



DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



DENTAL BOARD OF CALIFORNIA

NOTICE OF TELECONFERENCE MEETING

August 12-13, 2026

Board Members

Lilia Larin, DDS, President
Rosalinda Olague, RDA, Vice President
John Dierking, JD, Public Member, Secretary
Steven Chan, DDS
Kevin R. Cheng, JD, Public Member
Robert P. David, Public Member
Alan Felsenfeld, MA, DDS
Joni Forge, DDS
Jaskiran Grewal, DDS
Angelita Medina, MHS, Public Member
Yogita Thakur, DDS, MS
Ram M. Vaderhobli, DDS, MS
James Yu, DDS, MS

**Action may be taken on any
item listed on the agenda.**

The Dental Board of California (Board) will meet by teleconference in accordance with Government Code section 11123.2 approximately at, but no earlier than, 10:30 a.m., on Wednesday, August 12, 2026, and 9:00 a.m., on Thursday, August 13, 2026, with the following location available for Board and public member participation:

Department of Consumer Affairs
2005 Evergreen Street, Hearing Room #1150
Sacramento, CA 95815

This meeting will be held via WebEx Events. Instructions to connect to the meeting can be found in the WebEx QuickStart document at:

https://dbc.ca.gov/about_us/meetings/webex_instructions.pdf

To participate virtually in the WebEx Events meeting on **Wednesday, August 12, 2026:**

[Click Here to Join Meeting](#)

Experiencing issues joining the meeting?

Copy and paste the link text below into an internet browser:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=ma4b10f58b4fed54dff424be53f02ccf6>

Event number: 2496 033 3027
Event password: DBC25 (32225 from phones)

To participate virtually in the WebEx Events meeting on **Thursday, August 13, 2026:**

[Click Here to Join Meeting](#)

Experiencing issues joining the meeting?

Copy and paste the link text below into an internet browser:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m20396c680883e5088f279498ea423256>

Event number: 2495 324 2906
Event password: DBC26 (32226 from phones)

Due to potential technical difficulties, please consider submitting written comments by August 3, 2026, to dentalboard@dca.ca.gov for consideration.

Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will need to provide a unique identifier such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make public comment; participants who choose not to provide their email address may utilize a fictitious email address like in the following sample format: XXXXXX@mailinator.com.

AGENDA

10:30 a.m., Wednesday, August 12, 2026

1. Call to Order/Roll Call/Establishment of a Quorum
2. Public Comment on Items Not on the Agenda **[8]**
Note: The Board may not discuss or take action on any matter raised during this Public Comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11122.5, 11125, and 11125.3.)
3. Discussion and Possible Action on May 13-14, 2026 Board Meeting Minutes **[9-30]**
4. Board President Report **[31]**
5. Executive Officer Report **[32]**

6. Report on Department of Consumer Affairs (DCA) Activities, which may include updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters **[33]**
7. Dental Assisting Council Meeting Report **[34]**
8. Budget Report **[35-40]**
9. Licensing, Certifications, Permits, and Examinations
 - a. Update on Dental Licensure and Permit Statistics **[41-52]**
 - b. Presentation – Licensure Pathways **[53-67]**
 - c. Report from American Board of Dental Examiners (ADEX) **[68-99]**
10. Anesthesia and Sedation
 - a. General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics **[100-109]**
11. Enforcement
 - a. Review of Statistics and Trends **[110-113]**
12. Substance Use Awareness
 - a. Diversion Program Report and Statistics **[114]**
 - b. Presentation – Board Diversion Program Purpose and Overview **[115-125]**
13. Report from the American Association of Dental Boards (AADB) **[126-138]**
14. Presentation – Initiatives to Increase Access to Dental Care – California Department of Health Care Services (DHCS), *Smile, California* **[139-158]**
15. Recess Open Session Until August 13, 2026, at 8:30 a.m.

CLOSED SESSION (WILL NOT BE WEBCAST)

16. Convene Closed Session
17. Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions
18. Pursuant to Government Code Section 11126(e), the Board will Meet in Closed Session to Receive Advice from Legal Counsel on Pending Litigation
 - a. *Sean Leanidas Bullard v. Dental Board of California*, San Francisco Superior Court, Case No. CPF-26-519613

- b. *Christy Yan-Ching Chen v. Dental Board of California*, San Diego County Superior Court, Central Division, Case No. 25CU018980C

19. Adjourn Closed Session

9:00 a.m., Thursday, August 13, 2026

20. Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

21. Board President's Report on Closed Session Items **[159]**

22. Report on Dental Hygiene Board of California Activities **[160]**

23. Update, Discussion, and Possible Action on Proposed Regulations

a. Status Update on Pending Regulations **[161-163]**

- i. Update on Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control
- ii. Update on Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Repeal Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 Regarding Applications for Dentist Licensure and Fees
- iii. Update on Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1066 Regarding Vaccine Administration Updates

24. Update, Discussion, and Possible Action on Legislation Impacting the Board, DCA, and/or the Dental Profession

a. 2026 Tentative Legislative Calendar – Information Only **[164-166]**

b. Legislation of Interest **[167-211]**

- i. 2026 Legislation for Information and Board Consideration (No Motion Necessary – Information Only)
 1. Board Support Bills
 - A. [AB 1670](#) (Arambula, 2026) Medi-Cal: Dental Care (DEAD)
 - B. [AB 1671](#) (Tangipa, 2026) Rural Medical Services Grant Program (DEAD)
 - C. [AB 2140](#) (Johnson, 2026) Healing Arts: Reports: Claims Against Licensees (DEAD)
 - D. [SB 936](#) (Blakespear, 2026) Nitrous Oxide: Sales
 - E. [SB 944](#) (Wiener, 2026) Medi-Cal: Acupuncture
 - F. [SB 1137](#) (Valladares, 2026) Personal Income Tax: Deduction: Medical Expenses (DEAD)
 - G. [SB 1146](#) (Gonzalez, 2026) Advertisement Claims: Health-Related Consumer Products and Services: Digital Replicas and Synthetic Performers
 - H. [SB 1159](#) (Cabaldon, 2026) Artificial intelligence: Transparency and Governance

- I. [SB 1311](#) (Wahab, 2026) Licensed Professions
- J. Senate Resolution [\(SR\) 82](#) (Pérez, 2026) Relative to Children's Dental Health Month (ADOPTED)
- 2. Board Watch Bills
 - A. [AB 1558](#) (Arambula, 2026) Uniform Emergency Volunteer Health Practitioners Act (DEAD)
 - B. [AB 1563](#) (Gabriel, 2026) Budget Act of 2026
 - C. [AB 1578](#) (Jackson, 2026) State/Local Officials: Sexual Harassment Training and Education: Anti-hate Speech Training
 - D. [AB 1629](#) (Haney, 2026) Dental Coverage
 - E. [AB 1717](#) (Castillo, 2026) Medi-Cal Dental Reimbursement: House/Extended Care Facility Call (DEAD)
 - F. [AB 1729](#) (Lee, 2026) State Employment: Telework Programs
 - G. [AB 1775](#) (Ward, 2026) Veterans
 - H. [AB 1821](#) (Pacheco, 2026) California Public Records Act: Agency Response Time
 - I. [AB 1900](#) (Kalra, 2026) Guaranteed Health Care for All (DEAD)
 - J. [AB 1979](#) (Bonta, 2026) Health Care Services: Artificial Intelligence
 - K. [AB 2029](#) (Sharp-Collins, 2026) Dental Plan Portal (DEAD)
 - L. [AB 2292](#) (Ward, 2026) Disability Benefits: Certificates
 - M. [AB 2668](#) (Fong, 2026) Acupuncture: License Requirements and Title Protection (DEAD)
 - N. [SB 879](#) (Laird, 2026) Budget Act of 2026
 - O. [SB 980](#) (Hurtado, 2026) Access to Medical Records (DEAD)
 - P. [SB 1150](#) (Jones, 2026) Cancer Data: Notifications
 - Q. [SB 1391](#) (Wahab, 2026) Department of Consumer Affairs: Retired Category Licenses
 - R. [SB 1416](#) (Wahab, 2026) Physicians and Surgeons: Dentists: Unprofessional Conduct
 - S. [SB 1422](#) (Durazo, 2026) Medi-Cal: Eligibility: Immigration Status (DEAD)
 - T. [SB 1433](#) (Committee on Judiciary, 2026) Maintenance of the Codes (CHAPTERED)
- ii. 2025-2026 Two-Year Legislation for Information and Board Consideration (No Motion Necessary – Information Only)
 - A. [AB 280](#) (Aguiar-Curry, 2025) Health Care Coverage: Provider Directories – Board Position *WATCH*
 - B. [AB 350](#) (Bonta, 2025) Health Care Coverage: Fluoride Treatments – Board Position *SUPPORT*
 - C. [AB 485](#) (Ortega, 2025) Labor Commissioner: Unsatisfied Judgments: Nonpayment of Wages – Board Position *OPPOSE UNLESS AMENDED* (DEAD)
 - D. [AB 667](#) (Solache, 2025) Professions and Vocations: License Examinations: Interpreters – Board Position *WATCH*
 - E. [AB 787](#) (Papan, 2025) Provider Directory Disclosures – Board Position *WATCH* (DEAD)

- F. [AB 873](#) (Alanis, 2025) Dentistry: Dental Assistants – Board Position *SUPPORT IF AMENDED* (DEAD)
- iii. 2026 Priority Legislation for Discussion and Board Consideration
 - A. Assembly Bill [\(AB\) 1760](#) (Arambula, 2026) Dentistry – *SPONSOR* – Information Only
 - B. [AB 1767](#) (Berman, 2026) Public Members of Boards: Conflicts of Interest – Staff Recommendation *WATCH*
 - C. [AB 1811](#) (Rogers, 2026) Health Professionals – Staff Recommendation *WATCH*
 - D. [AB 1952](#) (Berman, 2026) Dentistry: Dental Hygienists: Licensure – *SUPPORT* (DEAD) – Information Only
 - E. [AB 1307](#) (Ávila Farías, 2025) Licensed Dentists from Mexico Pilot Program – Staff Recommendation *WATCH*
 - F. [SB 758](#) (Umberg) Public Health: Nitrous Oxide – Staff Recommendation *SUPPORT*
 - G. [SB 1314](#) (Menjivar) Cigarette or Tobacco Product Retailers: New Retail Locations and Sale of Nitrous Oxide – Staff Recommendation *SUPPORT*
 - H. [SB 1445](#) (Committee on Business, Professions and Economic Development, 2026) Healing Arts – *SUPPORT* – Information Only

25. 2027 Meeting Dates **[212-218]**

26. Future Agenda Items and Next Meeting Dates **[219]**

27. Adjournment

Information regarding the meeting is available by contacting the Board at (916) 263-2300 or (877) 729-7789, email: DentalBoard@dca.ca.gov, or send a written request to the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815. This agenda can be found on the Dental Board of California website at dbc.ca.gov. The time and order of agenda items are subject to change at the discretion of the Board President and may be taken out of order. Items scheduled for a particular day may be moved to an earlier day or later day to facilitate the effective transaction of business. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

In accordance with Government Code section 11123.2(j)(1), the teleconference locations from which Board members may participate in the meeting may not be identified in the notice and agenda of the meeting.

This meeting is being held via teleconference through WebEx Events. This meeting may be delayed, postponed, or rescheduled if there are technological difficulties with the WebEx platform.

Members of the public may also view a livestream (Webcast) of this meeting at <https://thedcapage.blog/webcasts/>. Using the Webcast link will allow only for

observation with closed captioning. Webcast availability cannot be guaranteed due to resource limitations or technical difficulties. Meeting adjournment may not be Webcast if it is the only item that occurs after a closed session. The meeting will not be cancelled if Webcast becomes unavailable.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at their discretion, apportion available time among those who wish to speak.

The meeting location is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting Bryce W.A. Docherty, MPA, Executive Officer, at Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (877) 729-7789

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MEMORANDUM

DATE	July 21, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 2.: Public Comment on Items Not on the Agenda

Notes

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**DENTAL BOARD OF CALIFORNIA
MEETING MINUTES
May 13-14, 2026**

In accordance with Government Code section 11123, subdivision (a), the Dental Board of California (Board) met on May 13-14, 2026, at the following location:

Hilton Anaheim
777 W. Convention Way (Fourth Floor, Huntington Room)
Anaheim, CA 92802

Board Members Present:

Lilia Larin, DDS, President
Rosalinda Olague, RDA, Vice President
John Dierking, JD, Public Member, Secretary
Steven D. Chan, DDS
Kevin R. Cheng, JD, Public Member
Robert P. David, Public Member
Alan L. Felsenfeld, MA, DDS
Joni Forge, DDS
Jaskiran K. Grewal, DDS
Angelita Medina, MHS, Public Member
Ram M. Vaderhobli, MS, DDS
James Yu, MS, DDS

Board Members Absent:

Yogita Thakur, MS, DDS

Staff Present:

Bryce W.A. Docherty, MPA, Executive Officer
Christy Bell, Assistant Executive Officer
Ryan Blonien, Enforcement Chief
Jodi Ortiz, Chief of Licensing and Examination Division
Wilbert Rumbaoa, Administrative Services Unit Manager
Brant Nelson, Legislative and Regulatory Specialist
Monica Ackerson, Investigator (May 14, 2026)
Kaycee Hunter, Investigator (May 13, 2026)
Bernice Santa Ana, Investigator (May 14, 2026)
Mirela Taran, Administrative Analyst
Tom Tortorici, Investigator (May 13, 2026)

DRAFT - Dental Board of California
May 13-14, 2026 Meeting Minutes

Bryce Penney, Television Specialist, Office of Public Affairs, Department of Consumer Affairs (DCA)

Kristy Schieldge, Regulations Counsel, Attorney IV, Legal Affairs Division, DCA (Remotely)

Kenneth Swenson, Interim Board Counsel, Attorney III, Retired Annuitant, Legal Affairs Division, DCA

Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA (Remotely)

10:30 a.m., Wednesday, May 13, 2026

Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum

The Board President, Dr. Lilia Larin, called the meeting to order at 10:33 a.m.

The Board Secretary, John Dierking, called the roll; 12 Board Members were present, and a quorum was established. Board Member Yogita Thakur, MS, DDS, was absent.

Agenda Item 2: Public Comment on Items Not on the Agenda

President Larin called for public comment on items not on the agenda. The Board received the following public comments.

Dr. Evelyn Vu-Tien, representing the California Society of Pediatric Dentistry (CSPA), stated that on May 8, 2026, they submitted a formal letter to the Board outlining their concerns and recommendations regarding implementation of pediatric moderate sedation permit requirements and possible modifications under Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) due to their opinion of diminished access to care for pediatric special needs and increasing population of pediatric children. She noted that CSPA understands that their suggested recommendations may not be under the purview of the Board. However, they would like to bring awareness to the letter and would like to respectfully ask the Board to refer the letter to the Access to Care Committee to evaluate the issues outlined in the letter, which include the age requirement, as well as recognition of the Commission on Dental Accreditation (CODA) accredited residency training, the flexibility for the PEARS (Pediatric Emergency Assessment, Recognition and Stabilization) versus Pediatric Advanced Life Support (PALS) training, to open up the skill set and greater workforce availability for Registered Dental Assistants (RDAs) to participate, and opportunities to reassess the current site visit and fee structure to consolidate the fees.

Shari Becker, representing the Dental Assisting Alliance (Alliance) inquired on the status of the second RDA appointment to the Board.

Agenda Item 3: Discussion and Possible Action on February 5-6, 2026 Board Meeting Minutes

Motion/Second/Call (M/S/C) (David/Yu) to approve the February 5-6, 2026, meeting minutes.

President Larin requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Larin called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Vaderhobli, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 4: Board President Report

President Larin reported that she and Vice President Rosalinda Olague continue to hold weekly meetings with Executive Officer Bryce Docherty to review Board operations, discuss ongoing initiatives, and stay informed on important regulatory and operational matters affecting both the Board and the public. Additionally, they have been working to refine the Board's committee structure and improve committee function in order to encourage greater Board Member participation, strengthen collaboration, and enhance the effectiveness of committee work.

President Larin stated that planning is underway for upcoming Board meetings and opportunities to further strengthen stakeholder engagement and collaboration. In April, she attended the American Dental Association lobby day meetings in Washington, D.C., and participated in discussions with members of Congress and the Senate focused on key issues impacting the dental profession and patient access to care, including student debt, insurance reform, and the need for stronger oral health representation at the federal level. President Larin conveyed that the Executive Committee also participated in a virtual meeting with representatives from the American Board of Dental Examiners (ADEX) to review updates regarding the dental examination process and upcoming changes to the examination structure and administration. Additionally, Dr. Larin noted that she authored the President's Message for the Board's May newsletter. President Larin thanked the Board Members, Mr. Docherty, and Board staff for their continued dedication and for embracing new initiatives related to committee structure and function.

President Larin requested public comment on this item. There were no public comments made on this item.

Agenda Item 5: Executive Officer Report

Executive Officer Bryce Docherty reported that Board staff in conjunction with DCA Strategic Organizational Leadership and Individual Development (SOLID) have met several times to develop the action plan and action plan tracker to assist the Board in

monitoring the progress of completing the approved Dental Board of California 2026-2029 Strategic Plan. These operational documents include several worksheets that identify 14 strategic objectives and 42 tasks to be completed within the four-year period to successfully accomplish the four strategic goals adopted by the Board. These documents are intended to outline and measure the Board's progress. Further updates will be provided to the Board as these tasks are completed. Mr. Docherty disclosed that the current Board staff vacancy percentage rate is about 10%, which previously included eight vacant positions. However, last week, one of those vacancies was filled by Christina Hietbrink, joining Board staff as a Management Services Technician in the Dental Assisting and Examination Unit. Three of the vacancies are the result of staff promotions, including two internal promotions, and three of the vacancies were the result of retirement. He added that the Board is actively recruiting staff to fill the vacant positions.

Mr. Docherty also reported that over the past quarter, the Board has continued to prioritize improvements in communication, transparency, and accessibility to better serve its licensees, stakeholders, and the public. Several key initiatives have been implemented to expand outreach, enhance user experience, and modernize interactions with the Board. With regards to an expanded social media presence, the Board has launched a new Facebook page, complementing its existing social media presence on X. This expanded platform allows the Board to reach a broader audience and engage more proactively in public-facing events. Recent examples of postings include participation in Dental Assistants Recognition Week in March and National Smile Month in May and June. These social media channels offer real-time updates and improved visibility for Board activities. Mr. Docherty stated that there have also been a number of website enhancements to clarify and ease of use. The Board's website has been refreshed with clearer language, improved organization, and new visual application widgets designed to simplify navigation for licensing applicants. These updates aim to reduce confusion, streamline access to information, and create a more intuitive experience for all the users. To enhance language accessibility and translation integration, a new Google Translate feature has been added to the top of the Board's website, allowing visitors to view content in nearly 150 different languages with a single click. This enhancement reflects the Board's ongoing commitment to accessible communication and serves as an important step in ensuring that the public it protects can readily access essential information and services. He noted that the Board has also added new Contact Us and email subscription features. To further strengthen communication with applicants, licensees, stakeholders, and the public, the Board has introduced an updated Contact Us and new Join our Email List subscription option. These tools provide a more direct and efficient way for the public to reach the Board, receive timely updates, and stay informed on key announcements, regulatory changes, and outreach efforts.

Mr. Docherty conveyed that the May issue of the Board Matters biannual newsletter was recently released and successfully distributed announcing the Board's new President and new Executive Officer among many other items. This biannual communication

vehicle continues the Board's efforts to keep stakeholders informed of leadership updates and organizational priorities. He indicated that the Dental Unit has fully transitioned from mailing hard copy communications and that all correspondence is now issued electronically. This modernization ensures faster delivery, improved tracking, and reduced administrative costs. Mr. Docherty reported that the Board now offers courtesy email notifications for renewals. In April, the Board implemented courtesy email notifications for license renewals. This added communication channel helps ensure licensees receive timely reminders and are less likely to miss their renewal deadlines. He stated that the Board has also implemented the Psychological Services Incorporated (PSI) testing updates for the dentist and dental assistant Law and Ethics Examination. PSI's examination process has been updated to collect examinee's email addresses and phone numbers. This enhancement allows for more efficient communication regarding exam scheduling, location changes, or testing site closures, improving the overall experience for candidates. Mr. Docherty noted that as part of the Board's paperless project, a secure online portal for enforcement complaints has been established. The Enforcement Unit now accepts dental records submissions through a secure online portal. This improvement reduces the need for mailing large physical documents and provides a more efficient and accessible way for the public to file complaints.

Mr. Docherty affirmed that since the last Board meeting in February he has attended the DCA Board President's Training with President Larin and the DCA Board Member Orientation Training (BMOT) along with several members of the Board. Additionally, he met with leadership from the California Association of Orthodontists (CAO), government relations advocates with the Service Employees International (SEIU) united health workers, and advocates and members of the California Dental Assisting Alliance. Lastly, he recognized Board Members Steven Chan and Jaskiran Grewal on their highly esteemed achievements.

President Larin requested public comment on this item. There were no public comments made on this item.

Agenda Item 6: Report on Department of Consumer Affairs (DCA) Activities, which may include updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Assistant Executive Officer Christy Bell provided a departmental update, which included the following.

Ms. Bell noted that all new Board Members must file Form 700 with the Fair Political Practices Commission (FPPC) 30 days after their appointment and annually on April 1st of every year thereafter. Additionally, Board Members must file a Form 700 leaving office statement within 30 days of leaving the Board. She reported that this spring, DCA relaunched the Enforcement Academy training program, which had not been held since the COVID-19 pandemic. This 4-day training program offered DCA Board and Bureau

enforcement staff an overview of the enforcement process, investigations, complaint intake, and formal discipline, as well as learn best practices and make connections with other programs. Their March session included staff participation from over 20 different boards and bureaus, and they are planning additional academies in August and October 2026. Ms. Bell stated that DCA's Diversity, Equity, Inclusion, and Accessibility Executive Steering Committee recently selected 15 employees from throughout DCA to participate as members of the inaugural DEI Subcommittee. This subcommittee will meet bimonthly to develop and implement multiple initiatives and goals to promote positive organizational impact. The first meeting of the subcommittee is scheduled for July 31, 2026, and DCA will continue to highlight their milestones and accomplishments.

Ms. Bell provided updates on the Governor's Reorganization Plan, Board Member Orientation (BMOT) 2026 training dates, and re-appointment information.

President Larin requested public comment on this item. There were no public comments made on this item.

Agenda Item 7: Report on Purpose Statement and Objectives of Standing and Special Needs Committees

President Larin provided the report, which is available in the meeting materials.

President Larin requested public comment on this item. There were no public comments made on this item.

Agenda Item 8: Dental Assisting Council Meeting Report

Dental Assisting Council (DAC) Chair, Jeri Fowler, provided a verbal report on the May 13, 2026, DAC meeting. Ms. Fowler advised the Board regarding DAC discussion of DAC meeting agenda items.

President Larin requested public comment on this item. There were no public comments made on this item.

Agenda Item 9: Budget Report

Administrative Services Unit Manager Wilbert Rumbaoa provided a report on the Board's budget for fiscal year (FY) 2025/2026. Mr. Rumbaoa conveyed that the Board's appropriation is currently \$20.6 million. Of that \$20.6 million, the Board is projected to spend \$18.9 by the end of the FY. \$7.3 million will be spent on personnel services, and \$12.5 million will be for operating equipment and expenses. He conveyed that the Board is projected to revert approximately \$1.7 million at the end of the FY, and that currently the Board is projected to receive approximately \$20.4 million in revenue for the year. Additionally, he noted that the Board currently has 14.8 months in reserve for the Board's budget.

President Larin asked whether the Board has another loan. Mr. Rumbaoa responded that there is no loan and that the loan was repaid in FY 2024-25. He stated that the

Board received approximately \$131,000 of interest based off of that loan and that there is no projected loan for the next FY.

Board Member Robert David asked whether the Governor's four day in-person return to office mandate is going to take effect as of July 1st. Mr. Docherty responded that negotiations are still ongoing and we will not have a final answer until the 2026-2027 State Budget is adopted by the Legislature and signed by Governor Newsom.

Board Member Ram Vaderhobli noted that on page 45 of the meeting materials, the *Other Regulatory Fees* shows \$417,000 while the *Year to Date* collections through February shows \$293. Mr. Rumbaoa stated that the Board anticipates that more students will pass their ADEX exam, graduate, and apply for licensure. Dr. Vaderhobli stated that in regards to revenues, he anticipates it will bypass the budget. Mr. Rumbaoa responded that revenues are projections and that it is based on a couple of different factors including graduation season.

President Larin requested public comment on this item. There were no public comments made on this item.

Agenda Item 10: Licensing, Certifications, Permits, and Examinations

Agenda Item 10.a.: Update on Dental Licensure and Permit Statistics

Chief of Licensing and Examination Division Jodi Ortiz provided the report, which is available in the meeting materials.

