

STATE OF NEW YORK

4557

2013-2014 Regular Sessions

IN SENATE

April 10, 2013

Introduced by Sen. PARKER -- read twice and ordered printed, and when printed to be committed to the Committee on Finance

AN ACT to amend the executive law, in relation to assisting state and local law enforcement agencies in establishing a registry to locate certain missing individuals

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Section 837 of the executive law is amended by adding a new
2 subdivision 20 to read as follows:

3 20. Promulgate, in consultation with the commissioner of the office
4 for people with developmental disabilities, a standardized form that may
5 be used by state and local law enforcement agencies as a voluntary
6 registry to help locate persons diagnosed with autism spectrum disor-
7 ders, Alzheimer's disease or other dementia, or who are otherwise unable
8 to communicate and who lose the ability to recognize familiar places or
9 faces. Such form may include identifying information on the missing
10 registrant such as physical features, medical conditions, whether the
11 person is non-verbal, and names of family or friends to contact if the
12 person is located. Such form may also provide for a photograph of the
13 registrant to be submitted with the form.

14 § 2. This act shall take effect on the ninetieth day after it shall
15 have become a law. Effective immediately the division of criminal
16 justice services is authorized to take any and all actions necessary to
17 implement the provisions of this act on its effective date.

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

LBD07572-02-3

**NEW YORK STATE SENATE
INTRODUCER'S MEMORANDUM IN SUPPORT
submitted in accordance with Senate Rule VI. Sec 1**

BILL NUMBER: S4557

SPONSOR: PARKER

TITLE OF BILL: An act to amend the executive law, in relation to assisting state and local law enforcement agencies in establishing a registry to locate certain missing individuals

PURPOSE:

The purpose of this bill is to establish a voluntary registry of individuals with Autism, Alzheimer's or Dementia who may be at risk of wandering away from home. This legislation would make a standardized form available that may be submitted to local law enforcement agencies by family members and caregivers of such individuals. This form would include identifying information and may include a photograph of the registrant.

SUMMARY OF PROVISIONS:

Adds a new subdivision (20) to Section 837 of the Executive Law to direct the Division of Criminal Justice Services to promulgate, in consultation with the Commissioner of Mental Retardation and Developmental Disabilities, a voluntary registry that may be established and used by state and local law enforcement agencies.

JUSTIFICATION:

A voluntary registry would enable caretakers and loved ones to register individuals with Autism, Alzheimer's or Dementia with state or local law enforcement agencies. By filing in such a form, law enforcement personnel may be more equipped with vital information, including a photograph of the individual, to help locate or identify the person if they are wandering or lost.

Many localities across the country have implemented similar measures to protect our most vulnerable citizens. Such measure would benefit the affected individual, family and law enforcement personnel by enabling them to refer to a standardized form to help locate the missing individual at a point when time is most critical.

LEGISLATIVE HISTORY:

2011-2012: S.4643/A4434 - Committed to Rules/Governmental Operations
2009-2010: S.4384/A6662 - Referred to Finance/Governmental Operations
2008: S7868/A11551 - Passed Senate/Referred to Governmental Ops

FISCAL IMPLICATIONS:

Minimal

EFFECTIVE DATE:

This act shall take effect on the ninetieth day after it shall have become a law.

STATE OF NEW YORK

989

2013-2014 Regular Sessions

IN SENATE

(Prefiled)

January 9, 2013

Introduced by Sen. PARKER -- 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 establishing a program of tiered eligibility for services offered by the office for people with developmental disabilities for persons with learning disabilities and other complex neurological impairments

