THIRD READING

Bill No: AB 375
Author: Nguyen (D)
Amended: 6/1/26 in Senate
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 10-0, 6/8/26
AYES: Wahab, Choi, Archuleta, Arreguín, Caballero, Grayson, Menjivar, Niello, Smallwood-Cuevas, Strickland
NO VOTE RECORDED: Umberg

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/13/26
AYES: Cervantes, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 75-0, 1/29/26 - See last page for vote

SUBJECT: Medical Practice Act: health care providers: qualified autism service paraprofessionals

SOURCE: Autism Business Association

DIGEST: 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.

ANALYSIS:

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.

Background

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 six 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 statue, 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.

FISCAL EFFECT: Appropriation: No Fiscal Com.:Yes Local:Yes

According to the Senate Committee on Appropriations, costs are unknown, but the bill could result in potentially significant ongoing expenditure increases, ranging from the hundreds of thousands to low millions of dollars, for regional centers overseen by the Department of Developmental Services. The bill will not result in costs to the Medical Board of California, Osteopathic Medical Board of California, or California Department of Insurance.

SUPPORT: (Verified 8/14/26)

Autism Business Association (source)
Alongside ABA
Autism Behavior Services, INC
Autism Society Inland Empire
The Qualified Applied Behavior Analysis Credentialing Board

OPPOSITION: (Verified 8/14/26)

None received

ARGUMENTS IN SUPPORT: The Autism Business Association is the sponsor of the bill and 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) note 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

ASSEMBLY FLOOR: 75-0, 1/29/26
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO VOTE RECORDED: Arambula, Gipson, Ransom, Celeste Rodriguez, Valencia

Prepared by: Anna Billy / B., P. & E.D. /
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