President Larin requested public comment on this item. The Board received the following public comment.

Tooka Zokaie, representing the California Dental Association (CDA), stated that CDA just recognized a clinic in South Lake Tahoe that has hired two new dentists, which have student loan repayment programs that require them to work in high need areas. She reported that these grant programs do increase access to care to the point where new clinics are able to hire individuals much easier because these programs help support students offset the cost of education as well. Ms. Zokaie stated with the dental school placements of students, CDA has a program for community-based clinical education. She added that they have 25 new clinic partnerships between dental schools and community clinics and are learning about what the challenges are to placing these clinics in even higher need areas that are more rural and at a further distance from the dental school. Ms. Zokaie conveyed that CDA is interested in seeing more dental school leaders engaged in these initiatives.

Agenda Item 11: Anesthesia and Sedation

Agenda Item 11.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics

Ms. Ortiz provided the report, which is available in the meeting materials.

President Larin requested public comment on this item. There were no public comments made on this item.

Agenda Item 12: Enforcement

Agenda Item 12.a.: Review of Statistics and Trends

Enforcement Unit Chief Ryan Blonien provided the report, which is available in the meeting materials.

Board Member Chan noted that on the complaint cases on page 71 of the meeting materials from FY 2024-2025 to the current time it shows over a thousand more complaints and inquired whether there are any trends that have been seen. Mr. Blonien responded that via social media if a person says something controversial, it seems that the reflex action is to find what that person does for a living and then file complaints. Therefore, a lot of those complaints were from a controversial stance that a person made and then the Board got a plethora of complaints on that person.

Board Member David asked why the Board gets involved if an individual simply makes a public facing controversial statement. Mr. Blonien responded that the Board does not always do so but any individual has the ability to file an online complaint with the Board.

Board Member Vaderhobli noted on page 70 of the meeting materials it states that between January 1, 2026, and March 31, 2026, there were 1,356 complaints closed without referral for investigation and noted that this represents approximately 81% of the complaints that the Board has received. He asked what are the primary reasons that these complaints are being closed at the intake stage. Mr. Blonien responded that if the Board receives 300-500 complaints because a dentist in California supported something loudly that other groups do not support, that action can result in a sudden onset of complaints and cases that that represents a statistical anomaly in that the Board does not monitor First Amendment rights and only pursues cases resulting in actualized patient harm.

President Larin inquired how many sworn and nonsworn officers the Board has and asked for clarification on the responsibilities of both roles. Mr. Blonien responded that the sworn peace officers have gone through the formal law enforcement post certification process, the Police Academy, and that most of them have police department experience. He expressed that in the Board's Sacramento office there are five sworn peace officers while in the Orange office there are six sworn peace officers and added that they handle the most serious matters, which include the criminal cases, unlicensed cases, cases that are high-profile in the media, and the cases that involve multiple agencies and multiple jurisdictions. Mr. Blonien noted that for the nonsworn special investigators, there are four in the Sacramento office and four in Orange office and stated that they handle the quality of care cases and the advertising cases.

Board Member Joni Forge inquired whether a sworn officer and an unsworn officer work together or separately on a case. Mr. Blonien responded that they can work together and often do.

President Larin asked what steps Board Members should take if they hear word of an individual working as a non-licensed dentist. Mr. Blonien responded that the whole Board Enforcement Unit has been taking extra efforts to address those complaints and noted that they have to gather evidence and have to be able to have a substantiated case to prosecute in order to move forward.

Mr. Docherty noted that of the 36 different boards and bureaus, the Board is the only one that has its own sworn peace officers.

President Larin requested public comment on this item. There were no public comments made on this item.

Agenda Item 13: Substance Use Awareness

Agenda Item 13.a.: Diversion Program Report and Statistics

Ms. Bell provided the report, which is available in the meeting materials. Ms. Bell stated that the next quarterly meeting is anticipated to be scheduled for July 2026.

President Larin requested public comment on this item. There were no public comments made on this item.

At 11:49 a.m., the Board recessed for a break.

At 1:34 p.m., the Board reconvened.

Agenda Item 14: Update, Discussion, and Possible Action on Proposed Regulations

Agenda Item 14.a.: Status Update on Pending Regulations

Legislative and Regulatory Specialist Brant Nelson provided the report, which is available in the meeting materials.

President Larin requested public comment on this item. The Board received public comment.

Ms. Becker, representing the Alliance, inquired when the public can expect the 45-day public comment period to begin and how would the public be notified. Mr. Nelson responded that at this point this particular item is still going through DCA review at the Budget Office and that Board staff is going to move forward with it and do the actual notice once they get approval. He stated that a public notice will go out on the Board's website as well as via email to individuals on the Board's mailing list.

Anthony Lum, Executive Officer of the Dental Hygiene Board of California (DHBC), thanked the Board for their collaborative effort on these infection control regulations.

Agenda Item 14.b.: Discussion and Possible Action to Reconsider Previously Approved Text, and to Consider Initiation of a Rulemaking to Amend CCR, Title 16, Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Repeal Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 Regarding Applications for Dentist Licensure and Fees
Mr. Nelson provided the report, which is available in the meeting materials.

(M/S/C) (Chan/Felsenfeld) to rescind the Board's prior August 14, 2025, motion approving prior text for this item, and instead approve the proposed regulatory text in Attachment 1 including the repeal of the forms incorporated by reference in Attachments 2 through 6, and further direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for California Code of Regulations (CCR), title 16, for amendments to sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and for the repeal of sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01.

Board Member Vaderhobli asked for clarification that if applicants do not click on the expedited processing option, then that would mean that they cannot disclose it. Mr. Nelson responded that the Board is making a modification that says whether the applicant is seeking expedited processing of their application based on immigration status pursuant to Business and Professions Code (BPC) section 135.4. If the answer is yes, in order to receive expedited review of an application, the applicant shall indicate whether any of the following statements apply to the applicant. Ms. Ortiz added that when they select the option that they are a refugee asylee, it pushes their application to the top of the list, and the Board expedites their application. Regulations Counsel Kristy Schieldge reinforced that an applicant would only be required to answer yes if the applicant wanted to have their licensure expedited, and this regulatory amendment would not change the law and the underlying concept of expediting an application.

President Larin inquired how much faster is the expedited license compared to a regular license. Ms. Ortiz responded that the Board's goal with any license is to license someone within 30 days depending on whether they have supplied all of the documentation that is necessary. Therefore, it is very dependent upon the applicant and what they provide to the Board at the time that they submit their application. If all necessary documentation is not received, Board staff will issue the applicant a deficiency letter letting them know of the incomplete application. Ms. Ortiz also noted that military spouse applications are also subject to expedited review.

President Larin requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Larin called for the vote on the motion. Secretary Dierking took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Vaderhobli, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 14.c.: Discussion and Possible Action to Consider Initiation of a Rulemaking to Amend CCR, Title 16, Section 1066 Regarding Vaccine Administration Updates

Mr. Nelson provided the report, which is available in the meeting materials.

(M/S/C) (Felsenfeld/Chan) to approve the proposed regulatory text in Attachment 1 and direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for CCR, title 16, section 1066.

President Larin asked how many dentists have applied to prescribe and administer influenza and COVID-19 vaccines approved or authorized by the federal Food and Drug Administration (FDA). President Larin also inquired whether a permit was required to administer each type of vaccine. Ms. Schieldge responded that dentists do not have to get a separate permit but can administer vaccinations in any setting as long as they meet the requirements in CCR, title 16, section 1066. Since there is no permit required, the Board does not have information on how many dentists are administering these vaccines.

Board Member Chan requested clarification and noted the proposal only described influenza and COVID-19 vaccines and nothing else. Ms. Schieldge stated the statute at Business and Professions Code section 1625.6 limits the vaccine administration to influenza and COVID-19 to persons that are 3 years of age or older; that is the scope.

President Larin requested public comment before the Board acted on the motion. The Board received public comment.

Ms. Zokaie, representing CDA, expressed that in January 2021, DCA issued the waiver that temporarily allowed dentists to serve as volunteer vaccinators at mass vaccination sites, but it was expanded in March 2021 to even include California dentists with expired licenses. She added that CDA had a sponsored bill passed that would permanently codify the 2021 waiver to expand dentist scope of practice to include the administration of flu and the COVID-19 vaccines. Ms. Zokaie stated that as of October 2022, California had 34 registered sites with dentist vaccinators who provided 3,253 COVID doses. However, this data likely does not include the dentists who were vaccinating at federally qualified health centers since the vaccine had been available. She stated that CDA has made a commitment to both monitoring vaccination rates for COVID-19 and the flu and has advocated for the ability of dentists to be able to participate as vaccinators.

Regulations Counsel Schieldge reiterated her statement that dentists can “independently” administer vaccine per BPC section 1625.6 and in accordance with the Board’s regulation at Section 1066.

President Larin called for the vote on the motion. Secretary Dierking took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Vaderhobli, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 15.: Presentation on Initiatives to Increase Access to Oral Health Providers – California Dental Association (CDA)

Ms. Zokaie, Senior Health Policy Analyst, CDA, provided an overview on initiatives to increase access to oral health providers.

Board Member David inquired that of the total percentage of Medi-Cal dental visits in California, what percentage are provided by Federally Qualified Health Centers (FQHCs) and community clinics. Ms. Zokaie responded that she does not have that number but can follow up with the Board. She added that what they have been doing is working with the California Department of Health Care Access and Information (HCAI) and noted that HCAI is working on a dental payer portal. Over the next year they will be developing a series of metrics that are looking at private versus commercial or public payers with the medical program utilization and cost to care. Ms. Zokaie stated that with the portal individuals can also see who is going to the emergency department for dental

services and whether it is more medical or commercial patients or uninsured. She conveyed that when we look at those numbers, we can also see by county what is going on there as we do see a significant number of individuals going to the emergency department for dental issues. Ms. Zokaie affirmed that even if we do not have that actual number, it is something HCAI is investigating.

President Larin inquired why Assembly Bill (AB) 350 (Bonta, 2025) did not move forward. Ms. Zokaie responded that it has stalled on the Senate Floor, perhaps related to cost of implementation.

President Larin inquired whether in the past the Board allowed foreign dentists to become hygienists. Ms. Zokaie responded that about eleven states have bills that do all licenses for dental professions.

President Larin noted efforts by the American Dental Association (ADA) at the federal level related to oral health and asked whether those efforts have any effect here in California. Ms. Zokaie responded that ADA, CDA, and dental societies locally all work together, mostly focused on state-level advocacy. She stated that they have seen two big changes federally to the oral health policy infrastructure. Ms. Zokaie noted the Centers for Disease Control and Prevention (CDC) elimination of the federal Office of Oral Health in April 2025. Ms. Zokaie noted that has significantly cut oral health funding to different states but not California. California was not one of the funded states from the division of oral health at the CDC. It had its own funding mechanism primarily through California Prop 56.

President Larin asked whether California has oral health leadership at the federal level that is missing right now. Ms. Zokaie responded that at the moment, California does not currently have an oral health leader at the CDC.

President Larin asked for clarification on whether the CDC is monitoring vaccination rates performed by dentists. Ms. Zokaie responded that CDA Foundation was and that they had a grant with the Office of Oral Health as well to monitor and look at vaccine administration that ended in 2022. She noted that there were 34,000 vaccinations given by dentists in 34 registered.

President Larin requested public comment on this item. The Board received public comment.

Dr. Vu-Tien, representing herself, commented that in terms of the safety net, the California Health Care Foundation in 2022 was only able to gather medical information. Therefore, 44% of medical care was being provided at FQHCs. She noted that if you take a look at dentistry quoted by the Healthforce Center at UC San Francisco (UCSF), 50% of children will utilize medical dental services annually, and for adults it drops to about 24%. Dr. Vu-Tien expressed

Mr. Lum, DHBC Executive Officer, expressed that both the Board and the DHBC's mission is consumer protection. He noted that in reviewing AB 1952 (Berman, 2026), it requires the DHBC to evaluate the education of internationally trained dentists where it has no knowledge and no resources in reviewing these qualifications, making it difficult for the DHBC to be able to license these individuals based on consumer protection. Mr. Docherty interrupted Mr. Lum, thanked him for his comments, and stated that AB 1952 will be discussed by the Board under Agenda Item 22.

Agenda Item 16: Recess Open Session Until May 14, 2026, at 8:30 a.m.
President Larin recessed Open Session at 2:53 p.m.

Agenda Item 17: Convene Closed Session
At 3:07 p.m., the Board convened Closed Session.

Agenda Item 18: Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions
The Board convened in Closed Session to discuss disciplinary matters.

Agenda Item 19: Adjourn Closed Session
President Larin adjourned Closed Session at 4:06 p.m.

8:30 a.m., Thursday, May 14, 2026

Agenda Item 20: Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum
President Larin called the meeting to order at 8:34 a.m.

Secretary Dierking called the roll; 12 Board Members were present, and a quorum was established. Board Member Yogita Thakur, DDS, MS, was absent.

Agenda Item 21: Board President's Report on Closed Session Items
President Larin provided a verbal report regarding Closed Session items. She reported that the Board voted to reject two stipulated settlements of accusations, voted to adopt a stipulated settlement for issuance of a probationary license as revised during the meeting, voted to adopt a proposed decision on a petition for reduction of penalty, and voted to reject a proposed decision on a petition for early termination of probation and decide the case on the record, including the transcript or upon an agreed statement of the parties, and upon such written argument as the parties may wish to submit.

President Larin requested public comment on this item. There were no public comments made on this item.

Agenda Item 22: Update, Discussion, and Possible Action on Legislation Impacting the Board, DCA, and/or the Dental Profession

Agenda Item 22.a.: 2026 Tentative Legislative Calendar – Information Only

Mr. Nelson provided an overview of the 2026 Tentative Legislative Calendar, which is available in the meeting materials. Board Member David provided an update from the Legislative and Regulatory Committee.

President Larin requested public comment on this item. There were no public comments made on this item.

Agenda Item 22.b.: Legislation of Interest

Mr. Nelson provided the report, which is available in the meeting materials.

i. 2026 Legislative Consent Calendar for Board Consideration – Staff Recommendation SUPPORT

(M/S/C) (David/Dierking) to adopt the 2026 Legislative Consent Calendar with SUPPORT positions on each bill listed under Items A through H.

President Larin requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Larin called for the vote on the motion. Secretary Dierking took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Vaderhobli, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

ii. 2026 Legislative Consent Calendar for Board Consideration – Staff Recommendation WATCH

Mr. Nelson continued the report.

Board Member James Yu commented on AB 2668. He stated it is good to increase the requirement to become an acupuncturist. He stated that right now, physical therapists are fighting for approval to apply needling techniques to patients with only 30 hours of training, instead of 3,300 hours.

(M/S/C) (Grewal/Cheng) to adopt the 2026 Legislative Consent Calendar with WATCH positions on each bill listed under Items A through U.

President Larin requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Larin called for the vote on the motion. Secretary Dierking took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Vaderhobli, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

iii. 2025-2026 Two-Year Legislation for Information and Board Consideration

Mr. Nelson continued the report.

Board Member Joni Forge inquired why the Board was watching a bill if it was dead. Mr. Nelson responded that bills indicated with a WATCH (DEAD) indication means from this point forward, the Board will no longer watch the bill. The status of the bill is being memorialized in the meeting materials.

Board Member David inquired why the Board's opposition to AB 1307 was withdrawn. Mr. Nelson responded that the Board took the opposition position at a previous Board meeting, but the Board went neutral because there were changes to the bill that remedied what the Board wanted.

President Larin called for public comment on this item. There were no public comments made on this item.

iv. 2026 Priority Legislation for Discussion and Board Consideration

AB 1760

Mr. Nelson continued the report.

Mr. Docherty commented on AB 1760. He noted the Board's proposed amendments to BPC section 1628 would eliminate a duplicative malpractice coverage requirement for dental candidates who provide the in-person practical component of the exam. Going forward, the malpractice coverage would be provided by the administrator of the exam. He believes due to the reference to malpractice coverage, AB 1760 was double referred to the Senate Business, Professions and Economic Development and Judiciary Committees.

AB 1952

Mr. Nelson continued the report.

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(M/S/C) (Larin/Dierking) to support AB 1952.

President Larin requested public comment before the Board acted on the motion. The Board received public comment.

Mr. Lum, DHBC Executive Officer, conveyed that the DHBC is opposed to AB 1952 unless it is amended. He reported that they believe there is potentially a huge consumer protection risk to license internationally trained dentists (ITDs) as dental hygienists. Mr. Lum added that both dental and dental hygiene boards use CODA as the standard for dental education and training for ITDs seeking licensure in California. According to Mr. Lum, AB 1952 forces the DHBC to accept an evaluation completed by an unfamiliar third-party agency using criteria unknown to the DHBC to deem an applicant's foreign dental education and training to be equivalent to a United States dental hygiene degree. Mr. Lum expressed that this is problematic and not part of the currently accepted standard to vet applicants for licensure. He also added that there is no required dental hygiene clinical work experience contained in the bill to obtain a California dental hygiene license. From the ITDs he has spoken to, they receive little to no education or training in dental hygiene or periodontal care unless they specialize. According to Mr. Lum, without a clinical component requirement, it will put many patients at risk, thus compromising consumer protection. He stated that the dental hygiene clinical exam administered by ADEX is performed on mannequins, which is incredibly different than working on live patients. Additionally, according to Mr. Lum, the bill includes most of the requirements to obtain the California dental hygiene license except for one vital component, which is to complete a CODA accredited dental hygiene program. Mr. Lum also stated that this is where the education, training, and clinical experience competencies are completed and adhering to specific accepted California standards that the ITDs will not have. He noted that the ITDs once licensed will take dental hygiene jobs away from existing licensed dental hygienists and especially new graduates who have worked diligently and tirelessly to become dental hygienists. According to Mr. Lum, ITDs have a goal to be licensed dentists, and are only using dental hygiene as a placeholder until they can practice in California as a licensed dentist.

Mary McCune, on behalf of CDA, noted that asking ITDs to complete the equivalency of a dental hygiene program that is CODA accredited is not a big step and is something that they have already been doing. Ms. McCune stated that there are significant clinical components for this pathway and that there are about 50 hours of coursework that is required to go through this pathway. She added that this is something that has been coming up for their members for many years, probably over the past decade and noted that for a lot of ITDs who come to the United States, dentistry is not the only career path that they are seeking. According to Ms. McCune, having something that these ITDs can still apply their clinical expertise and contribute to patient care, hygiene is something that clearly fits within their skill set. Ms. McCune added that even if this is a placeholder for eventually getting into an International Dental Program (IDP) or some other dental licensure pathway, that shouldn't detract from increasing access to care in California.

Dr. Vu-Tien, on behalf of CSPD, expressed that pediatric dental offices also utilize dental hygienists for injections as well as subgingival scaling. According to Dr. Vu-Tien, with the staffing shortage as well as the dire need for greater access to care for pediatric dental patients, dental hygienists play a vital role in offices.

President Larin called for the vote on the motion. Secretary Dierking took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Vaderhobli.

Nays: Yu.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

AB 2625

Mr. Nelson continued the report.

(M/S/C) (Felsenfeld/Grewal) to watch AB 2625.

President Larin requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Larin called for the vote on the motion. Secretary Dierking took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Vaderhobli, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

At 9:49 a.m., the Board recessed for a break.

At 10:05 a.m., the Board reconvened.

SB 936

Mr. Nelson continued the report.

(M/S/C) (David/Grewal) to support SB 936.

President Larin requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Larin called for the vote on the motion. Secretary Dierking took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Vaderhobli, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

SB 1311

Mr. Nelson continued the report.

Tara Welch, Board Counsel, read a written statement into the record advising the Board that SB 1311 would remove Board oversight over the online infection control course, reduce the number of hours of the existing online infection control course from 8 hours to six, and does not include the Board's AB 1760 amendments for online infection control course didactic and laboratory instruction, course provider qualifications, or written examination and certificate of completion requirements. As such, Ms. Welch opined that it is unclear whether dental assistants using the online infection control course in SB 1311 would be properly instructed in infection control practices, which raised consumer protection concerns. She noted SB 1311 also may confuse dental assistants who later seek to perform coronal polishing or apply for RDA and registered dental assistant in extended functions (RDAEF) licensure in that all other infection control course requirements for additional duties or licensure require an 8 hour infection control course, not a six hour infection control course or DANB certification. Ms. Welch further noted that these individuals would have to take a new Board-approved 8-hour infection control course to perform coronal polishing or obtain RDA or RDAEF licensure. Ms. Welch further opined that this likely would create an additional burden on performing additional duties and obtaining licensure and frustrate the movement toward access to care. Since SB 1311 also would impact three other licensing practice acts, Ms. Welch advised that the Board may wish to take a support if amended position on SB 1311 to include the Board's proposed amendments to BPC section 1755 in AB 1760 to resolve these issues.

Mr. Docherty added the bill is an example that two things can be true. He stated SB 1311 creates an optional online infection control program for unlicensed dental assistants, which is a class of providers that the Board does not regulate. The Board's authority rests with the supervising physician. He noted AB 873 also attempted to create

an online infection control program. The Board requested voluminous amendments to that bill. CDA, the sponsor of AB 873, was willing to entertain those amendments and took additional Board-requested amendments that are not contained in the Board-sponsored bill (AB 1760). The Board's concerns with AB 873 regarded the Board being required to oversee an online infection control program. If the Board was required to do so, there were a host of downstream things the Board needed to make sure were in place, similar to the requirements for the 8-hour infection control courses.

Mr. Docherty further noted SB 1311 is authored by Senator Wahab, the Chair of the Senate Business, Professions and Economic Development Committee, and is a byproduct and manifestation of all the concerns the Board raised last year related to a Board-approved online infection control course and subsequent stakeholder discussions. Mr. Docherty also stated that that this bill is Senator Wahab's solution to establish an online infection control course for unlicensed dental assistants, while also , keeping the Board's 8-hour infection control course whole. In one instance, Board staff felt the Board could support SB 1311.

Mr. Docherty further stated the Board will continue to pursue the changes in AB 1760 that strengthen the Board's provisions to BPC section 1755 with regard to the Board's 8-hour course. Lastly, he noted that if someone does take the online course as an unlicensed dental assistant and later wants to become an RDA or RDAEF, they will still be required to take the Board's 8-hour infection control program.

(M/S/C) (David/Medina) to support SB 1311.

President Larin requested public comment before the Board acted on the motion. The Board received public comment.

Melodi Randolph, on behalf of the Dental Assisting Alliance, stated that they are opposed to SB 1311 unless it is significantly amended and that their concerns include removal of the Board from the regulatory process, replacement of course requirements with written exam only, elimination of hands-on training, and inconsistency between pathway options. She expresses that this bill would create multiple pathways to infection control certification that are not aligned or consistent and that ironically the practical portion of the RDA examination was eliminated in 2018 largely because of concerns regarding inconsistencies between testing locations and procedures. Yet, according to Ms. Randolph, the Board is considering certification pathways that vary significantly in both educational rigor and competency validation. Ms. Randolph expressed that one proposed pathway would eliminate all education and hands-on training requirements for infection control certification, allowing dental assistants to become certified based solely on passing a written exam. However, according to Ms. Randolph, answers to this national examination can be easily found on the internet and only successfully passing a written test does not demonstrate that an individual can competently and safely perform critical infection control procedures in a clinical setting. Also, according to Ms. Randolph, AB 1760 already includes substantial revisions to infection control certification that directly address concerns related to the current coursework structure

and as a result, according to Ms. Randolph, the provisions proposed in SB 1311 are unnecessary. She noted that they respectfully urge the Board to change its position from support to oppose unless amended.

Ms. Becker, representing the Alliance, concurred with Ms. Randolph's comments.

President Larin called for the vote on the motion. Secretary Dierking took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Grewal, Larin, Medina, Olague, Vaderhobli.

Nays: Dierking, Forge, Yu.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

SB 1445

Mr. Nelson continued the report.

(M/S/C) (David/Medina) to support SB 1445.

President Larin requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Larin called for the vote on the motion. Secretary Dierking took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Vaderhobli, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 23: Future Agenda Items and Next Meeting Dates

Mr. Docherty reiterated that the Board places a high priority and importance on increasing access to care to all types of oral health professionals. He stated that in November of last year the Board heard a presentation by HCAI on their overall workforce development programs and healthcare cost data collection efforts. The Board invited HCAI back to present again at the February 2026 Board meeting, specifically on the California loan repayment program and scholarship programs for oral health professionals.

