COMMITTEE AMENDMENT AMENDED AND ADOPTED

June 1, 2010

**H. 4341**

Introduced by Reps. Hutto, Stavrinakis, J.E. Smith, Harvin, Miller, Govan, Allen, Battle, Anderson, Simrill, Norman, T.R. Young and Wylie

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Read the first time April 20, 2010.

**A** **JOINT RESOLUTION**

TO CREATE THE AUTISM SPECTRUM DISORDER STUDY COMMITTEE ON EARLY INTERVENTION AND TO PROVIDE FOR ITS PURPOSE, MEMBERS, AND DUTIES AND TO PROVIDE THAT THE STUDY COMMITTEE MUST SUBMIT ITS FINDINGS AND RECOMMENDATIONS NO LATER THAN DECEMBER 1, 2011 AT WHICH TIME THE STUDY COMMITTEE IS ABOLISHED.

Amend Title To Conform

Whereas, autism spectrum disorder is a complex disorder of unknown etiology that impacts the normal development of the brain in the areas of social interaction, communication skills, and cognitive function; and

Whereas, the prevalence of autism spectrum disorder has grown to an alarming one in one hundred ten people across the United States; and

Whereas, autism spectrum disorder is diagnosed four times more often in boys than in girls, but the prevalence is not affected by race, region, or socioeconomic status; and

Whereas, although there is currently no cure for autism spectrum disorder, with early screening, diagnosis, intervention, and treatment, the diverse symptoms related to autism spectrum disorder and the outcomes achieved can be greatly improved. Now, therefore,

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. (A) There is created the Autism Spectrum Disorder Task Force to make recommendations to the legislature and relevant state agencies on developing and implementing a comprehensive, coordinated system to provide appropriate diagnostic, intervention, and support services to individuals with autism spectrum disorder across the lifespan.

The task force shall focus its efforts on addressing the unmet needs of individuals with autism at various levels of severity and their families, both in urban and rural communities in South Carolina. The task force shall address and report on at least all of the following:

(1) study the means for developing a comprehensive, coordinated system of care delivery and ensure that resources are created, well‑utilized, and appropriately spread across the State;

(2) research the age at which children are screened and diagnosed with autism spectrum disorder and evaluate the ability of parents and caregivers to recognize signs of autism early;

(3) evaluate early identification of autism by medical professionals, including education and training of health care and mental health care professionals and the use of best practice guidelines;

(4) assess the accessibility of appropriate intensive intervention services and, as necessary, the means for expanding those capabilities;

(5) study and propose best practices for integration and coordination of the medical community, community educators, childhood educators, health care providers, and community‑based services into a seamless support system for individuals and their families;

(6) determine the need for the creation of medical centers of diagnostic excellence in designated sectors of the State, which could provide clinical services including assessment, diagnoses, and treatment of patients;

(7) evaluate general and special education services, including the need for regional specialized autism schools that provide model education to students with autism spectrum disorder and training to public school teachers and administrators;

(8) assess in‑home support services for families requiring behavioral and other support;

(9) recommend methods for enhancing community agency responsiveness to the living, learning, and employment needs of adults with autism and provision of services including, but not limited to, respite services, crisis intervention, employment assistance, case management, and long‑term care options;

(10) identify and determine application of best practices across the lifespan;

(11) study financing options;

(12) evaluate data collection pertaining to autism spectrum disorder.

(B) For purposes of this joint resolution, “autism spectrum disorder” means Autistic Disorder, Rett’s Disorder, Childhood Disintegrative Disorder, Asperger’s Disorder, and Pervasive Developmental Disorder Not Otherwise Specified.

(C) The task force shall consist of fifteen voting members, composed as follows:

(1) seven members to be appointed by the President Pro Tempore of the Senate. Of these members, one must be a member of the Senate; one must be a parent of a child with autism under six years of age; one must be a parent of a child with autism six through twenty‑one years of age; one must be a pediatrician; one must be a developmental pediatrician; one must be a representative of an organization providing residential services for individuals with autism; and one must be a representative of the South Carolina Autism Society;

(2) seven members to be appointed by the Speaker of the House of Representatives. Of these members, one must be a member of the House of Representatives; one must be a parent of a child with autism spectrum disorder over twenty‑two years of age; one must be a parent of a child with autism spectrum disorder of any age; one must be a board certified behavior analyst; one must be a special education teacher; one must be a member of a county disabilities and special needs board; and one must be a representative of Autism Speaks;

(3) one member to be appointed by the Governor;

(4) the following persons shall serve ex officio as nonvoting members and shall work together in a collaborative manner to serve as a resource to the task force:

(a) State Superintendent of the Department of Education or a designee;

(b) Director of the Department of Disabilities and Special Needs, or a designee;

(c) Director of the Department of Mental Health, or a designee;

(d) Director of the Department of Health and Environmental Control, or a designee;

(e) Director of the Department of Health and Human Services, or a designee;

(f) Director of the Department of Insurance, or a designee;

(g) Director of First Steps, or a designee;

(h) Director of the Center for Disability Resources, Department of Pediatrics, University of South Carolina School of Medicine, or a designee;

(i) Director of the University of South Carolina College of Education Program in Special Education‑Autism Program, or a designee;

(j) Director of the Medical University of South Carolina Department of Pediatrics, Division of Developmental Pediatrics, or a designee;

(k) Director of the Greenwood Genetic Center, or a designee.

The task force also may form workgroups as necessary to address specific issues within the technical purview of individual members.

(D) The task force shall meet as often as is necessary, or as called by the chair, and shall convene no later than sixty days after the effective date of this joint resolution, at which time at least a majority of the members must have been appointed. (E) The staffing for the task force must be provided by the Department of Disabilities and Special Needs with the support of the appropriate committees of the Senate and House of Representatives that oversee health care policy in this State.

(F) The members of the task force may not receive compensation and are not entitled to receive mileage, subsistence, or per diem authorized by law for members of state boards, committees, and commissions.

(G) The task force shall submit a report containing its findings and recommendations to the General Assembly and the Governor no later than December 1, 2011, at which time the task force is abolished.

SECTION 2. This joint resolution takes effect upon approval by the Governor.

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