

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

SB 1311 (Wahab) – As Amended March 26, 2026

SENATE VOTE: 38-0

SUBJECT: Licensed professions

SUMMARY: Expands the pathways for an unlicensed dental assistant (DA) to meet existing infection control coursework requirements, revises application deadlines for participation in the Licensed Physicians from Mexico Program, adds an additional registered veterinary technician (RVT) to the Veterinary Medical Board of California (VMB), and exempts certain agreements for private investigation services from having include approximate start and completion dates.

EXISTING LAW:

- 1) Establishes the Dental Board of California (DBC) within the Department of Consumer Affairs (DCA) to administer and enforce the Dental Practice Act. (Business and Professions Code (BPC) §§ 1600 *et seq.*)
- 2) Declares the intention of the Legislature to permit the full utilization of dental assistants in order to meet the dental care needs of all the state’s citizens and for the DBC to consider the recommendations of the Dental Assisting Council. (BPC § 1740)
- 3) Establishes a Dental Assisting Council within the DBC to consider all matters relating to dental assisting professionals and make appropriate recommendations to the DBC and the standing committees of the DBC. (BPC § 1742)
- 4) Defines a “dental assistant” as an individual who, without a license, may perform basic supportive dental procedures, as defined, under the supervision of a licensed dentist; requires the employer of a DA to ensure that the DA has completed specified courses approved by the DBC, including courses specifically required to perform certain functions. (BPC § 1750(a))
- 5) Specifies that a DA must complete a DBC-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. (BPC § 1750(c))
- 6) Authorizes a DA to perform specified duties under the general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist. (BPC § 1750.1)
- 7) Establishes the education and training requirements for licensure by the DBC as a registered dental assistant (RDA) through several available pathways. (BPC § 1752.1)
- 8) Establishes the requirements for licensure by the DBC as a registered dental assistant in extended functions (RDAEF). (BPC § 1753)

- 9) Requires a DA who is not enrolled in a DBC-approved program for registered dental assisting or an alternative dental assisting program to complete one of the following infection control certification courses:
- a) A DBC-approved eight-hour course, with six hours being didactic instruction and two hours being laboratory instruction.
 - b) A DBC-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 or a combination thereof.

(BPC § 1755)

- 10) Establishes the MBC within the (MBC) within the DCA to administer and enforce the Medical Practice Act. (BPC) §§ 2000 *et seq.*)
- 11) Establishes the Licensed Physicians from Mexico Program, which establishes a framework for the MBC to issue a nonrenewable three-year license to physicians from Mexico who meets specified criteria and who will be employed in a federally qualified health center (FQHC). (BPC § 2125)
- 12) Establishes the VMB within the DCA to administer and enforce the Veterinary Medicine Practice Act. (BPC §§ 4800 *et seq.*)
- 13) Requires each member of the VMB to be a bona fide resident of California for a period of at least five years immediately preceding their appointment. (BPC § 4801)
- 14) Provides that the VMB shall comprise of four veterinarian members, one RVT member, and one public member appointed by the Governor; and two additional public members appointed by the Senate Committee on Rules and the Speaker of the Assembly, respectively. (BPC § 4802)
- 15) Requires applicants for an RVT license to demonstrate, among other requirements, that they have obtained education accredited by the American Veterinary Medical Association, or the Accrediting Commission for Community and Junior Colleges, or approved by the Bureau for Private Postsecondary Education (BPPE). (BPC § 4841.5)
- 16) Establishes the Bureau of Private Security and Investigative Services (BSIS) within the DCA to administer and enforce various practice acts, including the Private Investigator Act, which provides for the regulation of private investigators. (BPC §§ 7512 *et seq.*)
- 17) Requires that every agreement between a licensed private investigator and a client, including, but not limited to, contract agreements and investigative agreements, including all labor, services, and materials to be provided for the scope of work conducted by the private investigator, shall be in writing, and shall contain specified information, including but not limited to the approximate start and completion dates of the work to be provided. (BPC § 7524)

THIS BILL:

- 1) Allows for a DA to satisfy their infection control coursework requirements by successfully completing either the Dental Assisting National Board's Infection Control examination or one of the several infection control certification course options.
- 2) Establishes additional course options for a DA to satisfy their infection control coursework.
- 3) Revises the application timeline for applicants to participate in the Licensed Physicians from Mexico Program to require an applicant to submit an application to the MBC between October 1, 2025 and July 1, 2026, except that the MBC may accept up to 15 applications between July 1, 2026 and January 1, 2028.
- 4) Adds one additional RVT member to the VMB.
- 5) Specifies that an RVT may obtain their required education from a California public school.
- 6) Exempts from the requirements that a written agreement to provide private investigation services include approximate start and completion dates a master agreement for frequently contracted services over a specified period of time, if the agreement includes the beginning and termination dates.