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 41.59 to read as follows:
3 § 41.59 Tiered services eligibility.
4 1. Legislative findings and purpose. The legislature hereby finds that
5 individuals with learning disabilities and other complex neurological
6 impairments are often not provided essential support and rehabilitative
7 services due to the lack of established office for people with develop-
8 mental disabilities' eligibility protocols. This includes individuals
9 with learning disabilities, high functioning autism spectrum disorders,
10 such as Asperger's Syndrome, and a number of other complex neurological-
11 ly based cognitive disabilities. Unfortunately, these individuals are
12 then left to navigate their lives and the challenges of their disabili-
13 ties with minimal or no assistance. As a result, such individuals often
14 lead lives of great difficulty and vulnerability that may include, but
15 are not limited to, extended periods of incarceration, lifelong depend-
16 ence on public assistance, substance abuse, and victimization, coupled
17 with many other negative and costly outcomes. In response to this grow-
18 ing problem, the legislature hereby directs the commissioner of develop-
19 mental disabilities to develop and implement a program of tiered eligi-
20 bility for office for people with developmental disabilities' services
21 for persons with learning disabilities and other complex neurological

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1 impairments. This tiered service-delivery model would allow services to
2 be targeted and based on an individual's specific needs, which for some
3 may be more intensive and for others relatively minimal. This model will
4 also facilitate rapid response to addressing problems encountered by
5 individuals in crisis. Providing services that are truly needed will be
6 more cost effective and a more sensible option than the current eligi-
7 bility process utilized by the office for people with developmental
8 disabilities.

9 2. When used in this article, unless otherwise expressly stated or
10 unless the context otherwise requires:

11 (a) "learning disability" means a disorder in one or more of the basic
12 psychological processes involved in understanding or in using spoken or
13 written language, which may manifest itself in an imperfect ability to
14 listen, think, speak, read, write, spell or to do mathematical calcu-
15 lations. This includes such conditions as perceptual disabilities, mini-
16 mal brain dysfunction, dyslexia, dysgraphia, dyscalculia, dyspraxia, and
17 developmental aphasia;

18 (b) "complex neurological impairment" means autism spectrum disorder,
19 such as Asperger's Syndrome, or other cognitive disabilities of a simi-
20 lar nature and resulting in similar needs by affected individuals;

21 (c) "intensive service navigation" means a service whose primary func-
22 tion is to connect persons with learning disabilities and/or other
23 complex neurological impairments to appropriate services and supports.
24 Intensive service navigation coordinates all services for a person with
25 a learning disability or other complex neurological impairment includ-
26 ing, but not limited to, mental health services, parenting classes,
27 support groups, recreational activities, vocational services, and educa-
28 tional transitional planning and all basic needs of the individual. The
29 services of the intensive service navigator are time limited and
30 oriented to short term crisis intervention.

31 3. Notwithstanding any inconsistent provisions of this chapter or any
32 other state law, the commissioner of developmental disabilities shall
33 establish a program of tiered eligibility for services offered by the
34 office for people with developmental disabilities for persons with
35 learning disabilities and other complex neurological impairments. Such
36 program shall contain the following elements:

37 (a) when an individual presents to a service provider seeking support
38 services, the service provider shall determine if the individual is
39 presenting with a learning disability or other complex neurological
40 impairment. If the service provider determines that the individual is a
41 person with an apparent learning disability or other complex neurologi-
42 cal impairment, and that such individual requires immediate service in
43 order to protect and promote the individual's health and safety, or that
44 the individual otherwise faces a crisis situation that can be helped by
45 service and assistance, the service provider may implement the tiered
46 services eligibility program;

47 (b) tier one of the tiered services eligibility program will consist
48 of the immediate provision of intensive service navigation. This
49 provision of services will be provided for up to six months in duration.
50 The service may end anytime prior to the end of the six-month period if
51 the individual and service provider agree that no further service or
52 intervention is required. If the individual and service provider agree
53 at the end of the six month period that the need for services persists
54 and more intervention is required, the individual will move into tier
55 two;

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1 (c) tier two of the tiered services eligibility program will be
2 provided for up to an additional six-month period and provide:

3 (1) continuation and intensification of the intensive service
4 navigator's efforts to stabilize the individual's crisis situation;

