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I also want to mention Thomas Barthold, the acting chief of staff of the Joint Committee on Taxation and his staff. The efforts of Carolyn Smith, Patricia McDermott, and Nicole Flax were invaluable. Roger Colinvau, Gordon Clay, and Ron Schultz provided great assistance with the charitable provisions that are in the bill. I also want to thank Theresa Pattara, who worked on my staff as a legislative fellow, for her work on the charitable provisions.

Finally, I want to show my appreciation to the staff of Senate Legislative Counsel, including Jim Fransen, Mark Mathiesen, Stacey Kern, and Mark McGunagle.

Mr. President, after great effort by many people, the Senate has voted to agree to H.R. 4, the Pension Protection Act of 2006.

Credit must go to the dedicated members of my staff, who spent many hours over many months working on the issues that ultimately led to this bill. Kolan Davis, Mark Prater, John O'Neill, Dean Zerbe, Elizabeth Paris, Chris Javens, Cathy Barre, Anne Freeman, Elizabeth Goff, and Nick Wyatt showed great dedication to the tasks before them.

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I yield the floor.

#### COMBATING AUTISM ACT OF 2005

Mr. SANTORUM. Mr. President, I understand the paper is in the process of being delivered to the desk on S. 843, so while that is happening, let me just make some remarks about the legislation.

The legislation that I am calling up on behalf of myself and Senator DODD and the two leaders who have been outstanding in helping us bring this bill to the floor tonight is the Combating Autism Act. I know Senator ENZI was just speaking, but I want to thank Senator ENZI and Senator KENNEDY also and the entire HELP Committee. If you want to talk about a team effort, this has been a tremendous team effort, starting initially with Senator DODD and myself and our staffs who have just done an outstanding job.

I thank particularly on my staff Jen Vessey, who has just put in—I won't say hours of time but days of time, in working together along with Senator DODD's staff and then subsequently the entire committee staff; in particular, Senators ENZI and KENNEDY's staff, as well as, as we brought this to the process, Senator FRIST and Senator REID.

This team was committed to getting this bill done and passed before the August break. We had many bumps along the way, but tonight, with a minor change in the bill, we are going to see this piece of legislation pass and pass by unanimous consent.

I am very excited about all of the work that has been put in by the entire autism community. I think, as Senator DODD will attest, there are very many arms of the autistic community, a lot of groups who have a very wide variety of people with respect to how to deal with Federal legislation regarding autism. But we were able to sit down and work together over months of time.

I thank some people in particular who have worked outside of the Congress, outside of the Halls of Congress: Bob and Suzanne Wright deserve special recognition as grandparents of an autistic child for their tremendous effort in pulling together these outside groups, along with Deirdre Imus, who, again, devoted an extraordinary

amount of time and energy in bringing all of these disparate groups in the autism community across the country together to work toward a common goal, and that is to authorize an autism coordinator, authorize work and research to be done at NIH that looks into all of the issues regarding autism, including the causes of autism, how to best screen for autism, how to best diagnose autism, and how to best treat autism.

It is one of the few disorders that I am aware of that is so prevalent in America, and we have very few good answers on any one of those issues. It creates enormous amounts of frustration for parents and relatives and friends of children with autism that we just seem to have no answers, and we see an ever-increasing population of autistic children with fewer and fewer answers on how to diagnose, screen, test, and treat these young children.

So tonight is a real landmark. It is a step forward for a community that has been seeking someone to listen to them in Washington. It has been a real honor to work with Senator DODD. He has just been terrific, including tonight, when we ran into a bump and he was able to smooth that bump. We had one on our side. After lots of discussion, and thanks to the leader and his work here, we were able to deal with that, and now we are in a situation where we can move forward and pass this important piece of legislation. I believe the paper work is now ready.

Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 578, S. 843.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 843) to amend the Public Health Service Act to combat autism through research, screening, intervention and education.

There being no objection, the Senate proceeded to consider the bill which was reported from the Committee on Health, Education, Labor and Pensions with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the "Combating Autism Act of 2006".*

#### SEC. 2. ACTIVITIES TO IMPROVE AUTISM-RELATED RESEARCH.

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

#### "SEC. 409C. AUTHORITY OF THE DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH RELATING TO AUTISM.

*"(a) STRATEGIC PLAN FOR AUTISM RESEARCH.—*

*"(1) IN GENERAL.—The Secretary, acting through the Director, shall develop and implement a strategic plan for the conduct and support of research related to autism spectrum disorder.*

*"(2) REQUIREMENTS.—The strategic plan developed under paragraph (1)—*

*"(A) shall—*

*"(i) be updated annually;*

“(ii) take into account the research recommendations of the Interagency Autism Coordinating Committee under section 399CC; and

“(iii) using professional judgment, outline the proposed budgetary requirements of the strategic plan, including specific funding expectations for continued multi-year program activities, as well as new and complementary program activities, subject to the availability of appropriations; and

“(B) may include investigator-initiated research.

“(3) REPORT.—Not later than April 1, 2008, and annually thereafter, the Secretary, acting through the Director, shall prepare and submit to the appropriate committees of Congress a report that contains—

“(A) the strategic plan under paragraph (1) that will be applicable to the upcoming fiscal year; and

“(B) a description of the actual dollar expenditures for autism spectrum disorder during the previous fiscal year.

“(b) EXPANSION, INTENSIFICATION, AND COORDINATION OF ACTIVITIES.—The Secretary, acting through the Director, shall, subject to the availability of appropriations, expand, intensify, and coordinate the activities of the National Institutes of Health with respect to autism spectrum disorder.

“(c) CENTERS OF EXCELLENCE.—

“(1) AUTISM CENTERS OF EXCELLENCE.—

“(A) IN GENERAL.—The Secretary, acting through the Director, shall, subject to the availability of appropriations, award grants or contracts to public or nonprofit private entities to assist such entities in paying all or part of the costs of planning, establishing, improving, and providing basic operating support for centers of excellence concerning research on autism spectrum disorder.

“(B) RESEARCH ACTIVITIES.—A center of excellence that receives funding under this paragraph shall conduct basic and clinical research into autism spectrum disorder. Such research shall—

“(i) be conducted in the fields of developmental neurobiology, genetics, epigenetics, pharmacology, nutrition, immunology, neuroimmunology, neurobehavioral development, endocrinology, gastroenterology, psychopharmacology, or toxicology; and

“(ii) include investigations into the causation, diagnosis or rule out, early detection, prevention, services, supports, or intervention of autism spectrum disorder.

“(C) SERVICES.—

“(i) IN GENERAL.—A center of excellence that receives funding under this paragraph may expend amounts provided under a grant or contract under such paragraph to carry out a program to make individuals aware of opportunities to participate as subjects in research conducted by the center.

“(ii) REFERRALS AND COSTS.—A program carried out under clause (i) may, in accordance with such criteria as the Director may establish, provide to the subjects described in such clause, referrals for health and other services and reimbursement of care for individuals as are required for such research.

“(iii) AVAILABILITY AND ACCESS.—The extent to which a center of excellence that receives funding under this paragraph can demonstrate the availability of and access to clinical services shall be considered by the Director in making decisions concerning the awarding of grants or contracts to applicants that meet the scientific criteria for funding under this section.

“(D) COORDINATION OF CENTERS OF EXCELLENCE.—The Director shall provide for the appropriate coordination of information among centers of excellence that receive funding under this paragraph and ensure regular communication between such centers.

“(E) ORGANIZATION.—A center of excellence that receives funding under this paragraph shall use the facilities of a single institution, or be formed through a consortium of cooperating

institutions, that meets such requirements as may be required by the Director.

“(F) DURATION.—The term of a grant or contract awarded under this paragraph shall not exceed a period of 5 years. Such period may be extended for 1 or more additional periods not exceeding 5 years if the operations of the center of excellence involved have been reviewed by an appropriate technical and scientific peer review group established by the Director and the group has recommended to the Director the extension of such period.

“(G) GEOGRAPHIC DIVERSITY.—The Director shall consider geographic diversity in awarding centers of excellence.

“(2) CENTERS OF EXCELLENCE IN ENVIRONMENTAL HEALTH AND AUTISM.—

“(A) IN GENERAL.—The Director shall, subject to the availability of appropriations, award grants or contracts to public or nonprofit private entities to pay all or part of the cost of planning, establishing, improving, and providing basic operating support for centers of excellence regarding environmental health and autism spectrum disorder.

“(B) RESEARCH.—A center of excellence established under this paragraph shall conduct basic and clinical research of a broad array of environmental factors that may have a possible role in autism spectrum disorder.

“(C) COORDINATION AND ORGANIZATION.—The Secretary, acting through the Director of NIH, shall apply to the centers under this paragraph the same requirements concerning coordination, reporting, and organization as the requirements applied to the centers of excellence under subparagraphs (D), (E), (F), and (G) of paragraph (1).

