

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

8906--B

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 -- 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:

1 Section 1. The public health law is amended by adding a new section
2 2822 to read as follows:
3 S 2822. AUTISM ASSESSMENT CENTERS. 1. THE LEGISLATURE FINDS THAT THE
4 DRAMATIC INCREASE IN THE PREVALENCE OF INDIVIDUALS IDENTIFIED WITH
5 AUTISM SPECTRUM DISORDERS (ASP) AND OTHER COMPLEX DEVELOPMENTAL DISABILITIES REPRESENTS A SIGNIFICANT CHALLENGE IN ENSURING THE PROPER ASSESSMENT AND DEVELOPMENT OF APPROPRIATE INDIVIDUALIZED INTERVENTIONS FOR
6 CHILDREN WITH SEVERE MANIFESTATIONS OF ASD. THE SEVERE, PERVASIVE
7 NATURE OF THESE DISABILITIES IS MANIFESTED NOT ONLY IN DEVELOPMENTAL AND
8 BEHAVIORAL PROBLEMS, BUT IN THE MORE SEVERE CASES, PHYSICAL SYMPTOMS AS
9 WELL. PRESENTING CHARACTERISTICS OF INDIVIDUALS WITH AUTISM SPECTRUM
10 DISORDERS AND COMPLEX DISABILITIES INCLUDE SOCIAL AND COGNITIVE IMPAIRMENT; LANGUAGE DISTURBANCES; PROBLEMS WITH ATTENTION AND SELF-REGULATION; REPETITIVE, STEREOTYPED, AGGRESSIVE, SELF-INJURIOUS BEHAVIORS; AND, OFTEN COMPLEX AND SEVERE CASES CO-OCCURRING WITH MEDICAL CONDITIONS SUCH AS SEIZURE AND SLEEP DISORDERS; AND, PSYCHIATRIC AND HEALTH CONDITIONS SUCH AS FRAGILE X SYNDROME AND TUBEROUS SCLEROSIS.
11 FOR THESE REASONS, THE LEGISLATURE DECLARES THAT THE ESTABLISHMENT OF
12 NEW SHORT-TERM BEHAVIORAL AND ASSESSMENT INTERVENTION UNITS TO PROVIDE
13 FOR THE ASSESSMENT AND INTERVENTION FOR CHILDREN WITH SEVERE FORMS OF
14 ASD IS NECESSARY. THE ACCURATE ASSESSMENT OF INDIVIDUALS WITH ASD IS THE
15 FIRST STEP IN DEVELOPING APPROPRIATE PROGRAMS FOR THESE CHILDREN AND

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

LBD14349-04-9

1 PROVIDING NECESSARY SUPPORTS TO THEIR FAMILIES, AND SCHOOL DISTRICTS,
2 THEREFORE, THE STATE MUST TAKE IMMEDIATE ACTION TO SUPPORT THE DEVELOP-
3 MENT OF AN INTEGRATED, INTERDISCIPLINARY APPROACH FOR THE ASSESSMENT OF
4 CHILDREN'S FUNCTIONAL CHARACTERISTICS AND EFFECTIVE TREATMENT PROTOCOLS
5 TO RESPOND TO THE VARIED NEEDS OF THOSE AFFECTED.

6 2. DEFINITIONS. (A) FOR THE PURPOSES OF THIS SECTION "AUTISM SPECTRUM
7 DISORDER" MEANS ANY OF A GROUP OF NEURODEVELOPMENTAL DISORDERS INCLUD-
8 ING: AUTISM; PERVASIVE DEVELOPMENTAL DISORDER - NOT OTHERWISE SPECIFIED
9 (PDD-NOS); RETT'S SYNDROME; ASPERGER'S DISORDER; AND CHILDHOOD DISINTE-
10 GRATIVE DISORDER. AUTISM IS CHARACTERIZED BY A TRIAD OF ISSUES SUCH AS
11 LANGUAGE AND SOCIAL DISTURBANCE, AND RESTRICTIVE AND REPETITIVE PATTERNS
12 OF PLAY WITH A RIGID ADHERENCE TO SAMENESS. ADDITIONAL CO-OCCURRING
13 IMPAIRMENTS IN THOSE SEVERELY AFFECTED MAY INCLUDE SENSORY PROBLEMS SUCH
14 AS AUDITORY HYPERSENSITIVITY, TEMPERATURE REGULATION ISSUES, SEIZURE
15 DISORDERS, ABNORMAL PAIN THRESHOLD, GASTROINTESTINAL PROBLEMS, AND
16 PSYCHIATRIC CONDITIONS SUCH AS OBSESSIVE COMPULSIVE DISORDER, DEPRESSION
17 AND ANXIETY.

