

839

2015-2016 Regular Sessions

I N   A S S E M B L Y

January 7, 2015

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Introduced by M. of A. GUNTHER, CUSICK, TITONE, JAFFEE, COLTON, MOSLEY, MONTESANO, DUPREY, CROUCH -- Multi-Sponsored by -- M. of A. ARROYO, RIVERA, SANTABARBARA -- read once and referred to the Committee on Mental Health

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:

1     Section 1. The mental hygiene law is amended by adding a new section  
2     16.39 to read as follows:  
3     S 16.39 BILL OF RIGHTS FOR PERSONS WITH AUTISM OR AUTISM SPECTRUM DISOR-  
4     DERS.  
5     (A) BOTH EARLY INTERVENTION AND CONTINUING TREATMENT ARE INTEGRAL TO  
6     THE HEALTHCARE OF THOSE DIAGNOSED WITH AUTISM OR AUTISM SPECTRUM DISOR-  
7     DERS. INSURANCE COMPANIES SHALL NOT DISCRIMINATE AGAINST INDIVIDUALS  
8     WITH SUCH DIAGNOSES BY IMPOSING FINANCIAL BURDENS AND BARRIERS TO TREAT-  
9     MENT SUCH AS DIFFERENTIAL DEDUCTIBLES, DISPARATE CO-PAYS, SPENDING CAPS,  
10    AND ARBITRARY LIMITS ON ACCESS TO MEDICALLY NECESSARY INPATIENT AND/OR  
11    OUTPATIENT SERVICES.  
12    (B) ALL PERSONS WITH AUTISM OR AUTISM SPECTRUM DISORDERS SHALL HAVE  
13    THE FOLLOWING RIGHTS:  
14    (1) THE RIGHT TO AN INCREASED INVESTMENT IN HIGH-QUALITY RESEARCH ON  
15    THE ORIGIN, DIAGNOSIS AND TREATMENT OF AUTISM AND AUTISM SPECTRUM DISOR-  
16    DERS;  
17    (2) THE RIGHT TO ACCESS, AND HAVE THEIR PARENTS AND/OR GUARDIANS  
18    ACCESS, A COMPREHENSIVE CONTINUUM OF CARE BASED ON THE PATIENT'S NEEDS-  
19    -INCLUDING A FULL RANGE OF PSYCHOSOCIAL, BEHAVIORAL, PHARMACOLOGICAL AND  
20    EDUCATIONAL SERVICES--REGARDLESS OF THE COST;  
21    (3) THE RIGHT TO RECEIVE TREATMENT WITHIN A COORDINATED SYSTEM OF CARE  
22    WHERE ALL AGENCIES DELIVERING SERVICES (INCLUDING BUT NOT LIMITED TO

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

LBD01010-01-5

1 HEALTH, MENTAL HEALTH, CHILD WELFARE, JUVENILE JUSTICE AND EDUCATION)  
2 WORK TOGETHER TO OPTIMIZE TREATMENT OUTCOME;  
3 (4) THE RIGHT TO RECEIVE IN-HOME CARE, AS WELL AS TREATMENT IN COMMU-  
4 NITY-BASED SETTINGS AS CLOSE TO HOME AS POSSIBLE;  
5 (5) THE RIGHT TO RECEIVE CARE FROM HIGHLY QUALIFIED PROFESSIONALS WHO  
6 ACT IN THE BEST INTERESTS OF THE PATIENT AND FAMILY;  
7 (6) THE RIGHT TO TREATMENT THAT IS FAMILY-DRIVEN AND PATIENT-FOCUSED.  
8 PARENTS AND/OR GUARDIANS (AND PATIENTS WHEN APPROPRIATE) MUST HAVE THE  
9 PRIMARY DECISION-MAKING ROLE WITH REGARD TO TREATMENT;  
10 (7) THE RIGHT TO RECEIVE, AND HAVE THEIR PARENTS AND/OR GUARDIANS  
11 RECEIVE, ALL INFORMATION REGARDING THE RISKS, BENEFITS AND ANTICIPATED  
12 OUTCOMES OF ALL AVAILABLE TREATMENT OPTIONS THAT IS NECESSARY TO FACILI-  
13 TATE EDUCATED DECISIONS AND INFORMED CONSENT;  
14 (8) THE RIGHT TO ACCESS, AND HAVE THEIR PARENTS AND/OR GUARDIANS  
15 ACCESS, MENTAL HEALTH PROFESSIONALS WITH APPROPRIATE TRAINING AND EXPE-  
16 RIENCE. PRIMARY CARE PROFESSIONALS PROVIDING MENTAL HEALTH SERVICES  
17 MUST HAVE ACCESS TO CONSULTATION AND REFERRAL RESOURCES FROM QUALIFIED  
18 MENTAL HEALTH PROFESSIONALS; AND  
19 (9) THE RIGHT TO APPROPRIATE MONITORING OF PHARMACEUTICAL TREATMENT  
20 FOR MENTAL DISORDERS, BOTH TO OPTIMIZE THE BENEFITS AND TO MINIMIZE ANY  
21 RISKS OR POTENTIAL SIDE-EFFECTS ASSOCIATED WITH SUCH TREATMENTS.  
22 S 2. This act shall take effect immediately.