

**SB**

**39**

<TARGET><BILL>SB 39</BILL><SUBJECT>SB  
39</SUBJECT><COMM>SHSS28</COMM></TARGET>

28-LS0247U  
Mischel  
2/5/13

**CS FOR SENATE BILL NO. 39( )**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**TWENTY-EIGHTH LEGISLATURE - FIRST SESSION**

**BY**

**Offered:**  
**Referred:**

**Sponsor(s): SENATOR MEYER**

**A BILL**  
**FOR AN ACT ENTITLED**

1 **"An Act changing the terms 'mental retardation' and 'mentally retarded,' and making**  
2 **conforming changes, in Alaska Statutes."**

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 **\* Section 1.** AS 08.68.333(d) is amended to read:

5 (d) If the certified nurse aide is employed in a skilled nursing facility or a  
6 nursing facility, other than an intermediate care facility for persons with intellectual  
7 and developmental disabilities [THE MENTALLY RETARDED], that is  
8 participating in the Medicaid or Medicare program, only the state survey and  
9 certification agency may make, and report to the Board of Nursing, a finding that the  
10 certified nurse aide has committed abuse, neglect, or misappropriation of property in  
11 connection with the nurse aide's employment at the facility.

12 **\* Sec. 2.** AS 12.47.130(5) is amended to read:

13 (5) "mental disease or defect" means a disorder of thought or mood  
14 that substantially impairs judgment, behavior, capacity to recognize reality, or ability

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to cope with the ordinary demands of life; "mental disease or defect" also includes intellectual and developmental disabilities that result in [MENTAL RETARDATION, WHICH MEANS A] significantly below average general intellectual functioning that impairs a person's ability to adapt to or cope with the ordinary demands of life;

\* Sec. 3. AS 14.30.350(2) is amended to read:

(2) "child with a disability" means a child with one or more of the following:

- (A) intellectual disability [MENTAL RETARDATION];
- (B) learning disabilities;
- (C) emotional disturbance;
- (D) deafness;
- (E) deaf-blindness;
- (F) hearing impairment;
- (G) orthopedic impairment;
- (H) other health impairment;
- (I) speech or language impairment;
- (J) visual impairment;
- (K) multiple disabilities;
- (L) early childhood development delay;
- (M) autism;
- (N) traumatic brain injury;
- (O) developmental disability;

\* Sec. 4. AS 14.30.630(b) is amended to read:

(b) The agency shall

(1) provide special education services including

(A) itinerant outreach services to students who are deaf, deaf-blind, intellectually disabled, developmentally disabled [MENTALLY RETARDED], hearing impaired, blind and visually impaired, orthopedically disabled, health-impaired in other ways, and severely emotionally disturbed, and to students with multiple disabilities;

1 (B) special education instructional support and training of local  
2 school district special education personnel; and

3 (C) other services appropriate to special education needs;

4 (2) provide for an annual audit of the agency;

5 (3) provide the department with a two-year plan of operation including  
6 a description of the services to be offered by the agency, the method by which the  
7 services will be evaluated, information on the number of students and school district  
8 personnel to be served, a schedule of funds available to the agency from all sources,  
9 and other information that may be required by the department by regulation;

10 (4) present an annual budget to the department.

11 \* **Sec. 5.** AS 18.15.210 is amended to read:

12 **Sec. 18.15.210. Testing for certain other heritable diseases.** The department  
13 shall administer and provide services for testing for other heritable diseases that lead  
14 to intellectual disabilities, developmental disabilities, or both, [MENTAL  
15 RETARDATION] and physical disabilities as screening programs accepted by current  
16 medical practice and as developed.

17 \* **Sec. 6.** AS 18.20.140 is amended to read:

18 **Sec. 18.20.140. Purpose.** The purpose of AS 18.20.140 - 18.20.220 is to make  
19 an inventory of existing hospitals and medical facilities, community mental health  
20 centers, and facilities for persons with intellectual and developmental disabilities  
21 [THE MENTALLY RETARDED]; to survey the need for construction of hospitals  
22 and medical facilities, community mental health centers, and facilities for persons  
23 with intellectual and developmental disabilities [THE MENTALLY RETARDED];  
24 and to develop a program and plan of construction for each.

25 \* **Sec. 7.** AS 18.20.150(a) is amended to read:

26 (a) For each of the following groups of facilities, hospitals and medical  
27 facilities (Group 1), community mental health centers (Group 2), and facilities for  
28 persons with intellectual and developmental disabilities [THE MENTALLY  
29 RETARDED] (Group 3), the department shall

30 (1) make a statewide inventory of existing public, nonprofit, and  
31 proprietary facilities;

1 (2) survey the need for construction of these facilities;

2 (3) on the basis of the inventory and survey, develop a program for the  
3 construction of public and other nonprofit facilities for each of these groups that will,  
4 in conjunction with existing facilities, afford the necessary physical facilities for  
5 furnishing adequate facility services to all residents of the state.

6 \* Sec. 8. AS 18.20.210(3) is amended to read:

7 (3) "facility for persons with intellectual and developmental  
8 disabilities [THE MENTALLY RETARDED]" means a facility specially designed for  
9 the diagnosis, treatment, education, training, or custodial care of persons with  
10 intellectual and developmental disabilities [THE MENTALLY RETARDED],  
11 including facilities for training specialists and sheltered workshops for persons with  
12 intellectual and developmental disabilities [THE MENTALLY RETARDED], but  
13 only if the workshops are part of facilities that provide or will provide comprehensive  
14 services for persons with intellectual and developmental disabilities [THE  
15 MENTALLY RETARDED];

16 \* Sec. 9. AS 18.20.210(4) is amended to read:

17 (4) "federal act" means Title VI of the Public Health Service Act (42  
18 U.S.C. 291 et seq.) concerning hospitals and medical facilities and the Mental  
19 Retardation Facilities and Community Mental Health Centers Construction Act of  
20 1963 (P.L. 88-164) concerning facilities for persons with intellectual and  
21 developmental disabilities [THE MENTALLY RETARDED] and community mental  
22 health centers, both as now or hereafter amended;

23 \* Sec. 10. AS 18.20.210(7) is amended to read:

24 (7) "nonprofit facility for persons with intellectual and  
25 developmental disabilities [THE MENTALLY RETARDED]" and "nonprofit  
26 community mental health center" mean, respectively, a facility for persons with  
27 intellectual and developmental disabilities [THE MENTALLY RETARDED] and a  
28 community mental health center that is owned and operated by one or more nonprofit  
29 corporations or associations no part of the net earnings of which inures, or may  
30 lawfully inure, to the benefit of any private shareholder or individual; and the term  
31 "nonprofit private agency or organization" means an agency or organization that is

1 such a corporation or association or that is owned and operated by one or more of such  
2 corporations or associations;

3 \* Sec. 11. AS 18.80.300(15) is amended to read:

4 (15) "physical or mental impairment" means

5 (A) physiological disorder or condition, cosmetic  
6 disfigurement, or anatomical loss affecting one or more of the following body  
7 systems: neurological, musculoskeletal, special sense organs, respiratory  
8 including speech organs, cardiovascular, reproductive, digestive, genito-  
9 urinary, hemic and lymphatic, skin, and endocrine;

10 (B) mental or psychological disorder, including intellectual  
11 disability [MENTAL RETARDATION], organic brain syndrome, emotional  
12 or mental illness, and specific learning disabilities;

13 \* Sec. 12. AS 36.30.170(k) is amended to read:

14 (k) In this section, "person with a disability" means an individual

15 (1) who has a severe physical or mental disability that seriously limits  
16 one or more functional capacities in terms of employability; in this paragraph,  
17 "functional capacities" means mobility, communication, self-care, self-direction,  
18 interpersonal skills, work tolerance, or work skills;

19 (2) whose physical or mental disability

20 (A) results from amputation, arthritis, autism, blindness, burn  
21 injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart  
22 disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction,  
23 intellectual disability, developmental disability, or both [MENTAL  
24 RETARDATION], mental illness, multiple sclerosis, muscular dystrophy,  
25 musculo-skeletal disorders, neurological disorders, paraplegia, quadriplegia,  
26 other spinal cord conditions, sickle cell anemia, specific learning disability, or  
27 end stage renal disease; in this subparagraph, "neurological disorders" include  
28 stroke and epilepsy; or

29 (B) is a disability or combination of disabilities that are not  
30 identified in (A) of this paragraph and that are determined on the basis of an  
31 evaluation of rehabilitation potential to cause substantial functional limitation

1 comparable to a disability identified in (A) of this paragraph; and

2 (3) whose vocational rehabilitation can be expected to require multiple  
3 vocational rehabilitation services over an extended period of time.

4 \* Sec. 13. AS 43.23.095(2) is amended to read:

5 (2) "disabled" means physically or mentally unable to complete and  
6 sign an application due to a serious emotional disturbance, visual, orthopedic, or other  
7 health impairment, or developmental disability that is attributable to intellectual  
8 disability [MENTAL RETARDATION], cerebral palsy, epilepsy, autism, or other  
9 cause; "disabled" does not mean "incompetent";

10 \* Sec. 14. AS 47.05.055(b) is amended to read:

11 (b) If the certified nurse aide is employed in a skilled nursing facility or  
12 nursing facility, other than an intermediate care facility for persons with intellectual  
13 and developmental disabilities [THE MENTALLY RETARDED], that is  
14 participating in the Medicaid or Medicare program, only the state survey and  
15 certification agency may make, and report to the Board of Nursing, a finding that a  
16 certified nurse aide has committed abuse, neglect, or misappropriation of property in  
17 connection with the nurse aide's employment at the facility.

