENERAL LEAVE

Mr. BUCSHON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD on the bill.