

1056

2015-2016 Regular Sessions

I N A S S E M B L Y

January 8, 2015

Introduced by M. of A. GUNTHER, GOTTFRIED, ABBATE, SCARBOROUGH, RIVERA,
COLTON, TITONE, RAIA, MONTESANO, LUPINACCI, CROUCH -- read once and
referred to the Committee on Health

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

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

1 Section 1. Subdivision 1 of section 2801 of the public health law, as
2 separately amended by chapters 297 and 416 of the laws of 1983, is
3 amended to read as follows:
4 1. "Hospital" means a facility or institution engaged principally in
5 providing services by or under the supervision of a physician or, in the
6 case of a dental clinic or dental dispensary, of a dentist, for the
7 prevention, diagnosis or treatment of human disease, pain, injury,
8 deformity or physical condition, including, but not limited to, a gener-
9 al hospital, public health center, diagnostic center, treatment center,
10 dental clinic, dental dispensary, rehabilitation center other than a
11 facility used solely for vocational rehabilitation, nursing home, tuber-
12 culosis hospital, chronic disease hospital, maternity hospital, lying-
13 in-asylum, out-patient department, out-patient lodge, dispensary and a
14 laboratory or central service facility serving one or more such insti-
15 tutions, A COMPREHENSIVE AUTISM ASSESSMENT CENTER, but the term hospital
16 shall not include an institution, sanitarium or other facility engaged
17 principally in providing services for the prevention, diagnosis or
18 treatment of mental disability and which is subject to the powers of
19 visitation, examination, inspection and investigation of the department
20 of mental hygiene except for those distinct parts of such a facility
21 which provide hospital service. The provisions of this article shall not
22 apply to a facility or institution engaged principally in providing
23 services by or under the supervision of the bona fide members and adher-
24 ents of a recognized religious organization whose teachings include

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

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1 reliance on spiritual means through prayer alone for healing in the
2 practice of the religion of such organization and where services are
3 provided in accordance with those teachings.

4 S 2. Section 2801 of the public health law is amended by adding a new
5 subdivision 11 to read as follows:

6 11. "COMPREHENSIVE AUTISM ASSESSMENT CENTER" MEANS A COMPREHENSIVE
7 AUTISM ASSESSMENT CENTER UNDER SECTION TWENTY-EIGHT HUNDRED TWENTY-SEVEN
8 OF THIS ARTICLE.

9 S 3. The public health law is amended by adding a new section 2827 to
10 read as follows:

11 S 2827. COMPREHENSIVE AUTISM ASSESSMENT CENTERS. 1. DEFINITIONS. FOR
12 THE PURPOSES OF THIS SECTION, UNLESS THE CONTEXT CLEARLY REQUIRES OTHER-
13 WISE:

14 (A) "AUTISM SPECTRUM DISORDER" MEANS ANY OF A GROUP OF NEURODEVELOP-
15 MENTAL DISORDERS INCLUDING: AUTISM; PERVASIVE DEVELOPMENTAL DISORDER -
16 NOT OTHERWISE SPECIFIED (PDD-NOS); RETT'S SYNDROME; ASPERGER'S DISORDER;
17 AND CHILDHOOD DISINTEGRATIVE DISORDER. AUTISM SPECTRUM DISORDERS MAY
18 INCLUDE CHARACTERISTICS SUCH AS LANGUAGE DISTURBANCE, SOCIAL DISTURB-
19 ANCE, AND RESTRICTIVE AND REPETITIVE PATTERNS OF PLAY WITH A RIGID
20 ADHERENCE TO SAMENESS. ADDITIONAL CO-OCCURRING IMPAIRMENTS IN THOSE
21 SEVERELY AFFECTED MAY INCLUDE SENSORY PROBLEMS SUCH AS AUDITORY HYPER-
22 SENSITIVITY, TEMPERATURE REGULATION ISSUES, SEIZURE DISORDERS, ABNORMAL
23 PAIN THRESHOLD, GASTROINTESTINAL PROBLEMS, AND PSYCHIATRIC CONDITIONS
24 SUCH AS OBSESSIVE COMPULSIVE DISORDER, DEPRESSION AND ANXIETY.

