

UNFINISHED BUSINESS

Bill No: SB 1311
Author: Wahab (D)
Amended: 7/1/26
Vote: 27 - Urgency

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 9-0, 3/23/26

AYES: Wahab, Choi, Archuleta, Caballero, Grayson, Niello, Smallwood-Cuevas,
Strickland, Umberg

NO VOTE RECORDED: Arreguín, Menjivar

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

SENATE FLOOR: 38-0, 5/18/26

AYES: 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

NO VOTE RECORDED: Niello, Padilla

ASSEMBLY FLOOR: Passed, 8/24/26

SUBJECT: Licensed professions

SOURCE: Author

DIGEST: This urgency bill makes various conforming changes to existing requirements for unlicensed dental assistants (DAs) to complete an infection control course and makes technical changes to the Licensed Physicians from Mexico Program, board appointments under the Veterinary Medicine Practice Act, and contract requirements under the Private Investigator Act.

Assembly Amendments make a conforming change to require physician participants in the Physicians from Mexico program to satisfactorily complete the Test of

English as a Foreign Language (TOEFL) by scoring a minimum of 85 rather than 85 percent.

ANALYSIS:

Existing law:

- 1) Regulates the practice of dentistry and establishes the Dental Board of California (DBC) to administer and enforce the Dental Practice Act. (Business and Professions Code (BPC) §§ 1600-1976)
- 2) Defines a Dental Assistant (DA) as an individual without a license who may perform basic supportive dental procedures under the supervision of a licensed dentist that has technically elementary characteristics, are completely reversible and are unlikely to cause potentially hazardous conditions for the patient being treated. (BPC § 1750 (a))
- 3) 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. (BPC § 1750 (b-c))
- 4) 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))
- 5) 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))
- 6) Authorizes a DA to perform specified duties under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist. (BPC § 1750.1 (b) (1-18))
- 7) 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)

- 8) Establishes the Medical Practice Act to regulate the practice of medicine by the Medical Board of California (MBC) within the Department of Consumer Affairs (DCA). (BPC §§ 2000-2529.8.1)
- 9) Establishes the Licensed Physicians from Mexico Program, which authorizes up to 30 licensed physicians from Mexico to practice medicine in California for a period not to exceed three years and requires applicants to submit an applicant to the MBC between October 1, 2020, and December 1, 2025, except that the MBC may accept up to 15 applications after December 31, 2025, and before January 1, 2028. (BPC § 2125 (g)(1)(C))
- 10) Establishes the Veterinary Medicine Practice Act to be administered by the Veterinary Medical Board (VMB) within DCA and specifies the VMB be comprised of nine members – four licensed veterinarians, two registered veterinary technicians, and three public members. (BPC §§ 4800-4920.8)
- 11) Requires a veterinary technician to furnish satisfactory evidence of minimum education, as specified. (BPC § 4841.5(a)(4)(B))
- 12) Establishes the Private Investigator Act (Act), which vests with the director of the DCA, and by delegation, the Bureau of Security and Investigative Services (BSIS), the responsibility to administer and enforce the provisions of the Act. (BPC §§ 7512-7573.5)
- 13) Requires every agreement to provide a service regulated by the Act, including, but not limited to, contract agreements and investigative agreements, to be in writing and include specified information, including the approximate state and completion dates of the work to be provided. (BPC § 7254 (a)(3))

