

**ASSEMBLY BILL**

**No. 2510**

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**Introduced by Assembly Member Arambula**

February 13, 2024

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An act to add Article 9 (commencing with Section 4698.50) to Chapter 6 of Division 4.5 of the Welfare and Institutions Code, relating to developmental services.

LEGISLATIVE COUNSEL'S DIGEST

AB 2510, as introduced, Arambula. Dental care for people with developmental disabilities.

Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. Under existing law, the regional centers purchase needed services and supports for individuals with developmental disabilities through approved service providers, or arrange for their provision through other publicly funded agencies. The services and supports to be provided to a regional center consumer are contained in an individual program plan (IPP), which is developed by the planning team according to specified procedures. Existing law defines “services and supports for persons with developmental disabilities” to mean specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life. Under existing law, specialized medical and dental care are included within

that definition. Under existing law, the determination of which services and supports are necessary for each consumer are made through the IPP process.

This bill would require the State Department of Developmental Services to contract with California Northstate University (CNU), no later than \_\_\_\_\_, to establish a statewide program centered in the state's regional centers, 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 bill would require the program to establish an Oral Health for People with Disabilities Technical Assistance Center, headquartered at CNU. The bill would require the center, among other responsibilities, to provide practical experience, systems development, and expertise in relevant subject areas, to train, monitor, and provide support for regional center and oral health personnel, and to collect and analyze program data with the support of participating regional centers and oral health providers. The bill would require the department to submit an annual report of the collected data to the Legislature. The bill also would specify regional center duties, including identifying consumers who can benefit from the program, and establishing vendor agreements with interested oral health professionals. Duties of the department would include providing guidance and establishing protocols to support the program, and establish procedures for regional center directors for participation in the program and allowing aggregation and publication by the center of deidentified results data, as specified.

This bill would make legislative findings and declarations as to the necessity of a special statute to facilitate timely, safe, and adequate dental care for individuals with developmental disabilities.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

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

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) People with intellectual and developmental disabilities are
- 4 more likely to lack access to dental care and are disproportionately
- 5 at risk of developing chronic dental illnesses. Lower-income

1 Californians are less likely to go to an annual dental appointment  
2 and are less likely to receive preventative oral health treatment.

3 (b) The lack of oral health care leads to physical and mental  
4 health concerns, which creates cost burdens to an individual and  
5 health care institutions. Chronic conditions that are associated with  
6 neglected dental care and tooth decay include depression,  
7 cardiovascular disease, respiratory infection, and adverse pregnancy  
8 outcomes. Those at the most risk include the aging population,  
9 low-income adults, and people with intellectual and developmental  
10 disabilities.

11 (c) California is currently experiencing a labor shortage of dental  
12 providers, where 79 percent of the state's dental providers currently  
13 do not provide oral health care for low-income Medi-Cal patients.  
14 In addition, there is a lack of representation among dental  
15 providers. Only 8 percent of Latino and Black dentists are dental  
16 providers in California in comparison to the low-income  
17 communities they serve. In the San Joaquin Valley, where 47  
18 percent of the population identifies as low income, only 7 percent  
19 of the dentists practice in this region.

20 (d) People with intellectual and developmental disabilities are  
21 often referred for dental treatment with sedatives and general  
22 anesthesia, which leads to longer wait times to be treated and  
23 increases the cost of the procedure. This leads to the loss of access  
24 to essential and timely dental care. Medically underserved  
25 Californians who have an intellectual and developmental disability  
26 must be treated with respect and dignity to achieve improved dental  
27 and overall health outcomes.

28 (e) Developments in dental materials, dental procedures, and  
29 delivery systems have created alternatives to the use of sedation  
30 and general anesthesia for dental care for people with intellectual  
31 and developmental disabilities that can reduce risk, wait times,  
32 cost, and consequences of using sedation and general anesthesia.  
33 These alternatives have not been widely used because of policy  
34 barriers, payment and support systems, and lack of training and  
35 support in deploying these alternatives.

36 SEC. 2. Article 9 (commencing with Section 4698.50) is added  
37 to Chapter 6 of Division 4.5 of the Welfare and Institutions Code,  
38 to read:

## Article 9. Dental Health Services

4698.50. No later than \_\_\_\_, the department shall contract with California Northstate University to establish a statewide program centered in the state's regional centers, 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 program shall establish an Oral Health for People with Disabilities Technical Assistance Center headquartered at California Northstate University 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 an 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 an 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.

(i) Collect and analyze program data with the support of participating regional centers and oral health providers. The department shall submit an annual report of these data to the Legislature, consistent with Section 9795 of the Government Code.

4698.51. Participating regional centers shall have the following program responsibilities:

(a) Designate a lead person at each regional center with responsibility for duties related to this article.

1 (b) Establish vendor agreements with interested oral health  
2 professionals.

3 (c) Identify consumers who can benefit from the program,  
4 especially those who are already experiencing long wait times for  
5 dental care using sedation or general anesthesia, or those who are  
6 likely to experience long wait times in the future.

7 (d) Provide social, medical, and consent history and information  
8 needed for a referral to a participating oral health professional.

9 (e) Provide referrals to participating oral health professionals.

10 (f) Monitor program and individual consumer activity and  
11 progress.

12 4698.52. (a) The department shall work with the technical  
13 assistance center to do all of the following:

14 (1) Provide guidance for regional centers regarding their  
15 participation in various aspects of the program, including the use  
16 of specialized therapeutic services payments.

17 (2) Provide guidance and establishing protocols to support the  
18 program, including detailed clarification of payment for the various  
19 components of the program, workflow, and purchase-of-service  
20 authorizations and payments.

21 (3) Provide guidance and technical assistance for regional  
22 centers to streamline the vendorization process for dental  
23 professionals.

24 (b) The department shall establish procedures for regional center  
25 directors, or their designees, for participation in the program and  
26 allow aggregation and publication by the center of deidentified  
27 results data.

28 (c) The department may consult and share information with  
29 other state entities as necessary to implement this article.

30 (d) The department shall adopt regulations as necessary to  
31 implement this article.

32 SEC. 3. The Legislature finds and declares that a special statute  
33 is necessary and that a general statute cannot be made applicable  
34 within the meaning of Section 16 of Article IV of the California  
35 Constitution due to the unique challenges of finding dentists and  
36 associated dental personnel with appropriate knowledge, training,  
37 and support to provide timely, safe, and adequate dental care  
38 services to individuals with developmental disabilities who are  
39 regional center consumers, including avoiding the unnecessary

- 1 use of sedation or general anesthesia in the course of providing
- 2 those services.

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