18 \* Sec. 15. AS 47.07.020(b) is amended to read:

19 (b) In addition to the persons specified in (a) of this section, the following  
20 optional groups of persons for whom the state may claim federal financial  
21 participation are eligible for medical assistance:

22 (1) persons eligible for but not receiving assistance under any plan of  
23 the state approved under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act,  
24 Supplemental Security Income) or a federal program designated as the successor to the  
25 aid to families with dependent children program;

26 (2) persons in a general hospital, skilled nursing facility, or  
27 intermediate care facility, who, if they left the facility, would be eligible for assistance  
28 under one of the federal programs specified in (1) of this subsection;

29 (3) persons under 21 years of age who are under supervision of the  
30 department, for whom maintenance is being paid in whole or in part from public  
31 funds, and who are in foster homes or private child-care institutions;

1 (4) aged, blind, or disabled persons, who, because they do not meet  
2 income and resources requirements, do not receive supplemental security income  
3 under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act), and who do not  
4 receive a mandatory state supplement, but who are eligible, or would be eligible if  
5 they were not in a skilled nursing facility or intermediate care facility to receive an  
6 optional state supplementary payment;

7 (5) persons under 21 years of age who are in an institution designated  
8 as an intermediate care facility for persons with intellectual and developmental  
9 disabilities [THE MENTALLY RETARDED] and who are financially eligible as  
10 determined by the standards of the federal program designated as the successor to the  
11 aid to families with dependent children program;

12 (6) persons in a medical or intermediate care facility whose income  
13 while in the facility does not exceed 300 percent of the supplemental security income  
14 benefit rate under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act) but who  
15 would not be eligible for an optional state supplementary payment if they left the  
16 hospital or other facility;

17 (7) persons under 21 years of age who are receiving active treatment in  
18 a psychiatric hospital and who are financially eligible as determined by the standards  
19 of the federal program designated as the successor to the aid to families with  
20 dependent children program;

21 (8) persons under 21 years of age and not covered under (a) of this  
22 section, who would be eligible for benefits under the federal program designated as  
23 the successor to the aid to families with dependent children program, except that they  
24 have the care and support of both their natural and adoptive parents;

25 (9) pregnant women not covered under (a) of this section and who  
26 meet the income and resource requirements of the federal program designated as the  
27 successor to the aid to families with dependent children program;

28 (10) persons under 21 years of age not covered under (a) of this section  
29 who the department has determined cannot be placed for adoption without medical  
30 assistance because of a special need for medical or rehabilitative care and who the  
31 department has determined are hard-to-place children eligible for subsidy under



1 AS 25.23.190 - 25.23.210;

2 (11) persons who can be considered under 42 U.S.C. 1396a(e)(3) (Title  
3 XIX, Social Security Act, Medical Assistance) to be individuals with respect to whom  
4 a supplemental security income is being paid under 42 U.S.C. 1381 - 1383c (Title  
5 XVI, Social Security Act) because they meet all of the following criteria:

6 (A) they are 18 years of age or younger and qualify as disabled  
7 individuals under 42 U.S.C. 1382c(a) (Title XVI, Social Security Act);

8 (B) the department has determined that

9 (i) they require a level of care provided in a hospital,  
10 nursing facility, or intermediate care facility for persons with  
11 intellectual and developmental disabilities [THE MENTALLY  
12 RETARDED];

13 (ii) it is appropriate to provide their care outside of an  
14 institution; and

15 (iii) the estimated amount that would be spent for  
16 medical assistance for their individual care outside an institution is not  
17 greater than the estimated amount that would otherwise be expended  
18 individually for medical assistance within an appropriate institution;

19 (C) if they were in a medical institution, they would be eligible  
20 for medical assistance under other provisions of this chapter; and

21 (D) home and community-based services under a waiver  
22 approved by the federal government are either not available to them under this  
23 chapter or would be inappropriate for them;

24 (12) disabled persons, as described in 42 U.S.C.  
25 1396a(a)(10)(A)(ii)(XIII), who are in families whose income, as determined under  
26 applicable federal regulations or guidelines, is less than 250 percent of the official  
27 poverty line applicable to a family of that size according to the United States  
28 Department of Health and Human Services, and who, but for earnings in excess of the  
29 limit established under 42 U.S.C. 1396d(q)(2)(B), would be considered to be  
30 individuals with respect to whom a supplemental security income is being paid under  
31 42 U.S.C. 1381 - 1383c; a person eligible for assistance under this paragraph who is

1 not eligible under another provision of this section shall pay a premium or other cost-  
2 sharing charges according to a sliding fee scale that is based on income as established  
3 by the department in regulations;

4 (13) persons under 19 years of age who are not covered under (a) of  
5 this section and whose household income does not exceed 175 percent of the federal  
6 poverty line as defined by the United States Department of Health and Human  
7 Services and revised under 42 U.S.C. 9902(2);

8 (14) pregnant women who are not covered under (a) of this section and  
9 whose household income does not exceed 175 percent of the federal poverty line as  
10 defined by the United States Department of Health and Human Services and revised  
11 under 42 U.S.C. 9902(2);

12 (15) persons who have been diagnosed with breast or cervical cancer  
13 and who are eligible for coverage under 42 U.S.C. 1396a(a)(10)(A)(ii)(XVIII).

14 \* Sec. 16. AS 47.07.030(b) is amended to read:

15 (b) In addition to the mandatory services specified in (a) of this section and the  
16 services provided under (d) of this section, the department may offer only the  
17 following optional services: case management services for traumatic or acquired brain  
18 injury; case management and nutrition services for pregnant women; personal care  
19 services in a recipient's home; emergency hospital services; long-term care  
20 noninstitutional services; medical supplies and equipment; advanced nurse practitioner  
21 services; clinic services; rehabilitative services for children eligible for services under  
22 AS 47.07.063, substance abusers, and emotionally disturbed or chronically mentally ill  
23 adults; targeted case management services; inpatient psychiatric facility services for  
24 individuals [AGE] 65 years of age or older and individuals under [AGE] 21 years of  
25 age; psychologists' services; clinical social workers' services; midwife services;  
26 prescribed drugs; physical therapy; occupational therapy; chiropractic services; low-  
27 dose mammography screening, as defined in AS 21.42.375(e); hospice care; treatment  
28 of speech, hearing, and language disorders; adult dental services; prosthetic devices  
29 and eyeglasses; optometrists' services; intermediate care facility services, including  
30 intermediate care facility services for persons with intellectual and developmental  
31 disabilities [THE MENTALLY RETARDED]; skilled nursing facility services for

1 individuals under [AGE] 21 years of age; and reasonable transportation to and from  
2 the point of medical care.

3 \* Sec. 17. AS 47.07.045(b) is amended to read:

4 (b) Before the department may terminate payment for services provided under  
5 (a) of this section,

6 (1) the recipient must have had an annual assessment to determine  
7 whether the recipient continues to meet the standards under (a) of this section;

8 (2) the annual assessment must have been reviewed by an independent  
9 qualified health care professional under contract with the department; for purposes of  
10 this paragraph, "independent qualified health care professional" means,

11 (A) for a waiver based on intellectual [MENTAL  
12 RETARDATION] or developmental disability, a person who is qualified under  
13 42 CFR 483.430 as a qualified intellectual disability [MENTAL  
14 RETARDATION] professional;

15 (B) for other allowable waivers, a registered nurse licensed  
16 under AS 08.68 who is qualified to assess children with complex medical  
17 conditions, older Alaskans, and adults with physical disabilities for medical  
18 assistance waivers; and

19 (3) the annual assessment must find that the recipient's condition has  
20 materially improved since the previous assessment; for purposes of this paragraph,  
21 "materially improved" means that a recipient who has previously qualified for a  
22 waiver for

23 (A) a child with complex medical conditions, no longer needs  
24 technical assistance for a life-threatening condition, and is expected to be  
25 placed in a skilled nursing facility for less than 30 days each year;

26 (B) intellectual [MENTAL RETARDATION] or  
27 developmental disability, no longer needs the level of care provided by an  
28 intermediate care facility for persons with intellectual and developmental  
29 disabilities [THE MENTALLY RETARDED] either because the qualifying  
30 diagnosis has changed or the recipient is able to demonstrate the ability to  
31 function in a home setting without the need for waiver services; or

1 (C) an older Alaskan or adult with a physical disability, no  
2 longer has a functional limitation or cognitive impairment that would result in  
3 the need for nursing home placement, and is able to demonstrate the ability to  
4 function in a home setting without the need for waiver services.

