
**SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**
Senator Angelique Ashby, Chair
2025 - 2026 Regular

Bill No:	AB 873	Hearing Date:	July 14, 2025
Author:	Alanis		
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Urgency:	Yes	Fiscal:	Yes
Consultant:	Anna Billy		

Subject: Dentistry: dental assistants

SUMMARY: An urgency bill that updates requirements for an unlicensed dental assistant (DA) to complete an infection control course, as specified; requires DA employers to provide a bloodborne pathogen training program prior to the DA's potential exposure to blood, saliva, or other potentially infectious materials, and annually thereafter; updates various provisions related to radiation safety course requirements and; makes numerous conforming changes to the Dental Practice Act (Act).

Existing law:

- 1) Regulates the practice of dentistry under the Act and establishes the Dental Board of California (DBC) to administer and enforce the Act. (Business and Professions Code (BPC) §§ 1600-1976)
- 2) Establishes a Dental Assisting Council within the DBC to consider all matters relating to DAs and make appropriate recommendations to the DBC and the standing committees of the DBC. (BPC § 1742)
- 3) Provides regulation of registered dental assistants (RDAs) and registered dental assistants in extended functions (RDAEFs), sets the duties and functions of unlicensed DAs, and issues permits to other specified assistants. (BPC §§ 1740 – 1777)
- 4) Defines a DA as an individual without a license who may perform basic supportive dental procedures under the supervision of a licensed dentist that have technically elementary characteristics, are completely reversible and are unlikely to cause potentially hazardous conditions for the patient being treated. (BPC § 1750 (a))
- 5) Requires the supervising licensed dentist to be directly responsible for determining the competency of the DA to perform the basic supportive dental procedures, and responsible for ensuring the DA has successfully completed a board-approved eight-hour course in infection control prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials, a board approved two-hour course in the Act, and a basic life support course. Requires the employer to maintain evidence for the length of the employment for the DA at the supervising dentist's treatment facility to verify the DA has met and maintained all certification requirements as dictated by statute and regulation (BPC § 1750 (b-d))

- 6) Defines “alternative dental assisting program” to mean a program offered by an institution of secondary or postsecondary education that has a current accreditation from the Commission on Dental Accreditation or is accredited or approved by an agency recognized by the United States Department of Education or State Department of Education, including career health and technical education programs, regional occupation centers or programs, or apprenticeship programs registered by the State Department of Education or Division of Apprenticeship Standards of the Department of Industrial Relations in allied dental programs, and whereby a certificate of completion from the program shall serve as a pathway component for licensure as a registered dental assistant. (BPC § 1741 (a))
- 7) Defines “direct supervision” to mean the supervision of dental procedures based on instructions given by a licensed dentist who shall be physically present in the treatment facility during the performance of those procedures. (BPC § 1741 (k))
- 8) Defines “general supervision” to mean supervision of dental procedures based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures. (BPC § 1741 (l))
- 9) Defines the duties a DA may perform under the general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:
 - a) Extraoral duties specified by the supervising licensee that meet the definition of a basic supportive dental procedure. These duties may include a procedure that requires the use of personal protective equipment, laboratory functions, and sterilization and disinfection procedures.
 - b) Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has taken a board-approved radiation safety course.
 - c) Perform intraoral and extraoral photography. (BPC § 1750.1 (a) (1-3))
- 10) Authorizes a DA to perform the following duties under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:
 - a) Apply nonaerosol and noncaustic topical agents, including all forms of topical fluoride.
 - b) Take intraoral impressions for all nonprosthodontic appliances.
 - c) Take facebow transfers and bite registrations.
 - d) Place and remove rubber dams or other isolation devices.
 - e) Place, wedge, and remove matrices for restorative procedures.
 - f) Remove postextraction dressings after inspection of the surgical site by the supervising licensed dentist.

