

# STATE OF NEW YORK

2431

2017-2018 Regular Sessions

## IN SENATE

January 13, 2017

Introduced by Sens. PARKER, ADDABBO, AVELLA -- read twice and ordered printed, and when printed to be committed to the Committee on Mental Health and Developmental Disabilities

AN ACT to amend the mental hygiene law, in relation to the definition of autism

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section 1.03 of the mental hygiene law is amended by adding a new subdivision 59 to read as follows:

59. "Autism" means a pervasive developmental disorder that meets any of the following criteria:

(a) Autistic disorder, which is:

(i) the diagnoses of at least six of the following symptoms, with at least two symptoms coming from clause one of this subparagraph, one symptom coming from clause two of this subparagraph, and one symptom coming from clause three of this subparagraph.

(1) Qualitative impairment in social interaction, as manifested by at least two of the following:

(A) marked impairment in the use of multiple, nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures, to regulate social interaction.

(B) failure to develop peer relationships appropriate to developmental level.

(C) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest).

(D) lack of social or emotional reciprocity.

(2) Qualitative impairments in communication as manifested by at least one of the following:

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [-] is old law to be omitted.

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1 (A) delay in, or total lack of, the development of spoken language  
2 (not accompanied by an attempt to compensate through alternative modes  
3 of communication such as gesture or mime).

4 (B) in individuals with adequate speech, marked impairment in the  
5 ability to initiate or sustain a conversation with others.

6 (C) stereotyped and repetitive use of language or idiosyncratic  
7 language.

8 (D) lack of varied, spontaneous make-believe play or social imitative  
9 play appropriate to developmental level.

10 (3) Restricted repetitive and stereotyped patterns of behavior, inter-  
11 ests, and activities, as manifested by at least one of the following:

12 (A) encompassing preoccupation with one or more stereotyped and  
13 restricted patterns of interest that is abnormal either in intensity or  
14 focus.

15 (B) apparently inflexible adherence to specific, nonfunctional  
16 routines or rituals.

17 (C) stereotyped and repetitive motor manners (e.g., hand or finger  
18 flapping or twisting, or complex whole-body movements).

19 (D) persistent preoccupation with parts of objects.

20 (ii) Delays or abnormal functioning in at least one of the following  
21 areas, with onset prior to three years of age:

22 (1) social interaction,

23 (2) language as used in social communication, or

24 (3) symbolic or imaginative play.

25 (iii) The disturbance is not better accounted for by Rett's disorder  
26 or childhood disintegrative disorder.

27 (b) Asperger's disorder, which is:

28 (i) Qualitative impairment in social interaction, as manifested by at  
29 least two of the following:

30 (1) marked impairment in the use of multiple nonverbal behaviors such  
31 as eye-to-eye gaze, facial expression, body postures, and gestures to  
32 regulate social interaction.

33 (2) failure to develop peer relationships appropriate to developmental  
34 level.

35 (3) a lack of spontaneous seeking to share enjoyment, interests, or  
36 achievements with other people (e.g., by a lack of showing, bringing, or  
37 pointing out objects of interest to other people).

38 (4) lack of social or emotional reciprocity.

39 (ii) Restricted repetitive and stereotyped patterns of behavior,  
40 interests and activities, as manifested by at least one of the follow-  
41 ing:

42 (1) encompassing preoccupation with one or more stereotyped and  
43 restricted patterns of interest that is abnormal either in intensity or  
44 focus.

45 (2) apparently inflexible adherence to specific, nonfunctional  
46 routines or rituals.

47 (3) stereotyped and repetitive motor mannerisms (e.g., hand or finger  
48 flapping or twisting, or complex whole-body movements).

49 (4) persistent preoccupation with parts of objects.

50 (iii) The disturbance causes clinically significant impairment in  
51 social, occupational, or other important areas of functioning.

52 (iv) There is no clinically significant general delay in language  
53 (e.g., single words used by age two, communicative phrases used by age  
54 three).

55 (v) There is no clinically significant delay in cognitive development  
56 or in the development of age-appropriate self-help skills, adaptive

1 behavior (other than in social interaction), and curiosity about the  
2 environment in childhood.

3 (vi) Criteria are not met for another specific pervasive developmental  
4 disorder or schizophrenia.

5 (c) Pervasive developmental disorder not otherwise specified (includ-  
6 ing atypical autism), which is when there is a severe and pervasive  
7 impairment in the development of reciprocal social interaction associ-  
8 ated with impairment in either verbal or nonverbal communication skills  
9 or with the presence of stereotyped behavior, interests, and activities,  
10 but the criteria are not met for a specific pervasive developmental  
11 disorder, schizophrenia, schizotypal personality disorder, or avoidant  
12 personality disorder. For example, this category includes "atypical  
13 autism" - presentations that do not meet the criteria for autistic  
14 disorder because of late age at onset, atypical symptomatology, or  
15 subthreshold symptomatology, or all of these.

16 (d) Rett's disorder, which is:

17 (i) The diagnosis of all of the following:

18 (1) apparently normal prenatal and perinatal development.

19 (2) apparently normal psychomotor development through the first five  
20 months after birth.

21 (3) normal head circumference at birth.

22 (ii) Onset of all of the following after the period of normal develop-  
23 ment:

24 (1) deceleration of head growth between ages five months and forty-  
25 eight months.

26 (2) loss of previously acquired purposeful hand skills between ages  
27 five months and thirty months with the subsequent development of stere-  
28 otyped hand movements (e.g., hand-wringing or hand washing).

29 (3) loss of social engagement early in the course (although often  
30 social interaction develops later).

31 (4) appearance of poorly coordinated gait or trunk movements.

32 (5) severely impaired expressive and receptive language development  
33 with severe psychomotor retardation.

34 (e) Childhood disintegrative disorder, which is:

35 (i) Apparently normal development for at least the first two years  
36 after birth as manifested by the presence of age-appropriate verbal and  
37 nonverbal communication, social relationships, play, and adaptive behav-  
38 ior.

39 (ii) Clinically significant loss of previously acquired skills (before  
40 age ten years) in at least two of the following areas:

41 (1) expressive or receptive language.

42 (2) social skills or adaptive behavior.

43 (3) bowel or bladder control.

44 (4) play.

45 (5) motor skills.

46 (iii) Abnormalities of functioning in at least two of the following  
47 areas:

48 (1) qualitative impairment in social interaction (e.g., impairment in  
49 nonverbal behaviors, failure to develop peer relationships, lack of  
50 social or emotional reciprocity).

51 (2) qualitative impairments in communication (e.g., delay or lack of  
52 spoken language, inability to initiate or sustain a conversation, stere-  
53 otyped and repetitive use of language, lack of varied make-believe  
54 play).

55 (3) restricted, repetitive, and stereotyped patterns of behavior,  
56 interest, and activities, including motor stereotypes and mannerisms.

1     (iv) The disturbance is not better accounted for by another specific  
2     pervasive developmental disorder or by schizophrenia.

3     § 2. This act shall take effect September 1, 2018.