



# House of Representatives

General Assembly

**File No. 668**

January Session, 2015

Substitute House Bill No. 5528

*House of Representatives, April 16, 2015*

The Committee on Public Health reported through REP. RITTER of the 1st Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## **AN ACT CONCERNING THE PROVISION OF BEHAVIORAL HEALTH SERVICES.**

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

1 Section 1. (NEW) (*Effective July 1, 2015*) (a) There is established a  
2 behavioral health professional incentive program to be administered  
3 by the Department of Public Health.

4 (b) Such program shall provide a grant to any person (1) who is a  
5 (A) psychiatrist licensed under chapter 370 of the general statutes, (B)  
6 psychologist licensed under chapter 383 of the general statutes, who  
7 holds a doctorate degree, (C) licensed clinical social worker or licensed  
8 master social worker licensed under chapter 383b of the general  
9 statutes, (D) advanced practice registered nurse licensed under chapter  
10 378 of the general statutes, who provides psychiatric services, (E)  
11 marital and family therapist licensed under chapter 383a of the general  
12 statutes, or (F) professional counselor licensed under chapter 383c of  
13 the general statutes; (2) whose patients consist of not less than (A) fifty  
14 per cent children, adolescents or families, (B) twenty-five per cent

15 Medicaid recipients, and (C) twenty-five per cent who use health  
16 insurance to pay for services; (3) who is not participating in the United  
17 States Department of Health and Human Services' National Health  
18 Service Corps program; and (4) who practices in any of the counties or  
19 municipalities in Connecticut designated as health professional  
20 shortage areas by the United States Department of Health and Human  
21 Services' Health Resources and Services Administration.

22 (c) A person who is a psychiatrist and receives a grant under this  
23 section shall be eligible for reimbursement of educational loans up to a  
24 maximum of seventy-five thousand dollars. Any person other than a  
25 psychiatrist who receives a grant under this section shall be eligible for  
26 reimbursement of educational loans up to a maximum of fifty  
27 thousand dollars. The department shall distribute such grants over a  
28 five-year period and the amount shall increase each year during the  
29 five-year period.

30 Sec. 2. (*Effective July 1, 2015*) (a) For the purposes described in  
31 subsection (b) of this section, the State Bond Commission shall have  
32 the power from time to time to authorize the issuance of bonds of the  
33 state in one or more series and in principal amounts not exceeding in  
34 the aggregate two million dollars.

35 (b) The proceeds of the sale of such bonds, to the extent of the  
36 amount stated in subsection (a) of this section, shall be used by the  
37 Department of Public Health for the purpose of the behavioral health  
38 professional incentive program established pursuant to section 1 of  
39 this act.

40 (c) All provisions of section 3-20 of the general statutes, or the  
41 exercise of any right or power granted thereby, that are not  
42 inconsistent with the provisions of this section are hereby adopted and  
43 shall apply to all bonds authorized by the State Bond Commission  
44 pursuant to this section. Temporary notes in anticipation of the money  
45 to be derived from the sale of any such bonds so authorized may be  
46 issued in accordance with section 3-20 of the general statutes and from  
47 time to time renewed. Such bonds shall mature at such time or times

48 not exceeding twenty years from their respective dates as may be  
49 provided in or pursuant to the resolution or resolutions of the State  
50 Bond Commission authorizing such bonds. None of such bonds shall  
51 be authorized except upon a finding by the State Bond Commission  
52 that there has been filed with it a request for such authorization that is  
53 signed by or on behalf of the Secretary of the Office of Policy and  
54 Management and states such terms and conditions as said commission,  
55 in its discretion, may require. Such bonds issued pursuant to this  
56 section shall be general obligations of the state and the full faith and  
57 credit of the state of Connecticut are pledged for the payment of the  
58 principal of and interest on such bonds as the same become due, and  
59 accordingly and as part of the contract of the state with the holders of  
60 such bonds, appropriation of all amounts necessary for punctual  
61 payment of such principal and interest is hereby made, and the State  
62 Treasurer shall pay such principal and interest as the same become  
63 due.

64 Sec. 3. (NEW) (*Effective July 1, 2015*) (a) The Department of Public  
65 Health shall establish a behavioral health grant program for the  
66 purpose of assisting local and regional boards of education with  
67 employing or contracting for the services of a (1) licensed clinical social  
68 worker or a licensed master social worker, licensed under chapter 383b  
69 of the general statutes, or (2) psychologist, licensed under chapter 383  
70 of the general statutes. To be eligible for a grant under the program,  
71 the local or regional board of education shall be located in a  
72 Connecticut health professional shortage area designated by the  
73 United States Department of Health and Human Services' Health  
74 Resources and Services Administration and shall partner with one or  
75 more other such boards in applying for such grant. The commissioner  
76 shall award grants to fund up to five full-time social worker or  
77 psychologist positions for a two-year period.

78 (b) The Commissioner of Public Health shall solicit grant  
79 applications from local and regional boards of education located in the  
80 health professional shortage areas, which shall be submitted annually  
81 to the commissioner at such time and on such forms as the

82 commissioner prescribes. Applications shall be submitted jointly by  
83 two or more boards of education. In determining whether the boards  
84 of education submitting applications shall be granted funds pursuant  
85 to this section, the commissioner shall consider the following factors:  
86 (1) The local or regional boards of education's ratio of school  
87 psychologists or social workers to students; and (2) evidence of the  
88 need for behavioral health services by children and adolescents in the  
89 local communities served by the boards of education.

