10113

IN ASSEMBLY

March 4, 2010

Introduced by M. of A. WEISENBERG -- read once and referred to the Committee on Health

AN ACT to amend the executive law, in relation to creating the New York autism spectrum disorders treatment, training and research council and providing for the powers and duties of the council

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Intent. The legislature hereby finds and declares that 2 autism spectrum disorders, hereinafter ASDs, currently affect approxi-3 mately one in 110 children and are considered to be an "urgent public 4 health concern" by the Centers for Disease Control and Prevention.

5 The legislature further finds that New York state has not responded б sufficiently to this crisis. In its 2010 report, the New York state 7 Interagency Task Force on Autism, hereinafter Task Force, identified 8 five primary needs of the growing population of New York citizens 9 affected by ASDs: coordination of state services, early identification, lifelong service delivery, increased dissemination of information, 10 and coordination of research efforts. First, as a collaborative effort of 11 11 independent state agencies that each serve individuals impacted by ASDs, 12 13 the Task Force itself exemplifies the need for coordination of research, treatment and training responsibilities. Second, while the Task Force 14 15 determined that early identification and intervention were crucial to minimizing the symptoms and impact of ASDs, it reported that only eight 16 percent of pediatricians routinely screen for ASDs and approximately 30 17 18 percent of children with ASDs do not receive the early intervention 19 services provided by the New York State Department of Health. Third, 20 recognizing that the thousands of children diagnosed with ASDs will soon 21 age out of the state's educational system, the Task Force noted a dearth of post-secondary training and transitional services. Fourth, the Task 22 Force determined that individuals and families affected by ASDs would 23 24 benefit from a centralized clearinghouse of relevant information, and 25 called for the provision of user-friendly access to such information. 26 Finally, the Task Force reported that collaboratively determining the direction of future ASD research would best utilize available public and 27 28 private funding.

29 The legislature therefore declares that there is a need to expand 30 treatment, training and research with regard to ASDs -- including the