“(d) COLLECTION AND STORAGE OF DATA.—

“(1) IN GENERAL.—The Secretary, acting through the Director and in coordination with the Director of the Centers for Disease Control and Prevention, shall, subject to the availability of appropriations, establish and provide funding for mechanisms and entities that provide for the collection, storage, coordination, and public availability of data that is collected by the centers of excellence under this section, under section 399AA(b), and under section 409C(c) and, to the extent possible, data generated from public and private research partnerships. In establishing such mechanisms and entities, the Secretary—

“(A) shall ensure that there is data sharing among autism spectrum disorder researchers; and

“(B) may utilize existing facilities.

“(2) FACILITATION OF RESEARCH.—

“(A) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a program under which samples of tissues and genetic and other biological materials that are of use in research on autism spectrum disorder are donated, collected, preserved, and made available for such research.

“(B) ACCEPTED SCIENTIFIC STANDARDS.—The program established under paragraph (1) shall be—

“(i) carried out in accordance with accepted scientific and medical standards for the donation, collection, and preservation of such samples; and

“(ii) conducted so that the tissues and other materials saved, as well as any database compiled from such tissues and materials, are available to researchers at a reasonable cost and on an expedited basis.

“(e) CONSOLIDATION.—The Secretary, acting through the Director, may consolidate program activities under this section if such consolidation would improve program efficiencies and outcomes.

“(f) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—There is authorized to be appropriated—

“(A) \$68,000,000 for fiscal year 2007, \$82,000,000 for fiscal year 2008, \$96,000,000 for fiscal year 2009, \$120,000,000 for fiscal year 2010, and \$134,000,000 for fiscal year 2011, to carry out subsections (a), (b), and (d);

“(B) \$26,000,000 for fiscal year 2007, \$32,500,000 for fiscal year 2008, \$39,000,000 for fiscal year 2009, \$45,500,000 for fiscal year 2010, and \$52,000,000 for fiscal year 2011, to carry out subsection (c)(1); and

“(C) \$6,000,000 for fiscal year 2007, \$7,500,000 for fiscal year 2008, \$9,000,000 for fiscal year 2009, \$10,500,000 for fiscal year 2010, and \$12,000,000 for fiscal year 2011, to carry out subsection (c)(2).

“(2) GENERAL USAGE.—Of the amounts appropriated under subparagraphs (B) and (C) of paragraph (1), not to exceed 5 percent of such amounts may be utilized by the National Institutes of Health for administrative and other expenses.

“(g) SUNSET.—This section shall not apply after September 30, 2011.”.

### SEC. 3. DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.

(a) IN GENERAL.—Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

#### “PART R—PROGRAMS RELATING TO AUTISM

#### “SEC. 399AA. DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.

“(a) AUTISM SPECTRUM DISORDER AND OTHER DEVELOPMENTAL DISABILITIES.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants or cooperative agreements to eligible entities for the collection, analysis, and reporting of State epidemiological data on autism spectrum disorder and other developmental disabilities. An eligible entity shall assist with the development and coordination of State autism spectrum disorder and other developmental disability surveillance efforts within a region. In making such awards, the Secretary may provide direct technical assistance in lieu of cash.

“(2) DATA STANDARDS.—In submitting epidemiological data to the Secretary pursuant to subsection (a), an eligible entity shall report data according to guidelines prescribed by the Director of the Centers for Disease Control and Prevention, after consultation with relevant State and local public health officials, private sector developmental disability researchers, and advocates for individuals with autism spectrum disorder or other developmental disabilities.

“(3) ELIGIBILITY.—To be eligible to receive an award under paragraph (1), an entity shall be a public or nonprofit private entity (including a health department of a State or a political subdivision of a State, a university, or any other educational institution), and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(b) CENTERS OF EXCELLENCE IN AUTISM SPECTRUM DISORDER EPIDEMIOLOGY.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, subject to the availability of appropriations, award grants or cooperative agreements for the establishment of regional centers of excellence in autism spectrum disorder and other developmental disabilities epidemiology for the purpose of collecting and analyzing information on the number, incidence, correlates and causes of autism spectrum disorder and other developmental disabilities.

“(2) REQUIREMENTS.—To be eligible to receive a grant or cooperative agreement under paragraph (1), an entity shall submit to the Secretary an application containing such agreements and information as the Secretary may require, including an agreement that the center to be established under the grant or cooperative agreement shall operate in accordance with the following:

“(A) The center will collect, analyze, and report autism spectrum disorder and other developmental disability data according to guidelines prescribed by the Director of the Centers for Disease Control and Prevention, after consultation with relevant State and local public health officials, private sector developmental disability researchers, and advocates for individuals with developmental disabilities.

“(B) The center will develop or extend an area of special research expertise (including genetics, epigenetics, epidemiological research related to environmental exposures), immunology, and other relevant research specialty areas.

“(C) The center will identify eligible cases and controls through its surveillance system and conduct research into factors which may cause or increase the risk of autism spectrum disorder and other developmental disabilities.

“(c) FEDERAL RESPONSE.—The Secretary shall coordinate the Federal response to requests for assistance from State health, mental health, and education department officials regarding potential or alleged autism spectrum disorder or developmental disability clusters.

“(d) DEFINITIONS.—In this part:

“(1) OTHER DEVELOPMENTAL DISABILITIES.—The term ‘other developmental disabilities’ has the meaning given the term ‘developmental disability’ in section 102(8) of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002(8)).

“(2) STATE.—The term ‘State’ means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, and the Trust Territory of the Pacific Islands.

“(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated, \$15,000,000 for fiscal year 2007, and such sums as may be necessary for each of fiscal years 2008 through 2011.

“(f) SUNSET.—This section shall not apply after September 30, 2011.

**“SEC. 399BB. AUTISM EDUCATION, EARLY DETECTION, AND INTERVENTION.**

“(a) PURPOSE.—It is the purpose of this section—

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

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

“(b) IN GENERAL.—The Secretary shall, subject to the availability of appropriations, establish and evaluate activities to—

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

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

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

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

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

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

“(c) INFORMATION AND EDUCATION.—

“(1) IN GENERAL.—In carrying out subsection (b)(1), the Secretary, in collaboration with the Secretary of Education and the Secretary of Agriculture, shall, subject to the availability of appropriations, provide culturally competent information regarding autism spectrum disorder and other developmental disabilities, risk factors, characteristics, identification, diagnosis or rule out, and evidence-based interventions to meet the needs of individuals with autism spectrum disorder or other developmental disabilities and their families through—

“(A) Federal programs, including—

“(i) the Head Start program;

“(ii) the Early Start program;

“(iii) the Healthy Start program;

“(iv) programs under the Child Care and Development Block Grant Act of 1990;

“(v) programs under title XIX of the Social Security Act (particularly the Medicaid Early and Periodic Screening, Diagnosis and Treatment Program);

“(vi) the program under title XXI of the Social Security Act (the State Children’s Health Insurance Program);

“(vii) the program under title V of the Social Security Act (Maternal and Child Health Block Grant Program);

“(viii) the program under parts B and C of the Individuals with Disabilities Education Act;

“(ix) the special supplemental nutrition program for women, infants, and children established under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786); and

“(x) the State grant program under the Rehabilitation Act of 1973.

“(B) State licensed child care facilities; and

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

“(2) LEAD AGENCY.—

“(A) DESIGNATION.—The governor of a State shall designate a public agency as a lead agency to coordinate the activities provided for under paragraph (1) in the State at the State level.

“(B) INFORMATION.—The Governor or a State, acting through the lead agency under subparagraph (A), shall make available to individuals and their family members, guardians, advocates, or authorized representatives, providers, and other appropriate individuals in the State, comprehensive culturally competent information about State and local resources regarding autism spectrum disorder and other developmental disabilities, risk factors, characteristics, identification, diagnosis or rule out, available services and supports, and evidence-based interventions. Such information shall be provided through—

“(i) toll-free telephone numbers;

“(ii) Internet websites;

“(iii) mailings; or

“(iv) other means as the Governor may require.

“(C) REQUIREMENTS OF AGENCY.—In designating the lead agency under subparagraph (A), the Governor shall—

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

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

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

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

“(d) TOOLS.—

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

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

“(A) programs authorized under the Developmental Disabilities Assistance and Bill of Rights Act of 2000;

“(B) early intervention programs or inter-agency coordinating council’s authorized under part C of the Individuals with Disabilities Education Act; and

“(C) children with special health care needs programs authorized under title V of the Social Security Act.

“(3) REQUIRED SHARING.—In establishing mechanisms and entities under this subsection, the Secretary, and the Secretary of Education, shall ensure the sharing of tools, materials, and products developed under this subsection among entities receiving funding under this section.

“(e) DIAGNOSIS.—

“(1) TRAINING.—The Secretary, in coordination with activities conducted under title V of the Social Security Act, shall, subject to the availability of appropriations, expand existing interdisciplinary training opportunities or opportunities to increase the number of sites able to diagnose or rule out individuals with autism spectrum disorder or other developmental disabilities and ensure that—

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

“(B) trainees under such training programs—

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

“(ii) are culturally competent;

“(iii) are ethnically diverse;

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

“(v) demonstrate an ability to use a family-centered approach; and

“(C) program sites provide culturally competent services.

“(2) TECHNICAL ASSISTANCE.—The Secretary may award one or more grants under this section to provide technical assistance to the network of interdisciplinary training programs.