5 \* Sec. 18. AS 47.07.055(a) is amended to read:

6 (a) The estate of an individual who received medical assistance payments is  
7 subject to a claim for recovery of the medical assistance after the individual's death  
8 that, except as provided in (b) of this section, may be secured by a lien filed against  
9 the individual's real property during the individual's lifetime if the

10 (1) individual was an inpatient in a nursing facility, intermediate care  
11 facility for persons with intellectual and developmental disabilities [THE  
12 MENTALLY RETARDED], or other medical institution;

13 (2) department required the individual, as a condition of receiving  
14 medical assistance under this chapter, to spend for medical expenses all but a minimal  
15 amount of that individual's income; and

16 (3) department determined during the individual's lifetime, after notice  
17 and opportunity for hearing, that the individual could not reasonably be expected to be  
18 discharged from the institution and to return home.

19 \* Sec. 19. AS 47.07.055(e) is amended to read:

20 (e) In addition to recovery of medical assistance upon sale of property subject  
21 to a lien authorized under (a) - (d) of this section, after an individual's death, the  
22 individual's estate is subject to a claim for reimbursement for medical assistance  
23 payments made on behalf of the individual under this chapter for the following  
24 services to the extent that those services were provided when the individual was 55  
25 years of age or older:

26 (1) services received while an inpatient in a nursing facility,  
27 intermediate care facility for persons with intellectual and developmental  
28 disabilities [THE MENTALLY RETARDED], or other medical institutions; and

29 (2) home and community-based services provided through a waiver  
30 received from the federal government that allows home and community-based services  
31 to be covered under this chapter for persons who are eligible for coverage under this

1 chapter while in an institution but who are able to avoid institutionalization because of  
2 the provision of home and community-based services.

3 \* Sec. 20. AS 47.07.900(11) is amended to read:

4 (11) "health facility" includes a

5 (A) hospital, skilled nursing facility, intermediate care facility,  
6 intermediate care facility for persons with intellectual and developmental  
7 disabilities [THE MENTALLY RETARDED], rehabilitation facility, inpatient  
8 psychiatric facility, home health agency, rural health clinic, and outpatient  
9 surgical clinic; and

10 (B) birthing center if birthing centers are authorized for  
11 coverage under the state plan approved under AS 47.07.040 by the United  
12 States Department of Health and Human Services;

13 \* Sec. 21. AS 47.25.195(f)(2) is amended to read:

14 (2) "health facility" includes a hospital, skilled nursing facility,  
15 intermediate care facility, intermediate care facility for persons with intellectual and  
16 developmental disabilities [THE MENTALLY RETARDED], rehabilitation facility,  
17 inpatient psychiatric facility, home health agency, rural health clinic, and outpatient  
18 surgical clinic.

19 \* Sec. 22. AS 47.30.056(b) is amended to read:

20 (b) Expenditures under (a)(1) of this section must provide for a reasonable  
21 level of necessary services to persons who

22 (1) are [THE] mentally ill;

23 (2) have an intellectual disability, a developmental disability, or  
24 both [THE MENTALLY DEFECTIVE AND RETARDED];

25 (3) are chronic alcoholics suffering from psychoses;

26 (4) [SENILE PEOPLE WHO] as a result of [THEIR] senility, suffer  
27 major mental illness; and

28 (5) need [OTHER PERSONS NEEDING] mental health services, as  
29 the legislature may determine.

30 \* Sec. 23. AS 47.30.056(e) is amended to read:

31 (e) In (b)(2) of this section, "persons who have an intellectual disability,

1        **developmental disability, or both**" ["THE MENTALLY DEFECTIVE AND  
2        RETARDED"] includes persons with the following neurologic or mental disorders:

3                (1) cerebral palsy;

4                (2) epilepsy;

5                (3) [MENTAL RETARDATION];

6                (4) autistic disorder;

7                **(4) [(5)** severe organic brain impairment;

8                **(5) [(6)** significant developmental delay during early childhood  
9        indicating risk of developing a disorder listed in this subsection;

10               **(6) [(7)** other severe and persistent **intellectual disability or**  
11        **developmental disability** [MENTAL DISORDERS] manifested by behaviors and  
12        symptoms similar to those manifested by persons with disorders listed in this  
13        subsection.

14        \* **Sec. 24.** AS 47.30.580 is amended to read:

15                **Sec. 47.30.580. Comprehensive services.** Plans and regulations adopted under  
16        AS 47.30.520 - 47.30.620 must allow local programs sufficient administrative and  
17        program flexibility so that local community mental health programs may be joined  
18        with other programs such as **intellectual and developmental disability** [MENTAL  
19        RETARDATION] programs, drug abuse programs, alcoholism programs, and  
20        comprehensive mental health services programs.

21        \* **Sec. 25.** AS 47.30.915(12) is amended to read:

22                (12) "mental illness" means an organic, mental, or emotional  
23        impairment that has substantial adverse effects on an individual's ability to exercise  
24        conscious control of the individual's actions or ability to perceive reality or to reason  
25        or understand; **intellectual disability, developmental disability, or both** [MENTAL  
26        RETARDATION], epilepsy, drug addiction, and alcoholism do not per se constitute  
27        mental illness, although persons suffering from these conditions may also be suffering  
28        from mental illness;

29        \* **Sec. 26.** AS 47.32.010(b) is amended to read:

30                (b) This chapter and regulations adopted under this chapter apply to the  
31        following entities:

- 1 (1) ambulatory surgical centers;
- 2 (2) assisted living homes;
- 3 (3) child care facilities;
- 4 (4) child placement agencies;
- 5 (5) foster homes;
- 6 (6) free-standing birth centers;
- 7 (7) home health agencies;
- 8 (8) hospices, or agencies providing hospice services or operating
- 9 hospice programs;
- 10 (9) hospitals;
- 11 (10) intermediate care facilities for **individuals with an intellectual**
- 12 **disability or related condition** [THE MENTALLY RETARDED];
- 13 (11) maternity homes;
- 14 (12) nursing facilities;
- 15 (13) residential child care facilities;
- 16 (14) residential psychiatric treatment centers;
- 17 (15) rural health clinics;
- 18 (16) runaway shelters.

19 \* Sec. 27. AS 47.32.900(14) is amended to read:

- 20 (14) "intermediate care facility for **individuals with an intellectual**
- 21 **disability or related condition** [THE MENTALLY RETARDED]" has the meaning
- 22 given in 42 C.F.R. 440.150;

23 \* Sec. 28. The uncodified law of the State of Alaska is amended by adding a new section to

24 read:

25 CHANGES IN THE TERMS "MENTAL RETARDATION" AND "MENTALLY

26 RETARDED"; CONSTRUCTION. Nothing in this Act shall be construed to alter the

27 coverage, eligibility, rights, responsibilities, or definitions referred to in the provisions

28 amended by this Act.

29 \* Sec. 29. The uncodified law of the State of Alaska is amended by adding a new section to

30 read:

31 REGULATIONS; INSTRUCTION. The Department of Law is instructed, to the

1 extent practicable, to change the Alaska Administrative Code to reflect the changes in  
2 terminology consistent with this Act by replacing references to "mental retardation" and  
3 "mentally retarded" with "persons with intellectual and development disabilities," modified as  
4 appropriate to the context of the usage, as follows:

5 (1) "mentally retarded" to "intellectually disabled or developmentally  
6 disabled" or "intellectually disabled, developmentally disabled";

7 (2) "the mentally retarded" to "individuals with intellectual and developmental  
8 disabilities";

9 (3) "mental retardation" or "mental retardation and developmental disabilities"  
10 to "intellectual and developmental disability," "intellectual disability or developmental  
11 disability," or "intellectual disability, developmental disability, or both";

12 (4) "mental retardation professional" to "qualified intellectual disability  
13 professional";

14 (5) "intermediate care facility for the mentally retarded" to "intermediate care  
15 facility for individuals with an intellectual disability or related condition," and the  
16 abbreviation "ICF/MR" to "ICF/IID."



# Alaska State Legislature



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## Senator Kevin Meyer Senate District L

TO: Senator Stedman, Chair  
Senate Health & Social Services Committee

FROM: Senator Kevin Meyer 

DATE: January 29, 2013

RE: Request to Schedule SB 39

With this memorandum I respectfully request the scheduling of SB 39, Statutory References to Mental Retardation, in the Senate Health & Social Services Committee. This legislation removes the terms "mental retardation" and "mentally retarded," and replaces them with "intellectual and developmental disabilities" and "persons with intellectual and developmental disabilities." It is the intent of this measure to provide more respectful and inclusive language in our state statutes, and follows 43 other states that have either already passed similar laws, or have legislation pending.

Attached to this memorandum please find:

- Sponsor Statement
- SB 39, Version 28-LS0247\A
- Sectional Analysis
- Legal Services Memorandum re: "Mental Retardation" as psychiatric diagnosis
- Public Law 111-256 (Federal Law)
- Special Olympics article on "Rosa's Law"
- American Association on Intellectual and Developmental Disabilities
- Medscape Reference Article

If you have any questions, please contact my staff member assigned to this bill, Edra Morledge at 465-6874.

