

**ASSEMBLY BILL**

**No. 951**

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**Introduced by Assembly Member Ta**

February 20, 2025

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An act to amend Section 1374.73 of the Health and Safety Code, and to amend Section 10144.51 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 951, as introduced, Ta. Health care coverage: behavioral diagnoses.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism.

This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder or autism to receive a rediagnosis to maintain coverage for behavioral health treatment for their condition. The bill would require a treatment plan to be made available to the plan or insurer upon request. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 1374.73 of the Health and Safety Code  
2     is amended to read:

3     1374.73. (a) (1) Every health care service plan contract that  
4     provides hospital, medical, or surgical coverage shall also provide  
5     coverage for behavioral health treatment for pervasive  
6     developmental disorder or autism no later than July 1, 2012. The  
7     coverage shall be provided in the same manner and shall be subject  
8     to the same requirements as provided in Section 1374.72.

9     (2) Notwithstanding paragraph (1), as of the date that *the*  
10    proposed final rulemaking for essential health benefits is issued,  
11    this section does not require any benefits to be provided that exceed  
12    the essential health benefits that all health plans will be required  
13    by federal regulations to provide under Section 1302(b) of the  
14    federal Patient Protection and Affordable Care Act (Public Law  
15    111-148), as amended by the federal Health Care and Education  
16    Reconciliation Act of 2010 (Public Law 111-152).

17    (3) This section shall not affect services for which an individual  
18    is eligible pursuant to Division 4.5 (commencing with Section  
19    4500) of the Welfare and Institutions Code or Title 14  
20    (commencing with Section 95000) of the Government Code.

21    (4) This section shall not affect or reduce any obligation to  
22    provide services under an individualized education program, as  
23    defined in Section 56032 of the Education Code, or an individual  
24    service plan, as described in Section 5600.4 of the Welfare and  
25    Institutions Code, or under the federal Individuals with Disabilities  
26    Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing  
27    regulations.

28    (b) Every health care service plan subject to this section shall  
29    maintain an adequate network that includes qualified autism service  
30    providers who supervise or employ qualified autism service

professionals or paraprofessionals who provide and administer behavioral health treatment. A health care service plan is not prevented from selectively contracting with providers within these requirements.

*(c) (1) A health care service plan contract issued, amended, or renewed on or after January 1, 2026, shall not require an enrollee previously diagnosed with pervasive developmental disorder or autism to receive a rediagnosis to maintain coverage for behavioral health treatment for pervasive developmental disorder or autism.*

*(2) This subdivision does not prohibit or restrict a treating provider from reevaluating an enrollee for purposes of determining the appropriate treatment. The treatment plan shall be made available to the health care service plan upon request.*

*(3) This subdivision does not prohibit a treating provider from prescribing a rediagnosis at the discretion of the physician licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.*

*(4) A health care service plan shall not discontinue or delay existing treatment while waiting for a rediagnosis to be completed.*

*(5) This subdivision does not prohibit a health care service plan from requiring utilization review. For the purpose of this section, utilization review is distinct from a rediagnosis.*

~~(e)~~

*(d) For the purposes of this section, the following definitions shall apply:*

*(1) "Behavioral health treatment" means 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 meet all of the following criteria:*

*(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.*

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

- (i) A qualified autism service provider.
- (ii) A qualified autism service professional supervised by the qualified autism service provider.
- (iii) A qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional.

(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. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

- (i) Describes the patient's behavioral health impairments or developmental challenges that are to be treated.
- (ii) 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.
- (iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.
- (iv) 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 or for the reimbursement of respite, ~~day care~~, *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.

(2) "Pervasive developmental disorder or autism" shall have the same meaning and interpretation as used in Section 1374.72.

(3) "Qualified autism service provider" means either of the following:

(A) A person who is certified by a national entity, such as the Behavior Analyst Certification Board, with a certification that is

1 accredited by the National Commission for Certifying Agencies,  
2 and who designs, supervises, or provides treatment for pervasive  
3 developmental disorder or autism, provided the services are within  
4 the experience and competence of the person who is nationally  
5 certified.