FISCAL EFFECT: Pursuant to Senate Rule 28.8, negligible state costs.

COMMENTS:

Purpose. This bill is sponsored by the author. 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.

Background.

Dental Board of California. The DBC is responsible for licensing and regulating dental professionals in California. The DBC was originally created as the Board of Dental Examiners in 1885 during the twenty-sixth session of the California Legislature. Today, the DBC licenses an estimated 112,000 dental professionals, of which approximately 43,500 are licensed dentists; 46,000 are RDAs; and 2,300 are RDAEFs. The DBC is also responsible for setting the duties and functions of unlicensed DAs. 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 dental assistants. Three categories of dental assistants are regulated by the DBC, distinguished by what duties they may perform based on their training. This includes unlicensed dental assistants, authorized to perform "basic supportive dental procedures"; RDAs, authorized to perform more complex duties; and RDAEFs, authorized to perform additional restorative procedures following diagnosis and intervention by a dentist.

Dental Assistant Training. DAs are one of three types of dental practitioners that assist licensed dentists, the other two being RDAs and RDAEFs. RDAs and RDAEFs are licensed by the DBC and can perform relatively complex services. DAs are unlicensed and may perform “basic supportive dental procedures,” which are procedures that are elementary from a technical standpoint, are completely reversible, and are unlikely to result in hazardous conditions for the patient.

While DAs are not licensed, they are indirectly regulated by the DBC through requirements on their dentist employers. Dentist employers are responsible for the services provided by their DA employees, so they must provide proper training and oversight. They must also document compliance with all relevant requirements. When there is an adverse event, the employing or supervising dentist’s license may be subject to discipline by the DBC.

In addition to any training needed to successfully incorporate a DA into a dental practice, employers of dental assistants also have statutorily and regulatorily required training requirements. The Dental Practice Act specifies that dental assistant employers are responsible for dental assistants completing a DBC-approved two-hour course on the Dental Practice Act and maintaining certification in basic life support. The act also requires dental assistant employers to ensure dental assistant employees complete other DBC-approved courses prior to performing certain functions, including courses in radiation safety.

The Dental Practice Act also requires DA employers to ensure DA employees complete a DBC-approved eight-hour course in infection control that meets various statutory requirements prior to performing any service that involves potential exposure to blood, saliva, or other potentially infectious materials. This bill would alternatively allow a DA to the Dental Assisting National Board’s Infection Control examination. For DAs that do choose to complete an infection control course, this bill would specify and expand the various courses that would count toward the requirement.

Licensed Physicians from Mexico Program. The concept of allowing physicians from Mexico to temporarily practice in California was purportedly first proposed in 1998 by board members at the Clinica de Salud del Valle de Salinas (CSVS), an FQHC in Monterey County. As described in reporting by the CHCF, “the clinic was having a hard time finding enough physicians to work in Salinas, let alone doctors who spoke Spanish and understood the culture.” CSVS’s chief executive officer worked with a policy consultant to develop and advocate for the proposal, which reportedly received “pushback from some California medical school officials, physicians, and the California Medical Association.”

In 2000, the Legislature enacted AB 2394 by Assemblymember Marco A. Firebaugh, sponsored by the California Hispanic Healthcare Association. As amended in the Senate, the bill established the Task Force on Culturally and Linguistically Competent Physicians and Dentists. The bill briefly included language that would have created a Doctors and Dentists from Mexico Exchange Pilot Program; however, this language was subsequently removed from the bill. Instead, a Subcommittee of the Task Force, chaired by the Director of Health Services, was charged with examining “the feasibility of establishing a pilot program that would allow Mexican and Caribbean licensed physicians and dentists to practice in nonprofit community health centers in California’s medically underserved areas.”

