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DEPARTMENT OF DEVELOPMENTAL SERVICES TESTIMONY
BEFORE THE PUBLIC HEALTH COMMITTEE

Raised Bill No. 5437, An Act Concerning the Definition of Mental Retardation and Intellectual Disability

March 16, 2012

Senator Gerratana Representative Ritter, and members of the Public Health Committee. I am Terrence W. Macy, Ph.D., Commissioner of the Department of Developmental Services (DDS). Thank you for the opportunity to submit testimony in support of **Raised Bill No. 5437, An Act Concerning the Definition of Mental Retardation and Intellectual Disability**.

DDS was approached by, and has worked with, several advocates from the Legal Assistance Resource Center of Connecticut, Connecticut Legal Services, ARC-CT and the Office of Protection and Advocacy requesting that the department consider updating the definition of intellectual disability. I'd like to thank these groups for their continued advocacy which really made this bill a reality. You may recall that the term mental retardation was changed to intellectual disability during the 2011 legislative session in most instances in the Connecticut General Statutes; however mental retardation still exists in a few sections of the statutes where federal terminology has not yet been changed. Therefore, section 1-1g of the Connecticut General Statutes continues to define both terms with the same definition.

While DDS was amenable to updating the language in the section 1-1g definition, we needed to work through potential concerns that if the language was not carefully thought out, there could be implications on expanding eligibility for DDS supports and services and thus creating an unfunded liability for the state. This was clearly not the intent of DDS or the advocates. The proposal that you have before you is the result of many discussions and compromises between all parties. DDS agrees that this updated definition provides better guidance on what constitutes an intellectual disability, and is consistent with updated terminology used by other states and national groups such as the American Association on Intellectual and Developmental Disabilities (AAIDD) as well as with proposed updates to the Diagnostic and Statistical Manual of Mental Disorders (DSM)-V.

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The intent is not to change who is or is not eligible for DDS services, but to provide a clearer understanding of what constitutes an intellectual disability.

The new definition in section (a) will clarify that an individual with mental retardation or intellectual disability must have a significant limitation in intellectual functioning concurrently with deficits in adaptive behavior. Both must have originated before the age of 18, and also be present at the time when the disability determination is made. In section (c), the new language uses both AAIDD and DSM-V values that the standardized testing used in determining an individual's intellectual and adaptive levels of functioning, needs to be both clinically and culturally appropriate to the individual. In other words, the clinician or test evaluator needs to understand, and be sensitive to, both the individual's disability and their cultural background. This does not change, in any way, who would be eligible for DDS services, but it does update the older language to reflect current best practice and goals and values of both the Department of Developmental Services and the advocacy organizations.

One technical concern with Raised Bill 5437 as written is that the word deficit in subsection (a) in line eight should be pluralized to "deficits" in adaptive behavior.

Thank you for the opportunity to comment in support of House Bill 5437. Please contact Christine Pollio Cooney, DDS Director of Legislative Affairs, at (860) 418-6066 with any questions that you might have.