S T A T E O F N E W Y O R K

8906--A

2009-2010 Regular Sessions

I N A S S E M B L Y

June 15, 2009

Introduced by M. of A. GUNTHER -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to the development of autism assessment centers

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

Section 1. The public health law is amended by adding a new article 27-M to read as follows:

ARTICLE 27-M
AUTISM ASSESSMENT CENTERS

S 2799-T. LEGISLATIVE FINDINGS. THE LEGISLATURE FINDS THAT AUTISM SPECTRUM DISORDERS (ASD) ARE LIFELONG, NEURODEVELOPMENTAL DISABILITIES THAT INCLUDE AUTISM, PERVASIVE DEVELOPMENTAL DISORDER - NOT OTHERWISE SPECIFIED (PDD-NOS), AND ASPERGER SYNDROME. EACH OF THESE CONDITIONS SHARES SOME OF THE SAME CHARACTERISTICS; HOWEVER, THEY DIFFER IN ONSET OF SYMPTOMS, SEVERITY OF SYMPTOMS, AND THE NATURE OF THE SYMPTOMS. THESE CONDITIONS ALONG WITH CHILDHOOD DISINTEGRATIVE DISORDER (CDD) AND RETT SYNDROME CONSTITUTE THE BROADER CATEGORY OF PERVASIVE DEVELOPMENTAL DISORDER. THERE IS NO MEDICAL TEST TO DIAGNOSE ASD, INSTEAD A DIFFERENTIAL DIAGNOSIS IS MADE ON THE BASIS OF OBSERVATION AND ASSESSMENT OF THE CHILD AS WELL AS AN INTERVIEW PROCESS WITH THE CAREGIVER OR CAREGIVERS.

THE LEGISLATURE FURTHER FINDS THAT ASDS OCCUR IN ALL RACIAL, ETHNIC, AND SOCIOECONOMIC GROUPS AND ARE FOUR TIMES MORE LIKELY TO OCCUR IN

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

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MALES. THE UNITED STATES CENTER FOR DISEASE CONTROL (CDC) ESTIMATES THAT ONE IN ONE HUNDRED FIFTY EIGHT-YEAR-OLDS HAVE ASD. RECENT STUDIES HAVE ALSO INDICATED THAT IN NEW YORK STATE IN TWO THOUSAND ONE THERE WERE SEVEN THOUSAND NINE HUNDRED EIGHTEEN CHILDREN BETWEEN THE AGES OF FOUR AND TWENTY-ONE WHO WERE IDENTIFIED AS HAVING ASD IN THE SCHOOL SYSTEM. IN TWO THOUSAND SIX, THAT NUMBER INCREASED TO FIFTEEN THOUSAND FOUR HUNDRED FIFTY-NINE WITH A MAJORITY OF THESE CHILDREN (ELEVEN THOUSAND FIVE HUNDRED SIXTY-NINE) BEING BETWEEN THE AGES OF FOUR AND THIRTEEN.

THE LEGISLATURE FURTHER FINDS THAT THE DRAMATIC INCREASE IN THE PREVALENCE OF INDIVIDUALS WITH AUTISM SPECTRUM DISORDERS AND OTHER COMPLEX DEVELOPMENTAL DISABILITIES REPRESENTS A SIGNIFICANT CHALLENGE IN ENSURING THE PROPER ASSESSMENT OF THESE CHILDREN AND THE DEVELOPMENT OF APPROPRIATE INDIVIDUALIZED INTERVENTIONS. THE SEVERE, PERVASIVE NATURE OF THESE DISABILITIES IS MANIFESTED NOT ONLY IN DEVELOPMENTAL AND BEHAVIORAL PROBLEMS, BUT IN PHYSICAL SYMPTOMS AS WELL. PRESENTING CHARACTERISTICS OF INDIVIDUALS WITH AUTISM SPECTRUM DISORDERS AND COMPLEX DISABILITIES INCLUDE SOCIAL AND COGNITIVE IMPAIRMENT; LANGUAGE DISTURBANCES; PROBLEMS WITH ATTENTION AND SELF-REGULATION; REPETITIVE, STEREOTYPED, AGGRESSIVE, SELF-INJURIOUS BEHAVIORS; OFTEN CO-OCCURRING WITH MEDICAL CONDITIONS SUCH AS SEIZURE AND SLEEP DISORDERS; AND, PSYCHIATRIC AND HEALTH CONDITIONS SUCH AS FRAGILE X SYNDROME AND TUBEROUS SCLEROSIS.

