

ASSEMBLY THIRD READING

AB 375 (Nguyen)

As Introduced February 3, 2025

Majority vote

SUMMARY

Adds qualified autism service paraprofessionals to the list of health care providers that may provide behavioral health treatment services via telehealth, thus ensuring health plans and insurers cover those services.

Major Provisions

Revises the definition of "health care provider" for purposes of Division 2 of the Business and Professions Code relating to healing arts to include a qualified autism service paraprofessional certified by a national entity, as specified.

COMMENTS

According to the Centers for Disease Control and Prevention, nearly 1 in 36 children are diagnosed with autism spectrum disorder (ASD), which affects the way they behave, communicate, interact, and learn. While there is no cure for ASD, there are several types of treatment to support daily functioning and quality of life. These include behavioral, developmental, educational, social-relational, pharmacological, and psychological approaches as well as complementary and alternative treatments. Multiple professionals provide treatment, which may be provided at school, in healthcare settings, within the community, at home, or some combination of those settings. In 2011, SB 946 (Steinberg), Chapter 650, Statutes of 2011 began requiring health plans and health insurance policies to cover behavioral health therapy provided by a qualified autism service provider, a qualified autism service professional supervised by the qualified autism service provider, or a qualified autism service paraprofessional supervised by a qualified autism service provider or professional. Qualified autism service paraprofessionals must have a high school diploma or the equivalent, have completed 30 hours of competency-based training designed by a certified behavior analyst, and have six months of experience working with developmental disabilities. Alternatively, they may have an associate's degree in either a human, social, or educational services discipline or a degree or certification related to behavior management from an accredited community college or educational institution and have six months of experience working with persons with developmental disabilities. Qualified autism service paraprofessionals are also required to be supervised by a qualified autism service provider or professional, provide treatment and implement services pursuant to a treatment plan developed and approved by a qualified autism service provider, and be employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan. Since January 1, 2021, current law has required health care service plans and health insurance policies to cover services provided by a health care provider via telehealth in the same manner as provided for in-person services. While qualified autism service providers and professionals are deemed health care providers in statute, qualified autism service paraprofessionals are not. According to the author's office, Executive Order N-43-2 temporarily required health plans and insurers to cover telehealth services provided by autism service paraprofessionals during the COVID-19 pandemic. However, since the state of emergency was lifted, the author's office reports that one of the largest national health insurance plans has stopped covering telehealth services for behavioral health treatment

for individuals with ASD. By expanding the definition of health care provider to include qualified autism service paraprofessionals, this bill would require health plans and health insurance policies to cover telehealth services provided by these providers. The author and sponsor portend that this change will fill gaps and increase access to care for individuals with ASD, particularly for those who live in rural communities or who require services in a language other than English.

According to the Author

"Every child with autism deserves access to the care they need, no matter where they live or their family's financial situation. During the COVID-19 pandemic, we saw firsthand how telehealth broke down barriers and connected families to the behavioral health services their children depend on. But now, those same families are at risk of losing coverage for autism therapy provided by qualified paraprofessionals, just because we haven't made telehealth access permanent. [This bill] makes a simple but critical fix: It ensures that qualified autism service paraprofessionals (QASPs) are formally recognized as health care providers, so the telehealth services they provide are covered. Without this change, families, especially those in rural and underserved communities, face losing access to essential therapy, forcing them into long waitlists or leaving them with no care at all. [This bill] keeps doors open for children with autism, supports working parents, and strengthens California's commitment to accessible, equitable health care."

Arguments in Support

As the sponsor of this bill, the *Autism Business Association* writes in support: The increased utilization of telehealth services has been a silver lining during these challenging times, providing essential healthcare and therapeutic interventions. Telehealth has proven to be an extremely effective and convenient mode of service delivery, particularly for families impacted by autism. [This bill] addresses a vital need for the autism community – improving accessibility to care. The provision to include qualified autism service paraprofessionals as providers who can deliver services via telehealth modalities is a progressive step. It aligns with the current healthcare innovation trends and directly tackles care accessibility issues many families face, particularly those living in remote or underserved communities.

Arguments in Opposition

There is no opposition on file.

FISCAL COMMENTS

According to the Assembly Appropriations Committee:

Costs to the Department of Developmental Services (DDS) will depend on the degree of increase in services, which is unknown but could be significant. For example, DDS estimates a 1% increase in purchase of services due to the addition of QASPPs as health care providers will increase local assistance costs by \$76,000 total fund (TF; \$51,000 General Fund (GF)) in the first year and \$152,000 TF (\$101,000 GF) for the second year and ongoing. A 10% increase would result in a cost of approximately \$760,000 TF (\$512,000 GF) in the first year and \$1.52 million TF (\$1.01 million GF) in the second year and ongoing.

No costs to the Medical Board of California, Osteopathic Medical Board of California, Department of Managed Health Care, or Department of Insurance.

VOTES

ASM BUSINESS AND PROFESSIONS: 17-0-1

YES: Berman, Flora, Ahrens, Alanis, Bains, Caloza, Chen, Elhawary, Hadwick, Haney, Irwin, Jackson, Krell, Lowenthal, Macedo, Nguyen, Pellerin

ABS, ABST OR NV: Bauer-Kahan

ASM APPROPRIATIONS: 15-0-0

YES: Wicks, Hoover, Stefani, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Bauer-Kahan, Pacheco, Pellerin, Solache, Ta, Tangipa

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