
THIRD READING

Bill No: AB 341
Author: Arambula (D)
Amended: 5/1/25 in Assembly
Vote: 21

SENATE HUMAN SERVICES COMMITTEE: 5-0, 6/30/25

AYES: Arreguín, Ochoa Bogh, Becker, Limón, Pérez

SENATE EDUCATION COMMITTEE: 7-0, 7/9/25

AYES: Pérez, Ochoa Bogh, Cabaldon, Choi, Cortese, Gonzalez, Laird

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/29/25

AYES: Caballero, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 79-0, 6/3/25 - See last page for vote

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

SOURCE: The Arc of California

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

ANALYSIS:

Existing Law:

- 1) Establishes the Lanterman Developmental Disabilities Services Act (Lanterman Act), which states that California is responsible for providing a range of services and supports sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of

disability, and at each stage of life, and to support their integration into the mainstream life of the community. (Welfare and Institutions Code (WIC) § 4500 et seq.)

- 2) Establishes a system of nonprofit regional centers, overseen by DDS, to provide fixed points of contact in the community for all persons with developmental disabilities and their families, to coordinate services and supports best suited to them throughout their lifetime. (WIC § 4620)
- 3) Defines “developmental disability” to mean a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of DDS, in consultation with the Superintendent of Public Instruction, provides that this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. Provides that this term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature. (WIC § 4512(a))

This bill:

- 1) Makes Legislative findings and declarations regarding the historic use of sedatives and general anesthesia during dental treatment for people with intellectual and developmental disabilities, which has caused lack of access to dental care; however, new developments in dental treatment have created alternatives to the use of sedation and general anesthesia, which can reduce risk, wait times, and cost, and improve patient outcomes.
- 2) Requires DDS, no later than July 1, 2027, to contract with a public California dental school or college to administer the Oral Health for People with Disabilities Technical Assistance Center Program. States the purpose of the program is to improve dental care services for people with intellectual and developmental disabilities by reducing or eliminating the need for dental treatment using sedation and general anesthesia.
- 3) Authorizes the contracted California dental school or college to partner with a public dental school or college. Requires the contracted school or resulting partnership to collectively meet both of the following qualifications:

- a) All partner public 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.
 - 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.
 - iii) Demonstrated improved oral health in community settings as the result of meeting these achievements.
- 4) Requires the contracted school or partnership to 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.

- i) Collect and analyze program data with the support of participating regional centers and oral health providers.
- 5) Requires DDS to submit to the Legislature an annual report on program data.
- 6) Authorizes DDS to enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis. Provides that contracts entered into or amended shall be exempt from Chapter 6 of Part 5.5 of Division 3 of Title 2 of the Government Code, Part 2 of Division 2 of the Public Contract Code, and the review or approval of the Department of General Services.
- 7) Requires participating regional centers to do all of the following:
- a) Designate a lead person at each regional center with responsibility for duties related to the Oral Health for People with Disabilities Technical Assistance Center 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.
 - f) Monitor program and individual patient activity and progress.
- 8) 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.
 - e) Allow regional centers to aggregate and publish anonymized results data.
- 9) Provides that DDS may consult and share information with other state entities as necessary to implement this bill. Provides that DDS may adopt other rules and regulations necessary to implement this bill.

Background

Purpose of this Bill. According to the author, “People with disabilities should have access to quality and timely dental care to prevent dental disease. 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 would 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.”

Lanterman Act. In 1969, the Lanterman Act established that individuals with developmental disabilities and their families have a right to receive the necessary supports and services required to live independently in the community. The Lanterman Act enumerates the rights of individuals with developmental disabilities, as well as the rights of their families, what services and supports are available to these individuals, and how regional centers and service providers work together to provide these supports and services. The term “developmental disability” is defined as a disability that originates before a person reaches 18 years of age, is expected to continue indefinitely, and is a significant disability for the individual; such disabilities include, among others: epilepsy, autism spectrum disorder, intellectual disability, and cerebral palsy. As there are no income-related eligibility criteria, Lanterman Act services are considered an entitlement program. The Department of Finance estimates that approximately 465,165 individuals will receive developmental services in 2024–25, increasing to 504,905 in 2025–26.

Regional Centers. 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. Regional center services may include diagnosis, evaluation, treatment, and care coordination of services such as personal care, day care, special living arrangements, and physical, occupational, and speech therapy. Additional services include, but are not limited to: mental health services, recreation, counseling for the individual served and their family, assistance locating a home, behavior training and modification programs, emergency and crisis intervention, respite for family caregivers, short-term out-of-home care, social skills training, specialized medical and dental care, telehealth services and supports, training for parents of children with developmental disabilities, and transportation services.

