

ASSEMBLY THIRD READING
AB 2233 (Ta)
As Introduced February 19, 2026
Majority vote

SUMMARY

Prohibits a health plan or health insurer from imposing restrictions on the utilization of authorized treatment hours for pervasive developmental disorder (PDD) or autism within a behavioral health treatment (BHT) plan's six-month authorization period. Requires authorized hours to remain available for use throughout the authorization period.

COMMENTS

PDDs – now known as autism spectrum disorder (ASD) – are a group of developmental delays that affect social and communication skills. According to the California Health Benefits Review Program, ASD is characterized by deficits in social interactions and communication, sensory processing, stereotypic (repetitive) behaviors or interests, and sometimes cognitive function. The symptoms of ASD fall along a continuum, ranging from mild impairment to profound disability. ASD diagnoses are often made early in life, as individuals often demonstrate symptoms in early childhood. The cause (or causes) of ASD remain unknown, and research into genetic etiology, as well as environmental factors, continues to be explored. There is no cure for ASD; however, there is evidence that treatment, including BHT, may improve some symptoms.

California law requires BHT coverage and requires a qualified autism service provider to review a treatment plan no less than once every six months and modify whenever appropriate. This bill would prohibit health plans from restricting hours authorized under a BHT plan for the six-month period between reviews.

According to the Author

This bill will protect people with disabilities from losing coverage of essential treatment that has already been prescribed to them from a doctor and approved by a healthcare plan if they are unable to make it to an appointment. The author states that this bill will not infringe on a healthcare plan's discretion to conduct utilization reviews of the services and treatment being provided whenever appropriate. The author continues that this bill simply ensures that once care is prescribed by a doctor and approved, patients are able to use it. The author states that utilization reviews are intended to ensure appropriate care, not to undermine approved treatment through administrative design. The author argues that when patients lose authorized hours due to inflexible utilization rules, care is disrupted, progress may be delayed or reversed, and families face unnecessary stress navigating coverage limitations unrelated to medical need. The author concludes that California has long led the nation in health care consumer protections, and this bill addresses a narrow but significant gap in existing law to ensure that approved care is truly available to those who need it.

Arguments in Support

The Autism Business Association (ABA) supports this bill, stating that their members (autism providers) have observed that health plans have initiated a practice of imposing weekly caps on behavioral services. ABA argues that despite patients receiving authorizations for six-month periods, these arbitrary weekly limits restrict the delivery of necessary care. ABA continues that under this current practice, if a patient misses a session for any reason—whether due to illness,

family emergency, or provider availability—they are strictly prohibited from making up those hours later in the authorization period. ABA argues that this rigidity disrupts the continuity of care, prevents individuals from receiving the full dosage of treatment deemed medically necessary, and ultimately hinders therapeutic progress. ABA concludes that by ensuring that authorized service hours can be utilized flexibly within the authorization period, this bill protects patients from losing essential care and allows providers to deliver treatment that is both consistent and effective.

Arguments in Opposition

The Association of California Life and Health Insurance Companies (ACLHIC) and the California Association of Health Plans (CAHP) are opposed to this bill, citing significant concerns with removing a plan's ability to conduct utilization management on ABA therapy. CAHP and ACLHIC argue that this bill creates a statutory 'blind spot' that incentivizes fraudulent billing and undermines clinical safety. CAHP and ACLHIC argue the bill: (a) weakens program integrity protections, noting the bill would allow a provider to bill 80-100 hours in a week if a child misses therapy due to illness for several weeks; (b) interferes with "medical necessity" oversight, by requiring authorized hours to remain available regardless of changes in a member's condition; and (c) fails to distinguish access issues from bad actors. CAHP and ACLHIC conclude this bill removes core utilization guardrails, creates a safe harbor for bad actors to exploit the system, accelerates already unsustainable cost trends, and undermines individualized care.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, the California Department of Insurance estimates costs of \$6,000 in fiscal year (FY) 2026-27 and \$18,000 in FY 2027-28 to review policy forms and enforce the new requirements (Insurance Fund). The Department of Managed Health Care estimates minor and absorbable costs.

VOTES

ASM HEALTH: 16-0-0

YES: Bonta, Chen, Addis, Aguiar-Curry, Pacheco, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 13-0-2

YES: Wicks, Hoover, Arambula, Caloza, Dixon, Fong, Mark González, Krell, Muratsuchi, Pacheco, Pellerin, Solache, Ta

ABS, ABST OR NV: Calderon, Tangipa

UPDATED

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