“(3) BEST PRACTICES.—The Secretary shall promote research into additional valid and reliable tools for shortening the time required to confirm or rule out a diagnosis of autism spectrum disorder or other developmental disabilities and detecting individuals with autism spectrum disorder or other developmental disabilities at an earlier age.

“(f) INTERVENTION.—The Secretary shall promote research, through grants or contracts, to determine the evidence-based practices for interventions for individuals with autism spectrum disorder or other developmental disabilities, develop guidelines for those interventions, and disseminate information related to such research and guidelines.

“(g) **AUTHORIZATION OF APPROPRIATIONS.**—To carry out this section, there is authorized to be appropriated, \$32,000,000 for fiscal year 2007, \$37,000,000 for fiscal year 2008, \$42,000,000 for fiscal year 2009, \$47,000,000 for fiscal year 2010, and \$52,000,000 for fiscal year 2011, of which—

“(1) \$5,000,000 shall be made available in each fiscal year for activities described in subsection (c); and

“(2) \$3,000,000 shall be made available in fiscal year 2007, \$6,000,000 in fiscal year 2008, \$9,000,000 in fiscal year 2009, \$12,000,000 in fiscal year 2010, and \$15,000,000 in fiscal year 2011, for activities described in subsection (f).

“(h) **SUNSET.**—This section shall not apply after September 30, 2011.

“**SEC. 399CC. INTERAGENCY AUTISM COORDINATING COMMITTEE.**

“(a) **ESTABLISHMENT.**—The Secretary shall establish a committee, to be known as the ‘Inter-agency Autism Coordinating Committee’ (in this section referred to as the ‘Committee’), to coordinate all efforts within the Department of Health and Human Services concerning autism spectrum disorder.

“(b) **RESPONSIBILITIES.**—In carrying out its duties under this section, the Committee shall—

“(1) make recommendations concerning the strategic plan described in section 409C(a);

“(2) develop and annually update advances in autism spectrum disorder research related to causes, early screening, diagnosis or rule out, intervention, and access to services and supports for individuals with autism spectrum disorder; and

“(3) make recommendations to the Secretary regarding the public participation in decisions relating to autism spectrum disorder.

“(c) **MEMBERSHIP.**—

“(1) **IN GENERAL.**—The Committee shall be composed of—

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

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

“(C) the heads of such other agencies as the Secretary determines appropriate;

“(D) representatives of other Federal Governmental agencies that serve individuals with autism spectrum disorder such as the Department of Education; and

“(E) the additional members appointed under paragraph (2).

“(2) **ADDITIONAL MEMBERS.**—Not fewer than 6 members of the Committee, or 1/3 of the total membership of the Committee, whichever is greater, shall be composed of non-federal public members to be appointed by the Secretary, of which—

“(A) at least one such member shall be an individual with a diagnosis of autism spectrum disorder;

“(B) at least one such member shall be a parent or legal guardian of an individual with an autism spectrum disorder; and

“(C) at least one such member shall be a representative of leading research, advocacy, and service organizations for individuals with autism spectrum disorder.

“(d) **ADMINISTRATIVE SUPPORT; TERMS OF SERVICE; OTHER PROVISIONS.**—The following provisions shall apply with respect to the Committee:

“(1) The Committee shall receive necessary and appropriate administrative support from the Secretary.

“(2) Members of the Committee appointed under subsection (c)(2) shall serve for a term of 4 years, and may be reappointed for one or more additional 4 year term. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member’s term until a successor has taken office.

“(3) The Committee shall meet at the call of the chairperson or upon the request of the Secretary. The Committee shall meet not fewer than 2 times each year.

“(4) All meetings of the Committee shall be public and shall include appropriate time periods for questions and presentations by the public.

“(e) **COMPENSATION AND EXPENSES.**—Members of the Committee who are officers or employees of the Federal Government shall serve as members of the Committee without compensation in addition to that received in their regular government employment. Other members of the Committee shall receive compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS-18 of the General Schedule for each day (including travel time) they are engaged in the performance of their duties as members of the Committee.

“(f) **SUBCOMMITTEES; ESTABLISHMENT AND MEMBERSHIP.**—In carrying out its functions, the Committee may establish subcommittees and convene workshops and conferences. Such subcommittees shall be composed of Committee members and may hold such meetings as are necessary to enable the subcommittees to carry out their duties.

“(g) **AUTHORIZATION OF APPROPRIATIONS.**—To carry out this section, there is authorized to be appropriated, such sums as may be necessary for each of fiscal years 2007 through 2011.

“(h) **SUNSET.**—This section shall not apply after September 30, 2011 and the Committee shall be terminated on such date.

“**SEC. 399DD. REPORT TO CONGRESS.**

“(a) **IN GENERAL.**—Not later than 4 years after the date of enactment of the Combating Autism Act of 2006, the Secretary, in coordination with the Secretary of Education, shall prepare and submit to the Health, Education, Labor, and Pensions Committee of the Senate and the Energy and Commerce Committee of the House of Representatives a progress report on activities related to autism spectrum disorder and other developmental disabilities.

“(b) **CONTENTS.**—The report submitted under subsection (a) shall contain—

“(1) a description of the progress made in implementing the provisions of the Combating Autism Act of 2006;

“(2) a description of the amounts expended on the implementation of the particular provisions of Combating Autism Act of 2006;

“(3) information on the incidence of autism spectrum disorder and trend data of such incidence since the date of enactment of the Combating Autism Act of 2006;

“(4) information on the average age of diagnosis for children with autism spectrum disorder and other disabilities, including how that age may have changed over the 4-year period beginning on the date of enactment of this Act;

“(5) information on the average age for intervention for individuals diagnosed with autism spectrum disorder and other developmental disabilities, including how that age may have changed over the 4-year period beginning on the date of enactment of this Act;

“(6) information on the average time between initial screening and then diagnosis or rule out for individuals with autism spectrum disorder or other developmental disabilities, as well as information on the average time between diagnosis and evidence-based intervention for individuals with autism spectrum disorder or other developmental disabilities;

“(7) information on the effectiveness and outcomes of interventions for individuals diagnosed with autism spectrum disorder, including by various subtypes, and other developmental disabilities and how the age of the child may affect such effectiveness;

“(8) information on the effectiveness and outcomes of innovative and newly developed intervention strategies for individuals with autism spectrum disorder or other developmental disabilities; and

“(9) information on services and supports provided to individuals with autism spectrum disorder and other developmental disabilities who have reached the age of majority (as defined for purposes of section 615(m) of the Individuals

with Disabilities Education Act (20 U.S.C. 1415(m)).”.

(b) **REPEALS.**—The following sections of the Children’s Health Act of 2000 (Public Law 106-310) are repealed:

(1) Section 101 (42 U.S.C. 247b-4a) relating to research activities at the National Institutes of Health.

(2) Section 102 (42 U.S.C. 247b-4b) relating to the Developmental Disabilities Surveillance and Research Program.

(3) Section 103 (42 U.S.C. 247b-4c) relating to information and education.

(4) Section 104 (42 U.S.C. 247b-4d) relating to the Inter-Agency Autism Coordinating Committee.

(5) Section 105 (42 U.S.C. 247b-4e) relating to reports.

Mr. SANTORUM. Mr. President, before I offer the amendment, if Senator DODD would like to take a few minutes to speak.

Mr. DODD. Mr. President, I will be very brief. The majority leader is here, and my friend from Pennsylvania has very adequately—more than adequately—described the history of this legislation. It has been a journey of some time here to bring this legislation to the point we are this evening, to the final adoption unanimously by this body. I am very grateful, as well, to the chairman of our committee, MIKE ENZI, who has been tremendously helpful, along with Senator KENNEDY and other members of the committee who voted unanimously to report this bill out on a bipartisan basis.

As the Senator from Pennsylvania has pointed out, the majority leader and minority leader have been tremendously helpful, along with the majority and minority leader staffs who have helped us on the Senate floor work through some final little knots on this bill that had to be worked out before we could bring this bill to the consideration of the full body.

There are some very special people who worked very hard. The autism community is a large community. It is a diverse one. There are many points of view that have been represented by various people. It has been critically important that there has been an effort to come together. They have done that in part because of the leadership of Bob and Suzanne Wright, who played a very instrumental role, who are grandparents of an autistic child and who work tirelessly with the organization they helped found, Autism Speaks. Senator SANTORUM also mentioned Deirdre Imus, a constituent of mine in Connecticut, who is tenacious in her commitment to issues she gets involved in and has certainly been tenacious on this one. If there were one individual outside of the Members and staff of this body who worked so hard on this, she probably deserves it more than anyone for keeping the flame burning on this effort on behalf on the autism community.

Mr. President, 1 out of every 166 children in this country are born with autism spectrum disorder. It is a growing

problem, Mr. President. The problem has increased in my own State of Connecticut by close to 1,100 percent since 1993. We don't know exactly what causes this. But this bill will allow us to examine all questions—and I mean every question—arising of what may be provoking this rapid increase in autism. Clearly, our diagnosis, diagnostic efforts, are better today. But that doesn't explain to most of us why the dramatic increases have occurred.

