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

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I N S E N A T E

February 1, 2010

Introduced by Sen. McDONALD -- 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 defining a bill of rights for persons with autism or autism spectrum disorders

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

Section 1. The mental hygiene law is amended by adding a new section 16.39 to read as follows:

S 16.39 BILL OF RIGHTS FOR PERSONS WITH AUTISM OR AUTISM SPECTRUM DISORDERS.

(A) BOTH EARLY INTERVENTION AND CONTINUING TREATMENT ARE INTEGRAL TO THE HEALTHCARE OF THOSE DIAGNOSED WITH AUTISM OR AUTISM SPECTRUM DISORDERS. INSURANCE COMPANIES SHALL NOT DISCRIMINATE AGAINST INDIVIDUALS WITH SUCH DIAGNOSES BY IMPOSING FINANCIAL BURDENS AND BARRIERS TO TREATMENT SUCH AS DIFFERENTIAL DEDUCTIBLES, DISPARATE CO-PAYS, SPENDING CAPS, AND ARBITRARY LIMITS ON ACCESS TO MEDICALLY NECESSARY INPATIENT AND/OR OUTPATIENT SERVICES.

(B) ALL PERSONS WITH AUTISM OR AUTISM SPECTRUM DISORDERS SHALL HAVE THE FOLLOWING RIGHTS:

(1) THE RIGHT TO AN INCREASED INVESTMENT IN HIGH-QUALITY RESEARCH ON THE ORIGIN, DIAGNOSIS AND TREATMENT OF AUTISM AND AUTISM SPECTRUM DISORDERS;

(2) THE RIGHT TO ACCESS, AND HAVE THEIR PARENTS AND/OR GUARDIANS ACCESS, A COMPREHENSIVE CONTINUUM OF CARE BASED ON THE PATIENT'S NEEDS--INCLUDING A FULL RANGE OF PSYCHOSOCIAL, BEHAVIORAL, PHARMACOLOGICAL AND EDUCATIONAL SERVICES--REGARDLESS OF THE COST;

(3) THE RIGHT TO RECEIVE TREATMENT WITHIN A COORDINATED SYSTEM OF CARE WHERE ALL AGENCIES DELIVERING SERVICES (INCLUDING BUT NOT LIMITED TO HEALTH, MENTAL HEALTH, CHILD WELFARE, JUVENILE JUSTICE AND EDUCATION) WORK TOGETHER TO OPTIMIZE TREATMENT OUTCOME;

(4) THE RIGHT TO RECEIVE IN-HOME CARE, AS WELL AS TREATMENT IN COMMUNITY-BASED SETTINGS AS CLOSE TO HOME AS POSSIBLE;

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

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(5) THE RIGHT TO RECEIVE CARE FROM HIGHLY QUALIFIED PROFESSIONALS WHO ACT IN THE BEST INTERESTS OF THE PATIENT AND FAMILY;

(6) THE RIGHT TO TREATMENT THAT IS FAMILY-DRIVEN AND PATIENT-FOCUSED. PARENTS AND/OR GUARDIANS (AND PATIENTS WHEN APPROPRIATE) MUST HAVE THE PRIMARY DECISION-MAKING ROLE WITH REGARD TO TREATMENT;

(7) THE RIGHT TO RECEIVE, AND HAVE THEIR PARENTS AND/OR GUARDIANS RECEIVE, ALL INFORMATION REGARDING THE RISKS, BENEFITS AND ANTICIPATED OUTCOMES OF ALL AVAILABLE TREATMENT OPTIONS THAT IS NECESSARY TO FACILITATE EDUCATED DECISIONS AND INFORMED CONSENT;

(8) THE RIGHT TO ACCESS, AND HAVE THEIR PARENTS AND/OR GUARDIANS ACCESS, MENTAL HEALTH PROFESSIONALS WITH APPROPRIATE TRAINING AND EXPERIENCE. PRIMARY CARE PROFESSIONALS PROVIDING MENTAL HEALTH SERVICES MUST HAVE ACCESS TO CONSULTATION AND REFERRAL RESOURCES FROM QUALIFIED MENTAL HEALTH PROFESSIONALS; AND

(9) THE RIGHT TO APPROPRIATE MONITORING OF PHARMACEUTICAL TREATMENT FOR MENTAL DISORDERS, BOTH TO OPTIMIZE THE BENEFITS AND TO MINIMIZE ANY RISKS OR POTENTIAL SIDE-EFFECTS ASSOCIATED WITH SUCH TREATMENTS.

S 2. This act shall take effect immediately.