

1503

2015-2016 Regular Sessions

I N S E N A T E

January 13, 2015

Introduced by Sen. KENNEDY -- 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 the definition of autism

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

- 1 Section 1. Section 1.03 of the mental hygiene law is amended by adding
2 a new subdivision 59 to read as follows:
3 59. "AUTISM" MEANS A PERVASIVE DEVELOPMENTAL DISORDER THAT MEETS ANY
4 OF THE FOLLOWING CRITERIA:
5 (A) AUTISTIC DISORDER, WHICH IS:
6 (I) THE DIAGNOSES OF AT LEAST SIX OF THE FOLLOWING SYMPTOMS, WITH AT
7 LEAST TWO SYMPTOMS COMING FROM CLAUSE ONE OF THIS SUBPARAGRAPH, ONE
8 SYMPTOM COMING FROM CLAUSE TWO OF THIS SUBPARAGRAPH, AND ONE SYMPTOM
9 COMING FROM CLAUSE THREE OF THIS SUBPARAGRAPH.
10 (1) QUALITATIVE IMPAIRMENT IN SOCIAL INTERACTION, AS MANIFESTED BY AT
11 LEAST TWO OF THE FOLLOWING:
12 (A) MARKED IMPAIRMENT IN THE USE OF MULTIPLE, NONVERBAL BEHAVIORS SUCH
13 AS EYE-TO-EYE GAZE, FACIAL EXPRESSION, BODY POSTURES, AND GESTURES, TO
14 REGULATE SOCIAL INTERACTION.
15 (B) FAILURE TO DEVELOP PEER RELATIONSHIPS APPROPRIATE TO DEVELOPMENTAL
16 LEVEL.
17 (C) A LACK OF SPONTANEOUS SEEKING TO SHARE ENJOYMENT, INTERESTS, OR
18 ACHIEVEMENTS WITH OTHER PEOPLE (E.G., BY A LACK OF SHOWING, BRINGING, OR
19 POINTING OUT OBJECTS OF INTEREST).
20 (D) LACK OF SOCIAL OR EMOTIONAL RECIPROCITY.
21 (2) QUALITATIVE IMPAIRMENTS IN COMMUNICATION AS MANIFESTED BY AT LEAST
22 ONE OF THE FOLLOWING:
23 (A) DELAY IN, OR TOTAL LACK OF, THE DEVELOPMENT OF SPOKEN LANGUAGE
24 (NOT ACCOMPANIED BY AN ATTEMPT TO COMPENSATE THROUGH ALTERNATIVE MODES
25 OF COMMUNICATION SUCH AS GESTURE OR MIME).
26 (B) IN INDIVIDUALS WITH ADEQUATE SPEECH, MARKED IMPAIRMENT IN THE
27 ABILITY TO INITIATE OR SUSTAIN A CONVERSATION WITH OTHERS.

