A bill for an act

relating to autism spectrum disorders; establishing a pilot program; establishing an Autism Spectrum Disorder Task Force; establishing a surveillance system and registry; requiring reports.

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

Section 1. **AUTISM SPECTRUM DISORDER.**

"Autism spectrum disorders" or "ASD" means a neurobiological disorder that includes one or more of the following conditions as determined by the criteria in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-IV Manual):

(1) autism or autistic disorder;

(2) Asperger's syndrome;

(3) Fragile X syndrome;

(4) Rett's syndrome;

(5) childhood disintegrative disorder; or

(6) pervasive developmental disorder, not otherwise specified.

Sec. 2. **AUTISM SPECTRUM DISORDER TASK FORCE.**

(a) The Autism Spectrum Disorder Task Force is created in the legislative branch of state government.

(b) The task force is composed of 13 members as follows:

(1) three members of the senate, appointed by the senate Subcommittee on Committees of the Committee on Rules and Legislative Administration;

(2) three members of the house of representatives, appointed by the speaker of the house;

(3) a parent of a child on the autism spectrum who is a member of the State Special Education Advisory Council, appointed by that organization;

(4) an employee of the Department of Education who specializes in autism spectrum disorders, appointed by the commissioner of education;

(5) a pediatrician with expertise in mild to severe developmental disabilities affiliated with the University of Minnesota autism treatment clinic, appointed by that clinic;

(6) a person appointed by the Autism Society of Minnesota;

(7) a county representative employed in the public health or social service division of the seven-county metropolitan area, appointed by the Minnesota Council on Disabilities;

(8) a county representative from the public health or social services division of a county outside of the seven-county metropolitan area, appointed by the Minnesota Council on Disabilities; and

(9) an employee of a school district who works with children who have autism spectrum disorders, appointed by the Autism Society of Minnesota.

Appointments must be made by September 1, 2009, and must be reported to the Legislative Coordinating Commission.

(c) The Departments of Education and Health shall provide substantive assistance to the task force, including providing the task force with a count of children who have autism spectrum disorder (ASD) with an individual education plan (IEP) and students with ASD who have a 504 plan. Additionally, the Department of Health shall submit a count of the adults with ASD enrolled in social service programs and the number of people with ASD who receive care under special needs basic care and other waiver programs.

(d) The Legislative Coordinating Commission shall provide administrative and fiscal services to the task force.

(e) The task force shall examine the following:

(1) ways to improve services provided by the task force and all state and political subdivisions;

(2) sources of public funding available for treatment and ways to improve efficiency in the use of those funds;

(3) methods to improve coordination in the delivery of service between agencies, health providers, and schools;

(4) availability of medical providers of treatment for autism spectrum disorder and how to increase their numbers;

(5) scientific research on the most effective treatment methods; and

(6) ways to enhance Minnesota's role in autism spectrum disorder research and delivery of service.

(f) The task force shall provide a written report to the legislature in compliance with Minnesota Statutes, sections 3.195 and 3.197, on the following:

(1) a summary of the current service delivery model for children by medical, behavioral, and school systems, and recommendations to improve the current model;

(2) alternative methods for delivery, including a model that integrates medical and behavioral therapy;

(3) a summary of current treatment protocols and recommendations to improve treatment protocols based on current scientific autism spectrum disorder research;

(4) a summary of qualified medical and behavioral providers to treat autism spectrum disorder in Minnesota and how to increase the number of these providers; and

(5) barriers that may exist to providing care to children diagnosed with autism spectrum disorder and recommendations to eliminate those barriers.

(g) The task force shall issue its report no later than December 15, 2010. The task force terminates June 30, 2011.

(h) The task force shall elect a permanent or temporary chair or co-chairs at its first meeting.

(i) Nonlegislative members shall serve without pay but shall receive compensation for expenses under Minnesota Statutes, section 15.059, subdivision 3. Compensation for legislative members is subject to the rules of the house of representatives and senate.

EFFECTIVE DATE. This section is effective July 1, 2009.

Sec. 3. **AUTISM SPECTRUM DISORDERS PILOT PROGRAM.**

Subdivision 1. **Establishment.** The commissioner of human services, in consultation with the commissioners of employment and economic development, education, and health, and the University of Minnesota autism spectrum disorders program, shall establish a ten-year autism spectrum disorders pilot program. The program shall serve up to 500 individuals ages 25 and under who have been medically diagnosed with an autism spectrum disorder, and shall enroll individuals from all geographic regions of the state. To the extent not covered by private insurance or state and county health care plans or programs, the pilot program shall pay any costs directly related to the treatment, therapy, and services received by individuals enrolled in the pilot program pursuant to direction of that individual's physician or health care practitioner.

Subd. 2. **Purpose.** The purpose of the pilot program is to:

(1) conduct a systematic, diagnostic evaluation of each program participant that will contribute to the development of evidence-based treatment, therapy, and services;

(2) facilitate access to health care and early intervention services;

(3) facilitate improved and expedited access to educational and vocational services;

(4) monitor treatment interventions and programs designed for each program participant;

(5) conduct clinical research;

(6) identify, refer, and facilitate assessments for 12- to 36-month old children who are at risk for autism spectrum disorders; and

(7) develop an improved referral system between providers.

Subd. 3. **Evaluation; report.** The commissioner shall develop written program evaluation criteria no later than January 15, 2010. The commissioner shall issue a written evaluation report of the pilot program to the legislative committees having jurisdiction over health by January 15 of each year beginning January 15, 2011.

Sec. 4. **AUTISM SPECTRUM DISORDERS REGISTRY.**

Subdivision 1. **Establishment.** An autism spectrum disorders surveillance system and registry is established in the Department of Health to investigate the occurrence, frequency, incidence, cause, effect, and prognosis of autism spectrum disorder.

Subd. 2. **Reporting.** A health care professional who diagnoses any individual that resides in the state with an autism spectrum disorder shall report the existence of an autism spectrum disorder diagnosis to the Department of Health within 30 days. The commissioner shall adopt rules and procedures allowing individuals with autism spectrum disorder and their parents or guardians to voluntarily report their own diagnosis and information.