Dental Care for Individuals with Intellectual and Developmental Disabilities. As with other developmental services, regional centers coordinate dental services for consumers. Many regional centers employ a dental coordinator responsible for expanding the network of dental providers willing to serve DDS consumers, helping providers with 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 fewer dental services than the general population, which can cause more complex dental problems due to neglect of addressing problems early. According to a 2018 report by the Legislative Analyst's Office (LAO), the oral health of individuals with developmental disabilities is worse on average than that of the general population; they have higher rates and increased severity of periodontal (gum) disease, higher rates of untreated cavities, and more missing and decaying teeth. The LAO report stated that some oral health problems stem directly from the disability, for example, mouth breathing among individuals with Down syndrome can lead to a dry mouth, which can result in increased risk of gum disease.

According to the LAO, some DDS and regional center staff estimate between one-fifth and one-third of consumers require general anesthesia or intravenous sedation to undergo dental treatment. Furthermore, the report found that wait times for appropriate operating or surgical facilities can take as long as three years, and dentists less experienced in working with patients with developmental disabilities may resort to using general anesthesia rather than providing behavioral supports.

Dentists and dental hygienists receive limited training on how to serve individuals with developmental disabilities. This contributes to a lack of access and a lack of

understanding this population's unique needs. According to the California Dental Association, there are only 14 dental schools and surgery centers in California that can handle special needs patients. Health coverage is another barrier. While a majority of people with disabilities rely on Medi-Cal for their health care, in 2021, only about 36% of active licensed dentists accepted Medi-Cal. The 2018 LAO report found that only about 22% of consumers enrolled in Medi-Cal received a dental services each year in 2014, 2015, and 2016.

Dental Clinics at Alta California Regional Center. Beginning in November 2024, Alta California Regional Center (Alta) has partnered with On My Own Independent Living Services to host a series of dental clinics for consumers. These dental clinics aim to provide preventative dental care in an accessible environment. Registered Dental Hygienists in Alternative Practice, dental hygienists who can work in a variety of community settings outside of a traditional dental office, performed fluoride treatments, X-rays, cleanings, and provided resources for follow-up treatment and personalized instructions on proper oral hygiene. According to the Alta dental coordinator, most patients who attended the February 2025 dental clinic had not had their teeth checked in several years, with some not seeing a dentist for five to 10 years.

Related/Prior Legislation

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

AB 649 (Wilson, 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 COVID-19 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 individual program plan in a threshold language to be included in the set of data.

AB 1-X2 (Thurmond, Chapter 3, Statutes of 2016) 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.

Comments

This bill seeks to provide early prevention and intervention dental care for individuals with intellectual and developmental disabilities by establishing a dental school program to reduce reliance on anesthesia and sedation for this population. Reports have found that individuals with intellectual and developmental disabilities receive fewer dental services than the general population, which can cause more complex and long-term dental problems. These dental problems can look like tooth decay and loss, soreness or pain, gum recession, and can increase the risk for other health conditions. This bill would establish a dental program with the goal of reducing or eliminating the need for dental treatment using sedation and general anesthesia. This program is similar to a recommendation made by the 2018 LAO report, to authorize a pilot program to educate and train Medi-Cal providers on how to serve DDS consumers.

[See the Senate Human Services Committee and Senate Education Committee analyses for additional background on this bill.]

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Senate Appropriations Committee, “DDS estimates the following:

- “State operations costs of \$91,000 (\$73,000 General Fund and \$18,000 federal funds) in 2026-27 and \$176,000 (\$141,000 General Fund and \$35,000 federal funds) in 2027-28 and annually thereafter for staffing resources.
- “State operations costs of \$1.7 million (General Fund) on an ongoing basis to contract with a dental school or university beginning in 2027-28. Costs would depend on the scope and duration of the contract.
- “Regional center costs of approximately \$139,000 (\$97,000 General Fund and \$42,000 federal funds) per regional center annually, which could total \$1.4 million for 10 participating regional centers.
- “General Fund costs pressures, potentially millions of dollars annually, due to increased utilization of regional center services.”

SUPPORT: (Verified 8/29/25)

The Arc California (Sponsor)
Association of Regional Center Agencies
California Academy of General Dentistry
California Association of Orthodontists
California Dental Association
California Dental Hygienists' Association
California Disability Services Association
Children's Choice Dental Care
Cleaneearth4kids.org
Easterseals Northern California

OPPOSITION: (Verified 8/29/25)

None received

ASSEMBLY FLOOR: 79-0, 6/3/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

Prepared by: Diana Dominguez / HUMAN S. / (916) 651-1524
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