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UNFINISHED BUSINESS

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Bill No: SB 402  
Author: Valladares (R)  
Amended: 9/5/25  
Vote: 21

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SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 11-0, 4/21/25  
AYES: Ashby, Choi, Archuleta, Arreguín, Grayson, Niello, Richardson,  
Smallwood-Cuevas, Strickland, Umberg, Weber Pierson

SENATE FLOOR: 39-0, 6/3/25  
AYES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear,  
Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez,  
Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar,  
Niello, Ochoa Bogh, Padilla, Pérez, Richardson, Rubio, Seyarto, Smallwood-  
Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener  
NO VOTE RECORDED: Reyes

ASSEMBLY FLOOR: 58-0, 9/9/25 – Roll call vote not available.

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**SUBJECT:** Health care coverage: autism

**SOURCE:** California Association for Behavioral Analysis

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**DIGEST:** This bill moves the existing statutory framework outlining the qualifications for qualified autism service providers (QAS), qualified autism service professionals (QASP), and qualified autism service paraprofessionals (QASPP) from the Health and Safety Code (HSC) and Insurance Code (IC) to the Business & Professions Code (BPC).

*Assembly Amendments* add language to avoid a chaptering conflict with AB 951, AB 280, AB 653 and SB 848.

**ANALYSIS:**

Existing law:

- 1) Requires every health plan contract and health insurance policy that provides hospital, medical or surgical coverage to cover Behavioral Health Treatment (BHT) 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. (HSC §1374.73 and IC § 10144.51)
- 2) Defines BHT 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 that meets the following criteria: treatment is prescribed by a licensed physician and surgeon, or is developed by a licensed psychologists (HSC §1374.73 and IC §10144.51)
- 3) Defines a QAS provider to mean either of the following: a person who is certified by a national entity, such as the Behavior Analyst Certification Board (BACB), with a certification that is accredited by the National Commission for Certifying Agencies (NCCA) who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person who is nationally certified; or a person who is licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist, who designs, supervises or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee. (HSC §1374.73 and IC §10144.51)
- 4) Defines a QASP as a person who provides behavioral health treatment, which may include clinical case management and case supervision under the direction and supervision of a QAS provider, is supervised by a QAS provider, and provides a treatment plan developed and approved by a QAS provider and meets either of the following requirements: a behavioral health provider who meets the education and experience qualifications recognized by the National Behavior Analyst Certification Board as a Board Certified Associate Behavior Analyst for an Associate Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program, as specified; a psychological associate, an associate marriage and family therapist, an associate clinical social worker, or an

associate professional clinical counselor, as defined and regulated by the Board of Behavioral Sciences or the Board of Psychology; has training and experience in providing services for pervasive developmental disorder or autism, as specified; is employed by the QAS providers or an entity or group that employs QAS providers responsible for the autism treatment plan. (HSC §1374.73 and IC §10144.51))

- 5) Defines a QASPP as an unlicensed and uncertified person who is supervised by a QAS provider or QASP at a level of clinical supervision that meets professionally recognized standards of practice. Provides treatment and implements services pursuant to a treatment plan developed and approved by the QAS provider. Meets the education and training qualifications, as specified. Has adequate education, training, and experience, as certified by a QAS provider or an entity that employs QAS providers and is employed by the QAS provider or an entity that employs QAS providers responsible for the autism service providers. (HSC §1374.73 and IC§10144.51)

This bill updates the code placement of the statutory framework regarding the regarding the qualifications for QAS, QASP, and QASSP providers from the HSC and IC to the BPC.

## **Background**

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 unlicensed and uncertified individuals as specified, established an Autism Advisory Task Force (Task Force) in the DMHC to develop recommendations regarding the education, training and experience requirements that unlicensed individuals providing autism services must meet to secure license from the State amongst other technical changes.

In 2013, the Task Force was established to develop recommendations that inform policy regarding behavioral health treatments for individuals with autism or PDD. The Task Force recommendations include the following; interventions that have been scientifically validated, have demonstrated clinical efficacy and have measurable outcomes; patient selection, monitoring and duration of therapy; qualifications, training, supervision of providers; adequate network of providers; and the education, training, and experience requirements that unlicensed

individuals providing autism services must meet to obtain a license from the state. The Task Force was comprised of research experts, treating providers, consumer advocates, parents of individuals with autism and other experts.