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

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1 (C) STEREOTYPED AND REPETITIVE USE OF LANGUAGE OR IDIOSYNCRATIC
2 LANGUAGE.
3 (D) LACK OF VARIED, SPONTANEOUS MAKE-BELIEVE PLAY OR SOCIAL IMITATIVE
4 PLAY APPROPRIATE TO DEVELOPMENTAL LEVEL.
5 (3) RESTRICTED REPETITIVE AND STEREOTYPED PATTERNS OF BEHAVIOR, INTER-
6 ESTS, AND ACTIVITIES, AS MANIFESTED BY AT LEAST ONE OF THE FOLLOWING:
7 (A) ENCOMPASSING PREOCCUPATION WITH ONE OR MORE STEREOTYPED AND
8 RESTRICTED PATTERNS OF INTEREST THAT IS ABNORMAL EITHER IN INTENSITY OR
9 FOCUS.
10 (B) APPARENTLY INFLEXIBLE ADHERENCE TO SPECIFIC, NONFUNCTIONAL
11 ROUTINES OR RITUALS.
12 (C) STEREOTYPED AND REPETITIVE MOTOR MANNERS (E.G., HAND OR FINGER
13 FLAPPING OR TWISTING, OR COMPLEX WHOLE-BODY MOVEMENTS).
14 (D) PERSISTENT PREOCCUPATION WITH PARTS OF OBJECTS.
15 (II) DELAYS OR ABNORMAL FUNCTIONING IN AT LEAST ONE OF THE FOLLOWING
16 AREAS, WITH ONSET PRIOR TO THREE YEARS OF AGE:
17 (1) SOCIAL INTERACTION,
18 (2) LANGUAGE AS USED IN SOCIAL COMMUNICATION, OR
19 (3) SYMBOLIC OR IMAGINATIVE PLAY.
20 (III) THE DISTURBANCE IS NOT BETTER ACCOUNTED FOR BY RETT'S DISORDER
21 OR CHILDHOOD DISINTEGRATIVE DISORDER.
22 (B) ASPERGER'S DISORDER, WHICH IS:
23 (I) QUALITATIVE IMPAIRMENT IN SOCIAL INTERACTION, AS MANIFESTED BY AT
24 LEAST TWO OF THE FOLLOWING:
25 (1) MARKED IMPAIRMENT IN THE USE OF MULTIPLE NONVERBAL BEHAVIORS SUCH
26 AS EYE-TO-EYE GAZE, FACIAL EXPRESSION, BODY POSTURES, AND GESTURES TO
27 REGULATE SOCIAL INTERACTION.
28 (2) FAILURE TO DEVELOP PEER RELATIONSHIPS APPROPRIATE TO DEVELOPMENTAL
29 LEVEL.
30 (3) A LACK OF SPONTANEOUS SEEKING TO SHARE ENJOYMENT, INTERESTS, OR
31 ACHIEVEMENTS WITH OTHER PEOPLE (E.G., BY A LACK OF SHOWING, BRINGING, OR
32 POINTING OUT OBJECTS OF INTEREST TO OTHER PEOPLE).
33 (4) LACK OF SOCIAL OR EMOTIONAL RECIPROCITY.
34 (II) RESTRICTED REPETITIVE AND STEREOTYPED PATTERNS OF BEHAVIOR,
35 INTERESTS AND ACTIVITIES, AS MANIFESTED BY AT LEAST ONE OF THE FOLLOW-
36 ING:
37 (1) ENCOMPASSING PREOCCUPATION WITH ONE OR MORE STEREOTYPED AND
38 RESTRICTED PATTERNS OF INTEREST THAT IS ABNORMAL EITHER IN INTENSITY OR
39 FOCUS.
40 (2) APPARENTLY INFLEXIBLE ADHERENCE TO SPECIFIC, NONFUNCTIONAL
41 ROUTINES OR RITUALS.
42 (3) STEREOTYPED AND REPETITIVE MOTOR MANNERISMS (E.G., HAND OR FINGER
43 FLAPPING OR TWISTING, OR COMPLEX WHOLE-BODY MOVEMENTS).
44 (4) PERSISTENT PREOCCUPATION WITH PARTS OF OBJECTS.
45 (III) THE DISTURBANCE CAUSES CLINICALLY SIGNIFICANT IMPAIRMENT IN
46 SOCIAL, OCCUPATIONAL, OR OTHER IMPORTANT AREAS OF FUNCTIONING.
47 (IV) THERE IS NO CLINICALLY SIGNIFICANT GENERAL DELAY IN LANGUAGE
48 (E.G., SINGLE WORDS USED BY AGE TWO, COMMUNICATIVE PHRASES USED BY AGE
49 THREE).
50 (V) THERE IS NO CLINICALLY SIGNIFICANT DELAY IN COGNITIVE DEVELOPMENT
51 OR IN THE DEVELOPMENT OF AGE-APPROPRIATE SELF-HELP SKILLS, ADAPTIVE
52 BEHAVIOR (OTHER THAN IN SOCIAL INTERACTION), AND CURIOSITY ABOUT THE
53 ENVIRONMENT IN CHILDHOOD.
54 (VI) CRITERIA ARE NOT MET FOR ANOTHER SPECIFIC PERVASIVE DEVELOPMENTAL
55 DISORDER OR SCHIZOPHRENIA.

1 (C) PERVASIVE DEVELOPMENTAL DISORDER NOT OTHERWISE SPECIFIED (INCLUD-
2 ING ATYPICAL AUTISM), WHICH IS WHEN THERE IS A SEVERE AND PERVASIVE
3 IMPAIRMENT IN THE DEVELOPMENT OF RECIPROCAL SOCIAL INTERACTION ASSOCI-
4 ATED WITH IMPAIRMENT IN EITHER VERBAL OR NONVERBAL COMMUNICATION SKILLS
5 OR WITH THE PRESENCE OF STEREOTYPED BEHAVIOR, INTERESTS, AND ACTIVITIES,
6 BUT THE CRITERIA ARE NOT MET FOR A SPECIFIC PERVASIVE DEVELOPMENTAL
7 DISORDER, SCHIZOPHRENIA, SCHIZOTYPAL PERSONALITY DISORDER, OR AVOIDANT
8 PERSONALITY DISORDER. FOR EXAMPLE, THIS CATEGORY INCLUDES "ATYPICAL
9 AUTISM" - PRESENTATIONS THAT DO NOT MEET THE CRITERIA FOR AUTISTIC
10 DISORDER BECAUSE OF LATE AGE AT ONSET, ATYPICAL SYMPTOMATOLOGY, OR
11 SUBTHRESHOLD SYMPTOMATOLOGY, OR ALL OF THESE.