Mr. Docherty added that on May 13, 2026, the Board heard a presentation by the CDA on their efforts to increase access to care for oral health consumers. At its upcoming meeting in August, the Board will hear a presentation from the California Department of Health Care Services (DHCS) *Smile, California*. The goal and intent of this specific Medi-Cal program is to meet patients where they are by bringing mobile oral health services into underserved communities. The Board can anticipate learning how their program was constituted, its strategic objectives, the nature of the work, and how the Board and *Smile, California* can work together in partnership going forward. Mr. Docherty indicated that future meeting dates are listed on the Board's website and that the next meeting will be on August 12 and 13 in the hearing room at Board headquarters in Sacramento, California. Additionally, the Board's last meeting of the year will take place on November 5 and 6 in Sacramento, California. Specific location has yet to be determined.

President Larin requested a future agenda item related to adding a retired status licensure category.

President Larin requested public comment on this item. There were no public comments made on this item.

Agenda Item 24: Adjournment

President Larin adjourned the meeting at 10:37 a.m.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 21, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 4.: Board President Report

Background

Dr. Lilia Larin, President of the Dental Board of California, will provide a verbal report.

Action Requested

No action is requested.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 17, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 5.: Executive Officer Report

Background

Bryce W.A. Docherty, MPA, Executive Officer of the Dental Board of California, will provide a verbal report.

Action Requested

No action requested.

DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

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MEMORANDUM

DATE	July 17, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 6.: Report on Department of Consumer Affairs (DCA) Activities, which may include updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Background

The Department of Consumer Affairs Board and Bureau Relations will provide a verbal report.

Action Requested

No action requested.

Agenda Item 6.: Report on Department of Consumer Affairs (DCA) Activities, which may include updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Dental Board of California Meeting

August 12-13 2026

Page 1 of 1

DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

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MEMORANDUM

DATE	July 17, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 7.: Dental Assisting Council Meeting Report

Background

Ms. Jeri Fowler, Chair of the Dental Assisting Council, will provide a verbal report on the August 12, 2026 meeting.

Action Requested

No action requested.

DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

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MEMORANDUM

DATE	July 13, 2026
TO	Members of the Dental Board of California
FROM	Yvette Ramirez, Budget and Contract Analyst Dental Board of California
SUBJECT	Agenda Item 8.: Budget Report

Background

The Dental Board of California (Board) administers the State Dentistry Fund (Fund), which derives revenues (primarily) through licensing-related fees to fund the Board's administrative, licensing, and enforcement activities.

The Board receives the legislated annual budget appropriation upon the chaptering of the Budget Act. The Board is statutorily required to remain within its appropriation spending limit and to ensure the Fund's ongoing solvency.

2026-27 Budget Act Summary

The following chart provides an overview of [AB 109](#), Budget Act of 2026 (Chapter 19, Statutes of 2026) as it pertains to the Dental Board of California.

2026-27 Budget Act: Fiscal Year 2026-27		
Fund	Revenue	Expenditures*
State Dentistry Fund	\$21,034,000	\$20,270,000

*\$283,000 (net) reimbursements – probation monitoring and fingerprints

Analysis of Fund Condition Statement (See Attachment 3):

The attached fund condition statement (FCS) is based on the 2026-27 Governor's Budget. It has been updated with 2025-26 expenditure and revenue projections, which resulted in a fund balance reserve of \$27.4 million (15.0 months).

Revenues (See Attachments 2 & 3) – The Board began 2025-26 with a fund balance of \$26.4 million and is projected to collect \$20.8 million in revenues with \$3.7 million from initial license fees and \$15.4 million from license renewals.

Expenditures (See Attachment 1 & 3) – The Board’s 2025-26 appropriation is \$20.4 million and expenditures are projected to be \$19.0 million. The FCS projects ongoing expenditures in the future with a three percent (growth factor) increase per year. The FCS also shows the Board fully expending its appropriation ongoing which has not been the trend in recent years. To the extent the Board does not fully expend its appropriation, any savings remains in the Fund for future use.

Overall expenditures are projected to increase in future years, with the most significant growth driven by personnel services, investigation costs, and statewide contributions.

The Board notes, future legislation or other events could require the Board to request additional resources through the annual budget process. If that happens, it could place more financial pressure on the Fund.

General Fund (GF) Loan – Item 1111-011-0741, Budget Act of 2020, authorized a \$5 million loan transfer from the Fund to the GF, with an interest rate of .67%.

The loan was repaid on June 30, 2025, with an earned interest of \$131,000.

Fund Balance Months in Reserve – The fund balance reserve reports the dollar amount remaining in the Fund at the end of any given fiscal year. This is used to calculate the Months in Reserve balance based on projected expenditures for the next fiscal year. Typically, a healthy fund has about 6 to 9 months in reserve.

The fund balance reserve is currently stable but does show a declining balance in future years due to a structural imbalance caused by the fund’s revenues projected to stay stationary, and the fund’s expenditures to increase by 3%. The fund should remain healthy through 2028-29, although, unforeseen expenditures can cause this to change.

Structural Imbalance – A structural imbalance occurs when projected revenues are less than anticipated expenditures.

Action Required (future) – The Board will continue to monitor the Fund and work with DCA Budget Office to ensure solvency.

As of July 2026, the Board has a 7% vacancy rate.

The Board further notes, most existing license fee types are currently being assessed below their statutory maximums. These fees could be increased through regulatory action and/or statutory amendments, which could address the existing structural imbalance. Regulatory fee changes typically take 18 to 24 months to complete the promulgation process.

Board staff will be working with the DCA Budget Office to identify possible actions to reduce or eliminate the structural imbalance to ensure the Board remains solvent and able to fully meet its licensing and enforcement mandates.

Board staff will present the findings and recommendations at future board meetings to allow for public input and Board Member consideration.

Action Requested

This item is informational only. No action requested.

Attachment I

Department of Consumer Affairs

Expenditure Projection Report

Dental Board of California

Reporting

Structure(s):

Fiscal Month: 11

Fiscal Year: 2025 - 2026

Run Date: 06/26/2026

PERSONAL SERVICES

5100 PERMANENT POSITIONS										
5100 TEMPORARY POSITIONS										
5105-5108 PER DIEM, OVERTIME, & LUMP SUM										
5150 STAFF BENEFITS										
PERSONAL SERVICES										

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5301	GENERAL EXPENSE	\$375,000	\$127,592	\$377,000	\$8,305	\$59,785	\$31,210	\$90,995	\$118,083	\$258,917
5302	PRINTING	\$75,000	\$151,617	\$75,000	\$1,602	\$41,195	\$99,690	\$140,885	\$162,975	-\$87,975
5304	COMMUNICATIONS	\$36,000	\$23,216	\$36,000	\$2,995	\$24,635	\$0	\$24,635	\$30,527	\$5,473
5306	POSTAGE	\$54,000	\$87,056	\$54,000	\$0	\$74,941	\$5,012	\$79,954	\$79,954	-\$25,954
5308	INSURANCE	\$2,000	\$18,850	\$2,000	\$0	\$10,487	\$0	\$10,487	\$10,487	-\$8,487
53202-204	IN STATE TRAVEL	\$102,000	\$83,598	\$102,000	\$10,726	\$97,108	\$0	\$97,108	\$97,108	\$4,892
53206-208	OUT OF STATE TRAVEL	\$0	\$1,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5322	TRAINING	\$12,000	\$5,606	\$12,000	\$500	\$3,596	\$2,118	\$5,714	\$5,714	\$6,286
5324	FACILITIES	\$716,000	\$726,088	\$716,000	\$61,812	\$671,469	\$61,855	\$733,323	\$739,561	-\$23,561
5326	UTILITIES	\$1,000	\$0	\$1,000	\$55	\$55	\$0	\$55	\$55	\$945
53402-53403	C/P SERVICES (INTERNAL)	\$2,457,000	\$2,299,532	\$2,457,000	\$214,668	\$2,047,070	\$3,725	\$2,050,795	\$2,357,994	\$99,006
53404-53405	C/P SERVICES (EXTERNAL)	\$1,275,000	\$912,743	\$1,082,000	\$58,670	\$697,781	\$37,794	\$735,574	\$735,574	\$346,426
5342	DEPARTMENT PRORATA	\$3,287,000	\$3,098,158	\$3,259,000	\$260,334	\$2,998,668	\$0	\$2,998,668	\$3,259,000	\$0
5342	DEPARTMENTAL SERVICES	\$186,000	\$231,238	\$186,000	\$419	\$142,584	\$0	\$142,584	\$208,747	-\$22,747
5344	CONSOLIDATED DATA CENTERS	\$42,000	\$44,674	\$42,000	\$0	\$0	\$0	\$0	\$46,908	-\$4,908
5346	INFORMATION TECHNOLOGY	\$32,000	\$47,132	\$32,000	\$2,808	\$38,567	\$5,843	\$44,410	\$46,436	-\$14,436
5362-5368	EQUIPMENT	\$89,000	\$323,371	\$173,000	\$5,686	\$68,938	\$3,490	\$72,428	\$76,974	\$96,026
5390	OTHER ITEMS OF EXPENSE	\$5,000	\$72,227	\$5,000	\$11,096	\$47,531	\$0	\$47,531	\$48,975	-\$43,975
54	SPECIAL ITEMS OF EXPENSE	\$0	\$4,816	\$0	\$2,250	\$3,965	\$0	\$3,965	\$6,183	-\$6,183
	OPERATING EXPENSES & EQUIPMENT	\$8,746,000	\$8,258,514	\$8,611,000	\$641,925	\$7,028,377	\$250,736	\$7,279,113	\$8,031,254	\$579,746

OVERALL TOTALS	\$20,123,000	\$18,610,880	\$20,645,000	\$1,526,262	\$17,041,353	\$413,633	\$17,292,089	\$18,989,157	\$1,655,843
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FINGERPRINT REPORTS	-\$66,000		-\$66,000					-\$66,000	
EXTERNAL/PRIVATE/GRANT	-\$217,000	\$508,136	-\$217,000					-\$217,000	
OVERALL NET TOTALS	\$19,840,000	\$19,119,016	\$20,362,000	\$1,526,262	\$17,041,353	\$413,633	\$17,292,089	\$18,706,157	\$1,655,843

8.13%

Attachment 2

Department of Consumer Affairs

Revenue Projection Report

Reporting Structure(s):

11110911

Fiscal Month:

Fiscal Year: 2025 - 2026

Run Date: 06/26/2026

Revenue

Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	Year to Date	Projection To Year End	Balance
	Delinquent Fees	\$373,000	\$25,730	\$26,756	\$25,909	\$32,793	\$25,531	\$28,747	\$34,665	\$25,856	\$31,359	\$34,311	\$27,244	\$318,899	\$342,243	
	Other Regulatory Fees	\$501,000	\$32,605	\$29,536	\$43,431	\$28,373	\$31,745	\$43,392	\$41,391	\$42,980	\$34,091	\$45,045	\$42,662	\$415,251	\$442,169	
	Other Regulatory License and Permits	\$3,888,000	\$410,636	\$276,350	\$267,067	\$289,709	\$230,792	\$220,515	\$252,904	\$313,205	\$360,592	\$377,998	\$400,843	\$3,400,612	\$3,733,013	
	Other Revenue	\$815,000	\$465	\$625	\$1,696	\$307,626	\$9,582	\$1,275	\$312,807	\$912	\$811	\$291,694	\$2,806	\$930,298	\$931,857	
	Renewal Fees	\$14,843,000	\$1,298,858	\$1,238,001	\$2,159,796	\$2,449,690	\$1,173,080	\$1,200,190	\$1,393,545	\$1,219,756	\$1,350,523	\$964,959	\$647,515	\$15,095,912	\$15,359,883	
	Revenue	\$20,420,000	\$1,768,293	\$1,571,267	\$2,497,900	\$3,108,191	\$1,470,729	\$1,494,119	\$2,035,311	\$1,602,709	\$1,777,376	\$1,714,006	\$1,121,069	\$20,160,971	\$20,809,165	

Reimbursements

Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	Year to Date	Projection To Year End	Balance
	Scheduled Reimbursements	\$0	\$2,107	\$1,225	\$1,568	\$2,107	\$1,172	\$1,523	\$1,862	\$1,977	\$2,629	\$2,744	\$2,891	\$21,805	\$24,190	
	Unscheduled Reimbursements	\$0	\$49,027	\$65,294	\$57,155	\$50,094	\$50,094	\$38,954	\$23,903	\$29,087	\$123,111	\$34,330	\$44,399	\$565,448	\$604,849	
	Reimbursements	\$0	\$51,134	\$66,519	\$58,723	\$52,201	\$51,266	\$40,477	\$25,765	\$31,064	\$125,740	\$37,074	\$47,290	\$587,253	\$629,039	

Attachment 3

0741 - Dental Board of California Fund Analysis of Fund Condition (Dollars in Thousands)

Prepared 06.26.2026

2026-27 Governor's Budget With FM 11 Projections

	Actuals 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28
BEGINNING BALANCE				
Prior Year Adjustment	\$ 19,224	\$ 26,439	\$ 27,385	\$ 26,560
Adjusted Beginning Balance	\$ 398	\$ -	\$ -	\$ -
	\$ 19,622	\$ 26,439	\$ 27,385	\$ 26,560
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS				
Revenues				
4121200 - Delinquent fees	\$ 372	\$ 342	\$ 377	\$ 377
4127400 - Renewal fees	\$ 15,129	\$ 15,360	\$ 15,090	\$ 15,090
4129200 - Other regulatory fees	\$ 438	\$ 442	\$ 481	\$ 481
4129400 - Other regulatory licenses and permits	\$ 3,916	\$ 3,733	\$ 3,938	\$ 3,938
4143500 - Miscellaneous Services to the Public	\$ 1	\$ -	\$ 15	\$ 15
4150500 - Interest Income from Interfund Loans	\$ 131	\$ -	\$ -	\$ -
4163000 - Income from surplus money investments	\$ 1,213	\$ 911	\$ 1,119	\$ 1,056
4171400 - Escheat of unclaimed checks and warrants	\$ 9	\$ 14	\$ 12	\$ 12
4172500 - Miscellaneous revenues	\$ 12	\$ 7	\$ 2	\$ 2
Totals, Revenues	\$ 21,221	\$ 20,809	\$ 21,034	\$ 20,971
Transfers to/from Other Funds				
Loan Repayment from General Fund (0001) to State Dentistry Fund (0741) per Item 1111-011-0741, Budget Act of 2020	\$ 5,000	\$ -	\$ -	\$ -
Totals, Transfers and Other Adjustments	\$ 5,000	\$ -	\$ -	\$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 26,221	\$ 20,809	\$ 21,034	\$ 20,971
TOTAL RESOURCES	\$ 45,843	\$ 47,248	\$ 48,419	\$ 47,531
Expenditures:				
1111 Department of Consumer Affairs (State Operations)	\$ 18,103	\$ 18,360	\$ 20,270	\$ 20,878
9892 Supplemental Pension Payments (State Operations)	\$ 71	\$ -	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 1,230	\$ 1,503	\$ 1,589	\$ 1,589
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 19,404	\$ 19,863	\$ 21,859	\$ 22,467
FUND BALANCE				
Reserve for economic uncertainties	\$ 26,439	\$ 27,385	\$ 26,560	\$ 25,064
Months in Reserve	16.0	15.0	14.2	13.0

NOTES:

1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.

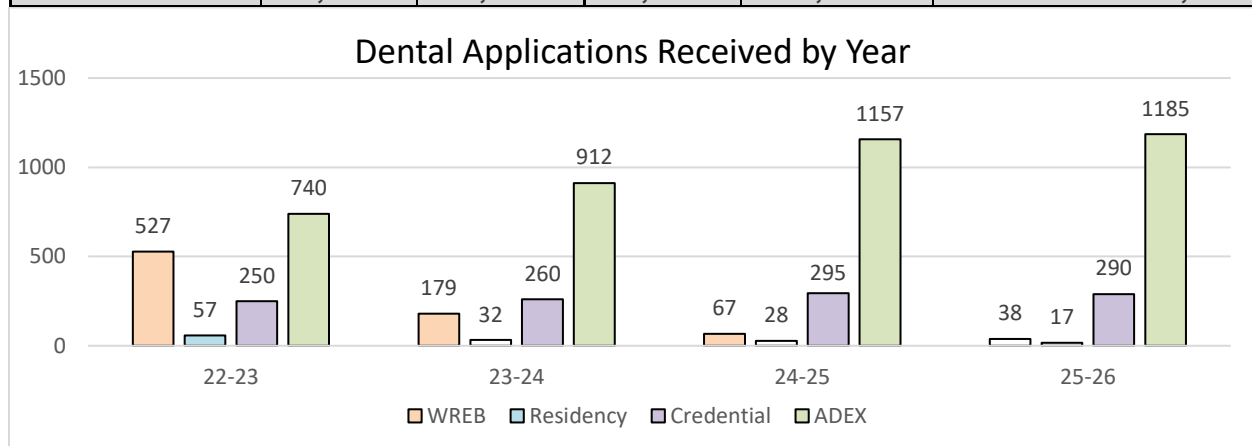
MEMORANDUM

DATE	July 1, 2026
TO	Members of the Dental Board of California
FROM	Kelli Garcia, Licensing and Examination Unit Manager Dental Board of California
SUBJECT	Agenda Item 9.a.: Update on Dental Licensure and Permit Statistics

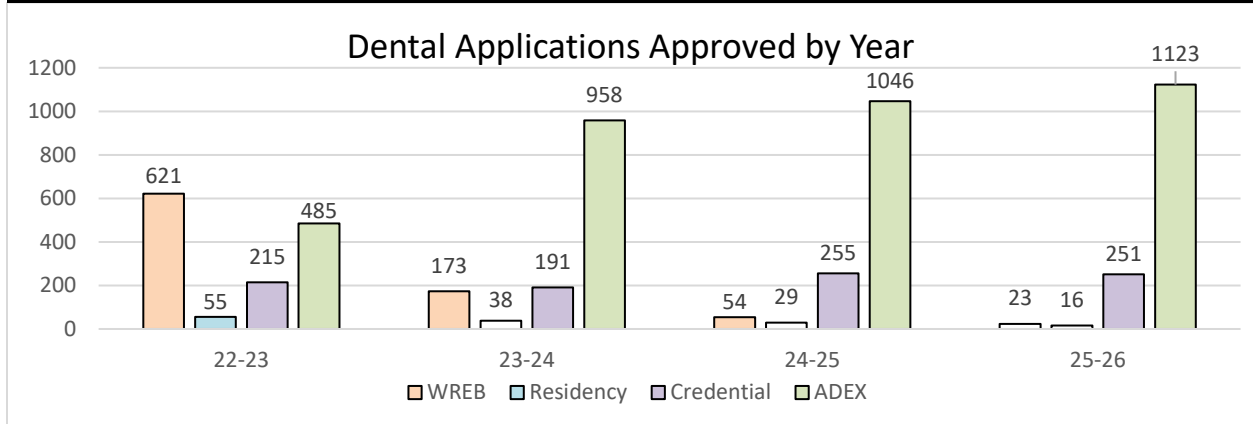
Year Over Year Dental License Application Statistics

The following are monthly dental license application statistics by pathway for fiscal year 2022–23, 2023–24, 2024–25 and 25–26 as of June 30, 2026.

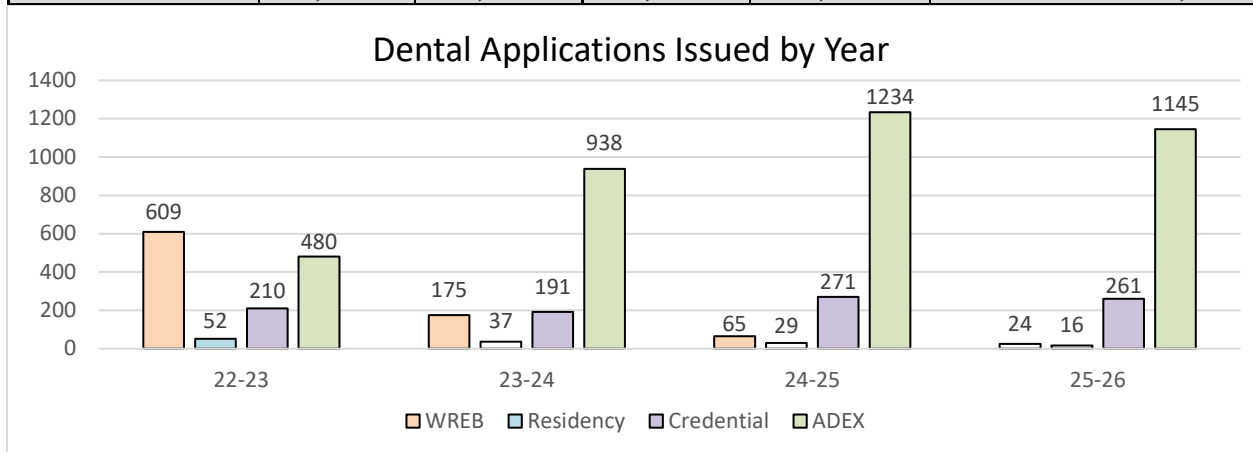
Dental Applications Received by Year					
	22-23	23-24	24-25	25-26	Yearly Totals
WREB	527	179	67	38	811
Residency	57	32	28	17	134
Credential	250	260	295	290	1,095
ADEX	740	912	1,157	1,185	3,994
Total	1,574	1,383	1,547	1,530	6,034



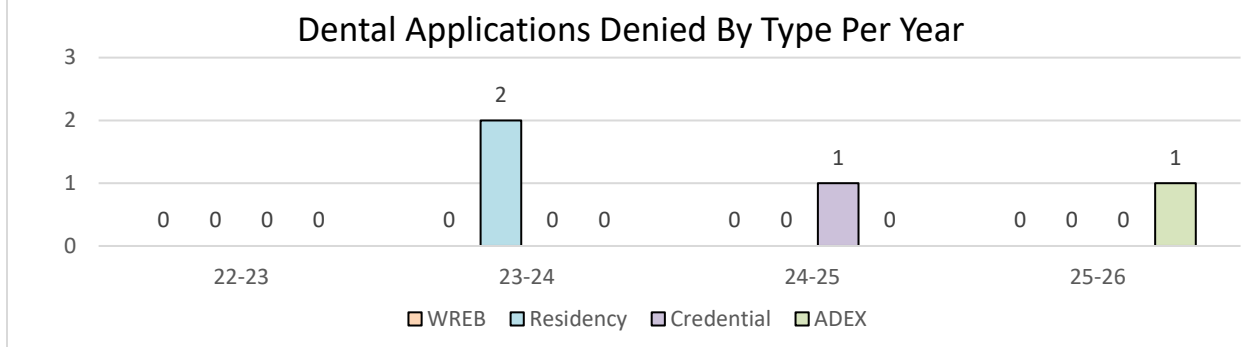
Dental Applications Approved by Year					
	22-23	23-24	24-25	25-26	Yearly Totals
WREB	621	173	54	23	871
Residency	55	38	29	16	138
Credential	215	191	255	251	912
ADEX	485	958	1,046	1,123	3,612
Total	1,376	1,360	1,384	1,413	5,533



Dental Licenses Issued by Year					
	22-23	23-24	24-25	25-26	Yearly Totals
WREB	609	175	65	24	873
Residency	52	37	29	16	134
Credential	210	191	271	261	933
ADEX	480	938	1,234	1,145	3,797
Total	1,351	1,341	1,599	1,446	5,737



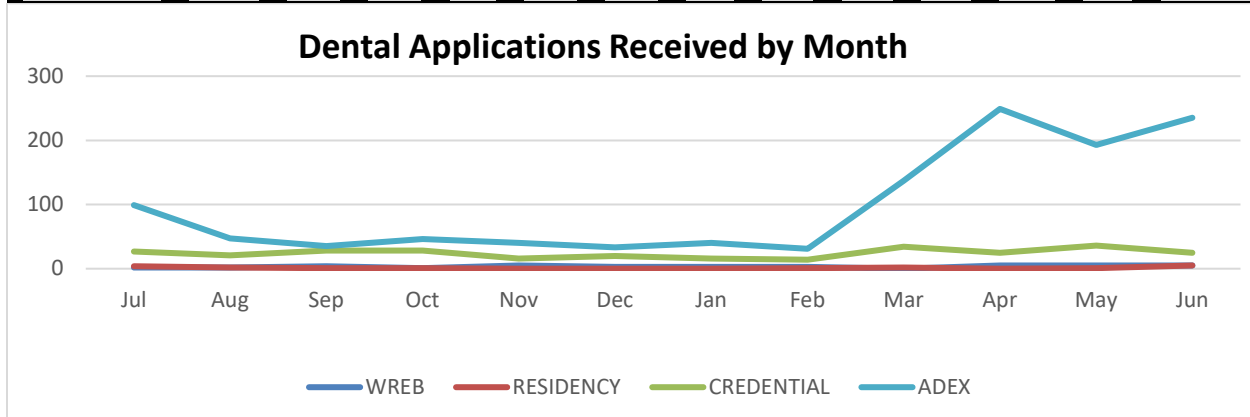
Dental Applications Denied by Year					
	22-23	23-24	24-25	25-26	Yearly Totals
WREB	0	0	0	0	0
Residency	0	2	0	0	2
Credential	0	0	1	0	1
ADEX	0	0	0	1	1
Total	0	2	1	1	4



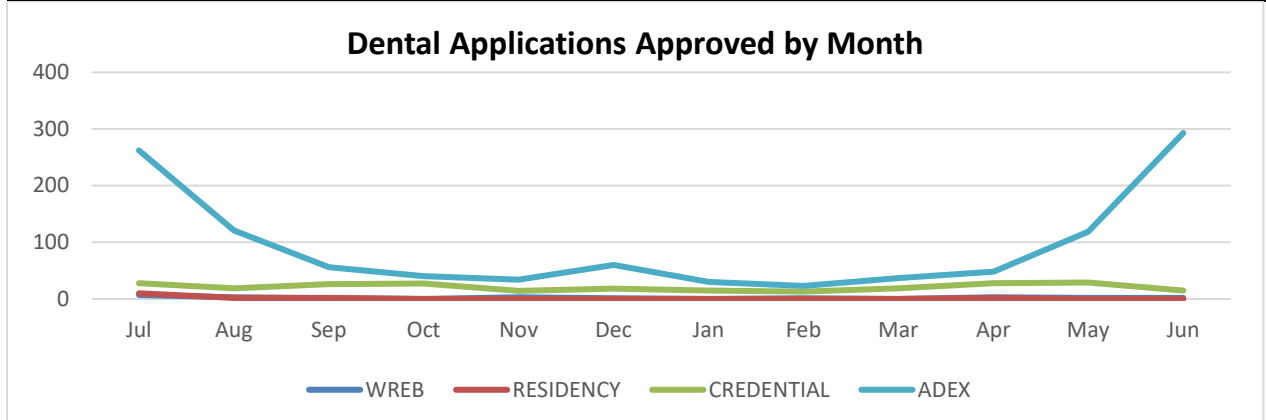
Monthly Dental License Application Statistic Graphs

The following graphs represent monthly dental license application statistics by pathway for fiscal year 2025-26 as of June 30, 2026.