So we believe there may be other reasons out there that deserve full examination and exploration. Certainly, looking at ways to treat this issue is also critically important, how to support these families who have an autistic child. There is a tremendous amount of pressure on families who are confronted with this issue. They handle it very well, and many of these families will tell you that while one may look at it from afar as a disability, in many cases you will be amazed how many view it as somehow a blessing in a way. I know that sounds strange to many of my colleagues to hear this, but for families with autistic children, it is difficult, but it is impressive to see how well they handle this. It is inspirational to watch how many families deal with this issue.

So tonight is a special night. It is late. We have major bills we have just passed on pension reform, and we are not suggesting this bill is more important than that bill in significance, but I want to tell you something. To an awful lot of families out there tonight who don't know anything about this late hour or what has happened here earlier, we are making a difference in their lives, and we may make a huge difference down the road in the lives of future children and families because we may get to the cause of this and make a difference in trying to stem the reach of autism spectrum disorder.

So I am deeply proud we have been involved. We hope we can get, of course, this bill signed into law fairly quickly. But, again, I thank my colleagues. I thank, particularly, Senator SANTORUM, who has been terrific on this issue and who has been a chief sponsor with me, along with the other Members whom I have mentioned.

In conclusion, hundreds of thousands of families across America struggle each and every day with autism spectrum disorder, ASD, one of the fastest-growing developmental disabilities in the United States. While we used to think of ASD as relatively rare, today it is diagnosed at a rate that is 10 times that of a decade ago. In my home State of Connecticut, we have witnessed an increase in diagnoses of ASD of close to 1,100 percent since 1993. What these numbers tell us is that ASD diagnoses are rising at truly alarming rates and we simply must provide more answers to all those affected by this devastating condition. As a nation, we need to support the families that are struggling to raise a child with ASD.

There are many theories as to why the prevalence of ASD has increased.

Some have suggested that it is a reflection of better diagnostic tools and measures. Other theories focus on genetic or environmental factors. But the fact is that when it comes to autism spectrum disorder we just don't know for certain what causes it, we don't know exactly how to diagnose it, and we don't know how best to intervene so that individuals with ASD can achieve their highest potential. It is absolutely vital that we do more for families struggling with this disorder, which is why the Combating Autism Act is so important.

ASD affects as many as 6 out of every 1,000 children, and the economic cost to this country due to autism spectrum disorder is staggering. Healthcare for individuals with ASD over their lifetimes costs an estimated \$35 billion per year. Schooling alone can cost as much as \$100,000 each year. By 2015, the annual cost of care will be about \$300 billion, but we know that this figure can be cut in half with early diagnosis, services, and intervention. As many as 40 percent of new ASD cases are identified in our schools each year, and a child is likely to be nearing his or her 10th birthday before a diagnosis is made. This means that interventions and services that could help these children achieve their full potential are not made available to them during the critical period of early development when interventions are most successful and cost-effective. As a country, we need to do a better job of diagnosing children before they start school. That means training pediatricians, early childhood educators, and day care providers to recognize the early indicators of ASD so that at-risk children are referred to specialists for diagnosis and services as early as practicable.

The Combating Autism Act will promote early detection, early evidence-based interventions, and services for individuals with ASD. It also significantly increases our investment in the National Institutes of Health for autism-related research. This legislation will also reauthorize the epidemiologic surveillance programs at the Centers for Disease Control and Prevention. Most importantly, this legislation will mean answers for the families that have been so deeply affected by ASD. For that reason, more than any other, I am grateful that the Senate is voting to pass the Combating Autism Act today.

I want to thank my colleagues, Senator SANTORUM, Senator ENZI, Senator KENNEDY, and their staffs for their extraordinary hard work on this bill. I also wish to offer my sincere thanks and appreciation to all of the individuals who are personally affected by autism spectrum disorder—and the many advocacy groups who represent them—for their continued dedication and passionate commitment to this legislation. Without their commitment, we would not be here today on the verge of Senate passage of this critical legislation that will greatly advance our Nation's efforts to address the many

issues surrounding autism spectrum disorder and to serve those per \* \* \*

The PRESIDING OFFICER. The majority leader is recognized.

Mr. FRIST. Mr. President, before we move to pass this bill, I, too, want to add my commendation, my thanks, my appreciation, my gratitude to Senator SANTORUM and Senator DODD. I have had the opportunity to work almost daily with Senator SANTORUM on this particular issue and because of his focus and his dedication and hard work, indeed, at 11:15 tonight, we do have a reason to celebrate—celebrate not just for the bill itself but because it is a major step forward for the hundreds and thousands of families across this Nation who are exposed to, are touched by, who celebrate autism, and that this bill itself recognizes we have a long way to go.

It was a year ago that I asked the Government Accountability Office to look at and evaluate our country's efforts to combat autism and to look at the challenges that we have before us. It was 6 years ago that Senator KENNEDY and I cosponsored a bill, the Children's Health Act of 2000. The report was released today, the General Accounting Office report. It states that while Federal funding coordination and research have increased since the Children's Health Act of 2000, there is a significant need for more coordination, for expanded research, for better strategies for education, and indeed for more health care professionals to serve the autism community.

If you wrap all of that up, there is a need for better research, diagnosis, and treatment. And there is a need for a cure.

On the Senate floor we will talk about that need, but it is parents like Brian and Tracy Noll who feel it every day. Brian and Tracy are parents, actually Pennsylvanian parents—referring to my distinguished colleague, the sponsor of this bill—of a 7-year-old son with autism. As an infant, their son Tyler exhibited—this is the usual course—all the normal signs of a healthy baby, a happy baby. But at 18 months Brian started to notice that Tyler would no longer look him in the eye.

Again, as is the custom, after repeated visits to doctors, repeated visits, there was a lot of mystery initially. He was ultimately diagnosed with autism at the age of 3. Today Tyler struggles with communication and coordination, his language and sensory skills are limited. He knows, yes, that he is different from other children, but he really can't understand why. Brian and Tracy see their fun-loving son whose smile lights up the room and they hope for new treatments that will help him lead a normal and productive life. They hope researchers will help cure autism, and, yes, they hope

someday we will understand why. Because of the tremendous work of Senators SANTORUM and DODD, under the chairmanship of Chairman ENZI and Chairman KENNEDY—who I mentioned back from our work together in 2006—we are on the way to that becoming a reality.

It is one of the least understood developmental disorders of our time. The difficulties with communication skills and social skills are well known. But no case is the same. Every case is a little bit different. It covers, as its name suggests, a spectrum of behaviors. Approximately 40 percent of children with autism do not talk. Others will learn to talk but later stop speaking altogether. Some read at an advanced pace. Some have unique athletic abilities. Some will exhibit excellent fine motor skills but will have a great deal of difficulty with the more simple tasks before them.

I think back to 30 years ago when I graduated from medical school: Autism was little talked about as a disorder. But over the next three decades we have watched its incidence steadily grow. That is why, as I mentioned, in the year 2000, Senator KENNEDY and I were compelled to introduce that Children's Health Care Act. The intent was for America to better understand and treat and one day prevent a disorder that had for so long eluded the scientific community as well as the medical and clinical community.

As the GAO report released today highlights, coordination of Federal autism activities in NIH research has increased. Indeed, NIH funding has doubled between 2000 and today. Yet, for as many strides as we made in the last 5 years, one fact remains: There is no cure. We shed more light on autism, but we are still at the very dawn of understanding the disorder and its origins.

As a physician I have witnessed firsthand the power of research—if we invest, if we set up a framework for the appropriate research. And with reason, I harbor hope for a day when autism has a cure.

But that day depends on this body making a commitment.

We have laid a foundation. But today we have an opportunity to build on it by passing the Combating Autism Act, which not only reauthorizes The Children's Health Act of 2000—it addresses the specific challenges laid out in the GAO report. The GAO report highlights that we need greater coordination of Federal autism activities, and this bill ensures it. The report states that surveillance of autism can be improved through better coordination—and this bill ensures it. The report identifies the need for more health care professionals who are trained to interact with autism patients—and this bill ensures it. The report makes clear that because there is no cure and no known cause, research must be continued, and it must be expanded. And this bill ensures it.

For the parents of children with autism, there is so little certainty. There

is no guarantee when they wake up in the morning that it will be a good day for their child. There is no guarantee that their child will learn to talk or to read or interact with his peers. And there is no certainty what the future holds for that child who will one day be an adult.

Today is an opportunity to provide those parents with what little certainty we can.

Today is the opportunity to assure them that we are continuing to push forward for better treatment, for more research, for a greater understanding, and one day, perhaps a cure.

I thank my colleagues Senators SANTORUM and DODD for sponsoring this legislation.

And I am pleased we have passed this important bill.

What we are about to do is a great victory for this body, for the country, and indeed for the parents of children with autism. I am pleased in a few moments we will pass this very important deal.

Both of my colleagues have previously mentioned their relationship with others who have autism. Again, Bob and Susan Wright have been tremendous leaders in their communities, across the country, and indeed globally in fighting autism. A good friend, Phil Geier, who they know very well, a close friend of mine, has been instrumental in shedding that communication, that light on this entity. We can all celebrate today that, because of all their hard work and the leadership of Chairman ENZI, we will be passing that bill shortly.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, I salute the source of this effort for their hard work, Senator SANTORUM, Senator DODD, and many others, and ask unanimous consent my name be added as a cosponsor.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Wyoming.