5 (2) a process potentially leading to full eligibility for office for
6 people with developmental disabilities' services. As part of this proc-
7 ess, the intensive service navigator will conduct an assessment of the
8 individual's adaptive behavior levels, conduct an assessment of an indi-
9 vidual's ability to effectively learn and put into practice new adaptive
10 skills, and generally prepare the individual for the eligibility proc-
11 ess;

12 (d) if during tier two, the individual learns new skills and the
13 crisis subsides, the individual and service provider can agree that
14 services be terminated prior to the conclusion of this tier; and

15 (e) if the intensive service navigator and individual agree that the
16 individual would benefit from on-going service and support, the inten-
17 sive service navigator will assist the individual in applying to the
18 office for people with developmental disabilities for a full eligibility
19 determination.

20 4. The commissioner of developmental disabilities shall, in consulta-
21 tion with experienced service providers, develop a reimbursement method-
22 ology for intensive service navigation as described in this section.
23 Such reimbursement shall cover the service provider's reasonable costs
24 for providing this service and be paid to the service providers as part
25 of the usual and customary cost reimbursement process.

26 5. In developing this program, the commissioner of developmental disa-
27 bilities shall consult with a statewide association specifically repres-
28 enting individuals with learning disabilities and related services
29 providers.

30 § 2. This act shall take effect on the one hundred eightieth day after
31 it shall have become a law; provided however, that the commissioner of
32 developmental disabilities is authorized to promulgate any and all rules
33 and regulations and take any other measures necessary to implement this
34 act on its effective date on or before such effective date.

**NEW YORK STATE SENATE
INTRODUCER'S MEMORANDUM IN SUPPORT
submitted in accordance with Senate Rule VI. Sec 1**

BILL NUMBER: S989

REVISED 4/17/13

SPONSOR: PARKER

TITLE OF BILL: An act to amend the mental hygiene law, in relation to establishing a program of tiered eligibility for services offered by the office for people with developmental disabilities for persons with learning disabilities and other complex neurological impairments

PURPOSE: This bill directs the Commissioner of OPWDD to develop and implement a two tiered service delivery model to target individual's specific needs and provide quick response during crisis for persons with learning disabilities and other complex neurological impairments, including high functioning autism spectrum disorders.

SUMMARY OF PROVISIONS:

Section 1 of the bill adds a new section 41.59 of the mental hygiene law outlining legislative intent, defining terms, directing the Commissioner of OPWDD to establish a program of tiered eligibility for services for persons with learning disabilities and other complex neurological impairments and sets forth the elements of such a program. It also directs the Commissioner to develop a reimbursement methodology for intensive services navigation as described in the bill and to consult with a statewide association specifically representing individuals with learning disabilities and related services providers.

Section 2 of the bill provides for an effective date 180 days after enactment provided however that the Commissioner of OPWDD is authorized to promulgate any and all rules and regulations necessary to implement the act.

JUSTIFICATION: Individuals with learning disabilities are disproportionately afflicted with other problems in society. For example, up to 60% of adolescents in treatment for substance abuse have learning disabilities, 48% of those with learning disabilities are out of the workforce, 44% of those on welfare (TANF) were found to have a learning disability, 50% of juvenile delinquents tested were found to have an undetected learning disability and 31% of students with learning disabilities will be arrested 3-5 years out of high school to name just some of the sobering statistics.

All too often, our failure to appropriately provide educational and support services for persons with learning disabilities results in the tragic and costly use of "last resort" programs. When you consider the large proportion of incarcerated New York State youth who are known or suspected of having a learning disability, or the numbers of adults with learning disabilities in our State correctional facilities, or the disproportionate number of persons with learning disabilities receiving income supports, in addition to many other safety net programs and

initiatives serving persons with learning disabilities, then you will see the huge costs of this tragedy, in both human and fiscal terms. Yet research and experience demonstrates that modest investments in educational and supportive services for persons with learning disabilities will have a substantial positive impact on the lives and relationships, while providing substantial savings to taxpayers.

