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State of Minnesota  
**HOUSE OF REPRESENTATIVES**

EIGHTY-SIXTH  
SESSION

**HOUSE FILE No. 233**

January 22, 2009

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The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight

1.1 A bill for an act  
1.2 relating to insurance; 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 TASK FORCE.**

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

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

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

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

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

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

1.17 (5) a pediatrician with expertise in mild to severe developmental disabilities affiliated  
1.18 with the University of Minnesota Autism Treatment Clinic, appointed by that clinic;

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

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

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

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

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

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

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

2.13 (e) The task force shall examine the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

3.3 (h) The task force shall elect a permanent or temporary chair or cochair at its first  
3.4 meeting.

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

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