# LEGAL SERVICES

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Juneau, Alaska 99801-1182  
Deliveries to: 129 6th St., Rm. 329

## MEMORANDUM

January 2, 2013

**SUBJECT:** "Mental retardation" as psychiatric diagnosis  
(Work Order No. 28-LS0247\A)

**TO:** Senator Kevin Meyer

**FROM:** Jean M. Mischel  
Legislative Counsel

Enclosed is the bill draft you requested that changes the terminology in the Alaska Statutes for all references to mental retardation and mentally retarded. While consistent with recent changes to some aspects of federal law, the change in terminology may create unintended ambiguities with respect to psychiatric conditions as they are currently described. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM)<sup>1</sup> continues to use "mental retardation" as a recognized disorder without specific reference to an "intellectual or developmental disability." I am not certain, therefore, how the bill draft will affect criminal, health, and education laws that require some kind of proof of a diagnosed condition.

If I may be of further assistance, please advise.

JMM:ljw  
12-527.ljw

Enclosure

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<sup>1</sup> The DSM is scheduled to be revised as of May 2013.

# LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES  
LEGISLATIVE AFFAIRS AGENCY  
STATE OF ALASKA

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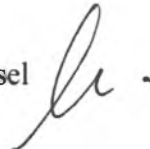
State Capitol  
Juneau, Alaska 99801-1182  
Deliveries to: 129 6th St., Rm. 329

## MEMORANDUM

January 25, 2013

**SUBJECT:** Sectional Summary (Work Order No. 28-LS0247\A)

**TO:** Senator Kevin Meyer  
Attn: Edra Morledge

**FROM:** Jean M. Mischel  
Legislative Counsel 

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

**Section 1.** Replaces "the mentally retarded" with "persons with intellectual and developmental disabilities" in the context of intermediate care facilities employing a certified nurse aid.

**Section 2.** Replaces "mental retardation" with "intellectual and developmental disabilities that result in" in the context of the definition of "mental disease or defect" that negates a culpable mental state to commit a crime.

**Section 3.** Replaces "mentally retardation" with "intellectual disability" and "developmental disability" in the context of the definition of a "child with a disability" for educational purposes.

**Section 4.** Replaces students who are "mentally retarded" with "intellectually disabled, developmentally disabled" in the context of outreach services by the special education services agency.

**Section 5.** Replaces "mental retardation" with "intellectual disabilities, developmental disabilities, or both" in the context of testing for heritable diseases in newborns.

**Sections 6 - 10.** Replaces "the mentally retarded" with "persons with intellectual and developmental disabilities" in the context of inventories of facilities for certificate of need purposes.

**Section 11.** Replaces "mental retardation" with "intellectual disability" in the context of the definition of physical or mental impairment for purposes of the state commission on human rights.

**Section 12.** Replaces "mental retardation" with "intellectual disability, developmental disability, or both" in the context of defining "persons with a disability" for purposes of the state procurement code.

**Section 13.** Replaces "mental retardation" with "intellectual disability" in the context of defining "disabled" under the permanent fund dividend provisions.

**Section 14.** Replaces "the mentally retarded" with "persons with intellectual and developmental disabilities" in the context of intermediate care facilities employing a certified nurse aid in a Medicaid or Medicare program.

**Section 15.** Replaces "the mentally retarded" with "persons with intellectual and developmental disabilities" in the context of categorical needs under the Medicaid program.

**Section 16.** Replaces "the mentally retarded" with "persons with intellectual and developmental disabilities" in the context of optional Medicaid services provided in intermediate care facilities.

**Section 17.** Replaces "mental retardation" with "intellectual or developmental disability," and "the mentally retarded" with "person with intellectual and developmental disabilities" in the context of home- and community-based services under the Medicaid program

**Section 18 - 20.** Replaces "the mentally retarded" with "persons with intellectual and developmental disabilities" in the context of the state Medicaid program.

**Section 21.** Replaces "the mentally retarded" with "persons with intellectual and developmental disabilities" in the context of state public assistance.

**Sections 22 - 23.** Makes various changes to eliminate the use of "mentally defective and retarded" in the context of the use of money in the mental health trust account.

**Section 24.** Replaces "mental retardation" with "intellectual and developmental disability" in the context of mental health programs.

**Section 25.** Replaces "mental retardation" with "intellectual and developmental disability" in the context of the definition of "mental illness" for purposes of state mental health programs and admissions.

**Sections 26 - 27.** Replaces "the mentally retarded" with "individuals with an intellectual disability or related condition" for purposes of statewide licensing of intermediate care facilities, consistent with federal law.

# Alaska State Legislature



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## **Senator Kevin Meyer** Senate District L

### **SPONSOR STATEMENT SENATE BILL 39**

It is essential for the dignity and humanity of people with intellectual disabilities that we, as a society, use respectful and inclusive language. Although "mental retardation" was originally a clinical term introduced with good intentions, it has transformed into a term used widely in our society to degrade and insult people with intellectual disabilities. Unfortunately, even in our modern world much of society does not recognize the hurtful, dehumanizing and exclusive effects of the word "retard(ed)."

Senate Bill 39 seeks to update state health, education and labor policy by removing the terms "mental retardation" and "mentally retarded," and replace them with "intellectual and developmental disabilities." These changes will provide more respectful and inclusive language in our state statutes, while neither expanding nor diminishing services, rights, responsibilities or educational opportunities for individuals with intellectual and/or developmental disabilities. These changes will also make our state statutes consistent with language in federal law, Centers for Disease Control, the World Health Organization, and the White House through the President's Committee for People with Intellectual Disabilities.

The implementation of Senate Bill 39 will add Alaska to the more than 40 states that have adopted "people first" language in their state statutes. I respectfully urge your support for this legislation.

Public Law 111-256  
111th Congress

An Act

To change references in Federal law to mental retardation to references to an intellectual disability, and change references to a mentally retarded individual to references to an individual with an intellectual disability.

Oct. 5, 2010  
[S. 2781]

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

Rosa's Law.

**SECTION 1. SHORT TITLE.**

This Act may be cited as "Rosa's Law".

20 USC 1400  
note.

**SEC. 2. INDIVIDUALS WITH INTELLECTUAL DISABILITIES.**

(a) HIGHER EDUCATION ACT OF 1965.—Section 760(2)(A) of the Higher Education Act of 1965 (20 U.S.C. 1140(2)(A)) is amended by striking "mental retardation or".

(b) INDIVIDUALS WITH DISABILITIES EDUCATION ACT.—

(1) Section 601(c)(12)(C) of the Individuals with Disabilities Education Act (20 U.S.C. 1400(c)(12)(C)) is amended by striking "having mental retardation" and inserting "having intellectual disabilities".

(2) Section 602 of such Act (20 U.S.C. 1401) is amended—

(A) in paragraph (3)(A)(i), by striking "with mental retardation" and inserting "with intellectual disabilities"; and

(B) in paragraph (30)(C), by striking "of mental retardation" and inserting "of intellectual disabilities".

(c) ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965.—Section 7202(16)(E) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7512(16)(E)) is amended by striking "mild mental retardation," and inserting "mild intellectual disabilities".

(d) REHABILITATION ACT OF 1973.—

(1) Section 7(21)(A)(iii) of the Rehabilitation Act of 1973 (29 U.S.C. 705(21)(A)(iii)) is amended by striking "mental retardation," and inserting "intellectual disability".

(2) Section 204(b)(2)(C)(vi) of such Act (29 U.S.C. 764(b)(2)(C)(vi)) is amended by striking "mental retardation and other developmental disabilities" and inserting "intellectual disabilities and other developmental disabilities".

(3) Section 501(a) of such Act (29 U.S.C. 791(a)) is amended, in the third sentence, by striking "President's Committees on Employment of People With Disabilities and on Mental Retardation" and inserting "President's Disability Employment Partnership Board and the President's Committee for People with Intellectual Disabilities".

(e) HEALTH RESEARCH AND HEALTH SERVICES AMENDMENTS OF 1976.—Section 1001 of the Health Research and Health Services

Amendments of 1976 (42 U.S.C. 217a-1) is amended by striking “the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963.”

(f) PUBLIC HEALTH SERVICE ACT.—

(1) Section 317C(a)(4)(B)(i) of the Public Health Service Act (42 U.S.C. 247b-4(a)(4)(B)(i)) is amended by striking “mental retardation;” and inserting “intellectual disabilities;”.

(2) Section 448 of such Act (42 U.S.C. 285g) is amended by striking “mental retardation,” and inserting “intellectual disabilities;”.

(3) Section 450 of such Act (42 U.S.C. 285g-2) is amended to read as follows:

**“SEC. 450. RESEARCH ON INTELLECTUAL DISABILITIES.**

“The Director of the Institute shall conduct and support research and related activities into the causes, prevention, and treatment of intellectual disabilities.”.

(4) Section 641(a) of such Act (42 U.S.C. 291k(a)) is amended by striking “matters relating to the mentally retarded” and inserting “matters relating to individuals with intellectual disabilities”.

(5) Section 753(b)(2)(E) of such Act (42 U.S.C. 294c(b)(2)(E)) is amended by striking “elderly mentally retarded individuals” and inserting “elderly individuals with intellectual disabilities”.

(6) Section 1252(f)(3)(E) of such Act (42 U.S.C. 300d-52(f)(3)(E)) is amended by striking “mental retardation/developmental disorders,” and inserting “intellectual disabilities or developmental disorders;”.