18 (B) "COMPREHENSIVE AUTISM ASSESSMENT CENTER" OR "CENTER" MEANS A
19 CENTER DESIGNATED BY THE COMMISSIONER.

20 3. COMPREHENSIVE AUTISM ASSESSMENT CENTERS ESTABLISHED. THE COMMIS-
21 SIONER SHALL FACILITATE THE DEVELOPMENT AND ESTABLISHMENT OF, AND DESIG-
22 NATE, COMPREHENSIVE CENTERS FOR CHILDREN DIAGNOSED WITH AUTISM SPECTRUM
23 DISORDERS. THE COMMISSIONER SHALL ESTABLISH PROCEDURES AND CRITERIA FOR
24 THE DESIGNATION OF SUCH CENTERS CONSISTENT WITH THIS SECTION. THE
25 CENTERS SHALL BE DESIGNED TO PROVIDE CHILDREN PRIMARILY BETWEEN THE AGES
26 OF FIVE AND EIGHTEEN YEARS WITH AN INTENSIVE, INTEGRATED ASSESSMENT IN
27 THE AREAS OF COMMUNICATION, SOCIALIZATION, GENERAL FUNCTIONING, BEHAV-
28 IORAL, NEUROLOGICAL, PSYCHIATRIC AND MEDICAL FUNCTIONING. THE CENTERS
29 SHALL UTILIZE AN ARRAY OF DISCIPLINES WHICH MAY INCLUDE BUT NOT BE
30 LIMITED TO: PHYSICAL, MEDICAL, AND PSYCHIATRIC; NEUROBEHAVIORAL, NUTRI-
31 TION; GASTROENTEROLOGY; MOTOR AND FITNESS; SLEEP ANALYSIS; COMMUNICATION
32 AND SOCIAL; AND PSYCHO-EDUCATIONAL TO ASSESS THE NEEDS OF THESE CHILDREN
33 AND TO DEVELOP APPROPRIATE SHORT-TERM INTERVENTIONS AND INDIVIDUAL
34 TREATMENT PLANS WHICH ARE DESIGNED TO MANAGE AND IMPROVE FUNCTIONING.
35 SERVICES PROVIDED BY THE AUTISM ASSESSMENT CENTERS SHALL INCLUDE BUT NOT
36 BE LIMITED TO THE FOLLOWING COMPONENTS:

37 (A) INTENSIVE ASSESSMENT SERVICES, INCLUDING INTEGRATED, INTERDISCI-
38 PLINARY ANALYSIS OF A RESIDENT'S FUNCTIONAL CHARACTERISTICS AND DISABIL-
39 ITIES. UTILIZING A COMPREHENSIVE FRAMEWORK SUCH AS THE INTERNATIONAL
40 CLASSIFICATION OF FUNCTIONING DISABILITY AND HEALTH - CHILDREN AND YOUTH
41 (ICF-CY) (WORLD HEALTH ORGANIZATION 2007), CENTERS SHALL COMPREHENSIVELY
42 ASSESS THE RANGE OF FUNCTIONING AND DEVELOPMENT OF CHILDREN WITH AUTISM
43 INCLUDING BUT NOT LIMITED TO CHILD-ENVIRONMENTAL INTERACTIONS, BODY
44 FUNCTIONING, ACTIVITY LIMITATIONS AND PARTICIPATION RESTRICTIONS.

45 (B) RESIDENTIAL SERVICES THAT PROVIDE SHORT-TERM RESIDENTIAL SUPPORT
46 FOR CHILDREN ADMITTED TO THE CENTER WHO REQUIRE A SHORT STAY FOR THE
47 PERIOD IN WHICH THE ASSESSMENT IS CONDUCTED. THESE SERVICES ARE INTENDED
48 TO PROVIDE SUPPORT FOR THE ASSESSMENT ACTIVITIES AND ARE NOT INTENDED
49 TO BE LONG-TERM NOR ARE THEY INTENDED TO BE PROVIDED IN A HOSPITAL OR
50 NURSING HOME AS DEFINED IN THIS ARTICLE OR IN THE CAPACITY OF PERMANENT
51 HOUSING.