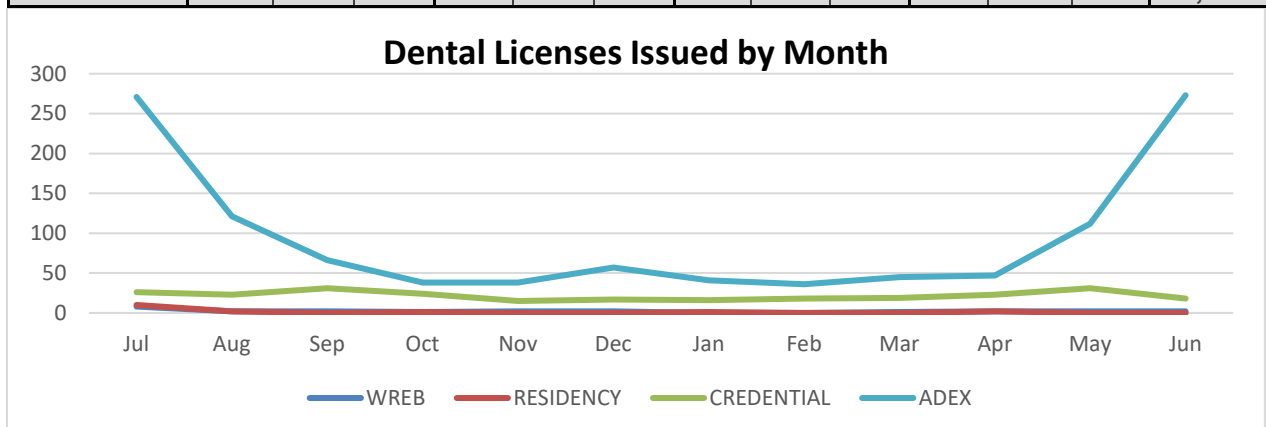
Dental Applications Received by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yearly Totals
WREB	2	2	4	1	5	3	3	3	0	5	5	5	38
Residency	4	2	1	1	0	0	0	1	2	0	1	5	17
Credential	27	21	28	28	16	20	16	14	34	25	36	25	290
ADEX	99	47	35	46	40	33	40	31	137	249	193	235	1,185
Total	132	72	68	76	61	56	59	49	173	279	235	270	1,530



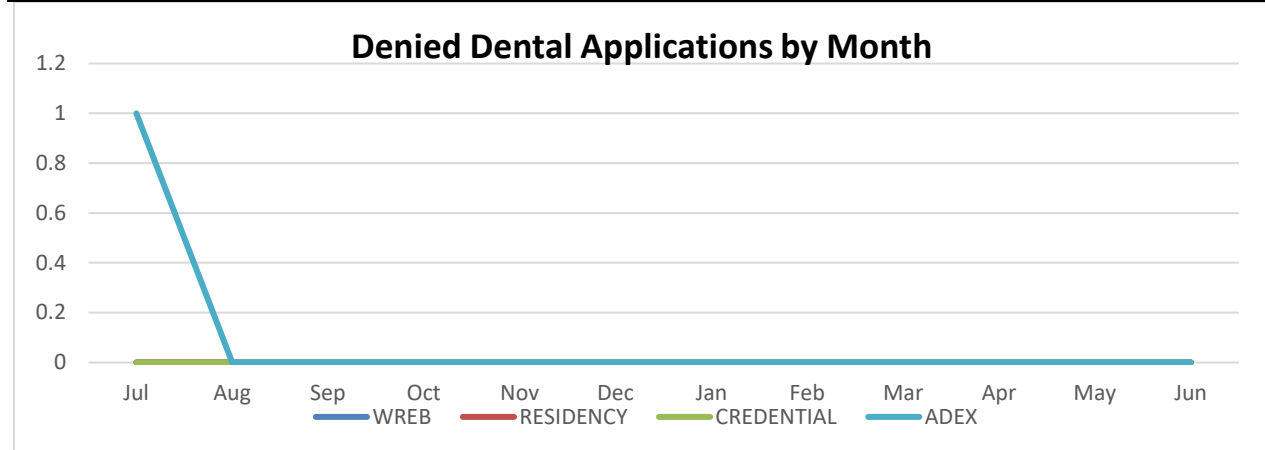
Dental Applications Approved by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yearly Totals
WREB	7	3	1	0	3	1	0	1	0	3	2	2	23
Residency	10	2	2	0	0	0	0	0	0	2	0	0	16
Credential	28	19	26	27	14	18	15	13	19	28	29	15	251
ADEX	262	121	56	40	34	60	30	23	37	48	119	293	1,123
Total	307	145	85	67	51	79	45	37	56	81	150	310	1,413



Dental Licenses Issued by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yearly Totals
WREB	8	2	2	1	2	2	0	0	1	2	2	2	24
Residency	10	2	0	1	0	0	1	0	0	2	0	0	16
Credential	26	23	31	24	15	17	16	18	19	23	31	18	261
ADEX	271	121	66	38	38	57	41	36	45	47	112	273	1,145
Total	315	148	99	64	55	76	58	54	65	74	145	293	1,446



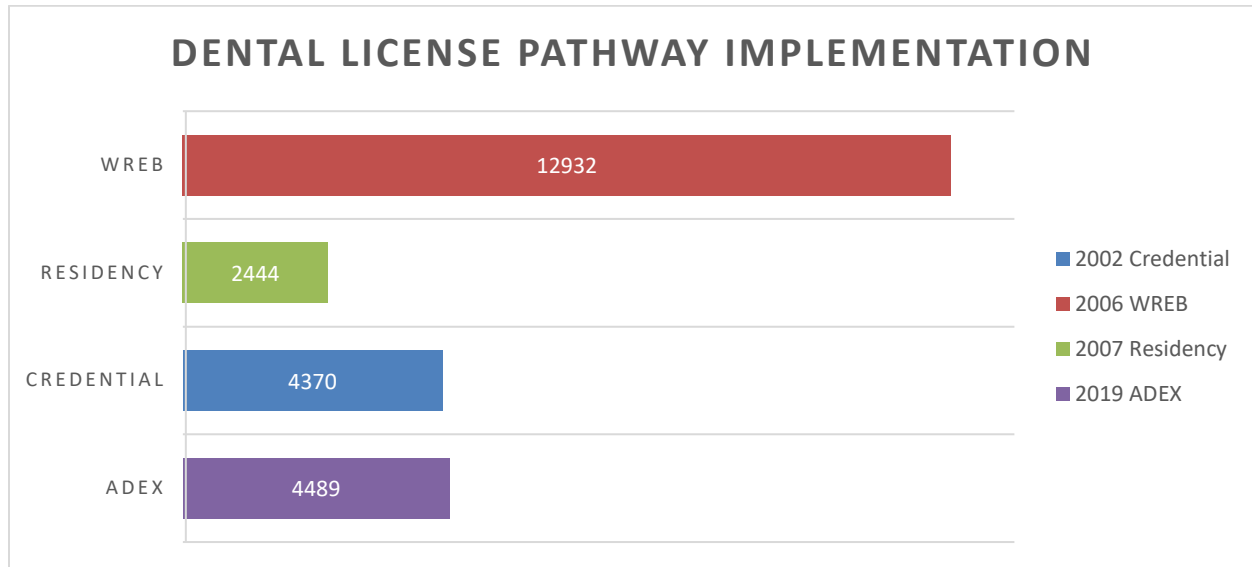
Denied Dental Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yearly Totals
WREB	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX	1	0	0	0	0	0	0	0	0	0	0	0	1
Total	1	0	0	0	0	0	0	0	0	0	0	0	1



Application Definitions	
Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial license.
Denied	The Board denies an application on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline; in accordance with the Business and Professions Code, Division 1.5, Chapter 2, Denial of Licenses.

Dental License Pathway Implementation Statistics

The following table provides statistics on dentist licenses issued by pathway to licensure from date the pathway was implemented as of June 30, 2026.



Total licenses issued 24,235.

Dental Law and Ethics Written Examination Statistics

The following table provides statistics on dental Law and Ethics written examination statistics by fiscal year 2022–23, 2023–24, 2024–25, and 2025–26 as of June 30, 2026.

License Type		Dentist License			
Exam Title		Dental Law and Ethics Examination			
Licensure Pathway		WREB	LBR	ADEX	*Pathway not chosen
2022/23	# of 1 st Time Candidates	444	52	761	199
	Pass %	74.55%	88.46%	83.57%	69.35%
2023/24	# of 1 st Time Candidates	90	18	587	563
	Pass %	91.11%	94.44%	90.12%	82.42%

2024/25	# of 1 st Time Candidates	42	11	861	180
	Pass %	92.86%	100.00%	94.77%	86.67%
2025/26	# of 1 st Time Candidates	17	5	792	0
	Pass %	100.00%	100.00%	92.8%	0%
Date of Last Occupational Analysis: 2024					
Name of Developer: Office of Professional Examination Services					
Target Occupational Analysis Date: 2029					

****Pathway not chosen denotes applicants who have tested, but not yet chosen a pathway to licensure***

Dental License and Permits Statistics

The following table provides statistics on dental license and permit status statistics by fiscal year 2022–23, 2023-24, 2024-25, and 2025-26 as of June 30, 2026.

License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Dental License	Active	34,710	35,078	35,584	35,840
	Inactive	1,691	1,661	1,582	1,576
	Reduced Renewal Fee*	1,168	1,132	943	918
	Disabled	87	94	91	79
	Delinquent	6,180	6,069	6,199	6,276
	Cancelled	20,703	21,735	22,826	23,823
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Additional Office Permit	Active	2,375	2,522	2,676	3,052
	Delinquent	1,390	1,285	1,291	1,266
	Cancelled	7,726	7,979	8,239	8,584
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Continuing Education Registered Provider Permit	Active	746	724	764	742
	Delinquent	660	625	530	527
	Cancelled	2,663	2,782	2,923	3,021
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Elective Facial Cosmetic Surgery Permit	Active	27	27	29	26
	Delinquent	6	6	7	9
	Cancelled	4	5	6	6
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Extramural Facility Registration	Active	60	67	89	112
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A	N/A
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Fictitious Name Permit	Active	6,485	6,877	7,317	7,946
	Delinquent	2,855	2,731	2,737	2,704
	Cancelled	8,350	8,875	9,334	9,846
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
General Anesthesia Permit	Active	949	941	958	968
	Delinquent	41	49	40	32
	Cancelled	1,095	1,131	1,179	1,222
	PE Under 7	-	-	286	130
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Mobile Dental Clinic Permit	Active	45	50	63	79
	Delinquent	39	40	40	46
	Cancelled	88	96	100	107
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Medical General	Active	153	150	154	161

Agenda Item 9.a.: Update on Dental Licensure and Permit Statistics
Dental Board of California Meeting
August 12-13, 2026

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Anesthesia Permit	Delinquent	32	39	37	36
	Cancelled	242	267	291	306
	PE Under 7	-	-	278	105
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Moderate Sedation Permit	Active	192	445	617	653
	Delinquent	1	4	5	23
	Cancelled	3	10	42	66
	PE Under 13	-	-	56	54
	PE Under 7	-	-	55	54
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Oral Conscious Sedation Adults Certificate	Active	1,971	1,460	1,206	1,186
	Delinquent	386	412	439	462
	Cancelled	1,960	2,562	2,891	2,945
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Oral and Maxillofacial Surgery Permit	Active	96	96	96	98
	Delinquent	9	10	12	10
	Cancelled	27	27	27	31
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Pediatric Minimal Sedation Permit	Active	102	309	397	415
	Delinquent	1	3	21	47
	Cancelled	0	0	1	2
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Special Permit	Active	34	38	39	43
	Delinquent	6	8	8	14
	Cancelled	203	207	215	216
Status Definitions					
Active	Current and can practice without restrictions (<i>BPC §1625</i>)				
Inactive	Current but cannot practice, continuing education not required (<i>CCR §1017.2</i>)				
Reduced Renewal Fee	Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions (<i>BPC §1716.1a</i>)				
Disabled	Current with disability but cannot practice (<i>BPC §1716.1b</i>)				
Delinquent	License or Permit renewal is not completed by expiration date (<i>BPC §163.5</i>)				
Cancelled	A license that is not renewed within five years after its expiration date shall be cancelled (<i>BPC §1718.3</i>)				

The following table provides statistics on population, current and active dental licenses by County, and population (Pop.) per dental license by County for fiscal years 2023-24, 2024-25, and 2025-26 as of June 30, 2026. These statistics represent the licensee's address of record and not necessarily the licensee's workplace address.

County	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2023/24	DDS per County in 2024/25	Pop. in 2024/25	Pop. per DDS in 2024/25	DDS per County in 2025/26	Pop. In 2025/26	Pop. per DDS in 2025/26
Alameda	1,472	1,651,979	1,112	1,486	1,641,869	1,111	1,472	1,662,482	1,129
Alpine	0	1,200	0	0	1,179	0	0	1,177	0
Amador	23	40,297	1,918	21	39,611	1,918	22	39,563	1,798
Butte	118	201,608	1,625	123	205,928	1,639	110	207,525	1,886
Calaveras	21	45,049	2,145	23	44,842	1,958	15	44,722	2,981
Colusa	4	21,807	3,634	4	21,743	5,451	4	22,026	5,506
Contra Costa	1,092	1,156,555	1,048	1,092	1,146,626	1,059	1,110	1,158,225	1,043
Del Norte	11	27,218	2,474	12	26,345	2,268	11	26,544	2,413
El Dorado	148	190,465	1,253	151	188,583	1,261	144	190,770	1,324
Fresno	625	1,011,273	1,631	625	1,017,431	1,618	645	1,037,053	1,607
Glenn	7	28,750	4,107	7	28,736	4,107	7	29,369	4,195
Humboldt	66	135,168	2,145	66	133,100	2,048	69	133,817	1,939
Imperial	40	179,329	4,598	40	182,881	4,483	35	186,499	5,328
Inyo	7	18,978	3,795	6	18,856	3,163	6	18,800	3,133
Kern	350	909,813	2,668	343	910,300	2,652	362	923,961	2,552
Kings	58	152,023	2,492	59	152,627	2,576	59	154,015	2,610
Lake	37	67,407	1,728	36	67,001	1,872	44	67,254	1,528
Lassen	18	30,274	1,376	21	28,197	1,441	19	28,716	1,511
Los Angeles	8,464	9,861,224	1,171	8,448	9,824,091	1,167	8,481	9,876,811	1,164
Madera	47	157,396	3,577	46	159,328	3,421	57	162,599	2,852
Marin	279	257,135	886	279	252,844	921	259	254,550	982
Mariposa	6	17,045	2,435	7	16,966	2,435	7	16,917	2,416
Mendocino	45	89,999	1,836	47	89,476	1,914	45	89,827	1,996

County	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2023/24	DDS per County in 2024/25	Pop. in 2024/25	Pop. per DDS in 2024/25	DDS per County in 2025/26	Pop. In 2025/26	Pop. per DDS in 2025/26
Merced	98	284,338	3,090	98	287,303	2,901	88	293,080	3,330
Modoc	5	8,690	1,738	4	8,484	2,172	4	8,491	2,122
Mono	5	13,379	2,675	5	12,861	2,675	3	12,684	4,228
Monterey	244	433,716	1,777	242	437,614	1,792	249	438,831	1,762
Napa	106	136,179	1,284	105	135,029	1,296	105	136,124	1,296
Nevada	69	101,242	1,467	70	100,177	1,446	62	100,354	1,618
Orange	4,183	3,162,245	755	4,165	3,150,835	759	4,242	3,175,427	748
Placer	482	409,025	848	471	412,844	868	492	421,446	856
Plumas	13	18,942	1,457	13	18,841	1,457	10	18,885	1,888
Riverside	1,163	2,435,525	2,094	1,163	2,442,378	2,094	1,199	2,495,640	2,081
Sacramento	1,207	1,576,618	1,306	1,210	1,578,938	1,302	1,254	1,604,745	1,279
San Benito	26	65,479	2,518	25	65,853	2,619	26	66,822	2,570
San Bernardino	1,403	2,187,665	1,559	1,410	2,181,433	1,551	1,457	2,207,424	1,515
San Diego	2,853	3,287,306	1,152	2,852	3,291,101	1,152	2,895	3,330,139	1,150
San Francisco	1,127	842,754	747	1,138	843,071	740	1,127	842,027	747
San Joaquin	393	784,298	1,995	388	791,408	2,021	404	805,856	1,994
San Luis Obispo	217	280,721	1,293	210	278,469	1,336	218	279,337	1,281
San Mateo	829	744,662	898	830	741,565	897	844	748,337	886
Santa Barbara	312	445,164	1,426	311	443,623	1,431	304	447,132	1,470
Santa Clara	2,283	1,894,783	829	2,296	1,903,198	825	2,312	1,922,259	831
Santa Cruz	171	255,564	1,494	170	262,572	1,503	175	263,710	1,506
Shasta	109	180,531	1,656	106	179,195	1,703	96	180,201	1,877
Sierra	0	3,229	0	0	3,171	0	0	3,170	0
Siskiyou	23	43,830	1,905	22	43,409	1,992	21	43,311	2,062
Solano	277	447,241	1,614	274	446,426	1,632	272	449,839	1,653
Sonoma	374	482,404	1,289	380	478,152	1,269	378	482,848	1,277
Stanislaus	277	549,466	1,983	281	548,744	1,955	274	555,765	2,028
Sutter	49	99,145	2,023	49	100,110	2,023	54	100,257	1,856
Tehama	28	65,052	2,323	28	64,308	2,323	27	64,827	2,401

Agenda Item 9.a.: Update on Dental Licensure and Permit Statistics
Dental Board of California Meeting
August 12-13, 2026

Trinity	2	16,023	8,011	2	15,915	8,011	1	15,884	7,941
Tulare	218	475,014	2,178	219	478,918	2,169	226	487,209	2,155
Tuolumne	45	55,291	1,228	45	54,407	1,228	38	54,357	1,430
Ventura	634	833,652	1,314	633	823,863	1,316	635	829,005	1,305
Yolo	125	221,165	1,769	125	221,666	1,769	112	225,433	2,012
Yuba	10	82,275	8,227	10	83,721	8,227	10	85,023	8,502
Out of State/Country**	2,284	N/A	N/A	3,072	N/A	N/A	2,428	N/A	N/A
Total	34,582	39,174,605	N/A	37,846	39,128,162	N/A	35,025	39,529,101	N/A

*Population data obtained from Department of Finance, Demographic Research Unit as of 7/01/2025.

**Prior numbers updated and placed in correct columns.

*The counties with the highest Population per DDS are:	Yuba County (1:8,502)	*The counties with the lowest Population per DDS are:	San Francisco County (1:747)
	Trinity County (1:7,941)		Orange County (1:748)
	Colusa County (1:5,506)		Santa Clara (1:831)
	Imperial County (1:5,328)		Placer (1:856)
	Glenn County (1:4,195)		San Mateo (1:886)

* Alpine County (0:1,177) & Sierra County (0:3,170)
No reported address of record in county

Action Requested

No action is requested.

DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



MEMORANDUM

DATE	July 21, 2026
TO	Members of the Dental Board of California
FROM	Kelli Garcia, Licensing and Examination Supervisor Dental Board of California
SUBJECT	Agenda Item 9.b.: Presentation – Licensure Pathways

Background

Board staff will provide a presentation on dental licensure pathways.

Action Requested

No action is requested.

Current Dental Licensure Pathways 2026

Presented by the Licensing and Examination Unit (LEU)



www.dbc.ca.gov



Overview of Licensure Pathways

Licensure by
American Board of
Dental Examiners
(ADEX)

Licensure by
Residency

Licensure by
Credential



www.dbc.ca.gov



Licensure by ADEX

Application requirements:

- Proof of graduation from a dental school approved by the Board or CODA.
- Successful passing of the American Board of Dental Examiners (ADEX) exam within five (5) years preceding the application date.
- Successful passing of the National Board Examination (NBDE)
- Successful passing of the Law and Ethics Examination
- Out of State License Verification (if applicable)



www.dbc.ca.gov



Licensure by Residency



www.dbc.ca.gov

Application requirements:

- Proof of graduation from a dental school approved by the Board or CODA.
- Proof of completing a one-year AEGD or GPR program accredited by CODA or another Board-approved national accrediting body.
- Successful passing of the National Board Examination (NBDE)
- Proof that the applicant has not failed a state, regional, or national examination for licensure to practice dentistry within five years prior to the date of the application.
- Successful passing of the Law and Ethics Examination
- Out of State License Verification (if applicable)



Licensure by Credential

Clinical
Practice

Clinical Practice
with Residency
Completion

Pending Clinical
Practice Contract

Pending Faculty
Practice Contract

Non-Clinical
Practice



www.dbc.ca.gov



Application Requirements for License by Credential Pathways

- Proof of an active and unrestricted license issued by another state, district, or territory of the United States to practice dentistry that is not subject to any current or pending disciplinary action such as revocation, suspension, or probation.
- Proof that the applicant has not failed a state, regional, or national examination for licensure to practice dentistry within five years prior to the date of the application.
- Proof of completion of 50 continuing education (CE) courses that are patient-centered related care.
 - 10 Mandatory Course CE Units
 - 40 Non-Mandatory Course CE Units



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Clinical Practice (Unrestricted)

Proof that the applicant has either been in active clinical practice in another state, district, or territory of the United States, has been engaged in full-time nonclinical practice requiring an active dentist's license for federal, state, or local public health programs in another state, district, or territory of the United States for at least five years immediately preceding the application, or has been a full-time faculty member in an accredited dental education program and in active clinical practice for a total of at least 5,000 hours within the past five years immediately preceding the date of the application.



www.dbc.ca.gov



Clinical Practice with Residency Completion (Unrestricted License)

Complete a CODA-approved residency program and submit the residency certificate to the Board

The applicant may receive:

- Credit 1,000 hours per residency year, up to 2,000 hours, towards the 5,000-hour clinical practice requirement.
- All clinical hours must be completed within five (5) years preceding the application date.
- Clinical hours are verified through the employer completed Verification of Clinical Practice of Dentistry form.



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Pending Clinical Practice Contract (Restricted License)

Requires a signed, full-time (minimum of 32 hours per week), 2-year contract to practice dentistry in a Federally Qualified Health Center (FQHC).

After confirmation of two years of completed service, the restriction is removed.



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Pending Faculty Practice Contract (Restricted License)

Requires a signed, full-time (minimum average of 40 hours per week), 2-year contract to teach or practice dentistry in at least one accredited dental education program approved by the Board.

After confirmation of two years of completed service, the restriction is removed.



