



House of Representatives

General Assembly

File No. 937

January Session, 2025

Substitute House Bill No. 7109

House of Representatives, May 19, 2025

The Committee on Appropriations reported through REP. WALKER of the 93rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

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

6 (b) The Commissioner of Social Services, in consultation with the
7 Commissioners of Mental Health and Addiction Services and Children
8 and Families, shall use moneys from the Certified Community
9 Behavioral Health Clinics Planning Grant to support development of:
10 (1) Reimbursement for acuity-based care coordination service to
11 improve behavioral outcomes for children, (2) a value-based payment
12 model that provides financial incentives to providers when outcomes

13 improve for children in their care and holds such providers accountable
14 for poor outcomes, and (3) a system to help providers and clients better
15 navigate behavioral health care resources and requirements.

16 (c) Not later than November 1, 2025, the Commissioner of Social
17 Services shall file a report, in accordance with the provisions of section
18 11-4a of the general statutes, with the joint standing committees of the
19 General Assembly having cognizance of matters relating to children,
20 human services and public health on the expenditure of planning grant
21 funds and any improvement to behavioral outcomes attributable to the
22 expenditure of grant funds pursuant to subsection (b) of this section.

23 Sec. 2. (NEW) (*Effective July 1, 2025*) (a) As used in this section,
24 "Intensive In-Home Child and Adolescent Psychiatric Services", or
25 "IICAPS", means in-home psychiatric treatment administered by the
26 Yale Child Study Center at the Yale School of Medicine for families with
27 children or adolescents who have serious emotional disturbances, and
28 are at risk for hospitalization.

29 (b) The Commissioner of Social Services shall consult with the Yale
30 Child Study Center to review IICAPS and other evidence-based
31 alternatives that focus on delivering positive outcomes for children with
32 behavioral health issues in a sustainable manner while considering the
33 needs and time demands on children and families enrolled in the
34 center's IICAPS program. Not later than October 1, 2025, the
35 commissioner shall report, in accordance with the provisions of section
36 11-4a of the general statutes, the results of the review to the
37 Transforming Children's Behavioral Health Policy and Planning
38 Committee established pursuant to section 2-137 of the general statutes.
39 The report shall include recommendations concerning IICAPS models
40 that may be used to deliver Medicaid-funded behavioral health care in
41 the state.

42 (c) The Transforming Children's Behavioral Health Policy and
43 Planning Committee established pursuant to section 2-137 of the general
44 statutes, within available appropriations, may contract with the Yale
45 Child Study Center to determine what additional federal funding and

46 reimbursements may be available for IICAPS model development and
47 to conduct a randomized trial of the Yale Child Study Center model to
48 determine whether it may qualify federally as an evidence-based
49 treatment program.

50 Sec. 3. Subdivision (4) of subsection (a) of section 38a-514b of the
51 general statutes is repealed and the following is substituted in lieu
52 thereof (*Effective January 1, 2026*):

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

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

73 (4) "Behavioral therapy" means any interactive behavioral therapies
74 derived from evidence-based research and consistent with the services
75 and interventions designated by the Commissioner of Social Services
76 pursuant to subsection (e) of section 17a-215c, including, but not limited
77 to, applied behavior analysis, cognitive behavioral therapy, or other

78 therapies supported by empirical evidence of the effective treatment of
79 individuals diagnosed with autism spectrum disorder, that are: (A)
80 Provided to [children less than twenty-one] individuals under twenty-
81 six years of age; and (B) provided or supervised by (i) a licensed
82 behavior analyst, (ii) a licensed physician, or (iii) a licensed
83 psychologist. For the purposes of this subdivision, behavioral therapy is
84 "supervised by" such licensed behavior analyst, licensed physician or
85 licensed psychologist when such supervision entails at least one hour of
86 face-to-face supervision of the autism spectrum disorder services
87 provider by such licensed behavior analyst, licensed physician or
88 licensed psychologist for each ten hours of behavioral therapy provided
89 by the supervised provider.

90 Sec. 5. (*Effective July 1, 2025*) (a) As used in this section, "urgent crisis
91 center" has the same meaning as provided in section 19a-179f of the
92 general statutes. The Commissioner of Health Strategy, in consultation
93 with the Insurance Commissioner and the Commissioner of Children
94 and Families, shall review private health insurance coverage for
95 treatment of children at urgent crisis centers.

96 (b) Not later than October 1, 2025, the Commissioner of Health
97 Strategy shall file a report, in accordance with the provisions of section
98 11-4a of the general statutes, with the Transforming Children's
99 Behavioral Health Policy and Planning Committee established pursuant
100 to section 2-137 of the general statutes. The report shall include the
101 commissioner's analysis of claims data concerning private health
102 insurance coverage of urgent crisis center services and
103 recommendations to improve affordable access to such services.

