

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the NM Legislature. The LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

Current FIRs (in HTML & Adobe PDF formats) are available on the NM Legislative Website (legis.state.nm.us). Adobe PDF versions include all attachments, whereas HTML versions may not. Previously issued FIRs and attachments may be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

SPONSOR King DATE TYPED 2/18/05 HB HJM 32

SHORT TITLE Study Autism Spectrum Disorder Disease SB _____

ANALYST Collard

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
			See Narrative		

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB 625, SB 124

SOURCES OF INFORMATION

LFC Files

Responses Received From

- Department of Health (DOH)
- Health Policy Commission (HPC)
- Developmental Disabilities Planning Council (DDPC)
- Public Education Department (PED)

SUMMARY

Synopsis of Bill

House Joint Memorial 32 requires the legislative Health and Human Services Committee to study the feasibility of establishing a system for determining the number of individuals with Autism Spectrum Disorder (ASD) and how to deliver the necessary services to that population and the feasibility of developing a “one-stop shop” approach ASD client evaluation. The University of New Mexico Center for Development and Disability (UNM-CDD), DOH’s Family Infant and Toddler (FIT) Program, PED and the legislative Education Study Committee would collaborate to develop such “one-stop shop” approach.

Significant Issues

DOH indicates both nationally and in New Mexico, there has been a significant growth in the number of children diagnosed with ASD. According to a study by the University of Missouri-Columbia, the average growth rate nationwide for ASD between 1995 and 2002 has been 307

percent, compared with just 15 percent for all other disabilities.

According to the Centers for Disease Control (CDC) studies done in Europe and Asia since 1985 have found that as many as 6 of every 1,000 children have ASD. CDC studies in the United States have shown a prevalence of between 3 and 6 per 1,000 children. Given these statistics, it is estimated that there may be approximately 7,200 to 10,800 children and adults with Autism Spectrum Disorders in New Mexico, with an estimated 540 children to 810 children under the age of five. It could be beneficial for DOH and PED to know the number of children with ASD in New Mexico for planning purposes.

FISCAL IMPLICATIONS

DDPC notes the bill does not include an appropriation and, without funding, there may be less urgency to conduct the study.

ADMINISTRATIVE IMPLICATIONS

DOH's FIT program would assign a staff person to the taskforce. Additional FTE would not be required.

RELATIONSHIP

House Joint Memorial 32 relates to House Bill 625, which appropriates funds to UNM for diagnostic evaluations of children with autism spectrum disorder and to Senate Bill 124 for Autistic Student School Personnel Development.

TECHNICAL ISSUES

DDPC states the bill does not identify collaborative partners in conducting the study. The University of New Mexico, Center for Development and Disability, Southwest Autism Network issued in April 2004 completed several comprehensive documents regarding autism services for children in New Mexico, including summary of findings and recommendations, a policy brief, and a preliminary action plan. Before the HHS committee embarks on the proposed study, it should identify key stakeholders that have already identified some of the issues and made recommendations.

OTHER SUBSTANTIVE ISSUES

DOH research states autism, or autistic spectrum disorder, is a neurobehavioral syndrome that occurs prior to age three and includes severe differences in interaction with other people, communication deficits, as well as restricted and stereotyped patterns of interest and behaviors. Increasingly, the term ASD is being used to refer to the wide range of symptoms and characteristics in these areas, which vary from mild to severe. Along the continuum, children may exhibit any combination of these behaviors in varying degrees of severity. The prevalence of ASDs has continued to grow nationwide and CDC estimates that a prevalence for ASD of between 3 and 6 per 1,000 children in the United States.

DOH's FIT program is the lead agency for the individuals with Disabilities Education Act (IDEA) Part C and coordinates a statewide system of early intervention for children birth to three

with and at-risk for developmental delays and disabilities. DOH contracts with the UNM-CDD to provide diagnostic evaluations to children under three. The contract with the UNM-CDD also provides for ongoing training and technical assistance to early intervention and pre-school staff serving young children with ASD through Project SET (Specialized Early Treatment). Project SET is jointly funded through DOH and PED.

A New Mexico Autism Registry would assist DOH and PED in resource planning related to the need for diagnostic evaluations, training and technical assistance across the state in various communities.

The National Research Council's (NRC) "Educating Children with Autism" states that "without comprehensive planning and estimates, it will not be possible to allocate the proper amounts of personnel and fiscal resources. The NRC report recommends that states have an organized data system that can answer questions such as, "How many children with autism are there?" or "How many teachers are needed?" These questions can only be addressed if states have a data system to compile the demographics of the individuals and programs.

In 2004 DOH and PED published a guidance document titled "*Guidance on Providing Supports and Services to Young Children with Autism Spectrum Disorders and the Families*". The guide synthesizes current literature and recommended practices and makes recommendations for diagnosis and assessment, the role of the family, effective programs and effective treatments.

Additionally, the UNM - Center for Development and Disability published a report "*Collaborating for Effective Services for Children with Autism Spectrum Disorder in New Mexico*" that was the result of the work of a project advisory board.

DOH indicates the above-mentioned reports can form the basis for implementing the intent of this memorial.

DDPC cautions development of a system to identify persons with autism spectrum disorder needs to be considered with care due to privacy and confidentiality issues.

HPC indicates the Autism Society of America, in a recent report, stated that autism is a complex developmental disability that typically appears during the first three years of life. It is the result of a neurological disorder that impacts the normal development of the brain in the areas of social interaction and communication skills:

- Persons with autism process and respond to information in ways that differ from neurotypical (non-autistic) people.
- Children with autism typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities.
- Autism is one of 5 disorders under the umbrella of Pervasive Developmental Disorders.
- Autism is the most common of the Pervasive Developmental Disorders affecting an estimated 2 to 6 per 1,000 individuals which means that as many as 1.5 million Americans today are believed to have some form of autism.
- Autism is growing at a rate of 10 percent to 17 percent per year. It is estimated that the prevalence of autism could reach 4 million Americans in the next decade.
- The incidence of autism is consistent around the globe, but is 4 times more prevalent in boys than girls.

Further, the society indicates persons with autism may exhibit some of the following traits:

- Insistence on sameness; resistance to change.
- Difficulty in expressing needs; uses gestures or pointing instead of words.
- Repeating words or phrases in place of normal, responsive language.
- Laughing, crying, showing distress for reasons not apparent to others.
- Prefers to be alone; aloof manner.
- Little or no eye contact.
- Unresponsive to normal teaching methods.
- Noticeable physical over-activity or extreme under-activity.
- Unresponsive to verbal cues; acts as if deaf although hearing tests in normal range.
- In some cases, aggressive and/or self-injurious behavior may be present.

PED notes, due to the specific recommended interventions for children with ASD, it is important that they are accurately diagnosed early in order to receive appropriate early intervention or pre-school special education services. Identification of children with ASD typically occurs between the ages of two and four. Many children identified and diagnosed at age two receive early intervention through the FIT program at DOH. Other children are identified during pre-school or kindergarten and receive special education services provided by local educational agencies. It is critical that New Mexico gain knowledge of how many children are diagnosed with ASD in order to adequately plan and allocate resources.

KBC/sb