Amendments were subsequently made to AB 1045 (Firebaugh) in May 2002 to effectuate the recommendations of the Subcommittee, which was signed into law by Governor Gray Davis. The final amended version of the bill established the Licensed Physicians and Dentists from Mexico Pilot Program. The bill allowed up to 30 physicians and 30 dentists from Mexico to participate in the program for three-year periods—a compromise from the 150 physicians and 100 dentists that were previously proposed. Participants in the pilot program were required to hold a license in good standing in Mexico, pass a board review course, complete a six-month orientation program, and enroll in adult English-as-a-second-language (ESL) classes. The bill additionally required the MBC and the Dental Board of California to provide oversight, in consultation with other entities, to provide oversight of these entities and submit reports to the Legislature.

While AB 1045 was enacted in 2002, its vision was not effectuated for over two decades. The first annual progress report on the pilot program was submitted to the Legislature by the University of California, Davis in August of 2022. The report found that many patients had substantially positive experiences communicating with their doctor, and frequently felt welcome. UC Davis submitted its second annual progress report on the pilot program to the Legislature in October of 2023. As stated in the report summary, the goal of the evaluation was to provide recommendations on the pilot program and opine on “whether it should be continued, expanded, altered, or terminated.” The report summary concluded with a finding that the pilot program “has strong positive feedback from all. Physicians integrated seamlessly, making healthcare more accessible, and increasing patient trust. Staff reported excellent patient care processes and a supportive environment.” The report further concluded that physicians in the program “demonstrated a solid understanding of California Medical Standards.”

Current law establishes various timelines for physicians from Mexico to apply to the MBC for a license under the program. One statutory timeline requires applicants to submit an application to the MBC between October 1, 2025 and December 31, 2025, except that the MBC may accept up to 15 applicants after December 31, 2025 and before January 1, 2028. This bill would extend those timelines to allow applications to be submitted up to July 1, 2026.

Veterinary Medical Board. The VMB traces its origins back to 1893, originally established as the State Board of Veterinary Examiners. Today, the VMB licenses and regulates veterinarians, RVTs, Veterinary Assistant Controlled Substances Permit (VACSP) holders, veterinary schools, and veterinary premises. The Veterinary Medicine Practice Act BPC § 4800 establishes the composition of the VMB members, which shall consist of four licensed veterinarians, three public members, and one registered veterinary technician (RVT). The RVT member has historically been one of the most active on the VMB: they are automatically assigned to the Multidisciplinary Advisory Committee (MDC), make regular reports at each VMB meeting, and represent the VMB and its RVT population on many state and national organizations. The VMB has reported that the workload for this sole RVT member is extensive.

Considering the disproportionate workload that is currently expected of the RVT board member, and the increased need for RVT perspectives in VMB deliberations and decision-making as the profession grows, the VMB requested an additional RVT member be added to their composition during its most recent sunset review. This bill would effectuate that request to add an additional RVT member to the VMB.

Bureau of Security and Investigative Services. A private investigator is an individual who investigates crimes; the identity, business, occupation, or character of a person; the location of lost or stolen property; or the cause of fires, losses, accidents, damage, or injury. In addition, a private investigator secures evidence for use in court. Private investigators may protect persons only if such services are incidental to an investigation, and they may not protect property. As specified in the Private Investigator Act, individuals performing private investigation activities must hold a private investigator license issued by the BSIS.

In the course of the BSIS's 2024 sunset review, it was raised that the Private Investigator Act did not provide any standard regarding agreements between a private investigator and their client. Most notably, there was no standard that an agreement—including the scope, terms, and fees for a contract—be in writing. As a result, the BSIS argued that when they received a complaint from a consumer related to a private investigator breaching an agreement, it was difficult for staff to investigate the complaint, often resulting in back-and-forth accusations between the licensee and client with little resolution. According to statistics from the BSIS provided to the Committees at the time, 27% of all consumer complaints regarding private investigators alleged that the investigator failed to render services or report to the consumer as agreed.

As a result, SB 1454 (Ashby), the 2024 sunset bill for the BSIS, added language that specifically mandates private investigators enter into a written agreement with clients that details, among other things, the estimated length of work, the scope of investigation, and an explanation of all fees agreed upon by the parties. Upon completion of the investigation, any written report must be provided to the client within 30 days, and the licensee must retain a copy of the agreement and any subsequent findings, amendments, or reports for a minimum of two years. This bill would exempt a master agreement for frequently contracted services over a specified period of time from the requirement for a written agreement to include the approximate start and completion dates of the work to be provided, if the agreement includes the beginning and termination dates.