(g) HEALTH PROFESSIONS EDUCATION PARTNERSHIPS ACT OF 1998.—Section 419(b)(1) of the Health Professions Education Partnerships Act of 1998 (42 U.S.C. 280f note) is amended by striking “mental retardation” and inserting “intellectual disabilities”.

(h) PUBLIC LAW 110-154.—Section 1(a)(2)(B) of Public Law 110-154 (42 U.S.C. 285g note) is amended by striking “mental retardation” and inserting “intellectual disabilities”.

(i) NATIONAL SICKLE CELL ANEMIA, COOLEY'S ANEMIA, TAY-SACHS, AND GENETIC DISEASES ACT.—Section 402 of the National Sickle Cell Anemia, Cooley's Anemia, Tay-Sachs, and Genetic Diseases Act (42 U.S.C. 300b-1 note) is amended by striking “leading to mental retardation” and inserting “leading to intellectual disabilities”.

(j) GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008.—Section 2(2) of the Genetic Information Nondiscrimination Act of 2008 (42 U.S.C. 2000ff note) is amended by striking “mental retardation,” and inserting “intellectual disabilities;”.

(k) REFERENCES.—For purposes of each provision amended by this section—

(1) a reference to “an intellectual disability” shall mean a condition previously referred to as “mental retardation”, or a variation of this term, and shall have the same meaning with respect to programs, or qualifications for programs, for individuals with such a condition; and

(2) a reference to individuals with intellectual disabilities shall mean individuals who were previously referred to as individuals who are “individuals with mental retardation” or “the mentally retarded”, or variations of those terms.

**SEC. 3. REGULATIONS.**20 USC 1400  
note.

For purposes of regulations issued to carry out a provision amended by this Act—

(1) before the regulations are amended to carry out this Act—

(A) a reference in the regulations to mental retardation shall be considered to be a reference to an intellectual disability; and

(B) a reference in the regulations to the mentally retarded, or individuals who are mentally retarded, shall be considered to be a reference to individuals with intellectual disabilities; and

(2) in amending the regulations to carry out this Act, a Federal agency shall ensure that the regulations clearly state—

(A) that an intellectual disability was formerly termed mental retardation; and

(B) that individuals with intellectual disabilities were formerly termed individuals who are mentally retarded.

**SEC. 4. RULE OF CONSTRUCTION.**20 USC 1400  
note.

This Act shall be construed to make amendments to provisions of Federal law to substitute the term “an intellectual disability” for “mental retardation”, and “individuals with intellectual disabilities” for “the mentally retarded” or “individuals who are mentally retarded”, without any intent to—

(1) change the coverage, eligibility, rights, responsibilities, or definitions referred to in the amended provisions; or

(2) compel States to change terminology in State laws for individuals covered by a provision amended by this Act.

States.

Approved October 5, 2010.

**LEGISLATIVE HISTORY—S. 2781:**

SENATE REPORTS: No. 111-244 (Comm. on Health, Education, Labor, and Pensions).

CONGRESSIONAL RECORD, Vol. 156 (2010):

Aug. 5, considered and passed Senate.

Sept. 22, considered and passed House.





## Rosa's Law

September 23, 2010

A journey that began as one Maryland family's battle for respect and acceptance for their daughter and sister, Rosa, became a significant milestone in the ongoing battle for dignity, inclusion and respect of all people with intellectual disabilities when United States President Barack Obama signed bill S.2781 into federal law on October 5, 2010.



*Rosa Marcellino, 9, second from left, is shown with siblings Maddie, 13, Gigi, 11, and Nick, 15, during the Special Olympics state games, held in June. Rosa has Down syndrome and is the inspiration behind "Rosa's Law" that removes the terms "mentally retarded" and "mental retardation" from federal education, health and labor laws.*

### Changing The Words

Known as "Rosa's Law," the law removes the terms "mental retardation" and "mentally retarded" from federal health, education and labor policy and replaces them with people first language "individual with an intellectual disability" and "intellectual disability."

The bill, championed by Sen. Barbara Mikulski (D-Md.) and Sen. Mike Enzi (R-Wy.), garnered unanimous support in passing both the House of Representatives and the Senate. Rosa's Law was commemorated in a White House ceremony on October 8 with an 11 member delegation of Special Olympics athletes, leaders and self-advocates present to celebrate the milestone. See the list of delegates.

"Respect, value, and dignity – everyone deserves to be treated this way, including people with intellectual disabilities," said Dr. Timothy P. Shriver, Chairman and CEO of Special Olympics. "The President's signature and the unanimous support of both the House and Senate show that our elected officials understand and embrace this ideal. I congratulate Sen. Mikulski and Sen. Enzi for their vision and sensitivity to people with intellectual disabilities everywhere."

"For far too long we have used hurtful words like 'mental retardation' or 'mentally retarded' in our federal statutes to refer to those living with intellectual disabilities," said Sen. Mikulski.

"Rosa's Law will make a greatly-needed change that should have been made well before today — and it will encourage us to treat people the way they would like to be treated."

Special Olympics, as the world's largest movement dedicated to promoting respect and human dignity for those with intellectual disabilities, has long championed the use of people first language. In 2004, in response to its athletes' call for change, the Special Olympics International Board of Directors adopted a resolution to update the movement's terminology from "mental retardation" to "people with intellectual disabilities." In 2008, Special Olympics launched the website [www.r-word.org](http://www.r-word.org) to combat the inappropriate use of the R-word in common usage and helped lead protests against media use of the word in response to the film 'Tropic Thunder.' In 2009, the youth-led "Spread the Word to End the Word" campaign launched with rallies in K-12 schools and universities around the country, enlisting young people to combat use of the word and collecting more than 100,000 signatures to pledge inclusion and respect towards all people.

In order to learn more about youth experiences with the R-word, the Special Olympics Global Collaborating Center at the University of Massachusetts Boston, and Harris Interactive®ii worked together to design an online survey. In this online survey, youth across the U.S. were asked questions about the R-word, including whether they have ever heard the word, and if so, how they reacted to hearing it. Over a thousand youth between the ages of 8 and 18 responded to the online survey. A bulleted summary of some of the results is below, or you can read the full results of the survey.

- 92% of young Americans (ages 8-18) report having heard the R-word used, while 36% have heard the word used specifically toward someone with an intellectual disability.
- Only 50% of those who heard it used to refer to someone with an intellectual disability told the person who used the word that it was wrong to do so.
- The study also confirmed that as young people progress from elementary school, to middle school and then on to high school, they are less likely to feel bad or sorry for the person being picked on, and more likely to laugh, do nothing, and/or not care.

Youth leaders like Spread the Word to End the Word campaign co-founders Soeren Palumbo and Tim Shriver have used viral and grassroots methods to garner support amongst their peers and in schools across the United States and around the world. By highlighting the pervasive use of the R-word in mainstream media and reaching out to people like Bill O'Reilly when the R-word is used on his show, the campaign has begun to have a noticeable impact. FOX adopted the campaign's ideals when they edited out multiple uses of the R-word in the movie "Miss March" and replaced it with alternatives in the DVD release. The F/X network now includes the R-word as one of three words that are not allowed to be broadcast. MTV has also

embraced the campaign by bleeping out the R-word just like any other curse word or slur in shows like “The Real World” and “Teen Mom.”

“Meaningful change is often slow to occur, but we’ve found that once we are able to get our message in front of people, whether they’re a neighbor, a friend, a studio executive, celebrity or politician, they generally get it,” said Palumbo. “It comes down to the human connection we all share. No matter where we come from, what our background is, we are all human, and we all deserve that requisite respect.”

“What people, I hope, are starting to see is that making their pledge to stop using the R-word is just the beginning of a whole new and amazing world that opens up to them,” said Shriver. “Once you open your heart to people with intellectual disabilities you’re going to want to do more and that’s where Special Olympics comes in – it’s the next level of activation. Young people today are desperate to make change, to channel their passions in meaningful ways and whether it’s starting a unified team at your school, or just cheering at a competition, that’s what Special Olympics is offering – a way for young people to make meaningful change in the world.”

### **Why ‘Mental Retardation’ is Outdated**

Although originally a clinical term and introduced with good intentions, the term "mental retardation" and its pejorative form, "retard" have been used widely in today's society to degrade and insult people with intellectual disabilities. By instead using "intellectual disability" and "an individual with an intellectual disability" in federal laws, the United States sends a strong message that language is important and that no form of the 'R-word' should be used to refer to any of its citizens.

Champions of Rosa’s law made sure that by updating language in federal law that the bill would not expand nor diminish services, rights, responsibilities or educational opportunities duly owed to individuals with intellectual disabilities. It simply makes the federal law language consistent with that used by the Centers for Disease Control, the World Health Organization, and the White House through the President's Committee for People with Intellectual Disabilities. The changes will occur during routine revisions to laws and documents over the next several years. Since the alterations will be implemented gradually, the legislation is not expected to incur any cost.

### **How ‘Rosa’s Law’ Began**

A family in Edgewater, Maryland provided the inspiration for the law. Nina Marcellino is the mother of four children, including Rosa, a child with Down syndrome. In 2009, Marcellino learned that Rosa had been labeled retarded at school. Marcellino didn't allow the R-word in her house, and none of her children described their sister that way. Nina teamed up with other parents and her state delegate to introduce a bill to change the terminology in Maryland

state law. Before the bill was brought up for consideration in the Maryland General Assembly, they held a hearing on the implications of changing the term.