Over the last 15 years OPWDD services have become more Medicaid oriented and, as a result, individuals who used to be qualified to receive learning disability services often do not get qualified for the services today. This proposal aims to provide a mechanism for the state to respond to a crisis and to provide early intervention rather than have people's only option be to wait for and pursue full OPWDD eligibility. It creates a two tiered system. In tier one intensive service navigation would be provided for a 3 to 6 month period and be oriented to crisis intervention. Individuals all of whom have some form of a neurological impairment and have recently experienced some type of life changing event that has resulted in some form of crisis. If the situation stabilized, the services would end. However, if the need persisted and more direct intervention was required, individuals would move into Tier 2 where service navigation would continue and intensify and a process of assessing the individual's adaptive behavior and providing new adaptive skills would begin. Tier 2 would also be provided for 3-6 months and would end with either services ending or they would continue to apply for OPWDD eligibility having accurate information on the level of the person's handicapping condition and the impact it is having on the individual's daily life.

This bill aims to provide assistance to those suffering from learning disabilities who are experiencing crisis in their lives as a result of that disability with assistance in navigating the situation, and if necessary moving toward an application for OPWDD eligibility. It is a triaged approach to serving many individuals in our society who are falling through the cracks.

LEGISLATIVE HISTORY: 2011-12: S.3020 - Died in Mental Health

FISCAL IMPLICATIONS: To be determined.

EFFECTIVE DATE: 180 days after enactment.

STATE OF NEW YORK

2831

2013-2014 Regular Sessions

IN SENATE

January 24, 2013

Introduced by Sen. PARKER -- read twice and ordered printed, and when printed to be committed to the Committee on Transportation

AN ACT to amend the transportation law and the civil rights law, in relation to allowing therapy dogs to enter public places and public transportation

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Section 147 of the transportation law, as amended by chap-
2 ter 404 of the laws of 1986, is amended to read as follows:

3 § 147. Dogs accompanying persons with a disability. (a) Subject to
4 such rules and regulations as the commissioner may prescribe, all common
5 and contract carriers of passengers by motor vehicle shall permit a
6 guide dog, hearing dog [~~or~~], service dog or therapy dog properly
7 harnessed, accompanying a person with a disability, as defined in subdi-
8 vision twenty-one of section two hundred ninety-two of the executive
9 law, or an owner or handler of such dogs or such persons licensed to
10 train such dogs to aid and guide such disabled person, to ride on all
11 vehicles operated for transportation and no charge shall be made for the
12 transportation of such dog.

13 (b) For purposes of this section, "therapy dog" shall mean any dog
14 that is certified and trained to work or perform specific tasks for the
15 benefit of persons including those with special needs, autism, drug
16 addiction, distress due to emotional and physical abuse and clinical
17 depression or bipolar disease by a recognized therapy dog training
18 center or professional therapy dog trainer and is actually used for such
19 purpose.

20 § 2. Subdivision 1 of section 47 of the civil rights law, as amended
21 by chapter 404 of the laws of 1986, is amended to read as follows:

22 1. (a) No person shall be denied admittance to and/or the equal use of
23 and enjoyment of any public facility solely because said person is a
24 person with a disability and is accompanied by a guide dog, hearing dog

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

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1 ~~or~~, service dog or therapy dog or is an owner or handler of such dog
2 or otherwise a person licensed to train such dogs.

3 (b) For purposes of this section, "therapy dog" shall mean any dog
4 that is certified and trained to work or perform specific tasks for the
5 benefit of persons including those with special needs, autism, drug
6 addiction, distress due to emotional and physical abuse and clinical
7 depression or bipolar disease by a recognized therapy dog training
8 center or professional therapy dog trainer and is actually used for such
9 purpose.
10 § 3. This act shall take effect immediately.

**NEW YORK STATE SENATE
INTRODUCER'S MEMORANDUM IN SUPPORT
submitted in accordance with Senate Rule VI. Sec 1**

BILL NUMBER: S2831

SPONSOR: PARKER

TITLE OF BILL: An act to amend the transportation law and the civil rights law, in relation to allowing therapy dogs to enter public places and public transportation

PURPOSE OR GENERAL IDEA OF BILL: Allows for any dog that is certified and trained to work or perform specific tasks for the benefits of persons with special needs to accompany the trainer, owner or handler in public places or on public transportation.

