



General Assembly

Substitute Bill No. 7109

January Session, 2025



**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.*