The Task Force recommendations regarding licensure noted that in order to ensure oversight of consumer safety, all top level clinicians of autism services should be licensed with the title, “Licensed Behavioral Health Practitioner.” There was no mention in the report of what constituted a top level clinician. To allow time for a licensing board to establish a new professional license, the Task Force further recommended that the license requirement not take effect until 3 years after the new professional license is established and that an interim commission be formed to implement the new license until the relevant licensing board is able to do so. This license is intended to provide an expedient pathway to licensure for both existing nationally certified Behavioral Analysts and other behavioral health treatment providers.

The report concluded that all providers of autism services be registered with the state’s Trust Line Registry, a fingerprint-based criminal background screening or a comparable system as conditions of employment by service organizations and contracting with health plans and health insurers. To qualify for the Licensed Behavioral Health Practitioner License an individual should meet all the following: certification by a national entity, such as the BACB with accreditation by the NCCA in the design, supervision, and delivery of behavior analysis; hold a Master’s or doctoral degree in behavior analysis, developmental psychology, special education or a related field determined by the appropriate licensing board; possess significant supervised experience in the development of treatment plans, and supervision of behavioral health treatment for individuals with autism; passage of an examination determined by the appropriate licensing board and letters of recommendation. Lastly, the report recommended that the license should be regulated by the California Board of Behavioral Sciences or another appropriate licensing board.

*National Certifying Boards that provide certification 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 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.

While the BACB is a primary certifying body, the Qualified Applied Behavior Analysis Credentialing Board (QABA), was established in 2012 to address the growing need to provide credentialing for behavior analysts. According to the QABA website, they are internationally accredited by ANSI and offer live-proctored online testing 24/7 making certification more accessible for clinicians. QABA oversees the certification of the entry-level Applied Behavior Analysis Technician (ABAT), the supervisory-qualified Qualified Autism Services Practitioner (QASP-S) and the masters-level Qualified Behavior Analyst (QBA) credential programs.

*National Accrediting Agencies for QAS providers.* In existing law, the defined accrediting agency for certified QAS providers, the National Commission for Certifying Agencies (NCCA) Standards for the Accreditation of Certification Programs, is recognized as the authority on accreditation standards for professional certification programs and has accredited more than 315 programs from more than 130 organizations. The NCCA Standards were developed to help ensure the health, welfare, and safety of the public and highlight the essential elements of a high-quality program. The NCCA's peer review process establishes and evaluates accreditation standards and compliance, recognizes, monitors and enforces compliance within programs and serves as a resource on quality certification.

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

**SUPPORT:** (Verified 8/29/25)

California Association for Behavior Analysis (source)

Advanced Behavioral Pathways

Association of Professional Behavior Analysts

Beachmont Behavioral Health, Inc.

Bluesprig Pediatrics

Community Autism Services, a Division of the Stepping Stones Group

Council of Autism Service Providers

Educational & Behavioral Services, LLC

Positive Approaches, Inc

Therapeutic Pathways

16 individuals and service providers

**OPPOSITION:** (Verified 8/29/25)

A Change in Trajectory  
Acceleration Behavioral Therapies  
Applied Behavior Consultants, Inc.  
Autism Behavior Services, Inc.  
Autism Society Inland Empire, Inc.  
Behavioral Intervention Association  
Behavioral Support Partnership  
Bloom Behavioral Health, Inc.  
Butterfly Effects, LLC  
California Academy of Child and Adolescent Psychiatry  
Cherry Crisp Entertainment and Productions  
DIR/Floortime Coalition of California  
Greenhouse Therapy Center  
Hearts of ABA  
Kids Connection Developmental Therapy Center  
Morning Star ABA Therapy  
Positive Development  
Qualified Applied Behavioral Analysis Credentialing Board  
24 individuals and service providers

**ARGUMENTS IN SUPPORT:** Supporters contend that the requirements for healing arts providers and licensure fall under the jurisdiction of the BPC and moving behavior health treatment provider qualifications to BPC aligns with how other behavioral health care providers are categorized and regulated in California law.

**ARGUMENTS IN OPPOSITION:** Opponents argue that moving autism service providers to the BPC offers no benefit to practitioners and service recipients and will create administrative burdens, unnecessary disruptions and impede the ability of practitioners to deliver care effectively.

Prepared by: Anna Billy / B., P. & E.D. /  
9/9/25 12:35:11

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