General Assembly

Amendment

January Session, 2025

LCO No. **10037**

* H B 0 6 9 5 1 1 0 0 3 7 H D O *

Offered by:

REP. PARIS, 145th Dist.
REP. EXUM, 19th Dist.
REP. GILCHREST, 18th Dist.
REP. WALKER, 93rd Dist.
REP. NUCCIO, 53rd Dist.
SEN. OSTEN, 19th Dist.
SEN. MAHER, 26th Dist.

To: Subst. House Bill No. **6951** File No. 860 Cal. No. 551

"AN ACT CONCERNING CHILDREN'S BEHAVIORAL HEALTH SERVICES."

After the last section, add the following and renumber sections and internal references accordingly:

"Sec. 501. (*Effective July 1, 2025*) (a) As used in this section, "Certified Community Behavioral Health Clinics Planning Grant" means a grant program funded by the federal Substance Abuse and Mental Health Services Administration to support state-certified behavioral health clinics.

(b) The Commissioner of Social Services, in consultation with the Commissioners of Mental Health and Addiction Services and Children and Families, shall use moneys from the Certified Community Behavioral Health Clinics Planning Grant to support development of: (1) Reimbursement for acuity-based care coordination service to

improve behavioral outcomes for children, (2) a value-based payment model that provides financial incentives to providers when outcomes improve for children in their care and holds such providers accountable for poor outcomes, and (3) a system to help providers and clients better navigate behavioral health care resources and requirements.

(c) Not later than November 1, 2025, the Commissioner of Social Services shall file a report, in accordance with the provisions of section 11-4a of the general statutes, with the joint standing committees of the General Assembly having cognizance of matters relating to children, human services and public health on the expenditure of planning grant funds and any improvement to behavioral outcomes attributable to the expenditure of grant funds pursuant to subsection (b) of this section.

Sec. 502. (NEW) (*Effective July 1, 2025*) (a) As used in this section, "Intensive In-Home Child and Adolescent Psychiatric Services", or "IICAPS", means in-home psychiatric treatment administered by the Yale Child Study Center at the Yale School of Medicine for families with children or adolescents who have serious emotional disturbances, and are at risk for hospitalization.

(b) The Commissioner of Social Services shall consult with the Yale Child Study Center to review IICAPS and other evidence-based alternatives that focus on delivering positive outcomes for children with behavioral health issues in a sustainable manner while considering the needs and time demands on children and families enrolled in the center's IICAPS program. Not later than October 1, 2025, the commissioner shall report, in accordance with the provisions of section 11-4a of the general statutes, the results of the review to the Transforming Children's Behavioral Health Policy and Planning Committee established pursuant to section 2-137 of the general statutes, as amended by this act. The report shall include recommendations concerning IICAPS models that may be used to deliver Medicaid-funded behavioral health care in the state.

(c) The Transforming Children's Behavioral Health Policy and

Planning Committee established pursuant to section 2-137 of the general statutes, as amended by this act, within available appropriations, may contract with the Yale Child Study Center to determine what additional federal funding and reimbursements may be available for IICAPS model development and to conduct a randomized trial of the Yale Child Study Center model to determine whether it may qualify federally as an evidence-based treatment program.

Sec. 503. Subdivision (4) of subsection (a) of section 38a-514b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2026*):

(4) "Behavioral therapy" means any interactive behavioral therapies derived from evidence-based research and consistent with the services and interventions designated by the Commissioner of Social Services pursuant to subsection (e) of section 17a-215c, including, but not limited to, applied behavior analysis, cognitive behavioral therapy, or other therapies supported by empirical evidence of the effective treatment of individuals diagnosed with autism spectrum disorder, that are: (A) Provided to **[**children less than twenty-one**]** individuals under twenty-six years of age; and (B) provided or supervised by (i) a licensed behavior analyst, (ii) a licensed physician, or (iii) a licensed psychologist. For the purposes of this subdivision, behavioral therapy is "supervised by" such licensed behavior analyst, licensed physician or licensed psychologist when such supervision entails at least one hour of face-to-face supervision of the autism spectrum disorder services provider by such licensed behavior analyst, licensed physician or licensed psychologist for each ten hours of behavioral therapy provided by the supervised provider.

