



House of Representatives

General Assembly

File No. 471

January Session, 2025

Substitute House Bill No. 7109

House of Representatives, April 2, 2025

The Committee on Human Services reported through REP. GILCHREST of the 18th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING MEDICAID COVERAGE FOR APPLIED BEHAVIOR ANALYSIS SERVICES, IMPLEMENTING CERTAIN RECOMMENDATIONS OF THE TRANSFORMING CHILDREN'S BEHAVIORAL HEALTH POLICY AND PLANNING COMMITTEE AND ABUSE INVESTIGATIONS INVOLVING BEHAVIORAL ANALYSTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2025*) (a) As used in this section,
2 "applied behavior analysis" has the same meaning as provided in
3 section 38a-488b of the general statutes, as amended by this act. The
4 Commissioner of Social Services shall expand access to applied behavior
5 analysis services by, within available appropriations (1) increasing
6 Medicaid rates of payment for supervision, assessment and direct
7 services provided by a board-certified behavior analyst, (2) providing
8 coverage under the HUSKY B health program, as defined in section 17b-
9 290 of the general statutes, for applied behavior analysis services,
10 including, but not limited to, for children with autism spectrum
11 disorder, and (3) providing Medicaid coverage for caregiver training
12 utilizing applied behavior analysis. The commissioner shall standardize

13 codes used to describe applied behavior analysis services for Medicaid
14 payment by utilizing codes used by commercial insurers and Medicaid
15 programs in other states.

16 (b) Not later than December 1, 2025, the commissioner shall submit a
17 report, in accordance with the provisions of section 11-4a of the general
18 statutes, to the joint standing committee of the General Assembly
19 having cognizance of matters relating to human services. The
20 commissioner's report shall include, but need not be limited to, (1)
21 progress made in expanding access to applied behavior analysis
22 services pursuant to subsection (a) of this section, and (2)
23 recommendations concerning any additional state appropriations
24 needed to support access to applied behavior analysis services.

25 Sec. 2. (*Effective July 1, 2025*) (a) As used in this section, "Certified
26 Community Behavioral Health Clinics Planning Grant" means a grant
27 program funded by the federal Substance Abuse and Mental Health
28 Services Administration to support state-certified behavioral health
29 clinics.

30 (b) The Commissioner of Social Services, in consultation with the
31 Commissioners of Mental Health and Addiction Services and Children
32 and Families, shall use moneys from the Certified Community
33 Behavioral Health Clinics Planning Grant to support development of:
34 (1) Reimbursement for acuity-based care coordination service to
35 improve behavioral outcomes for children, (2) a value-based payment
36 model that provides financial incentives to providers when outcomes
37 improve for children in their care and holds such providers accountable
38 for poor outcomes, and (3) a system to help providers and clients better
39 navigate behavioral health care resources and requirements.

40 (c) Not later than November 1, 2025, the Commissioner of Social
41 Services shall file a report, in accordance with the provisions of section
42 11-4a of the general statutes, with the joint standing committees of the
43 General Assembly having cognizance of matters relating to children,
44 human services and public health on the expenditure of planning grant
45 funds and any improvement to behavioral outcomes attributable to the

46 expenditure of grant funds pursuant to subsection (b) of this section.

47 Sec. 3. (NEW) (*Effective July 1, 2025*) (a) As used in this section,
48 "Intensive In-Home Child and Adolescent Psychiatric Services", or
49 "IICAPS", means in-home psychiatric treatment administered by the
50 Yale Child Study Center at the Yale School of Medicine for families with
51 children or adolescents who have serious emotional disturbances, and
52 are at risk for hospitalization.