90 (c) If the commissioner finds that any board of education uses a  
91 grant received under this section for purposes other than those which  
92 are in conformity with the purposes of this section, the commissioner  
93 may require repayment of such grant to the state.

94 Sec. 4. Section 17a-20a of the general statutes is repealed and the  
95 following is substituted in lieu thereof (*Effective July 1, 2015*):

96 (a) Not later than January 1, 2014, the Commissioner of Children  
97 and Families shall establish and implement, in consultation with the  
98 Commissioner of Mental Health and Addiction Services, a regional  
99 behavioral health consultation and care coordination program for  
100 primary care providers who serve children and young adults up to age  
101 twenty-six. Such program shall provide to such primary care  
102 providers: (1) Timely access to a consultation team that includes a child  
103 psychiatrist, social worker and a care coordinator; (2) patient care  
104 coordination and transitional services for behavioral health care; and  
105 (3) training and education concerning patient access to behavioral  
106 health services. [Said commissioner] The Commissioner of Children  
107 and Families may enter into a contract for services to administer such  
108 program.

109 (b) Not later than October 1, 2013, [said commissioner] the  
110 Commissioner of Children and Families shall submit a plan, in  
111 accordance with the provisions of section 11-4a, to the joint standing  
112 committees of the General Assembly having cognizance of matters  
113 relating to public health, children, human services and appropriations  
114 concerning the program to be established pursuant to subsection (a) of

115 this section.

116 (c) The Commissioner of Children and Families may adopt  
117 regulations, in accordance with the provisions of chapter 54, to  
118 implement the provisions of this section.

119 Sec. 5. (NEW) (*Effective July 1, 2015*) The Commissioner of Public  
120 Health shall, in consultation with the Commissioners of Children and  
121 Families and Mental Health and Addiction Services, annually publish  
122 an informational notice for providers of behavioral health services  
123 concerning the communication of health care information to other  
124 providers of behavioral health and other health care services to ensure  
125 a continuity of health care services and compliance with state and  
126 federal laws to protect patient privacy. Such informational notice shall  
127 be posted on the Internet web sites of the Department of Mental Health  
128 and Addiction Services, the Department of Children and Families and  
129 the Department of Public Health. The Commissioner of Mental Health  
130 and Addiction Services shall also distribute such informational notices  
131 to providers of mental health services by facsimile or electronic mail.

132 Sec. 6. (*Effective from passage*) (a) The Commissioner of Public Health,  
133 in consultation with the Commissioner of Education, shall study the  
134 potential advantages of licensing board certified behavior analysts, as  
135 defined in section 20-185i of the general statutes, and assistant  
136 behavior analysts, who are credentialed by the Behavior Analyst  
137 Certification Board. Said commissioners shall also study the inclusion  
138 of board certified behavior analysts and assistant behavior analysts in  
139 school special education planning and placement teams, as described  
140 in section 10-76d of the general statutes.

141 (b) Not later than October 1, 2015, the Commissioner of Public  
142 Health shall report, in accordance with the provisions of section 11-4a  
143 of the general statutes, concerning the results of such study to the joint  
144 standing committees of the General Assembly having cognizance of  
145 matters relating to public health and education. Such report shall  
146 include, but need not be limited to, recommendations concerning: (1)  
147 Any new licensure or certification categories relating to behavioral

148 analysis; (2) inclusion of board certified behavior analysts or assistant  
149 behavior analysts on special education planning placement teams; and  
150 (3) incentives for persons to enter the field of behavior analysis.

151 Sec. 7. (NEW) (*Effective July 1, 2015*) (a) There is established within  
152 the Department of Public Health a grant program to provide funds to  
153 local and regional boards of education and school-based health centers  
154 for the purchase of telemedicine equipment and software. A board of  
155 education or school-based health center eligible for a grant under the  
156 program shall (1) enter into an agreement with one or more: (A)  
157 Psychiatrists, licensed under chapter 370 of the general statutes; (B)  
158 licensed clinical social workers or licensed master social workers,  
159 licensed under chapter 383b of the general statutes; (C) psychologists,  
160 licensed under chapter 383 of the general statutes; or (D) other persons  
161 licensed to provide behavioral health services approved by the  
162 Commissioner of Public Health, who are trained and experienced in  
163 the use of telemedicine, to provide behavioral health services through  
164 the use of telemedicine equipment to students in the school district,  
165 and (2) meet any data reporting requirements established by the  
166 Commissioner of Public Health.

167 (b) The Commissioner of Public Health, in consultation with the  
168 Commissioners of Education and Children and Families, shall  
169 establish a streamlined application process for the grant program. Any  
170 board of education or school-based health center meeting the eligibility  
171 criteria in subsection (a) of this section may apply to said program. The  
172 Commissioner of Public Health may establish reporting requirements  
173 for boards of education and school-based health centers receiving  
174 grants under the program.

175 Sec. 8. (NEW) (*Effective July 1, 2015*) (a) For the purposes described  
176 in subsection (b) of this section, the State Bond Commission shall have  
177 the power, from time to time, to authorize the issuance of bonds of the  
178 state in one or more series and in principal amounts not exceeding in  
179 the aggregate two hundred fifty thousand dollars.

180 (b) The proceeds of the sale of said bonds, to the extent of the

181 amount stated in subsection (a) of this section, shall be used by the  
182 Department of Public Health for the purpose of providing grants  
183 under the program established in section 7 of this act.

