

LB997 Add an autism screening to Nebraska's existing school entry requirements that require a physical and vision screening.

Autism Spectrum Disorder Prevalence and Treatment

Currently, the CDC projects that about 1 in 44 children have been diagnosed with Autism Spectrum Disorder (ASD) [1]. As society has gained more knowledge about ASD, there has been a greater understanding that the experience of each person with ASD will be unique. As the CDC puts it, “the learning, thinking, and problem-solving abilities of people with ASD can range from gifted to severely challenged. Some people with ASD need a lot of help in their daily lives; others need less.”

However, early identification is critical to success in managing ASD. Research shows that early intervention treatment services can significantly improve a child’s development and quality of life. ASD treatments include behavior and cognitive therapies, social skills training, and speech-language training, among other services to help those with ASD learn social and communication skills [2].

Additionally, under the Federal IDEA Act students with ASD and their parents are entitled to a number of special education services in schools, including an IEP [3]. Recognizing and correctly diagnosing ASD is critical to student success.

Diagnosing Autism Spectrum Disorder

Diagnosing ASD involves two main steps; an initial screening and a full diagnostic. LB997 only adds the initial screening to the Nebraska's school entry requirements.

The initial screenings for ASD are designed to be simple enough that most parents can administer them. Screenings include the Modified Checklist for Autism in Toddlers, known as an M-CHAT for those in the 18–30 month range, or the Ages and Stages Questionnaire, known as an ASQ, for older children. The ASQ screening questionnaire is attached to this fact sheet. If trends and patterns are found in the screening, then a child is suggested for a full diagnostic, which is done by a medical professional.

How LB997 Works

LB997 uses the same process as Nebraska's existing school entry requirements, which require a one time physical examination and vision screening, before the child enrolls in kindergarten, or, if a child is enrolling from out of state. In this case, an ASD screening would have to be conducted by a physician, a physician assistant, an advanced practice registered nurse, school nurse, school psychiatrist, or other individual trained in the administration of screenings for autism spectrum disorder before the child enrolls in school. Additionally, LB997 provides the option for parents to opt-out of a screening.

Although LB997 would be after the best practice window of 18–30 months for an ASD diagnosis, the goal of this legislation is to provide a backstop for students that would cut down on the number of children being diagnosed late in grade school, or even as adults. By properly identifying ASD in students, we can ensure they get the services they are entitled to under the IDEA Act, and receive treatment that can improve their performance in school, and their quality of life.

Paying for LB997

In 2014, under LB254, the Legislature mandated total coverage of ASD services by insurance companies and Medicaid. However, the ASD screenings are designed to be accessible, so the costs of the screening is minimal. Additionally, LB997 carries no fiscal note.

ASD and Racial Bias in Diagnosis

A universal screen would also help mitigate the effects of bias in ASD diagnosis. Research has shown children of color are often misdiagnosed with behavioral issues, rather than ASD. Specifically, African American children are 5.1 times more likely to be misdiagnosed with conduct disorders before being diagnosed with ASD [4]. By adopting a universal screening, we can cut down on bias by ensuring all children are screened.

Citations

[1] CDC, 2021 <https://www.cdc.gov/ncbddd/autism/data.html>

[2] NIH, 2021 <https://www.nichd.nih.gov/health/topics/autism/conditioninfo/treatments>

[3] NDE, 2018 <https://cdn.education.ne.gov/wp-content/uploads/2018/07/Parent-Rights-for-Special-Education-3-21.pdf>

[4] NPR, 2018 <https://www.npr.org/sections/health-shots/2018/03/19/587249339/black-and-latino-children-are-often-overlooked-when-it-comes-to-autism>