Mr. ENZI. Mr. President, I want to take a moment to add my congratulations to the people who have had a key role in doing this bill. First of all, I want to recognize the leader, who always inspires us on a lot of these issues and then provides the time for us to be able to do it as well—not only on this but on the pensions bill. He has to handle a lot of strategy and a lot of different personalities and does just a marvelous job moving the whole body along.

I primarily want to thank Senator DODD and Senator SANTORUM for bringing this to our committee and working it diligently. I also thank them for sending all the different people to see me who had an interest in this bill, who had a number of different likes and wants and needs. They are to be commended for the tremendous effort they put into making sure that some day we have a solution to autism.

It is the most diligent-working bunch of people I think I have ever been asso-

ciated with. They are also at the very beginning of a process, it seems. We need to expedite that process. This bill will help to get that done.

Senator SANTORUM has just been a real leader on this issue and probably understands it better than anybody that I have worked with and has worked through all the difficulties of the last-minute kinds of changes.

I thank all of you for getting this for America. One of the things this bill does is help people understand autism better. It is relatively unknown. This elevates it. As we continue to do that, we will get solutions. I thank all of you for doing that.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SANTORUM. Mr. President, I thank Senator ENZI for just the tremendous commitment that he and Senator KENNEDY made to being patient and working through the months of time it took to bring this bill together.

I know his intention was to move a comprehensive reform of the NIH, and he made an exception for this piece of legislation. Senator DODD and I thank both Senator ENZI and Senator KENNEDY for breaking ranks, making sure we could move this as a separate piece of legislation, apart from the overall reauthorization of NIH.

I want to say to the leader, as Senator ENZI said, we wouldn't be here if it were not for your commitment to get this bill done. I know Senator REID, with whom I spoke just a few minutes ago, said: This is a very important bill to me; this is something I want to see done. We worked through the bumps here right at the end to get that done thanks to you, our two leaders.

Up until the very end this has been a difficult process, but we are here. Having worked on a lot of bills, I have been very blessed in the time that I have been here. I have had my share of legislative successes and bills I have worked on and worked hard on to make a difference. I can't think of any piece of legislation that I will feel better about as I reflect back on what I have accomplished here than what we have done tonight.

People who are dealing with children with autism are a special group of people. Senator DODD laid that out very eloquently. They are a special group of people who are, in many cases, just more determined to be able to solve this enigma that is in their family, this disorder about which they just can't seem to get the answers they need.

I always say when I meet with a group of autistic kids and their parents, the commonality in every one of those meetings is tears. In most cases, we are talking to parents who are very, very stressed out and really sort of at their wits end as to how to grapple with this problem. Tonight, hopefully, we will begin the process of drying those tears and creating hope for a whole group of Americans and their

families who deserve better answers than what we are getting from the medical community today.

One final note. I want to say that Senator DODD, I think, referred to Deirdre Imus as the flame that just burned. I say, then her husband is the torch that is burning many places—many parts of our body at times, in getting this legislation through. Don Imus deserves, certainly, his credit for taking this issue on in a very public way and, because of what he does on the radio, increasing public awareness about this disorder and making a contribution to this effort that we are seeing successful tonight. But also the effort improving awareness of this order.

I am happy to yield to Senator DODD.

Mr. DODD. Mr. President, I suspect that Don Imus is so dedicated to raising awareness of this issues because of the work of his wife. That is why he does this, more than anything else. We are delighted to have both of their support and commitment to this important issue.

On my own staff, I wish to thank Jim Fenton, Tamar Magarik, and Elizabeth Hoffman; Jen Vesev with Senator SANTORUM; Shana Christrup and Steve Northrup of Chairman ENZI's staff, and Caya Lewis with Ranking Member KENNEDY's staff.

We have had some wonderful people on all sides work on this, and I am pleased to recognize them and add their names to the RECORD.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SANTORUM. Mr. President, I earlier thanked my staff member, Jen Vesev, and I want to reiterate that. I really cannot tell you how much credit she deserves for this legislation and the enormous amount of time she spent in pulling this altogether. As Senator DODD mentioned staff again, I thought it was important for everyone who is working out there in the autism community to understand what a champion you have in Jen Vesev, who is on my staff.

I ask unanimous consent that Senator CHAMBLISS and Senator THUNE be added as cosponsors to the legislation.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SANTORUM. Mr. President, I understand there is an amendment at the desk. Let me explain what this amendment does before I ask consent it be adopted and the bill be passed, because I know people are going to hear that this bill passed and passed with an amendment and they are going to wonder what the amendment is and whether this does anything to change the bill.

The amendment is as a result of one of the bumps that we ran into tonight, trying to get this bill passed unanimously. It is not easy to get the Senate to do anything unanimously, particularly anything complex, and this is a very lengthy piece of legislation that has a lot of complexity to it.

We had one issue brought up by a Member with respect to the increase in

the amount of authorization for research. That Member thought that number was excessive and was going to object to the consideration of the bill tonight unless we were able to do something about that authorization number. In order to get the legislation adopted—because, again, there would have been objection tonight and that objection would have carried into the fall, and with a very short timeframe the likelihood of that bill being able to pass this fall and be considered by the House and then passed and sent to the President would have been highly unlikely—so I was able to negotiate with this Senator to reduce the level of authorization, the increase, from \$100 million in the area of research in the NIH to \$200 million—which is what the bill calls for—from \$100 million to \$150 million. Instead of the research going up \$20 million a year for 5 years up to \$200 million in the final year, it will go up at \$10 million a year to \$150 million in the final year. Again, still a sizable increase.

It is a 50 percent increase in funding over 5 years in the authorization. If you look at what we are doing here in the Senate these days, we are not increasing funding for many programs at 50 percent. So it is not all we had hoped, not all we had wanted, but it is better than nothing. Unfortunately, with the late hour of this bill being brought up, nothing was a real alternative and not a pleasant one.

As a result, that is the amendment we will be considering here in a moment. After the amendment is adopted, then the bill will be passed. We will send the bill over to the House and hope that when the House returns in September and is willing to bring up this legislation, pass it as it is, and send it on to the President so we can get moving on finding a cure for the autism spectrum disorder.

Mr. ENZI. Mr. President, I rise today in support of S. 843, the Combating Autism Act. I am pleased to note that the Senate will pass this bill today.

This legislation, which was recently reported out of the Senate Health, Education, Labor, and Pensions Committee, focuses on expanding autism spectrum disorder research and coordination at the National Institutes of Health, NIH. It also increases awareness of autism spectrum disorder and its symptoms through the Centers for Disease Control and Prevention, CDC. Additionally, the bill integrates our various health, education, and disability programs that serve individuals and families affected by autism spectrum disorder and ensures that the community of people affected by this disorder have a voice in all of this.

No one knows exactly how many individuals are affected by autism spectrum disorder, but some studies suggest it could be as high as 1 out of every 166 American individuals.

But there are many things we do know about autism spectrum disorder. We know we need to begin intervention as early as possible to help individuals

with autism spectrum disorder reach their full potential. And given the importance of early intervention, we need further research into the possible causes of autism spectrum disorder.

We need to understand more about the various forms of autism spectrum disorder to improve our ability to provide the right kinds of intervention and support. And, we need to provide better integration of the health, education, and disability programs already available to meet the increased demand for these interventions, supports and services.

I believe the "Combating Autism Act" is an important step toward addressing these needs and finding some solutions that will improve the lives of individuals and families whose daily lives have been turned upside down by autism spectrum disorder.

This bill is the result of a tremendous amount of work across party lines. I want to thank the original bill cosponsors, Senators SANTORUM and DODD for introducing this legislation and for working with me to fine-tune it. I would also like to express my deep appreciation and thanks to the ranking member, Senator KENNEDY, for his hard work during this process. Of course, in providing thanks to the members, I would be remiss if I did not mention the staff. Specifically, I want to thank Jen Vesev with Senator SANTORUM; Jim Fenton, Ben Berwick, Tamar Magarik, and Elizabeth Hoffman with Senator DODD, and Caya Lewis with Senator KENNEDY's office, as well as my staff—Steve Northrup, Aaron Bishop, Tec Chapman, Martina Bebin, and Shana Christrup.

I also want to thank the various groups and individuals who work on behalf of individuals and families affected by autism spectrum disorder. I appreciate the way in which this community of advocates has come together to work with me and my colleagues on this. If they had not worked together so well—with each other and with us as our Committee worked on this bill—I doubt we would be here today.

Mr. SANTORUM. Mr. President, first let me express my sincere gratitude to Chairman ENZI and your staff for investing so much time and thoughtful effort in this important legislation, as well as thank Senators DODD and KENNEDY, and their staffs. Few things are more important than the health and happiness of our Nation's children, and the Combating Autism Act will go a long way to helping those diagnosed with autism live up to their full potential. We have a tremendous opportunity to make a real difference in the lives of children with autism and their families. This Federal investment will lead to better understanding of autism, increase awareness, diagnosis and intervention—all things that will make a profound impact on families struggling for answers and hope.