184 (c) All provisions of section 3-20 of the general statutes, or the  
185 exercise of any right or power granted thereby that are not inconsistent  
186 with the provisions of this section are hereby adopted and shall apply  
187 to all bonds authorized by the State Bond Commission pursuant to this  
188 section, and temporary notes in anticipation of the money to be  
189 derived from the sale of any such bonds so authorized may be issued  
190 in accordance with said section 3-20 of the general statutes and from  
191 time to time renewed. Such bonds shall mature at such time or times  
192 not exceeding twenty years from their respective dates as may be  
193 provided in or pursuant to the resolution or resolutions of the State  
194 Bond Commission authorizing such bonds. None of said bonds shall  
195 be authorized except upon a finding by the State Bond Commission  
196 that there has been filed with it a request for such authorization, which  
197 is signed by or on behalf of the Secretary of the Office of Policy and  
198 Management and states such terms and conditions as said commission,  
199 in its discretion, may require. Said bonds issued pursuant to this  
200 section shall be general obligations of the state and the full faith and  
201 credit of the state of Connecticut are pledged for the payment of the  
202 principal of and interest on said bonds as the same become due, and  
203 accordingly and as part of the contract of the state with the holders of  
204 said bonds, appropriation of all amounts necessary for punctual  
205 payment of such principal and interest is hereby made, and the  
206 Treasurer shall pay such principal and interest as the same become  
207 due.

208 Sec. 9. (NEW) (*Effective July 1, 2015*) Not later than January 1, 2016,  
209 and annually thereafter, the Commissioner of Public Health shall  
210 submit a report, in accordance with the provisions of section 11-4a of  
211 the general statutes, to the joint standing committees of the General  
212 Assembly having cognizance of matters relating to finance, revenue  
213 and bonding, appropriations, public health and education. Such report  
214 shall include, but need not be limited to, (1) the number of local and

215 regional boards of education and school-based health centers that  
216 applied for a grant under the program described in section 7 of this act,  
217 (2) the number of boards of education and school-based health centers  
218 that received a grant under such program, and (3) the amount of each  
219 such grant.

220 Sec. 10. (NEW) (*Effective January 1, 2016*) As used in this section,  
221 sections 11 to 15, inclusive, of this act and section 19a-14 of the general  
222 statutes, as amended by this act:

223 (1) "Behavior analysis" means the design, implementation and  
224 evaluation of environmental modifications, using behavior stimuli and  
225 consequences, including the use of direct observation, measurement  
226 and functional analysis of the relationship between the environment  
227 and behavior, to produce socially significant improvement in human  
228 behavior but does not include: (A) Psychological testing, (B)  
229 neuropsychology, (C) cognitive therapy, (D) sex therapy, (E)  
230 psychoanalysis, (F) hypnotherapy, (G) cognitive behavioral therapy,  
231 (H) psychotherapy, or (I) long-term counseling as treatment  
232 modalities;

233 (2) "Behavior analyst" means a person who is licensed to practice  
234 behavior analysis under the provisions of section 11, 12 or 14 of this  
235 act;

236 (3) "Assistant behavior analyst" means a person who is licensed to  
237 assist in the practice of behavior analysis under the supervision of, or  
238 in consultation with, a behavior analyst under the provisions of section  
239 11, 13 or 14 of this act; and

240 (4) "Behavior Analyst Certification Board" has the same meaning as  
241 defined in section 20-185i of the general statutes, or a successor of said  
242 board.

243 Sec. 11. (NEW) (*Effective January 1, 2016*) (a) No person may practice  
244 behavior analysis or assist in the practice of behavior analysis unless  
245 licensed pursuant to section 12, 13 or 14 of this act.

246 (b) No person may use the title "behavior analyst", "assistant  
247 behavior analyst" or make use of any title, words, letters or  
248 abbreviations that may reasonably be confused with licensure as a  
249 behavior analyst or assistant behavior analyst unless such person is  
250 licensed pursuant to section 12, 13 or 14 of this act.

251 (c) The provisions of this section shall not apply to a person who (1)  
252 provides behavior analysis or assists in the practice of behavior  
253 analysis while acting within the scope of practice of the person's  
254 license and training, provided the person does not hold himself or  
255 herself out to the public as a behavior analyst or assistant behavior  
256 analyst, (2) is a student enrolled in a behavior analysis educational  
257 program accredited by the Behavior Analyst Certification Board, or a  
258 graduate education program in which behavior analysis is an integral  
259 part of the student's course of study and such student is performing  
260 such behavior analysis or assisting in behavior analysis under the  
261 direct supervision of a licensed behavior analyst, or (3) is an instructor  
262 in a course approved by the Behavior Analyst Certification Board.

263 Sec. 12. (NEW) (*Effective January 1, 2016*) (a) The Commissioner of  
264 Public Health shall grant a license as a behavior analyst to any  
265 applicant who furnishes evidence satisfactory to the commissioner that  
266 such applicant is certified as a behavior analyst by the Behavior  
267 Analyst Certification Board. The commissioner shall develop and  
268 provide application forms. The application fee shall be three hundred  
269 fifty dollars.

270 (b) Licenses issued under this section may be renewed biennially.  
271 The fee for such renewal shall be one hundred seventy-five dollars.  
272 Each behavior analyst applying for license renewal shall furnish  
273 evidence satisfactory to the commissioner of having current  
274 certification with the Behavior Analyst Certification Board.