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Non-Clinical Practice (Unrestricted)

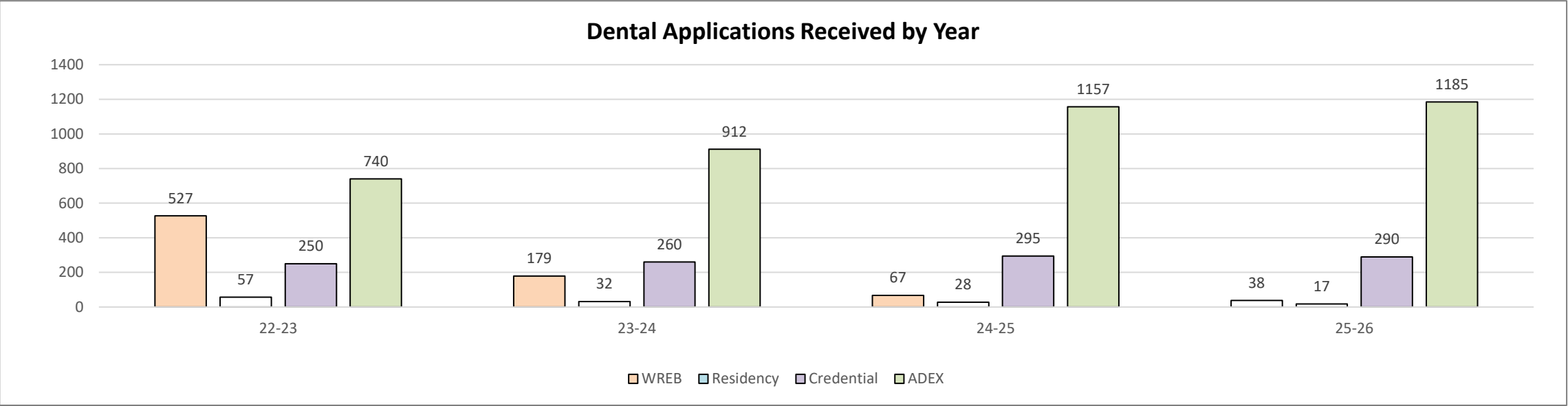
Requires certification of the applicant being engaged in full-time nonclinical practice that requires an active dental license for a federal, state, or local public health programs in another state, district, or territory of the United States for at least five years immediately preceding the application.



www.dbc.ca.gov



Dental Applications Received by Year					
	22-23	23-24	24-25	25-26	Yearly Totals
WREB	527	179	67	38	811
Residency	57	32	28	17	134
Credential	250	260	295	290	1095
ADEX	740	912	1157	1185	3994
Total	1574	1383	1547	1530	6034



Foreign Trained Dentist Pathways

Licensure by ADEX
(Unrestricted
Licenses)

Licensure by
Residency
(Unrestricted
Licenses)

License by
Credential – Clinical
Practice
(Unrestricted
License)

License by
Credential –
Residency
(Unrestricted
License)

License by
Credential – Clinical
Practice Contract
(Restricted License)

License by
Credential – Faculty
Practice Contract
(Restricted License)



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Q&A



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DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

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MEMORANDUM

DATE	July 17, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 9.c.: Report from American Board of Dental Examiners (ADEX)

Background

Representatives from American Board of Dental Examiners (ADEX) will provide a presentation on dental examination updates and activities.

Action Requested

No action is requested.



The National Exam Standard

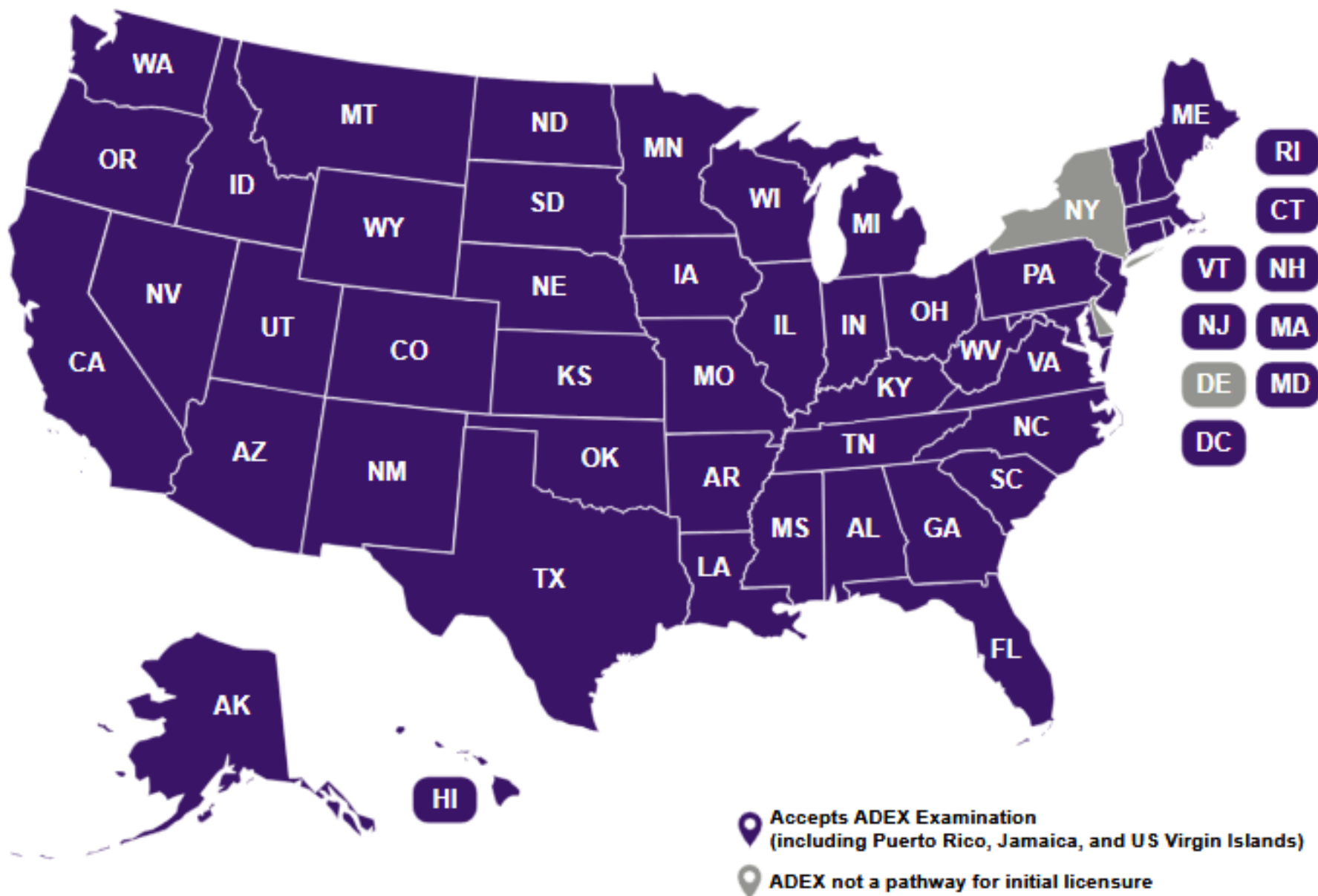
Report for the
Dental Board of California



Dr. Guy Shampaine, ADEX Senior Advisor
Stephen Prisby, ADEX Regulatory and Educational Affairs Director

August 12, 2026

National Dental Portability

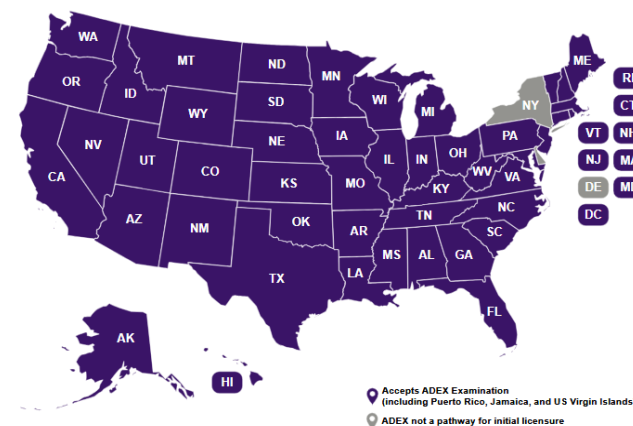


National Dental Portability

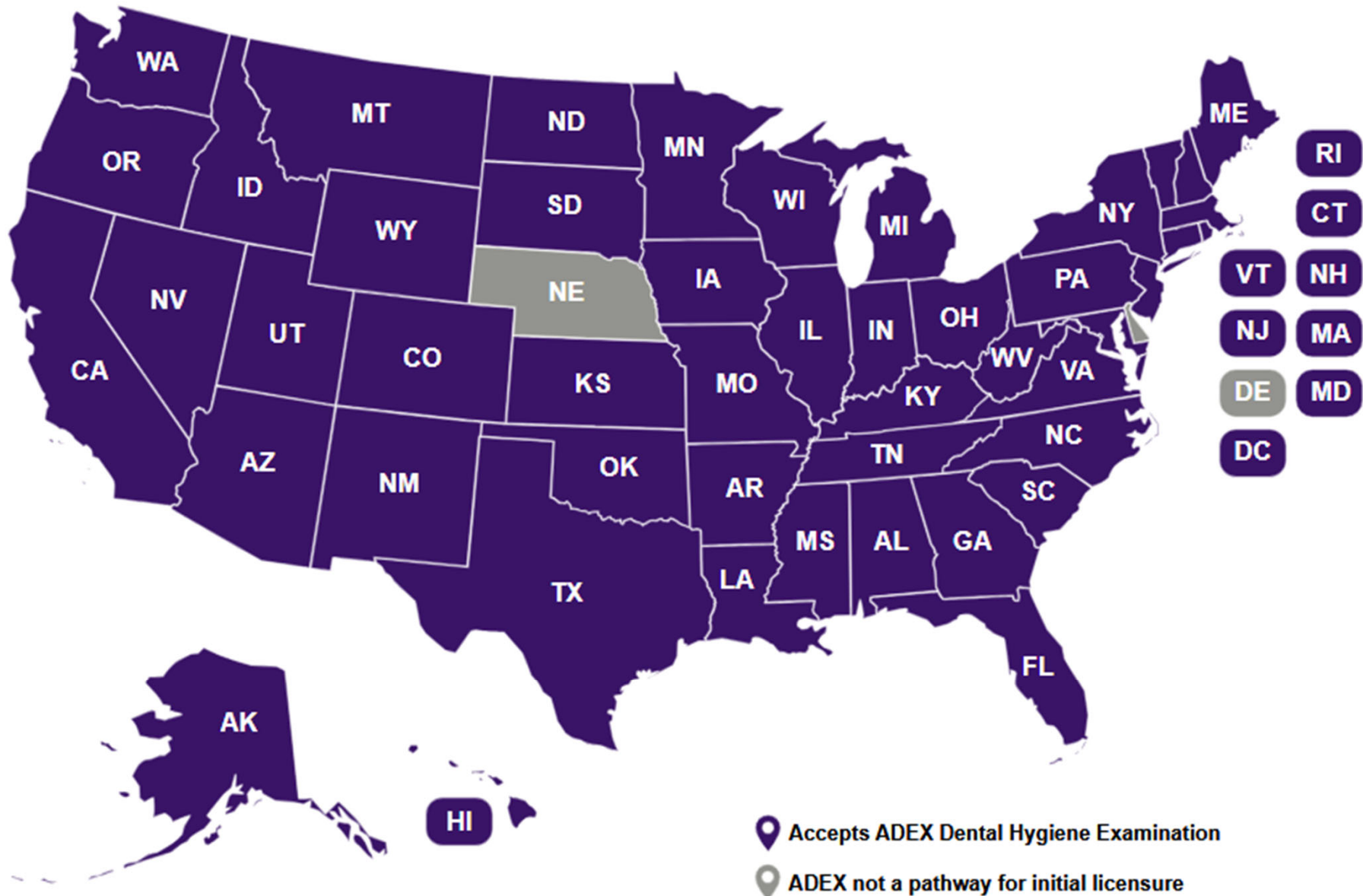
Licensure by Examination

Jurisdictions **ONLY** accepting ADEX

1. California (Dental)
2. Connecticut (ADEX OSCE Required)
3. District of Columbia
4. Florida
5. Hawaii (Dental)
6. Louisiana
7. Maryland
8. Massachusetts (ADEX OSCE Required)
9. Mississippi
10. Nevada
11. New Jersey
12. North Carolina
13. Oklahoma
14. Puerto Rico
15. Virginia
16. Michigan



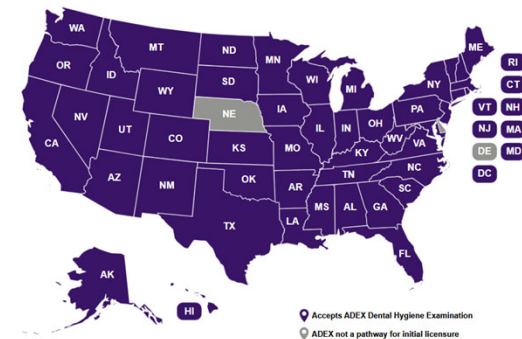
National Dental Hygiene Portability



National Dental Hygiene Portability Licensure by Examination

Jurisdictions **ONLY** accepting ADEX

1. District of Columbia
2. Florida
3. Louisiana
4. Maryland
5. Massachusetts(OSCE required)
6. Michigan
7. Mississippi
8. Nevada
9. New Jersey
10. New York
11. North Carolina
12. Oklahoma
13. Puerto Rico
14. Virginia





ADEX DENTAL EXAM – Scheduled at every California Dental School

Location	Exam Date	Deadline
Herman Ostrow School of Dentistry of USC Los Angeles, CA Site Info Sheet	January 29 - 31, 2027	December 16, 2026
University of California School of Dentistry - San Francisco San Francisco, CA	February 20 - 21, 2027	January 7, 2027
Herman Ostrow School of Dentistry of USC Los Angeles, CA Site Info Sheet	February 27 - 28, 2027	January 14, 2027
Western University of Health Sciences College of Dental Medicine Pomona, CA Site Info Sheet	March 12 - 14, 2027	January 27, 2027
California Northstate University Sacramento, CA	March 13 - 14, 2027	January 28, 2027
Loma Linda University School of Dentistry Loma Linda, CA Site Info Sheet	March 22 - 24, 2027	February 6, 2027
University of California School of Dentistry - Los Angeles Los Angeles, CA Site Info Sheet	March 22 - 25, 2027	February 6, 2027
University of the Pacific PHCC - Sacramento Sacramento, CA	April 10 - 11, 2027	February 25, 2027

The ADEX Dental Examination is being administered outside the United States:

- **León, Mexico** – Universidad De La Salle Bajío (beginning in 2023)
- **Jeddah, Saudi Arabia** – King Abdulaziz University (first administration completed in January 2026)
- **Canada** - Dalhousie University (since 2010)
- **Jamaica** - University of Technology, Jamaica (since 2015)
- **Puerto Rico** - University of Puerto Rico School of Dentistry (since 2015)

ADEX welcomes opportunities to partner with additional jurisdictions to make the ADEX Examinations available to more candidates.



What this Means for Candidates & Licensing

Reduced Travel Burden

More testing sites across the U.S. to minimize travel distance and expenses, making examinations more accessible to candidates the state and area.

Enhanced Scheduling Flexibility

Expanded geographic coverage reduces scheduling conflicts and provides more options for candidates to complete their licensure examinations at convenient times and locations.

Fully Equipped Facilities

All testing locations are equipped with necessary clinical resources, functional equipment and comprehensive protocols to ensure optimal examination conditions.

Accelerated Workforce Growth

Improved access to examinations supports timely licensure, helping address the growing demand for qualified oral healthcare professionals.





Our Merger: What You Need to Know



Who

CDCA-WREB-CITA (the nation's leading dental exam administrator) and the American Board of Dental Examiners (ADEX), developer of the national ADEX licensure exam



What

Official merger into one organization:

**American Board of
Dental Examiners**



What's Next

Now operating and initiating Council on Examinations appointment process and engagement opportunities

This strategic merger combines the strengths of both organizations to better serve dental professionals and regulatory boards across the nation.

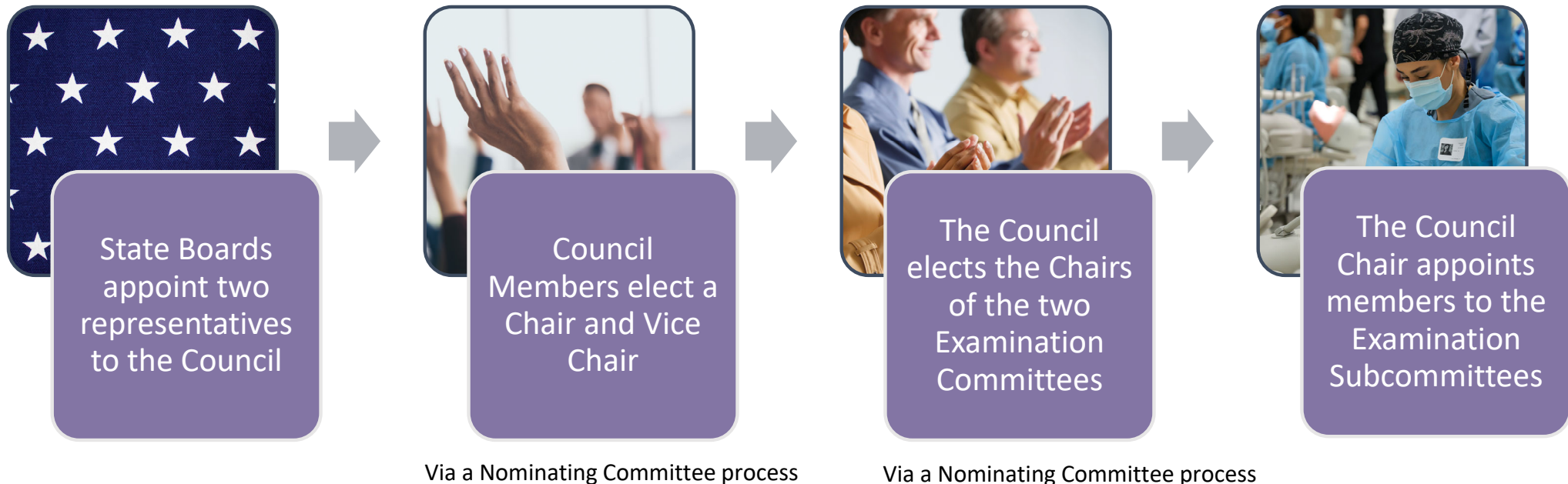
Streamlined Examination Process

The merger unites the entire examination lifecycle under one organization, creating a more efficient and cohesive process from development through delivery.



This integration allows for greater board involvement at every stage, ensuring examinations remain relevant, rigorous, and reflective of current dental licensure standards.

Council on Examinations Structure



How California contributes – scoring, content & criteria of the ADEX Exams

All members of the Council appointed by Dental Boards must be: (a) an active member of their Dental Board at the time of their appointment or have served on their Dental Board within the five-year period prior to their appointment, and (b) an Active Member of ADEX.

Dentists on the Council serve on the Dental Exam Committee.

Dental Hygienists on the Council serve on the Dental Hygiene Exam Committee.

Appointees on the Council on Examinations



DENTAL BOARD
OF CALIFORNIA

Dr. Lilia Larin-Peralta *(Term Ends: 2028)*



DHBC
Dental Hygiene
Board of California

Ms. Joanne Pacheco *(Term Ends: 2028)*

All Dental Board of California dentist members are invited & encouraged to participate as ADEX Examiners.

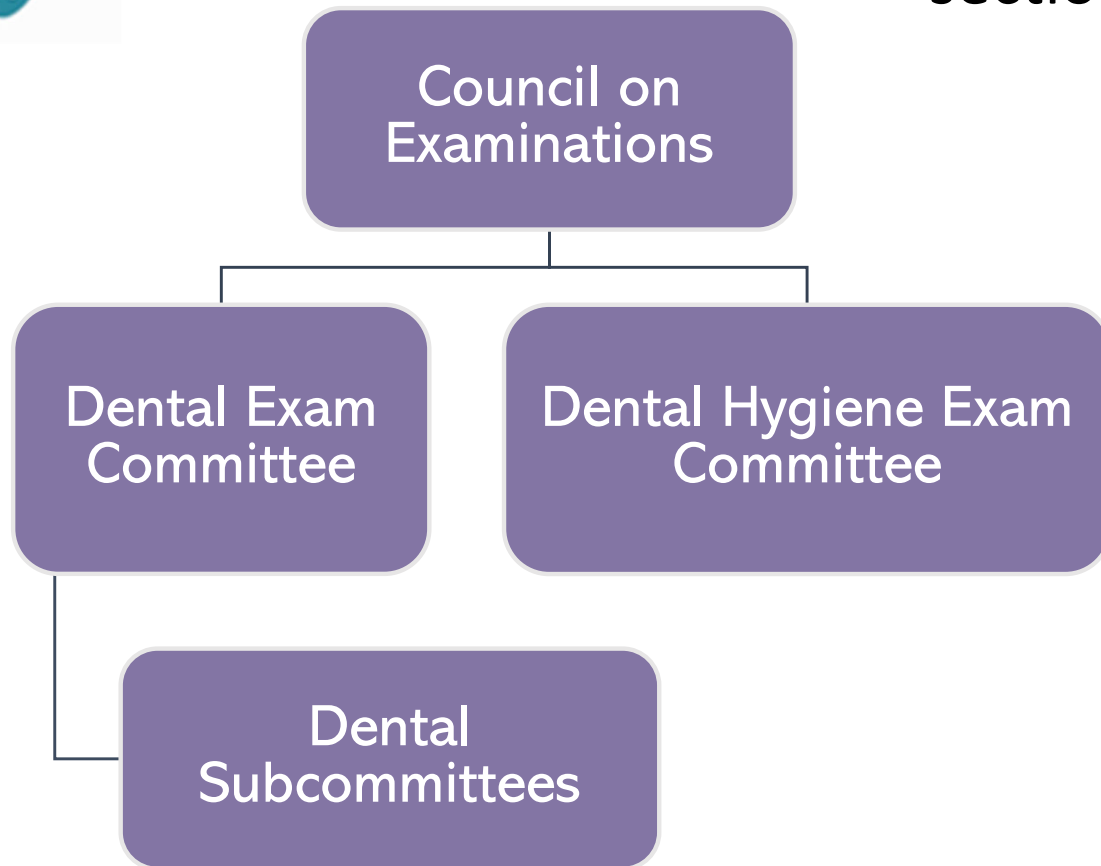
The public members and dental assistant may participate in the examination process as well, but not as Examiners. They would have roles as Observers.