Autism raises complex and emotional issues. All of us who worked so hard on

this legislation sought to keep the primary focus of the bill on autism research and awareness. However, in addressing the key issues within S. 843, some have raised concerns regarding a potential link between vaccines, vaccine components, such as thimerosal, and autism. Can the Chairman clarify his position on this issue?

Mr. ENZI. Mr. President, I am happy to do so. In 2004 the Institute of Medicine's Immunization Safety Review Committee concluded that the body of epidemiological evidence "favors rejection of a causal relationship between the MMR vaccine and autism spectrum disorder" and also "favors rejection of a causal relationship between thimerosal-containing vaccines and autism spectrum disorder." The IOM committee also found that "potential biological mechanisms for vaccine-induced autism spectrum disorder that have been generated to date are theoretical only."

However, the IOM committee also acknowledged that "[a]bsent biomarkers, well-defined risk factors, or large effect sizes, the committee cannot rule out, based on the epidemiological evidence, the possibility that vaccines contribute to autism spectrum disorder in some small subset or very unusual circumstances." The IOM committee also noted that "experiments showing effects of thimerosal on biochemical pathways in cell culture systems and showing abnormalities in the immune system or metal metabolism in people with autism spectrum disorder are provocative," and suggested that "the autism spectrum disorder research community should consider the appropriate composition of the autism spectrum disorder research portfolio with some of these new findings in mind."

I agree with the IOM committee's recommendation that "available funding for autism spectrum disorder research be channeled to the most promising areas." The HELP Committee reported this bill without making the determination for the autism spectrum disorder research community of what are the "most promising areas" for investigation. Instead, the bill reported by the HELP Committee contemplates key research activities, including environmental research, that focus on a broad range of potential contributing factors, with meaningful public involvement and advice in setting the research agenda.

However, I want to be clear that, for the purposes of biomedical research, no research avenue should be eliminated, including biomedical research examining potential links between vaccines, vaccine components, and autism spectrum disorder. Thus, I hope that the National Institutes of Health will consider broad research avenues into this critical area, within the Autism Centers of Excellence as well as the Centers of Excellence for Environmental Health and Autism. No stone should remain unturned in trying to learn more about this baffling disorder, especially given how little we know.

I also want to note that this broad statement is appropriately limited to biomedical and not epidemiological research. Although S. 843 provides for specific centers of excellence to examine epidemiological issues related to autism spectrum disorder, there is currently no expectation that the Centers for Disease Control and Prevention should further pursue additional epidemiological research regarding the link between autism spectrum disorder and vaccines or vaccine components, unless new biomedical research provides additional information about specific at-risk subpopulations. At this point, given what we know and what has already been done in this area, no new epidemiological research is required.

Mr. SANTORUM. I agree with the comments of the chairman. I thank him for clarifying, and again for all of his hard work on this legislation.

Mr. KENNEDY. I also agree with the comments of the chairman.

Mr. DODD. As my colleagues are well aware, the prevalence of ASD in the U.S. is 10 times greater than a decade ago. In my own State of Connecticut, ASD diagnoses have increased by close to 1100 percent since 1993. What these numbers tell us is that ASD diagnoses are rising at truly alarming rates and we simply must provide more answer to all those affected by this devastating condition.

We must also create a larger pool of experts in the field so that families can be directed to nearby specialty clinics for confirmation of diagnosis, care and services. Waiting lists at the Nation's top developmental disability centers are as long as 2 to 3 years, and families are often forced to travel far from home to receive needed care and to participate in clinical research studies. Increasing the number of trained physicians and allied health professionals who can provide a medical home for individuals with ASD will enable all those affected to receive the optimal and timely care that they deserve.

It is my sincere hope and expectation that by expanding the federal response to ASD and other developmental disabilities through the Combating Autism Act, we will see improved research on ASD, including its causes, and families across America will get the services they so urgently need. In our search for the cause of this growing developmental disability, we should close no doors on promising avenues of research. Through the Combating Autism Act, all biomedical research opportunities on ASD can be pursued, and they include environmental research examining potential links between vaccines, vaccine components and ASD.

Mr. SANTORUM. I ask unanimous consent that the amendment at the desk be agreed to, the committee-reported amendment, as amended, be agreed to, the bill, as amended, be read a third time and passed, and the motion to reconsider be laid upon table and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER (Mr. BURR). Without objection, it is so ordered.

The amendment (No. 4878) was agreed to, as follows:

On page 39, line 20, strike "2007" through page 40, line 5 and insert:

"(A) \$68,000,000 for fiscal year 2007, \$74,500,000 for fiscal year 2008, \$81,000,000 for fiscal year 2009, \$87,500,000 for fiscal year 2010, and \$94,000,000 for fiscal year 2011, to carry out subsections (a), (b), and (d);

"(B) \$24,000,000 for fiscal year 2007, \$30,500,000 for fiscal year 2008, \$37,000,000 for fiscal year 2009, \$43,500,000 for fiscal year 2010, and \$50,000,000 for fiscal year 2011, to carry out subsection (c)(1); and

The committee amendment in the nature of a substitute, as amended, was agreed to.

The bill was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 843

*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 Act of 2006".

**SEC. 2. ACTIVITIES TO IMPROVE AUTISM-RELATED RESEARCH.**

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

**"SEC. 409C. AUTHORITY OF THE DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH RELATING TO AUTISM.**

"(a) STRATEGIC PLAN FOR AUTISM RESEARCH.—

"(1) IN GENERAL.—The Secretary, acting through the Director, shall develop and implement a strategic plan for the conduct and support of research related to autism spectrum disorder.

"(2) REQUIREMENTS.—The strategic plan developed under paragraph (1)—

"(A) shall—

"(i) be updated annually;

"(ii) take into account the research recommendations of the Interagency Autism Coordinating Committee under section 399CC; and

"(iii) using professional judgment, outline the proposed budgetary requirements of the strategic plan, including specific funding expectations for continued multi-year program activities, as well as new and complementary program activities, subject to the availability of appropriations; and

"(B) may include investigator-initiated research.

"(3) REPORT.—Not later than April 1, 2008, and annually thereafter, the Secretary, acting through the Director, shall prepare and submit to the appropriate committees of Congress a report that contains—

"(A) the strategic plan under paragraph (1) that will be applicable to the upcoming fiscal year; and

"(B) a description of the actual dollar expenditures for autism spectrum disorder during the previous fiscal year.

"(b) EXPANSION, INTENSIFICATION, AND COORDINATION OF ACTIVITIES.—The Secretary, acting through the Director, shall, subject to the availability of appropriations, expand, intensify, and coordinate the activities of the National Institutes of Health with respect to autism spectrum disorder.

"(c) CENTERS OF EXCELLENCE.—

"(1) AUTISM CENTERS OF EXCELLENCE.—

"(A) IN GENERAL.—The Secretary, acting through the Director, shall, subject to the availability of appropriations, award grants

or contracts to public or nonprofit private entities to assist such entities in paying all or part of the costs of planning, establishing, improving, and providing basic operating support for centers of excellence concerning research on autism spectrum disorder.

“(B) RESEARCH ACTIVITIES.—A center of excellence that receives funding under this paragraph shall conduct basic and clinical research into autism spectrum disorder. Such research shall—

“(i) be conducted in the fields of developmental neurobiology, genetics, epigenetics, pharmacology, nutrition, immunology, neuroimmunology, neurobehavioral development, endocrinology, gastroenterology, psychopharmacology, or toxicology; and

“(ii) include investigations into the causation, diagnosis or rule out, early detection, prevention, services, supports, or intervention of autism spectrum disorder.

“(C) SERVICES.—

“(i) IN GENERAL.—A center of excellence that receives funding under this paragraph may expend amounts provided under a grant or contract under such paragraph to carry out a program to make individuals aware of opportunities to participate as subjects in research conducted by the center.

“(ii) REFERRALS AND COSTS.—A program carried out under clause (i) may, in accordance with such criteria as the Director may establish, provide to the subjects described in such clause, referrals for health and other services and reimbursement of care for individuals as are required for such research.

“(iii) AVAILABILITY AND ACCESS.—The extent to which a center of excellence that receives funding under this paragraph can demonstrate the availability of and access to clinical services shall be considered by the Director in making decisions concerning the awarding of grants or contracts to applicants that meet the scientific criteria for funding under this section.

“(D) COORDINATION OF CENTERS OF EXCELLENCE.—The Director shall provide for the appropriate coordination of information among centers of excellence that receive funding under this paragraph and ensure regular communication between such centers.

“(E) ORGANIZATION.—A center of excellence that receives funding under this paragraph shall use the facilities of a single institution, or be formed through a consortium of cooperating institutions, that meets such requirements as may be required by the Director.

“(F) DURATION.—The term of a grant or contract awarded under this paragraph shall not exceed a period of 5 years. Such period may be extended for 1 or more additional periods not exceeding 5 years if the operations of the center of excellence involved have been reviewed by an appropriate technical and scientific peer review group established by the Director and the group has recommended to the Director the extension of such period.

