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State of Minnesota HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. **1192**

03/04/2013 Authored by Clark

The bill was read for the first time and referred to the Committee on Early Childhood and Youth Development Policy

1.1 A bill for an act
1.2 relating to public health; requiring notification of autism service options for
1.3 medical assistance and MinnesotaCare recipients; requiring medical assistance to
1.4 cover specified services for the treatment of autism; requiring commissioner of
1.5 health to research and report on autism; requiring commissioners of health and
1.6 human services to train autism service providers; amending Minnesota Statutes
1.7 2012, section 256B.0625, by adding a subdivision; proposing coding for new
1.8 law in Minnesota Statutes, chapter 256.

1.9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.10 Section 1. **[256.9621] AUTISM NOTIFICATION.**

1.11 The commissioner of human services shall develop an informational notice for
1.12 parents of children with autism who are enrolled in medical assistance or MinnesotaCare
1.13 to inform them that their children may qualify to receive services on a fee-for-service basis
1.14 instead of through a managed care organization, explain the process of disenrolling from
1.15 managed care, and inform them that fee-for-service coverage may provide access to an
1.16 expanded set of providers. The commissioner shall make the informational notice available
1.17 on the department's public Web site and include a copy of the notice in the next scheduled
1.18 mailing to enrolled children. The commissioner shall make language translations of the
1.19 notice available on the agency Web site and in the mailing to the enrolled children.

1.20 Sec. 2. Minnesota Statutes 2012, section 256B.0625, is amended by adding a
1.21 subdivision to read:

1.22 Subd. 61. **Services for the treatment of autism.** Medical assistance services
1.23 for the treatment of children with autism spectrum disorder and related conditions
1.24 must include applied behavioral analysis (ABA) and neuro-developmental therapy, if
1.25 determined by a physician or psychologist to be medically necessary and age appropriate,

2.1 and based on current National Institute of Mental Health and Centers for Disease Control
2.2 and Prevention guidelines.

2.3 Sec. 3. **AUTISM RESEARCH AND REPORT.**

2.4 The commissioner of health shall study the prevalence and prevention of autism in
2.5 Somali communities in Minnesota. The study must review and analyze the magnitude
2.6 and incidence of autism-related health disparities according to age, location, potential
2.7 or known toxic environmental exposures, housing conditions, poverty, nutritional
2.8 factors, health care access including prescribed medical treatments, the occupational and
2.9 residential history of the children's parents, and the children's current residence. The
2.10 commissioner shall report results of the analysis and recommendations to the chairs and
2.11 ranking minority members of the legislative committees having jurisdiction over public
2.12 health and health and human services in the house and senate.

2.13 Sec. 4. **TRAINING OF AUTISM SERVICE PROVIDERS.**

2.14 The commissioner of health and the commissioner of human services shall ensure
2.15 that the departments' autism-related service providers receive training in culturally
2.16 appropriate approaches to serving the Somali, Latino, Hmong, and Indigenous American
2.17 Indian communities, and other cultural groups experiencing a disproportionate incidence
2.18 of autism.