SUMMARY OF PROVISIONS:

Section 1 amends section 147 of the transportation law Section 2 amends subdivision 1 of section 47 of the civil rights law Section 3 sets the effective date.

JUSTIFICATION: Psychologists have shown a growing interest in animal assisted therapy, a method which uses trained companion animals to aid patients in treatment. Research has shown that animals can lower stress levels and make people feel better in the short term, and axe of particular help to people suffering from depression, seizures, autism, bipolar disorder, and children who have been severely neglected.

Dogs are put through rigorous training and undergo numerous tests before they can be certified as therapy dogs. These tests, which are more extensive than those used for service dogs, are meant to ensure that the animals are socialized and able to handle stress under a variety of different conditions. Therapy dogs are specifically trained to be in crowded and noisy areas.

This legislation would make it easier for therapy dog trainers, owners or patients to travel with the animals by allowing them to bring the dogs into public places and on public transportation, provided that the animals are properly harnessed.

PRIOR LEGISLATIVE HISTORY: 2011-12: S.4156/A.132 - Referred to Transportation 2009-2010: A.11468 Referred to Transportation

EFFECTIVE DATE: This act shall take effect immediately.

STATE OF NEW YORK

481

2013-2014 Regular Sessions

IN SENATE

(Prefiled)

January 9, 2013

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 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 § 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.

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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 § 2. This act shall take effect immediately.

**NEW YORK STATE SENATE
INTRODUCER'S MEMORANDUM IN SUPPORT
submitted in accordance with Senate Rule VI. Sec 1**

BILL NUMBER: S481

SPONSOR: KENNEDY

TITLE OF BILL:

An act to amend the mental hygiene law, in relation to defining a bill of rights for persons with autism or autism spectrum disorders

PURPOSE:

This bill would provide persons diagnosed with autism and autism spectrum disorders (ASDs) certain rights with respect to the funding of research and provision of treatment.

SUMMARY OF PROVISIONS:

Section 1 amends Mental Hygiene Law by adding section 16.39, which establishes a bill of rights for persons diagnosed with autism or ASDs.

Subsection (a) guarantees equitable insurance coverage for individuals diagnosed with autism or ASDs.

Subsection (b) accords such persons rights including: increased funding of autism and ASDs research; access to a comprehensive continuum of care; treatment within a coordinated system of agencies; receipt of care in-home, as well as at treatment centers proximately located to the patient's residence; family-driven and patient-focused treatment by highly qualified professionals; and access to all information necessary facilitate informed consent.

JUSTIFICATION:

Although estimates vary, Autism and Autism Spectrum Disorders (ASDs) presently affect one in every 91 to 150 children. Given the high rate of incidence, which has increased dramatically in recent years, New York State must address the basic needs of its growing population of citizens impacted by Autism and ASDs.

In its 2010 report, the New York State Interagency Task Force on Autism, identified "five pressing needs" of those affected by Autism and ASDs: early identification, coordination of State services, lifelong service delivery, increased dissemination of information, and coordination of research efforts.

This bill will address these needs by securing fundamental rights to research, treatment, information and insurance coverage for individuals and their families.

LEGISLATIVE HISTORY:

2011-12: S.2148/A.1708 Referred to Mental Health

FISCAL IMPLICATIONS:

None.

LOCAL FISCAL IMPLICATIONS:

None.

EFFECTIVE DATE:

This act shall take effect immediately.

STATE OF NEW YORK

3044

2013-2014 Regular Sessions

IN SENATE

January 29, 2013

Introduced by Sen. CARLUCCI -- 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 (i) 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.

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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 forty-
21 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 § 2. This act shall take effect immediately.