There were several witnesses at that hearing, but the testimony that had the greatest impact was given by an 11-year-old boy: Rosa's brother, Nick. "What you call people is how you treat them," Nick said. "What you call my sister is how you will treat her. If you believe she's 'retarded,' it invites taunting, stigma. It invites bullying and it also invites the slammed doors of being treated with respect and dignity."

Nick's comments speak to the core values of Special Olympics – respect, dignity, acceptance and inclusion. Special Olympics congratulates and thanks all involved in passing 'Rosa's Law.'



Citation:

<http://www.specialolympics.org/Regions/north-america/News-and-Stories/Stories/Rosa-s-Law.aspx>



American Association  
on Intellectual and  
Developmental Disabilities

May 16, 2012

John Oldham, MD  
President, American Psychiatric Association  
1000 Wilson Boulevard, Suite 1825  
Arlington, VA 22209

**RE: DSM-5 Draft Diagnostic Criteria for “Intellectual Developmental Disorder”**

Dear Dr. Oldham,

As you may know, the American Association on Intellectual and Developmental Disabilities (AAIDD) is the oldest interdisciplinary professional association concerned with intellectual disability, formerly known as mental retardation. AAIDD has long been the leader in the terminology and classification of the condition now known as “intellectual disability,” having published 11 editions of our terminology and classification manual since 1910. Notably to date, the definition offered by the American Psychiatric Association in its Diagnostic and Statistical Manual on Mental Disorders have always been alike in meaning and significance with the AAIDD definition and diagnostic criteria of intellectual disability.

We have been closely following the work of the DSM-5 workgroup on Neurodevelopmental Disorders as it revises the definition and diagnostic criteria for what was previously referred to as “mental retardation.” When the DSM-5 draft documents were initially released for review and comment, the AAIDD Board of Directors charged Robert L. Schalock, PhD and Ruth Luckasson, JD (Co-Chairs of the AAIDD Terminology and Classification Committee) with the task of reviewing the draft documents and providing feedback to the APA DSM-5 work group during public comment periods. Commentary was provided on two occasions: May 26, 2011 and December 14, 2011.

AAIDD is *extremely troubled* with the direction of the diagnostic criteria for “intellectual developmental disorder” formerly “mental retardation” and the lack of response to the concerns expressed in the two submissions to the DSM-5 work group on the draft criteria. The final draft, despite AAIDD’s written feedback and expressed concerns on the criteria and terminology, is unchanged from the initial draft.

We have reviewed carefully the most recent posting of the proposed revision of “Intellectual Developmental Disorder” (updated April, 2012). Below are our *strongly recommended changes*, along with the rationale for the respective change.

*Knowledge | Support | Empowerment*

## AAIDD Recommendations and Recommendation Rationales

### *Terminology*

**Recommendation:** We recommend that the term “*intellectual disability*” be used rather than “*intellectual developmental disorder*.”

**Rationale:** The use of the term "intellectual developmental disorder" is not consistent with the AAIDD position, contemporary practice, and will most foreseeably lead to direct harm to individuals in educational, service, and judicial settings. The term intellectual disability (ID) is the most commonly used term—nationally and internationally—to refer to the condition previously named mental retardation<sup>1</sup>. The term intellectual disability is preferred because it: (a) is consistent with national and international moves to adopt this terminology as a replacement for “mental retardation,” (b) better reflects the changed construct of disability promoted by both the World Health Organization’s International Classification of Functioning and AAIDD; (c) better aligns with current professional practices that focus on functional behaviors and contextual factors; (d) provides a logical basis for understanding supports provision due to its basis in a social-ecological framework; and (e) is less offensive to people with disabilities (i.e., "disability" is preferred to "disorder"). It is important to note that in October 2010, President Barack Obama signed “Rosa’s Law,” which replaced the term “mental retardation” with “intellectual disability” in federal education, health, and labor laws, signaling the adoption of “intellectual disability” as the accepted term to replace “mental retardation.”

### DEFINITION

**Recommendation:** We recommend the direct alignment of the DSM-5 definition of “*intellectual disability*” with the AAIDD definition of intellectual disability:

*Intellectual disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18.*

**Rationale:** Having the two most authoritative manuals in the country defining “intellectual disability” using different terminology and different definitions would create havoc in the education system, service delivery system, state and federal eligibility determinations, and courts (especially in death penalty cases). Historically, there has been substantive consistency between the APA definition of intellectual disability (formerly mental retardation) and the AAIDD (formerly AAMR) definition. Specifically, the definition of “mental retardation” presented in the 1968, 1980, 1994, and 2000 American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* mirrored those published by AAIDD in comparable years (Table 1.1, pages 8-9, Schalock et al., 2010)<sup>2</sup>. This

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<sup>1</sup> Brown, I. (2007). What is meant by intellectual and developmental disabilities? In I. Brown & M. Percy (Eds.), *A comprehensive guide to intellectual and developmental disabilities* (pp. 3-15). Baltimore, MD: Brookes.

<sup>2</sup> Schalock, R. L. et al. (2010). *Intellectual disability: Definition, classification, and systems of supports (11<sup>th</sup> edition)*. Washington, DC: American Association on Intellectual and Developmental Disabilities.

historical consistency in the definition is reflected in current statutes and court opinions that use the commonly accepted definition as a basis for service eligibility, citizenship and legal status, civil and criminal justice, early childhood education, training and employment, income support, and health care (Schalock et al., 2012)<sup>3</sup>. *It would be disastrous from a public policy and service eligibility perspective should the APA promulgate an inconsistent terminology and definition.*

## DIAGNOSTIC CRITERIA

**Recommendation 1:** We recommend that Criterion A be modified so that to meet Criterion A, a significant limitation in intellectual functioning is considered to be “approximately” 2 standard deviations below the population mean.

**Rationale:** This level of impairment equates to an IQ score of “about” 70 or less. The DSM has always included the “approximately” because it is clear that tests of intelligence are not infallible and all tests of intelligence have a certain degree of measurement imprecision. It is important that the DSM-5 continue to include language specifically around the issue of measurement error that is generally accepted to be approximately 5 points around an observed score and should thus be applied to the cut point (e.g., a cut-off score of 70 should be considered to represent a range from 65 to 75).

Best practices in the field and the current psychometric literature regarding the diagnosis of intellectual disability require the (a) use of standard deviations to establish the boundaries of intellectual disability and adaptive behavior, (b) establishment of a cutoff criterion of approximately two standard deviations below the population mean to meet Criteria represents the definition generally accepted for “significant deficits,” and (c) reporting of the standard error of measurement for the specific instruments used. The instrument’s standard error of measurement, which varies by test, subgroup, and age group, is used to quantify the variability inherent in any standardized psychometric instrument and provides the basis for establishing a statistical confidence interval within which the person’s true score falls.

**Recommendation 2:** We recommend that Criterion B be modified so that to meet Criterion B, a significant limitation in adaptive behavior is defined as deficits of approximately 2 or more standard deviations below the population mean in one or more aspects of adaptive behavior, including: conceptual, social, or practical skills.

**Rationale:** The proposed definition of adaptive behavior as “communication, social participation, functioning at school or at work, or personal independence at home or in community settings” is neither consistent with either the AAIDD position nor with current psychometric literature, and substitutes adaptive *functioning* for adaptive *behaviors*.

As described above, the best practices in the field and the current psychometric literature regarding the diagnosis of intellectual disability require the: (a) use of standard deviations to establish the boundaries of intellectual disability and adaptive behavior, (b) establishment of a cutoff criterion of

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<sup>3</sup> Schalock, R. L., et al. (2012). *Intellectual disability: Definition, classification, and system of supports (11e) - User's Guide*. Washington, DC: American Association on Intellectual and Developmental Disabilities.

approximately two standard deviations below the population mean for Criteria to represent the definition generally accepted for "significant deficits," and (c) reporting of the standard error of measurement for the specific instruments used. The instrument's standard error of measurement, which varies by test, subgroup, and age group, is used to quantify the variability inherent in any standardized psychometric instrument and provides the basis for establishing a statistical confidence interval within which the person's true score falls.

**Recommendation 3:** We recommend that Criterion C be modified so that to meet Criterion C, the condition is manifested during the developmental period, which is generally considered to be before the age of 18 years.

