Date of Hearing: April 8, 2025

ASSEMBLY COMMITTEE ON HIGHER EDUCATION
Mike Fong, Chair
AB 341 (Arambula) – As Introduced January 28, 2025

[Note: This bill is double-referred to the Assembly Committee on Human Services and will be heard by that Committee as it relates to issues under its jurisdiction.]

SUBJECT: Oral Health for People with Disabilities Technical Assistance Center Program

SUMMARY: Requires the Department of State Department of Developmental Services (DDS) to contract with a public California dental school or college to administer the Oral Health for People with Disabilities Technical Assistance Center Program to improve dental care services for people with developmental and intellectual disabilities by reducing or eliminating the need for dental treatment using sedation and general anesthesia. Specifically, **this bill**:

1) Specifies that, by July 1, 2027, DDS must contract with a public California dental school or college to administer the Oral Health for People with Disabilities Technical Assistance Center Program. The purpose of the program is to improve dental care services for people with developmental and intellectual disabilities by reducing or eliminating the need for dental treatment using sedation and general anesthesia.

2) Specifies that the contracted California dental school or college may partner with a public or private dental school or college. The contracted school or resulting partnership must collectively meet both of the following qualifications:

    a) All partner public or private schools shall be located in California and be approved by the Dental Board of California or the Commission on Dental Accreditation of the American Dental Association; and,

    b) Lead faculty at one or more schools shall demonstrate having developed and implemented at regional centers, community-based dental care programs that have achieved all of the following:

        i) Successfully used teledentistry-supported systems to bring dental care to people with developmental disabilities in community settings;

        ii) Successfully reduced the number of people needing dental care using sedation or general anesthesia; and,

        iii) Demonstrated improved oral health in community settings as the result of meeting the achievements, as described in i) and ii) above.

3) Requires that, in administering the Oral Health for People with Disabilities Technical Assistance Center Program, the contracted school or partnership must do all of the following:

    a) Identify up to 10 regional centers to participate in the program;

b) Provide practical experience, systems development, and expertise in relevant subject areas;

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, implement, and support customized operational systems in each community in conjunction with the local oral health community and regional center personnel;

e) Provide initial and ongoing training, monitoring, and support 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 support for participating regional center personnel;

g) Monitor and support the ongoing improvement and sustainability of operational systems at 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 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 are exempt from specified provisions.

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 provision;

b) Establish vendor agreements with interested oral health professionals;

c) Identify people with intellectual and developmental disabilities 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) Collect and store social, medical, and consent history and information necessary for a referral to a participating oral health professional;

e) Facilitate referrals to participating oral health professionals; and,

f) Monitor program and individual patient activity and progress.

7) Requires DDS to do all of the following:

   a) Establish procedures for regional center directors, or their designees, to participate in the program;

   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;

   c) Provide guidance for regional centers regarding the use of specialized therapeutic services payments;

   d) Provide guidance and technical assistance for regional centers to streamline the vendorization process for dental professionals; and,

8) Authorizes DDS to consult and share information with other state entities, as necessary.

9) Authorizes DDS to adopt regulations as necessary to implement this article.

10) Finds and declares that:

   a) People with intellectual and developmental disabilities are often referred for dental treatment that relies on the use of sedatives and general anesthesia. This leads to longer wait times and increased costs. Because of this, people with intellectual and developmental disabilities are more likely to lack access to dental care and are disproportionately at risk of developing chronic dental illnesses.

   b) Chronic conditions associated with delayed dental care include depression, cardiovascular disease, respiratory infection, and adverse pregnancy outcomes.

   c) New developments in dental materials, dental procedures, and dental treatment delivery systems have created alternatives to the use of sedation and general anesthesia for people with intellectual and developmental disabilities. These improvements can reduce risk, wait times, and cost, which all improve patient outcomes.

   d) Unfortunately, these alternatives are not widely available to those in need because of a lack of trained practitioners, policy barriers, and systemic deficiencies in payment and other support systems for practitioners who otherwise might provide care to this vulnerable population.

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. AB 341 establishes the Oral Health for People with Disabilities Technical Assistance Center to provide training and educational materials to expand the use of alternative methods for providing oral health services for people with disabilities that are not currently widely understood"

Background. The Lanterman Developmental Disabilities Act (Lanterman 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.

Arguments in support. According to the California Dental Association, "in recent years, California has made significant progress on improving access to oral health care, including investments in Medi-Cal Dental to support provision of care to special needs patients and increased access to sedation. Recently awarded grants approved in the 2022 state budget are a historic investment that will help establish more settings able to provide care for patients with special health care needs. Despite these recent investments, access to care for patients with special health care needs continues to be an unnecessary challenge. Many settings, including dental schools, have exceptionally long wait times, even a year or more, which often require families to travel for hours to clinics just to receive routine care."

"While there needs to be more physical settings with the infrastructure to treat this population, more training and educational material also needs to be available for dental providers to ensure that waiting times can be reduced. Depending on the severity of the disability, daily health care routines can be a challenge to complete and even diagnosing dental conditions may require some level of stabilization or sedation."

Prior legislation. AB 2510 (Arambula) of 2024, is substantively similar to this measure, and would have required (DDS) to contract with a dental school or college in the state, as specified, to establish a statewide program centered in the state's regional centers. That legislation was held on suspense 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

Association of Regional Center Agencies
California Association of Orthodontists
California Dental Association
California Dental Hygienists' Association
California Disability Services Association
Children's Choice Dental Care
Pediatric Day Health Care Coalition
The Arc and United Cerebral Palsy California Collaboration

Opposition

None on file.

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