275 Sec. 13. (NEW) (*Effective January 1, 2016*) (a) The Commissioner of  
276 Public Health shall grant a license as an assistant behavior analyst to  
277 any applicant who furnishes evidence satisfactory to the commissioner  
278 that such applicant is certified as an assistant behavior analyst by the

279 Behavior Analyst Certification Board. The commissioner shall develop  
280 and provide application forms. The application fee shall be three  
281 hundred fifty dollars.

282 (b) Licenses issued under this section may be renewed biennially.  
283 The fee for such renewal shall be one hundred seventy-five dollars.  
284 Each assistant behavior analyst applying for license renewal shall  
285 furnish evidence satisfactory to the commissioner of having current  
286 certification with the Behavior Analyst Certification Board.

287 Sec. 14. (NEW) (*Effective January 1, 2016*) A person may apply for  
288 licensure by endorsement as a behavior analyst or assistant behavior  
289 analyst. Such applicant shall present evidence satisfactory to the  
290 commissioner that the applicant is licensed or certified as a behavior  
291 analyst or assistant behavior analyst, or as a person entitled to perform  
292 similar services under a different designation, in another state or  
293 jurisdiction that has requirements for practicing in such capacity that  
294 are substantially similar to, or higher than, those of this state and that  
295 there are no disciplinary actions or unresolved complaints pending.

296 Sec. 15. (NEW) (*Effective January 1, 2016*) The Commissioner of  
297 Public Health may take any disciplinary action set forth in section 19a-  
298 17 of the general statutes against a behavior analyst or assistant  
299 behavior analyst for any of the following reasons: (1) Failure to  
300 conform to the accepted standards of the profession; (2) conviction of a  
301 felony; (3) fraud or deceit in obtaining or seeking reinstatement of a  
302 license to practice behavior analysis; (4) fraud or deceit in the practice  
303 of behavior analysis; (5) negligent, incompetent or wrongful conduct in  
304 professional activities; (6) physical, mental or emotional illness or  
305 disorder resulting in an inability to conform to the accepted standards  
306 of the profession; (7) alcohol or substance abuse; or (8) wilful  
307 falsification of entries in any hospital, patient or other record  
308 pertaining to behavior analysis. The commissioner may order a license  
309 holder to submit to a reasonable physical or mental examination if his  
310 or her physical or mental capacity to practice safely is the subject of an  
311 investigation. The commissioner may petition the superior court for

312 the judicial district of Hartford to enforce such order or any action  
313 taken pursuant to section 19a-17 of the general statutes. The  
314 commissioner shall give notice and an opportunity to be heard on any  
315 contemplated action under section 19a-17 of the general statutes.

316 Sec. 16. Subsection (c) of section 19a-14 of the general statutes is  
317 repealed and the following is substituted in lieu thereof (*Effective*  
318 *January 1, 2016*):

319 (c) No board shall exist for the following professions that are  
320 licensed or otherwise regulated by the Department of Public Health:

321 (1) Speech and language pathologist and audiologist;

322 (2) Hearing instrument specialist;

323 (3) Nursing home administrator;

324 (4) Sanitarian;

325 (5) Subsurface sewage system installer or cleaner;

326 (6) Marital and family therapist;

327 (7) Nurse-midwife;

328 (8) Licensed clinical social worker;

329 (9) Respiratory care practitioner;

330 (10) Asbestos contractor and asbestos consultant;

331 (11) Massage therapist;

332 (12) Registered nurse's aide;

333 (13) Radiographer;

334 (14) Dental hygienist;

335 (15) Dietitian-Nutritionist;

- 336 (16) Asbestos abatement worker;
- 337 (17) Asbestos abatement site supervisor;
- 338 (18) Licensed or certified alcohol and drug counselor;
- 339 (19) Professional counselor;
- 340 (20) Acupuncturist;
- 341 (21) Occupational therapist and occupational therapist assistant;
- 342 (22) Lead abatement contractor, lead consultant contractor, lead  
343 consultant, lead abatement supervisor, lead abatement worker,  
344 inspector and planner-project designer;
- 345 (23) Emergency medical technician, advanced emergency medical  
346 technician, emergency medical responder and emergency medical  
347 services instructor;
- 348 (24) Paramedic;
- 349 (25) Athletic trainer;
- 350 (26) Perfusionist;
- 351 (27) Master social worker subject to the provisions of section 20-  
352 195v;
- 353 (28) Radiologist assistant, subject to the provisions of section 20-74tt;
- 354 (29) Homeopathic physician;
- 355 (30) Certified water treatment plant operator, certified distribution  
356 system operator, certified small water system operator, certified  
357 backflow prevention device tester and certified cross connection  
358 survey inspector, including certified limited operators, certified  
359 conditional operators and certified operators in training; [and]
- 360 (31) Tattoo technician;

- 361        (32) Behavior analyst; and  
 362        (33) Assistant behavior analyst.