52 (C) A CENTER ESTABLISHED BY THIS SECTION SHALL PROVIDE EDUCATIONAL
53 SERVICES APPROVED BY THE STATE EDUCATION DEPARTMENT. SUCH EDUCATION
54 SERVICES PROVIDED SHALL BE ACADEMIC PROGRAMMING CONSISTENT WITH THE
55 CHILD'S HOME SCHOOL DISTRICT'S CURRICULUM AND THE PARTICULAR EDUCATIONAL

1 NEEDS OF THE CHILD. THE CENTER SHALL CONSULT WITH THE CHILD'S HOME
2 SCHOOL DISTRICT TO DEVELOP AN APPROPRIATE EDUCATIONAL PLAN.

3 (D) MEDICAL CLINICAL SERVICES. EACH CENTER SHALL HAVE THE CAPACITY
4 ON-SITE OR READILY ACCESSIBLE TO PROVIDE FOR THE RESIDENT'S MEDICAL AND
5 CLINICAL NEEDS. THESE SERVICES SHALL BE AVAILABLE TO PROVIDE MEDICAL
6 SERVICES TO ADDRESS GENERAL, CHRONIC, AND ONGOING MEDICAL CONDITIONS.
7 MEDICAL AND CLINICAL SERVICES AVAILABLE AT THE CENTER SHALL ALSO BE
8 UTILIZED IN THE ASSESSMENT OF THE CHILD'S CONDITION AND DEVELOPMENT OF
9 AN INTERVENTION AND/OR TREATMENT PLAN.

10 4. GRANTS FOR DEVELOPMENT OF COMPREHENSIVE AUTISM ASSESSMENT CENTERS.
11 WITHIN AMOUNTS APPROPRIATED, THE COMMISSIONER SHALL PROVIDE FUNDING FOR,
12 PURSUANT TO A REQUEST FOR PROPOSALS, COMPREHENSIVE AUTISM ASSESSMENT
13 CENTERS AS ESTABLISHED IN THIS SECTION.

14 5. REPORTING/RESEARCH REQUIREMENTS. (A) EACH RECIPIENT OF FUNDING
15 PURSUANT TO THIS ARTICLE SHALL PROVIDE THE FOLLOWING INFORMATION TO THE
16 DEPARTMENT:

17 (I) THE ANNUAL NUMBER OF CHILDREN RECEIVING SERVICES PURSUANT TO THIS
18 SECTION;

19 (II) THE AVERAGE LENGTH OF STAY OF THOSE CHILDREN WHO RECEIVE SERVICES
20 AT SUCH CENTERS;

21 (III) THE TYPE OF PROGRAMS AND INTERVENTIONS THAT CHILDREN RECEIVED;

22 (IV) A SUMMARY OF BOTH THE SHORT AND LONG-TERM OUTCOMES FOR THOSE
23 CHILDREN SERVED;

24 (V) THE PERCENTAGE OF CHILDREN SERVED WHO AVOIDED LONG-TERM RESIDEN-
25 TIAL PLACEMENT; AND

26 (VI) THE ESTIMATED SAVINGS TO THE STATE THAT RESULTED FROM THIS
27 OUTCOME.

28 (B) THE DEPARTMENT SHALL COMPILE SUCH REPORTS ON THE CENTERS' ACTIV-
29 ITIES AND FINDINGS AND REPORT TO THE GOVERNOR AND LEGISLATURE ON OR
30 BEFORE THE FIRST DAY OF SEPTEMBER, TWO THOUSAND TEN AND EACH YEAR THERE-
31 AFTER.

32 (C) THE COMMISSIONER SHALL ASSIST IN AND ENCOURAGE THE DEVELOPMENT OF
33 RESEARCH COLLABORATIONS BETWEEN THE CENTERS AND RELEVANT STATE AGENCY
34 FACILITIES, COLLEGES AND UNIVERSITIES AND, WHERE APPROPRIATE, PRIVATE
35 RESEARCH ENTITIES. SUCH COLLABORATIONS SHALL INCLUDE BUT NOT BE LIMITED
36 TO EXAMINATION OF THE PREVALENCE OF AUTISM SPECTRUM DISORDER DIAGNOSES,
37 THE IMPACT OF ENVIRONMENTAL FACTORS ON THE DEVELOPMENT OF AUTISM, THE
38 INFLUENCE OF NUTRITION AND GASTROINTESTINAL HEALTH ON AUTISM AND, THE
39 EFFICACY OF CERTAIN ASSESSMENT TOOLS AND APPROACHES IN THE DEVELOPMENT
40 OF EFFECTIVE INTERVENTIONS.

41 S 2. This act shall take effect immediately.