53 (b) The Commissioner of Social Services shall consult with the Yale
54 Child Study Center to review IICAPS and other evidence-based
55 alternatives that focus on delivering positive outcomes for children with
56 behavioral health issues in a sustainable manner while considering the
57 needs and time demands on children and families enrolled in the
58 center's IICAPS program. Not later than October 1, 2025, the
59 commissioner shall report, in accordance with the provisions of section
60 11-4a of the general statutes, the results of the review to the
61 Transforming Children's Behavioral Health Policy and Planning
62 Committee established pursuant to section 2-137 of the general statutes.
63 The report shall include recommendations concerning IICAPS models
64 that may be used to deliver Medicaid-funded behavioral health care in
65 the state.

66 (c) The Transforming Children's Behavioral Health Policy and
67 Planning Committee established pursuant to section 2-137 of the general
68 statutes, within available appropriations, may contract with the Yale
69 Child Study Center to determine what additional federal funding and
70 reimbursements may be available for IICAPS model development and
71 to conduct a randomized trial of the Yale Child Study Center model to
72 determine whether it may qualify federally as an evidence-based
73 treatment program.

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

77 (4) "Behavioral therapy" means any interactive behavioral therapies

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

94 Sec. 5. Subdivision (4) of subsection (a) of section 38a-488b of the
95 general statutes is repealed and the following is substituted in lieu
96 thereof (*Effective January 1, 2026*):

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

112 licensed psychologist for each ten hours of behavioral therapy provided
113 by the supervised provider.

114 Sec. 6. (*Effective July 1, 2025*) (a) As used in this section, "urgent crisis
115 center" has the same meaning as provided in section 19a-179f of the
116 general statutes. The Commissioner of Health Strategy, in consultation
117 with the Insurance Commissioner and the Commissioner of Children
118 and Families, shall review private health insurance coverage for
119 treatment of children at urgent crisis centers.

120 (b) Not later than October 1, 2025, the Commissioner of Health
121 Strategy shall file a report, in accordance with the provisions of section
122 11-4a of the general statutes, with the Transforming Children's
123 Behavioral Health Policy and Planning Committee established pursuant
124 to section 2-137 of the general statutes. The report shall include the
125 commissioner's analysis of claims data concerning private health
126 insurance coverage of urgent crisis center services and
127 recommendations to improve affordable access to such services.

128 Sec. 7. Subsection (b) of section 17a-101 of the general statutes is
129 repealed and the following is substituted in lieu thereof (*Effective October*
130 *1, 2025*):

131 (b) The following persons shall be mandated reporters: (1) Any
132 physician or surgeon licensed under the provisions of chapter 370, (2)
133 any resident physician or intern in any hospital in this state, whether or
134 not so licensed, (3) any registered nurse, (4) any licensed practical nurse,
135 (5) any medical examiner, (6) any dentist, (7) any dental hygienist, (8)
136 any psychologist, (9) any school employee, as defined in section 53a-65,
137 (10) any social worker, (11) any person who holds or is issued a coaching
138 permit by the State Board of Education, is a coach of intramural or
139 interscholastic athletics and is eighteen years of age or older, (12) any
140 individual who is employed as a coach or director of youth athletics and
141 is eighteen years of age or older, (13) any individual who is employed
142 as a coach or director of a private youth sports organization, league or
143 team and is eighteen years of age or older, (14) any paid administrator,
144 faculty, staff, athletic director, athletic coach or athletic trainer employed