25 (B) "COMPREHENSIVE AUTISM ASSESSMENT CENTER" OR "CENTER" MEANS A
26 CENTER DESIGNATED BY THE COMMISSIONER UNDER THIS SECTION.

27 2. COMPREHENSIVE AUTISM ASSESSMENT CENTERS ESTABLISHED. (A) THE
28 COMMISSIONER SHALL FACILITATE THE DEVELOPMENT AND ESTABLISHMENT OF, AND
29 DESIGNATE, FOUR COMPREHENSIVE CENTERS FOR THE ASSESSMENT OF CHILDREN
30 PRIMARILY BETWEEN THE AGES OF FIVE AND EIGHTEEN DIAGNOSED WITH AUTISM
31 SPECTRUM DISORDERS AND DEVELOPMENT OF APPROPRIATE SHORT-TERM INTER-
32 VENTIONS AND INDIVIDUAL TREATMENT PLANS WHICH ARE DESIGNED TO MANAGE AND
33 IMPROVE FUNCTIONING. THE COMMISSIONER SHALL ESTABLISH PROCEDURES AND
34 CRITERIA FOR THE DESIGNATION OF SUCH CENTERS CONSISTENT WITH THIS
35 SECTION.

36 (B) THE CENTERS SHALL UTILIZE AN ARRAY OF DISCIPLINES WHICH MAY
37 INCLUDE BUT NOT BE LIMITED TO: PHYSICAL, MEDICAL AND PSYCHIATRIC; NEURO-
38 BEHAVIORAL; NUTRITION; GASTROENTEROLOGY; MOTOR AND FITNESS; SLEEP ANALY-
39 SIS; COMMUNICATION AND SOCIAL; AND PSYCHO-EDUCATIONAL. SERVICES PROVIDED
40 BY THE CENTERS MAY INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING COMPO-
41 NENTS:

42 (I) INTENSIVE ASSESSMENT SERVICES, INCLUDING INTEGRATED, INTERDISCI-
43 PLINARY ANALYSIS OF A RESIDENT'S FUNCTIONAL CHARACTERISTICS AND DISABIL-
44 ITIES. UTILIZING A COMPREHENSIVE FRAMEWORK SUCH AS INTERNATIONAL CLASSI-
45 FICATION OF FUNCTIONING DISABILITY AND HEALTH-CHILDREN AND YOUTH
46 (ICF-CY)(WORLD HEALTH ORGANIZATION 2007), CENTERS SHALL COMPREHENSIVELY
47 ASSESS THE RANGE OF FUNCTIONING AND DEVELOPMENT OF CHILDREN WITH AUTISM
48 SPECTRUM DISORDERS INCLUDING BUT NOT LIMITED TO: COMMUNICATION; SOCIALI-
49 ZATION; GENERAL, BEHAVIORAL, NEUROLOGICAL, PSYCHIATRIC, BODY AND MEDICAL
50 FUNCTIONING; CHILD-ENVIRONMENTAL INTERACTIONS; ACTIVITY LIMITATIONS; AND
51 PARTICIPATION RESTRICTIONS.

52 (II) DEVELOPMENT OF APPROPRIATE SHORT-TERM INTERVENTIONS AND INDIVID-
53 UAL TREATMENT PLANS WHICH ARE DESIGNED TO MANAGE AND IMPROVE FUNCTIONING
54 FOR THE CHILDREN ASSESSED BY THE CENTER.