**Rationale:** The age of onset refers to the age the disability began, and the purpose of this criterion is to distinguish intellectual disability from other forms of disability that may occur later in life. Intellectual disability typically originates close to the time of birth—either during the fetal development, the birth process, or soon after birth. Sometimes, however, especially when the etiology of disability indicates progressive damage (such as malnutrition) or brain damage resulting from an insult, disease, or injury (such as toxin exposure, infection, traumatic brain injury, etc.), the condition may originate later. Thus, while disability does not have to have been formally diagnosed at onset, its origination during the developmental period is crucial to the diagnosis. The proposed lack of specificity in defining the end of the developmental period is fraught with potential for inconsistency in interpretation and application, and is inconsistent with the AAIDD position. It is our position that age 18 is the best upper limit as: (a) the extension beyond age 18 will change the number of people eligible for diagnosis, impact prevalence rates as the class would include individuals with other cognitive disabilities (e.g., traumatic brain injury, severe persistent mental illness, etc.), and thus substantially changes the inherent construct of the diagnosis; (b) the age 18 as the upper limit is consistent with diagnostic practices in many countries; and (c) such an extension would likely contribute to inaccurate diagnoses among individuals not diagnosed prior 18 as later in life assessments would be unable draw upon such records to determine level of functioning in school. We recognize that when an accurate diagnosis of intellectual disability was not made during the developmental period; however, the adherence to an upper limit of age still allows for a retrospective diagnosis if necessary in some situations (Schalock et al, 2010, pp. 27-28).

## SEVERITY GRID

**Recommendation:** Eliminate the severity grid.

**Rationale:** We feel strongly that the proposed DSM-5 severity grid does not reflect or represent best practices in the field of intellectual disability. The grid is problematic for the following reasons: (a) it does not address severity of the disability, but merely provides examples of possible adaptive behavior limitations in conceptual, social, and practical adaptive behavior areas; (b) repeats the error found in the proposed definition of substituting adaptive *functioning* for adaptive *behavior*; (c) is internally inconsistent with the proposed APA definition; and (d) represents an old paradigm from the 1980s (Grossman, 1983, Appendix A, p. 203-216)<sup>4</sup>.

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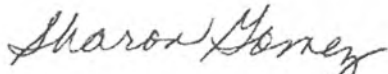
<sup>4</sup> Grossman, H. (1983). *Classification in mental retardation (8<sup>th</sup> edition)*. Washington, DC: American Association on Mental Deficiency.



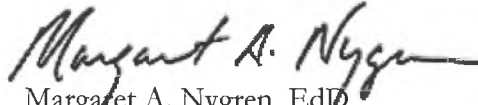
We understand that the task of developing the DSM-5 is enormous and that you have hundreds of mental disorders to review, explain, and define. We strongly encourage APA to turn to AAIDD and its definition and diagnostic criteria for "intellectual disability" in its DSM-5. Intellectual disability is our sole focus and our current terminology and classification manual was authored by a nationally and internationally respected interdisciplinary committee of clinicians, educators, and researchers in the field of intellectual disability.

Please do not hesitate to contact us to discuss our recommendations further. We sincerely hope that the DSM-5 will be consistent with current established consensus in the field of intellectual disability.

Respectfully,



Sharon Gomez, FAAIDD  
President, AAIDD Board of Directors



Margaret A. Nygren, EdD  
Executive Director & CEO

cc: David J. Kupfer, MD (DSM-5 Task Force Chair)  
Darrel A. Regier, MD, MPH (DSM-5 Task Force Vice-Chair)  
Susan Swedo, MD, (DSM-5 Neurodevelopmental Disorders Work Group Chair)

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## Mental Retardation

- Author: Ari S Zeldin, MD, FAAP, FAAN; Chief Editor: Amy Kao, MD more...

Updated: Jul 13, 2012

### Background

Mental retardation (MR) or intellectual disability (ID) is a descriptive term for subaverage intelligence and impaired adaptive functioning arising in the developmental period (< 18 y). MR/ID and other neurodevelopmental disabilities are seen often in a general pediatric practice.

Terminology for MR/ID has been particularly challenging as the term *mentally retarded* carries significant social and emotional stigma. The American Association for Intellectual and Developmental Disability (AAIDD) has been particularly influential in terminology changes such that most professionals working in the field now refer to mental retardation as intellectual disability. The *DSM-V* is expected to adopt this new terminology.<sup>[1]</sup>

Developmental delay is often used inappropriately as synonymous with MR/ID. Developmental delay is an overly inclusive term and should generally be used for infants and young children (< 5 y) in which the diagnosis is unclear, such as those too young for formal testing.<sup>[1]</sup>

Approximately 10% of children have some learning impairment, while as many as 3% manifest some degree of MR/ID. The population prevalence of these combined disorders of learning rivals that of the common childhood disorder asthma.

MR/ID originates during the developmental period (ie, conception through age 18 years) and results in significantly subaverage general intellectual function with concurrent deficits in functional life skills. The diagnosis of MR/ID requires an intelligence deficit of at least 2 standard deviations (SDs) below the mean IQ. This generally translates into an intelligence quotient (IQ) score of 70-75, given a population mean of 100. Equivalent deficits in at least 2 areas of functional life skills or adaptive skills also must be present to meet the diagnostic criteria for MR/ID. Adaptive skills encompass functional life skills within the domains of communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.

MR/ID is currently categorized broadly as follows.<sup>[2]</sup>

Table 1. Intellectual disability categorization (Open Table in a new window)

Category	IQ score* (SD below mean)	Proportion of MR/ID	Educational level/adaptive skills	Intensity of supports required	Prevalence in total population
Mild		85%			0.9-2.7%

	50-55 to 70		Up to about 6th grade; vocational	Intermittent, especially under stress	
	(2-3)				
Moderate	35-40 to 50- 55	10%	up to about 2nd grade; unskilled or semi-skilled, supervised	Limited;  usually supervised	0.3-0.4%
	(3-4)				
Severe	20-25 to 35- 40	4%	May learn words; elementary self-care skills	Extensive; closely supervised group or family home	
	(4-5)				
Profound	< 20-25 (>5)	1%	Little to no self-care skills	Constant aid and supervision	
*IQ scores are considered +/-5 points due to measurement error.					

The *DSM-V* is widely expected to change the definition of MR/ID, relying less on specific IQ levels.<sup>[3]</sup> IQ scores can vary based on age, instrument, and practitioner. Furthermore, testing prior to school age does not correlate well with future performance. IQ scores can be measured using assessment instruments, such as the Stanford-Binet, Wechsler Adult Intelligence Scale (WAIS), or Wechsler Intelligence Scale for Children (WISC-IV). Nonverbal children can be tested with the Leiter International Performance Scale (Leiter-R).

The second component of diagnosis, adaptive skills, is usually measured with a self-reported or parent/caregiver-reported inventory, such as the Vineland Adaptive Behavior Scales, Second Edition (VABS-II). The *DSM-V* diagnosis is expected to require adaptive measurements of less than 2 SDs as compared to the population mean, with standard scores of 70 or less, in at least 2 of the following domains:<sup>[3]</sup>

- Conceptual skills (communication, language, time, money, academic)
- Social skills (interpersonal skills, social responsibility, recreation, friendships)
- Practical skills (daily living skills, work, travel)

MR/ID also can be categorized as syndromic, if associated with dysmorphic features, or nonsyndromic, if not associated with dysmorphisms or malformations. The understanding of specific MR/ID syndromes is expanding with recent molecular genetic advances. More than 800 recognized syndromes listed in the Online Mendelian Inheritance in Man (OMIM) database are associated with MR/ID, reflecting clinical diagnostic advances in the field. The most common associated chromosomal abnormality is trisomy 21, or Down syndrome. The most common X-linked abnormality associated with MR/ID is fragile X syndrome. However, for most cases of MR/ID, no specific genetic abnormalities are found.

Some forms of MR/ID are due to nongenetic factors and may be identifiable by their associated dysmorphisms and clinical presentation. Examples include prenatal exposure to teratogens (eg, anticonvulsants, warfarin, alcohol) or prenatal thyroid dysfunction. Prenatal and postnatal exposure to lead and the associated decrement in IQ may increase an individual's chance of functioning in the MR/ID range.

### Contributor Information and Disclosures

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Disclosure: Nothing to disclose.

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Disclosure: Nothing to disclose.

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Disclosure: Nothing to disclose.

Additional Contributors

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# Fiscal Note

State of Alaska  
2013 Legislative Session

Bill Version: SB 39 (A)  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB039-DHSS-ASS-2-8-2013  
Title: STATUTORY REFS TO MENTAL RETARDATION  
Sponsor: MEYER  
Requester: Senate Health & Social Services Committee

Department: Department of Health and Social Services  
Appropriation: Departmental Support Services  
Allocation: Administrative Support Services  
OMB Component Number: 320

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2014 Appropriation Requested	Included in Governor's FY2014 Request	Out-Year Cost Estimates				
			FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
<b>OPERATING EXPENDITURES</b>	<b>FY 2014</b>	<b>FY 2014</b>					
Personal Services							
Travel							
Services	10.0						
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>10.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Fund Source (Operating Only)**

1004 Gen Fund	10.0						
<b>Total</b>	<b>10.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Positions**

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
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Estimated SUPPLEMENTAL (FY2013) cost: 0.0

Estimated CAPITAL (FY2014) cost: 0.0

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes  
If yes, by what date are the regulations to be adopted, amended or repealed? 01/01/15

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

Prepared By:	Sarah Woods, Deputy Director	Phone:	(907)465-1631
Division	Finance & Management Services	Date:	02/08/2013 06:00 PM
Approved By:	William J. Streur, Commissioner	Date:	02/08/13
	Dept. of Health & Social Services		



FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2013 LEGISLATIVE SESSION

BILL NO. SB039

**Analysis**

SB 39 replaces the terms "mental retardation" and "mentally retarded" with the term "intellectual and developmental disabilities" in Alaska statutes.

