

Policy At A Glance:

New 2019 California Oral Health Legislation

In October, Governor Brown signed 1,016 out of 1,217 bills passed by California's legislature during its regular session. In this issue of 'Policy At A Glance,' we will provide a roundup of four notable oral health bills going into effect in 2019.

Governor Jerry Brown signed over 1,000 bills in his final year in office, ranging from cyber bullying to price gouging on rental homes after natural disasters to including women in corporate boards.

He also signed a number of bills related to oral health. Below is a summary of these new laws, listed in numerical order by Assembly Bill (AB) or Senate Bill (SB). The effective date is January 1, 2019 unless otherwise noted.

AB 1751. Controlled Substances: CURES Database

Controlled substances are divided into five "schedules" based on accepted medical use and potential for abuse. Schedule I substances such as LSD and ecstasy are illegal with the greatest potential for abuse while Schedule V substances include limited amounts of narcotics contained in cough syrups. Well-known painkillers are Schedule II drugs and while they can be legally obtained through a prescription, they have a very high risk for abuse.

New CA Oral Health Laws

AB 1751 Controlled Substances:
CURES Database

SB 849 Medi-Cal

SB 1008 Health Insurance:
Dental Services:
Reporting and
Disclosures

SB 1482 Dental Hygienists

Bringing wholeness to individuals and communities, the **Institute for Health Policy and Leadership (IHPL)** strives to integrate health policy research and education with leadership development. Our goal is to improve the health of our communities by building on our strong heritage of health promotion and disease prevention.

To learn more, visit us at www.IHPL.llu.edu



LOMA LINDA
UNIVERSITY
HEALTH

The California Department of Justice (DOJ) monitors all Schedule II, III, and IV drugs through the Controlled Substance Utilization Review and Evaluation System (CURES). The CURES database can track drug name, quantity, dosage, prescriber, pharmacy, and patient and assess whether multiple prescriptions exist for the same patient. Forty-nine states, except Missouri, have established similar drug-monitoring programs.¹

The DOJ certified California's CURES 2.0 database for statewide use on April 2, 2018; licensed prescribers and pharmacists are mandated to consult the CURES database before "prescribing, ordering, administering, or furnishing a Schedule II-IV controlled substance" starting October 2, 2018.² However, the CURES 2.0 database only contains records of prescriptions dispensed within California – that is, prescriptions dispensed in other states are not accessible to prescribers in California and prescriptions in California are not visible to out-of-state prescribers. *AB 1751 authorizes the DOJ to connect with drug monitoring databases in other states that comply with California's patient privacy and data security standards to share prescription information across state lines.*

SB 849. Medi-Cal

Proposition 56, the California Healthcare, Research, and Prevention Tobacco Tax Act of 2016, increases excise taxes on tobacco products (including e-cigarettes) by two dollars. By approving Proposition 56 on November 8, 2016, California voters allowed a

bulk of its revenue to go to Medi-Cal, as well as physician training, dental disease prevention and treatment, tobacco-use reduction and prevention, cancer research, and other programs.

SB 849 establishes the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act. Funded by Proposition 56 revenues, this loan repayment program will provide loan assistance to qualifying Medi-Cal dentists and physicians until January 1, 2026. The program will target recent graduates and its eligibility criteria will prioritize factors that affect timely access, geographic service shortages, and care quality in Medi-Cal.

SB 1008. Health Insurance: Dental Services: Reporting and Disclosures

The Patient Protection and Affordable Care Act (ACA) requires private health insurance plans to provide beneficiaries with "clear, consistent, and comparable information about their health plan benefits and coverage" to help them understand and evaluate their health insurance choices.³ This includes a uniform glossary of frequently used terms as well as key features of a health plan, such as covered benefits, cost-sharing provisions and coverage limitations. However, the ACA does not require dental plans to provide the same type of consumer protection for patients to better understand the services offered by their dental insurance.

SB 1008 requires health insurance policies that cover dental services in California to utilize a Uniform Benefits and Coverage (UBC) matrix, similar to that required under the ACA. California's Department of Managed Health Care and the Department of Insurance, in consultation with stakeholders, are to develop this matrix by January 1, 2021. Medi-Cal dental managed care plans are exempt from SB 1008 requirements.

SB 1482. Dental Hygienists

Dental hygiene includes dental hygiene assessment, implementation of a dental hygiene care plan, health education, counseling, and health screenings.⁴ California currently has a Dental Hygiene Committee of California (DHCC) to oversee three categories of mid-level dental professionals (Registered Dental Hygienists, Registered Dental Hygienist in Alternative Practice, and Registered Dental Hygienist Extended Functions). While the DHCC is a committee within the Dental Board, it functions as an independent body and is the only standalone regulatory entity for dental hygienists in the nation.⁴ The DHCC consists of nine members appointed by the Governor (four public members, one practicing dentist, and four dental hygienists) but is scheduled to sunset on January 1, 2019. *Among its many provisions, SB 1482 renames DHCC as the Dental Hygiene Board of California (DHB), extends its sunset date to January 1, 2023, and strikes language stating that it is within the jurisdiction of the Dental Board of California.*

References

1. <https://www.kansascity.com/news/politics-government/article209982404.html>
2. <https://oag.ca.gov/sites/all/files/agweb/pdfs/pdmp/curres-mandatory-use.pdf>
3. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Consumer-Support-and-Information/Summary-of-Benefits-and-Coverage-and-Uniform-Glossary.html>
4. https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201720180SB1482



LOMA LINDA UNIVERSITY
HEALTH

Institute for Health Policy and Leadership

11209 Anderson Street
Loma Linda, CA 92354
Phone: 909-558-7022
Fax: 909-558-5638
www.IHPL.llu.edu

Questions?

Please contact Helen Jung, DrPH, MPH. Senior Health Policy Analyst at the Institute for Health Policy & Leadership (helenjung@llu.edu)