SENATE THIRD READING
SB 1311 (Wahab)
As Amended July 1, 2026
2/3 vote. Urgency

SUMMARY

Expands the pathways for an unlicensed dental assistant (DA) to meet existing infection control coursework requirements, revises application deadlines and requirements 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.

Major Provisions

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 Medical Board of California (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) Clarifies the requirements for an applicant to demonstrate that they satisfactorily completed the Test of English as a Foreign Language (TOEFL).

5) Adds one additional RVT member to the VMB.

6) Specifies than an RVT may obtain their required education from a California public school.

7) 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.

COMMENTS

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 Registered Dental Assistant in Extended Functions. (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 federally qualified health center (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, Chapter 802, Statutes of 2000 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) Chapter 1157, Statutes of 2002 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. This bill would also correct an error in statute that refers to applicants demonstrating that they have scored a minimum of 85 *percent* on the TOEFL when passage is based on a numerical score and not on a percentage.

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 Section 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 voard 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 an 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), Chapter 484, Statutes of 2024 the 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.

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."

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."

FISCAL COMMENTS

According to the Assembly Committee on Appropriations, no state costs.

VOTES

SENATE FLOOR: 38-0-2
YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Ochoa Bogh, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
ABS, ABST OR NV: Niello, Padilla

ASM BUSINESS AND PROFESSIONS: 17-0-2
YES: Berman, Johnson, Addis, Ahrens, Alanis, Bauer-Kahan, Chen, Elhawary, Hadwick, Haney, Hart, Irwin, Jackson, Lowenthal, Macedo, Nguyen, Pellerin
ABS, ABST OR NV: Bains, Caloza

ASM APPROPRIATIONS: 15-0-0
YES: Wicks, Hoover, Arambula, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

UPDATED

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