104 Sec. 6. Subsection (b) of section 17a-101 of the general statutes is
105 repealed and the following is substituted in lieu thereof (*Effective October*
106 *1, 2025*):

107 (b) The following persons shall be mandated reporters: (1) Any
108 physician or surgeon licensed under the provisions of chapter 370, (2)
109 any resident physician or intern in any hospital in this state, whether or

110 not so licensed, (3) any registered nurse, (4) any licensed practical nurse,
111 (5) any medical examiner, (6) any dentist, (7) any dental hygienist, (8)
112 any psychologist, (9) any school employee, as defined in section 53a-65,
113 (10) any social worker, (11) any person who holds or is issued a coaching
114 permit by the State Board of Education, is a coach of intramural or
115 interscholastic athletics and is eighteen years of age or older, (12) any
116 individual who is employed as a coach or director of youth athletics and
117 is eighteen years of age or older, (13) any individual who is employed
118 as a coach or director of a private youth sports organization, league or
119 team and is eighteen years of age or older, (14) any paid administrator,
120 faculty, staff, athletic director, athletic coach or athletic trainer employed
121 by a public or private institution of higher education who is eighteen
122 years of age or older, excluding student employees, (15) any police
123 officer, (16) any juvenile or adult probation officer, (17) any juvenile or
124 adult parole officer, (18) any member of the clergy, (19) any pharmacist,
125 (20) any physical therapist, (21) any optometrist, (22) any chiropractor,
126 (23) any podiatrist, (24) any mental health professional, (25) any
127 physician assistant, (26) any person who is a licensed or certified
128 emergency medical services provider, (27) any person who is a licensed
129 or certified alcohol and drug counselor, (28) any person who is a
130 licensed marital and family therapist, (29) any person who is a sexual
131 assault counselor or a domestic violence counselor, as defined in section
132 52-146k, (30) any person who is a licensed professional counselor, (31)
133 any person who is a licensed foster parent, (32) any person paid to care
134 for a child in any public or private facility, child care center, group child
135 care home or family child care home licensed by the state, (33) any
136 employee of the Department of Children and Families or any person
137 who, in the performance of such person's duties, has regular contact
138 with and provides services to or on behalf of children pursuant to a
139 contract with or credential issued by the Department of Children and
140 Families, (34) any employee of the Office of Early Childhood who is
141 responsible for the licensing of child care centers, group child care
142 homes, family child care homes or youth camps, (35) any paid youth
143 camp director, assistant director and staff member who is twenty-one
144 years of age or older, (36) the Child Advocate and any employee of the

145 Office of the Child Advocate, (37) any person who is (A) a licensed
146 behavior analyst, or (B) a person working in a professional capacity with
147 children under the clinical supervision of a licensed behavior analyst,
148 (38) any family relations counselor, family relations counselor trainee or
149 family services supervisor employed by the Judicial Department, (39)
150 any victim services advocate employed by the Office of Victim Services
151 within the Judicial Department, (40) any employee of a juvenile justice
152 program operated by or pursuant to a contract with the Court Support
153 Services Division of the Judicial Department, and (41) any person
154 employed, including any person employed under contract and any
155 independent ombudsperson, to work at a juvenile detention facility or
156 any other facility where children under eighteen years of age are
157 detained and who has direct contact with children as part of such
158 employment.

159 Sec. 7. (NEW) (*Effective October 1, 2025*) (a) Notwithstanding any
160 provision of the general statutes, not later than five business days after
161 the Commissioner of Children and Families concludes an investigation,
162 conducted pursuant to section 17a-101g of the general statutes, of a
163 report of child abuse or neglect in which (1) the alleged perpetrator of
164 such abuse or neglect is a behavior analyst licensed pursuant to chapter
165 382a of the general statutes who works with children, or (2) the child is
166 an alleged victim of a crime described in section 53a-70, 53a-70a, 53a-71,
167 53a-72a, 53a-72b or 53a-73a of the general statutes, and the alleged
168 perpetrator of such crime is a behavior analyst licensed pursuant to
169 chapter 382a of the general statutes who works with children, the
170 Commissioner of Children and Families shall notify the Department of
171 Public Health of the results of such investigation and provide any
172 records relating to such investigation to the Department of Public
173 Health, regardless of whether such records were created by the
174 Department of Children and Families. The Commissioner of Children
175 and Families shall provide such notification and records regardless of
176 whether the child was a patient of a behavior analyst. Upon receiving
177 such notification and any such records, the Department of Public Health
178 shall treat such notification as a complaint, conduct an investigation of
179 the behavior analyst and take any disciplinary action, in accordance

180 with sections 19a-17 and 20-185m of the general statutes, that the
181 Commissioner of Public Health deems appropriate. If, after such
182 proceedings, the Commissioner of Public Health takes disciplinary
183 action against the behavior analyst, or if the disciplinary action is
184 resolved through voluntary surrender by a behavior analyst of a license
185 or an agreement not to renew or reinstate a license, the Commissioner
186 of Public Health shall notify the employer of the behavior analyst, if
187 known, if such behavior analyst was employed as a behavior analyst at
188 the time of the complaint.