145 by a public or private institution of higher education who is eighteen
146 years of age or older, excluding student employees, (15) any police
147 officer, (16) any juvenile or adult probation officer, (17) any juvenile or
148 adult parole officer, (18) any member of the clergy, (19) any pharmacist,
149 (20) any physical therapist, (21) any optometrist, (22) any chiropractor,
150 (23) any podiatrist, (24) any mental health professional, (25) any
151 physician assistant, (26) any person who is a licensed or certified
152 emergency medical services provider, (27) any person who is a licensed
153 or certified alcohol and drug counselor, (28) any person who is a
154 licensed marital and family therapist, (29) any person who is a sexual
155 assault counselor or a domestic violence counselor, as defined in section
156 52-146k, (30) any person who is a licensed professional counselor, (31)
157 any person who is a licensed foster parent, (32) any person paid to care
158 for a child in any public or private facility, child care center, group child
159 care home or family child care home licensed by the state, (33) any
160 employee of the Department of Children and Families or any person
161 who, in the performance of such person's duties, has regular contact
162 with and provides services to or on behalf of children pursuant to a
163 contract with or credential issued by the Department of Children and
164 Families, (34) any employee of the Office of Early Childhood who is
165 responsible for the licensing of child care centers, group child care
166 homes, family child care homes or youth camps, (35) any paid youth
167 camp director, assistant director and staff member who is twenty-one
168 years of age or older, (36) the Child Advocate and any employee of the
169 Office of the Child Advocate, (37) any person who is (A) a licensed
170 behavior analyst, or (B) a person working in a professional capacity with
171 children under the clinical supervision of a licensed behavior analyst,
172 (38) any family relations counselor, family relations counselor trainee or
173 family services supervisor employed by the Judicial Department, (39)
174 any victim services advocate employed by the Office of Victim Services
175 within the Judicial Department, (40) any employee of a juvenile justice
176 program operated by or pursuant to a contract with the Court Support
177 Services Division of the Judicial Department, and (41) any person
178 employed, including any person employed under contract and any
179 independent ombudsperson, to work at a juvenile detention facility or

180 any other facility where children under eighteen years of age are
181 detained and who has direct contact with children as part of such
182 employment.

183 Sec. 8. (NEW) (*Effective October 1, 2025*) (a) Notwithstanding any
184 provision of the general statutes, not later than five business days after
185 the Commissioner of Children and Families concludes an investigation,
186 conducted pursuant to section 17a-101g of the general statutes, of a
187 report of child abuse or neglect in which (1) the alleged perpetrator of
188 such abuse or neglect is a behavior analyst licensed pursuant to chapter
189 382a of the general statutes who works with children, or (2) the child is
190 an alleged victim of a crime described in section 53a-70, 53a-70a, 53a-71,
191 53a-72a, 53a-72b or 53a-73a of the general statutes, and the alleged
192 perpetrator of such crime is a behavior analyst licensed pursuant to
193 chapter 382a of the general statutes who works with children, the
194 Commissioner of Children and Families shall notify the Department of
195 Public Health of the results of such investigation and provide any
196 records relating to such investigation to the Department of Public
197 Health, regardless of whether such records were created by the
198 Department of Children and Families. The Commissioner of Children
199 and Families shall provide such notification and records regardless of
200 whether the child was a patient of a behavior analyst. Upon receiving
201 such notification and any such records, the Department of Public Health
202 shall treat such notification as a complaint, conduct an investigation of
203 the behavior analyst and take any disciplinary action, in accordance
204 with sections 19a-17 and 20-185m of the general statutes, that the
205 Commissioner of Public Health deems appropriate. If, after such
206 proceedings, the Commissioner of Public Health takes disciplinary
207 action against the behavior analyst, or if the disciplinary action is
208 resolved through voluntary surrender by a behavior analyst of a license
209 or an agreement not to renew or reinstate a license, the Commissioner
210 of Public Health shall notify the employer of the behavior analyst, if
211 known, if such behavior analyst was employed as a behavior analyst at
212 the time of the complaint.

213 (b) If a behavior analyst licensed pursuant to chapter 382a of the

214 general statutes is convicted of (1) a crime involving an act of child abuse
215 or neglect, as described in section 46b-120, 53-21, 53a-71 or 53a-73a of
216 the general statutes against any person, or (2) a crime, as described in
217 section 53a-70, 53a-70a, 53a-72a or 53a-72b of the general statutes,
218 against a victim, as described in subdivision (2) of subsection (a) of
219 section 17a-101a of the general statutes, the state's attorney of the
220 judicial district where such conviction occurred shall notify the
221 Commissioner of Public Health, in writing, of such conviction. Not later
222 than seventy-two hours after the receipt of such notification, the
223 Commissioner of Public Health shall suspend the behavior analyst's
224 license pending completion of proceedings and, if such behavior analyst
225 is currently employed as a behavior analyst at the time of the complaint,
226 notify the behavior analyst's employer, if known, of such suspension
227 and proceedings.