- g) Perform measurements for the purposes of orthodontic treatment.
 - h) Cure dental materials with a light curing device.
 - i) Examine orthodontic appliances.
 - j) Place and remove orthodontic separators.
 - k) Remove ligature ties and archwires.
 - l) After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.
 - m) Remove periodontal dressings.
 - n) Remove sutures after inspection of the site by the dentist.
 - o) Place patient monitoring sensors.
 - p) Adjust the flow of nitrous oxide and oxygen gases if deemed necessary and directed by the supervising dentist who shall be present in the operator directly supervising the adjustment.
 - q) Extraoral functions specified by the supervising dentist that meet the definition of basic supportive dental procedures. Such duties may include patient monitoring, placing monitoring sensors, taking of vital signs, or other extraoral procedures related to the scope of their practice.
 - r) In response to a medical emergency and under the direct supervision, order, control, and full professional responsibility of the licensed dentist, a dental assistant may administer or assist in the administration of oxygen. (BPC § 1750.1 (b) (1-18))
- 11) Defines an infection control course as providing theory and clinical application in infection control practices and principles where the protection of the public is its primary focus. An unlicensed DA not enrolled in a board-approved program for registered dental assisting or an alternative dental assisting program shall complete either a board-approved eight-hour course, with six hours being didactic instruction and two hours being laboratory instruction or a board-approved eight-hour course, with six hours of didactic instruction and at least two hours of laboratory instruction using video or a series of video training tools, all of which may be delivered using asynchronous, synchronous, or online learning mechanisms. (BPC § 1755)

This bill:

- 1) Requires an employer to ensure that an unlicensed DA successfully complete a DBC-approved 8-hour infection control course on or before 60 days of the first day of employment at the dental office.
- 2) Authorizes a DA to take either a DBC-approved course provided by a DBC-approved registered DA education program, a stand-alone course approved by the

DBC as specified, or a course with 6 hours of didactic instruction and at least 2 hours of laboratory instruction using video or a series of video training tools, as specified.

- 3) Requires an employer to provide a bloodborne pathogen training program prior to the DA's potential exposure to blood, saliva, or other potentially infectious materials, and annually thereafter.
- 4) Establishes a fee not to exceed \$300 for DBC course approval of DA infection control, interim therapeutic restorations, radiographic decision making, and radiation safety courses for dental auxiliaries.
- 5) Authorizes a RDAEF to polish and contour existing amalgam restorations.
- 6) Establishes parameters for safety course providers.
- 7) Enhances DBC oversight and approval and establishes course requirements of infection control courses.
- 8) Makes various technical, conforming and clarifying changes to the Act.
- 9) States that the bill is urgent and necessary to take effect immediately because unlicensed DAs are currently required to take an eight-hour course prior to performing any basic supportive dental procedures that would have potential exposure to infectious materials. However, there have been delays in establishing a virtual format for this course, and it is not readily available in many regions of the state, particularly in remote and rural areas that already face significant access and workforce challenges. Immediate action is necessary to expand access to infection control training and ensure appropriate safeguards are in place. In addition, this bill includes essential updates to licensing pathways, continuing education requirements, and permit processes for dental licenses, which are needed to remove outdated or unclear provisions, address inconsistencies, and modernize the Act to reflect current practice standards and evolving technologies. Prompt enactment of these provisions will enhance public protection, improve regulatory clarity, and ensure the DBC has the authority to implement necessary oversight and course approval processes without delay.

FISCAL EFFECT: This bill is keyed fiscal by Legislative Counsel. According to the Assembly Committee on Appropriations, DBC estimates it would receive 173 new applications for approval of infection control courses annually. DBC will need to review each course for compliance with the Act and related regulations, minimum standards for infection control such as those set forth by the federal Centers for Disease Control and Prevention, Occupational Safety and Health Administration (OSHA), and California OSHA. Assuming the maximum fee, DBC estimates costs of \$184,000 in 2026-27 and \$176,000 in 2027-28 and ongoing. The Department of Consumer Affairs Office of Information Services anticipates absorbable costs to post the new course approval form in compliance with existing standards.

