

Date of Hearing: April 23, 2024

ASSEMBLY COMMITTEE ON HIGHER EDUCATION

Mike Fong, Chair

AB 2510 (Arambula) – As Amended April 15, 2024

SUBJECT: Dental care for people with developmental disabilities

SUMMARY: Requires the Department of Developmental Services (DDS) to contract with with a dental school or college in the state, as specified, to establish a statewide program centered in the state’s regional centers. Specifically, **this bill:**

- 1) Specifies that, by July 1, 2026, DDS must enter into a contract with a dental school or college for the purpose of establishing a statewide program centered in the state’s regional centers, as specified. The contract will expire on June 30, 2031.
- 2) Requires the dental school or college must meet all of the following criteria:
 - a) It a public entity located in the state;
 - b) It is approved by the Dental Board of California or the Commission on Dental Accreditation of the American Dental Association; and,
 - c) It has faculty with a demonstrated record of working with multiple regional centers in the state in programs that have developed and implemented community-based dental care programs that use teledentistry-supported systems to bring dental care to people with developmental disabilities in community settings and improve oral health in those settings.
- 3) The purpose of the statewide program established pursuant to subdivision (a) shall be to improve the provision of dental care services to people with developmental and intellectual disabilities, and specifically to prevent or reduce the need for developmental services consumers to receive dental treatment using sedation and general anesthesia. The dental school or college shall establish an Oral Health for People with Disabilities Technical Assistance Center to do all of the following:
 - a) Provide practical experience, systems development, and expertise in relevant subject areas;
 - b) Work with regional centers to engage their participation;
 - c) Enlist dental offices and clinics to participate and establish teams of community-based allied personnel and dentists to work with each participating regional center;
 - d) Design and support customized systems in each community in conjunction with the local oral health community and regional center personnel;

- e) Provide initial and ongoing training, monitoring, and a support system for participating oral health personnel, including, but not limited to, dental offices and clinics, and dentists and allied dental personnel;
 - f) Provide initial and ongoing training, monitoring, and a support system for regional center personnel;
 - g) Monitor and support development and sustainability of the systems for each regional center;
 - h) Organize and direct a statewide advisory committee and learning community; and,
 - i) Collect and analyze program data with the support of participating regional centers and oral health providers.
- 4) Specifies that, for the duration of the contract period, DDS must submit to the Legislature an annual report of the data, as specified.
- 5) Declares that, to implement this section, DDS may enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis. Contracts entered into or amended pursuant to this subdivision shall be exempt, as specified.
- 6) Requires participating regional centers to have the following program responsibilities:
- a) Designate a lead person at each regional center with responsibility for duties related to this article;
 - b) Establish vendor agreements with interested oral health professionals;
 - c) Identify consumers who can benefit from the program, especially those who are already experiencing long wait times for dental care using sedation or general anesthesia, or those who are likely to experience long wait times in the future;
 - d) Provide social, medical, and consent history and information needed for a referral to a participating oral health professional;
 - e) Provide referrals to participating oral health professionals; and,
 - f) Monitor program and individual consumer activity and progress.
- 7) Requires DDS to work with the technical assistance center to do all of the following:
- a) Provide guidance for regional centers regarding their participation in various aspects of the program, including the use of specialized therapeutic services payments;
 - b) Provide guidance and establish protocols to support the program, including detailed clarification of payment for the various components of the program, workflow, and purchase-of-service authorizations and payments; and,

- c) Provide guidance and technical assistance for regional centers to streamline the vendorization process for dental professionals.
- 8) Requires DDS to establish procedures for regional center directors, or their designees, for participation in the program and allow aggregation and publication by the center of deidentified results data.
- 9) Permits DDS to consult and share information with other state entities as necessary to implement this article.
- 10) Requires DDS to adopt regulations as necessary to implement this article.
- 11) Makes various findings and declarations.

EXISTING LAW:

- 1) Establishes an entitlement to services for individuals with developmental disabilities under the Lanterman Developmental Disabilities Services Act (Lanterman Act). (Welfare and Institutions Code [WIC] Section 4500 et seq.)
- 2) Grants all individuals with developmental disabilities, among all other rights and responsibilities established for any individual by the United States Constitution and laws and the California Constitution and laws, the right to treatment and habilitation services and supports in the least restrictive environment. (WIC Section 4502)
- 3) Establishes a system of nonprofit regional centers throughout the state to identify needs and coordinate services for eligible individuals with developmental disabilities and requires DDS to contract with regional centers to provide case management services and arrange for or purchase services that meet the needs of individuals with developmental disabilities, as defined. (WIC Section 4620 et seq.)