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

LBD15567-04-0

enhancement of efforts to improve access to, and the efficacy of, needed 1 2 services, support and treatment. 3 S 2. This act shall be known, and may be cited, as the "New York 4 autism spectrum disorders treatment, training and research act". 5 S 3. The executive law is amended by adding a new article 41-A to read 6 as follows: 7 ARTICLE 41-A 8 NEW YORK AUTISM SPECTRUM DISORDERS 9 TREATMENT, TRAINING AND RESEARCH COUNCIL 10 SECTION 908. DEFINITIONS. 11 908-A. NEW YORK AUTISM SPECTRUM DISORDERS TREATMENT, TRAINING 12 AND RESEARCH COUNCIL; PURPOSE AND ORGANIZATION. 13 908-B. FUNCTIONS, POWERS AND DUTIES OF THE COUNCIL. 14 S 908. DEFINITIONS. WHEN USED IN THIS ARTICLE: 15 1. "AUTISM SPECTRUM DISORDER" OR "ASD" MEANS A NEUROBIOLOGICAL CONDI-TION THAT INCLUDES AUTISM, ASPERGER SYNDROME, RETT'S SYNDROME, OR PERVA-16 17 SIVE DEVELOPMENTAL DISORDER; 2. "FAMILY" MEANS THE PARENT OR LEGAL GUARDIAN OF AN INDIVIDUAL DIAG-18 NOSED WITH AN AUTISM SPECTRUM DISORDER; AND 19 20 "PATIENT" MEANS AN INDIVIDUAL DIAGNOSED WITH AN AUTISM SPECTRUM 3. 21 DISORDER. 22 S 908-A. NEW YORK AUTISM SPECTRUM DISORDERS TREATMENT, TRAINING AND 23 RESEARCH COUNCIL; PURPOSE AND ORGANIZATION. 1. THERE SHALL BE WITHIN THE 24 EXECUTIVE DEPARTMENT THE NEW YORK AUTISM SPECTRUM DISORDERS TREATMENT, 25 TRAINING AND RESEARCH COUNCIL, HEREINAFTER COUNCIL, WHOSE PURPOSES SHALL 26 BE TO: 27 (A) DEVELOP A COORDINATED NEW YORK STATE AUTISM SPECTRUM DISORDERS 28 TREATMENT, TRAINING AND RESEARCH POLICY AND PLAN, HEREINAFTER STATE 29 POLICY AND PLAN, WITH RESPECT TO THE PROVISION OF SERVICES TO PATIENTS 30 AND THEIR FAMILIES; 31 (B) REVIEW STATE AGENCY INITIATIVES FOR THEIR CONSISTENCY WITH THE 32 STATE POLICY AND PLAN; 33 (C) PROVIDE A CONTINUING FORUM FOR DISCUSSION RELATED TO THE DEVELOP-34 MENT AND IMPLEMENTATION OF THE STATE POLICY AND PLAN; AND 35 TAKE THE STEPS ENUMERATED HEREIN TO EXPAND AND COORDINATE TREAT-(D) 36 MENT, TRAINING AND RESEARCH. 37 2. THE COUNCIL SHALL BE COMPRISED OF TWENTY-EIGHT MEMBERS AS FOLLOWS: (A) THE COMMISSIONER OF THE DEPARTMENT OF HEALTH, THE COMMISSIONER OF E DEPARTMENT OF LABOR, THE COMMISSIONER OF THE OFFICE OF CHILDREN AND 38 39 THE 40 FAMILY SERVICES, THE COMMISSIONER OF EDUCATION, THE COMMISSIONER OF THE OFFICE OF MENTAL HEALTH, THE COMMISSIONER OF THE OFFICE OF MENTAL RETAR-41 DATION AND DEVELOPMENTAL DISABILITIES, THE COMMISSIONER OF THE OFFICE OF 42 43 TEMPORARY AND DISABILITY ASSISTANCE, THE SUPERINTENDENT OF THE INSURANCE 44 DEPARTMENT, THE CHANCELLOR OF THE STATE UNIVERSITY OF NEW YORK, THE 45 CHANCELLOR OF THE CITY UNIVERSITY OF NEW YORK, THE CHAIR OF THE COUNCIL ON CHILDREN AND FAMILIES, THE CHAIR OF THE COMMISSION ON QUALITY OF CARE 46 AND ADVOCACY FOR PERSONS WITH DISABILITIES, AND THE EXECUTIVE DIRECTOR 47 48 OF THE DISABILITIES PLANNING COUNCIL, ALL OF WHOM SHALL SERVE EX OFFICIO AND WHO MAY DESIGNATE REPRESENTATIVES TO ACT ON THEIR BEHALF; 49 50 (B) SEVEN MEMBERS APPOINTED BY THE GOVERNOR, WHO SHALL POSSESS EXPER-51 ASDS. AT LEAST TWO APPOINTEES SHALL REPRESENT NOT-FOR-PROFIT TISE INENTITIES WITH THE PRIMARY PURPOSE OF PROVIDING ACCESS TO EDUCATION, 52 53 INFORMATION AND/OR SERVICES RELATED TO THE CARE OF PATIENTS; AND 54 (C) EIGHT MEMBERS APPOINTED BY THE GOVERNOR ON THE RECOMMENDATION OF 55 THE LEGISLATIVE LEADERS AS FOLLOWS:

1

2

3

4

5 AND AT LEAST ONE FAMILY MEMBER OF A PATIENT; AND
6 (2) THE MINORITY LEADER OF THE SENATE AND THE MINORITY LEADER OF THE
7 ASSEMBLY SHALL EACH RECOMMEND ONE MEMBER TO THE COUNCIL.

8 3. VACANCIES IN THE MEMBERSHIP OF THE COUNCIL SHALL BE FILLED IN THE 9 MANNER PROVIDED FOR ORIGINAL APPOINTMENTS.

4. THE COMMISSIONER OF THE DEPARTMENT OF HEALTH AND THE COMMISSIONER
OF THE OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES SHALL
SERVE, EX OFFICIO, AS CO-CHAIRS OF THE COUNCIL. ADMINISTRATIVE DUTIES OF
THE COUNCIL SHALL BE THE RESPONSIBILITY OF, AND EXECUTED BY, THE DEPARTMENT OF HEALTH AND THE OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL
DISABILITIES PURSUANT TO AN AGREEMENT EFFECTED BY THE CO-CHAIRS.