228 Sec. 9. (NEW) (*Effective October 1, 2025*) Each employer of a behavior
229 analyst, licensed pursuant to chapter 382a of the general statutes, shall
230 provide to each patient of a behavior analyst, or, if the patient is under
231 eighteen years of age, such patient's parents or legal guardians, (1) the
232 behavior analyst's license number, and (2) instructions regarding the
233 manner in which to report complaints regarding the conduct of the
234 behavior analyst to the Department of Public Health.

235 Sec. 10. (*Effective from passage*) (a) There shall be an advisory
236 committee to advise the Council on Medical Assistance Program
237 Oversight, established pursuant to section 17b-28 of the general statutes,
238 on a statutory and regulatory framework for the delivery of applied
239 behavior analysis services to children by all providers, including, but
240 not limited to, providers enrolled in Medicaid.

241 (b) The advisory committee's review shall include, but need not be
242 limited to: (1) Current legislative and regulatory oversight of such
243 services, (2) potential statutory and regulatory frameworks for oversight
244 of such services, including, but not limited to, the need for any
245 regulatory structure to include expertise in the provision of child care
246 and applied behavior analysis services to children with autism spectrum

247 disorder, (3) whether employees of any entity delivering child care or
248 applied behavior analysis services to children should be mandated
249 reporters of suspected abuse or neglect of such children, (4) whether
250 employees of applied behavior analysis services providers should
251 submit to comprehensive background checks, and (5) a rate-setting
252 structure to ensure adequate Medicaid reimbursement rates to ensure
253 reasonably prompt access to such services for children and families.

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

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

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

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

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

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

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

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

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

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

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

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

279 (12) One appointed by the Senate chairperson of the joint standing
280 committee of the General Assembly having cognizance of matters
281 relating to public health, who shall be a parent of a child with autism
282 spectrum disorder;

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

288 (14) One appointed by the House chairperson of the joint standing
289 committee of the General Assembly having cognizance of matters
290 relating to human services, who shall be a parent of a child with autism
291 spectrum disorder;

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

296 (16) One appointed by the Senate chairperson of the joint standing
297 committee of the General Assembly having cognizance of matters
298 relating to children, who shall be a psychiatrist with expertise in the
299 delivery of services to children with autism spectrum disorder.

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

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

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

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

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2025</i>	New section
Sec. 2	<i>July 1, 2025</i>	New section
Sec. 3	<i>July 1, 2025</i>	New section
Sec. 4	<i>January 1, 2026</i>	38a-514b(a)(4)
Sec. 5	<i>January 1, 2026</i>	38a-488b(a)(4)
Sec. 6	<i>July 1, 2025</i>	New section
Sec. 7	<i>October 1, 2025</i>	17a-101(b)
Sec. 8	<i>October 1, 2025</i>	New section
Sec. 9	<i>October 1, 2025</i>	New section
Sec. 10	<i>from passage</i>	New section

Statement of Legislative Commissioners:

In Section 1(b), "need" was inserted before "not be limited" for clarity; in Section 1(b)(2), "services" was inserted after "analysis" for consistency; in Section 2(c), provisions relating to topics covered in the report were redrafted for clarity; in Section 3(c) "established pursuant to section 2-137 of the general statutes" was added after "Committee" for consistency; in Section 8(b)(1), "46-120" was changed to "46b-120" for accuracy; in Section 10, "analyses" was changed throughout to "analysis" for consistency; and in Section 10(c)(1), "or their designees" was inserted for accuracy.