363        The department shall assume all powers and duties normally vested  
 364        with a board in administering regulatory jurisdiction over such  
 365        professions. The uniform provisions of this chapter and chapters 368v,  
 366        369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a  
 367        and 400c, including, but not limited to, standards for entry and  
 368        renewal; grounds for professional discipline; receiving and processing  
 369        complaints; and disciplinary sanctions, shall apply, except as otherwise  
 370        provided by law, to the professions listed in this subsection.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2015</i>	New section
Sec. 2	<i>July 1, 2015</i>	New section
Sec. 3	<i>July 1, 2015</i>	New section
Sec. 4	<i>July 1, 2015</i>	17a-20a
Sec. 5	<i>July 1, 2015</i>	New section
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>July 1, 2015</i>	New section
Sec. 8	<i>July 1, 2015</i>	New section
Sec. 9	<i>July 1, 2015</i>	New section
Sec. 10	<i>January 1, 2016</i>	New section
Sec. 11	<i>January 1, 2016</i>	New section
Sec. 12	<i>January 1, 2016</i>	New section
Sec. 13	<i>January 1, 2016</i>	New section
Sec. 14	<i>January 1, 2016</i>	New section
Sec. 15	<i>January 1, 2016</i>	New section
Sec. 16	<i>January 1, 2016</i>	19a-14(c)

**Statement of Legislative Commissioners:**

In Section 9(1) and (2), "and school-based health centers" was added for internal consistency; in Section 10 "this section and sections 11 to 16, inclusive, of this act" was changed to "this section, sections 11 to 15, inclusive, of this act and section 19a-14 of the general statutes, as amended by this act" for accuracy; in Section 10(2), "sections 11 to 15, inclusive" was changed to "sections 11, 12 or 14" for accuracy; in

Section 10(3) "under the provisions of section 11, 13 or 14 of this act" was added for clarity and internal consistency; in Section 11(a) "sections 12 and 13" was changed to "section 12, 13 or 14" for accuracy; in Section 11(b) "sections 12 or 13" was changed to "section 12, 13 or 14" for accuracy; in Sections 12(b) and 13(b), "biannually" was changed to "biennially" for accuracy; and in Section 14 "licensure by endorsement" was changed to "licensure by endorsement as a behavior analyst or assistant behavior analyst" for clarity.

**PH**        *Joint Favorable Subst.*

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.

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 16 \$	FY 17 \$
Public Health, Dept.	GF - Cost	78,653	101,083
Public Health, Dept.	GF - Cost	up to 400,000	up to 400,000
Children & Families, Dept.	GF - Cost	570,000	570,000
Comptroller Misc. Accounts (Fringe Benefits) <sup>1</sup>	GF - Cost	28,653	37,679
Resources of the General Fund	GF - Revenue Gain	151,200	10,500
Treasurer, Debt Serv.	GF - Cost	None	0.23 million

Note: GF=General Fund

**Municipal Impact:**

Municipalities	Effect	FY 16 \$	FY 17 \$
Various Local and Regional School Districts	Potential Revenue Gain	See Below	See Below

**Explanation**

The bill establishes three new grant programs and requires the Department of Public Health (DPH) to license Behavior Analysts and Assistant Behavior Analysts. The sections of the bill with fiscal impact are explained below.

**Section 1** requires DPH to operate a behavioral health professional incentive grant program for five years to provide educational loans to certain mental health practitioners with specified patient ratios. It is

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<sup>1</sup>The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 38.65% of payroll in FY 16 and FY 17.

also specified that the award of such grants increase over the five-year period. The DPH distribution of the anticipated \$2 million in bond funding is projected to be distributed as follows:

	FY 16	FY 17	FY 18	FY 19	FY 20	TOTAL
<b>Percent</b>	5%	15%	20%	25%	35%	
<b>Amount \$</b>	100,000	300,000	400,000	500,000	700,000	<b>2,000,000</b>

The number of individuals that may apply for such grants over five years is unknown, but, should there be great interest, the review of these applications and determination of grant amounts may result in the need for additional DPH administrative support in FY 16 through FY 20. (See Administrative Costs Grant Programs)

**Section 2** authorizes up to \$2 million in General Obligation (GO) bond funds for the grant program established in Section 1. Assuming that this amount is allocated through the State Bond Commission during FY 16 and the Office of the State Treasurer issues the bonds before the end of FY 16, the debt service cost in FY 17 will be \$0.2 million.

**New GO Bond Authorizations and Estimated Debt Service Cost  
(in millions)**

Agency	Purpose	Authorization Amount \$	Total Debt Service Cost <sup>1</sup> \$	Interest \$	Principal \$
DPH	Behavioral health professional incentive program	2.00	1.53	0.53	1.00

<sup>1</sup>Figures assume that bonds are issued at 5.0% over 20 year term.

**Section 3** requires DPH to establish a behavioral health grant program to provide grants to local and regional boards of education so that they may employ/contract for the services of licensed clinical social workers, licensed master social workers, or psychologists—up to five full-time social workers, psychologists, or a mix thereof for a two-year period. The anticipated cost in both FY 16 and FY 17 (not

including fringe benefits) would range from \$65,000 to 400,000 depending on the type and number of positions provided. The cost of one social worker would be approximately \$65,000 and the cost of five psychologists at an average salary of \$80,000 would be \$400,000. While the number of local and regional boards of education applying for a grant that DPH will have to review is not known, additional administrative support may be needed in FY 16. (See Administrative Costs of Grant Programs)

**Section 4** amends existing statute regarding the Department of Children and Family's regional behavioral health consultation and care coordination program to include young adults up to age 26. Including this population in the current Access Mental Health program results in a fiscal impact of approximately \$570,000 to the Department of Children and Families (DCF) related to opening a new hub to serve an additional 350,000 individuals.

