2026–2028 IACC Draft Strategic Plan Fact Sheet

This is an unofficial fact sheet summary, intended for personal use only. Please see the official working draft here full IACC Strategic Plan working draft

What the Plan Proposes

The Plan sets out a coordinated federal agenda spanning research, health care, education, disability services, safety, workforce, housing, and the full life course. The highlights below are organized by the area of federal action each addresses.

A NEW FEDERAL FRAMEWORK

- **A new federal framework for autism:** Treats autism as a major research, health, education, disability, safety, workforce, housing, and life-course priority requiring coordinated federal action.
- **A direct response to years of public comment:** Converts concerns repeatedly raised by autistic people, families, caregivers, clinicians, researchers, and advocates into a concrete federal agenda with proposed agency actions, resource requirements, implementation pathways, and measurable outcomes.

A MORE BALANCED RESEARCH PORTFOLIO

- **A more balanced research portfolio:** Expands federal attention beyond a limited set of established research areas to include immune, endocrine, metabolic, gastrointestinal, neurological, autonomic, sleep, epilepsy, motor, regression, communication, and other clinically important domains.
- **Research organized around autism's heterogeneity:** Rejects population-wide assumptions and instead seeks to identify meaningful biological, clinical, developmental, and functional subgroups.
- **A clear path from discovery to care:** Separates early scientific findings from evidence ready for validation, clinical trials, regulatory review, clinical guidance, coverage decisions, or implementation.
- **Eleven priority therapeutic domains:** Provides detailed federal research and translation agendas across major biological and clinical areas, with defined scientific gaps, proposed agency actions, deliverables, and measures of progress.

TWO NATIONAL INITIATIVES

- **A National Autism Precision Therapeutics Initiative:** Proposes shared federal infrastructure for clinical phenotyping, biomarker and assay validation, multicenter trials, regulatory science, real-world evidence, and long-term outcome tracking. Brings research findings from bench to bedside.
- **A National Neurodevelopmental Regression Initiative:** Proposes a protected federal initiative making regression and significant changes in functional trajectory priorities for prospective research, timely clinical evaluation, subgroup identification, stabilization, and therapeutic development.

MODERNIZED EPIDEMIOLOGY AND SURVEILLANCE

- **Modernized epidemiology and prevalence research:** Strengthens federal surveillance to determine not only how many people are diagnosed with autism, but how prevalence varies by birth cohort, age, sex, geography, functional profile, intellectual disability, communication ability, regression history, co-occurring conditions, and level of support need.

- **Better analysis of changes over time:** Calls for research capable of separating the effects of diagnostic practices, better awareness, access, demographics, co-occurring conditions and other known influences from possible changes in underlying occurrence.
- **Longitudinal tracking across the lifespan:** Expands federal epidemiology beyond age-eight childhood estimates to include adolescents, young adults, and adults, while strengthening research and data collection concerning older autistic adults, functional trajectories, health outcomes, service needs, safety, and mortality.
- **Stronger data linkage:** Connects surveillance, health care, education, disability, service, and mortality data to provide a more complete picture of the autism population and the systems intended to serve it.
- **Epidemiology that informs policy and budgets:** Produces more precise epidemiological data that federal and state agencies can use to forecast diagnostic, clinical, educational, housing, workforce, caregiver, and long-term support needs.

CLINICAL CARE AND TREATMENT

- **Stronger recognition of co-occurring medical conditions:** Advances practical steps to reduce diagnostic overshadowing and improve the identification and treatment of gastrointestinal, immune, metabolic, neurological, sleep, seizure, autonomic, mental health, and other conditions.
- **Safer and more effective treatment development:** Calls for better trial designs, meaningful functional outcomes, biomarker-defined studies, medication-safety monitoring, comparative-effectiveness research, and evaluation of promising repurposed treatments.
- **Improved diagnostic access:** Recommends federal action to reduce wait times, strengthen the diagnostic workforce, expand appropriate technology-enabled options, and close the gap between screening, diagnosis, referral, and delivered services.
- **Mental health, crisis, and suicide-prevention improvements:** Calls for systems capable of responding to urgent needs while building better evidence for prevention, stabilization, and long-term care.

ACCESS, NAVIGATION, AND EDUCATION

- **Autism.gov as a federal front door:** Proposes one trusted, accessible place where autistic individuals, families, caregivers, clinicians, and providers can find federal and state resources, benefits, eligibility pathways, services, and civil-rights information. Stakeholders, service providers, clinicians, and researchers could also use its public dashboards to track Strategic Plan implementation, federal research priorities, and reported progress.
- **A state-by-state services map and benefits router:** Would help people navigate Medicaid, EPSDT, IDEA, SSI and SSDI, home- and community-based services, housing, respite, vocational rehabilitation, and other programs.
- **Better education and communication access:** Addresses IDEA implementation, missed services, communication assessment, access to appropriate communication tools, and protections for nonspeaking and minimally speaking individuals.

SUPPORTS ACROSS THE LIFE COURSE AND THE SPECTRUM

- **Practical supports across adulthood:** Addresses housing, supported living, transportation, employment, workplace supports, health care, community participation, and the transition from school-based to adult systems.

- **Caregiver and family stabilization:** Recognizes respite, navigation, succession planning, crisis prevention, and caregiver support as essential parts of the nation's autism infrastructure.
- **A new federal focus on aging:** Establishes older autistic adults and later-life health as priorities for research, clinical preparation, services, housing, and long-term planning.

IMPLEMENTATION AND ACCOUNTABILITY

- **Specific federal responsibilities:** Connects major recommendations to proposed lead and supporting agencies, available authorities, implementation mechanisms, expected products, and timeframes.
- **Realistic implementation sequencing:** Prioritizes actions that agencies can take under existing authority while clearly identifying initiatives that require additional funding, demonstrations, or new federal capacity.
- **Proposed budgetary requirements:** Links priorities to estimated resource needs so that the Plan can inform federal budget development rather than remain a list of unfunded aspirations.
- **Reduced duplication and better coordination:** Identifies shared infrastructure and cross-agency responsibilities so that federal programs can build on one another instead of repeatedly funding disconnected work.
- **An IACC Implementation Dashboard:** Proposes public tracking of each major recommendation, including the responsible agency, deliverable, status, performance indicators, barriers, and next reporting date.
- **Measures that reflect real outcomes:** Tracks whether needs are recognized, whether people actually receive services, and whether those services improve health, function, communication, safety, stability, and participation.

Consistent with the Autism CARES Act of 2024, the Plan includes proposed budgetary requirements and recommendations to reduce unnecessary duplication and is intended to inform the annual NIH autism budget estimate prepared pursuant to the Strategic Plan.

Proposed budgetary requirements: Recommends a $270 million Part IV domain-directed NIH portfolio, primarily as a planning target for aligning the existing autism research base; a separate $57 million protected Neurodevelopmental Regression Initiative; and an additional $30 million epidemiology investment. These are planning recommendations—not appropriations, agency cost estimates, or the total federal autism budget.