

---

**SENATE COMMITTEE ON  
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**

**Senator Dr. Aisha Wahab, Chair  
2025 - 2026 Regular**

---

<b>Bill No:</b>	AB 375	<b>Hearing Date:</b>	June 8, 2026
<b>Author:</b>	Nguyen		
<b>Version:</b>	February 3, 2025		
<b>Urgency:</b>	No	<b>Fiscal:</b>	Yes
<b>Consultant:</b>	Anna Billy		

**Subject:** Medical Practice Act: health care providers: qualified autism service paraprofessionals

**SUMMARY:** This bill adds qualified autism services paraprofessionals (QASPPs) to the definition of health care provider, requiring health insurers and health plans to cover behavioral health treatment provided by QASPPs via telehealth.

**Existing law:**

- 1) Defines a “qualified autism service paraprofessional” as the following: 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 employes 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. (Business & Professions Code (BPC) 4999.202).
- 2) Defines “health care provider” as the following: a person who is licensed under the Medical Practice Act or the Osteopathic Act; an associate marriage and family therapist or marriage and family therapist trainee; a qualified autism service provider or qualified autism service professional certified by a national entity, as specified; an associate clinical social worker; and an associate professional clinical counselor or clinical counselor trainee. (BPC § 2290.5 (a)(3)).
- 3) Defines “telehealth” as the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. (BPC § (a) (6)).
- 4) Requires a health care provider, prior to the delivery of health care via telehealth, to inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented. (BPC § 2290.5 (b)).

- 5) Specifies that all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider's license shall apply to that health care provider while providing telehealth services. (BPC § 2290.5 (g)).
- 6) Defines "behavioral health treatment" (BHT) as professional services and treatment programs, including applied behavior analysis and evidence-based behavior interventions programs that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism that meets all of the following: the treatment is prescribed by a physician or surgeon, or developed by a psychologist, as specified; the treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by any one of the following: a qualified autism service provider, a qualified autism service professional supervised by a qualified autism service provider, or a qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional. (Health & Safety Code § 1374.73 and Insurance Code § 10144.51).
- 7) Requires every health plan contract and health insurance policy that provides hospital, medical or surgical coverage to cover Behavior Health Treatment for pervasive developmental disorder or autism. Requires the coverage to be provided in the same manner and to be subject to the same requirements as provided in California's mental health parity law. (Health & Safety Code § 1374.73 and Insurance Code § 10144.51).

**This bill** revises the definition of "health care provider" to include a qualified autism service paraprofessional ensuring that behavior health treatment provided via telehealth by these providers are covered by health insurers and health care plans.

**FISCAL EFFECT:** This bill is keyed fiscal by Legislative Counsel. According to the Assembly Committee on Appropriations, the costs to the Department of Developmental Services (DDS) will depend on the degree of increase in services, which is unknown but could be significant. The Medical Board of California, Osteopathic Medical Board of California, Department of Managed Health Care, and Department of Insurance did not note any state costs.

**COMMENTS:**

1. **Purpose.** This bill is sponsored by the Autism Business Association. According to the Author, "Every child with autism deserves reliable access to essential therapy, regardless of their zip code or financial status. While the pandemic showed us how telehealth successfully connects families to vital behavioral health services, patients now face the devastating risk of losing this coverage unless remote access becomes permanent. Without this lifeline, children in rural and underserved communities will lose their care and end up stuck on long waitlists. We can solve this crisis by passing AB 375. This bill formally recognized qualified autism service paraprofessionals (QASPPs) as health care providers, ensuring insurance companies continue to cover their critical telehealth services. Beyond protecting remote access, AB 375 actively elevates the overall quality of autism care. The legislation requires proper certification, guaranteeing that only highly trained

practitioners treat our most vulnerable populations. This standard gives parents peace of mind and provides working families with the flexible care options they need to balance their jobs and their children's health. By making telehealth access permanent and enforcing strict quality standards, passing AB 375 strengthens our commitment to equitable healthcare and secures a healthier future for every child with autism."

