

Date of Hearing: April 21, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 1670 (Arambula) – As Amended March 19, 2026

SUBJECT: Medi-Cal: additional compensation.

SUMMARY: Requires additional compensation to dental providers in Medi-Cal for treatment of certain individuals who have challenges receiving dental treatment, and sets parameters for such payment. Specifically, **this bill**:

- 1) Requires a Medi-Cal dental provider to be paid additional compensation when a patient's physical, behavioral, developmental, or emotional condition requires significant extra time, attention, or personnel to safely deliver dental care.
- 2) Requires such compensation to be paid no more than three times in a 12-month period but allows a fourth bill for additional compensation to accompany another dental procedure.
- 3) Requires the Department of Health Care Services (DHCS) to create an aid code to identify whether the beneficiary is also served by a regional center.

EXISTING LAW:

- 1) Establishes the Medi-Cal Program, administered by DHCS, to provide comprehensive health benefits to low-income individuals who meet specified eligibility criteria. [Welfare and Institutions Code (WIC) § 14000 *et seq.*]
- 2) Establishes a schedule of benefits under the Medi-Cal program, which includes federally required and optional Medicaid benefits. [WIC § 14132]
- 3) Specifies coverage of adult dental benefits, including emergency and essential diagnostic and restorative dental services, subject to utilization controls, and covers one cleaning and dental exam per year to the extent funds are made available in the annual Budget Act. [WIC § 14131.10]
- 4) Requires, for any beneficiary who has a developmental disability, radiographs or photographs that indicate decay on any tooth surface to be considered sufficient documentation to establish the medical necessity for treatment provided. [WIC § 14132.88]
- 5) Establishes Early and Periodic Screening, Diagnostic and Treatment (EPSDT) as a Medi-Cal benefit for any individual under 21 years of age, consistent with the requirements of federal law that requires coverage for medically necessary health care services for such individuals, as specified. [WIC § 14132(v)]
- 6) Requires coverage of the application of fluoride, or other appropriate fluoride treatment as defined by DHCS, and other prophylaxis treatment for children 17 years of age and under. [WIC § 14132 (q)]

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

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, for many individuals with developmental, physical, or behavioral conditions, a routine dental visit isn't simple— they often require more time, additional staff, and specialized care. Unfortunately, the author laments, current reimbursement rates don't reflect that, which discourages providers from taking these patients. This bill is intended to ensure Medi-Cal patients with complex needs can actually access dental care by ensuring providers are better supported when delivering more time-intensive care. This bill is also intended to improve coordination between Medi-Cal and regional centers so patients don't fall through the cracks.
- 2) **BACKGROUND.**
 - a) **Medi-Cal Dental Coverage.** State Medicaid programs are required to provide certain benefits, and may choose to provide others at state option. All Medicaid programs cover dental benefits for child enrollees, but adult dental benefits are optional for states. There are no minimum federal requirements for adult dental coverage; states have flexibility to determine what dental benefits are provided to adult Medicaid enrollees. According to the American Dental Association, as of 2025, 38 states and Washington, D.C. have comprehensive dental benefits for adult Medicaid beneficiaries. Medi-Cal covers comprehensive dental benefit levels for adults at the state's option.
 - b) **Medi-Cal Dental: Past and Current Budget Cuts.** Although Medi-Cal coverage is now robust, adult dental benefits, along with a list of other optional Medi-Cal benefits, were eliminated from Medi-Cal in 2009 as a budget cost-cutting solution. These benefits were partially restored in 2014, and SB 97 (Committee on Budget and Fiscal Review), Chapter 52, Statutes of 2017, fully restored the remainder of adult dental benefits, effective January 1, 2018.

More recently, budget challenges have led to additional cuts, including a major pending cut to "Proposition 56" dental supplemental payments that is a topic of budget discussion this year. Proposition 56 of 2016 imposed a tobacco tax; part of the tax revenue was allocated to support supplemental rate increases for Medi-Cal dental services. These supplemental payments enhance reimbursement for specific dental categories including preventive, diagnostic, and restorative services. Since fewer people smoke each year, reducing state tax receipts under Proposition 56, and because the remaining Proposition 56 dollars were redirected to support other categories of health care services, dental supplemental payments have in recent years required General Fund support to maintain. To reduce projected General Fund deficits, the 2025-26 Governor's Budget proposed eliminating dental coverage for adults with unsatisfactory immigration status and eliminating General Fund support for Proposition 56 dental supplemental payments. The Legislature adopted these budget solutions last year but delayed implementation of Proposition 56 dental cuts to July 1, 2026. The 2026-27 Governor's Budget proposes eliminating General Fund support for Proposition 56 dental supplemental payments as scheduled, effective July 1, 2026.