55 (III) RESIDENTIAL SERVICES THAT PROVIDE SHORT-TERM RESIDENTIAL SUPPORT
56 FOR CHILDREN ADMITTED TO THE CENTER WHO REQUIRE A SHORT STAY FOR THE

1 PERIOD IN WHICH THE ASSESSMENT IS CONDUCTED. THESE SERVICES ARE INTENDED
2 TO PROVIDE SUPPORT FOR THE ASSESSMENT ACTIVITIES AND ARE NOT TO BE
3 LONG-TERM NOR ARE THEY TO BE PROVIDED IN A GENERAL HOSPITAL OR NURSING
4 HOME AS DEFINED IN THIS ARTICLE NOR IN THE CAPACITY OF PERMANENT HOUS-
5 ING.

6 (IV) EDUCATIONAL SERVICES APPROVED BY THE STATE EDUCATION DEPARTMENT.
7 SUCH EDUCATION SERVICES PROVIDED SHALL BE CONSISTENT WITH THE CHILD'S
8 HOME SCHOOL DISTRICT'S CURRICULUM AND THE EDUCATIONAL NEEDS OF THE
9 CHILD, AND APPROPRIATE TO THE CHILD'S SHORT-TERM STAY IN THE CENTER. THE
10 CENTER SHALL CONSULT WITH THE CHILD'S HOME SCHOOL DISTRICT TO DEVELOP AN
11 APPROPRIATE EDUCATIONAL PLAN.

12 (V) MEDICAL CLINICAL SERVICES. EACH CENTER SHALL HAVE THE CAPACITY
13 ON-SITE OR READILY ACCESSIBLE TO PROVIDE FOR THE RESIDENT'S MEDICAL AND
14 CLINICAL NEEDS. THESE SERVICES SHALL BE AVAILABLE TO PROVIDE MEDICAL
15 SERVICES TO ADDRESS GENERAL, CHRONIC AND ONGOING MEDICAL CONDITIONS.

16 3. GRANTS FOR DEVELOPMENT OF COMPREHENSIVE AUTISM ASSESSMENT CENTERS.
17 WITHIN AMOUNTS APPROPRIATED, THE COMMISSIONER SHALL PROVIDE FUNDING,
18 PURSUANT TO A REQUEST FOR PROPOSALS, TO AID IN THE DEVELOPMENT OF
19 COMPREHENSIVE AUTISM ASSESSMENT CENTERS.

20 4. REPORTING/RESEARCH REQUIREMENTS. (A) EACH RECIPIENT OF FUNDING
21 PURSUANT TO THIS SECTION SHALL PROVIDE THE FOLLOWING INFORMATION AND
22 SUCH OTHER INFORMATION AS THE DEPARTMENT MAY REASONABLY REQUIRE WITH
23 RESPECT TO THE CENTER TO THE DEPARTMENT, ANNUALLY AS REQUIRED BY THE
24 DEPARTMENT:

25 (I) THE ANNUAL NUMBER OF CHILDREN RECEIVING SERVICES PURSUANT TO THIS
26 SECTION;

27 (II) THE AVERAGE LENGTH OF STAY OF THOSE CHILDREN WHO RECEIVE SERVICES
28 AT THE CENTER; AND

29 (III) THE TYPE OF PROGRAMS AND INTERVENTIONS THAT CHILDREN RECEIVED.

30 (B) THE DEPARTMENT SHALL ANNUALLY COMPILE SUCH REPORTS ON THE CENTERS'
31 ACTIVITIES AND FINDINGS AND ANNUALLY REPORT ON THE CENTERS TO THE GOVER-
32 NOR AND LEGISLATURE.

33 (C) THE COMMISSIONER SHALL ASSIST IN AND ENCOURAGE THE DEVELOPMENT OF
34 RESEARCH COLLABORATIONS BETWEEN THE CENTERS AND RELEVANT STATE AGENCY
35 FACILITIES, COLLEGES AND UNIVERSITIES AND, WHERE APPROPRIATE, PRIVATE
36 RESEARCH ENTITIES.

37 S 4. This act shall take effect immediately.