State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 2161

03/06/2017 Authored by Ward, Thissen, Urdahl, Freiberg, Bennett and others
The bill was read for the first time and referred to the Committee on Education Innovation Policy

A bill for an act

relating to early childhood education; health; expanding screening for early autism spectrum disorders in young children; creating a study group; providing for rulemaking; requiring a report; amending Minnesota Statutes 2016, section 121A.17, subdivision 3; proposing coding for new law in Minnesota Statutes, chapter 145.

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

Section 1. Minnesota Statutes 2016, section 121A.17, subdivision 3, is amended to read:

Subd. 3. **Screening program.** (a) A screening program must include at least the following components: observational developmental assessments~~,~~; social-emotional developmental assessments, including first-level screening for autism spectrum disorders as defined in section 145.8985, depression, anxiety, and early signs of Asperger's syndrome, attention deficit disorders, and other mental health conditions; hearing and vision screening or referral~~,~~; immunization review and referral~~,~~; the child's height and weight~~,~~; the date of the child's most recent comprehensive vision examination, if any~~,~~; identification of risk factors that may influence learning~~,~~; an interview with the parent about the child~~,~~; and referral for assessment, diagnosis, and treatment when potential needs are identified. The district and the person performing or supervising the screening must provide a parent or guardian with clear written notice that the parent or guardian may decline to answer questions or provide information about family circumstances that might affect development and identification of risk factors that may influence learning. The notice must state "Early childhood developmental screening helps a school district identify children who may benefit from district and community resources available to help in their development. Early childhood developmental screening includes a vision screening that helps detect potential eye problems but is not a substitute for a comprehensive eye exam." The notice must clearly state that

declining to answer questions or provide information does not prevent the child from being enrolled in kindergarten or first grade if all other screening components are met. If a parent or guardian is not able to read and comprehend the written notice, the district and the person performing or supervising the screening must convey the information in another manner. The notice must also inform the parent or guardian that a child need not submit to the district screening program if the child's health records indicate to the school that the child has received comparable developmental screening performed within the preceding 365 days by a public or private health care organization or individual health care provider. The notice must be given to a parent or guardian at the time the district initially provides information to the parent or guardian about screening and must be given again at the screening location.

(b) All screening components shall be consistent with the standards of the state commissioner of health for early developmental screening programs. A developmental screening program must not provide laboratory tests or a physical examination to any child. The district must request from the public or private health care organization or the individual health care provider the results of any laboratory test or physical examination within the 12 months preceding a child's scheduled screening. For the purposes of this section, "comprehensive vision examination" means a vision examination performed by an optometrist or ophthalmologist.

(c) If a child is without health coverage, the school district must refer the child to an appropriate health care provider.

(d) A board may offer additional components such as nutritional, physical and dental assessments, review of family circumstances that might affect development, blood pressure, laboratory tests, and health history.

(e) If a statement signed by the child's parent or guardian is submitted to the administrator or other person having general control and supervision of the school that the child has not been screened because of conscientiously held beliefs of the parent or guardian, the screening is not required.

Sec. 2. **[145.8985] AUTISM SPECTRUM DISORDERS; SCREENING OF CHILDREN.**

(a) For purposes of this section, "autism spectrum disorders" means the conditions as determined by criteria set forth in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

(b) The commissioner must establish, for use by pediatric primary care providers, best practice protocols for early screening of children for autism spectrum disorders. Such protocols shall incorporate standards and guidelines established by the American Academy of Pediatricians and shall include but are not limited to:

(1) training in administering objective autism spectrum disorders screening instruments and recognizing the early warning signs of autism spectrum disorders;

(2) the routine employment of objective autism spectrum disorders screening instruments at regular intervals during critical childhood developmental stages;

(3) a dialogue between the provider and parents to educate parents regarding autism spectrum disorders; and

(4) an appropriate referral mechanism for children who require further evaluation based on the results of routine screening for autism spectrum disorders.

(c) The commissioner must promulgate any rules and regulations necessary to implement this section.

Sec. 3. **EARLY CHILDHOOD AUTISM SCREENING STUDY GROUP.**

Subdivision 1. **Members.** (a) The Early Childhood Autism Screening Study Group is composed of 17 members, appointed as follows:

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

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

(3) three members who are family members of children with an autism spectrum disorder, one of whom shall be appointed by the majority leader of the senate, one of whom shall be appointed by the speaker of the house, and one of whom shall be appointed by the governor;

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

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

(6) one member appointed by the Minnesota Psychological Association who is a neuropsychologist;

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

(8) one member appointed by the Minnesota Council of Health Plans;

(9) two members who represent autism advocacy groups in Minnesota, one of whom shall be appointed by the majority leader of the senate, and one of whom shall be appointed by the speaker of the house; and

(10) one member appointed by each of the commissioners of education, health, and human services.

(b) Appointments must be made by July 1, 2017. No person shall serve on the study group who previously served on the Minnesota Autism Spectrum Disorder Task Force under Laws 2011, First Special Session chapter 9, article 6, section 95. The senate member appointed by the majority leader of the senate shall convene the first meeting of the study group no later than August 1, 2017. The study group shall elect a chair from among members at the first meeting. The Legislative Coordinating Commission shall provide technical and administrative assistance upon request.

Subd. 2. **Duties.** (a) The study group shall review and make recommendations regarding the social-emotional development screening instruments currently used in Minnesota for preschool screening under Minnesota Statutes, section 121A.17. The review of each screening instrument shall include:

(1) whether the instrument screens for signs of autism spectrum disorders;

(2) the instrument's cost and reimbursement procedures;

(3) the time it takes to administer the instrument;

(4) who may administer the instrument;

(5) the training required to administer the instrument;

(6) who evaluates the results;

(7) whether the instrument yields consistent, reliable results;

(8) whether and how children are referred for additional screening or intervention services; and

(9) the feasibility of making the instrument a statewide standard instrument for preschool screening under Minnesota Statutes, section 121A.17, or for autism screening under Minnesota Statutes, section 145.8985.

(b) The study group shall review and make recommendations regarding other social-emotional development screening instruments used primarily to screen children for early signs of autism spectrum disorders, including but not limited to the Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F), the Childhood Autism Rating Scale (CARS), and the Pre-Linguistic Autism Diagnostic Observation Schedule (PL-ADOS). The review of each screening instrument shall include:

(1) the instrument's cost and reimbursement procedures;

(2) the time it takes to administer the instrument;

(3) who may administer the instrument;

(4) the training required to administer the instrument;

(5) who evaluates the results;

(6) whether the instrument yields consistent, reliable results;

(7) whether and how children are referred for additional screening or intervention services; and

(8) the feasibility of making the instrument a statewide standard instrument for preschool screening under Minnesota Statutes, section 121A.17, or for autism screening under Minnesota Statutes, section 145.8985.

(c) The study group shall coordinate with and receive input from the Minnesota Interagency Developmental Screening Task Force, the Departments of Education, Health, and Human Services, and any other agencies and organizations the study group deems appropriate regarding current social-emotional development screening instruments and procedures currently used in Minnesota and autism spectrum disorders screening instruments used outside the state.

Subd. 3. **Report.** By February 1, 2018, the study group shall submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health, human services, and early childhood education on the group's review and recommendations made under subdivision 2.

Subd. 4. **Expiration.** The study group expires February 2, 2018, unless extended by law.

EFFECTIVE DATE. This section is effective the day following final enactment.