According to dental providers, the scheduled Proposition 56 cuts are an existential threat to the Medi-Cal Dental program. A survey conducted by the California Dental Association of 1,500 dentists found nearly half (49%) said they would leave the Medi-Cal

Dental program, and another 30% would see fewer Medi-Cal patients, if the proposed cuts to Proposition 56 go into effect on July 1, 2026.

c) Dental Care for Individuals with Intellectual and Developmental Disabilities (I/DD).

Access to preventative dental care is important to prevent tooth decay and chronic illness, and to avoid greater-intensity restorative and treatment services that often require sedation or anesthesia. According to a June 2025 report by MACPAC, a federal entity that advises Congress on Medicaid policy, “Access to Dental Services for Adults with Intellectual and Developmental Disabilities” found:

- i) People with I/DD have a higher prevalence of periodontitis (gum disease) and untreated cavities, as well as higher rates of extractions, compared to people without I/DD. One study of adults with I/DD found that 32% of study participants had untreated dental caries, 80% were diagnosed with periodontitis, and 11% percent were missing all of their natural teeth.
- ii) People with I/DD may require specialized services and support, such as additional cleanings, specialized equipment, or accommodations, that are not typically provided to the general population.
- iii) People with I/DD may also have co-occurring behavioral health conditions, cognitive impairments, or sensory processing disorders, which may lead them to fear professional dental services at higher rates than the general population. They may have emotional responses to the physical and sensory stimuli of dental exams or have difficulty understanding what will happen during the procedure. These responses can contribute to difficulties in following instructions and uncooperative behavior, and in some cases, these patients may exhibit aggressive behaviors toward dental staff and providers.
- iv) Experts indicated that behavioral management services, longer appointment times, or sedation help improve access to care and ease patient anxiety. Dental providers can use behavioral management techniques to create positive experiences and promote cooperation. Dental offices that specialize in treating people with I/DD often use desensitization, which involves gradually exposing an individual to the instructions and stimuli associated with dental exams. Desensitization often takes place over several visits before dentists provide any dental care and may require longer appointment times.

With respect to behavioral management and care coordination, MACPAC notes that as of 2023, 21 state Medicaid programs covered behavioral management for oral health care in their Medicaid fee schedules under Current Dental Terminology (CDT) code D9920. MACPAC indicates states have also created claiming codes to account for the time providers need for patient intake and obtaining medical histories, coordinating transportation, and the extra staff time it takes to accommodate behavioral health needs. For example, Indiana’s Medicaid agency contracts with case managers through a federal waiver program to help beneficiaries with I/DD schedule dental appointments, arrange transportation if needed, and to provide the beneficiaries support during appointments.

d) State Action to Address Dental Care for Those with I/DD. The state has taken recent action to promote greater access to dental care for individuals with disabilities. The

Specialty Dental Clinic Grant Program was a \$50 million initiative funded through appropriations to the California Health Facilities Financing Authority of \$25 million in each year across the 2022-23 and 2023-24 state fiscal years. The program's goal was to support dental clinics specializing in care for children and adults who have disabilities that prevent them from receiving routine or specialty care due to their physical, developmental, or cognitive condition. Funds were awarded by early 2025 to 13 new projects in 10 counties. In addition, AB 341 (Arambula), Chapter 612, Statutes of 2025, requires, subject to an appropriation by the Legislature, the Department of Developmental Services to contract with a public or private California dental school or college to administer the Oral Health for People with Disabilities Technical Assistance Center Program.