Beginning in FY 14, approximately \$1.5 million was budgeted to operate three hubs to serve the population group up to 18 years of age. Each regional consultation hub serves approximately 250,000 to 300,000 children and is staffed by: one child psychiatrist, one behavioral health clinician, one program coordinator, and a part time family peer specialist and team administrator. According to the *2013 American Community Survey 1-Year Estimates* (US Census Bureau), approximately 9.6% of Connecticut's population of 3,596,080 is comprised of 18 to 24 years old. The cohort of interest for the proposed program expansion is 19 to 26 year olds. Using the survey data as a proxy, the expansion of ACCESS Mental Health CT would increase the program target population by approximately 350,000. To serve this additional population, DCF would need its contractor to open a single higher capacity hub. Based on the existing staffing model at the regional hubs, the high capacity hub would cost approximately \$570,000 annually. To the extent this program expansion requires assistance from the Department of Mental Health and Addiction Services (DMHAS) as it currently supports this population, DMHAS could incur additional costs.

**Section 7** requires DPH to establish a grant program to provide funds to eligible local and regional boards of education and school-based health centers for the purchase of telemedicine equipment and software. While the number of local and regional boards of education applying for a grant that DPH will have to review is not known, additional administrative support may be needed in FY 16. (See Administrative Costs of Grant Programs)

**Section 8** authorizes up to \$250,000 in General Obligation (GO) bond funds for the grant program established in Section 7. Assuming that this amount is allocated through the State Bond Commission during FY 16 and the Office of the State Treasurer issues the bonds before the end of FY 16, the debt service cost in FY 17 will be \$0.03 million.

**New GO Bond Authorizations and Estimated Debt Service Cost  
(in millions)**

Agency	Purpose	Authorization Amount \$	Total Debt Service Cost <sup>1</sup> \$	Interest \$	Principal \$
DPH	Purchase of telemedicine equipment and software	0.25	0.38	0.13	0.25

<sup>1</sup>Figures assume that bonds are issued at 5.0% over 20 year term.

**Administrative Costs of Grant Programs**

The DPH cost for the administration of the three newly established grant programs is estimated to be \$38,395 in FY 16 and \$40,594 in FY 17. The State Comptroller - Fringe Benefits cost is \$14,067 in FY 16 and \$15,690 in FY 17. The details are shown in the table below.

**Department of Public Health (DPH) Costs**

DPH Costs	FY 16 \$	FY 17 \$
Fiscal Administrative Officer (half time)	36,395	40,594
Equipment	2,000	-

<b>Total - DPH Cost</b>		<b>38,395</b>	<b>40,594</b>
<b>State Comptroller - Fringe Benefits<sup>1</sup></b>	38.65%	14,067	15,690
<b>Total - State Cost</b>		<b>52,462</b>	<b>56,284</b>

<sup>1</sup>The total estimated active employee fringe benefit rate associated with new personnel changes for FY 16 and FY 17 is 38.65% of payroll, which includes unemployment, group life, medical insurance, social security, and active State Employees' Retirement System (SERS). Please note the figure does not include the SERS unfunded liability, retiree health, or other adjustments included in the SERS fringe benefit rate.

**Sections 11-12** require DPH to license behavior analysts and associate behavior analysts. The estimated licensure fee revenue is \$151,200 in FY 16 and \$10,500 in FY 17. The total DPH cost is \$40,258 in FY 16 and \$60,489 in FY 17 and associated OSC fringe benefit costs are \$14,586 in FY 16 and \$21,989 in FY 17. The details are shown below.

#### Licensure of Behavior Analysts and Assistant Behavior Analysts

Projected Fee Revenue		FY 16		FY 17	
	Fee \$	#	Total \$	#	Total \$
Behavior Analyst - Initial	350	381	133,350	20	7,000
Assistant Behavior Analyst - Initial	350	51	17,850	10	3,500
<b>Total - Revenue</b>		<b>432</b>	<b>151,200</b>	<b>30</b>	<b>10,500</b>
<b>Department of Public Health (DPH) Costs</b>					
Office Assistant (9/1/15 start FT to half-time)			37,738		23,233
Special Investigator (half-time)			-		33,659
Consultant Investigation Reviews			-		2,250
Equipment			2,000		1,000
Printing and Mailing			520		347
<b>Total - DPH Cost</b>			<b>40,258</b>		<b>60,489</b>
State Comptroller - Fringe Benefits <sup>1</sup>	38.65%		14,586		21,989
<b>Total - State Cost</b>			<b>54,843</b>		<b>82,477</b>
<b>NET STATE IMPACT - REVENUE GAIN/(COST)</b>			<b>96,357</b>		<b>(71,977)</b>

<sup>1</sup>The total estimated active employee fringe benefit rate associated with new personnel changes for FY 16 and FY 17 is 38.65% of payroll, which includes unemployment, group life, medical insurance, social security, and active State Employees' Retirement System (SERS). Please note the figure does not include the SERS unfunded liability, retiree health, or other adjustments included in the SERS fringe benefit rate.

#### The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation and the number of

behavior analyst and assistant behavior analyst initial and renewal licenses. The General Fund debt service impact identified above would continue over the 20 year term of issuance for the bonds.

**OLR Bill Analysis****sHB 5528*****AN ACT CONCERNING THE PROVISION OF BEHAVIORAL HEALTH SERVICES.*****SUMMARY:**

This bill makes several changes regarding the provision of behavioral health services. It establishes three new behavioral health grant programs that help:

1. certain behavioral health providers practicing in health professional shortage areas pay their student loans (§§ 1-2),
2. local and regional boards of education hire licensed social workers and psychologists (§ 3), and
3. school-based health centers and local and regional boards of education purchase telemedicine equipment (§§ 7-9).