189 (b) If a behavior analyst licensed pursuant to chapter 382a of the
190 general statutes is convicted of (1) a crime involving an act of child abuse
191 or neglect, as described in section 46b-120, 53-21, 53a-71 or 53a-73a of
192 the general statutes against any person, or (2) a crime, as described in
193 section 53a-70, 53a-70a, 53a-72a or 53a-72b of the general statutes,
194 against a victim, as described in subdivision (2) of subsection (a) of
195 section 17a-101a of the general statutes, the state's attorney of the
196 judicial district where such conviction occurred shall notify the
197 Commissioner of Public Health, in writing, of such conviction. Not later
198 than seventy-two hours after the receipt of such notification, the
199 Commissioner of Public Health shall suspend the behavior analyst's
200 license pending completion of proceedings and, if such behavior analyst
201 is currently employed as a behavior analyst at the time of the complaint,
202 notify the behavior analyst's employer, if known, of such suspension
203 and proceedings.

204 Sec. 8. (NEW) (*Effective October 1, 2025*) Each employer of a behavior
205 analyst, licensed pursuant to chapter 382a of the general statutes, shall
206 provide to each patient of a behavior analyst, or, if the patient is under
207 eighteen years of age, such patient's parents or legal guardians, (1) the
208 behavior analyst's license number, and (2) instructions regarding the
209 manner in which to report complaints regarding the conduct of the
210 behavior analyst to the Department of Public Health.

211 Sec. 9. (*Effective from passage*) (a) There shall be an advisory committee
212 to advise the Council on Medical Assistance Program Oversight,

213 established pursuant to section 17b-28 of the general statutes, on a
214 statutory and regulatory framework for the delivery of applied behavior
215 analysis services to children by all providers, including, but not limited
216 to, providers enrolled in Medicaid.

217 (b) The advisory committee's review shall include, but need not be
218 limited to: (1) Current legislative and regulatory oversight of such
219 services, (2) potential statutory and regulatory frameworks for oversight
220 of such services, including, but not limited to, the need for any
221 regulatory structure to include expertise in the provision of child care
222 and applied behavior analysis services to children with autism spectrum
223 disorder, (3) whether employees of any entity delivering child care or
224 applied behavior analysis services to children should be mandated
225 reporters of suspected abuse or neglect of such children, (4) whether
226 employees of applied behavior analysis services providers should
227 submit to comprehensive background checks, and (5) a rate-setting
228 structure to ensure adequate Medicaid reimbursement rates to ensure
229 reasonably prompt access to such services for children and families.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

287 (g) Not later than November 1, 2025, the advisory committee shall
 288 submit a report on its review and recommendations, in accordance with
 289 the provisions of section 11-4a of the general statutes, to the Council on
 290 Medical Assistance Program Oversight, the Governor and the joint
 291 standing committees of the General Assembly having cognizance of
 292 matters relating to children, human services and public health. The
 293 advisory committee shall terminate on the date that it submits such
 294 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>January 1, 2026</i>	38a-514b(a)(4)
Sec. 4	<i>January 1, 2026</i>	38a-488b(a)(4)
Sec. 5	<i>July 1, 2025</i>	New section
Sec. 6	<i>October 1, 2025</i>	17a-101(b)
Sec. 7	<i>October 1, 2025</i>	New section

Sec. 8	<i>October 1, 2025</i>	New section
Sec. 9	<i>from passage</i>	New section

APP *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 \$
Legislative Mgmt.	GF - Potential Cost	200,000 to 500,000	None

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill 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 bill also makes various changes to behavioral health services for children that result in no fiscal impact to the state.

The Out Years

None.

OLR Bill Analysis**sHB 7109****AN ACT CONCERNING IMPLEMENTING CERTAIN RECOMMENDATIONS OF THE TRANSFORMING CHILDREN'S BEHAVIORAL HEALTH POLICY AND PLANNING COMMITTEE AND ABUSE INVESTIGATIONS INVOLVING BEHAVIORAL ANALYSTS.**

TABLE OF CONTENTS:

[SUMMARY](#)[§ 1 — 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 on grant expenditures by November 1, 2025

[§ 2 — 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

[§§ 3 & 4 — 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

[§ 5 — 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

§ 6 — MANDATED REPORTERS

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

§ 7 — 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)

§ 8 — REQUIRED INFORMATION PROVIDED TO ABA PATIENTS

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

§ 9 — 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 for children, including applied behavior analysis, 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) is the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences, including using 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 — 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 on grant expenditures by November 1, 2025

The bill requires the Department of Social Services (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 providers financial incentives 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

§ 2 — 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

§§ 3 & 4 — 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

§ 5 — 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 (OHS) 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

§ 6 — 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

§ 7 — 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

§ 8 — 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

§ 9 — 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 within 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.

Legislative History

The House referred the bill (File 471) to the Appropriations Committee, which reported out a substitute that eliminated provisions requiring DSS to increase Medicaid coverage and provider rates for ABA.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 22 Nay 0 (03/18/2025)

Appropriations Committee

Joint Favorable Substitute

Yea 44 Nay 6 (05/05/2025)