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I N S E N A T E

January 21, 2010

Introduced by Sen. DUANE -- read twice and ordered printed, and when printed to be committed to the Committee on Health

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 2823 to read as follows:
3 S 2823. AUTISM ASSESSMENT CENTERS. 1. THE LEGISLATURE FINDS THAT THE
4 DRAMATIC INCREASE IN THE PREVALENCE OF INDIVIDUALS IDENTIFIED WITH
5 AUTISM SPECTRUM DISORDERS (ASD) AND OTHER COMPLEX DEVELOPMENTAL DISABIL-
6 ITIES REPRESENTS A SIGNIFICANT CHALLENGE IN ENSURING THE PROPER ASSESS-
7 MENT AND DEVELOPMENT OF APPROPRIATE INDIVIDUALIZED INTERVENTIONS FOR
8 CHILDREN WITH SEVERE MANIFESTATIONS OF ASD. THE SEVERE, PERVASIVE
9 NATURE OF THESE DISABILITIES IS MANIFESTED NOT ONLY IN DEVELOPMENTAL AND
10 BEHAVIORAL PROBLEMS, BUT IN THE MORE SEVERE CASES, PHYSICAL SYMPTOMS AS
11 WELL. PRESENTING CHARACTERISTICS OF INDIVIDUALS WITH AUTISM SPECTRUM
12 DISORDERS AND COMPLEX DISABILITIES INCLUDE SOCIAL AND COGNITIVE IMPAIR-
13 MENT; LANGUAGE DISTURBANCES; PROBLEMS WITH ATTENTION AND SELF-REGULA-
14 TION; REPETITIVE, STEREOTYPED, AGGRESSIVE, SELF-INJURIOUS BEHAVIORS;
15 AND, OFTEN COMPLEX AND SEVERE CASES CO-OCCURRING WITH MEDICAL CONDITIONS
16 SUCH AS SEIZURE AND SLEEP DISORDERS; AND, PSYCHIATRIC AND HEALTH CONDI-
17 TIONS SUCH AS FRAGILE X SYNDROME AND TUBEROUS SCLEROSIS.
18 FOR THESE REASONS, THE LEGISLATURE DECLARES THAT THE ESTABLISHMENT OF
19 NEW SHORT-TERM BEHAVIORAL AND ASSESSMENT INTERVENTION UNITS TO PROVIDE
20 FOR THE ASSESSMENT AND INTERVENTION FOR CHILDREN WITH SEVERE FORMS OF
21 ASD IS NECESSARY. THE ACCURATE ASSESSMENT OF INDIVIDUALS WITH ASD IS THE
22 FIRST STEP IN DEVELOPING APPROPRIATE PROGRAMS FOR THESE CHILDREN AND
23 PROVIDING NECESSARY SUPPORTS TO THEIR FAMILIES, AND SCHOOL DISTRICTS,
24 THEREFORE, THE STATE MUST TAKE IMMEDIATE ACTION TO SUPPORT THE DEVELOP-
25 MENT OF AN INTEGRATED, INTERDISCIPLINARY APPROACH FOR THE ASSESSMENT OF
26 CHILDREN'S FUNCTIONAL CHARACTERISTICS AND EFFECTIVE TREATMENT PROTOCOLS
27 TO RESPOND TO THE VARIED NEEDS OF THOSE AFFECTED.

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

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

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

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

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

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

47 (C) A CENTER ESTABLISHED BY THIS SECTION SHALL PROVIDE EDUCATIONAL
48 SERVICES APPROVED BY THE STATE EDUCATION DEPARTMENT. SUCH EDUCATION
49 SERVICES PROVIDED SHALL BE ACADEMIC PROGRAMMING CONSISTENT WITH THE
50 CHILD'S HOME SCHOOL DISTRICT'S CURRICULUM AND THE PARTICULAR EDUCATIONAL
51 NEEDS OF THE CHILD. THE CENTER SHALL CONSULT WITH THE CHILD'S HOME
52 SCHOOL DISTRICT TO DEVELOP AN APPROPRIATE EDUCATIONAL PLAN.

53 (D) MEDICAL CLINICAL SERVICES. EACH CENTER SHALL HAVE THE CAPACITY
54 ON-SITE OR READILY ACCESSIBLE TO PROVIDE FOR THE RESIDENT'S MEDICAL AND
55 CLINICAL NEEDS. THESE SERVICES SHALL BE AVAILABLE TO PROVIDE MEDICAL
56 SERVICES TO ADDRESS GENERAL, CHRONIC, AND ONGOING MEDICAL CONDITIONS.

1 MEDICAL AND CLINICAL SERVICES AVAILABLE AT THE CENTER SHALL ALSO BE
2 UTILIZED IN THE ASSESSMENT OF THE CHILD'S CONDITION AND DEVELOPMENT OF
3 AN INTERVENTION AND/OR TREATMENT PLAN.

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

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

11 (I) THE ANNUAL NUMBER OF CHILDREN RECEIVING SERVICES PURSUANT TO THIS
12 SECTION;

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

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

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

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

20 (VI) THE ESTIMATED SAVINGS TO THE STATE THAT RESULTED FROM THIS
21 OUTCOME.

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

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

35 S 2. This act shall take effect immediately.