16 5. MEMBERS OF THE COUNCIL SHALL RECEIVE NO COMPENSATION FOR THEIR 17 SERVICES BUT SHALL BE REIMBURSED FOR NECESSARY EXPENSES.

6. THE COUNCIL SHALL MEET QUARTERLY, OR MORE FREQUENTLY IF ITS BUSINESS SHALL REQUIRE, PROVIDED THAT THE COMMUNITY FORUMS REQUIRED PURSUANT
TO SECTION NINE HUNDRED EIGHT-B OF THIS ARTICLE SHALL CONSTITUTE A
FORMAL MEETING OF THE COUNCIL.

22 S 908-B. FUNCTIONS, POWERS AND DUTIES OF THE COUNCIL. 1. NOT LATER THAN ONE YEAR AFTER THE EFFECTIVE DATE OF THIS ARTICLE, THE COUNCIL 23 SHALL CONDUCT COMMUNITY FORUMS TO GAIN INPUT FROM PATIENTS, 24 FAMILY 25 MEMBERS, SERVICE PROVIDERS, EXPERT RESEARCHERS AND OTHER INTERESTED 26 PARTIES CONCERNING THE DEVELOPMENT OF THE STATE POLICY AND PLAN REQUIRED 27 BY THIS SECTION. THE COUNCIL SHALL THEN CONDUCT COMMUNITY FORUMS EVERY FIVE YEARS, OR MORE FREQUENTLY AS THE COUNCIL SHALL DETERMINE. COMMUNITY 28 29 FORUMS SHALL BE CONDUCTED IN OR AROUND ALBANY, BINGHAMTON, BUFFALO, LONG ISLAND, NEW YORK CITY, NORTHERN METROPOLITAN NEW YORK, PLATTSBURGH, 30 POTSDAM, POUGHKEEPSIE, ROCHESTER, SYRACUSE, AND OTHER AREAS AS THE COUN-31 32 CIL SHALL DETERMINE.

33 2. THE COUNCIL SHALL PROVIDE THE INITIAL REPORT OF THE STATE POLICY 34 AND PLAN REQUIRED BY THIS SECTION TO THE GOVERNOR AND THE LEGISLATURE ON FEBRUARY FIRST, TWO THOUSAND TWELVE, AND SHALL PROVIDE AN 35 OR BEFORE UPDATE OF SUCH POLICY AND PLAN BY FEBRUARY FIRST OF EVERY YEAR THEREAFT-36 37 ER. THE STATE POLICY AND PLAN SHALL INCLUDE COMPREHENSIVE INFORMATION, 38 FINDINGS AND RECOMMENDATIONS CONCERNING, BUT NOT LIMITED TO, THE FOLLOW-39 ING:

40 COORDINATION OF SERVICES, INCLUDING: COORDINATING STATE SERVICES (A) AND PROVIDING CASE MANAGEMENT; CLARIFYING AND STREAMLINING ELIGIBILITY 41 INTAKE PROCESSES FOR STATE SERVICE SYSTEMS; ADDRESSING THE NEEDS OF 42 AND 43 PATIENTS WHO FAIL TO MEET ELIGIBILITY CRITERIA OF STATE AGENCIES; AND 44 UNITING PUBLIC AND PRIVATE AGENCIES IN A MANNER THAT WILL BEST SERVE 45 PATIENTS AND THEIR FAMILIES. IN ASSESSING THE STRENGTHS AND GAPS IN SERVICES FOR PATIENTS AND THEIR FAMILIES, THE STATE POLICY AND PLAN 46 47 SHALL INCLUDE EVALUATIONS AND RECOMMENDATIONS BY REGION;

(B) EARLY IDENTIFICATION AND INTERVENTION, INCLUDING: STANDARDIZING
ASD SCREENING PRACTICES; TRAINING EDUCATORS, MEDICAL PROFESSIONALS AND
OTHER SERVICE PROVIDERS TO RECOGNIZE AND TREAT ASDS; AND PROMOTING EARLY
CHILDHOOD SCREENING BY PRIMARY CARE PHYSICIANS;