12 (D) RETT'S DISORDER, WHICH IS:

13 (I) THE DIAGNOSIS OF ALL OF THE FOLLOWING:

14 (1) APPARENTLY NORMAL PRENATAL AND PERINATAL DEVELOPMENT.

15 (2) APPARENTLY NORMAL PSYCHOMOTOR DEVELOPMENT THROUGH THE FIRST FIVE
16 MONTHS AFTER BIRTH.

17 (3) NORMAL HEAD CIRCUMFERENCE AT BIRTH.

18 (II) ONSET OF ALL OF THE FOLLOWING AFTER THE PERIOD OF NORMAL DEVELOP-
19 MENT:

20 (1) DECELERATION OF HEAD GROWTH BETWEEN AGES FIVE MONTHS AND
21 FORTY-EIGHT MONTHS.

22 (2) LOSS OF PREVIOUSLY ACQUIRED PURPOSEFUL HAND SKILLS BETWEEN AGES
23 FIVE MONTHS AND THIRTY MONTHS WITH THE SUBSEQUENT DEVELOPMENT OF STERE-
24 OTYPED HAND MOVEMENTS (E.G., HAND-WRINGING OR HAND WASHING).

25 (3) LOSS OF SOCIAL ENGAGEMENT EARLY IN THE COURSE (ALTHOUGH OFTEN
26 SOCIAL INTERACTION DEVELOPS LATER).

27 (4) APPEARANCE OF POORLY COORDINATED GAIT OR TRUNK MOVEMENTS.

28 (5) SEVERELY IMPAIRED EXPRESSIVE AND RECEPTIVE LANGUAGE DEVELOPMENT
29 WITH SEVERE PSYCHOMOTOR RETARDATION.

30 (E) CHILDHOOD DISINTEGRATIVE DISORDER, WHICH IS:

31 (I) APPARENTLY NORMAL DEVELOPMENT FOR AT LEAST THE FIRST TWO YEARS
32 AFTER BIRTH AS MANIFESTED BY THE PRESENCE OF AGE-APPROPRIATE VERBAL AND
33 NONVERBAL COMMUNICATION, SOCIAL RELATIONSHIPS, PLAY, AND ADAPTIVE BEHAV-
34 IOR.

35 (II) CLINICALLY SIGNIFICANT LOSS OF PREVIOUSLY ACQUIRED SKILLS (BEFORE
36 AGE TEN YEARS) IN AT LEAST TWO OF THE FOLLOWING AREAS:

37 (1) EXPRESSIVE OR RECEPTIVE LANGUAGE.

38 (2) SOCIAL SKILLS OR ADAPTIVE BEHAVIOR.

39 (3) BOWEL OR BLADDER CONTROL.

40 (4) PLAY.

41 (5) MOTOR SKILLS.

42 (III) ABNORMALITIES OF FUNCTIONING IN AT LEAST TWO OF THE FOLLOWING
43 AREAS:

44 (1) QUALITATIVE IMPAIRMENT IN SOCIAL INTERACTION (E.G., IMPAIRMENT IN
45 NONVERBAL BEHAVIORS, FAILURE TO DEVELOP PEER RELATIONSHIPS, LACK OF
46 SOCIAL OR EMOTIONAL RECIPROCITY).

47 (2) QUALITATIVE IMPAIRMENTS IN COMMUNICATION (E.G., DELAY OR LACK OF
48 SPOKEN LANGUAGE, INABILITY TO INITIATE OR SUSTAIN A CONVERSATION, STERE-
49 OTYPED AND REPETITIVE USE OF LANGUAGE, LACK OF VARIED MAKE-BELIEVE
50 PLAY).

51 (3) RESTRICTED, REPETITIVE, AND STEREOTYPED PATTERNS OF BEHAVIOR,
52 INTEREST, AND ACTIVITIES, INCLUDING MOTOR STEREOTYPES AND MANNERISMS.

53 (IV) THE DISTURBANCE IS NOT BETTER ACCOUNTED FOR BY ANOTHER SPECIFIC
54 PERVASIVE DEVELOPMENTAL DISORDER OR BY SCHIZOPHRENIA.

55 S 2. This act shall take effect immediately.