

Date of Hearing: April 29, 2025

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Alex Lee, Chair

AB 341 (Arambula) – As Introduced January 28, 2025

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

SUMMARY: Requires the 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 (Program) to improve dental care services for people with developmental and intellectual disabilities. 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 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 in 3) i) above.
- 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 these provisions are exempt from specified provisions in existing law related to the California State Contracts Register, contracting by state agencies, and the review or approval of the Department of General Services.
- 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 the program;
 - 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; and,
 - d) Provide guidance and technical assistance for regional centers to streamline the vendorization process for dental professionals.
- 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 bill.

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] § 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 § 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 § 4620 *et seq.*)

FISCAL EFFECT: Unknown, this bill has not been analyzed by a fiscal committee.

COMMENTS:

Background: *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 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. According to the Legislative Analyst's Office on Improving Access to Dental Services for Individuals with Developmental Disabilities,

“The oral health of individuals with developmental disabilities is worse on average than the oral health of the general population on several key factors. For example, they have higher rates and increased severity of periodontal disease, much higher rates of untreated cavities, and more missing and decaying teeth. (One study in Massachusetts found that patients with developmental disabilities average 6.7 missing teeth, whereas the Centers for Disease Control and Prevention estimate the general population averages 3.6 missing teeth.) Compared to the general population, patients with developmental disabilities are more likely to have missing teeth than to have teeth with fillings. This could be due, for example, to situations where their decaying teeth are more likely to be extracted than restored with fillings. Some oral health problems stem directly from the particular disability itself. For example, mouth breathing among individuals with Down syndrome can lead to a dry mouth, which makes it more difficult to wash away bacteria and can result in increased risk of gum disease.”

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.

A 2022 CalMatters article, “‘Like Torture’: For Californians with Special Needs, Getting to See a Dentist Can Take Years” by Kristen Hwang found that, “One of the primary reasons it’s so difficult to find a dentist is that most don’t accept Medi-Cal, the state health plan for its poorest residents, which a majority of people with disabilities rely on. In 2021, about 36% of active licensed dentists in the state accepted Medi-Cal.”

Author’s Statement: 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. [This bill] 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.”

Double referral: For timing purposes, this bill was previously heard in the Assembly Committee on Higher Education on April 8, 2025, and was approved on a 10-0 vote.

Equity Implications: Dental health and oral hygiene are important at all stages of life since they support human functions like breathing, speaking, and eating. Poor dental health can lead to infections in the bloodstream and heart disease. *This bill* is attempting to create equity by considering the special needs of someone with a developmental disability.

Amendments: The Author has agreed to take the following amendments:

(b) The contracted California dental school or college may partner with a public ~~or private~~ dental school or college. The contracted school or resulting partnership shall collectively meet both of the following qualifications:

(1) 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.

RELATED AND PRIOR LEGISLATION:

AB 2510 (Arambula) of 2024, was substantially similar to this bill. *AB 2510 was held on the Assembly Committee on Appropriations suspense file.*

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 Committee on Appropriations 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

The Arc and United Cerebral Palsy California Collaboration (Sponsor)
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

Opposition

None on file.

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