Council on Examinations Structure



Subcommittees support exam sections and special needs:



Dental
Prosthodontics
Endodontics
Periodontics
Restorative
Calibration

SHARED STANDARDS FOR PUBLIC PROTECTION

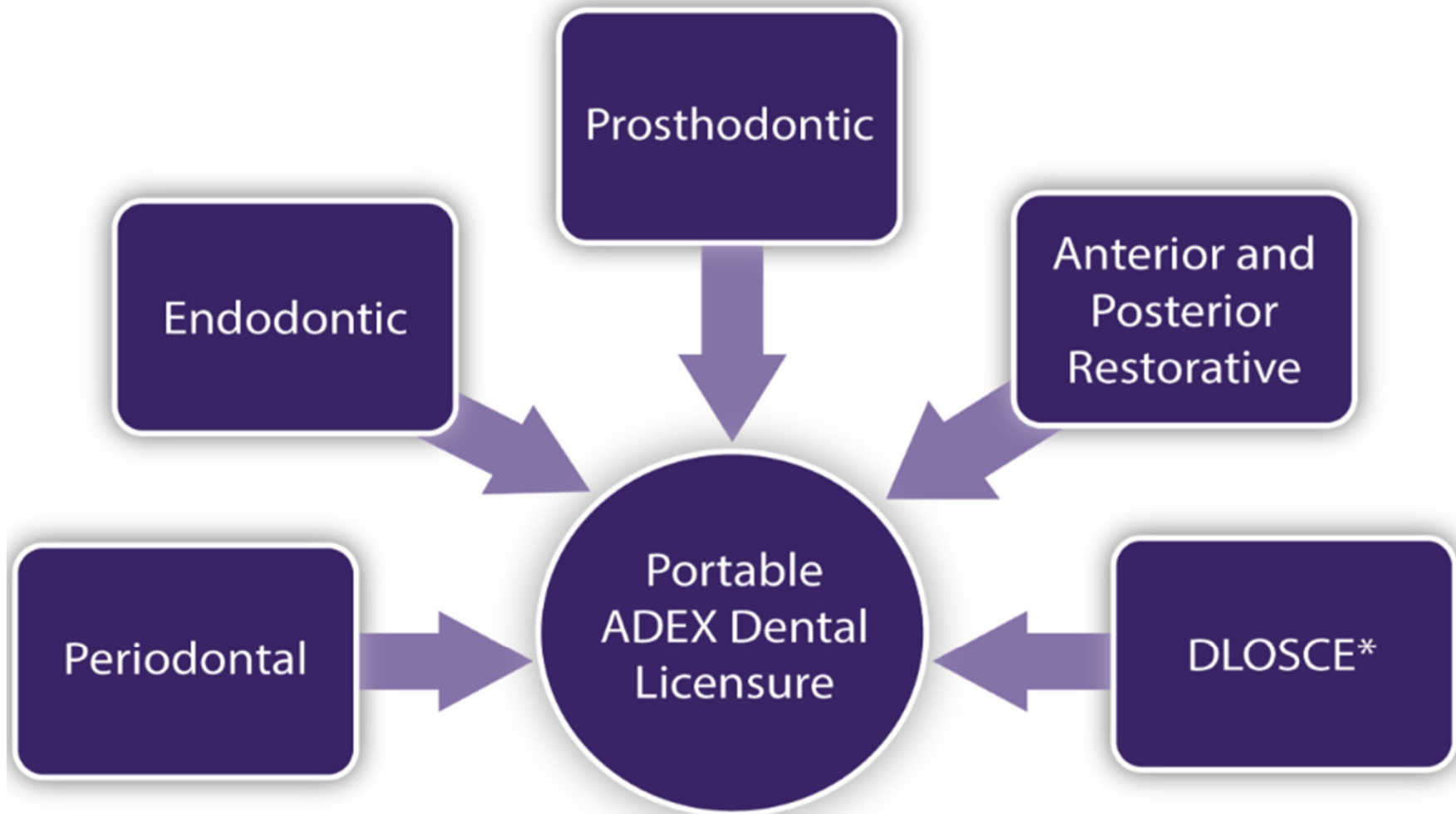
United States Medical Licensing Examination (USMLE – Medicine)

- ✓ National Licensure Exam for physicians
- ✓ Protection of Public through Standardized Exams
- ✓ Portability of Licensure
- ✓ Continuous Evolution with Modern Healthcare

American Board of Dental Examiners (ADEX – Dentistry)

- ✓ National Licensure Exam for Dentist & Dental Hygienist
- ✓ Protection of Public through Standardized Exams – a single nationally recognized examination ensures consistent competency measures across all national candidates
- ✓ Portability of Licensure – Removes barriers to mobility increasing access to care nationally
- ✓ Continuous Evolution with Modern Healthcare – OSCE and Patient Simulations

ADEX Dental Exam



ADA American
Dental
Association®

**The DLOSCE is overseen by the Joint Commission on National Dental Examinations, is the property of the American Dental Association (ADA), and is used by ADEX under an exclusive license from the ADA.*

Dental Candidate Participation

13,859

Dental Candidates in 2025

▲ **782**
More Candidates

▲ **6.0%**
Growth Over 2024



78

Dental Programs
Offered ADEX in 2025



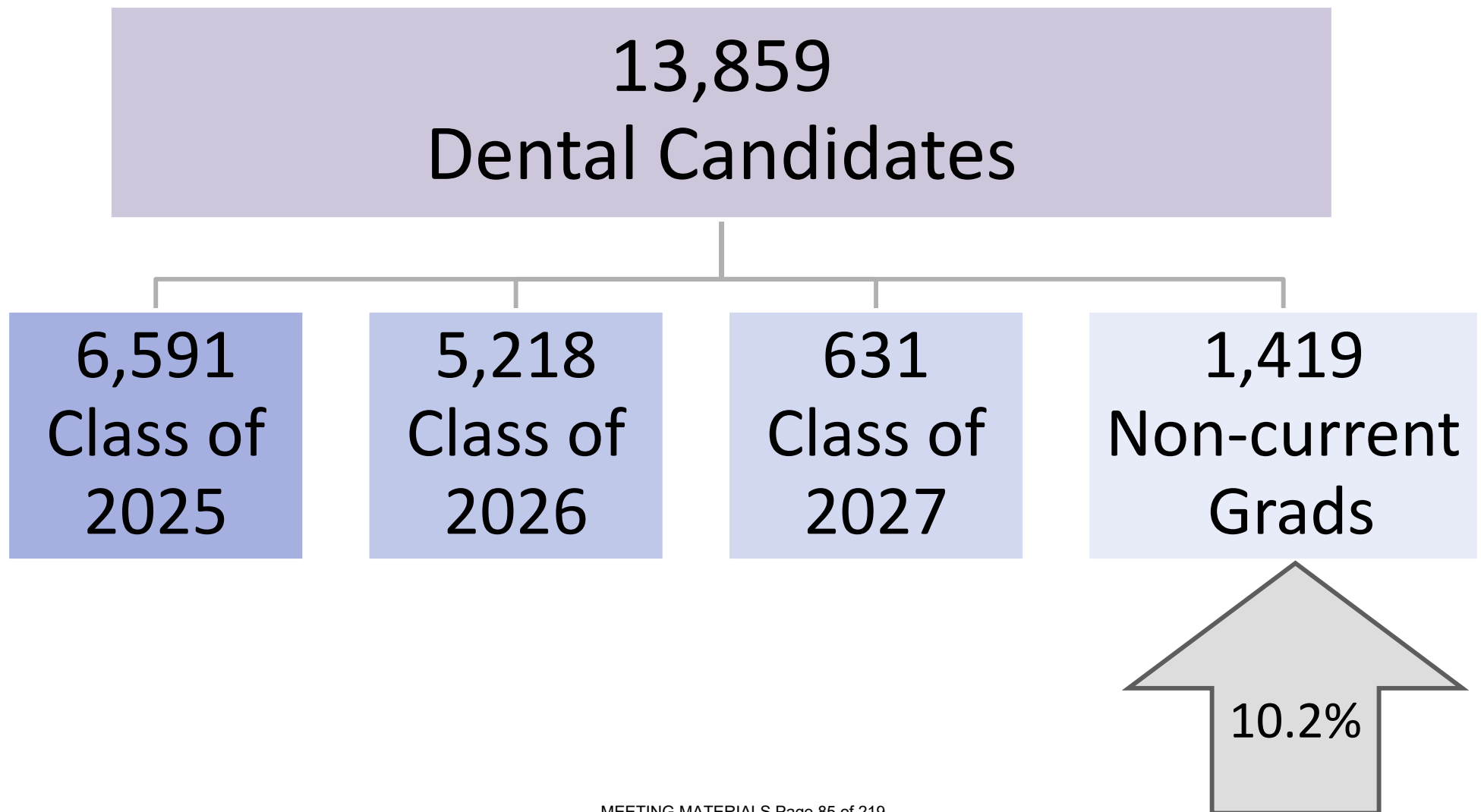
13,077

Dental Candidates
in 2024



ADEX continues to expand its national reach,
Serving more schools and more candidates than ever before.

2025 Dental Candidates Exam Year 2025 only



ADEX Dental Candidate Results

Class of 2026 through June 30, 2026



ADEX Clinical Exam Procedures	First Time Pass Rate (%)
Endodontic	81.5
Prosthodontic	89.0
Periodontal	99.4
Anterior Restorative	93.5
Posterior Restorative	88.9

6,734 Class of 2026 candidates testing through June 30, 2026

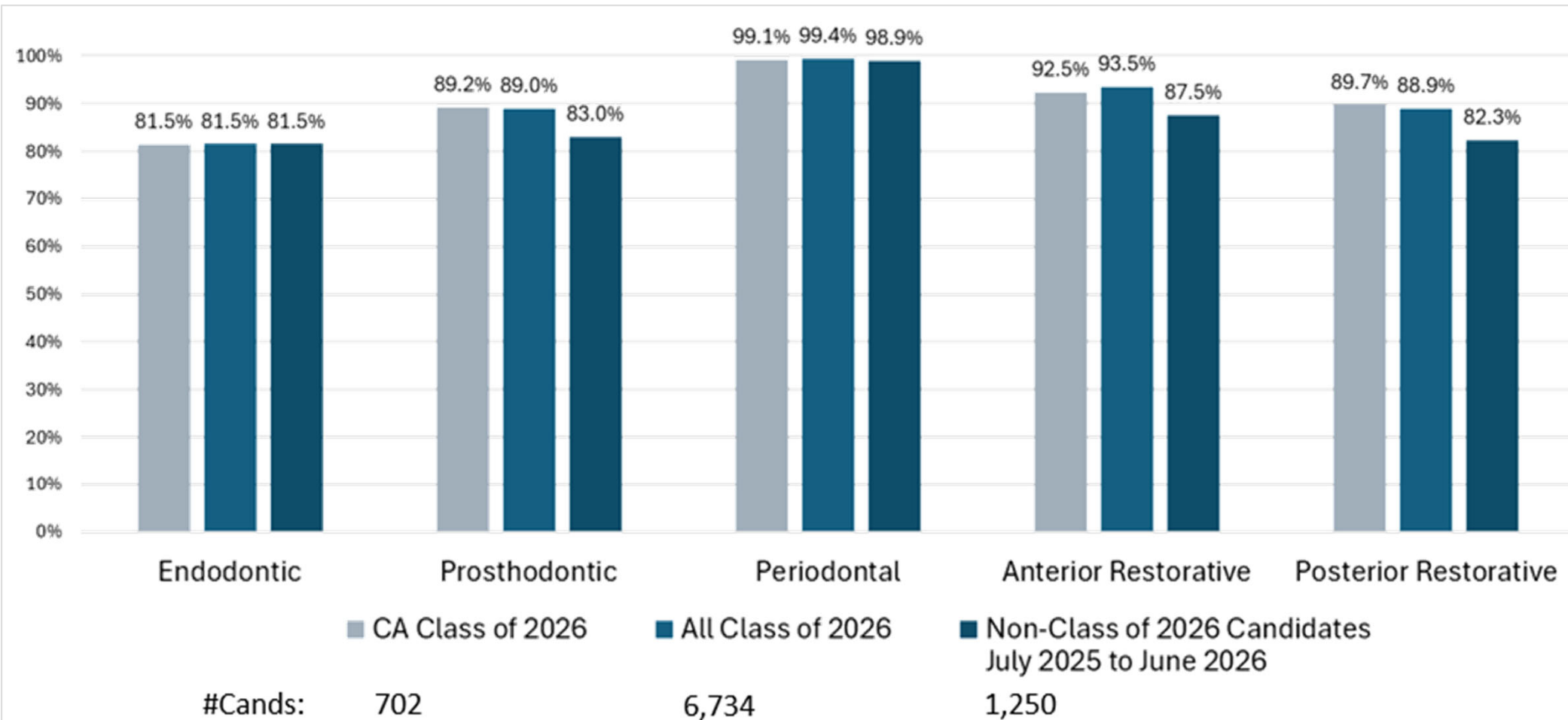
Initial Passing Percentages Year to Date (June 30, 2025) Clinical Dental Examination Sections



California Class of 2026

National Class of 2026

Non-Class of 2026 candidates, July 2025 to June 2026



Dental Class
of 2025

Initial and
End of Year Pass Rate

2025 Graduates

	# Cands	First Attempt	End of Year
Endodontics	6,750	77.10%	99.29%
Prosthodontics	6,752	87.81%	99.50%
Periodontics	6,738	99.23%	99.99%
Anterior Restorative	6,725	93.77%	99.69%
Posterior Restorative	6,726	88.91%	99.49%

Clinical Dental Examination Updates



- **Periodontal Examination will be required (August 2026)**
 - Adding Calculus Detection & Adding Pocket Depth Measurements

Skills Assessment	Criteria	Points Possible
Calculus Detection	• 4 assigned maxillary teeth • 4 surfaces per tooth (M, D, F, L) • 16 surfaces evaluated for presence or absence of subgingival calculus (1 point each)	16
Calculus Removal	• One mandibular quadrant assigned for scaling • 12 assigned key surfaces evaluated for calculus removal (5.5 points each)	66
Complete Calculus Removal	• Evaluation of calculus removal on all remaining surfaces within assigned quadrant. Calculus remaining: • 1 surface (-3 points) • 2 or more surfaces (-6 points)	6
Periodontal Probing Measurement	• 2 assigned teeth (1 anterior; 1 posterior) • 6 measurements per tooth (DF, F, MF, DL, L, ML) • 12 measurements evaluated (1 point each)	12
TOTAL		100

- **Prosthodontics Examination: Material Updates (August 2026)**
 - Discontinue #3 Cast Metal Crown and #5 PFM Crown
 - Added Molar Zirconia #3 and Premolar Zirconia #5

Dental Examination Updates



ADA American
Dental
Association®

April 14, 2026

ADA American
Dental
Association®



Contact:
ADA:
mediarelations@ada.org

ADEX:
communications@adextesting.org

American Dental Association and American Board of Dental Examiners Advance Dental Licensure Examinations Through New Agreement

ADEX to incorporate the Dental Licensure Objective Structured
Clinical Examination (DLOSCE) into the ADEX Dental
Examination no later than Aug. 1, 2026

FOR IMMEDIATE RELEASE

American Dental Association and American Board of Dental Examiners Advance Dental Licensure Examinations Through New Agreement

ADEX will incorporate the Dental Licensure Objective Structured Clinical Examination (DLOSCE) into the ADEX Dental Examination no later than Aug. 1, 2026

April 14, 2026 – The American Dental Association (ADA) and the American Board of Dental Examiners (ADEX) have finalized an agreement to license the ADA's Dental Licensure Objective Structured Clinical Examination (DLOSCE) for incorporation into the ADEX Dental Examination, marking a significant step forward in modernizing dental licensure and advancing

that benefits public health, dental licensure candidates, the dental profession, and helps to help ensure dentists enter the profession with proven competence and uphold standards for patient safety.

One of the ADA's DLOSCE simplifies licensure pathways and supports licensure for dentists seeking to practice in 48 states and other jurisdictions—including Alaska, Puerto Rico, Jamaica, and the U.S. Virgin Islands — that currently accept or require the ADEX Dental Examination.

"This represents an important milestone for the dental profession," said Dr. Richard D. Armstrong, president of the ADA. "By aligning pathways to licensure and advancing assessment, we are strengthening licensure portability, supporting a more mobile and resilient workforce, and ensuring that patient safety remains paramount. The ADA has long championed solutions that modernize licensure while protecting the public, and this collaboration is a commitment to shaping a strong, sustainable future for dentistry in service to public health."

The ADEX Dental Examination with its DLOSCE component represents a modernized, standardized approach to evaluating clinical competence and readiness for practice. The ADEX Dental Examination will continue to assess candidates' clinical hand skills alongside their reasoning and decision-making abilities. Through inclusion of the DLOSCE, the ADEX Dental Examination will benefit from the DLOSCE's extensive use of images and 3D models that allow candidates to demonstrate their clinical judgment in scenarios that closely mirror real-world practice.

"ADEX has long served state dental boards to support licensure processes that reflect both public protection and clinical competence," said Dr. Mark Armstrong, Chair of ADEX. "This agreement

Question: **What** is changing?

Answer: The American Dental Association (ADA) and the American Board of Dental Examiners (ADEX) have reached an agreement for ADEX to license and incorporate the Dental Licensure Objective Structured Clinical Examination (DLOSCE) into the ADEX Dental Examination.

The updated model will:

- Maintain the assessment of clinical hand skills
- Continue evaluating treatment planning and decision-making
- Incorporate DLOSCE components that assess clinical judgment through case-based scenarios

Question: **Why** is this happening?

Answer: This agreement reflects a shared commitment to advancing clinical licensure in a way that supports public health, strengthens consistency in assessment, and ensures that dentists demonstrate the competence required for safe and effective practice.

It also supports ongoing efforts to align licensure assessments with current clinical practice, education, and technology.

Question: **When** does it take effect?

Answer: Scheduling for the updated ADEX Dental Examination will open in June 2026 for candidates testing in 2027.

- The DLOSCE will no longer be offered or administered as a standalone examination to new DLOSCE candidates, except in conjunction with the ADEX Dental Examination, after August 1, 2026.
- All standalone administrations of the DLOSCE will cease after October 9, 2026

Question: How will this support license portability?

Answer: This change is intended to support greater consistency and portability in licensure pathways.

The ADEX Dental Examination is currently accepted or required in 48 states and additional jurisdictions, including Washington, D.C., Puerto Rico, Jamaica, and the U.S. Virgin Islands. Incorporating the DLOSCE supports further alignment in how clinical competence is assessed across jurisdictions.

Dental Licensure Objective Structured Clinical Examination (DLOSCE™)



✍ Candidates registered for the ADEX exam after June 1, 2026, will take the DLOSCE

✍ 150 questions administered at the Prometric Testing Center

✍ 75% or greater to pass

✍ Scores released approximately 24 hours after exam completed

DLOSCE CONTENT

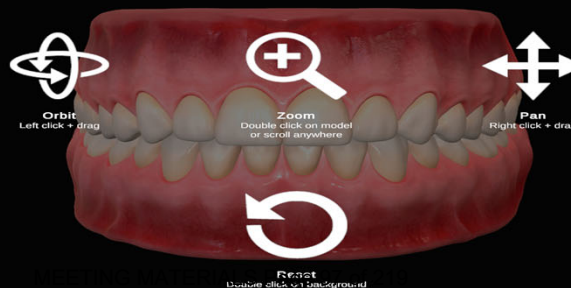
Restorative	24%
Diagnosis, Preparations, Restorations	
Direct and Indirect	
Prosthodontics	19%
Removable, Fixed and Implants	
Oral Pathology, Pain Management, and Temporomandibular Dysfunction	13%
Oral Pathology/Oral Medicine & Orofacial Pain and TMD	
Periodontics	10%
Diagnosis, Treatment Planning and Etiology	
Oral Surgery	9%
Diagnosis, Treatment Planning and Extractions	
Endodontics	8%
Diagnosis, Treatment Planning, Emergency Management & Post-Treatment Evaluation	
Orthodontics	6%
Treatment Screening, Space Management	
Medical Emergencies	6%
Diagnosis, Management	
Prescriptions	5%
Antibiotic and Analgesic	



- ✓ ☒ Maxillary
- ✓ ☒ Mandibular



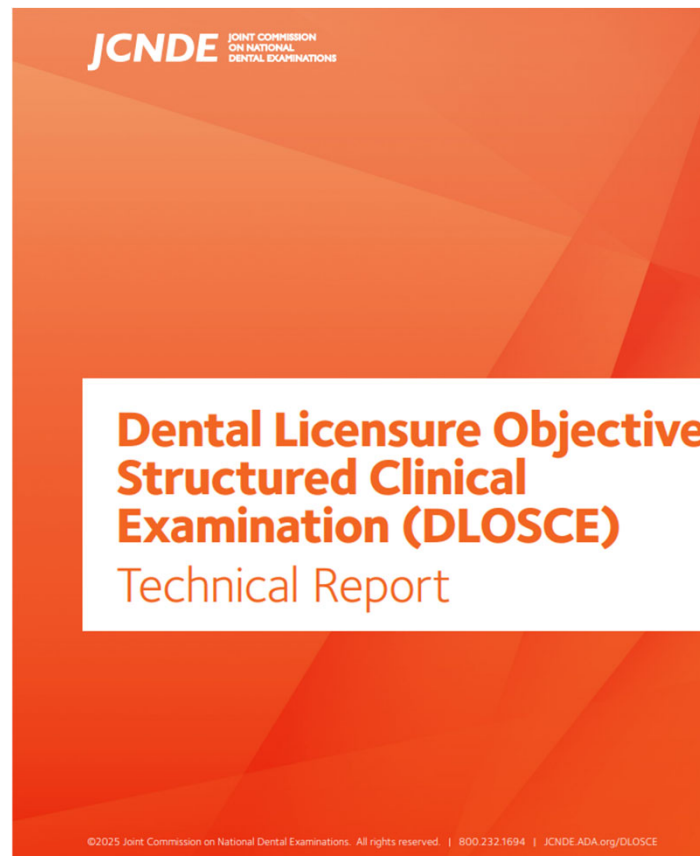
- ✓ ☒ Maxillary
- ✗ ☐ Mandibular



2026 Dental Examination Updates



JCNDE.org: DLOSCE Technical Report





The National Exam Standard

Thank You for your time today.

Dr. Guy Champaine, ADEX Senior Advisor
Stephen Prisby, ADEX Regulatory and Educational Affairs Director

Adextesting.org/contact

MEMORANDUM

DATE	July 16, 2026
TO	Members of the Dental Board of California
FROM	Jessica Olney, Anesthesia and Customer Service and Support Unit Manager Dental Board of California
SUBJECT	Agenda Item 10.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics

Background

General Anesthesia (GA), Medical General Anesthesia (MGA), and Moderate Sedation (MS) permitholders are subject to an onsite inspection and evaluation prior to the issuance or renewal of a permit at the discretion of the Dental Board of California (Board). The Board must conduct an inspection and evaluation for GA and MGA permitholders at least once every five years, and for MS permitholders at least once every six years to keep a permit active and in good standing. This memo provides a statistical overview of onsite inspections and evaluations administered by the Board for GA, MGA, and MS permits.

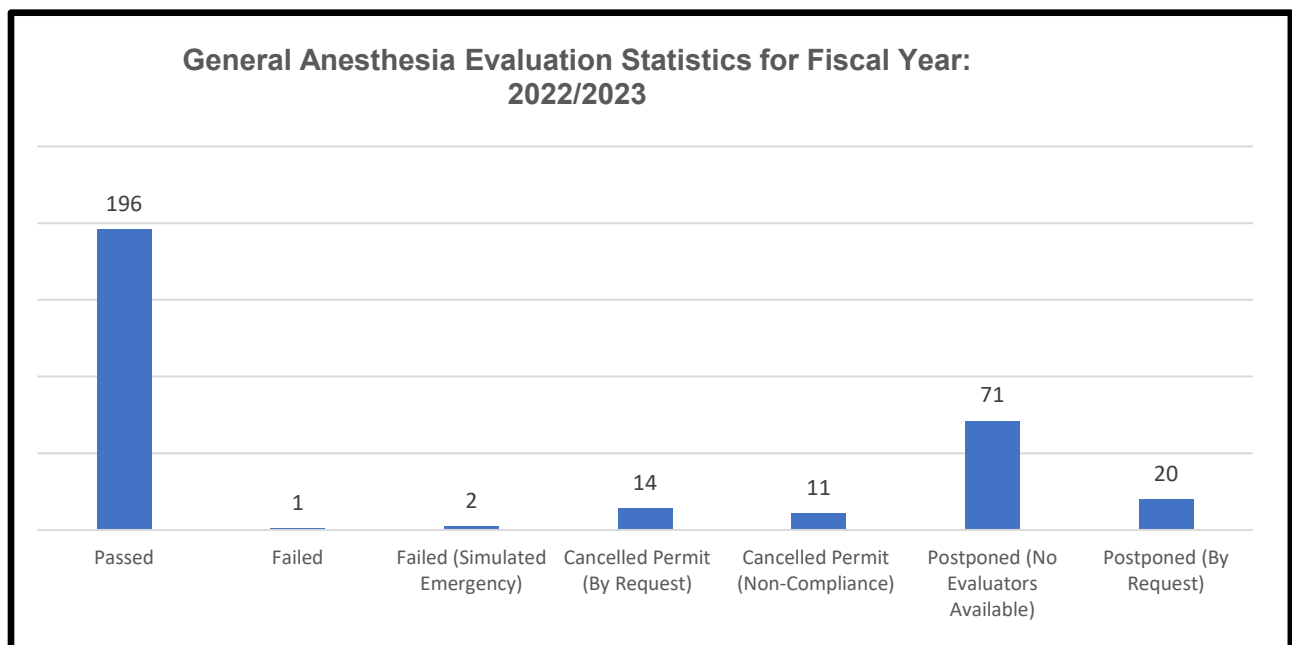
General Anesthesia Evaluation Statistics for Fiscal Year 2025–26

	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2025	11	0	0	3	2	0	5
Aug 2025	19	0	0	0	2	0	3
Sep 2025	19	0	0	1	2	0	2
Oct 2025	20	0	0	3	2	0	0
Nov 2025	15	0	0	0	1	0	7
Dec 2025	14	0	0	1	4	1	1
Jan 2026	21	0	0	2	2	3	2
Feb 2026	17	0	0	2	3	1	1
Mar 2026	14	0	0	0	4	0	1

