
**SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**
Senator Dr. Aisha Wahab, Chair
2025 - 2026 Regular

Bill No: AB 277 **Hearing Date:** June 1, 2026
Author: Alanis
Version: January 5, 2026
Urgency: No **Fiscal:** Yes
Consultant: Anna Billy

Subject: Behavioral health centers, facilities, and programs: background checks

SUMMARY: Requires a background check for any unlicensed individual who provides behavioral health treatment, as specified. Excludes a licensee who holds a current and valid license issued by a California state licensing board that includes a fingerprint-based background check and the license is in good standing.

NOTE: *This bill is double-referred to the Senate Committee on Public Safety, second.*

Existing law:

- 1) Requires applicants to provide a full set of fingerprints for purposes of conducting criminal history record checks to all boards and bureaus, and any board or bureau may, at its discretion, obtain criminal history information from the Department of Justice and the United States Federal Bureau of Investigations. (Business & Professions Code (BPC) § 144)
- 2) Requires a business that provides services to minors to do the following:
 - a) Provide written notice, which may include a posting on the business's Internet Website, regarding the business's policies related to obtaining a criminal background check for its employees to the parent or guardian of any minor receiving those services, and whether the criminal background check includes state and federal criminal history information, and the nature of the types of offenses the business looks to identify.
 - b) Defines a "business that provides services to minors" as its primary purpose is to provide extracurricular services or programs of instruction, including, but not limited to, academic tutors and instructors, for youth under 18 years of age; has an adult employee who has supervisory or disciplinary power over a child or children; and does not include a licensed child day care facility as defined in Health and Safety Code § 15966.750. (BPC § 18950 a-d)
- 3) Requires an administrator, employee, or regular volunteer of a youth service organization to complete training in child abuse and neglect identification and training in child abuse and neglect reporting and undergo a background check pursuant to Penal Code § 11105.3 to identify and exclude any person with a history of child abuse. (BPC § 18975 (a)(b)(1))

- 4) Defines “behavioral health treatment” as professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism and that meets all the following criteria:
 - a) The treatment is prescribed by a licensed physician and surgeon or is developed by a licensed psychologist.
 - b) The treatment is provided under a treatment plan prescribed by a qualified autism provider and is administered by one of the following: a qualified autism service provider; a qualified autism service professional; a qualified autism paraprofessional.
 - c) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated and shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and be consistent with existing law to which the qualified autism provider does all of the following: describes the patient’s behavioral health impairments or developmental challenges that are to be treated; designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan’s goal and objectives, and the frequency at which the patient’s progress is evaluated and reported; provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism; and discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.
 - d) The treatment plan is not used for purposes of providing for the reimbursement of respite, daycare, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the health care service plan upon request. (HSC § 1374.73 (d)(1))
- 5) Defines “qualified autism service provider” as certified by a national entity, such as the Behavior Analyst Certification Board, with a certification that is accredited by the National Commission for Certifying Agencies who designs, supervises, or provides treatment for pervasive development disorder or autism, provided the services are within the experience and competence of the individual who is nationally certified; or is licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, speech-language pathologist or audiologist and designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee. (BPC § 4999.200)
- 6) Defines “qualified autism service professional” as an individual who provides behavioral health treatment developed and approved by a qualified autism service provider, is under the supervision of a qualified autism service provider and is either of the following: a behavioral health service provider who meets the education and experience as an Associate Behavior Analyst, Behavior Analyst, Behavior

Management Assistant, Behavior Management Consultant, or Behavior Management Program; or a psychological associate, an associate marriage and family therapist, an associate clinical worker or an associate professional clinical counselor as defined and regulated by the Board of Behavioral Sciences and Board of Psychology; has training and experience in providing services for pervasive developmental disorder or autism, as specified; or is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan. (BPC § 4999.201)

- 7) Defines “qualified autism service paraprofessional” as an unlicensed and uncertified individual who is supervised by a qualified autism service provider or qualified autism service professional at recognized standards of practice; provides treatment and implements services pursuant to a treatment plan that was developed and approved by the qualified autism service provider; meets the education and training qualifications as specified; has adequate education, training, and experience, as certified by a qualified autism service provider or an entity or group that employs qualified autism service providers; and is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan. (BPC § 4999.202).
- 8) Allows a human resource agency or an employer to request from the Department of Justice records of all convictions or any arrest pending adjudication of a person who applies for a license, employment, or volunteer position, in which they would have supervisory or disciplinary power over a minor or any person under their care. The department shall furnish the information to the requesting employer and shall also send a copy of the information to the applicant. A request for records shall include the applicant’s fingerprints, which may be taken by the requester, and any other data specified by the department. (Penal Code (PC) § 11105.3 (a)(b)(1))

This bill requires a background check for any unlicensed individual who provides behavioral health treatment for a behavioral health center, facility or program.

FISCAL EFFECT: This bill is keyed fiscal by Legislative Counsel. According to the Assembly Committee on Appropriations, the bill will result in estimated costs of at least \$1 million in the first year to DOJ for additional background checks, based on approximately 31,000 unlicensed service providers immediately impacted by this bill. Ongoing costs are unknown, but likely smaller, depending on the number of new applicants each year. These costs may be reimbursed to an unknown extent by the individuals being screened.