HS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
Social Services, Dept.	GF - Cost	See Below	See Below
Legislative Mgmt.	GF - Potential Cost	200,000 to 500,000	None

Note: GF=General Fund

Municipal Impact: None

Explanation

Section 1 of the bill results in a cost to the Department of Social Services (DSS) beginning in FY 26 associated with 1) increasing Medicaid rates for board-certified behavior analysts providing supervision, assessment, and direct services; 2) covering Applied Behavior Analysis (ABA) services under HUSKY B; and 3) providing Medicaid coverage for caregiver training using ABA.

DSS will incur costs of at least \$1.3 million (approximately 35% state share) beginning in FY 26 to cover ABA services under HUSKY B. For context, based on national trend data, approximately 1 in 36 children are diagnosed with Autism Spectrum Disorder (ASD) (2.8%). Thus, of the 22,292 children on HUSKY B, it is assumed that approximately 624 will qualify for ABA services.

There is also a cost to DSS related to increasing Medicaid rates for board-certified behavior analysts providing supervision, assessment, and direct services. The cost to the state will depend on the rates established and associated utilization which are unknown at this time.

DSS may also incur additional costs to the extent that Medicaid coverage is needed for ABA caregiver training not currently being provided by the agency.

Section 3 allows the Transforming Children's Behavioral Health Policy and Planning Committee to contract with the Yale Child Study Center to determine if additional federal funding is available and to conduct a trial of the center to see if it may qualify as an evidence-based treatment program resulting in a potential cost to the Office of Legislative Management (OLM). If the committee decides to contract with Yale for these services, there is a potential cost to OLM of approximately \$200,000 to \$500,000 in FY 26. The exact cost is dependent on the services requested and the terms of the contract between Yale and the committee.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to service rates and associated utilization.

OLR Bill Analysis**sHB 7109****AN ACT CONCERNING MEDICAID COVERAGE FOR APPLIED BEHAVIOR ANALYSIS SERVICES, IMPLEMENTING CERTAIN RECOMMENDATIONS OF THE TRANSFORMING CHILDREN'S BEHAVIORAL HEALTH POLICY AND PLANNING COMMITTEE AND ABUSE INVESTIGATIONS INVOLVING BEHAVIORAL ANALYSTS.**

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Requires DSS to increase Medicaid coverage and provider rates for ABA

[§ 2 — CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS PLANNING GRANT](#)

Requires DSS to (1) use Certified Community Behavioral Health Clinics Planning Grant money for purposes related to care coordination, value-based payment models, and resource navigation; and (2) report by November 1, 2025, on grant expenditures

[§ 3 — INTENSIVE IN-HOME CHILD AND ADOLESCENT PSYCHIATRIC SERVICES](#)

Requires DSS to review the Yale Child Study Center's IICAPS program and other evidence-based alternatives for children with serious emotional disturbances and report by October 1, 2025; authorizes the Transforming Children's Behavioral Health Policy and Planning Committee to contract with the Yale Child Study Center for reasons related to federal funding

[§§ 4 & 5 — AGE INCREASE FOR INSURANCE COVERAGE FOR AUTISM THERAPIES AND SERVICES](#)

Raises the age, from under 21 to under 26, that applies to required coverage for behavioral therapy for people with autism spectrum disorder under private insurance plans

§ 6 — URGENT CRISIS CENTERS

Requires OHS to review private health insurance coverage for children's treatment at urgent crisis centers and report by October 1, 2025, on results and recommendations

§ 7 — MANDATED REPORTERS

Expands mandated reporter requirements to people working in a professional capacity with children under the clinical supervision of a behavior analyst

§ 8 — REPORTS OF ABUSE

Requires DCF to notify DPH of child abuse and neglect reports involving a behavior analyst, and requires DPH to investigate these reports as complaints; requires DPH to notify a behavior analyst's employer if it receives notice of a conviction of certain crimes (e.g., abuse or sexual assault)

§ 9 — REQUIRED INFORMATION PROVIDED TO ABA PATIENTS

Requires a behavior analyst's employer to give patients information on submitting complaints

§ 10 — ABA ADVISORY COMMITTEE

Establishes an advisory committee to make recommendations on a statutory and regulatory framework for providers to deliver ABA services to children; requires the advisory committee to report by November 1, 2025

BACKGROUND**SUMMARY**

This bill makes various changes to expand access to behavioral health services, including applied behavior analysis, for children and increase protections for children receiving these services, as described in the section-by-section analysis below.