52 (C) LIFELONG SERVICE DELIVERY, INCLUDING: PROMOTING ACCESS TO
53 EVIDENCE-BASED SERVICES FOR PATIENTS OF ALL AGES; ESTABLISHING TREATMENT
54 GUIDELINES AND TRAINING PROGRAMS FOR CAREGIVERS; PROVIDING RESIDENTIAL
55 SUPPORTS TO ADULT PATIENTS; AND IMPLEMENTING EMPLOYMENT TRAINING AND
56 POST-SCHOOL TRANSITIONAL SERVICES;

A. 10113

39

45

(D) FAMILY SUPPORT, INCLUDING: EXPANDING RESPITE CARE OPTIONS AND 1 2 IMPLEMENTING OTHER MEANS TO REDUCE STRAIN ON FAMILIES;

3 INCREASED DISSEMINATION OF INFORMATION, INCLUDING: INCREASING ASD (E) 4 AWARENESS PROGRAMS; DISTRIBUTING BEST PRACTICES TO EDUCATORS, MEDICAL 5 PROFESSIONALS AND OTHER SERVICE PROVIDERS; CONTINUING THE TASK FORCE'S 6 EFFORTS TO CREATE A CENTRALIZED HUB OF INFORMATION ON ASDS THROUGH THE 7 LAUNCH OF AN ONLINE INITIATIVE FOR ADULTS AND CHILDREN ON THE SPECTRUM (NEW YORK ACTS); AND ENHANCING SUPPORT FOR PATIENTS AND FAMILIES IN 8 9 NON-ENGLISH SPEAKING COMMUNITIES;

10 (F) COORDINATED RESEARCH, INCLUDING: UTILIZING AVAILABLE RESEARCH 11 FUNDS IN THE MOST EFFECTIVE AND EFFICIENT MANNER; TRANSLATING RESULTS 12 IMPROVED TREATMENT PRACTICES; DISTRIBUTING RESULTS TO EDUCATORS, INTO MEDICAL PROFESSIONALS AND OTHER SERVICE PROVIDERS; AND UNITING ASD 13 14 RESEARCHERS IN SEEKING TO ACHIEVE A BETTER UNDERSTANDING OF ASDS;

15 (G) FINANCING TRAINING, TREATMENT AND RESEARCH IN THE STATE, INCLUD-16 ING: MAKING FINANCING MORE EFFICIENT AND EFFECTIVE; STRENGTHENING FAMILY 17 SERVICES AND SUPPORTS; PROVIDING A SEAMLESS SPECTRUM OF SERVICES IRRE-18 SPECTIVE OF AGENCY JURISDICTION; IDENTIFYING EXISTING AND POTENTIAL 19 SOURCES OF FUNDING; AND PARTNERING WITH PRIVATE INDIVIDUALS, FOUNDATIONS 20 AND OTHER ENTITIES; AND

21 (H) A STATISTICAL ANALYSIS OF DATA CONCERNING THE PREVALENCE OF AUTISM 22 IN NEW YORK STATE, BOTH STATEWIDE AND BY REGION; A LISTING OF AVAILABLE AND PROPOSED PROGRAMS, AND THEIR AVAILABILITY BY REGION; A LISTING OF 23 AVAILABLE AND PROPOSED EXPENDITURES, AND THEIR AVAILABILITY BY REGION; A 24 25 LISTING OF FINANCIAL RESOURCES AVAILABLE FOR THE PROVISION OF SERVICES TO PATIENTS AND THEIR FAMILIES; AND SUCH OTHER INFORMATION AS THE COUN-26 27 CIL SHALL DEEM RELEVANT.

