



# House of Representatives

General Assembly

**File No. 206**

February Session, 2014

House Bill No. 5371

*House of Representatives, March 31, 2014*

The Committee on Program Review and Investigations reported through REP. MUSHINSKY of the 85th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

***AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON ACCESS TO SUBSTANCE USE TREATMENT FOR INSURED YOUTH AS THEY RELATE TO THE DEPARTMENT OF CHILDREN AND FAMILIES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (*Effective from passage*) The Departments of Mental Health  
2 and Addiction Services, Public Health and Children and Families shall  
3 jointly develop a proposal to establish an urgent care center for  
4 individuals with behavioral health concerns to be operated by both  
5 public and private entities. Said departments shall submit the  
6 proposal, in accordance with section 11-4a of the general statutes, to  
7 the joint standing committees of the General Assembly having  
8 cognizance of matters relating to public health and children not later  
9 than February 1, 2015.

10 Sec. 2. (*Effective from passage*) (a) The Department of Children and  
11 Families shall require each entity providing professional services for a

12 child or youth receiving services under the voluntary services program  
13 operated by the department to record, for a three-month period to be  
14 prescribed by the department:

15 (1) The name of the insurance carrier, if applicable, of any such child  
16 or youth whose parent or legal guardian seeks treatment for such child  
17 or youth through a program offered by an in-home behavioral health  
18 care service, or the name of the parent or legal guardian's employer if  
19 the employer's health care plan is self-insured;

20 (2) (A) If such child or youth was accepted into the program,  
21 whether (i) the insurance carrier agreed to cover the treatment, and (ii)  
22 such child or youth participated in the program; or

23 (B) If such child or youth was not accepted into the program, (i) the  
24 cost of treatment for such child or youth, and (ii) whether the denial of  
25 coverage was due to exceeding the coverage limits of the insurance  
26 policy; and

27 (3) If such child or youth was accepted into the program and  
28 participated in such program, and the carrier agreed to such coverage,  
29 the terms of the cost-sharing agreement.

30 (b) Each entity providing professional services for a child or youth  
31 receiving services under the voluntary services program operated by  
32 the department shall submit the information recorded pursuant to  
33 subsection (a) of this section to the department on a date to be  
34 prescribed by the department, provided such date is not later than  
35 February 1, 2015.

36 (c) The department shall analyze the information submitted by such  
37 entities pursuant to subsection (b) of this section to assess (1) the  
38 accessibility of in-home behavioral health care services to insured  
39 children or youth, (2) the extent to which costs of such services are  
40 shifted to the state and the state's contracted nonprofit service  
41 providers, and (3) if the department determines that the costs shifted  
42 to the state and such providers is excessive, methods to alleviate the

43 burden on the state and such providers.

44 (d) The department shall report the results of its assessment, in  
45 accordance with section 11-4a of the general statutes, to the joint  
46 standing committees of the General Assembly having cognizance of  
47 matters relating to insurance and children not later than April 1, 2015.

48 Sec. 3. (*Effective from passage*) (a) The Departments of Mental Health  
49 and Addiction Services and Children and Families shall develop a  
50 substance abuse recovery support plan to provide services to  
51 adolescents and young adults throughout the state. The plan shall  
52 include, but not be limited to, (1) methods to increase community  
53 support for such adolescents and young adults, (2) methods to alert  
54 such adolescents and young adults that such support is available, and  
55 (3) options for the implementation of such plan, including securing  
56 access to public and private funding for such plan.

57 (b) The departments shall report, in accordance with section 11-4a of  
58 the general statutes, to the joint standing committees of the General  
59 Assembly having cognizance of matters relating to children and public  
60 health on the status of the support plan not later than January 15, 2016.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	New section

**PRI**      *Joint Favorable*

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.

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***OFA Fiscal Note******State Impact:*** None***Municipal Impact:*** None***Explanation***

There is no fiscal impact to the Departments of Children and Families (DCF), Public Health and Mental Health and Addiction Services (DMHAS) from the requirements of the bill. These three departments are tasked with developing a proposal to establish an urgent care center, not to implement such a center. Likewise, there is no fiscal impact to DMHAS and DCF to develop a substance abuse and recovery support plan. There is no fiscal impact to DCF to require entities providing voluntary services to submit information associated with private insurance coverage of their clients and for DCF to analyze this information. DCF currently tracks voluntary services and pursues private insurance payment for services with the support of the Office of the Healthcare Advocate.

***The Out Years******State Impact:*** None***Municipal Impact:*** None

**OLR Bill Analysis**

**HB 5371**

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**SUMMARY:**

The Office of Legislative Research does not analyze Special Acts.

**COMMITTEE ACTION**

Program Review and Investigations Committee

Joint Favorable

Yea 11    Nay 0    (03/13/2014)