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## House of Representatives

### Pass Autism CARES Act

#### New Authorization of \$1.3 Billion over 5 Years

*(Excerpts of remarks)*

Mr. SMITH of New Jersey. I thank the chairman for yielding and thank him for his strong support, along with Chairman FRED UPTON, former Chairman HENRY WAXMAN, and so many others—MIKE DOYLE, my good friend and colleague, who together, since 2000, headed up the Coalition for Autism Research and Education. We have done everything bipartisan. We have 91 members in the coalition right now.

I would also like to thank the staff, who have helped us move this bill and negotiate text, including Gary Andres, Cheryl Jaeger, Brenda Destro, Jean Roehrenbeck, Katie Novaria, Cate Benedetti, and, of course, Neil Bradley, and so many others who have been so critical to this legislation.

Mr. Speaker, previous autism law, including the Combating Autism Reauthorization Act of 2011, made critical investments—continued by this bill—that are working to determine the causes of autism spectrum disorder, identify autistic children as early as possible to begin treatment, raise critical awareness, and develop new therapies and effective services.

The latest prevalence data from the Centers for Disease Control and Prevention, Mr. Speaker, is shocking. One in every 68 American children are on the autism spectrum, a tenfold increase over the last 40 years. Boys on the spectrum outnumber girls 5 to 1.

In my home State of New Jersey, one in every 45 children has ASD, the highest rate in the CDC study.

I would note parenthetically, Mr. Speaker, I have chaired two congressional hearings on global autism, and this developmental disability is everywhere—one conservative estimate, 67 million worldwide.

Looking back, Mr. Speaker, it was two dedicated parents from New Jersey who helped launch the comprehensive Federal policy we seek to reauthorize today.

Almost 17 years ago, September 1997, Bobbie and Billy Gallagher of Brick, New Jersey, and parents of two small autistic children, walked into my Ocean County office looking for help.

They believed Brick had a disproportionate number of students with autism and wanted action, especially for their son Austin and daughter Alana, so I invited CDC and other Federal agencies to Brick for an investigation, only to learn that prevalence rates were high not only in Brick, but in nearby communities as well.

Believing we had a serious spike in prevalence, I introduced the ASSURE Act, and that was incorporated as title I of the Children's Health Act of 2000.

Mr. Speaker, much progress has been made since. Today, the evidence suggests there is no single cause of autism or type. Genetic risk, coupled with environmental factors, including advanced parental age, low birth weight, and prematurity—among other factors—may be triggers.

Signs of autism in a child usually manifest between 12–18 months, some as early as 6 months,

while some regress after the age of 2, yet transformative early intervention continues to lag.

According to the IACC:

“The clinical reality is that, currently, only about 20 percent of children with ASD are being identified early (by 3 years of age).”

That, Members of the House, is not good, and it has got to change. The research clearly shows that early diagnosis means early intervention and much better outcomes.

The most recent IACC strategic plan—and I encourage Members to read it. It is a textbook on how the Federal Government should do anything when it deals with research. They have pointed out that:

“During the past few years, there has been a major revolution in ASD genetics research. Research on the potential relationship between the immune system and ASD has grown considerably, resulting in “major breakthroughs.”

They go on to say:

“Much progress has been made in understanding the prevalence and biology of conditions that commonly co-occur with ASD, including epilepsy, sleep disorders, GI disturbances, attention deficit hyperactivity disorder, and other psychiatric comorbidities.”

They also point out:

“Particularly intriguing are the results of prenatal vitamin intake through supplements and diet, showing a 40 percent reduction in risk of ASD with prenatal vitamin supplements taken in the 3 months before or during the first month of pregnancy.”

Daily folic acid is also highly recommended.

Mr. Speaker, there is another issue that this bill seeks to address. Every year, 50,000 young people on the autism spectrum matriculate to adulthood and are in the process of losing services.

Jonathan Kratchman, a 16-year-old with Asperger’s from New Jersey, was a speaker at a Dare to Dream conference at Mercer County Community College last year. He stated:

“I know I can be a great contributor to society when I graduate. However, I need continuing support to get there. If you take your high school diploma at age 18, you automatically lose services from your school district.

Both individuals with autism—like Jonathan—and their parents find themselves confronted with almost unimaginable challenges, including loss of school, housing, and then they have job needs.

We are in the midst of a huge yet largely invisible crisis that begs serious focus and remedies.

The Autism CARES Act tasks multiple Federal agencies to comprehensively study and report back to Congress on the special needs of autistic young adults and transitioning youth.

Additionally, Chairman UPTON and Chairman PITTS are in the process of requesting a comprehensive aging-out GAO report that will include key stakeholder involvement.

Passage of this bill, Mr. Speaker, is an important investment in a very important special group of people who, along with their families, caregivers, and friends, face seemingly endless challenges and struggles.

I strongly urge Members to support this legislation.