6 (B) A person licensed as a physician and surgeon, physical  
7 therapist, occupational therapist, psychologist, marriage and family  
8 therapist, educational psychologist, clinical social worker,  
9 professional clinical counselor, speech-language pathologist, or  
10 audiologist pursuant to Division 2 (commencing with Section 500)  
11 of the Business and Professions Code, who designs, supervises,  
12 or provides treatment for pervasive developmental disorder or  
13 autism, provided the services are within the experience and  
14 competence of the licensee.

15 (4) “Qualified autism service professional” means an individual  
16 who meets all of the following criteria:

17 (A) Provides behavioral health treatment, which may include  
18 clinical case management and case supervision under the direction  
19 and supervision of a qualified autism service provider.

20 (B) Is supervised by a qualified autism service provider.

21 (C) Provides treatment pursuant to a treatment plan developed  
22 and approved by the qualified autism service provider.

23 (D) Is either of the following:

24 (i) A behavioral service provider who meets the education and  
25 experience qualifications described in Section 54342 of Title 17  
26 of the California Code of Regulations for an Associate Behavior  
27 Analyst, Behavior Analyst, Behavior Management Assistant,  
28 Behavior Management Consultant, or Behavior Management  
29 Program.

30 (ii) A psychological associate, an associate marriage and family  
31 therapist, an associate clinical social worker, or an associate  
32 professional clinical counselor, as defined and regulated by the  
33 Board of Behavioral Sciences or the Board of Psychology.

34 (E) (i) Has training and experience in providing services for  
35 pervasive developmental disorder or autism pursuant to Division  
36 4.5 (commencing with Section 4500) of the Welfare and  
37 Institutions Code or Title 14 (commencing with Section 95000)  
38 of the Government Code.

39 (ii) If an individual meets the requirement described in clause  
40 (ii) of subparagraph (D), the individual shall also meet the criteria

1 set forth in the regulations adopted pursuant to Section 4686.4 of  
2 the Welfare and Institutions Code for a Behavioral Health  
3 Professional.

4 (F) Is employed by the qualified autism service provider or an  
5 entity or group that employs qualified autism service providers  
6 responsible for the autism treatment plan.

7 (5) “Qualified autism service paraprofessional” means an  
8 unlicensed and uncertified individual who meets all of the  
9 following criteria:

10 (A) Is supervised by a qualified autism service provider or  
11 qualified autism service professional at a level of clinical  
12 supervision that meets professionally recognized standards of  
13 practice.

14 (B) Provides treatment and implements services pursuant to a  
15 treatment plan developed and approved by the qualified autism  
16 service provider.

17 (C) Meets the education and training qualifications described  
18 in Section 54342 of Title 17 of the California Code of Regulations.

19 (D) Has adequate education, training, and experience, as  
20 certified by a qualified autism service provider or an entity or  
21 group that employs qualified autism service providers.

22 (E) Is employed by the qualified autism service provider or an  
23 entity or group that employs qualified autism service providers  
24 responsible for the autism treatment plan.

25 (6) “*Rediagnosis*” means a subsequent undertaking by any  
26 method, device, or procedure, whether gratuitous or not, to  
27 ascertain or establish if a person is suffering from a physical or  
28 mental health disorder, pursuant to Section 2038 of the Business  
29 and Professions Code. “*Rediagnosis*” also means prescription of  
30 a subsequent diagnosis of pervasive developmental disorders or  
31 autism to ascertain or establish if a person is suffering from a  
32 pervasive developmental disorder or autism.

33 (7) “*Utilization review*” means utilization review or utilization  
34 management functions that prospectively, retrospectively, or  
35 concurrently review and approve, modify, or deny, based in whole  
36 or in part on medical necessity to cure and relieve, treatment  
37 recommendations by physicians licensed pursuant to Chapter 5  
38 (commencing with Section 2000) of Division 2 of the Business and  
39 Professions Code before, after, or concurrent with the provision  
40 of medical treatment services. “*Utilization review*” refers to an

1 *evaluation of existing treatment to ensure an enrollee receives the*  
2 *proper care at the proper time.*

3 ~~(d)~~

4 (e) This section shall not apply to the following:

5 (1) A specialized health care service plan that does not deliver  
6 mental health or behavioral health services to enrollees.