FISCAL EFFECT: Unknown

COMMENTS: *Purpose.* According to the author, “People with disabilities should have access to quality and timely dental care to prevent dental disease. Access to preventative dental care is critical for the prevention of chronic illness. Deferred or avoided oral health treatment is linked not only to tooth decay, but depression, cardiovascular disease, diabetes, respiratory infection, and adverse pregnancy outcomes.”

“People with complex medical, physical, cognitive, or behavioral health challenges are the most vulnerable to delayed dental care. These people often require extra time and attention for routine and preventative care. Unfortunately, there are not enough oral health providers with the expertise to serve these patients effectively. This has led many people with disabilities to be placed on waitlists that are months or years long or to simply go without routine dental care.”

Background. The Lanterman Developmental Disabilities Act originally became statute in 1969. The Lanterman Act provides entitlement to services and supports for individuals three years of age and older who have a qualifying developmental disability. Qualifying disabilities include autism, epilepsy, cerebral palsy, intellectual disabilities, and other conditions closely related to

intellectual disabilities that require similar treatment. To qualify, an individual must have a disability that is substantial that began before they attained 18 years of age and is expected to be lifelong. There are no income-related eligibility criteria. Direct responsibility for implementation of the Lanterman Act's service system is shared by DDS and a statewide network of 21 regional centers, which are private, community-based nonprofit entities, that contract with DDS to carry out many of the state's responsibilities.

As of August 2023, the 21 regional centers served 459,395 consumers, providing services such as: information and referral; assessment and diagnosis; counseling; lifelong individualized planning and service coordination; purchase of necessary services included in the individual program plan (IPP); resource development; outreach; assistance in finding and using community and other resources; advocacy for the protection of legal, civil, and service rights; early intervention services for at risk infants and their families; genetic counseling; family support; planning, placement, and monitoring for 24-hour out-of-home care; training and educational opportunities for individuals and families; and, community education about developmental disabilities. Regional centers services vary at each location. One location might offer one program and the next might offer what they consider an alternative or offer nothing comparable. Geographically, regional centers' spending also varies.

Dental Care for Individuals with Developmental Disorders. Dental services are coordinated through regional centers just like other services. Most regional centers employ a "dental coordinator." Dental coordinators are responsible for expanding the network of dental providers willing to serve DDS consumers, helping providers with the Medi-Cal Dental Program (Denti-Cal) administration, conducting consumer case reviews, helping individual consumers find providers, training consumers and residential care providers on oral hygiene, and coordinating desensitization.

Regional center consumers receive less dental services than the general population which causes more complex dental problems due to neglect of addressing early problems. Dentists and dental hygienists receive limited training in school and through continuing education courses on how to serve individuals with developmental disabilities. This contributes to the lack of access. According to a dental association, there are only 14 dental schools and surgery centers in California that can handle special needs patients.

Related and Prior legislation. AB 1876 (Jackson) of this current legislative session, removes the June 30, 2024, sunset for remote IPP and individualized family service plan (IFSP) meetings; thereby, permits remote IPP and IFSP meetings indefinitely. This bill is pending hearing in the Assembly Committee on Appropriations.

AB 649 (Wilson) of 2023, would have permitted regional centers to purchase services that would otherwise be available from other specified means when a consumer or a consumer's representative chooses not to pursue coverage despite eligibility. AB 649 was held on the Assembly Appropriations Committee suspense file.

AB 1957 (Wilson), Chapter 314, Statutes of 2022, added additional data points to the set of data that DDS and regional centers must report. These additional data mostly relate to services that were cut during the pandemic and recently restored, including social recreation, camping, educational services, and nonmedical therapies such as art, dance, and music. AB 1957 also added untimely translations of an IPP in a threshold language to be included in the set of data.

AB 1 X2 (Thurmond), Chapter 3, Statutes of 2016, second extraordinary session, authorized the Service Access and Equity grant program through which \$11 million in ongoing General Fund resources for DDS was provided to assist regional centers in reducing purchase of service disparities.

REGISTERED SUPPORT / OPPOSITION:

Support

California Dental Association
California Disability Services Association
Children's Choice Dental Care
Creative Medi-cal Solutions of Sacramento, LLC
East Bay Legislative Coalition
Loretta's Little Miracles
The Arc and United Cerebral Palsy California Collaboration

Opposition

None on file.

Analysis Prepared by: Kevin J. Powers / HIGHER ED. / (916) 319-3960