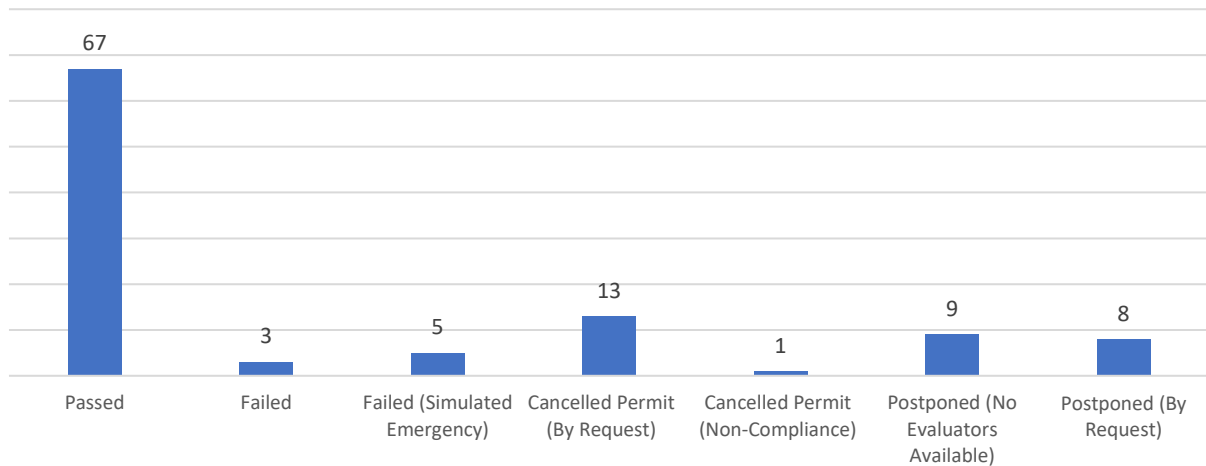
Apr 2026	12	0	0	2	2	1	1
May 2026	18	0	0	1	2	0	1
Jun 2026	12	1	0	1	0	0	2
Total	192	1	0	16	26	6	26

**General Anesthesia Evaluation Statistics for
Fiscal Years, 2022–23, 2023–24, 2024–25, and 2025/26.**

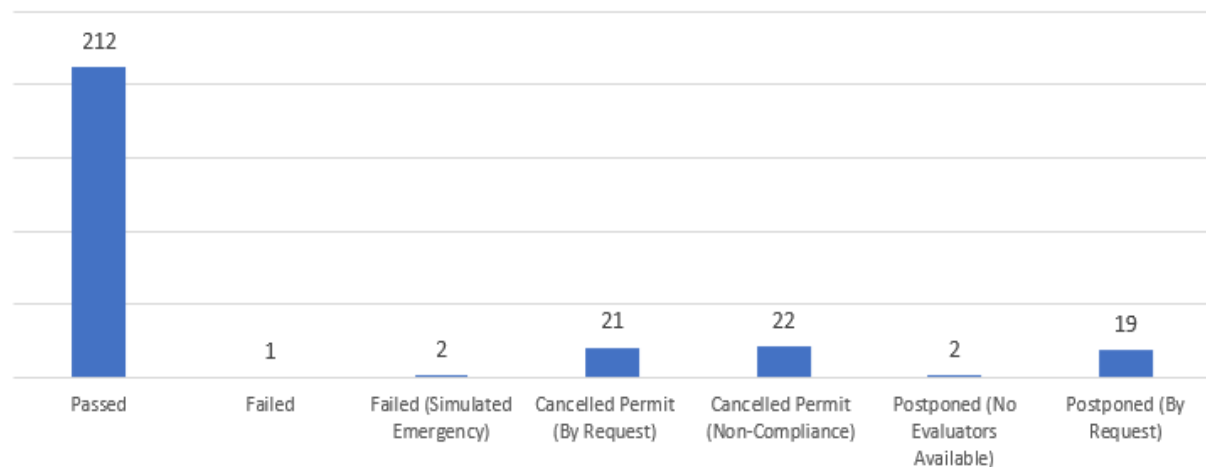
	22–23	23–24	24–25	25–26
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	196	202	212	192
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	1	0	1	1
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	2	3	2	0
Cancelled Permit by Request – Permitholder no longer wanted permit.	14	13	21	16
Cancelled Permit for Noncompliance – Permitholder did not complete required onsite evaluation.	11	20	22	26
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	71	16	2	6
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, or emergencies.	20	18	19	26

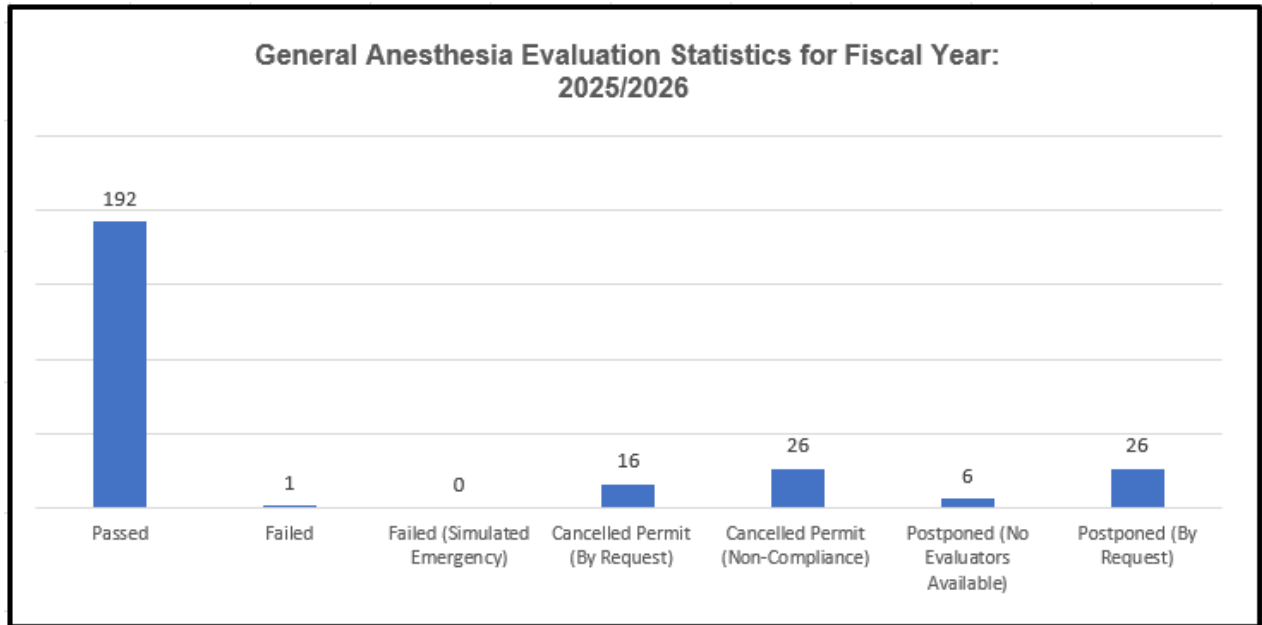


General Anesthesia Evaluation Statistics for Fiscal Year: 2023/2024



General Anesthesia Evaluation Statistics for Fiscal Year: 2024/2025



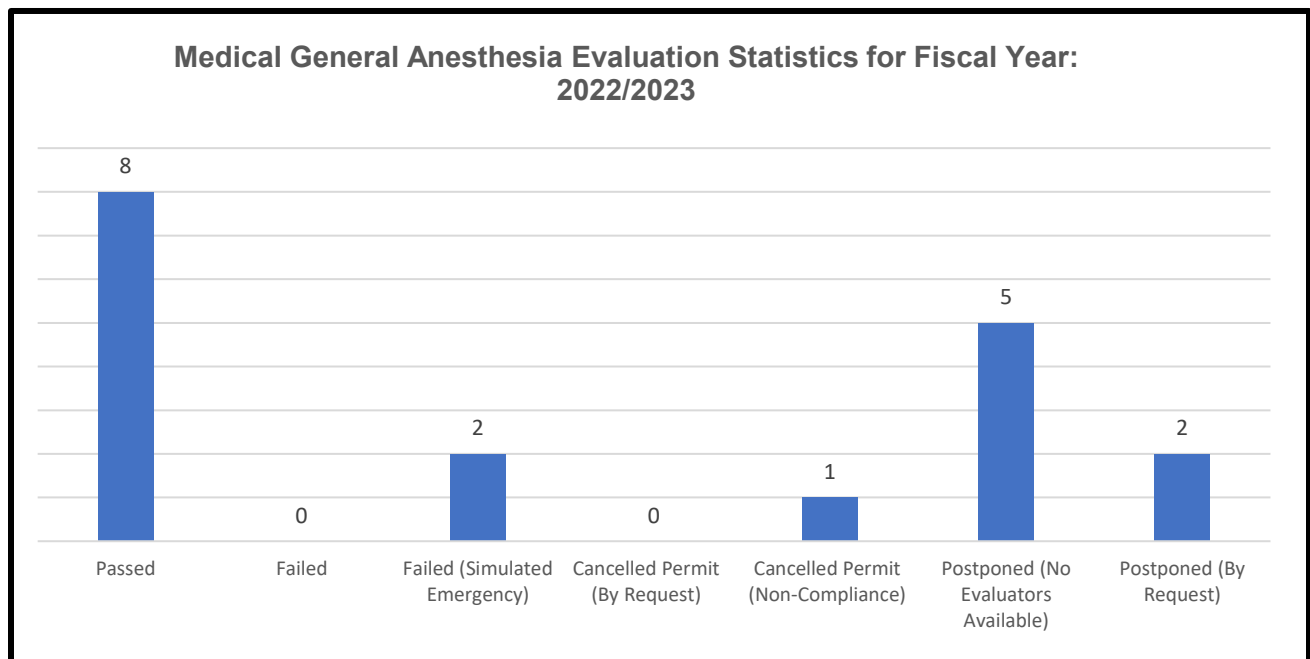


Medical General Anesthesia Evaluation Statistics for Fiscal Year 2025–26

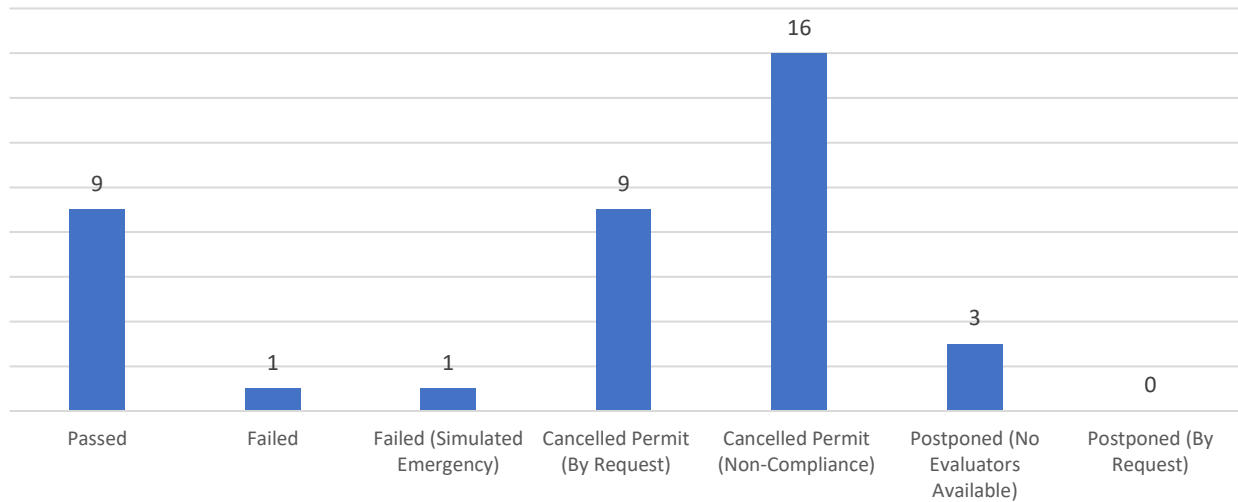
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2025	1	0	0	0	1	1	0
Aug 2025	2	0	0	0	0	0	0
Sep 2025	2	0	0	0	1	0	0
Oct 2025	1	0	0	0	1	0	1
Nov 2025	3	0	0	1	0	0	0
Dec 2025	2	0	0	1	0	0	0
Jan 2026	2	0	0	1	0	0	0
Feb 2026	2	0	0	0	1	1	0
Mar 2026	1	0	0	1	1	0	0
Apr 2026	1	0	0	1	0	0	1
May 2026	1	0	0	1	3	0	0
Jun 2026	3	0	0	1	0	0	1
Total	21	0	0	7	8	2	3

**Medical General Anesthesia Evaluation Statistics for
Fiscal Years 2022–23, 2023–24, 2024–25, and 2025-26**

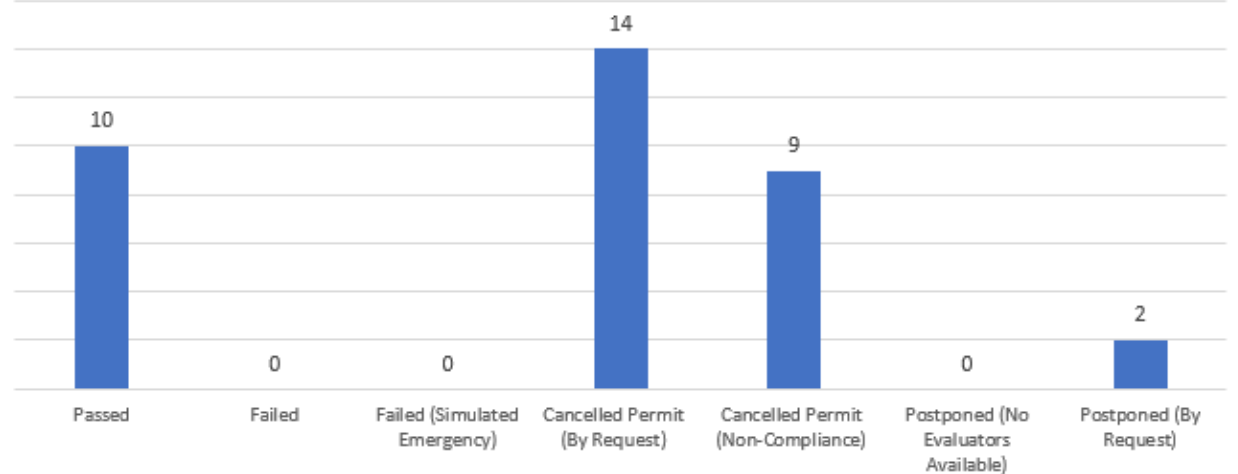
	22–23	23–24	24–25	25-26
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	5	9	10	21
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	1	1	0	0
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	0	1	0	0
Cancelled Permit by Request – Permitholder no longer wanted permit.	11	9	14	7
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	9	16	9	8
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	3	3	0	2
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, or emergencies.	1	0	2	3

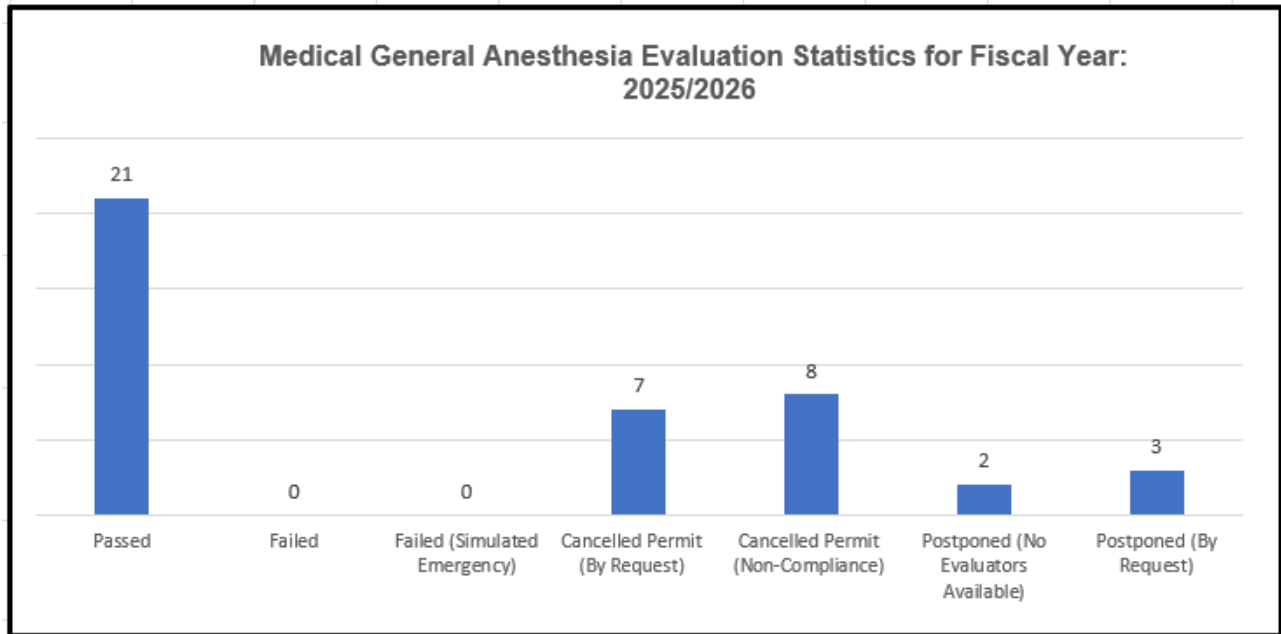


**Medical General Anesthesia Evaluation Statistics for Fiscal Year:
2023/2024**



**Medical General Anesthesia Evaluation Statistics for Fiscal Year:
2024/2025**



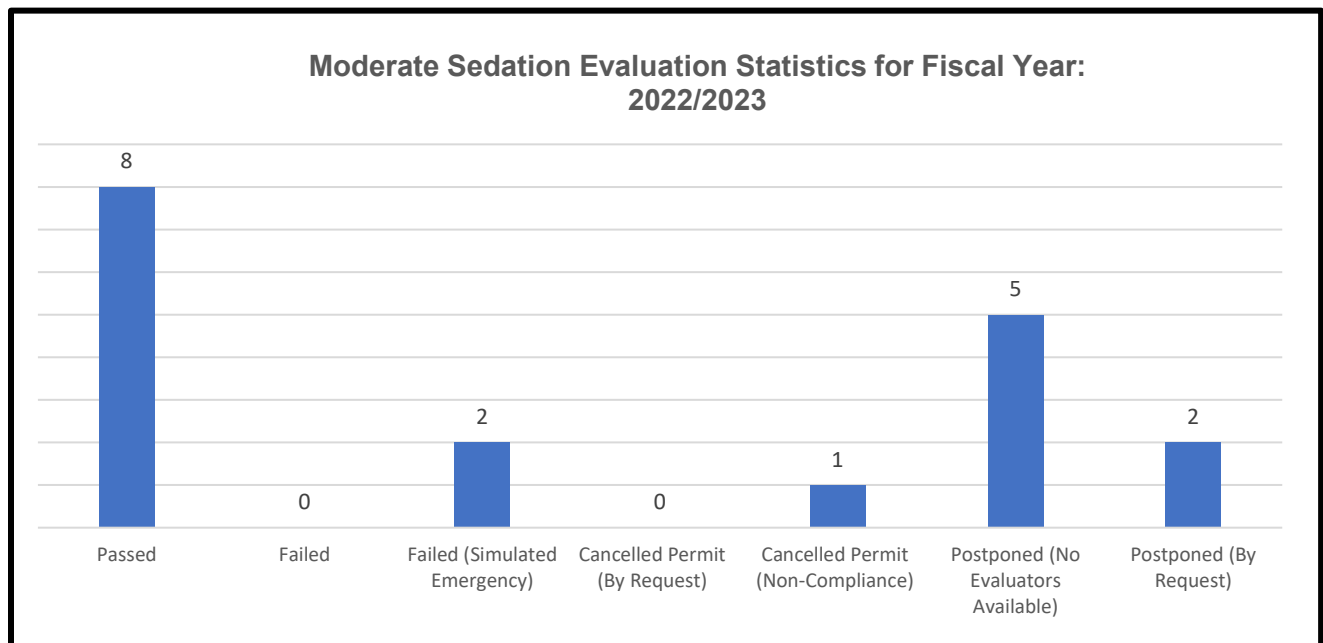


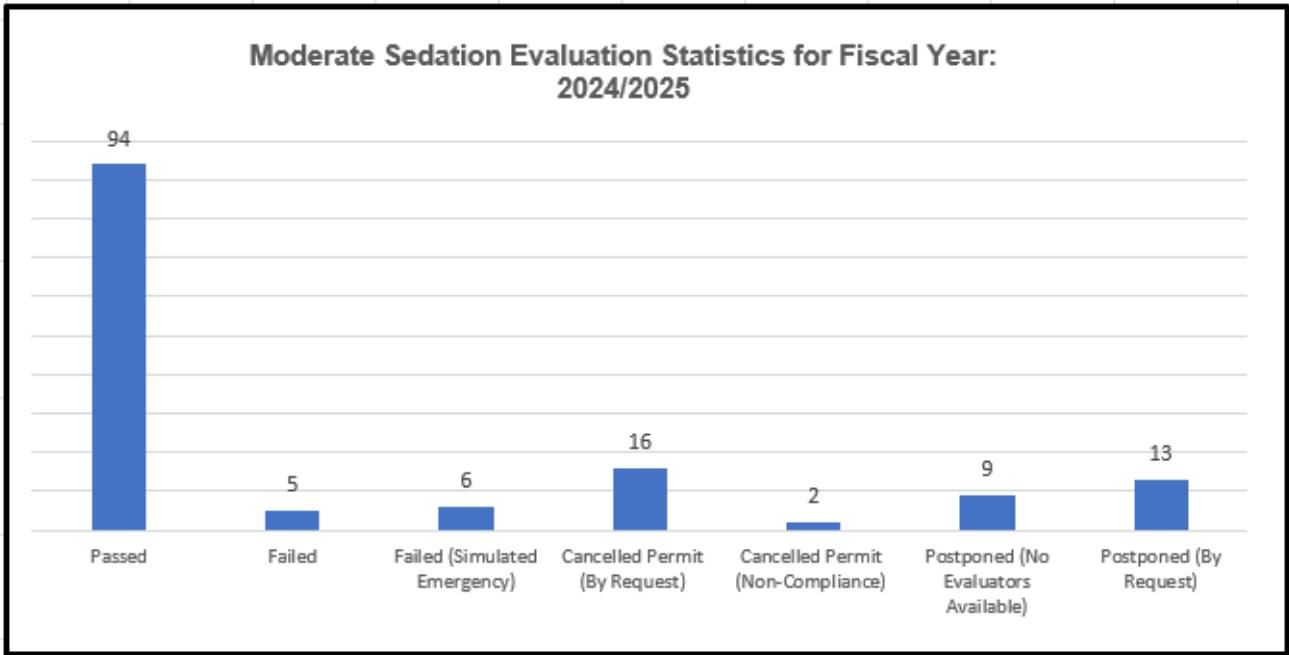
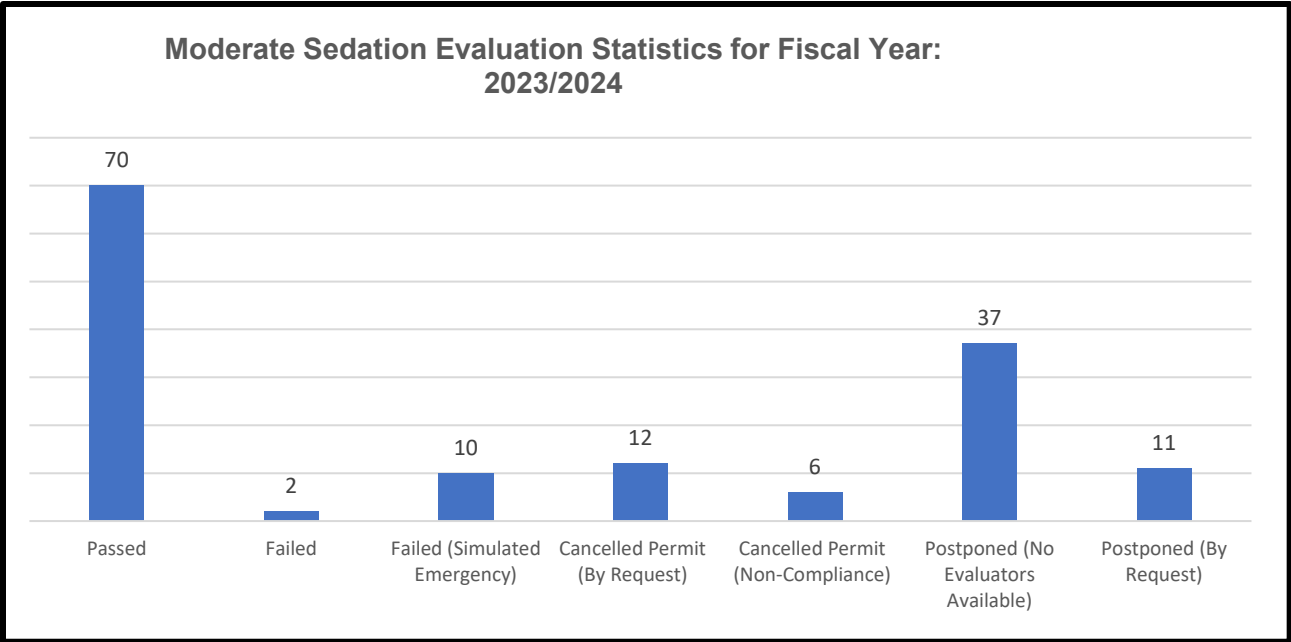
Moderate Sedation Evaluation Statistics for Fiscal Year 2025–26