7 (2) A health care service plan contract in the Medi-Cal program  
8 (Chapter 7 (commencing with Section 14000) of Part 3 of Division  
9 9 of the Welfare and Institutions Code).

10 ~~(e)~~

11 (f) This section does not limit the obligation to provide services  
12 under Section 1374.72.

13 ~~(f)~~

14 (g) As provided in Section 1374.72 and in paragraph (1) of  
15 subdivision (a), in the provision of benefits required by this section,  
16 a health care service plan may utilize case management, network  
17 providers, utilization review techniques, prior authorization,  
18 copayments, or other cost sharing.

19 SEC. 2. Section 10144.51 of the Insurance Code is amended  
20 to read:

21 10144.51. (a) (1) Every health insurance policy shall also  
22 provide coverage for behavioral health treatment for pervasive  
23 developmental disorder or autism no later than July 1, 2012. The  
24 coverage shall be provided in the same manner and shall be subject  
25 to the same requirements as provided in Section 10144.5.

26 (2) Notwithstanding paragraph (1), as of the date that *the*  
27 proposed final rulemaking for essential health benefits is issued,  
28 this section does not require any benefits to be provided that exceed  
29 the essential health benefits that all health insurers will be required  
30 by federal regulations to provide under Section 1302(b) of the  
31 federal Patient Protection and Affordable Care Act (Public Law  
32 111-148), as amended by the federal Health Care and Education  
33 Reconciliation Act of 2010 (Public Law 111-152).

34 (3) This section shall not affect services for which an individual  
35 is eligible pursuant to Division 4.5 (commencing with Section  
36 4500) of the Welfare and Institutions Code or Title 14  
37 (commencing with Section 95000) of the Government Code.

38 (4) This section shall not affect or reduce any obligation to  
39 provide services under an individualized education program, as  
40 defined in Section 56032 of the Education Code, or an individual

1 service plan, as described in Section 5600.4 of the Welfare and  
2 Institutions Code, or under the federal Individuals with Disabilities  
3 Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing  
4 regulations.

5 (b) Pursuant to Article 6 (commencing with Section 2240) of  
6 Subchapter 2 of Chapter 5 of Title 10 of the California Code of  
7 Regulations, every health insurer subject to this section shall  
8 maintain an adequate network that includes qualified autism service  
9 providers who supervise or employ qualified autism service  
10 professionals or paraprofessionals who provide and administer  
11 behavioral health treatment. A health insurer is not prevented from  
12 selectively contracting with providers within these requirements.

13 (c) (1) *A health insurance policy issued, amended, or renewed*  
14 *on or after January 1, 2026, shall not require an insured previously*  
15 *diagnosed with pervasive developmental disorder or autism to*  
16 *receive a rediagnosis to maintain coverage for behavioral health*  
17 *treatment for pervasive developmental disorder or autism.*

18 (2) *This subdivision does not prohibit or restrict a treating*  
19 *provider from reevaluating an insured for purposes of determining*  
20 *the appropriate treatment. The treatment plan shall be made*  
21 *available to the insurer upon request.*

22 (3) *This subdivision does not prohibit a treating provider from*  
23 *prescribing a rediagnosis at the discretion of the physician licensed*  
24 *pursuant to Chapter 5 (commencing with Section 2000) of Division*  
25 *2 of the Business and Professions Code or a psychologist licensed*  
26 *pursuant to Chapter 6.6 (commencing with Section 2900) of*  
27 *Division 2 of the Business and Professions Code.*

28 (4) *A health insurer shall not discontinue or delay existing*  
29 *treatment while waiting for a rediagnosis to be completed.*

30 (5) *This subdivision does not prohibit a health insurer from*  
31 *requiring utilization review. For the purpose of this section,*  
32 *utilization review is distinct from a rediagnosis.*

33 (e)

34 (d) For the purposes of this section, the following definitions  
35 shall apply:

36 (1) “Behavioral health treatment” means professional services  
37 and treatment programs, including applied behavior analysis and  
38 evidence-based behavior intervention programs, that develop or  
39 restore, to the maximum extent practicable, the functioning of an



1 individual with pervasive developmental disorder or autism, and  
2 that meet all of the following criteria:

3 (A) The treatment is prescribed by a physician and surgeon  
4 licensed pursuant to Chapter 5 (commencing with Section 2000)  
5 of, or is developed by a psychologist licensed pursuant to Chapter  
6 6.6 (commencing with Section 2900) of, Division 2 of the Business  
7 and Professions Code.