**NEW YORK STATE SENATE
INTRODUCER'S MEMORANDUM IN SUPPORT
submitted in accordance with Senate Rule VI. Sec 1**

BILL NUMBER: S3044

SPONSOR: CARLUCCI

TITLE OF BILL: An act to amend the mental hygiene law, in relation to the definition of autism

PURPOSE OR GENERAL IDEA OF BILL: To insert into the mental hygiene law a definition of autism and other autism spectrum disorders. The definition is the currently generally accepted definition as set forth in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM).

SUMMARY OF SPECIFIC PROVISIONS:

Section 1 amends Section 1.03 of the mental hygiene law by adding a new subdivision 59 to define autism to mean a pervasive developmental disorder that meets the criteria set forth in the subdivision, including Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder Not Otherwise Specified, Rhett's Disorder and Childhood Disintegrative Disorder.

Section 2 is the effective date.

JUSTIFICATION: Presently, New York's Mental Hygiene law fails to include a definition of autism and other autism spectrum disorders even though it refers to the terms.

The Mental Hygiene law should include a definition for disorders that are referenced in the statute and which are now occurring in a significant numbers of our children. Currently at least 1 in 100 children are diagnosed with autism or another autism spectrum disorder.

LEGISLATIVE HISTORY: A.9983, 2012 referred to Mental Health, reported referred to ways and means. Same as S.7072 (McDonald), 2012 referred to Mental Health and Developmental Disabilities.

FISCAL IMPLICATIONS: None to the State.

EFFECTIVE DATE: Immediately.

STATE OF NEW YORK

2139

2013-2014 Regular Sessions

IN SENATE

January 11, 2013

Introduced by Sen. LANZA -- read twice and ordered printed, and when printed to be committed to the Committee on Investigations and Government Operations

AN ACT to amend the tax law, in relation to enacting the "disabled child care act"

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

- 1 Section 1. Short title. This act shall be known and may be cited as
- 2 the "disabled child care act".
- 3 § 2. Section 606 of the tax law is amended by adding a new subsection
- 4 (vv) to read as follows:
- 5 (vv) Disabled child care credit. (1) A taxpayer shall be allowed a
- 6 credit against the tax imposed under section six hundred one of this
- 7 part equal to twenty percent of qualified care expenses in an amount
- 8 equal to or less than two thousand four hundred dollars for the taxable
- 9 year that are paid by the taxpayer for the care of a qualifying disabled
- 10 child. A taxpayer with qualified care expenses pursuant to the preced-
- 11 ing sentence which are equal to or in excess of two hundred forty
- 12 dollars for any taxable year shall receive an additional seventy-five
- 13 dollar credit against the tax imposed under section six hundred one of
- 14 this part. If the credit or credits provided pursuant to this section
- 15 exceed the tax for such taxable year, the taxpayer may receive, and the
- 16 comptroller, subject to a certificate of the commissioner, shall pay as
- 17 an overpayment, without interest, any excess between such tax as so
- 18 reduced and the amount of the creditor credits. If a taxpayer is not
- 19 required to file a return pursuant to section six hundred one of this
- 20 part, a taxpayer may nevertheless receive and the comptroller, subject
- 21 to a certificate of the commissioner, shall pay as an overpayment the
- 22 full amount of the credit or credits, without interest.
- 23 (2) As used in this subsection:

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

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1 (A) "Taxpayer" is a resident individual of this state who is required
2 or chooses to file a return under this article, but the term does not
3 include a nonresident taxpayer or a part-year resident taxpayer.

4 (B) "Qualifying disabled child" is a disabled child of the taxpayer
5 within the third degree of consanguinity who resides with the taxpayer
6 and who has autism, autism spectrum disorder, developmental disabilities
7 as defined in subdivision twenty-two of section 1.03 of the mental
8 hygiene law or is physically disabled.

