SENATE No. 1106

The Commonwealth of Massachusetts

PRESENTED BY:

Barbara A. L'Italien

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to ensure full and equal access to services from the Department of Mental Health for individuals with autism spectrum disorders and related conditions who otherwise meet the eligibility criteria for DMH services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
Barbara A. L'Italien	Second Essex and Middlesex	
Kevin G. Honan	17th Suffolk	1/27/2017
Jonathan Hecht	29th Middlesex	1/30/2017
Alice Hanlon Peisch	14th Norfolk	2/3/2017

SENATE DOCKET, NO. 1611 FILED ON: 1/20/2017

SENATE No. 1106

By Ms. L'Italien, a petition (accompanied by bill, Senate, No. 1106) of Barbara A. L'Italien, Kevin G. Honan, Jonathan Hecht and Alice Hanlon Peisch for legislation relative to services for individuals with autism spectrum disorder. Mental Health, Substance Use and Recovery.

[SIMILAR MATTER FILED IN PREVIOUS SESSION SEE SENATE, NO. *1046* OF 2015-2016.]

The Commonwealth of Massachusetts

In the One Hundred and Ninetieth General Court (2017-2018)

An Act to ensure full and equal access to services from the Department of Mental Health for individuals with autism spectrum disorders and related conditions who otherwise meet the eligibility criteria for DMH services.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1: Section 1 of Chapter 123 of the General Laws as appearing in the 2012

- 2 Official Edition, is hereby amended by inserting the following definitions:
- 3 Autism Spectrum Disorder
- 4 An individual must meet criteria A, B, C and D:
- 5 A. Persistent deficits in social communication and social interaction across contexts, not
- 6 accounted for by general developmental delays, and manifest by all 3 of the following:

7	1. Deficits in social-emotional reciprocity; ranging from abnormal social approach and
8	failure of normal back and forth conversation through reduced sharing of interests, emotions, and
9	affect and response to total lack of initiation of social interaction.
10	2. Deficits in nonverbal communicative behaviors used for social interaction; ranging
11	from poorly integrated- verbal and nonverbal communication, through abnormalities in eye
12	contact and body-language, or deficits in understanding and use of nonverbal communication, to
13	total lack of facial expression or gestures.
14	3. Deficits in developing and maintaining relationships, appropriate to developmental
15	level (beyond those with caregivers); ranging from difficulties adjusting behavior to suit different
16	social contexts through difficulties in sharing imaginative play and in making friends to an
17	apparent absence of interest in people
18	B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at
18 19	B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:
19	least two of the following:
19 20	least two of the following: 1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple
19 20 21	least two of the following: 1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases).
19 20 21 22	 least two of the following: 1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases). 2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or
 19 20 21 22 23 	 least two of the following: 1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases). 2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change; (such as motoric rituals, insistence on same route or food,
 19 20 21 22 23 24 	 least two of the following: 1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases). 2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change; (such as motoric rituals, insistence on same route or food, repetitive questioning or extreme distress at small changes).

28	4. Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of
29	environment; (such as apparent indifference to pain/heat/cold, adverse response to specific
30	sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning
31	objects).
32	C. Symptoms must be present in early childhood (but may not become fully manifest
33	until social demands exceed limited capacities)
34	D. Symptoms together limit and impair everyday functioning
35	Conditions related to Autism Spectrum Disorder - These shall include but not be limited
36	to Social Communication Disorder, Aspergers Disorder, and Pervasive Developmental Disorder
37	Not Otherwise Specified.
38	SECTION 1A:
39	Chapter 123 of the General Laws is hereby further amended by inserting at the end
40	thereof the following new Section:
41	Section 37: The Department of Mental Health will provide emergency, crisis, acute care,
42	and ongoing treatment and support for people with Autism Spectrum Disorder and related
43	conditions, who otherwise meet the eligibility criteria for DMH services.
44	These services will be designed to meet the needs of individuals with Autism Spectrum
45	Disorder and related conditions. They will be provided by clinicians who have training and
46	expertise in Autism Spectrum Disorders and related conditions.

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47	For individuals with Autism Spectrum Disorder or a related condition who have co-
48	occurring mental health issues, DMH will work closely with the Department of Developmental
49	Services to determine the responsible agency for delivery of service.
50	SECTION 2:
51	Section 21 of Chapter 19 of the General Laws as appearing in the 2012 Official Edition is
52	hereby amended by striking "mentally ill and persons with an intellectual disability" and
53	inserting in place thereof the following words-
54	"persons with mental illness and intellectual or developmental disabilities"
55	SECTION 3:
56	Section 21 of Chapter 19 of the General Laws as appearing in the 2012 Official Edition is
57	hereby amended by striking "mentally ill and mentally retarded individuals" and inserting in
58	place thereof the words-
59	"persons with mental illness and intellectual or developmental disabilities"
60	SECTION 4:
61	Section 21 of Chapter of the General Laws as appearing in the 2012 Official Edition is
62	hereby amended by striking "a person with an intellectual disability and mentally ill" and
63	inserting in place thereof the words-
64	"a person with an intellectual or developmental disability and a mental illness"
65	SECTION 5:

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- 66 Section 21 of Chapter 19 of the General Laws as appearing in the 2012 Official Edition is
- 67 hereby amended by inserting, on line 30 following the words "intellectual disability", the words-
- 68 "or a developmental disability,"