

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 operatory 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) Authorizes unlicensed DAs, in order to comply with infection control course completion requirements, to complete either the Dental Assisting National Board's Infection Control examination or:
 - a) a Dental Board-approved infection control course provided by a board-approved registered dental assisting education program
 - b) a Dental Board-approved infection control course that complies with existing Dental Board regulations
 - c) an asynchronous, synchronous, or online learning mechanism course offered by either the California Dental Association or a provider approved by the California Dental Association; the American Dental Association's Continuing Education Recognition Program or; the Academy of General Dentistry's Program Approval for Continuing Education
- 2) The bill also specifies that laboratory instruction means, for purposes of laboratory learning via an asynchronous, synchronous, or online learning mechanism course, instruction in which students perform procedures using study models, mannequins, or other simulation methods.
- 3) 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: Unknown. This bill is keyed fiscal by Legislative Counsel.

COMMENTS:

1. **Purpose.** The Author is the Sponsor of this bill. According to the Author, SB 1311 responds to implementation concerns of existing law by streamlining the ability for unlicensed dental assistants to successfully complete important infection control coursework.
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. These individuals work under the direct supervision of a licensed dentist and assist that dentist with basic supportive procedures that are reversible and that are not likely to cause potentially hazardous conditions for the patient being treated. The Dental Board of California does not license these individuals but they are required to complete training and courses aimed at ensuring patient safety.

In 2024, 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 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.** The California Dental Association (CDA) notes that "The limited availability of in-person courses, especially in rural and underserved areas, already struggling with workforce shortages, creates significant hiring delays. As a result, some candidates pursue jobs in other industries, further reducing the dental workforce. This challenge not only worsens staffing shortages in dental practices but also limits patient access to care." CDA says that implementing the changes in the bill will allow dental offices to hire and train more efficiently while maintaining infection control standards, ultimately strengthening the dental workforce and improving access to care across California.

The California Association of Orthodontists writes that "At a time when dental practices continue to face workforce challenges, SB 1311 provides sensible flexibility without compromising patient safety or professional standards. Supporting multiple pathways to demonstrate infection control competency will help maintain a well-trained dental workforce that continues to meet California's high standards of patient care."

The California Academy of General Dentistry notes that "newly hired unlicensed dental assistants are essentially entering an on-the-job training program and their safety is critical to their well-being." The group would like to add language to provisions of existing law that this bill does not currently amend to specify that exposure to blood, saliva, or other potentially infectious materials includes cleaning dental treatment rooms and handling and cleaning used dental instruments.

- 4. Arguments in Opposition.** The California Dental Assisting Alliance believes the bill conflicts with and undermines the Dental Board's mission. They say that the bill removes DBC from the regulatory process; replaces course requirements with

examination only; eliminates hands-on training and creates inconsistency between pathway options.

5. **Proposed Author's Amendments.** The Author proposes amendments to make various necessary changes to the operations of various programs within the Department of Consumer Affairs, including:

- Extend the timeframe for the Medical Board of California to accept applications from participants in the Mexico Pilot Program for a few months just in case anything goes awry with visas, etc.
- Make necessary and technical changes to the Veterinary Medical Board's composition and appointing authorities.
- Clarify provisions for private investigators to provide contracts in the event of an investigation.

SUPPORT AND OPPOSITION:

Support:

California Academy of General Dentistry
California Association of Orthodontists
California Dental Association

Opposition:

California Dental Assisting Alliance

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