

Date of Hearing: April 21, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 1717 (Castillo) – As Introduced February 4, 2026

SUBJECT: Medi-Cal dental reimbursement: house/extended care facility call.

SUMMARY: Requires the Department of Health Care Services (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. Specifically, **this bill:**

- 1) Requires DHCS to increase the Medi-Cal reimbursement base rate for a house/extended care facility call under Current Dental Terminology (CDT) Code D9410 or its successor, to reflect reasonable travel costs of delivering dental services in a patient’s private residence or applicable facility instead of the location of the dental provider.
- 2) Sets \$120 as a minimum reimbursement floor for this code and requires DHCS to adjust the rate as soon as possible to this amount. Requires the rate to thereafter be readjusted every two years to account for inflation and provider cost data, while not falling below \$120.
- 3) Requires, every two years, DHCS to report to the Legislature about the impact of the rate adjustments on access, utilization, and reductions in emergency department visits for dental conditions.
- 4) Allows DHCS to implement this bill using nonregulatory guidance, such as a provider bulletin, and makes the bill contingent on a budget appropriation, any necessary federal approvals, and the availability of federal matching funds.

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) 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)]
- 5) Specifies coverage of dental benefits for children, including 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. [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, this bill addresses a critical access gap in dental care for some of California’s most vulnerable residents. The author notes older adults, individuals with disabilities, and patients in long-term care facilities often cannot travel to a traditional dental office and must rely on mobile providers. However, the author explains, Medi-Cal currently reimburses just \$20 for mobile dental services, which is meant to cover the added time, travel, equipment, and coordination required for these visits. The author asserts this outdated rate does not reflect real-world costs and has discouraged providers from offering mobile services to Medi-Cal patients. By making mobile care financially viable, the author argues, this bill will expand access to preventive and routine dental services, reduce avoidable pain and emergency room visits, and ensure vulnerable Californians can receive care where they live.

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 Code D9410.** The American Dental Association maintains the Current Dental Terminology (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. One of the codes covered by Medi-Cal is “D9410: House/Extended Care Facility Call.” The code is meant to account for the extra time for travel, logistics, and setup for a provider to make a house call. Allowing dental professionals to bill this code provides an incentive to serve hard-to-reach populations with limited mobility, such as those in skilled nursing or assisted living facilities. This dental code is the topic of this bill.

The Medi-Cal Dental Program Provider Handbook describes reimbursement rules for D9410. The code requires, when a provider is requesting treatment for a patient who cannot leave their private residence due to a medical condition, the patient’s physician to submit a letter documenting the patient’s specific medical condition, the reason why the patient cannot leave their private residence, and the length of time the patient will be homebound. The benefit is allowed to be billed once per patient per date of service and can only be billed in conjunction with procedures that are payable. The rate for the code is \$20.00. With enhanced payments pursuant to Proposition 56, the rate for this code increases by 40% to \$28.00.

- 3) **SUPPORT.** This bill is being sponsored by Golden Age Dental Care, a company who provides mobile dental services in health facilities, and is supported by facilities and advocates for older adults. Supporters say mobile dental services improve access to dental care for Medi-Cal patients who cannot travel to traditional dental offices. They note many older adults, individuals with disabilities, and residents of skilled nursing or long-term care facilities rely on mobile dental providers who deliver services directly in homes or care facilities. Supporters note the current Medi-Cal rate of \$20 has remained unchanged for decades and does not reflect the cost of delivering mobile dental care. Supporters explain providing dental services in these settings requires significant additional time and resources, including travel, transportation and setup of portable equipment, coordination with facility staff, and longer appointment times for medically complex patients. Because the reimbursement rate is so low, many providers cannot afford to offer these services, leaving some of California’s most vulnerable residents without access to basic oral health care. Supporters note this bill addresses the problem and will strengthen provider participation, expanding access to preventive and routine dental care for patients who depend on receiving care where they live.
- 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 would allow for Medi-Cal reimbursement when specified ancillary and public health staff apply fluoride varnish. AB 350 is pending on the Senate Floor.
- b) AB 1670 (Arambula), also being heard in this committee on April 21, 2026, would require additional compensation to dental providers in Medi-Cal for treatment of certain individuals who have challenges receiving dental treatment because of a physical, behavioral, developmental, or emotional condition, and sets parameters for such payment.

6) PREVIOUS LEGISLATION.

- a) SB 980 (Wahab) of 2024 would have added coverage of dental implants under specified circumstances and codified DHCS guidelines regarding the coverage of dental crowns. SB 980 was held on suspense in the Assembly Appropriations Committee.
- 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 reduce administrative burden for DHCS and make rate-setting more consistent with the rate-setting methodology for other dental service codes, which are not set in statute nor updated on a biennial schedule. Amendments will remove the specified dollar amount that constitutes the minimum floor, remove the requirement to regularly update the rate, and remove the reporting requirement.

REGISTERED SUPPORT / OPPOSITION:**Support**

Golden Age Dental Care (Sponsor)
 AARP
 California Advocates for Nursing Home Reform
 California Association of Health Facilities
 California Association of Oral and Maxillofacial Surgeons
 California Dental Hygienists' Association
 California Long Term Care Ombudsman Association (CLTCOA)
 LeadingAge California

Opposition

None on file

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