- 2. Background.** According to the Center for Disease Control, Autism Spectrum Disorder (ASD) is a developmental disability that presents with varying degrees of severity. Some individuals experience mild cognitive impairment while others may be nonverbal. ASD usually begins before the age of 3 although it is not unusual for ASD symptoms to appear in the first year of life. Symptoms of ASD can range from problems with social communication and interaction, restricted or repetitive behaviors or interests, difficulty developing and maintaining friendships, or understanding what behaviors are expected in school or on the job. Anxiety, depression or attention-deficit/hyperactivity are common conditions for individuals that experience ASD. While diagnosing ASD can be difficult, as it is based solely on a child's developmental history and behavior, early detection and intervention services can greatly improve the development of an individual with ASD. There is no cure for ASD, however, according to the Autism Speaks website, Applied Behavioral Analysis (ABA) is considered an "evidence-based best practice treatment for symptoms of ASD by the US Surgeon General and by the American Psychological Association with more than 20 studies establishing that intensive and long term therapy using ABA principles improves outcomes for many children and adults with autism."

In 2011, the Legislature passed SB 946 (Steinberg, Chapter 560, Statutes of 2011) requiring health plans and health insurers to cover BHT for individuals with pervasive developmental disorder or autism. The bill defined BHT, including Applied Behavioral Analysis (ABA) and other behavior intervention programs, outlined the requirements for individuals providing the BHT, including qualified autism service providers, qualified autism service professionals supervised by a qualified autism service provider, and qualified autism service paraprofessionals supervised by a qualified autism service provider or qualified autism service professional.

Qualified Autism Service Paraprofessionals are unlicensed and uncertified individuals are required to have a high school diploma or the equivalent, have completed 30 hours of competency-based training designed by a qualified autism service provider, and has 6 months experience working with developmental disabilities, or possesses 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 has six months experience working with persons with developmental disabilities. QASPPs 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.

In 2019, the Legislature passed AB 744 (Aguiar-Curry, Chapter 867, Statutes of 2019) requiring health care insurers and health care plans to cover telehealth services provided by a health care provider in the same manner as in-person services. While qualified autism service providers and qualified autism service professionals are defined as health care providers in statute, QASPPs are not. During the COVID-19 pandemic, through Executive Order N-43-2, health care insurers and health care plans were required to cover behavioral health treatment via telehealth services provided by QASPP's. After the emergency orders were lifted, telehealth services for behavioral health treatment provided by QASPP's were no longer a covered service disrupting behavioral health treatment for individuals with ASD. This bill codifies Executive Order N-43-2 ensuring that telehealth services providing behavioral health treatment by QASPPs are again a covered service.

3. **Related Legislation.** AB 2246 (Ramos of 2024) was identical to this bill. (Status: *The bill was held under submission in the Assembly Committee on Appropriations*).

SB 805 (Portantino, Chapter 635, Statutes of 2023) expands the criteria for a qualified autism service professional to include a psychological associate, an associate marriage and family therapist, an associate clinical social worker, and an associate professional clinical counselor, regulated by the Board of Psychology, the Board of Behavioral Sciences, or the California Board of Occupational Therapy.

SB 562 (Portantino of 2022) would have revised and expanded the definition of behavioral health treatment for pervasive development disorder or autism to require the services and treatment are based on behavioral, developmental, relationship-based, or other evidence-based models, for the purposes of health plan and insurance mandated coverage. Expanded the definition of qualified autism service providers, professionals, and paraprofessionals and recognized the Qualified Applied Behavior Analysis Credentialing Board and the American National Standards Institute as entities that can provide certification to a qualified autism service provider. SB 562 would have prohibited the setting, location or time of treatment recommended by the qualified autism service provider from being used as the only reason to deny or reduce coverage for medically necessary services and required the setting to be consistent with the standards of care for behavioral health treatment. (Status: *The bill was vetoed by the Governor*)

4. **Arguments in Support.** The Autism Business Association writes in support, “the provisions to include qualified autism service paraprofessionals as providers who can deliver services via telehealth modalities is a progressive step, as both a cost-effective and human-centered policy that recognizes the complexities of autism care and promotes a more inclusive healthcare system.”

Alongside ABA, Autism Behavior Services, Inc., Autism Society Inland Empire and the Qualified Applied Behavior Analysis Credentialing Board (QABA) notes in support, that this bill will help close the gap in continuity of care and access to vital services for children with ASD allowing families to continue receiving the services they need and ensuring that children with ASD can continue to make progress in their development. Further, the loss of telehealth coverage has disproportionately impacted families in rural and underserved areas, exacerbating the existing

shortage of autism care providers and limiting access to critical therapy for those who need it most.

**SUPPORT AND OPPOSITION:**

Support:

Autism Business Association (sponsor)

Alongside ABA

Autism Behavior Services, INC

Autism Society Inland Empire

The Qualified Applied Behavior Analysis Credentialing Board (QABA)

Opposition:

None received

**-- END --**