Current Related Legislation. AB 873 (Alanis) would update requirements for an unlicensed dental assistant to complete an infection control and radiation safety courses and makes numerous other conforming changes to the Dental Practice Act. *This bill is pending in the Senate Committee on Business, Professions, and Economic Development.*

AB 1760 (Arambula) would make numerous minor changes and technical corrections to various provisions of the Dental Practice Act. *This bill is pending in the Senate Committee on Appropriations.*

AB 2386 (Alvarez) would allow for a physician who successfully participated in the existing three-year Licensed Physicians from Mexico Program to obtain a full and unrestricted license from the MBC. *This bill is pending in the Senate Committee on Appropriations.*

AB 2485 (Ahrens) require that a licensed private investigator, when providing a copy of an initial service agreement or an amendment to an agreement to a client, must provide the copy in the preferred language of the client if the client primarily speaks a language other than English. *This bill is pending in the Assembly Committee on Appropriations.*

Prior Related Legislation. AB 1502 (Berman), Chapter 195, Statutes of 2025 extended the sunset date for the VMB and made various other technical changes, statutory improvements, and policy reforms in response to issues raised during the VMB’s sunset review oversight process.

SB 1454 (Ashby), Chapter 484, Statutes of 2024 extended the sunset date for the BSIS and enacted various changes resulting from its sunset review, including the requirement that a private investigator provide a written copy of a service agreement to a client, as specified.

SB 1453 (Ashby), Chapter 483, Statutes of 2024 extended the sunset date for the DBC and made various technical changes, statutory improvements, and policy reforms in response to issues raised during the Legislature’s joint sunset review of the DBC.

AB 481 (W. Carrillo) of 2023 would have made numerous changes to the education, scope of practice, and regulation of dental auxiliaries, including dental assistants, orthodontic assistants, and RDAs. *This bill was held on suspense in the Senate Committee on Appropriations.*

AB 2276 (W. Carrillo) of 2022 would have authorized unlicensed dental assistants to polish teeth and apply dental sealants. *This bill was held on suspense in the Assembly Committee on Appropriations.*

ARGUMENTS IN SUPPORT:

The *California Dental Association* (CDA) supports this bill, writing: “Dental practices across California are struggling to hire unlicensed dental assistants due to new statutory barriers. Currently, newly hired unlicensed dental assistants must complete an in-person, eight-hour infection control course before they can begin working in a dental office, a requirement that replaced the previous one-year completion window following the 2024 dental board sunset review. 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.” CDA further writes: “SB 1311 (Wahab) aims to resolve these issues by allowing an unlicensed dental assistant to complete a DBC-approved infection control course; a virtual course offered by a provider approved by CDA, the American Dental Association (ADA), or the Academy of General Dentistry (AGD); or the Dental Assisting National Board’s Infection Control examination, which is offered virtually.”

ARGUMENTS IN OPPOSITION:

The *California Dental Assisting Alliance* (CDAA) writes in opposition: “The COVID-19 pandemic reinforced the vital importance of properly educating and training healthcare professionals in infection control. When these safeguards are lacking, public health—and lives—are at risk. For this reason, California must remain committed to maintaining and continually strengthening its infection control education and training standards. Rather than improving these standards, this bill would significantly weaken them. These amendments make significant changes that undermine what was accomplished during the recent Sunset Review.”

IMPLEMENTATION ISSUES:

Licensed Physicians from Mexico Program. This bill would make technical changes to existing law establishing the Licensed Physicians from Mexico Program within the MBC. An additional issue that has been identified related to that program relates to the requirement for applicants to satisfy complete the Test of English as a Foreign Language examination by scoring a minimum of 85 percent; however, this language includes a drafting error, as the passing rate is simply 85, not 85 percent. This bill should be amended to additionally resolve that issue.

AMENDMENTS:

Amend Section 3 of the bill to strike the word “percent” from Section 2125(e)(3)(B)(ii).

REGISTERED SUPPORT:

California Association of Licensed Investigators
California Association of Orthodontists
California Dental Association
Dental Board of California

REGISTERED OPPOSITION:

California Dental Assisting Alliance
Dental Hygiene Board of California

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