RESEARCH HAS EMERGED INDICATING THAT CHILDREN WITH ASD MAY ALSO EXPERIENCE A RANGE OF MEDICAL/NEUROLOGICAL CONDITIONS THAT PRESENT ADDITIONAL CHALLENGES IN UNDERSTANDING THE COMPLEXITY OF THIS DISORDER AND HOW TO BEST PROVIDE THE APPROPRIATE INTERVENTIONS. THE LEGISLATURE FURTHER FINDS THAT MANY TIMES FAMILIES AND PRACTITIONERS, INCLUDING BUT NOT LIMITED TO SCHOOL DISTRICTS, DO NOT HAVE THE APPROPRIATE ASSESSMENT INFORMATION ABOUT THESE CHILDREN THAT CAN ENSURE THAT A PROPER PLAN IS DEVELOPED AND THAT APPROPRIATE INTERVENTIONS ARE PROVIDED. WITHOUT A PROPER ASSESSMENT, CHILDREN RISK NOT RECEIVING NECESSARY SERVICES AND BEING PLACED INAPPROPRIATELY IN LONG-TERM RESIDENTIAL FACILITIES.

FOR THESE REASONS, THE LEGISLATURE DECLARES THAT THE ESTABLISHMENT OF NEW SHORT-TERM BEHAVIORAL AND ASSESSMENT INTERVENTION UNITS TO PROVIDE FOR THE ASSESSMENT AND INTERVENTION FOR CHILDREN WITH ASD IS NECESSARY. THE ACCURATE ASSESSMENT OF INDIVIDUALS WITH ASD IS THE FIRST STEP IN DEVELOPING APPROPRIATE PROGRAMS FOR THESE CHILDREN AND PROVIDING NECESSARY SUPPORTS TO THEIR FAMILIES, AND, THEREFORE, THE STATE MUST TAKE IMMEDIATE ACTION TO SUPPORT THE DEVELOPMENT OF AN INTEGRATED, INTERDISCIPLINARY APPROACH FOR THE ASSESSMENT OF CHILDREN'S FUNCTIONAL CHARACTERISTICS AND EFFECTIVE TREATMENT PROTOCOLS TO RESPOND TO THE VARIED NEEDS OF THOSE AFFECTED.

S 2799-U. DEFINITIONS. FOR THE PURPOSES OF THIS ARTICLE "AUTISM SPECTRUM DISORDER" IS DEFINED AS A GROUP OF NEURODEVELOPMENTAL DISORDERS INCLUDING: AUTISM; PERVASIVE DEVELOPMENTAL DISORDER - NOT OTHERWISE SPECIFIED (PDD-NOS); RETT'S SYNDROME; ASPERGER'S DISORDER; AND CHILDHOOD DISINTEGRATIVE DISORDER. AUTISM IS CHARACTERIZED BY A TRIAD OF ISSUES SUCH AS LANGUAGE AND SOCIAL DISTURBANCE, AND RESTRICTIVE AND REPETITIVE PATTERNS OF PLAY WITH A RIGID ADHERENCE TO SAMENESS. ADDITIONAL CO-OCCURRING IMPAIRMENTS MAY INCLUDE AUDITORY HYPERSENSITIVITY, TEMPERATURE REGULATION ISSUES, SEIZURE DISORDERS, ABNORMAL PAIN THRESHOLD AND PSYCHIATRIC CONDITIONS SUCH AS OBSESSIVE COMPULSIVE DISORDER, DEPRESSION AND ANXIETY.