“(G) GEOGRAPHIC DIVERSITY.—The Director shall consider geographic diversity in awarding centers of excellence.

“(2) CENTERS OF EXCELLENCE IN ENVIRONMENTAL HEALTH AND AUTISM.—

“(A) IN GENERAL.—The Director shall, subject to the availability of appropriations, award grants or contracts to public or nonprofit private entities to pay all or part of the cost of planning, establishing, improving, and providing basic operating support for centers of excellence regarding environmental health and autism spectrum disorder.

“(B) RESEARCH.—A center of excellence established under this paragraph shall conduct basic and clinical research of a broad array of environmental factors that may have a possible role in autism spectrum disorder.

“(C) COORDINATION AND ORGANIZATION.—The Secretary, acting through the Director of NIH, shall apply to the centers under this paragraph the same requirements concerning coordination, reporting, and organization as the requirements applied to the centers of excellence under subparagraphs (D), (E), (F), and (G) of paragraph (1).

“(d) COLLECTION AND STORAGE OF DATA.—

“(1) IN GENERAL.—The Secretary, acting through the Director and in coordination with the Director of the Centers for Disease Control and Prevention, shall, subject to the availability of appropriations, establish and provide funding for mechanisms and entities that provide for the collection, storage, coordination, and public availability of data that is collected by the centers of excellence under this section, under section 399AA(b), and under section 409C(c) and, to the extent possible, data generated from public and private research partnerships. In establishing such mechanisms and entities, the Secretary—

“(A) shall ensure that there is data sharing among autism spectrum disorder researchers; and

“(B) may utilize existing facilities.

“(2) FACILITATION OF RESEARCH.—

“(A) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a program under which samples of tissues and genetic and other biological materials that are of use in research on autism spectrum disorder are donated, collected, preserved, and made available for such research.

“(B) ACCEPTED SCIENTIFIC STANDARDS.—The program established under paragraph (1) shall be—

“(i) carried out in accordance with accepted scientific and medical standards for the donation, collection, and preservation of such samples; and

“(ii) conducted so that the tissues and other materials saved, as well as any database compiled from such tissues and materials, are available to researchers at a reasonable cost and on an expedited basis.

“(e) CONSOLIDATION.—The Secretary, acting through the Director, may consolidate program activities under this section if such consolidation would improve program efficiencies and outcomes.

“(f) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—There is authorized to be appropriated—

“(A) \$68,000,000 for fiscal year 2007, \$74,500,000 for fiscal year 2008, \$81,000,000 for fiscal year 2009, \$87,500,000 for fiscal year 2010, and \$94,000,000 for fiscal year 2011, to carry out subsections (a), (b), and (d);

“(B) \$24,000,000 for fiscal year 2007, \$30,500,000 for fiscal year 2008, \$37,000,000 for fiscal year 2009, \$43,500,000 for fiscal year 2010, and \$50,000,000 for fiscal year 2011, to carry out subsection (c)(1); and

“(C) \$6,000,000 for fiscal year 2007, \$7,500,000 for fiscal year 2008, \$9,000,000 for fiscal year 2009, \$10,500,000 for fiscal year 2010, and \$12,000,000 for fiscal year 2011, to carry out subsection (c)(2).

“(2) GENERAL USAGE.—Of the amounts appropriated under subparagraphs (B) and (C) of paragraph (1), not to exceed 5 percent of such amounts may be utilized by the National Institutes of Health for administrative and other expenses.

“(g) SUNSET.—This section shall not apply after September 30, 2011.”

### SEC. 3. DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.

(a) IN GENERAL.—Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

### “PART R—PROGRAMS RELATING TO AUTISM

#### “SEC. 399AA. DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.

“(a) AUTISM SPECTRUM DISORDER AND OTHER DEVELOPMENTAL DISABILITIES.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants or cooperative agreements to eligible entities for the collection, analysis, and reporting of State epidemiological data on autism spectrum disorder and other developmental disabilities. An eligible entity shall assist with the development and coordination of State autism spectrum disorder and other developmental disability surveillance efforts within a region. In making such awards, the Secretary may provide direct technical assistance in lieu of cash.

“(2) DATA STANDARDS.—In submitting epidemiological data to the Secretary pursuant to subsection (a), an eligible entity shall report data according to guidelines prescribed by the Director of the Centers for Disease Control and Prevention, after consultation with relevant State and local public health officials, private sector developmental disability researchers, and advocates for individuals with autism spectrum disorder or other developmental disabilities.

“(3) ELIGIBILITY.—To be eligible to receive an award under paragraph (1), an entity shall be a public or nonprofit private entity (including a health department of a State or a political subdivision of a State, a university, or any other educational institution), and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(b) CENTERS OF EXCELLENCE IN AUTISM SPECTRUM DISORDER EPIDEMIOLOGY.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, subject to the availability of appropriations, award grants or cooperative agreements for the establishment of regional centers of excellence in autism spectrum disorder and other developmental disabilities epidemiology for the purpose of collecting and analyzing information on the number, incidence, correlates and causes of autism spectrum disorder and other developmental disabilities.

“(2) REQUIREMENTS.—To be eligible to receive a grant or cooperative agreement under paragraph (1), an entity shall submit to the Secretary an application containing such agreements and information as the Secretary may require, including an agreement that the center to be established under the grant or cooperative agreement shall operate in accordance with the following:

“(A) The center will collect, analyze, and report autism spectrum disorder and other developmental disability data according to guidelines prescribed by the Director of the Centers for Disease Control and Prevention, after consultation with relevant State and local public health officials, private sector developmental disability researchers, and advocates for individuals with developmental disabilities.

“(B) The center will develop or extend an area of special research expertise (including genetics, epigenetics, epidemiological research related to environmental exposures), immunology, and other relevant research specialty areas.

“(C) The center will identify eligible cases and controls through its surveillance system and conduct research into factors which may cause or increase the risk of autism spectrum disorder and other developmental disabilities.

“(c) FEDERAL RESPONSE.—The Secretary shall coordinate the Federal response to requests for assistance from State health, mental health, and education department officials regarding potential or alleged autism spectrum disorder or developmental disability clusters.

“(d) DEFINITIONS.—In this part:

“(1) OTHER DEVELOPMENTAL DISABILITIES.—The term ‘other developmental disabilities’ has the meaning given the term ‘developmental disability’ in section 102(8) of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002(8)).

“(2) STATE.—The term ‘State’ means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, and the Trust Territory of the Pacific Islands.

“(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated, \$15,000,000 for fiscal year 2007, and such sums as may be necessary for each of fiscal years 2008 through 2011.

“(f) SUNSET.—This section shall not apply after September 30, 2011.

**“SEC. 399BB. AUTISM EDUCATION, EARLY DETECTION, AND INTERVENTION.**

“(a) PURPOSE.—It is the purpose of this section—

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

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

“(b) IN GENERAL.—The Secretary shall, subject to the availability of appropriations, establish and evaluate activities to—

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

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

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

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

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

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

“(c) INFORMATION AND EDUCATION.—

“(1) IN GENERAL.—In carrying out subsection (b)(1), the Secretary, in collaboration with the Secretary of Education and the Secretary of Agriculture, shall, subject to the availability of appropriations, provide culturally competent information regarding autism spectrum disorder and other developmental disabilities, risk factors, characteris-

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

“(A) Federal programs, including—

“(i) the Head Start program;

“(ii) the Early Start program;

“(iii) the Healthy Start program;

“(iv) programs under the Child Care and Development Block Grant Act of 1990;

“(v) programs under title XIX of the Social Security Act (particularly the Medicaid Early and Periodic Screening, Diagnosis and Treatment Program);

“(vi) the program under title XXI of the Social Security Act (the State Children’s Health Insurance Program);

“(vii) the program under title V of the Social Security Act (Maternal and Child Health Block Grant Program);

“(viii) the program under parts B and C of the Individuals with Disabilities Education Act;

“(ix) the special supplemental nutrition program for women, infants, and children established under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786); and

“(x) the State grant program under the Rehabilitation Act of 1973.

“(B) State licensed child care facilities; and

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

“(2) LEAD AGENCY.—

“(A) DESIGNATION.—The governor of a State shall designate a public agency as a lead agency to coordinate the activities provided for under paragraph (1) in the State at the State level.

“(B) INFORMATION.—The Governor or a State, acting through the lead agency under subparagraph (A), shall make available to individuals and their family members, guardians, advocates, or authorized representatives, providers, and other appropriate individuals in the State, comprehensive culturally competent information about State and local resources regarding autism spectrum disorder and other developmental disabilities, risk factors, characteristics, identification, diagnosis or rule out, available services and supports, and evidence-based interventions. Such information shall be provided through—

“(i) toll-free telephone numbers;

“(ii) Internet websites;

“(iii) mailings; or

“(iv) other means as the Governor may require.

“(C) REQUIREMENTS OF AGENCY.—In designating the lead agency under subparagraph (A), the Governor shall—

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

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

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

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

“(d) TOOLS.—

“(1) IN GENERAL.—To promote the use of valid and reliable screening tools for autism spectrum disorder and other developmental disabilities, the Secretary shall develop a

curriculum for continuing education to assist individuals in recognizing the need for valid and reliable screening tools and the use of such tools.