8 (B) The treatment is provided under a treatment plan prescribed  
9 by a qualified autism service provider and is administered by one  
10 of the following:

11 (i) A qualified autism service provider.

12 (ii) A qualified autism service professional supervised by the  
13 qualified autism service provider.

14 (iii) A qualified autism service paraprofessional supervised by  
15 a qualified autism service provider or qualified autism service  
16 professional.

17 (C) The treatment plan has measurable goals over a specific  
18 timeline that is developed and approved by the qualified autism  
19 service provider for the specific patient being treated. The treatment  
20 plan shall be reviewed no less than once every six months by the  
21 qualified autism service provider and modified whenever  
22 appropriate, and shall be consistent with Section 4686.2 of the  
23 Welfare and Institutions Code pursuant to which the qualified  
24 autism service provider does all of the following:

25 (i) Describes the patient's behavioral health impairments or  
26 developmental challenges that are to be treated.

27 (ii) Designs an intervention plan that includes the service type,  
28 number of hours, and parent participation needed to achieve the  
29 plan's goal and objectives, and the frequency at which the patient's  
30 progress is evaluated and reported.

31 (iii) Provides intervention plans that utilize evidence-based  
32 practices, with demonstrated clinical efficacy in treating pervasive  
33 developmental disorder or autism.

34 (iv) Discontinues intensive behavioral intervention services  
35 when the treatment goals and objectives are achieved or no longer  
36 appropriate.

37 (D) The treatment plan is not used for purposes of providing or  
38 for the reimbursement of respite, ~~day care~~, *daycare*, or educational  
39 services and is not used to reimburse a parent for participating in

1 the treatment program. The treatment plan shall be made available  
2 to the insurer upon request.

3 (2) “Pervasive developmental disorder or autism” shall have  
4 the same meaning and interpretation as used in Section 10144.5.

5 (3) “Qualified autism service provider” means either of the  
6 following:

7 (A) A person who is certified by a national entity, such as the  
8 Behavior Analyst Certification Board, with a certification that is  
9 accredited by the National Commission for Certifying Agencies,  
10 and who designs, supervises, or provides treatment for pervasive  
11 developmental disorder or autism, provided the services are within  
12 the experience and competence of the person who is nationally  
13 certified.

14 (B) A person licensed as a physician and surgeon, physical  
15 therapist, occupational therapist, psychologist, marriage and family  
16 therapist, educational psychologist, clinical social worker,  
17 professional clinical counselor, speech-language pathologist, or  
18 audiologist pursuant to Division 2 (commencing with Section 500)  
19 of the Business and Professions Code, who designs, supervises,  
20 or provides treatment for pervasive developmental disorder or  
21 autism, provided the services are within the experience and  
22 competence of the licensee.

23 (4) “Qualified autism service professional” means an individual  
24 who meets all of the following criteria:

25 (A) Provides behavioral health treatment, which may include  
26 clinical case management and case supervision under the direction  
27 and supervision of a qualified autism service provider.

28 (B) Is supervised by a qualified autism service provider.

29 (C) Provides treatment pursuant to a treatment plan developed  
30 and approved by the qualified autism service provider.

31 (D) Is either of the following:

32 (i) A behavioral service provider who meets the education and  
33 experience qualifications described in Section 54342 of Title 17  
34 of the California Code of Regulations for an Associate Behavior  
35 Analyst, Behavior Analyst, Behavior Management Assistant,  
36 Behavior Management Consultant, or Behavior Management  
37 Program.