28 3. EXCEPT WHERE OTHERWISE PROHIBITED BY STATE STATUTE OR BY FEDERAL LAW, RULE OR REOUIREMENT, THE PLAN SHALL BE BINDING UPON MEMBER STATE 29 AGENCIES, WHICH SHALL PROMULGATE REGULATIONS AND TAKE SUCH OTHER ACTIONS 30 REQUIRED TO EFFECTUATE THE STATE POLICY AND PLAN. 31

32 4. THE COUNCIL SHALL SELECT AND DESIGNATE REGIONAL NEW YORK CENTERS ON 33 AUTISM AND RELATED DISABILITIES, HEREINAFTER NYCARD FACILITIES, FOR THE 34 PURPOSE OF IDENTIFYING, DISSEMINATING, AND ASSISTING IN THE IMPLEMENTA-TION OF EVIDENCE-BASED PRACTICES TO SERVE PATIENTS AND THEIR FAMILIES. 35

(A) THE COUNCIL SHALL ESTABLISH CRITERIA FOR THE SELECTION AND DESIG-36 37 NATION OF NYCARD FACILITIES, WHICH SHALL INCLUDE AN ASSESSMENT OF APPLI-38 CANT FACILITIES':

(1) PARTICIPATION IN TRAINING TEACHERS, PARENTS AND PROFESSIONALS;

40 (2) LEVEL OF NON-STATE FINANCIAL ASSISTANCE AVAILABLE TO SUPPORT OPER-41 ATIONS;

(3) UNDERSTANDING OF PROGRAM GOALS AND OBJECTIVES ARTICULATED BY THE 42 43 COUNCIL; 44

(4) PROPOSED GEOGRAPHICAL AREA TO BE SERVED;

(5) PROPOSED WORK PLAN AND STAFF EXPERTISE;

(6) RELATIONSHIP WITH ENTITIES OR COMMUNITIES TO BE SERVED, EVIDENCED 46 47 SUCH FACTORS AS REPRESENTATION ON BOARDS OF DIRECTORS OR ADVISORY ΒY 48 COMMITTEES; AND 49

(7) SUCH OTHER FACTORS AS THE COUNCIL SHALL DETERMINE.

50 (B) THE COUNCIL SHALL DEVELOP A REQUEST FOR PROPOSALS, A REQUEST FOR OUALIFICATIONS, OR A REOUEST FOR EXPRESSIONS OF INTEREST AS IT DEEMS 51 APPROPRIATE; AND IT SHALL ACCEPT APPLICATIONS IN RESPONSE FOR DESIG-52 NATION AS A NYCARD FACILITY FROM NOT-FOR-PROFIT, ACADEMIC AND RESEARCH 53 54 ENTITIES IN THE STATE. WITHIN EIGHTEEN MONTHS AFTER THE EFFECTIVE DATE 55 OF THIS ARTICLE THE COUNCIL SHALL:

1 2

3

4 5

6 7

8

9

11

12

14

15

16 17

18

21 22

25

32

36

37

38

40

51

(1) DESIGNATE AS NYCARD FACILITIES: FEDERAL STUDIES TO ADVANCE AUTISM RESEARCH AND TREATMENT (STAART) NETWORK PROGRAMS LOCATED WITHIN THE STATE, THE CODY CENTER FOR AUTISM AND DEVELOPMENTAL DISABILITIES AT STONY BROOK UNIVERSITY, AND THE CENTER FOR AUTISM AND RELATED DISABILI-TIES AT THE UNIVERSITY AT ALBANY; (2) EXPAND CURRENT NYCARD FACILITIES LOCATED IN OR AROUND ALBANY, BUFFALO, NEW YORK CITY, NORTHERN METROPOLITAN NEW YORK AND ROCHESTER; AND (3) CREATE ONE OR MORE NYCARD FACILITIES IN OR AROUND BINGHAMTON, 10 PLATTSBURGH, POTSDAM, POUGHKEEPSIE, SYRACUSE AND SUCH OTHER AREAS AS THE COUNCIL SHALL DETERMINE. (C) NYCARD FACILITIES SHALL PROVIDE TRAINING, REFERRAL AND INFORMATION FOR PARENTS, EDUCATORS, MEDICAL PROFESSIONALS AND OTHER SERVICE PROVID-13 ERS, INCLUDING; (1) INFORMATION AND REFERRAL; (2) EDUCATION AND TRAINING; (3) TECHNICAL ASSISTANCE AND CONSULTATION; (4) PROVISION OF, OR REFERRAL TO, FAMILY SUPPORT GROUPS; 19 (5) DISSEMINATION OF EVIDENCE-BASED MODELS OF PRACTICE FOR EFFECTIVE 20 SERVICE DELIVERY; AND (6) SUCH OTHER SERVICES AS THE COUNCIL SHALL REQUIRE. FEASIBLE, NYCARD FACILITIES (D) WHERE SHALL ALSO PROVIDE TREATMENT-BASED SERVICES INCLUDING, BUT NOT LIMITED TO, CASE CONSULTA-23 24 TION AND CLINICAL SERVICES. (E) THE COUNCIL IS HEREBY AUTHORIZED TO CONTRACT FOR SERVICES WITH 26 DESIGNATED NYCARD FACILITIES PURSUANT TO THIS SUBDIVISION AND TO PROVIDE 27 GRANTS PURSUANT TO SUCH CONTRACTS WITHIN AMOUNTS DESIGNATED SPECIFICALLY THEREFORE. THE COUNCIL MAY ACT THROUGH ONE OR MORE MEMBER STATE AGEN-28 CIES, WHICH IT SHALL DESIGNATE BY MAJORITY VOTE, FOR ADMINISTRATION OF 29 SUCH CONTRACTS AND GRANTS. INSOFAR AS POSSIBLE, WHERE PROVISION OF SUCH 30 SERVICES IS PAID FOR, IN WHOLE OR IN PART, THROUGH A CONTRACT WITH A 31 STATE AGENCY, THE COST CHARGED TO RECIPIENTS SHALL BE REDUCED PRO RATA. 33 CONTRACTS WITH NYCARD FACILITIES SHALL VARY DEPENDING ON THE SERVICES TO BE PROVIDED, AND ANY SUCH CONTRACT SHALL REQUIRE THAT FUNDING PROVIDED 34 35 THROUGH OR PURSUANT TO THIS SUBDIVISION, NOT BE USED TO OFFSET BY. EXISTING EXPENDITURES FOR THE SAME OR SIMILAR PROGRAMS. 5. NYCARD FACILITIES, AS WELL AS ORGANIZATIONS RECEIVING FEDERAL OR NON-STATE GRANT FUNDS FOR RESEARCH, MAY RECEIVE GRANTS PURSUANT TO THIS 39 SUBDIVISION FOR RESEARCH WITHIN AMOUNTS DESIGNATED SPECIFICALLY THERE-THE COUNCIL IS HEREBY AUTHORIZED TO ADMINISTER SUCH GRANTS AND FORE. MAY ACT THROUGH ONE OR MORE MEMBER STATE AGENCIES WHICH IT SHALL DESIG-41 NATE BY MAJORITY VOTE. SUCH GRANTS MAY ALLOW FOR THE ENHANCEMENT OF 42 43 ACTIVITIES FUNDED FROM SUCH NON-STATE SOURCES THAT ARE ALREADY BEING UNDERTAKEN BY SUCH ORGANIZATIONS, INCLUDING: THE CONTINUATION OF ONGOING 44 45 RESEARCH; THE PROVISION OF TECHNICAL INFORMATION; GUIDANCE FOR PRACTI-TIONERS ON ASD CARE STRATEGIES, THERAPIES, MEDICATIONS AND OTHER 46 47 RELATED MATTERS; COLLABORATIONS WITH PRACTITIONERS, SCHOOLS AND 48 NETWORKS; AND OTHER ACTIVITIES THE COUNCIL DEEMS APPROPRIATE. SUCH 49 GRANTS MAY BE USED FOR ANY PURPOSE IN FURTHERANCE OF SUCH ACTIVITIES 50 INCLUDING, WITHOUT LIMITATION, THE PURCHASE OF EQUIPMENT AND SUPPLIES,

PAYMENT OF SALARIES, OR OTHER ACTIVITIES AND PURPOSES AS APPROVED BY THE

52 COUNCIL. 53 S 4. This act shall take effect immediately.