The bill also:

1. establishes a new Department of Public Health (DPH)-administered licensure program for behavior analysts and assistant behavior analysts (§§ 10-16);
2. expands the Department of Children and Families' (DCF) regional behavioral health consultation and care coordination program to include primary care providers serving young adults up to age 25, in addition to children, and requires the Department of Mental Health and Addiction Services (DMHAS) to assist in the program's implementation (§ 4);
3. requires DPH to annually publish an informational notice for

behavioral health providers on communicating health care information among providers (§ 5); and

4. requires DPH, in consultation with the education commissioner, to study (a) the advantages of licensing board certified behavior analysts and assistant behavior analysts and (b) including them in school special education planning teams (§ 6).

EFFECTIVE DATE: July 1, 2015, except the provision on the DPH study is effective upon passage, and behavior analyst licensure provisions take effect on January 1, 2016.

## **NEW BEHAVIORAL HEALTH GRANT PROGRAMS**

### ***Behavioral Health Professional Incentive Program***

This DPH-administered program offers grants to certain behavioral health professionals to reimburse educational loans. Eligible grant recipients must be licensed (1) psychiatrists, (2) psychologists who hold a doctorate degree, (3) clinical or master social workers, (4) advanced practice registered nurses who provide psychiatric services, (5) marital and family therapists, or (6) professional counselors. These professionals' patients must be comprised of at least (1) 50% children, adolescents, or families; (2) 25% Medicaid recipients; and (3) 25% who use health insurance to pay for services. Additionally, they cannot participate in the U.S. Department of Health and Human Services' National Health Service Corps program and must practice in a Connecticut county or municipality designated as a health professional shortage area by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA).

Grant recipients are eligible for up to \$50,000 in student loan reimbursements, except for psychiatrists, who are eligible for up to \$75,000. DPH must distribute these grants over a five-year period, and the grant amount must increase each year. The bill gives the State Bond Commission the authority to authorize up to \$2 million in general obligation bonds to establish this program.

### ***Behavioral Health Grant Program***

The bill requires DPH to establish a grant program to help local and regional boards of education employ or contract for the services of a state-licensed (1) clinical or master social worker or (2) psychologist. DPH must award grants to fund up to five full-time social worker or psychologist positions for a two-year period. Eligible boards of education must (1) be located in a Connecticut health professional shortage area designated by HRSA and (2) partner with one or more boards to apply for the grant.

The DPH commissioner must solicit grant applications from boards of education located in the health professional shortage areas. Two or more boards must jointly submit applications annually to the commissioner in the manner that she prescribes.

The DPH commissioner must consider the following when determining grant awards: (1) the board of education's ratio of school psychologists or social workers to students and (2) evidence of children's and adolescents' behavioral health service needs in the local communities served by the boards of education.

The commissioner may require repayment of grants if she finds that any board has used a grant for purposes other than those for which it was awarded.

### ***Telemedicine Grant Program***

The bill requires DPH to establish a program to provide funds to local and regional boards of education and school-based health centers (SBHC) to purchase telemedicine equipment and software. (Telemedicine allows patients to receive health care services remotely using telecommunications technology.)

In order to qualify for the grants, a board of education or SBHC must enter into an agreement with one or more licensed (1) psychiatrists, (2) clinical or master social workers, (3) psychologists, or (4) other DPH-approved behavioral health providers who are trained and experienced in using telemedicine equipment to provide behavioral health services to students in the school district. Grant

recipients must also meet any data reporting requirements the DPH commissioner establishes.

The bill requires the DPH commissioner, in consultation with the education and Department of Children and Families (DCF) commissioners, to establish a streamlined application process for the grant program. She may also establish reporting requirements for grant recipients. The bill gives the State Bond Commission the authority to authorize up to \$250,000 in general obligation bonds to establish the program's application process.

By January 1, 2016, the DPH commissioner must begin annually reporting to the Finance, Appropriations, Public Health, and Education committees on the grant program. The report must include (1) the number of local and regional boards of education and SBHCs that applied for and received grants and (2) the amount of each grant received.

## **DPH DUTIES**

### ***Notice for Behavioral Health Services Providers***

The bill requires the DPH commissioner to annually publish an informational notice for behavioral health providers on communicating health care information among providers, in order to ensure continuity of health care services and compliance with state and federal patient privacy laws. The commissioner must consult with DCF and Department of Mental Health and Addiction Services (DMHAS) to accomplish this.

The notice must be posted on all three departments' websites. The DMHAS commissioner must distribute these notices to mental health services providers by fax or email.

### ***Study of Behavior Analysts and Assistant Behavior Analysts***

The bill requires the DPH commissioner to consult with the education commissioner to study the:

1. potential advantages of licensing board certified behavior

analysts and assistant behavior analysts who are credentialed by the Behavior Analyst Certification Board and

2. inclusion of board certified behavior analysts and assistant behavior analysts in school special education planning and placement teams (PPT) (see BACKGROUND).

The bill requires the DPH commissioner, by October 1, 2015, to report to the Public Health and Education committees on these studies, including:

1. any new licensure or certification categories relating to behavior analysis,
2. adding board certified behavior analysts or assistant behavior analysts on special education PPTs, and
3. incentives for people to enter the behavior analysis field.