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) 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) Extends the application period for the Licensed Physicians from Mexico program to between October 1, 2025, and July 1, 2026, except that 15 applications may be accepted after July 1, 2026, and before January 1, 2028.
 - 4) Makes technical changes to the VMB composition and appointing authorities.
 - 5) Adds education provided by a California public school as acceptable evidence of minimum education competency for registration as a veterinary technician.
 - 6) Clarifies that a private investigator master agreement for frequently contracted services over a specified period of time shall be exempt from including beginning and termination dates of the work to be performed.
 - 7) States that this bill is urgent and necessary to take effect immediately to allow the MBC to timely accept applications from eligible participants for the Licensed Physicians from Mexico Program pursuant to AB 2860 (Garcia, Chapter 246, Statutes of 2024), to provide clarity for licensing enforcement and services required to be rendered only through a written contract under the Act pursuant to SB 1454 (Ashby, Chapter 484, Statutes of 2024), to ensure the CVMB has a complete composition pursuant to AB 1502 (Berman, Chapter 195, Statutes of 2025), and to further ensure the CVMB has timely and complete requirements to evaluate applicants to become a registered veterinary technician, it is necessary that this bill go into immediate effect. 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. There have been issues preventing the establishment of the eight-hour course virtually and the eight-hour course is not readily available in many parts of the state, especially remote and rural areas already

experiencing access and workforce shortage issues. To mitigate these outcomes, it is necessary that this act take effect immediately.

Background

The DBC licenses an estimated 112,000 dental professionals, of which 43,000 are fully licensed dentists; 46,000 are registered DAs; 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 DAs.

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 not likely to cause hazardous conditions for the patient being treated. Although unlicensed, these individuals 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. SB 1453 made significant changes to unlicensed DA practice. In response to concerns about dental workforce shortages, AB 481 (Carrillo of 2023) would have created new licensure pathways and expanded 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 positions limited their practice's ability to treat more patients. SB 1453 incorporated provisions of AB 481 that DBC could effectively implement, including various changes to the education, scope of practice, and regulation of dental auxiliaries, including DAs.

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.

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 programs created for registered DAs. 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.

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.

MBC, CVMB, and BSIS Amendments. The amendments to various additional practice acts: 1) extend the timeframe for the MBC to accept applications from participants in the Mexico Pilot Program for a few months in case anything goes awry with the visa process or to allow for other contingencies and also make a conforming change related to the necessary TOEFL score; 2) make necessary and technical changes to the CVMB's composition and appointing authorities; and 3) clarify provisions for private investigators to provide contracts in the event of an investigation, while technical in nature, are time-sensitive and critical to the effective operations of each program and thus, are appropriate and necessary for inclusion in this urgency measure.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

No state costs.

SUPPORT: (Verified 8/24/26)

California Association of Licensed Investigators
California Association of Oral and Maxillofacial Surgeons
California Association of Orthodontists
California Dental Association
Dental Board of California
Medical Board of California

OPPOSITION: (Verified 8/24/26)

California Dental Assisting Alliance
California Dental Hygienist Association
Dental Hygiene Board of California

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."

The California Association of Licensed Investigators writes, "The California Association of Licensed Investigators [CALI] appreciates the provision added to SB 1311 on March 26 to clarify Business and Professions Code Section 7524 and

we support the measure as amended. SB 1311 would acknowledge and address the master agreements licensed private investigators have with many of their clients for frequently contracted services over extended periods of time.”

The California Association of Oral and Maxillofacial Surgeons writes, “This bill provides a reasonable and balanced update to existing law by allowing dental assistants to meet infection control requirements through either a board-approved course or by successfully completing the Dental Assisting National Board’s Infection Control examination. It also introduces flexibility in course delivery by permitting a portion of required instruction to be completed through video-based training tools, while preserving hands-on laboratory components.”

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.”

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.

The California Dental Hygienist Association and Dental Hygiene Board of California believes that this bill should be amended to require the dentist, or another licensed member of the dental team with infection control education and training, “to provide on-the-job training to the unlicensed dental assistant to ensure she/he is able to demonstrate how to carry out the safety protocols and duties in CCR Title 16, section 1005 (gloves, mask, sterilization) prior to working with the potentially infectious materials and patients.” The group believes the bill, to have proof of training, should “require the [dentist] to certify that the hands-on training was successfully completed and keep a record of the certification available upon request.”

Prepared by: Sarah Mason / B., P. & E.D. /
8/24/26 17:01:14

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