S 2799-V. COMPREHENSIVE AUTISM ASSESSMENT CENTERS ESTABLISHED. THE COMMISSIONER SHALL FACILITATE THE DEVELOPMENT AND ESTABLISHMENT OF AUTISM ASSESSMENT CENTERS FOR CHILDREN DIAGNOSED WITH AUTISM SPECTRUM DISORDERS. THE AUTISM ASSESSMENT CENTERS SHALL BE DESIGNED TO PROVIDE

CHILDREN BETWEEN THE AGES OF FIVE AND SEVENTEEN YEARS WITH AN INTENSIVE, INTEGRATED ASSESSMENT IN THE AREAS OF COMMUNICATION, SOCIALIZATION, GENERAL FUNCTIONING, BEHAVIORAL, NEUROLOGICAL, PSYCHIATRIC AND MEDICAL FUNCTIONING. THE AUTISM ASSESSMENT CENTERS SHALL UTILIZE AN ARRAY OF DISCIPLINES INCLUDING BUT NOT LIMITED TO: PHYSICAL, MEDICAL, AND PSYCHIATRIC; NEUROBEHAVIORAL, NUTRITION; GASTROENTEROLOGY; MOTOR AND FITNESS; SLEEP ANALYSIS; COMMUNICATION AND SOCIAL; AND PSYCHO-EDUCATIONAL TO ASSESS THE NEEDS OF THESE CHILDREN AND TO DEVELOP APPROPRIATE SHORT-TERM INTERVENTIONS AND INDIVIDUAL TREATMENT PLANS WHICH ARE DESIGNED TO MANAGE AND IMPROVE FUNCTIONING. SERVICES PROVIDED BY THE AUTISM ASSESSMENT CENTERS SHALL CONSIST OF THE FOLLOWING COMPONENTS:

1. INTENSIVE ASSESSMENT SERVICES, INCLUDING INTEGRATED, INTERDISCIPLINARY ANALYSIS OF A RESIDENT'S FUNCTIONAL CHARACTERISTICS AND DISABILITIES. UTILIZING ASSESSMENT TOOLS SUCH AS THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING DISABILITY AND HEALTH - CHILDREN AND YOUTH (ICF-CY), AUTISM ASSESSMENT CENTERS SHALL COMPREHENSIVELY ASSESS THE RANGE OF FUNCTIONING AND DEVELOPMENT OF CHILDREN WITH AUTISM INCLUDING BUT NOT LIMITED TO CHILD-ENVIRONMENTAL INTERACTIONS, BODY FUNCTIONING, ACTIVITY LIMITATIONS AND PARTICIPATION RESTRICTIONS.

2. RESIDENTIAL SERVICES THAT PROVIDE SHORT-TERM RESIDENTIAL SERVICES FOR CHILDREN ADMITTED TO THE CENTER WHO REQUIRE A SHORT STAY FOR THE PERIOD IN WHICH THE ASSESSMENT IS CONDUCTED. THESE SERVICES ARE INTENDED TO PROVIDE SUPPORT FOR THE ASSESSMENT ACTIVITIES AND ARE NOT INTENDED TO BE LONG-TERM OR IN THE CAPACITY OF PERMANENT HOUSING.

3. EDUCATIONAL SERVICES SHALL BE PROVIDED WITH EARLY/ACADEMIC PROGRAMMING CONSISTENT WITH THE CHILD'S HOME SCHOOL DISTRICT'S CURRICULUM AND PARTICULAR EDUCATIONAL NEEDS. THE AUTISM ASSESSMENT CENTER SHALL CONSULT WITH THE CHILD'S HOME SCHOOL DISTRICT TO DEVELOP AN APPROPRIATE EDUCATIONAL PLAN.