- e) **Dental Code 99920.** The American Dental Association maintains the CDT coding system, and dental services are generally billed by individual service code. Each code has specific rules related to its use, documentation requirements, and a reimbursement rate. As discussed above, one of the key codes relevant to the dental treatment of those with I/DD is D9920 (Behavior Management). The Medi-Cal Dental Program Provider Handbook describes reimbursement rules for D9920. The code requires documentation that the patient has a physical, behavioral, developmental, or emotional condition that prohibits them from adequately responding to a provider's attempts to perform a dental visit. It provides additional compensation when a patient's requires significant extra time, attention, or personnel to safely deliver dental care. Documentation must include the patient's medical diagnosis and the reason additional time is needed.

Providers can bill for four visits of D9920 in a 12-month period for additional time needed for providing services to patients with special health care needs, but only in conjunction with a separate dental procedure that is payable. The reimbursement rate for D9920 is \$100.

- f) **Need for this Bill.** This bill is attempting to address a concern that has emerged in the field, as discussed in c) iv) above: Desensitization often takes place over several visits before dentists provide any dental care. This means multiple attempts at desensitization are unpaid, by definition, even though evidence suggests they can be necessary for some patients to receive appropriate dental care. Dental providers can bill for a longer visit if they are able to perform a dental service, but have no guarantee of any payment until and unless they are able to do so. The Association of Regional Center Agencies states that despite coverage of D9920, it is seldom used because it takes much more than one longer visit to ensure some individuals with I/DD receive dental care, and providers say it is not financially viable to deliver this level of additional, unpaid service.

This bill is attempting to codify the D9920 code and change the utilization controls that apply to it by allowing for a maximum of three usages of this code in a 12-month period as a stand-alone procedure, regardless of whether it is accompanied at any point by a separate dental service.

- 3) **SUPPORT.** This bill is sponsored by Association of Regional Center Agencies. The California State Council on Developmental Disabilities (SCDD) writes in support that dentists are not reimbursed when they are unable to complete procedures for patients with I/DD, which discourages them from providing services to such individuals, thereby creating a

scarcity of dental care. SCDD says this bill would address such scarcity by allowing dental staff to receive payment while attempting to provide care, requiring additional compensation when a patient's disability necessitates significantly more time, attention, or personnel to safely deliver dental services. SCDD argues this bill would therefore incentivize providers to serve individuals with I/DD while placing reasonable limits on the billing code.

- 4) **SUPPORT IF AMENDED.** The California Dental Association (CDA) supports this bill in concept, but requests that it be amended to be contingent on stabilized funding for the Medi-Cal Dental program with the restoration of Proposition 56 cuts, which CDA asserts are an existential threat to the entire Medi-Cal Dental program.

5) **RELATED LEGISLATION.**

- a) AB 350 (Bonta) would clarify standards for coverage of fluoride varnish for children in the primary care setting and allows for Medi-Cal reimbursement when specified ancillary and public health staff apply fluoride varnish. AB 350 is pending on the Senate Floor.
- b) AB 1717 (Castillo), also being heard in this committee on April 21, 2026, would require DHCS to increase reimbursement for a specific dental code that applies to "house call" services for dental treatment of a homebound individual, and requires regular updates and reporting.

6) **PREVIOUS LEGISLATION.**

- a) AB 341 (Arambula), Chapter 612, Statutes of 2025, subject to an appropriation by the Legislature, establishes the Oral Health for People with Disabilities Technical Assistance Center Program.
- b) SB 97 (Committee on Budget and Fiscal Review), Chapter 52, Statutes of 2017, restored many Medi-Cal optional benefits including the remaining optional adult dental services.
- c) AB 82 (Committee on Budget), Chapter 23, Statutes of 2013, partially restored some optional adult dental services in Medi-Cal.
- d) AB X3-5 (Evans), Chapter 20, Statutes of 2009, eliminated certain Medi-Cal optional benefits, including most optional adult dental services, effective July 1, 2009.
- 7) **AMENDMENTS.** The author and committee have agreed to amendments to clarify the intent of this bill and to make the bill contingent on the availability of federal financial participation and federal approvals, as well as to allow DHCS to implement the bill through bulletin (non-regulatory) authority.

REGISTERED SUPPORT / OPPOSITION:

Support

Association of Regional Center Agencies (sponsor)
California State Council on Developmental Disabilities

Opposition

None on file

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