
SENATE BILL 6812

State of Washington 60th Legislature 2008 Regular Session

By Senators Roach, Rasmussen, Shin, and McAuliffe

Read first time 01/24/08. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to creating autism spectrum disorders diagnostic
2 clinics in public hospital districts; and creating new sections.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. **Sec. 1.** The legislature finds that autism spectrum
5 disorders are not rare, and are, in fact, chronic conditions that
6 affect nearly one of every one hundred fifty children and require
7 ongoing medical and nonmedical interventions. The legislature further
8 finds that, while not rare, access to accurate and efficient diagnostic
9 services to identify the clinical characteristics of these disorders
10 are. Despite increased access to service with the establishment by the
11 legislature of the Tacoma satellite in 2005, there exists a six month
12 to one-year waiting list for diagnosis across the state. It is
13 critically important to children and families that they have timely and
14 reliable access to providers who can recognize the signs and symptoms
15 of autism spectrum disorders and have a strategy for screening,
16 surveillance, and assessing them systematically. While forty-four
17 percent of physicians say they care for more than ten children with
18 autism spectrum disorder, only eight percent say they routinely screen
19 for it. Physicians must also know about local resources that can

1 assist in making a definitive diagnosis of and in managing autism
2 spectrum disorders. To assist children, families, and the providers
3 caring for these children and their families, the legislature finds
4 that early and accurate diagnosis of autism spectrum disorders should
5 be made available and accessible to the majority of people within their
6 local communities through public hospital districts.

7 The legislature also finds that public hospital districts enjoy the
8 benefits of not-for-profit status. Public hospital districts also
9 enjoy the benefit of additional revenue raised from taxing residents
10 who live within their boundaries. While residents who live within
11 those taxing boundaries benefit from access to the health care services
12 provided, so do those that live outside the taxing boundaries. The
13 legislature finds that all residents in the taxing district should
14 receive meaningful remuneration from the benefits that accrue to these
15 health care entities.

16 The legislature finds that early, accurate, and efficient diagnosis
17 of autism spectrum disorders should be made available through public
18 hospital districts because such a diagnosis will enable the primary
19 goal of treatment. Children with autism can be accurately diagnosed as
20 early as sixteen months of age, and professionals have the ability to
21 identify those who are at risk as early as ten months of age, but
22 children of all ages shall be served. Treatment of autism spectrum
23 disorder is to maximize the child's ultimate functional independence
24 and quality of life by minimizing the core autism spectrum disorder
25 features, facilitating development and learning, promoting
26 socialization and functional independence and quality of life, reducing
27 maladaptive behaviors, and educating and supporting families and
28 reducing family distress. Without an accurate diagnosis, children and
29 families may not receive empirically supportive health care treatment
30 and interventions which are likely to have a positive effect on
31 habilitative progress, functional outcomes, and quality of life.

32 Timely diagnosis and intervention can result in a significant
33 increase in intelligence quotient and language ability and a decrease
34 in special education services needed later in childhood. The average
35 intelligence quotient of children receiving intensive early
36 intervention is twenty-eight points. Many children who had severe
37 below-normal cognition at the beginning of intervention were
38 functioning in the normal cognitive range and attending regular

1 education classrooms by five years of age. These results stand in
2 stark contrast to the very poor outcomes of children who do not receive
3 early diagnosis, treatment, and intervention.

4 Access to diagnosis and intervention are also critical to financial
5 health and well-being. Because of the remarkable response to
6 intervention, cost savings are substantial to individuals with autism,
7 their families, and society. Cost-benefit analyses published in peer-
8 reviewed journals estimate that the lifetime net financial cost savings
9 to society per individual who receives intensive early intervention is
10 two and one-half to three million dollars. The impact of timely
11 diagnosis and intervention on the quality of life for individuals with
12 autism and their families is immeasurable.

13 NEW SECTION. **Sec. 2.** Public hospital districts, as defined in RCW
14 70.44.007, shall, within existing revenue, develop a team of qualified
15 diagnosticians prepared to assess and diagnose autism spectrum
16 disorders for free for people living within the taxing borders of a
17 public hospital district and at reduced cost for people living outside
18 the taxing borders of the public hospital district. Once the diagnosis
19 is made or suspected, the child and his or her family shall be referred
20 to treatment and early intensive intervention services.

21 (1) The diagnostic team's composition will include at a minimum a
22 core provider team made up of a psychologist, a pediatrician, and
23 another primary care provider with expertise in pediatrics, but may
24 also include a psychiatrist, and a master degree social worker. The
25 addition of the diagnostic team is intended to make a public hospital
26 district a comprehensive center for children with autism and their
27 families. The diagnostic team shall regularly travel in the region
28 served by the public hospital district and host clinics accessible to
29 children and their families.

30 (2) The diagnostic team shall provide the following services to
31 children from the ages of ten months to twenty-one years:

- 32 (a) Assessment of a child's cognitive/developmental skills;
- 33 (b) Semistructured assessment of their social, language, and
34 play/recreational skills;
- 35 (c) Thorough history using standardized tools;
- 36 (d) A neurodevelopmental evaluation by a developmental

1 pediatrician, neurologist, or pediatrician well-versed in autism
2 spectrum disorders; and

3 (e) Comorbid risk for sleep, gastrointestinal, psychiatric,
4 genetic, and metabolic disorders.

5 Access to intervention and services is best provided with the
6 inclusion of social work to help a family navigate initial diagnosis
7 and community supports.

8 NEW SECTION. **Sec. 3.** The autism centers at Tacoma and Seattle
9 shall provide the evidence-based standard model for diagnosis and
10 access to intervention to be used by the public hospital districts.

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