



General Assembly

Amendment

January Session, 2025

LCO No. 10037



Offered by:

REP. PARIS, 145th Dist.
REP. EXUM, 19th Dist.
REP. GILCHREST, 18th Dist.
REP. WALKER, 93rd Dist.

REP. NUCCIO, 53rd Dist.
SEN. OSTEN, 19th Dist.
SEN. MAHER, 26th Dist.

To: Subst. House Bill No. **6951**

File No. 860

Cal. No. 551

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

110 working group's findings and recommendations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

199 Sec. 507. Subsection (b) of section 2-137 of the general statutes is
200 repealed and the following is substituted in lieu thereof (*Effective October*
201 *1, 2025*):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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