Sec. 504. Subdivision (4) of subsection (a) of section 38a-488b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2026*):

(4) "Behavioral therapy" means any interactive behavioral therapies derived from evidence-based research and consistent with the services

and interventions designated by the Commissioner of Social Services pursuant to subsection (e) of section 17a-215c, including, but not limited to, applied behavior analysis, cognitive behavioral therapy, or other therapies supported by empirical evidence of the effective treatment of individuals diagnosed with autism spectrum disorder, that are: (A) Provided to **[**children less than twenty-one**]** individuals under twenty-six years of age; and (B) provided or supervised by (i) a licensed behavior analyst, (ii) a licensed physician, or (iii) a licensed psychologist. For the purposes of this subdivision, behavioral therapy is "supervised by" such licensed behavior analyst, licensed physician or licensed psychologist when such supervision entails at least one hour of face-to-face supervision of the autism spectrum disorder services provider by such licensed behavior analyst, licensed physician or licensed psychologist for each ten hours of behavioral therapy provided by the supervised provider.

Sec. 505. (*Effective July 1, 2025*) (a) As used in this section, "urgent crisis center" has the same meaning as provided in section 19a-179f of the general statutes. The Transforming Children's Behavioral Health Policy and Planning Committee established pursuant to section 2-137 of the general statutes, as amended by this act, in consultation with the Behavioral Health Advocate, Insurance Commissioner and Commissioner of Children and Families, shall convene a working group to review private health insurance coverage for treatment of children at urgent crisis centers, identify potential barriers to commercial insurance coverage and reimbursement and make recommendations to address any such barriers.

(b) Not later than October 1, 2025, the Transforming Children's Behavioral Health Policy and Planning Committee shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to children, human services and appropriations and the Secretary of the Office of Policy and Management. Such report shall include, but need not be limited to, the

working group's findings and recommendations.

Sec. 506. (*Effective from passage*) (a) There shall be an advisory committee to advise the Council on Medical Assistance Program Oversight, established pursuant to section 17b-28 of the general statutes, on a statutory and regulatory framework for the delivery of applied behavior analysis services to children by all providers, including, but not limited to, providers enrolled in Medicaid.

(b) The advisory committee's review shall include, but need not be limited to: (1) Current legislative and regulatory oversight of such services, (2) potential statutory and regulatory frameworks for oversight of such services, including, but not limited to, the need for any regulatory structure to include expertise in the provision of child care and applied behavior analysis services to children with autism spectrum disorder, (3) whether employees of any entity delivering applied behavior analysis services to children should be mandated reporters of suspected abuse or neglect of such children, (4) whether employees of applied behavior analysis services providers should submit to comprehensive background checks, (5) a rate-setting structure to ensure adequate Medicaid reimbursement rates to ensure reasonably prompt access to such services for children and families, and (6) whether any entity delivering applied behavioral analysis services to children should provide notice to patients regarding the manner in which to report complaints regarding the conduct of licensed professionals to the Department of Public Health.

(c) The advisory committee shall consist of the following members:

(1) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and children, or their designees;

(2) The Commissioner of Early Childhood, or the commissioner's designee;

(3) The Commissioner of Public Health, or the commissioner's designee;

(4) The Commissioner of Social Services, or the commissioner's designee;

(5) The Commissioner of Children and Families, or the commissioner's designee;

(6) The Commissioner of Developmental Services, or the commissioner's designee;

(7) The Commissioner of Education, or the commissioner's designee;

(8) The Child Advocate, or the Child Advocate's designee;

(9) The Secretary of the Office of Policy and Management, or the secretary's designee;

(10) A representative of the Autism Spectrum Disorder Advisory Council, selected by the cochairpersons of the council;

(11) One appointed by the House and Senate chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to public health, who shall be a representative of an entity that provides applied behavior analysis services to children;

(12) One appointed by the ranking House and Senate members of the joint standing committee of the General Assembly having cognizance of matters relating to public health, who shall be a parent of a child with autism spectrum disorder;

(13) One appointed by the House and Senate chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to human services, who shall be a representative of an organization dedicated to advocacy for children with autism spectrum disorder;

(14) One appointed by the ranking House and Senate members of the joint standing committee of the General Assembly having cognizance of matters relating to human services, who shall be a parent of a child with autism spectrum disorder;

(15) One appointed by the House and Senate chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to children, who shall be a board-certified behavior analyst who provides services to children; and

(16) One appointed by the ranking House and Senate members of the General Assembly having cognizance of matters relating to children, who shall be a psychiatrist with expertise in the delivery of services to children with autism spectrum disorder.