4. MEDICAL CLINICAL SERVICES. EACH AUTISM ASSESSMENT AND MENTAL HEALTH CENTER SHALL HAVE THE CAPACITY ON-SITE TO PROVIDE FOR THE RESIDENT'S MEDICAL AND CLINICAL NEEDS. THESE SERVICES SHALL BE AVAILABLE TO PROVIDE MEDICAL SERVICES TO ADDRESS GENERAL, CHRONIC, ONGOING, AS WELL AS EMERGENCY MEDICAL CONDITIONS. MEDICAL AND CLINICAL SERVICES AVAILABLE AT THE AUTISM ASSESSMENT CENTER SHALL ALSO BE UTILIZED IN THE ASSESSMENT OF THE CHILD'S CONDITION AND DEVELOPMENT OF AN INTERVENTION AND/OR TREATMENT PLAN.

S 2799-W. STATE IDENTIFICATION AND DEVELOPMENT OF COMPREHENSIVE AUTISM ASSESSMENT CENTERS. WITHIN AMOUNTS APPROPRIATED, THE COMMISSIONER SHALL, PURSUANT TO A REQUEST FOR PROPOSALS, IDENTIFY AND DEVELOP COMPREHENSIVE AUTISM ASSESSMENT CENTERS AS ESTABLISHED IN THIS ARTICLE.

S 2799-X. REPORTING/RESEARCH REQUIREMENTS. 1. EACH RECIPIENT OF FUNDING PURSUANT TO THIS ARTICLE SHALL PROVIDE THE FOLLOWING INFORMATION TO THE DEPARTMENT:

A. THE ANNUAL NUMBER OF CHILDREN RECEIVING SERVICES PURSUANT TO THIS ARTICLE;

B. THE AVERAGE LENGTH OF STAY OF THOSE CHILDREN WHO RECEIVE SERVICES AT SUCH CENTERS;

C. THE TYPE OF PROGRAMS AND INTERVENTIONS THAT CHILDREN RECEIVED;

D. A SUMMARY OF BOTH THE SHORT AND LONG-TERM OUTCOMES FOR THOSE CHILDREN SERVED;

E. THE PERCENTAGE OF CHILDREN SERVED WHO AVOIDED LONG-TERM RESIDENTIAL PLACEMENT; AND

F. THE ESTIMATED SAVINGS TO THE STATE THAT RESULTED FROM THIS OUTCOME.

2. THE DEPARTMENT SHALL COMPILE SUCH REPORTS ON THE CENTERS' ACTIVITIES AND FINDINGS AND REPORT TO THE GOVERNOR AND LEGISLATURE ON OR

BEFORE THE FIRST DAY OF SEPTEMBER, TWO THOUSAND TEN AND EACH YEAR THEREAFTER.

3. THE COMMISSIONER SHALL ASSIST IN AND ENCOURAGE THE DEVELOPMENT OF RESEARCH COLLABORATIONS BETWEEN THE COMPREHENSIVE AUTISM ASSESSMENT CENTERS AND RELEVANT STATE AGENCY FACILITIES, COLLEGES AND UNIVERSITIES AND, WHERE APPROPRIATE, PRIVATE RESEARCH ENTITIES. SUCH COLLABORATIONS SHALL INCLUDE BUT NOT BE LIMITED TO EXAMINATION OF THE PREVALENCE OF AUTISM SPECTRUM DISORDER DIAGNOSES, THE IMPACT OF ENVIRONMENTAL FACTORS ON THE DEVELOPMENT OF AUTISM, THE INFLUENCE OF NUTRITION AND GASTROINTESTINAL HEALTH ON AUTISM AND, THE EFFICACY OF CERTAIN ASSESSMENT TOOLS AND APPROACHES IN THE DEVELOPMENT OF EFFECTIVE INTERVENTIONS.

S 2. This act shall take effect immediately.