Sections 1 -27 deal with the term "mentally retarded" in its various forms and replace that term with various forms of "intellectual and developmental disabilities". These changes occur in the authorities for DHSS regulations in over 158 locations in the administrative code. It will require a large regulation project that is not complex and is mostly just changing terminology.

# Fiscal Note

State of Alaska  
2013 Legislative Session

Bill Version: SB 39 (A)  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB039-DHSS-API-2-8-2013  
Title: STATUTORY REFS TO MENTAL RETARDATION  
Sponsor: MEYER  
Requester: Senate Health & Social Services Committee

Department: Department of Health and Social Services  
Appropriation: Behavioral Health  
Allocation: Alaska Psychiatric Institute  
OMB Component Number: 311

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2014	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2014 Request	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
<b>OPERATING EXPENDITURES</b>	<b>FY 2014</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>
Personal Services	***	***	***	***	***	***	***
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	***	***	***	***	***	***	***

**Fund Source (Operating Only)**

None							
<b>Total</b>	***	***	***	***	***	***	***

**Positions**

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
---------------------------	--	--	--	--	--	--	--

Estimated SUPPLEMENTAL (FY2013) cost: 0.0

Estimated CAPITAL (FY2014) cost: 0.0

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes  
If yes, by what date are the regulations to be adopted, amended or repealed? 01/01/15

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

Prepared By:	Melissa Stone, Director	Phone: (907)269-3410
Division:	Behavioral Health	Date: 02/08/2013 03:00 PM
Approved By:	William J. Streur, Commissioner	Date: 02/08/13
	Dept. of Health and Social Services	

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2013 LEGISLATIVE SESSION

BILL NO. SB039

**Analysis**

SB 39 replaces the terms "mental retardation" and "mentally retarded" in Alaska statute with the term "intellectual and developmental disabilities." Including the term "intellectual disabilities" potentially broadens the scope of persons subject to affected statutes. Although it does not appear that there is an intent to broaden the category of people who may be affected under AS 12 (criminal competency statutes) or AS 47.30 (civil commitment statutes), the legislation could be read to inadvertently subject those with Intellectual disabilities/developmental disabilities to civil commitment under Title 47.

# Fiscal Note

State of Alaska  
2013 Legislative Session

Bill Version: SB 39 (A)  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB039-EED-TLS-2-4-13  
Title: STATUTORY REFS TO MENTAL RETARDATION  
Sponsor: MEYER  
Requester: Senate Health & Social Services

Department: Department of Education and Early Development  
Appropriation: Teaching and Learning Support  
Allocation: Student and School Achievement  
OMB Component Number: 2796

### Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2014 Appropriation Requested	Included in Governor's FY2014 Request	Out-Year Cost Estimates				
			FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
<b>OPERATING EXPENDITURES</b>	<b>FY 2014</b>	<b>FY 2014</b>					
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### Fund Source (Operating Only)

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### Positions

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
---------------------------	--	--	--	--	--	--	--

Estimated SUPPLEMENTAL (FY2013) cost: 0.0

Estimated CAPITAL (FY2014) cost: 0.0

### ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No  
If yes, by what date are the regulations to be adopted, amended or repealed?

### Why this fiscal note differs from previous version:

Initial Version
-----------------

Prepared By: Paul R. Prussing, Deputy Director  
Division: Teaching and Learning Support  
Approved By: Mike Hanley  
Commissioner

Phone: (907)465-8721  
Date: 02/04/2013 12:25 PM  
Date: 02/04/13

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2013 LEGISLATIVE SESSION

BILL NO. SB039

**Analysis**

Requires two statute changes for the Department of Education & Early Development:  
Line 6, Sec. 3: AS 14.30.350(20); and,  
Line 24, Sec. 4: AS 14.30.630(b).

No anticipated fiscal impact to the department.

# Fiscal Note

State of Alaska  
2013 Legislative Session

Bill Version: SB 39 (A)  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB039-DCCED-CBPL-02-11-13  
Title: STATUTORY REFS TO MENTAL RETARDATION  
Sponsor: MEYER  
Requester: Senate Health and Social Services

Department: Department of Commerce, Community and  
Economic Development  
Appropriation: Corporations, Business and Professional  
Licensing  
Allocation: Corporations, Business and Professional  
Licensing  
OMB Component Number: 2360

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2014	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2014 Request	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
<b>OPERATING EXPENDITURES</b>	<b>FY 2014</b>	<b>FY 2014</b>					
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Fund Source (Operating Only)**

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Positions**

Full-time							
Part-time							
Temporary							

**Change in Revenues**

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Estimated SUPPLEMENTAL (FY2013) cost: 0.0

Estimated CAPITAL (FY2014) cost: 0.0

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency?  No  
If yes, by what date are the regulations to be adopted, amended or repealed?

**Why this fiscal note differs from previous version:**

This fiscal note updates the requestor and the analysis section to accurately reflect the senate version.

Prepared By:	Don Habeger, Director	Phone:	(907)465-2538
Division	Corporations, Business and Professional Licensing	Date:	02/11/2013 10:00 AM
Approved By:	JoEllen Hanrahan, Director	Date:	02/11/13
	Administrative Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2013 LEGISLATIVE SESSION

BILL NO. SB 39

**Analysis**

SB 39 seeks to update state health, education and labor policy by removing the terms "mental retardation" and "mentally retarded" and replace them with "intellectual and developmental disabilities." Section one of this bill will amend a section of the Board of Nursing statutes in Title 8. No other sections of this bill effect the Department.

The division does not anticipate a fiscal impact from this legislation.

# Fiscal Note

State of Alaska  
2013 Legislative Session

Bill Version: SB 39  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB039CS(HSS)-DHSS-ASS-2-11-13  
Title: STATUTORY REFS TO MENTAL RETARDATION  
Sponsor: MEYER  
Requester: Senate Health & Social Services Committee

Department: Department of Health and Social Services  
Appropriation: Departmental Support Services  
Allocation: Administrative Support Services  
OMB Component Number: 320

## Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2014	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2014 Request	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
<b>OPERATING EXPENDITURES</b>	<b>FY 2014</b>	<b>FY 2014</b>					
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## Fund Source (Operating Only)

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## Positions

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
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Estimated SUPPLEMENTAL (FY2013) cost: 0.0

Estimated CAPITAL (FY2014) cost: 0.0

## ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No  
If yes, by what date are the regulations to be adopted, amended or repealed?

## Why this fiscal note differs from previous version:

CS SB 039(HSS) adds Sec. 29, uncodified law, instructing the Dept. of Law to change Alaska Administrative Code to reflect the changes in terminology consistent with this Act. This section eliminates the need for regulation changes and zeroes out the fiscal note.

Prepared By: Sarah Woods, Deputy Director  
Division: Finance & Management Services  
Approved By: William J Streur, Commissioner  
Dept. of Health & Social Services

Phone: (907)465-1631  
Date: 02/11/2013 05:00 PM  
Date: 02/11/13



FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2013 LEGISLATIVE SESSION

BILL NO. CSSB039(HSS)

**Analysis**

CSSB 39 (HSS) replaces the terms "mental retardation" and "mentally retarded" in Alaska statute with the term "Intellectual and developmental disabilities".

# Fiscal Note

State of Alaska  
2013 Legislative Session

Bill Version: SB 39  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB039CS(HSS)-DHSS-API-2-11-13  
Title: STATUTORY REFS TO MENTAL RETARDATION  
Sponsor: MEYER  
Requester: Senate Health & Social Services Committee

Department: Department of Health and Social Services  
Appropriation: Behavioral Health  
Allocation: Alaska Psychiatric Institute  
OMB Component Number: 311

### Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2014 Appropriation Requested	Included in Governor's FY2014 Request	Out-Year Cost Estimates				
			FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
<b>OPERATING EXPENDITURES</b>	<b>FY 2014</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### Fund Source (Operating Only)

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### Positions

Full-time							
Part-time							
Temporary							

<b>Change in Revenues</b>							
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Estimated SUPPLEMENTAL (FY2013) cost: 0.0

Estimated CAPITAL (FY2014) cost: 0.0

### ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency?  No  
If yes, by what date are the regulations to be adopted, amended or repealed?

### Why this fiscal note differs from previous version:

CS SB039(HSS) adds Sec. 28, uncodified law, "Nothing in this Act shall be construed to alter the coverage, eligibility, rights, responsibilities, or definitions referred to in the provisions amended by this Act." This internet language clarifies that the legislation does not broaden the scope of persons subject to civil commitment under Title 47.

Prepared By:	Melissa Stone, Director	Phone:	(907)269-3410
Division	Behavioral Health	Date:	02/11/2013 05:15 PM
Approved By:	William J. Streur, Commissioner	Date:	02/11/13
	Dept. of Health and Social Services		

**FISCAL NOTE ANALYSIS**

**STATE OF ALASKA  
2013 LEGISLATIVE SESSION**

**BILL NO. CSSB039(HSS)**

**Analysis**

CS SB039 (HSS) replaces the terms "mental retardation" and "mentally retarded" in Alaska statute with the term "intellectual and developmental disabilities".