

1.1 A bill for an act

1.2 relating to health; creating an Autism Spectrum Disorder Task Force; providing  
1.3 appointments; requiring a report.

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

1.5 Section 1. AUTISM SPECTRUM DISORDER JOINT TASK FORCE.

1.6 (a) The Autism Spectrum Disorder Joint Task Force is composed of 27 members,  
1.7 appointed as follows:

1.8 (1) two members of the senate, one appointed by the majority leader and one  
1.9 appointed by the minority leader;

1.10 (2) two members of the house of representatives, one from the majority party,  
1.11 appointed by the speaker of the house, and one from the minority party, appointed by  
1.12 the minority leader; and

1.13 (3) ten public members appointed by the legislature, with regard to geographic  
1.14 diversity in the state, with the senate Subcommittee on Committees of the Committee on  
1.15 Rules and Administration making the appointments for the senate, and the speaker of the  
1.16 house making the appointments for the house:

1.17 (i) three members who are parents of children with autism spectrum disorder (ASD),  
1.18 two of whom shall be appointed by the senate, and one of whom shall be appointed by  
1.19 the house;

1.20 (ii) two members who have ASD, one of whom shall be appointed by the senate, and  
1.21 one by the house;

1.22 (iii) one member representing an agency that provides residential housing services to  
1.23 individuals with ASD, appointed by the house;

2.1 (iv) one member representing an agency that provides employment services to  
2.2 individuals with ASD, appointed by the senate;

2.3 (v) one member who is a behavior analyst, appointed by the house; and

2.4 (vi) two members who are providers of ASD therapy, with one member appointed  
2.5 by the senate and one member appointed by the house;

2.6 (4) one member appointed by the Minnesota chapter of the American Academy of  
2.7 Pediatrics who is a developmental behavioral pediatrician;

2.8 (5) one member appointed by the Minnesota Academy of Family Medicine who is a  
2.9 family practice physician;

2.10 (6) one member appointed by the Minnesota Psychiatric Society who is a  
2.11 neuropsychiatrist;

2.12 (7) one member appointed by the Minnesota Academy of Family Practice;

2.13 (8) one member appointed by the Association of Minnesota Counties;

2.14 (9) one member appointed by the Minnesota Association of School Administrators;

2.15 (10) one member appointed by the ASD school classroom specialists;

2.16 (11) one member appointed by the directors of public school student support services;

2.17 (12) one member appointed by the Somali American Autism Foundation;

2.18 (13) one member appointed by the ARC of Minnesota;

2.19 (14) one member appointed by the Autism Society of Minnesota;

2.20 (15) one member appointed by the Parent Advocacy Coalition for Educational

2.21 Rights; and

2.22 (16) one member appointed by the Minnesota Council of Health Plans.

2.23 Appointments must be made by September 1, 2009. The Legislative Coordinating  
2.24 Commission shall provide meeting space for the task force. The senate member appointed  
2.25 by the minority leader of the senate shall convene the first meeting of the task force no  
2.26 later than October 1, 2009. The task force shall elect a chair from among the public  
2.27 members at the first meeting.

2.28 (b) The commissioners of education, employment and economic development,  
2.29 health, and human services shall provide assistance to the task force, including providing  
2.30 the task force with a count of children who have ASD with an individual education  
2.31 program or an individual family service plan and children with ASD who have a 504 plan.  
2.32 Additionally, the commissioner of human services shall submit a count of the adults with  
2.33 ASD enrolled in social service programs and the number of individuals with ASD who are  
2.34 enrolled in medical assistance and other waiver programs.

2.35 (c) The task force shall examine the following topics:

2.36 (1) ways to improve services provided by all state and political subdivisions;

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

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

3.5 (4) increasing the availability of and the training for medical providers and educators  
3.6 who identify and provide services to individuals with ASD;

3.7 (5) increasing the availability of and the training for educators who identify and  
3.8 educate individuals with ASD;

3.9 (6) ways to enhance Minnesota's role in ASD research and delivery of service;

3.10 (7) methods to educate parents, family members, and the public on ASD and the  
3.11 required services; and

3.12 (8) treatment options for individuals with ASD.

3.13 (d) The task force shall:

3.14 (1) coordinate with existing efforts at the Departments of Education, Health, Human  
3.15 Services, and Employment and Economic Development related to ASD; and

3.16 (2) apply peer-reviewed, established scientific research to their recommendations  
3.17 concerning the most effective treatment methods.

3.18 (e) By January 15 of each year, the task force shall provide a report regarding its  
3.19 findings and consideration of the topics listed under paragraph (c), and the action taken  
3.20 under paragraph (d), including draft legislation if necessary, to the chairs and ranking  
3.21 minority members of the legislative committees with jurisdiction over health and human  
3.22 services.

3.23 **EFFECTIVE DATE.** This section is effective July 1, 2009, and expires June 30,  
3.24 2011.