COMMENTS:

1. **Purpose.** This bill is sponsored by the California Association for Behavior Analysis and the Autism Business Association. According to the Author, California has been a long-time advocate for people with disabilities, but there is still work to be done. ASD has become increasingly prevalent among people of color and lower-income communities while rates of child abuse have stayed high among females and Hispanic children. The ongoing phenomenon of child abuse, specifically against children with developmental disabilities, is unacceptable, and AB 277 is an

important steppingstone to prevent bad actors from being in close proximity to vulnerable children.

2. Background.

Licensed practitioners providing Behavioral Health Treatment. The professional licensing boards within BPC regulate and license behavioral health practitioners that provide behavioral health treatment in a variety of health care settings. The professional licensing boards require their applicants to undergo a fingerprint-based state and national criminal history background which is submitted to the Department of Justice and have discretion to deny a license if the applicant has been convicted of a crime or has been subject to formal discipline within the preceding seven years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession for which the application has been made. The seven-year limitation does not apply if the applicant has been convicted of a serious felony as specified, or a financial crime classified as a felony that is directly related to the fiduciary qualifications, functions, or duties of the business or professions for which the application is made, as specified.

National Certifying Board for QAS providers. In 1998, the Behavior Analysts Certification Board (BACB), an independent, nonprofit organization that is accredited by the National Commission for Certifying Agencies (NCCA) was established to develop practice standards and procedures to certify Applied Behavior Analysis (ABA) practitioners. The BACB developed competences to practice ABA and standards for certifying practitioners based on extensive job analysis studies involving thousands of professional behavior analysts. The standards developed include degrees, coursework, supervised experiential training, and passage of an examination in behavior analysis.

According to the BACA website, they have certified more than 80,000 behavior analysts and over 200,000 behavior technicians and the standards that are used by the BACB comprise most of the behavior analyst licensure laws in the nation. The BACB certify the following programs: Registered Behavior Technician (RBT) a paraprofessional in behavioral analysis who practices under close, ongoing supervision; Board Certified Assistant Behavior Analyst (BCaBA) undergraduate professionals who practices behavior analysis under supervision; and Board-Certified Behavior Analyst (BCBA) graduate level professionals who practice independently and provide supervision for BCaBAs and RBTs. All BACB certificants must comply with BACB standards as well as continuing education requirements in order to maintain their certifications.

The qualifications to become an RBT include obtaining a high-school level education or the equivalent, be at least 18 years old, have completed 40-hours of training either by an employer, a university, or an online training program, pass a criminal background check and an abuse registry check (if applicable), that is comparable to those required for home health aides, child care professionals and teachers, no more than 180 days before paying for the RBT certification application. After completion of the required 40-hour training and no more than 90 days before submission of an RBT certification application, the applicant must demonstrate that they can competently perform the tasks outlined on the RBT Initial Competency

Assessment. There is no requirement for RBT's to obtain licensure in California. Fingerprinting is not required by the BACB, but this requirement may vary by state and organization. The BACB does not provide 40-hour training, certificates of completion or training program recommendations. An Attesting Certificant form confirming the applicants age, high school level education or equivalent, passage of a criminal background check and an abuse registry check (if applicable) must be submitted with the RBT application and in the event of an audit the applicant may be required to provide documentation to support their attestation.

This bill will require a fingerprint-based background check, (pursuant to PC § 11105.3), for any unlicensed individual who provides behavioral health treatment for a behavioral health center, facility or program.

3. **Related Legislation.** SB 874 (Weber-Pierson) requires the Department of Health Care Services to ensure that any unlicensed providers of behavioral health treatment services paid for by Medi-Cal undergo a fingerprint-based background check conducted by the Department of Justice by July 1, 2027; to convene a stakeholder workgroup to review the implementation of behavioral health treatment services in the Medi-Cal program; to release and maintain clinical guidance on the provisions of behavioral health treatment services; and submit a report to the Legislature on the provisions of behavioral health treatment services by January 1, 2029. (Status: *SB 874 is pending in the Assembly Health Committee*).

AB 375 (Nguyen) revises the definition of health care provider to include qualified autism service paraprofessionals that may provide behavioral health treatment services via telehealth. (Status: *AB 375 is also pending in this committee*).

4. **Arguments in Support.** Supporters note that the bill establishes a clear, uniform standard for safety and accountability across the state by codifying background checks for behavioral health treatment, taking a vital step to protect vulnerable populations such as children and individuals with disabilities. This legislation will promote employer accountability, strengthen public trust, and, most importantly, enhance consumer protection. Supporters state that background checks should be considered standard practice and are typically done by most centers but are not required by law, requiring background checks will help safeguard against potential risks and establish trust in the therapist-client relationship. This is important in California, where there is no licensing board or consumer protection entity to oversee behavior analysts, who provide the majority of behavioral health treatment for autism spectrum disorder.
5. **Suggested Technical Amendment.** This bill as currently drafted below references an incorrect code section for the Health and Safety Code and needs to be amended to reflect the correct code section, specifically the cross reference in Section 18980 (a) **as defined in paragraph (1) of subdivision (d) of Section 1374.73 of the Health and Safety Code.**

SUPPORT AND OPPOSITION:

Support:

Autism Business Association (co-sponsor)
California Association for Behavior Analysis (co-sponsor)
Abedi, Inc.
Association of Regional Center Agencies
Autism Behavior Services, INC
Autism Speaks
Autism Spectrum Therapies
Behavior Frontiers, LLC
California Association for Behavior Analysis
Council of Autism Service Providers (CASP)
The Arc and United Cerebral Palsy California Collaboration

Opposition:

None received

-- END --