9 (C) "Qualified care expenses" are payments made by the taxpayer for
10 goods and services necessary to allow the qualifying disabled child to
11 be maintained in the taxpayer's residence which goods and services are:
12 (i) provided to or for the benefit of the qualifying disabled child or
13 to assist the taxpayer in caring for the qualifying disabled child; and
14 (ii) not compensated for by insurance or federal or state programs. Such
15 expenses include, but are not limited to, home health agency services,
16 day care, personal care attendant services, respite care, health care
17 equipment and supplies, home modification, or any services necessary to
18 provide help in two or more activities in daily living, or for the
19 provision of assistive devices.

20 (3) When two or more members of a household meet the qualifications
21 for a credit or credits pursuant to this subsection, the credit or cred-
22 its shall be equally divided between or among such individuals unless
23 such individuals file with the commissioner a written agreement setting
24 forth a different division. Where a joint income tax return has been
25 filed pursuant to this chapter by a taxpayer and his or her spouse (or
26 where both spouses are taxpayers and have filed such joint return), who
27 qualify for such credit or credits, the credit or credits, or the
28 portion thereof if divided, to which the husband and wife are entitled
29 shall be applied against the tax of both spouses and any overpayment
30 shall be made to both spouses. Where any return required to be filed
31 pursuant to this chapter is combined with any return of tax imposed
32 pursuant to the authority of this chapter or any other law if such tax
33 is administered by the commissioner, the credit or credits or the
34 portion thereof if divided, allowed to the taxpayer may be applied by
35 the commissioner toward any liability for the aforementioned taxes.

36 (4) No credit or credits or portion thereof shall be granted under
37 this subsection with respect to care provided in a residence that is
38 wholly exempted from real property taxation or to an individual who is
39 not a resident individual of the state for the entire taxable year. The
40 right to claim a credit or credits or a portion thereof, where such
41 credit or credits have been divided under this subsection, shall be
42 personal to the qualified taxpayer and shall not survive his or her
43 death, but such right may be exercised on behalf of a claimant by his or
44 her legal guardian or attorney in fact during his or her lifetime.

45 (5) The commissioner may require a taxpayer to furnish as support of
46 his or her claim for credit under this subsection receipts for qualified
47 care expenses or other such proofs of payment as shall satisfy the
48 commissioner.

49 § 3. This act shall take effect on the first of January next succeed-
50 ing the date on which it shall have become a law.

**NEW YORK STATE SENATE
INTRODUCER'S MEMORANDUM IN SUPPORT
submitted in accordance with Senate Rule VI. Sec 1**

BILL NUMBER: S2139

SPONSOR: LANZA

TITLE OF BILL: An act to amend the tax law, in relation to enacting the "disabled child care act"

PURPOSE OR GENERAL IDEA OF BILL: Provides for a tax credit for certain amount of money expended on the care of a qualifying disabled child.

SUMMARY OF SPECIFIC PROVISIONS:

Section 1 - This act shall be known and may be cited as the "Disabled Child Care Act".

Section 2 - Section 606 of the tax law is amended by adding a new subsection ss.

JUSTIFICATION: The purpose of this legislation is to provide a tax credit to aid families who provide informal, unpaid care of their disabled child who has autism, autism spectrum disorder, developmental disabilities or is physically disabled. Caring for these children and providing quality health care to them can sometimes be a financial drain on the family resources. This bill provides these families with some relief. It is in the best interest of New York State families and society to ensure that children with autism, autism spectrum disorder, developmental disabilities or physically disabilities are cared for in a home setting rather than being placed in a facility away from home. This tax credit can be a small step in reaching that goal.

PRIOR LEGISLATIVE HISTORY: 2012: S.4822 Referred to Investigations
2011: S.4822 Referred to Investigations 2007: S.5607 Referred to
Investigations/A.8660 - Referred to Ways & Means 2008: S.5607 Referred
to Investigations/A.8600 - Referred to Ways & Means 2010: S.510 Referred
to Ways and Means/A.3595 - Referred to Investigations & Government Oper-
ations

FISCAL IMPLICATIONS: None.

EFFECTIVE DATE: This act shall take effect on the first January next succeeding the date on which it shall have become law.