COMMENTS:

1. **Purpose.** The California Dental Association is the sponsor of this bill. According to the Author, “AB 873 aims to address critical issues faced by dental assistants and the dental workforce shortage across California. Our bill proposes to repeal the strict timing requirement for unlicensed dental assistants to complete the 8-hour infection control course and replace it with a 90-day window. This window will provide dental assistants more flexibility when trying to begin work in the dental industry. Looking out for those in underserved and rural areas is crucial, and this bill not only allows dental assistants to begin working earlier, but also helps patients’ access necessary and timely care.”
2. **Background.** The DBC licenses an estimated 112,000 dental professionals, of which 43,000 are fully licensed dentists; 46,000 are registered dental assistants; and 2,300 are registered dental assistants in extended functions. The DBC is also responsible for setting the duties and functions of an estimated 50,000 unlicensed dental assistants. Dental hygienists are licensed and regulated by a separate and distinct regulatory body, the Dental Hygiene Board of California.

The Dental Assisting Council within the DBC makes recommendations regarding the DBC’s regulation of DAs. Three categories of DAs are distinguished by what duties they may perform based on their training. This includes unlicensed DAs, authorized to perform “basic supportive dental procedures”; registered dental assistants (RDA), authorized to perform more complex duties; and registered dental assistants in extended functions (RDAEF), authorized to perform additional restorative procedures following diagnosis and intervention by a dentist. DAs are unlicensed, thus not registered with the DBC or directly regulated by the DBC.

Last year, DBC was subject to the Legislature’s sunset review oversight process which culminated in the passage of SB 1453 (Ashby, Chapter 483, Statutes of 2024), the DBC sunset bill. Among a voluminous amount of provisions, including the extension of DBC and DBC operations for 4 years, SB 1453 made significant changes to unlicensed DA practice. In response to concerns about dental workforce shortages, AB 481 (Carrillo) was introduced in 2023 to create new licensure pathways and expand the duties of DAs. Proponents cited data from DBC showing that half of the state’s 58 counties are experiencing a shortage of dental assistants and noted a 2021 survey that found 44% of providers indicated that trouble filling vacant staff positions had limited their practice’s ability to treat more patients. The bill made a number of changes intended to decrease barriers to licensure and expanding safe opportunities for the dental workforce. SB 1453 was amended to incorporate provisions of AB 481 pursuant to ongoing stakeholder discussions and in order to reflect changes that DBC can effectively implement. SB 1453 included various changes to the education, scope of practice, and regulation of dental auxiliaries, including DAs, orthodontic assistants, and RDAs.

SB 1453 established the requirement that all unlicensed DAs who are not enrolled in a DBC-approved or alternative dental assisting program must complete an eight-hour infection control course prior to the unlicensed DA performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials. The bill specified that the course must be comprised

of six hours of didactic instruction and two hours of laboratory instruction and authorized the course to be offered either in-person or using a video or a series of video training tools, all of which may be delivered using asynchronous, synchronous, or online learning mechanisms. SB 1453 took effect on January 1, 2025.

DBC Implementation Issues with SB 1453. In the months before SB 1453 took effect, despite being involved in every single aspect of the bill and having opportunities to weigh in about barriers to effective implementation of the measure, including language surrounding the infection-control course, DBC began to publicly discuss issues that DBC staff said prevented key provisions of SB 1453 from taking effect. While the statute clearly and intentionally outlined a separate set of standards for the unlicensed DA infection control course, DBC staff expressed concerns at DBC meetings that this course would not meet the same standards as other courses required for DBC licensees and registrants. It should be noted, unlicensed DAs only perform basic supportive dental procedures, defined as those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated. Despite this fact, DBC cited additional concerns.

DBC staff said that the hours in the infection control course could not be met by existing DBC-approved course providers, despite the likely ability for course providers to update content to comply with the statutory requirements and receive updated approval to offer this specific course.