By law, "behavior analysis" and "applied behavior analysis" (ABA) means the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences, including the use of direct observation, measurement, and functional analysis of the relationship between the environment and behavior, to produce socially significant improvement in human behavior (CGS §§ 20-185i & 38a-

488b).

EFFECTIVE DATE: Various, see below.

§ 1 — MEDICAID COVERAGE FOR APPLIED BEHAVIOR ANALYSIS

Requires DSS to increase Medicaid coverage and provider rates for ABA

The bill requires the Department of Social Services (DSS) commissioner to expand access to ABA, within available appropriations, by doing the following:

1. increasing Medicaid rates for board-certified behavior analysts providing supervision, assessment, and direct services;
2. covering ABA services, including for children with autism, under HUSKY B (i.e. the Children's Health Insurance Program (CHIP)); and
3. providing Medicaid coverage for caregiver training using ABA.

Under the bill, the commissioner must standardize ABA services Medicaid reimbursement codes using the codes commercial insurers and other states' Medicaid programs use.

The bill requires the commissioner to report, by December 1, 2025, to the Human Services Committee on progress made in expanding access to ABA services and recommendations on any state appropriations needed to support ABA access.

EFFECTIVE DATE: July 1, 2025

§ 2 — CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS PLANNING GRANT

Requires DSS to (1) use Certified Community Behavioral Health Clinics Planning Grant money for purposes related to care coordination, value-based payment models, and resource navigation; and (2) report by November 1, 2025, on grant expenditures

The bill requires the DSS commissioner, in consultation with the Children and Families (DCF) and Mental Health and Addiction Services commissioners, to use Certified Community Behavioral Health Clinics Planning Grant money to develop the following:

1. reimbursement for acuity-based care coordination service to improve children's behavioral health outcomes;
2. a value-based payment model that gives financial incentives to providers when outcomes improve for children in their care and holds them accountable for poor outcomes; and
3. a system to help providers and clients navigate behavioral health care resources and requirements.

The bill requires the DSS commissioner to report by November 1, 2025, to the Children, Human Services, and Public Health committees on grant expenditures and any related behavioral health outcomes improvements.

EFFECTIVE DATE: July 1, 2025

§ 3 — INTENSIVE IN-HOME CHILD AND ADOLESCENT PSYCHIATRIC SERVICES

Requires DSS to review the Yale Child Study Center's IICAPS program and other evidence-based alternatives for children with serious emotional disturbances and report by October 1, 2025; authorizes the Transforming Children's Behavioral Health Policy and Planning Committee to contract with the Yale Child Study Center for reasons related to federal funding

The bill requires the DSS commissioner to consult with the Yale Child Study Center to review the center's intensive in-home child and adolescent psychiatric services (IICAPS) program, which provides services for families with children or adolescents who have serious emotional disturbances and are at risk for hospitalization, and other evidence-based alternatives that focus on delivering positive outcomes for children with behavioral health issues in a sustainable manner. In this review, the commissioner must consider the needs and time demands on children and families enrolled in the IICAPS program.

The bill requires the commissioner to report, by October 1, 2025, to the Transforming Children's Behavioral Health Policy and Planning Committee (see BACKGROUND) on the results of the review and recommendations on how the IICAPS model may be used to deliver Medicaid-funded behavioral health care in Connecticut.