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

“(A) programs authorized under the Developmental Disabilities Assistance and Bill of Rights Act of 2000;

“(B) early intervention programs or inter-agency coordinating council’s authorized under part C of the Individuals with Disabilities Education Act; and

“(C) children with special health care needs programs authorized under title V of the Social Security Act.

“(3) REQUIRED SHARING.—In establishing mechanisms and entities under this subsection, the Secretary, and the Secretary of Education, shall ensure the sharing of tools, materials, and products developed under this subsection among entities receiving funding under this section.

“(e) DIAGNOSIS.—

“(1) TRAINING.—The Secretary, in coordination with activities conducted under title V of the Social Security Act, shall, subject to the availability of appropriations, expand existing interdisciplinary training opportunities or opportunities to increase the number of sites able to diagnose or rule out individuals with autism spectrum disorder or other developmental disabilities and ensure that—

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

“(B) trainees under such training programs—

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

“(ii) are culturally competent;

“(iii) are ethnically diverse;

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

“(v) demonstrate an ability to use a family-centered approach; and

“(C) program sites provide culturally competent services.

“(2) TECHNICAL ASSISTANCE.—The Secretary may award one or more grants under this section to provide technical assistance to the network of interdisciplinary training programs.

“(3) BEST PRACTICES.—The Secretary shall promote research into additional valid and reliable tools for shortening the time required to confirm or rule out a diagnosis of autism spectrum disorder or other developmental disabilities and detecting individuals with autism spectrum disorder or other developmental disabilities at an earlier age.

“(f) INTERVENTION.—The Secretary shall promote research, through grants or contracts, to determine the evidence-based practices for interventions for individuals with

autism spectrum disorder or other developmental disabilities, develop guidelines for those interventions, and disseminate information related to such research and guidelines.

“(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated, \$32,000,000 for fiscal year 2007, \$37,000,000 for fiscal year 2008, \$42,000,000 for fiscal year 2009, \$47,000,000 for fiscal year 2010, and \$52,000,000 for fiscal year 2011, of which—

“(1) \$5,000,000 shall be made available in each fiscal year for activities described in subsection (c); and

“(2) \$3,000,000 shall be made available in fiscal year 2007, \$6,000,000 in fiscal year 2008, \$9,000,000 in fiscal year 2009, \$12,000,000 in fiscal year 2010, and \$15,000,000 in fiscal year 2011, for activities described in subsection (f).

“(h) SUNSET.—This section shall not apply after September 30, 2011.

**“SEC. 399CC. INTERAGENCY AUTISM COORDINATING COMMITTEE.**

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

“(b) RESPONSIBILITIES.—In carrying out its duties under this section, the Committee shall—

“(1) make recommendations concerning the strategic plan described in section 409C(a);

“(2) develop and annually update advances in autism spectrum disorder research related to causes, early screening, diagnosis or rule out, intervention, and access to services and supports for individuals with autism spectrum disorder; and

“(3) make recommendations to the Secretary regarding the public participation in decisions relating to autism spectrum disorder.

“(c) MEMBERSHIP.—

“(1) IN GENERAL.—The Committee shall be composed of—

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

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

“(C) the heads of such other agencies as the Secretary determines appropriate;

“(D) representatives of other Federal Governmental agencies that serve individuals with autism spectrum disorder such as the Department of Education; and

“(E) the additional members appointed under paragraph (2).

“(2) ADDITIONAL MEMBERS.—Not fewer than 6 members of the Committee, or 1/3 of the total membership of the Committee, whichever is greater, shall be composed of non-federal public members to be appointed by the Secretary, of which—

“(A) at least one such member shall be an individual with a diagnosis of autism spectrum disorder;

“(B) at least one such member shall be a parent or legal guardian of an individual with an autism spectrum disorder; and

“(C) at least one such member shall be a representative of leading research, advocacy, and service organizations for individuals with autism spectrum disorder.

“(d) ADMINISTRATIVE SUPPORT; TERMS OF SERVICE; OTHER PROVISIONS.—The following provisions shall apply with respect to the Committee:

“(1) The Committee shall receive necessary and appropriate administrative support from the Secretary.

“(2) Members of the Committee appointed under subsection (c)(2) shall serve for a term of 4 years, and may be reappointed for one or more additional 4 year term. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member’s term until a successor has taken office.

“(3) The Committee shall meet at the call of the chairperson or upon the request of the Secretary. The Committee shall meet not fewer than 2 times each year.

“(4) All meetings of the Committee shall be public and shall include appropriate time periods for questions and presentations by the public.

“(e) COMPENSATION AND EXPENSES.—Members of the Committee who are officers or employees of the Federal Government shall serve as members of the Committee without compensation in addition to that received in their regular government employment. Other members of the Committee shall receive compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS-18 of the General Schedule for each day (including travel time) they are engaged in the performance of their duties as members of the Committee.

“(f) SUBCOMMITTEES; ESTABLISHMENT AND MEMBERSHIP.—In carrying out its functions, the Committee may establish subcommittees and convene workshops and conferences. Such subcommittees shall be composed of Committee members and may hold such meetings as are necessary to enable the subcommittees to carry out their duties.

“(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated, such sums as may be necessary for each of fiscal years 2007 through 2011.

“(h) SUNSET.—This section shall not apply after September 30, 2011 and the Committee shall be terminated on such date.

**“SEC. 399DD. REPORT TO CONGRESS.**

“(a) IN GENERAL.—Not later than 4 years after the date of enactment of the Combating Autism Act of 2006, the Secretary, in coordination with the Secretary of Education, shall prepare and submit to the Health, Education, Labor, and Pensions Committee of the Senate and the Energy and Commerce Committee of the House of Representatives a progress report on activities related to autism spectrum disorder and other developmental disabilities.

“(b) CONTENTS.—The report submitted under subsection (a) shall contain—

“(1) a description of the progress made in implementing the provisions of the Combating Autism Act of 2006;

“(2) a description of the amounts expended on the implementation of the particular provisions of Combating Autism Act of 2006;

“(3) information on the incidence of autism spectrum disorder and trend data of such incidence since the date of enactment of the Combating Autism Act of 2006;

“(4) information on the average age of diagnosis for children with autism spectrum disorder and other disabilities, including how that age may have changed over the 4-year period beginning on the date of enactment of this Act;

“(5) information on the average age for intervention for individuals diagnosed with autism spectrum disorder and other developmental disabilities, including how that age may have changed over the 4-year period beginning on the date of enactment of this Act;

“(6) information on the average time between initial screening and then diagnosis or rule out for individuals with autism spectrum disorder or other developmental disabilities, as well as information on the average time between diagnosis and evidence-based intervention for individuals with au-

tism spectrum disorder or other developmental disabilities;

“(7) information on the effectiveness and outcomes of interventions for individuals diagnosed with autism spectrum disorder, including by various subtypes, and other developmental disabilities and how the age of the child may affect such effectiveness;

“(8) information on the effectiveness and outcomes of innovative and newly developed intervention strategies for individuals with autism spectrum disorder or other developmental disabilities; and

“(9) information on services and supports provided to individuals with autism spectrum disorder and other developmental disabilities who have reached the age of majority (as defined for purposes of section 615(m) of the Individuals with Disabilities Education Act (20 U.S.C. 1415(m))).”

(b) REPEALS.—The following sections of the Children’s Health Act of 2000 (Public Law 106-310) are repealed:

(1) Section 101 (42 U.S.C. 247b-4a) relating to research activities at the National Institutes of Health.

(2) Section 102 (42 U.S.C. 247b-4b) relating to the Developmental Disabilities Surveillance and Research Program.

(3) Section 103 (42 U.S.C. 247b-4c) relating to information and education.

(4) Section 104 (42 U.S.C. 247b-4d) relating to the Inter-Agency Autism Coordinating Committee.

(5) Section 105 (42 U.S.C. 247b-4e) relating to reports.

Mr. SANTORUM. I thank the Chair.

For the information of those who might be listening, the bill is now passed and we are off to the House with great hope that this fall will bring us successful passage there and final action by the President sometime in September.

I yield the floor.

**UNANIMOUS CONSENT REQUEST—  
S. 3765**

Mr. DURBIN. Mr. President, I see the majority leader is on the floor. I will make a unanimous consent request. I would like to very briefly describe what I am about to request.

I have filed S. 3765, along with Senator SUNUNU as my cosponsor, as well as Senator FEINGOLD and Senator STABENOW.

This is a bill that is very timely and important. I hope we will be able to have unanimous consent to go forward with this bill and pass it this evening.

It is a bill that has been referred to the Senate Judiciary Committee.

I have personally spoken to Senator ARLEN SPECTER, chairman of this committee, and told him I was going to make this unanimous consent request this evening. He said he would not object. Those were his exact words.

Senator LEAHY said the same thing.

The reason I am taking this extraordinary step is because this is an extraordinary situation. We all know what happened in Lebanon today. You can’t turn on the news without being aware of the war that has consumed both southern Lebanon and many parts of northern Israel.

We realize as well that many people are innocent victims on both sides of