#### **BEHAVIORAL HEALTH CONSULTATION AND CARE COORDINATION PROGRAM**

The bill expands DCF's regional behavioral health consultation and care coordination program to include primary care providers who serve young adults up to age 26, instead of just children. By law, the department must provide these primary care providers with (1) timely access to a consultation team that includes a child psychiatrist, social worker, and a care coordinator; (2) patient care coordination and transitional services for behavioral health care; and (3) training and education on patient access to behavioral health services.

The bill also requires the DCF commissioner to consult with the DMHAS commissioner to establish and implement this program.

#### **LICENSURE FOR BEHAVIOR ANALYSTS AND ASSISTANT BEHAVIOR ANALYSTS**

The bill creates a new license category for behavior analysts and assistant behavior analysts administered by DPH. Beginning January 1, 2016, the bill prohibits anyone from engaging in the practice of

behavior analysis unless they obtain a license. The bill specifies that no new regulatory board is established for behavior analysts.

### **§ 10 – Definition**

The bill defines “behavior analysis” as the design, implementation, and evaluation of environmental modifications. This type of analysis uses direct observation, measurement, and functional analysis of the relationship between the environment and behavior to produce socially significant improvement in human behavior. It does not include any of the following treatment modalities: (1) psychological testing, (2) neuropsychology, (3) cognitive therapy, (4) sex therapy, (5) psychoanalysis, (6) hypnotherapy, (7) cognitive behavioral therapy, (8) psychotherapy, or (9) long-term counseling.

It defines “behavior analyst” as a person licensed by the state to practice behavior analysis and “assistant behavior analyst” as one who is licensed by the state to practice behavior analysis under the supervision of, or in consultation with, a behavior analyst.

### **Practice of Behavior Analysis**

The bill prohibits anyone from (1) practicing behavior analysis or assisting in the practice, without a license and (2) using the title of “behavior analyst,” “assistant behavior analyst,” or any words, letters, or abbreviations that may reasonably be confused with licensure when the person lacks a license. However, these prohibitions do not apply to a person who:

1. provides behavior analysis or assists in the practice of behavior analysis while acting within the scope of practice of the person’s license and training, as long as he or she does not hold him or herself out to the public as a behavior or assistant behavior analyst;
2. is a student enrolled in (a) a behavior analysis educational program accredited by the Behavior Analyst Certification Board (see BACKGROUND) or (b) a graduate education program in which behavior analysis is an integral part of the course of

study, and the student is performing behavior analysis or assisting in behavior analysis under the direct supervision of a licensed behavior analyst, or

3. is an instructor in a course approved by the Behavior Analyst Certification Board.

### **§§ 12-13 – Licensure Requirements**

The bill requires the DPH commissioner to issue a behavior analyst or assistant behavior analyst license to an applicant who (1) pays a \$350 fee and (2) provides satisfactory evidence of certification by the Behavior Analyst Certification Board (BACB). The commissioner must develop and provide application forms.

Licenses may be renewed biennially for a fee of \$175, provided licensees continue to maintain their BACB certification (see BACKGROUND).

### **§ 14 – Licensure by Endorsement**

The bill allows the DPH commissioner to grant a license by endorsement to a behavior analyst or assistant behavior analyst applicant who is licensed or certified (or entitled to perform similar services under a different title) in another state or jurisdiction, provided that (1) the requirements for practicing are substantially similar to or higher than those in Connecticut and (2) there are no pending disciplinary actions or unresolved complaints against the applicant.

### **§ 11 – Title Protection**

The bill prohibits anyone from (1) practicing or assisting in the practice of behavior analysis or (2) using the title “behavior analyst,” “assistant behavior analyst,” or any words, letters, or abbreviations that may be reasonably be confused with these terms without a DPH-issued license.

These prohibitions do not apply to anyone who:

1. provides or assists in the practice of behavior analysis while acting within their professional scope of practice, as long as he or she does not represent him or herself publicly as a behavior or assistant behavior analyst;
2. is a student enrolled in a (a) behavior analysis educational program accredited by the BACB or (b) graduate education program in which behavior analysis is an integral part, and the student is performing or assisting in behavior analysis under the direct supervision of a licensed behavior analyst; or
3. is an instructor in a BACB-approved course.

### **§ 15 – Disciplinary Action**

The bill allows the DPH commissioner to take disciplinary action against a licensed behavior analyst or assistant behavior analyst for:

1. failure to conform to the accepted standards of the profession;
2. felony conviction;
3. fraud or deceit in (a) obtaining or seeking reinstatement of a license or (b) the practice of behavior analysis;
4. negligence, incompetence, or wrongful conduct in professional activities;
5. physical, mental, or emotional illness or disorder resulting in an inability to conform to professional standards;
6. alcohol or substance abuse; or
7. willfully falsifying entries in any hospital, patient, or other related record.

By law, disciplinary actions available to DPH include license revocation or suspension; censure; a letter of reprimand; probation; or a civil penalty. The department can also order a licensee to undergo a

reasonable physical or mental examination if there is an investigation of his or her physical or mental capacity to practice safely (CGS § 19a-17).

The bill allows the DPH commissioner to petition the Hartford Superior Court to enforce any disciplinary action it takes. The department must give the licensee notice and an opportunity to be heard before taking disciplinary action.

**BACKGROUND**

***Planning and Placement Team (PPT)***

A PPT is a group consisting of a student’s parents, teachers, and educational specialists who meet to develop and periodically review the student’s individualized education program, which lists special education services to which the student is entitled.

***Related Bill***

sSB 1089, reported favorably by the Public Health Committee, also makes many changes concerning the delivery of behavioral health services.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 27      Nay 0      (03/27/2015)