

2008 State Autism Profiles

MINNESOTA

DEMOGRAPHICS

In 2000, 2,783 or 2.54% of children ages 3-21 who received special education services in Minnesota have autism. In 2006-2007, 9,854 or 8.36% of children with disabilities ages 3-21 who received special education services have autism.

Table 1-1: IDEA Part B - Children with Autism in Minnesota for 1999-2000 and 2006-2007
(Child Count by Age Group)

	1999-2000	2006-2007
Age 3-5	344	1,241
Age 6-11	1,569	4,544
Age 12-17	763	3,518
Age 18-21	107	551
Age 6-21	2,439	8,613
Age 3-21	2,783	9,854

Source: Reported by the State of Minnesota in accordance with Section 618 of IDEA to U.S. Department of Education, Office of Special Education Programs

Table 1-2: IDEA Part B - Children with Disabilities in Minnesota for 1999-2000 and 2006-2007
(Child Count by Age Group)

	1999-2000	2006-2007
Age 3-5	11,512	13,989
Age 6-11	45,810	46,317
Age 12-17	47,782	50,766
Age 18-21	4,409	6,852
Age 6-21	98,001	103,935
Age 3-21	109,513	117,924

Source: Reported by the State of Minnesota in accordance with Section 618 of IDEA to U.S. Department of Education, Office of Special Education Programs

STATE TASK FORCE

Autism Advisory Task Force

On May 17, 2008, the Minnesota Legislature adopted SR 176, establishing an autism task force. The task force is comprised of 20 members, including legislators, representatives of state agencies, and other professionals with an interest in autism. The task force will review and study the availability of programs and services provided to individuals with autism and their families. Additionally, the task force will assess services provided for early screening, diagnosis, and treatment. The task force is expected to complete its final report of recommendations by January 1, 2009 to the legislature and the governor.

Legislative Commission on Autism

HF 4089 was introduced on March 17, 2008 to establish a legislative commission on autism to meet for one year to study service delivery for individuals with autism, identify issues and challenges in the areas of early identification, early intervention, education, treatment, and transitioning into the community. At the end of the year, the commission would submit a report of findings and recommendations to the legislature. HF 4089 was referred to the House Health and Human Services Committee; SF 3822 was referred to the Health, Housing and Family Security Committee. No further action was taken.

STATE INSURANCE COVERAGE

The State of Minnesota does not have a specific health insurance mandate on autism spectrum disorders at this time. In May 2008, legislation (HF 4246/SF 3879) was introduced requiring health insurance coverage for the treatment of autism spectrum disorders to individuals under 25 years old who are diagnosed with autism. HF 4246 was referred to the House Health and Human Services Committee; SF 3879 was referred to the Senate Commerce and Consumer Protection Committee. No further action was taken. Limited coverage may be available under the mental health parity law. Under the law, group health insurance policies that provide coverage for mental conditions treated in a hospital shall also provide coverage for treatment performed while the enrollee is not in a hospital. At least 80 percent of

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the costs incurred for the first 10-hours of treatment performed within a year are covered for the diagnosis and treatment of mental conditions, and at least 75 percent of the costs are covered for additional treatment provided under the care of a licensed physician, mental health clinic, or mental health professional with prior authorization. (*MN Stat. §62A.152*) Minnesota also requires health insurance policies to provide benefits for the treatment of children with emotional disabilities, including children with developmental disabilities, in a residential facility. (*MN Stat. §62A.151*)

EDUCATION

Minnesota Administrative Rules defines autism spectrum disorders as a pervasive developmental disorder that adversely impacts the student, requiring a need for special education. In order to be eligible for special education, a student with autism must be evaluated. The evaluation team assesses student and identifies impairment in social interaction, impairment in communication, and repetitive behaviors and activities. A clinical or medical diagnosis of autism is not required in order for the student to receive special education provided that the student meets eligibility criteria. (*MN Rule Chapter 3525.1325*)

EDUCATION PROGRAMS AND ACTIVITIES

Minnesota Autism Project and Network

The Minnesota Department of Education, Special Education provides training and technical assistance, resources and information on autism spectrum disorders to educators and school districts through the Minnesota Autism Project and Network. Additionally, the MN Autism Project coordinates Regional Low Incidence Projects and an interagency collaboration, called MN First Signs Project, to promote earlier screening for autism spectrum disorders.

http://education.state.mn.us/mde/Learning_Support/Special_Education/Categorical_Disability_Information/Autism_Spectrum_Disorders/index.html

STATE LEGISLATIVE CALENDAR

The Minnesota Legislature meets in Regular Session biennially for no more than 120 days. The 85th Legislative Session of the Minnesota Legislature convened February 12, 2008 and adjourned May 19, 2008.

<http://www.leg.state.mn.us/>

Sponsors of Autism Legislation:

Sen. Jim Vickerman (D-Tracy) District 22
Sen. Kevin L. Dahle (D-Northfield) District 25
Sen. David H. Senjem (R-Rochester) District 29
Sen. Ann Lynch (D-Rochester) District 30
Sen. Charles W. Wiger (D-Maplewood) District 55

Rep. Laura Brod (R-New Prague) District 25A
Rep. Shelley Madore (D-Apple Valley) District 37A
Rep. Nora Slawik (D-Maplewood) District 55B