The bill allows the Transforming Children's Behavioral Health Policy and Planning Committee to, within available appropriations, contract with the Yale Child Study Center to determine what federal funding or reimbursements may be available to further develop the IICAPS model and conduct a randomized trial of the center's model to determine if it may qualify federally as an evidence-based treatment program.

EFFECTIVE DATE: July 1, 2025

§§ 4 & 5 — AGE INCREASE FOR INSURANCE COVERAGE FOR AUTISM THERAPIES AND SERVICES

Raises the age, from under 21 to under 26, that applies to required coverage for behavioral therapy for people with autism spectrum disorder under private insurance plans

Under current law, insurance companies must cover behavioral therapy, including ABA, cognitive behavioral therapy, and other empirically supported effective treatments, provided by certain licensed professionals to children under age 21 who are diagnosed with autism spectrum disorder. The bill extends this requirement to people under age 26.

EFFECTIVE DATE: January 1, 2026

§ 6 — URGENT CRISIS CENTERS

Requires OHS to review private health insurance coverage for children's treatment at urgent crisis centers and report by October 1, 2025, on results and recommendations

The bill requires the Office of Health Strategy commissioner, in consultation with the DCF and Insurance commissioners, to review private health insurance coverage and analyze claims data for children's treatment at urgent crisis centers. The commissioner must report, by October 1, 2025, on the results of the review and recommendations to improve affordable access to urgent crisis center services to the Transforming Children's Behavioral Health Policy and Planning Committee. An urgent crisis center is one that DCF certifies to treat children's urgent mental or behavioral health needs.

EFFECTIVE DATE: July 1, 2025

§ 7 — MANDATED REPORTERS

Expands mandated reporter requirements to people working in a professional capacity with children under the clinical supervision of a behavior analyst

Existing law designates people working in certain professions, including licensed behavior analysts, as mandated reporters, obligating them to report suspected child abuse or neglect. The bill adds people working in a professional capacity with children under the clinical supervision of a licensed behavior analyst to the list of designated mandated reporters in Connecticut.

EFFECTIVE DATE: October 1, 2025

§ 8 — REPORTS OF ABUSE

Requires DCF to notify DPH of child abuse and neglect reports involving a behavior analyst, and requires DPH to investigate these reports as complaints; requires DPH to notify a behavior analyst's employer if it receives notice of a conviction of certain crimes (e.g., abuse or sexual assault)

Existing law requires DCF to investigate reports of child abuse or neglect, including sexual assault. The bill requires the DCF commissioner to notify the Department of Public Health (DPH) of the investigation's results if the alleged perpetrator is a licensed behavior analyst. DCF must notify DPH within five business days after concluding an investigation. The commissioner must also give DPH any records relating to the investigation regardless of whether DCF created the records. Under the bill, the commissioner must provide this notice and records regardless of whether the child was a patient of a behavior analyst.

Upon receiving DCF's notification, the bill requires DPH to treat the notification as a complaint and investigate the behavior analyst. The bill allows the DPH commissioner to take any statutorily allowed disciplinary action, such as revoking or suspending the behavior analyst's license, requiring professional education, or assessing a civil penalty of up to \$10,000, she deems appropriate. If the DPH commissioner takes disciplinary action against the behavior analyst, or if the behavior analyst voluntarily surrenders his or her license or agrees not to renew or reinstate it, the bill requires the commissioner to notify the behavior analyst's employer if known and if the behavior analyst

was employed as such at the time of the complaint.

Similarly, if a licensed behavior analyst is convicted of a crime involving child abuse, including sexual assault or neglect, the bill requires the state's attorney of the judicial district where the conviction occurred to notify the DPH commissioner in writing. Within 72 hours after receiving the notification, the bill requires the DPH commissioner to suspend the behavior analyst's license until proceedings are completed and, if the behavior analyst is employed as such at the time of the complaint and their employer is known, notify the analyst's employer of the suspension and proceedings.