DBC also took umbrage with the fact that DBC was not provided authority to approve, deny, or withdraw approval for the SB 1453-created course, authority DBC has in regulations for oversight of RDA and RDAEF programs. Rather than explore alternatives to ensure program integrity for this one specific, statutorily prescribed course, DBC said it could not be implemented because DBC didn't have a process the same as its process for other courses.

DBC also continued to cite existing regulations for its role related to different courses as a barrier to even attempting to implement this new, unique course. DBC said that approving the course could not happen because regulations requiring specified actions and equipment for *RDA educational programs* were not specified for this course for unlicensed DAs, and also cited concerns that requirements outlined in regulations for RDA educational programs related to equipment were not the same for the SB 1453-established course. SB 1453 authorized two hours of instruction to be delivered using asynchronous, synchronous, or online learning mechanisms or a combination thereof, but DBC said that is not enough and said it needed to meet requirements for the existing infection control course that requires hands-on laboratory activities like hand washing and glove use, despite the statute clearly establishing a different course and different course pathway for unlicensed DAs.

DBC also noted that there are no examination requirements, despite the intended course participants being unlicensed DAs who are not required to demonstrate competency through formal examination prior to performing their duties, as their competency is determined at the discretion of the supervising dentist.

This bill is intended to respond to DBC's determination that provisions of SB 1453

are not implementable, and among other changes, codify DBC regulations related to course approval, instruction, oversight, examinations, and more. The bill also updates current law to specify that a DA must complete the infection control course on or before 60 days from the first day of employment and specifies that, prior to the DAs exposure to any potentially infectious materials, a bloodborne pathogen training is required to be provided by the employer.

3. **Arguments in Support.** California Dental Association, sponsors, write in support, “Both unlicensed medical and dental assistants must complete basic infection control training as required by Cal/OSHA. However, unlike medical assistants, who can begin working after completing their required training, unlicensed dental assistants must now also take a separate, state-mandated eight-hour infection control course before starting their roles. This is despite also receiving general onboarding and supervision from their dentist, who is ultimately responsible for ensuring the office complies with state-mandated infection control protocols. While there is no question about the value of this training, allowing a 90-day window to complete the course would provide new dental assistants with valuable on-the-job experience, enabling them to better understand and retain the intensive training.”

California Association of Orthodontists states, “As part of the 2023 Dental Board Sunset Review process, new regulations mandated that dental assistants complete an 8-hour infection control (IC) course before performing any basic supportive dental procedures. While well-intended, this requirement has created significant workforce challenges due to a lack of available courses, particularly in rural and underserved areas. The shortage of in-person course options has left new hires unable to start work, delaying patient care and worsening staffing shortages across dental and orthodontic practices.” AB 873 provides a practical solution by restoring a reasonable 90-day window for completion of the IC course, allowing new dental assistants to begin working while completing this required training. This bill will alleviate the bottleneck preventing new hires from entering the dental workforce; Ensure that orthodontic and dental practices can continue providing timely care to patients; and maintain infection control standards while addressing real-world workforce barriers. The proposed change strikes a balance between maintaining patient safety and ensuring dental offices have the staff needed to operate efficiently.”

California Society of Pediatric Dentistry notes, “By reinstating a reasonable timeframe for course completion and authorizing virtual course options, AB 873 provides a practical solution to ongoing hiring challenges. This change will help dental offices recruit and train new assistants more efficiently while ensuring infection control standards remain a priority.”

CPCA Advocates write in support, “AB 873 aims to alleviate the statewide shortage of dental professionals by providing dental assistants with greater flexibility to complete the required coursework while maintaining their employment, allowing them to begin serving patients earlier.”

SUPPORT AND OPPOSITION:

Support:

California Association of Orthodontists

California Dental Association

California Society of Pediatric Dentistry

CPCA Advocates

Opposition:

None received for the current version of the bill

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