



- 2.1 (vi) one member who is a neurological psychologist or psychiatrist;  
2.2 (vii) one member who is a developmental behavioral pediatrician;  
2.3 (viii) one member who is a pediatrician or family practice physician;  
2.4 (ix) one member representing the Association of Minnesota Counties;  
2.5 (x) one member representing the Minnesota Association of School Administrators;  
2.6 (xi) one member representing autism spectrum disorder school classroom specialists;  
2.7 (xii) one member representing the directors of public school student support services;  
2.8 (xiii) one member who is a provider of autism spectrum disorder therapy;  
2.9 (xiv) one member representing the Somali American Autism Foundation;  
2.10 (xv) one member representing ARC of Minnesota;  
2.11 (xvi) one member representing the Autism Society of Minnesota;  
2.12 (xvii) one member representing the Parent Advocacy Coalition for Educational  
2.13 Rights (PACER); and  
2.14 (xviii) one member representing the Minnesota Council of Health Plans.

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

2.17 (c) The Departments of Education, Employment and Economic Development,  
2.18 Health, and Human Services shall provide substantive assistance to the task force,  
2.19 including providing the task force with a count of children who have autism spectrum  
2.20 disorder (ASD) with an individual education program (IEP) or an individual family  
2.21 service plan (IFSP) and children with ASD who have a 504 plan. The departments shall  
2.22 provide any other information that is deemed necessary by the task force that is within the  
2.23 purview of the departments. Additionally, the Department of Human Services shall submit  
2.24 a count of the adults with ASD enrolled in social service programs and the number of  
2.25 individuals with ASD who are enrolled in medical assistance and other waiver programs.

2.26 (d) The task force shall elect a chair or cochairs at its first meeting.

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

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

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

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

2.33 (4) increasing the availability of and the training for medical providers who provide  
2.34 services to individuals with ASD;

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

- 3.1 (6) scientific research on the most effective treatment methods;
- 3.2 (7) ways to enhance Minnesota's role in ASD research and delivery of service; and
- 3.3 (8) methods to educate parents, family members, and the public on ASD and the
- 3.4 required services.
- 3.5 (f) The task force shall provide an annual written report to the legislature in
- 3.6 compliance with Minnesota Statutes, sections 3.195 and 3.197.
- 3.7 (g) This section expires June 30, 2011.
- 3.8 **EFFECTIVE DATE.** This section is effective July 1, 2009.