(d) Any member of the advisory committee appointed under subdivision (11), (12), (13), (14), (15) or (16) of subsection (c) of this section may be a member of the General Assembly.

(e) All initial appointments to the advisory committee shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(f) The advisory committee shall hold its first meeting within sixty days of the effective date of this section and choose a chairperson from among its members. The Joint Committee on Legislative Management shall provide administrative support to such chairperson and advisory committee.

(g) Not later than November 1, 2025, the advisory committee shall submit a report on its review and recommendations, in accordance with the provisions of section 11-4a of the general statutes, to the Council on Medical Assistance Program Oversight, the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to children, human services and public health. The advisory committee shall terminate on the date that it submits such report or November 1, 2025, whichever is later.

Sec. 507. Subsection (b) of section 2-137 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(b) The committee shall consist of the following members:

(1) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services, children and appropriations and the budgets of state agencies, or their designees;

(2) Three appointed by the speaker of the House of Representatives, one of whom shall be a member of the General Assembly and two of whom shall be providers of behavioral health services for children in the state;

(3) Three appointed by the president pro tempore of the Senate, one of whom shall be a member of the General Assembly and two of whom shall be representatives of private advocacy groups that provide services for children and families in the state;

(4) (A) Two appointed by the chairperson of the committee selected by the speaker of the House of Representatives pursuant to subsection (e) of this section, one of whom shall be a child or youth advocate**[**; and**]** (B) two appointed by the chairperson of the committee selected by the president pro tempore of the Senate pursuant to subsection (e) of this section, one of whom shall be a child or youth advocate, and (C) two jointly appointed by the three chairpersons of the committee, as described in subsection (e) of this section, who shall be providers of substance use treatment services to young adults;

(5) Two appointed by the majority leader of the House of Representatives, who shall be representatives of children's hospitals;

(6) One appointed by the majority leader of the Senate, who shall be a representative of public school superintendents in the state;

(7) Two appointed by the minority leader of the House of Representatives, who shall be representatives of families with children who have been diagnosed with behavioral health disorders;

(8) Two appointed by the minority leader of the Senate, who shall be providers of behavioral health services;

(9) Two jointly appointed by the chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, each of whom shall be a representative of one of the two federally recognized Indian tribes in the state;

(10) The Commissioners of Children and Families, Correction, Developmental Services, Early Childhood, Education, Insurance, Mental Health and Addiction Services, Public Health and Social Services, or their designees;

(11) The Commissioner of Health Strategy, or the commissioner's designee;

(12) The Child Advocate, or the Child Advocate's designee;

(13) The Healthcare Advocate **[**, or the Healthcare Advocate's designee**]** and the Behavioral Health Advocate, or their designees;

(14) The executive director of the Court Support Services Division of the Judicial Branch, or the executive director's designee;

(15) The executive director of the Commission on Women, Children, Seniors, Equity and Opportunity, or the executive director's designee;

(16) The Secretary of the Office of Policy and Management, or the secretary's designee; and

(17) One representative from each administrative services organization under contract with the Department of Social Services to provide such services for recipients of assistance under the HUSKY

Health program, who shall be ex-officio, nonvoting members."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	*July 1, 2025*	New section
Sec. 502	*July 1, 2025*	New section
Sec. 503	*January 1, 2026*	38a-514b(a)(4)
Sec. 504	*January 1, 2026*	38a-488b(a)(4)
Sec. 505	*July 1, 2025*	New section
Sec. 506	*from passage*	New section
Sec. 507	*October 1, 2025*	2-137(b)