On September 30, 2019, President Trump signed a bill (H.R. 1058) to reauthorize the Autism CARES Act into law (P.L. 116-60). The law, formally titled Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2019, is now reauthorized for five years.

The bipartisan bill (H.R. 1058) was introduced in the House by Representatives Chris Smith (R-NJ) and Mike Doyle (D-PA) on February 7, 2019. On the same day, Senators Robert Menendez (D-NJ) and Mike Enzi (R-WY) introduced an identical companion bill (S. 427). Following a House subcommittee hearing in June, H.R. 1058 was marked up and passed by the House Subcommittee on Health on July 11 followed by a full Committee on Energy and Commerce mark-up on July 17. The slightly amended bill passed the House unanimously by suspension of the rules on July 24, 2019. After some delay, the full Senate passed H.R. 1058 by unanimous consent (voice vote) on September 19.

Following is a summary of the changes in the reauthorized law (from the official Committee Report 116-177):

Section 2. Expansion, intensification, and coordination of activities of the NIH

The law is amended to ensure that National Institutes in Health (NIH) research includes an examination of services across the lifespan. Additionally the law requires that Centers of Excellence include research in developmental, behavioral, and clinical psychology in addition to neurobiology, genetics, genomics, and psychology.

Section 3, programs relating to autism, includes several changes to ensure that autism programs are inclusive and available in a variety of settings.

First, the section makes several technical and conforming amendments to ensure that all individuals with autism spectrum disorder and other disabilities are properly included in programs relating to autism across their lifespan. Section 3 also allows the HHS Secretary to prioritize grant applications for developmental-behavioral pediatrician training programs in rural or underserved areas. It also ensures tribal organizations are eligible for data collection and centers of excellence grants.

Section 3 makes three changes to the composition of the Interagency Coordinating Committee (IACC):

1. adds representatives from the Departments of Justice, Veterans Affairs, and Housing and Urban Development among suggested officials to include on the IACC;
2. requires that of the non-federal members on the IACC, at least three must be individuals with a diagnosis of ASD, three must be parents or legal guardians of individuals with ASD, and at least three must be representatives of leading research advocacy, and service organizations for individuals with ASD (an increase of one in each category); and
3. limits members of the IACC to two four-year terms.
This section also requires the Secretary to submit comprehensive reports to Congress on the demographics of individuals with ASD, approaches to improving health outcomes for people with ASD, and other recommendations.

In addition to the annual report to Congress documenting accomplishments of the law and a report already completed on transition services, the new law authorizes a new report concerning the health and well-being of individuals with autism spectrum disorder. The report shall contain—

A. proposals on establishing best practices guidelines to ensure interdisciplinary coordination between all relevant service providers receiving Federal funding; coordination with transitioning youth and the family of such transitioning youth; and inclusion of the individualized education program for the transitioning youth, as prescribed in section 614 of the Individuals with Disabilities Education Act (20 U.S.C. 1414);

B. recommendations on establishing best practices guidelines to ensure interdisciplinary coordination between all relevant service providers receiving Federal funding;

C. comprehensive approaches to improving health outcomes and well-being for individuals with autism spectrum disorder, including—
   i) community-based behavioral supports and interventions;
   ii) nutrition, recreational, and social activities; and
   iii) personal safety services related to public safety agencies or the criminal justice system for such individuals; and

D. Recommendations that seek to improve health outcomes for such individuals, including across their lifespan, by addressing—
   i) screening and diagnosis of children and adults; (ii) behavioral and other therapeutic approaches;
   ii) primary and preventative care;
   iii) communication challenges;
   iv) aggression, self-injury, elopement, and other behavioral issues;
   v) emergency room visits and acute care hospitalization;
   vi) treatment for co-occurring physical and mental health conditions;
   vii) premature mortality;
   viii) medical practitioner training; and
   ix) caregiver mental health.

Finally, the section includes a five-year authorization as follows:

• $23.1 million each year for Developmental Disabilities Surveillance and Research Program at CDC;
• $190 million each year for autism education, early detection, and intervention at HRSA; and
• $296 million each year for activities relating to autism at the NIH.