38 (ii) A psychological associate, an associate marriage and family  
39 therapist, an associate clinical social worker, or an associate

1 professional clinical counselor, as defined and regulated by the  
2 Board of Behavioral Sciences or the Board of Psychology.

3 (E) (i) Has training and experience in providing services for  
4 pervasive developmental disorder or autism pursuant to Division  
5 4.5 (commencing with Section 4500) of the Welfare and  
6 Institutions Code or Title 14 (commencing with Section 95000)  
7 of the Government Code.

8 (ii) If an individual meets the requirement described in clause  
9 (ii) of subparagraph (D), the individual shall also meet the criteria  
10 set forth in the regulations adopted pursuant to Section 4686.4 of  
11 the Welfare and Institutions Code for a Behavioral Health  
12 Professional.

13 (F) Is employed by the qualified autism service provider or an  
14 entity or group that employs qualified autism service providers  
15 responsible for the autism treatment plan.

16 (5) “Qualified autism service paraprofessional” means an  
17 unlicensed and uncertified individual who meets all of the  
18 following criteria:

19 (A) Is supervised by a qualified autism service provider or  
20 qualified autism service professional at a level of clinical  
21 supervision that meets professionally recognized standards of  
22 practice.

23 (B) Provides treatment and implements services pursuant to a  
24 treatment plan developed and approved by the qualified autism  
25 service provider.

26 (C) Meets the education and training qualifications described  
27 in Section 54342 of Title 17 of the California Code of Regulations.

28 (D) Has adequate education, training, and experience, as  
29 certified by a qualified autism service provider or an entity or  
30 group that employs qualified autism service providers.

31 (E) Is employed by the qualified autism service provider or an  
32 entity or group that employs qualified autism service providers  
33 responsible for the autism treatment plan.

34 (6) “Rediagnosis” means a subsequent undertaking by any  
35 method, device, or procedure, whether gratuitous or not, to  
36 ascertain or establish if a person is suffering from a physical or  
37 mental health disorder, pursuant to Section 2038 of the Business  
38 and Professions Code. “Rediagnosis” also means prescription of  
39 a subsequent diagnosis of pervasive developmental disorders or

1 autism to ascertain or establish if a person is suffering from a  
2 pervasive developmental disorder or autism.

3 (7) “Utilization review” means utilization review or utilization  
4 management functions that prospectively, retrospectively, or  
5 concurrently review and approve, modify, or deny, based in whole  
6 or in part on medical necessity to cure and relieve, treatment  
7 recommendations by physicians licensed pursuant to Chapter 5  
8 (commencing with Section 2000) of Division 2 of the Business and  
9 Professions Code before, after, or concurrent with the provision  
10 of medical treatment services. “Utilization review” refers to an  
11 evaluation of existing treatment to ensure an enrollee receives the  
12 proper care at the proper time.

13 ~~(d)~~

14 (e) This section shall not apply to the following:

15 (1) A specialized health insurance policy that does not cover  
16 mental health or behavioral health services or an ~~accident only~~,  
17 ~~accident-only~~, specified disease, hospital indemnity, or Medicare  
18 supplement policy.

19 (2) A health insurance policy in the Medi-Cal program (Chapter  
20 7 (commencing with Section 14000) of Part 3 of Division 9 of the  
21 Welfare and Institutions Code).

22 ~~(e)~~

23 (f) This section does not limit the obligation to provide services  
24 under Section 10144.5.

25 ~~(f)~~

26 (g) As provided in Section 10144.5 and in paragraph (1) of  
27 subdivision (a), in the provision of benefits required by this section,  
28 a health insurer may utilize case management, network providers,  
29 utilization review techniques, prior authorization, copayments, or  
30 other cost sharing.

31 SEC. 3. No reimbursement is required by this act pursuant to  
32 Section 6 of Article XIII B of the California Constitution because  
33 the only costs that may be incurred by a local agency or school  
34 district will be incurred because this act creates a new crime or  
35 infraction, eliminates a crime or infraction, or changes the penalty  
36 for a crime or infraction, within the meaning of Section 17556 of  
37 the Government Code, or changes the definition of a crime within

1 the meaning of Section 6 of Article XIII B of the California  
2 Constitution.

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