EFFECTIVE DATE: October 1, 2025

§ 9 — REQUIRED INFORMATION PROVIDED TO ABA PATIENTS

Requires a behavior analyst's employer to give patients information on submitting complaints

The bill requires employers of licensed behavior analysts to give each behavior analyst's patient the analyst's license number and instructions on how to report complaints regarding the behavior analyst's conduct to DPH. If the patient is under age 18, the bill requires the employer to give this information to the patient's parents or legal guardians.

EFFECTIVE DATE: October 1, 2025

§ 10 — ABA ADVISORY COMMITTEE

Establishes an advisory committee to make recommendations on a statutory and regulatory framework for providers to deliver ABA services to children; requires the advisory committee to report by November 1, 2025

The bill establishes a 27-member advisory committee to advise the Council on Medical Assistance Program Oversight (MAPOC; see BACKGROUND) on a statutory and regulatory framework for providers, including those enrolled in Medicaid, to deliver ABA services to children. Under the bill, the advisory committee must review the following:

1. current legislative and regulatory oversight of ABA services;

2. potential statutory and regulatory frameworks to oversee ABA services, including the need for any regulatory structure to include expertise in providing childcare and ABA services to children with autism;
3. whether employees of an entity providing childcare or ABA services to children should be mandated reporters of suspected child abuse or neglect;
4. whether employees of ABA services providers should submit to comprehensive background checks; and
5. a rate-setting structure to ensure Medicaid reimbursement rates adequate to provide prompt access to ABA services for children and families.

The bill requires the advisory committee to report on its review and recommendations to MAPOC, the governor, and the Children, Human Services, and Public Health committees by November 1, 2025. The committee terminates on this date or on the date it submits its report, whichever is later.

EFFECTIVE DATE: Upon passage

Members

Under the bill, advisory committee members include the chairpersons and ranking members of the Children, Human Services, and Public Health committees or their designees. Members also include the following eight state officials or their designees: the early childhood, DPH, DSS, DCF, developmental services, and education commissioners; Child Advocate; and Office of Policy and Management secretary. The Autism Spectrum Disorder Advisory Council chairpersons must select a representative to serve as an advisory committee member. An additional six members are appointed as follows:

1. one member appointed by the House chairperson of the Public Health Committee who must represent an entity providing ABA

services to children,

2. one member appointed by the Senate chairperson of the Public Health Committee who must be a parent of a child with autism,
3. one member appointed by the Senate chairperson of the Human Services Committee who must represent an advocacy organization for children with autism,
4. one member appointed by the House chairperson of the Human Services Committee who must be a parent of a child with autism,
5. one member appointed by the House chairperson of the Committee on Children who must be a board-certified behavior analyst providing services to children, and
6. one member appointed by the Senate chairperson of the Committee on Children who must be a psychiatrist with expertise in delivering services to children with autism.

The bill requires appointing authorities to make their initial appointments within 30 days after the bill's passage and fill any vacancies. Appointed members may be legislators.

Leadership and Meetings

Under the bill, the advisory committee must hold its first meeting with 60 days after the bill's passage and choose a chairperson from among its members.

The bill requires the Joint Committee on Legislative Management to provide administrative support to the committee and its chairperson.

BACKGROUND

Transforming Children's Behavioral Health Policy and Planning Committee

Established by the legislature in 2023, this committee evaluates the availability and efficacy of prevention, early intervention, and behavioral health treatment services and options for children up to age

18. By law, the committee must make recommendations to the General Assembly and executive agencies regarding the children's behavioral health system's policies and administration.

Council on Medical Assistance Program Oversight (MAPOC)

The law charges this council with monitoring and advising DSS on various aspects of the Medicaid program (CGS § 17b-28). MAPOC includes legislators, consumers, advocates, health care providers, administrative service organization representatives, and state agency personnel. It generally meets monthly and has subcommittees that meet separately.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 22 Nay 0 (03/18/2025)