PA 26-151—HB 5557
Human Services Committee
Appropriations Committee

AN ACT CONCERNING A PLAN TO REVISE THE DEFINITION OF INTELLECTUAL DISABILITY AND THE ESTABLISHMENT OF WORKING GROUPS ON AMERICAN SIGN LANGUAGE EDUCATION AND NONEMERGENCY MEDICAL TRANSPORTATION REIMBURSEMENT

SUMMARY: This act requires the Department of Developmental Services (DDS) commissioner to (1) produce a plan with recommendations on developing a standard definition of "intellectual disability" that meets certain requirements and (2) report on the plan to the Appropriations, Human Services, and Public Health committees by July 1, 2027.

The act also requires the State Department of Education (SDE) commissioner to create an American Sign Language (ASL) education working group. SDE must report annually on the group's work, starting by January 1, 2028, to the Education and Human Services committees. (PA 26-149, § 4, establishes a similar working group.)

Lastly, the act requires the Department of Social Services (DSS) to study Medicaid nonemergency medical transportation (NEMT) reimbursement rates and service availability. The DSS commissioner must report her findings and legislative recommendations to the Human Services and Public Health committees by February 1, 2027.

EFFECTIVE DATE: Upon passage, except the ASL working group is effective January 1, 2027.

§ 1 — PLAN ON INTELLECTUAL DISABILITY DEFINITION

By law, "intellectual disability" generally means a significant limitation in intellectual functioning that exists alongside deficits in adaptive behavior that started during a person's developmental period before age 18. A "significant limitation in intellectual functioning" means an IQ more than two standard deviations below the mean as measured by tests of general intellectual functioning that are individualized, standardized, and clinically and culturally appropriate to the person.

The act requires the DDS commissioner to produce a plan with recommendations on developing a standard definition for intellectual disability that originates before age 18 and is characterized by significant limitations in both intellectual functioning and adaptive behavior, including conceptual, social, and practical skills. The definition must be consistent with generally accepted professional standards, including those recognized by the American Association on

Intellectual and Developmental Disabilities.

As part of the plan, the DDS commissioner must ensure that no single test score or measure would determine intellectual disability and that the definition is based on the totality of relevant clinical, educational, and functional evidence, including:

1. standardized assessments when valid and appropriate,
2. adaptive behavior measures,
3. developmental history,
4. medical evidence, and
5. other reliable information.

The plan must include:

1. a recommended timeline to transition to a new intellectual disability definition;
2. any required federal approvals; and
3. estimates of one-time transition costs and recurring costs of using the new definition for DDS, other state agencies, and school districts impacted by the change.

§ 2 — ASL WORKING GROUP

Membership

Under the act, the ASL working group includes at least four members appointed by the SDE commissioner:

1. a Connecticut Council of Language Teachers representative,
2. an American School for the Deaf representative,
3. a Connecticut Association of the Deaf representative, and
4. at least one ASL instructor who teaches in a public school in the state.

The working group also includes:

1. one representative each from SDE, the Department of Aging and Disability Services, the Labor Department, and the Office of Higher Education;
2. one member appointed by each legislative leader;
3. the Education and Human Services committees' chairpersons and ranking members or their designees; and
4. two members appointed by the governor.

Duties

The working group must provide recommendations to SDE on:

1. curriculum guidance for ASL instruction that includes aligning the curriculum with nationally recognized proficiency frameworks;
2. guidance to educator preparation programs in the state on (a) expanding ASL and interpretation education programs; (b) creating educational incentives like tuition support, credit enhancement, or alternative programs; and (c) creating bridge, endorsement, or alternative programs for native ASL users and certified interpreters seeking teacher certification; and
3. teacher certification standards based on those established by the American

Sign Language Teachers Association and the American Sign Language Proficiency Interview.

The teacher certification standards must establish a proficiency benchmark, recognize an alternative certification pathway for native ASL users and interpreters, and include reciprocity with ASL teacher certifications for other states.

§ 3 — NEMT STUDY

The act requires DSS to study access to, and reimbursement for, NEMT under Medicaid. The study must:

1. evaluate the adequacy of current Medicaid NEMT reimbursement rates;
2. examine the availability of NEMT across the state, including geographic disparities in access and service gaps;
3. evaluate options to allow home care providers, such as home health aides, to transport Medicaid beneficiaries to or from medical appointments;
4. assess appropriate qualifications, licensing requirements, and insurance standards for any home care worker providing these services;
5. review other states' practices on NEMT reimbursement rates and provider eligibility; and
6. identify any other issues the DSS commissioner deems relevant to improve access to Medicaid NEMT.