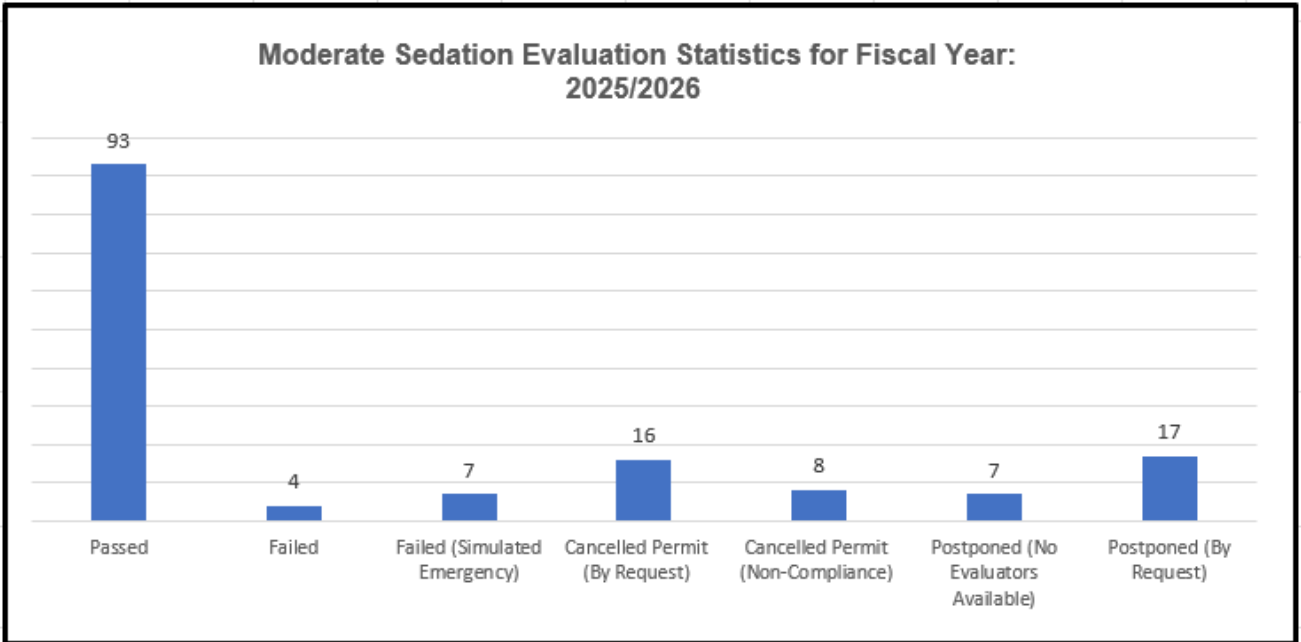
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non- compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2025	10	0	0	3	0	0	0
Aug 2025	7	0	0	1	0	0	1
Sep 2025	6	1	2	2	1	0	1
Oct 2025	8	0	0	1	0	2	1
Nov 2025	12	1	1	0	0	0	1
Dec 2025	8	1	0	2	0	1	1
Jan 2026	8	0	0	0	1	0	3
Feb 2026	9	1	0	0	2	0	3
Mar 2026	10	0	0	2	2	0	2
Apr 2026	3	0	0	1	1	2	2
May 2026	6	0	0	3	0	1	1
Jun 2026	6	3	1	1	1	1	1
Total	93	4	7	16	8	7	17

**Moderate Sedation Evaluation Statistics for
Fiscal Year 2022–23, 2023–24, 2024–25, and 2025/26.**

	22–23	23–24	24–25	25–26
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	8	70	94	93
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	0	2	5	4
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	2	10	6	7
Cancelled Permit by Request – Permitholder no longer wanted permit.	0	12	16	16
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	1	6	2	8
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	5	37	9	7
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, or emergencies.	2	11	13	17







Current Evaluators per Region

Region	GA	MGA	MS
Northern California	144	24	60
Southern California	174	18	64

Action Requested

No action is requested.

MEMORANDUM

DATE	July 17, 2026
TO	Members of the Dental Board of California
FROM	Paige Ragali, Chief of Administration and Compliance Dental Board of California
SUBJECT	Agenda Item 11.a.: Enforcement – Review of Statistics and Trends

Background

The Dental Board's Enforcement Division is made up of four different units with a main office in Sacramento (Northern office) and a field office located in Orange (Southern office), which all work together to help fulfill the Board's mission and vision of consumer protection. The Complaint and Compliance Unit is the first step in the complaint process, and they handle the intake of all complaints received. The Investigation and Inspection Units, comprised of both sworn investigators, special investigators and inspectors review the complaints that warrant further investigation or inspection and complete an investigation to determine if violations of the Dental Practice Act occurred and if further action is warranted, such as discipline. The Discipline Coordination Unit works with the Office of the Attorney General and refers cases, assists with settlements, and coordinates discipline against licensees. The final step in the Enforcement Division is compliance. This includes probation monitoring, compliance monitoring (Public Reprovals), and citation monitoring. Desk analysts handle the majority of the cases for monitoring and help ensure the licensees successfully comply with their requirements.

Currently, the Enforcement Division is recruiting for one Sworn Investigator position and one Inspector II position in the Orange office.

The following are the Enforcement Division statistics for both Northern and Southern offices:

Number of Complaint Cases Received between April 1, 2026 to June 30, 2026

Between April 1, 2026, and June 30, 2026, CCU received **1,487** complaints.

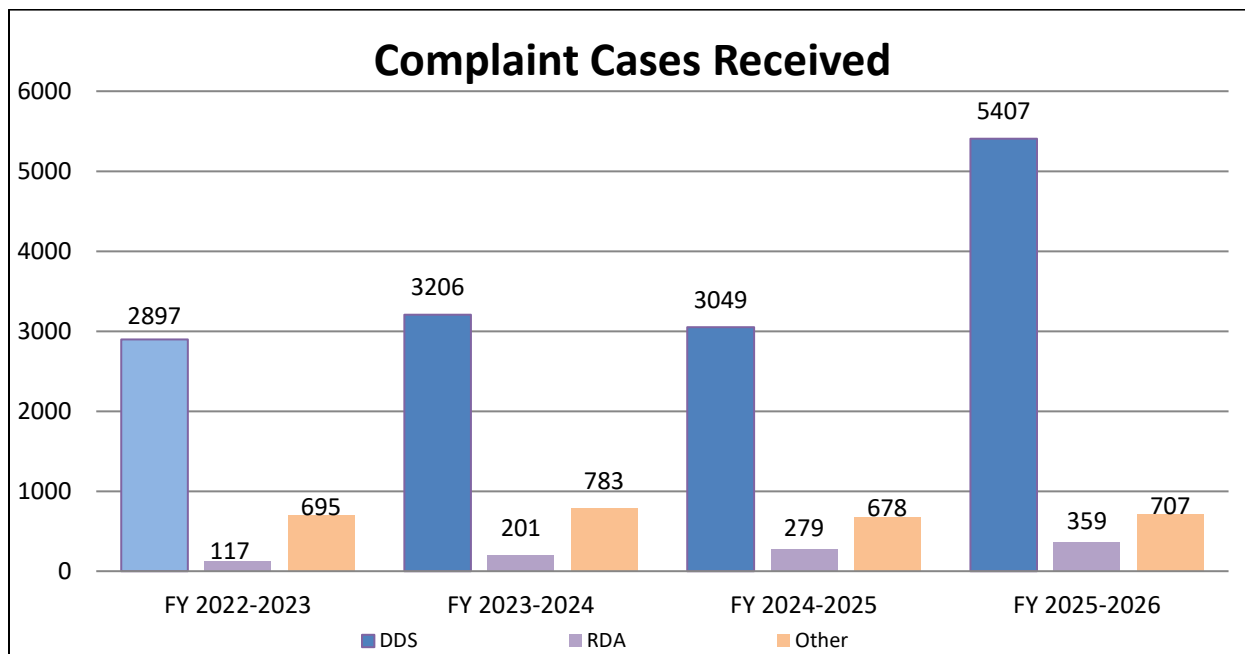
Between April 1, 2026, and June 30, 2026, there were **1,122** complaints closed without referral for investigation.

As of June 30, 2026, there are **473** open SAR cases.

Number of Complaint Cases Received

The graph below shows the number of complaint cases received by fiscal year for the previous fiscal year ending June 30, 2026 and the past three fiscal years.

Complaints Received				
Fiscal Year & Quarter	Dentists	RDA	Other	Total
FY 2022-2023	2,897	117	695	3,709
FY 2023-2024	3,206	201	783	4,190
FY 2024-2025	3,049	279	678	4,006
FY 2025-2026 (July 2025-June 2026)	5,407	359	553	6,473
Total	14,559	956	2,709	18,378



Number of Investigative Cases Open

As of June 30, 2026, there **1,167** investigative cases open in the Board's Enforcement Units. The breakdown of the cases is as follows:

Investigative Cases Open	
Enforcement Units	June 30, 2026
Sacramento Non-Sworn	124
Orange Non-Sworn	143
Sacramento Sworn	93
Orange Sworn	133
Pending Assignment	674
Total	1,167

Case Aging for Enforcement Cases

The chart below shows the case aging for all enforcement cases from inception through closure or referral to the Office of the Attorney General between April 1, 2026, and June 30, 2026. A breakdown of the case aging is as follows:

Investigative Case Aging		
Investigation Age	As of June 30, 2026	Percent (%)
0 – 3 Months	30	13%
3 – 6 Months	28	12%
6 – 9 Months	26	11%
9 – 12 Months	20	9%
1 – 2 Years	38	16%
2 – 3 Years	90	39%
3+ Years	0	0%
Total	232	100%

*Case aging includes the time the case was received through investigation and until a closure or referral for discipline code was entered.

Administrative and Disciplinary Action

Cases Assigned to the Office of the Attorney General

Between April 1, 2026, and June 30, 2026, there were **32** cases transmitted to the AG. Of those 32 cases, 25 were referred pertaining to dentists and 7 were referred pertaining to dental auxiliaries.

As of June 30, 2026, there are **229** cases pending at the AG.

Accusations/Petitions to Revoke/Statement of Issues/Amended Pleadings

Between April 1, 2026, and June 30, 2026, there were **37** pleadings filed with the AG.

Discipline Imposed and Cases Closed

Between April 1, 2026, and June 30, 2026, there were **29** cases closed in the Discipline Coordination Unit. The breakdown of the closures is as follows:

Discipline Coordination Unit Closed Cases			
Closure Type	April	May	June
Revocation	3	1	1
Surrender	2	2	3
Probation	6	0	6
Public Reproval	1	0	0
Other (withdrawal, etc.)	3	0	1
Total	15	3	11

**The consolidated cases closed are not represented in the chart above.*

Citations

Between April 1, 2026, and June 30, 2026, there were **94** citations issued. Citations are issued for investigative cases not rising to the level constituting formal disciplinary action, such as unprofessional conduct, failure to report convictions, compliance issues with inspections, and failure or non-compliance with continuing education audits.

Probation and Compliance Monitoring

Number of Probation Cases Open

As of June 30, 2026, there are **135** probationer cases being monitored. Of those, **129** are active probationers and **6** are tolling. A breakdown of the probation cases is as follows:

Field Office	Active Probationers	Tolling Probationers
Sacramento IAU	38	0
Sacramento Field Office	0	4
Orange IAU	77	2
Orange Field Office	0	0
DCU (currently at the AG's Office)	14	0
Total	129	6

MEMORANDUM

DATE	July 1, 2026
TO	Members of the Dental Board of California
FROM	Paige Ragali, Chief of Administration and Compliance Division Dental Board of California
SUBJECT	Agenda Item 12.a.: Diversion Program Report and Statistics

Background

The Diversion Evaluation Committee (DEC) program statistics for the quarter ending on June 30, 2026, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for informational purposes only.

The DEC last met on July 1, 2026. The next quarterly meeting is anticipated to be held in October 2026.

As of January 1, 2025, Premier Health Group has assumed the administration of the Diversion (Recovery) Program.

Diversion	FY 2025/2026				FY 24/25	FY 23/24	FY 22/23
	Quarter 4			YTD			
	April	May	June	Totals			
New Participants (Close of Qtr)	0	0	0	0	4	2	3
Total Participants (Close of Qtr/FY)	5	5	5	5	5	4	7
Total Completed Cases	0	0	0	0	0	2	5
Positive Drug Tests for Current Participants	0	0	0	0			

Action Requested

This item is informational only. No action requested.

DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



MEMORANDUM

DATE	July 1, 2026
TO	Members of the Dental Board of California
FROM	Paige Ragali, Chief of Administration and Compliance Division Dental Board of California
SUBJECT	Agenda Item 12.b.: Presentation - Board Diversion Program Purpose and Overview

Background

Paige Ragali will provide a presentation on the Board's Diversion Program.

Action Requested

None.

Dental Board of California

Diversion Program- Purpose and Overview

[Diversion Program - Dental Board of California](#)

[DENTIST & DENTAL AUXILIARY RECOVERY PROGRAM](#)



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Mission Statement

The Dental Board of California's mission is to protect and promote the health and safety of consumers of the State of California.

Vision Statement

The Dental Board of California will be the leader in public protection, promotion of oral health, and access to care.

Diversion Program Goal

The overall goal of this program is to be a rehabilitative effort to assist licensees and ensure they can return to practice in a safe manner.



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Diversion Program Background

- Confidential program for the treatment and rehabilitation of dental professionals who become impaired due to the use of dangerous drugs or alcohol
- The Diversion Program was implemented under Business and Professions Code section 1695.
- The Diversion program was initiated to focus on the rehabilitation of licensees with a focus on ensuring they are able to safely return to practice.



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Diversion Evaluation Committee

- As part of the implementation of the Diversion Program, the Dental Board of California created the Diversion Evaluation Committee.
- This committee is made up of 6 members.
 - 3 licensed dentists
 - 2 public members
 - 1 licensed physician or psychologist
 - They are all required to have experience or knowledge of evaluation or management of impaired persons and each member is appointed by the board.



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Diversion Evaluation Committee Responsibilities

- This committee is operated under a designated program manager.
- The program manager has the primary responsibility to review and evaluate recommendations of the committee.
- The committee is responsible for the following:
 - Evaluate licensees who are requesting admission into the program.
 - Review and designate treatment facilities which licensees may be referred to.
 - Receive and review information concerning licensees in the program.
 - Consider whether or not a licensee in the program is safe to practice.
 - Perform other duties under direction of the board or program manager.



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Criteria for Enrollment into the Diversion Program

- Criteria for enrollment in the Diversion Program is listed in the California Code of Regulations section 1020.1(a-h).
 - (a) Is a California licensed dentist or dental auxiliary.
 - (b) Resides in California.
 - (c) Is found to abuse narcotics, dangerous drugs or alcohol in a manner which may affect the licensee's ability to practice safely or competently.
 - (d) Has voluntarily requested admission to the program.
 - (e) Agrees to undertake any medical and/or psychiatric examinations ordered to evaluate the application for participation in the program.
 - (f) Cooperates with the program by providing medical information, disclosure authorizations and releases of liability as may be necessary for participation in the program.
 - (g) Agrees in writing to cooperate and comply with all elements of the treatment program designed by a diversion evaluation committee and to bear all the costs of such program.
 - (h) Has not been convicted of a crime involving the sale of narcotics or dangerous drugs.



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Criteria for Enrollment into the Diversion Program

- The Diversion Program accepts referrals on a voluntary basis, and licensees can also be referred to the program by the Board or through the formal disciplinary process.
- Any licensed dental professional in California who is experiencing an alcohol or drug dependency problem can seek assistance and apply for admission into the program by calling (800) 522-9198. This toll-free number is open 24 hours a day.
- The Board does not allow licensees to enroll in the program in lieu of formal discipline.
- Once a dental professional contacts the program, arrangements will be made for a confidential evaluation by a licensed professional. After the evaluation, the individual will meet with the Board's DEC for formal acceptance into the program.



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Diversion Program Overview

- The Dental Board contracts with Premier Health to oversee various aspects of the rehabilitation of licensees enrolled in the program.
 - Premier Health provides a case manager to each licensee who oversees the treatment plans developed by the committee and program manager.
 - Quarterly meetings are held with the licensees, the committee, the program manager and the case manager from Premier Health to review progress and evaluate treatment plans.
- Premier Health assists with the following services:
 - Confidential consultation with professionals in the field of substance use disorders.
 - Intervention services.
 - Assessment of treatment needs and referral to appropriate resources.
 - Assistance in the development of a recovery plan.
 - Monitoring of compliance.
 - Encouragement and peer support.



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Outreach

In the last year, the Board has worked with other healing arts boards and our vendor to focus on outreach. Below are some of the changes we have made and things we are participating in to stay connected and increase our outreach to the licensing population:

- Attend monthly meetings with Premier Health Group and other healing arts boards to go over statistics, trends and changes with the program.
- Updated our website in the last few years to ensure information is accurate and straightforward.
- Created an updated brochure for licensees and added it to our website.
- Attend quarterly meetings related to outreach to brainstorm ideas and focus on support and rehabilitation.
- We are having Premier Health Group attend our November board meeting to give a presentation and possible testimony from a previous participants in the program.
- Meet with the board created Substance Use Awareness Committee to discuss ideas related to education and initiatives for substance use prevention.



www.dbc.ca.gov



Questions/Comments?



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DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

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MEMORANDUM

DATE	July 17, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 13.: Report from the American Association of Dental Boards (AADB)

Background

Representatives from the American Association of Dental Boards (AADB) will provide a presentation.

Action Requested

No action is requested.



**DENTAL BOARD
OF CALIFORNIA**

AADB Update

- Kimber Cobb, RDH, BS
- Executive Director





Who We Are

The American Association of Dental Boards is a national association that encourages the highest standards of dental education, promotes higher and uniform standards of qualifications for dental practitioners, and advocates uniform methods in the conduct, operation, and working of dental examining boards.

AADB membership is comprised of boards of dentistry, specialty boards, present, and past board members, board administrators and attorneys, and dental educators.

Our Mission

To serve as a resource by providing a national forum for exchange, development, and dissemination of information to assist dental regulatory boards with their obligation to protect the public.

Core Values

- Protecting the nation's oral health care consumer.
- Collaboration with organized dentistry, dental education, and dental regulation.
- Meeting the needs of its members.

Dental Testing & Regulatory Summit



SAVE THE DATE!

143rd Annual Meeting

October 17-18, 2026

Gaylord National

National Harbor, MD

DISCIPLINE DELIVERED

The **American Association of Dental Boards' Clearinghouse** has documented reported board actions against dental practitioners **since 1988**.

UNLIMITED
INQUIRIES
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RESEARCH

REPORT IN YOUR
BOARD ACTIONS
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ACTIONS IN
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SPECIAL RATES
FOR AADB
MEMBER STATES



WWW.AADBENTALBOARDS.ORG

Clearinghouse



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History & Purpose

The American Association of Dental Boards, formerly known as the American Association of Dental Examiners, was founded in 1883, is composed of state dental boards, the District of Columbia, Puerto Rico, and the Virgin Islands, as well as both past and present members of those boards, board administrators and board attorneys.

One of the problems which challenges state boards of dentistry is assuring the public that dental practitioners currently licensed in their state, and practitioners who move from state to state, practice in accordance with state dental practice acts. In response to the resolution, the AADB Central Office sent out a request to all state boards asking for participation in the Clearinghouse. As a result, a manual system of data collection and compilation was implemented. In 1989, the AADB recognized the need for computerizing and enhancing the Clearinghouse. This need was pursued and the AADB was awarded a contract by the Department of Health and Human Services, Health Resources and Services Administration to meet these needs.



<https://dentalace.org/>

Why ACE?

Simple Application

Straightforward application process designed with you in mind.

Managed CE Credit

Our process of managing CE Credit takes certificate distribution off your plate.

Safety

We only accredit material relevant to protecting the public by educating caregivers.

Automation

Fully automated documentation and record-keeping.

Security

Feel secure with ACE Verification of course quality.

Stay Current

Latest updates with regard to materials, techniques, and technologies from manufacturers and practice management efficiency.

DENTAL DIGEST

April 2026



MEETING MATERIALS Page 133 of 219

News from AADB

Don't miss our **Mid-Year Meeting, April 24-25, 2026**, at the DoubleTree by Hilton Hotel, Chicago O'Hare Airport-Rosemont!

This year's engaging program will focus on a critical topic for regulators: Competency in the dental profession and how State Boards address standard-of-care issues.

The Mid-Year Meeting is a great chance to connect with peers, share ideas, and strengthen professional relationships in a collaborative, forward-thinking environment. Don't miss this opportunity to learn, engage, and help shape the future of dental regulation.

Click [here](#) to reserve your spot today!



Dental Licensure Compacts

- 2 – IDDHLC (AADB) and DDH (CSG/ADA)
- 60+ Presentations
- Boards of Dentistry
- Dental & Dental Hygiene Associations

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#1

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DENTAL AND DENTAL HYGIENE
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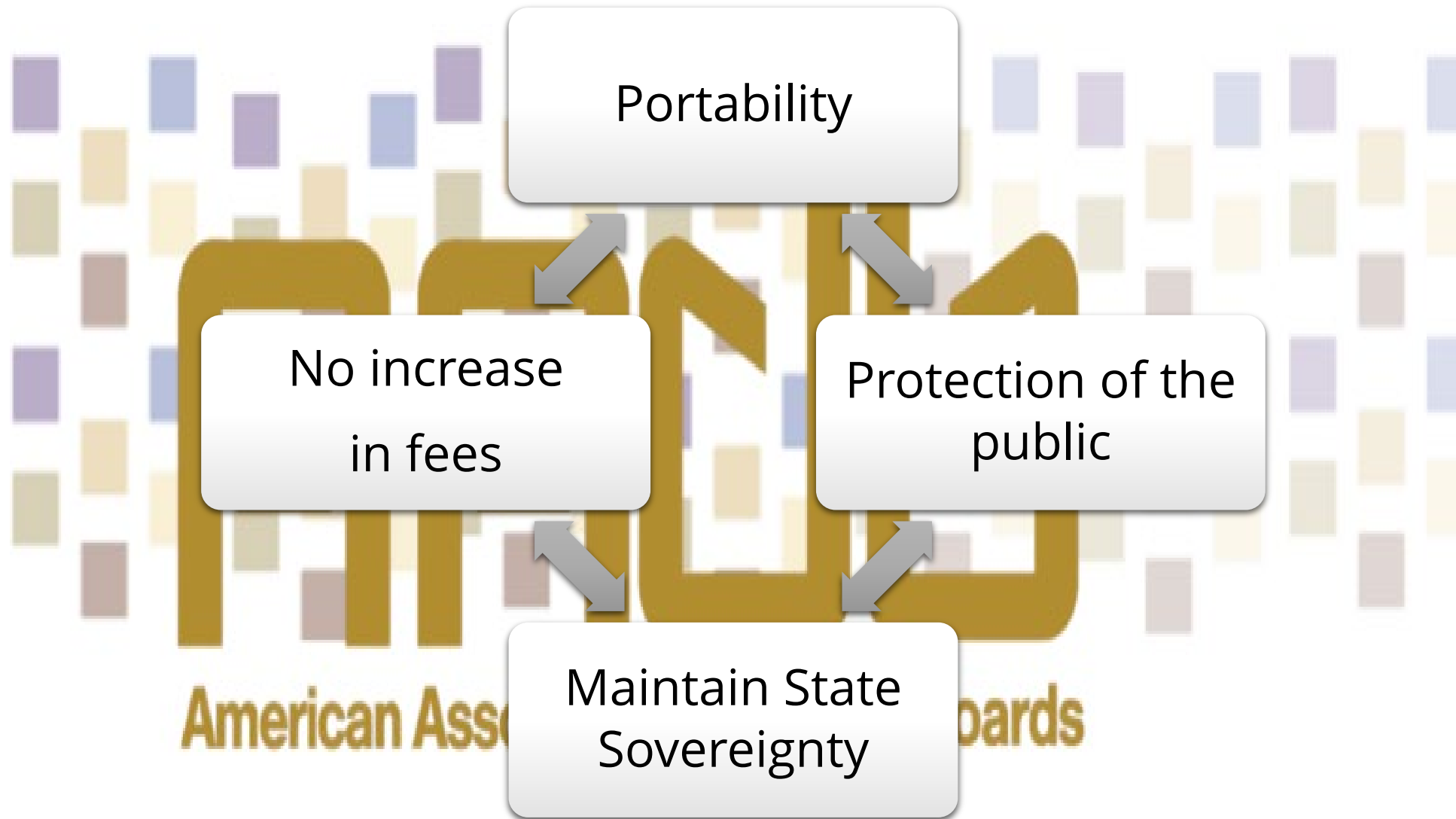


[Home](#) [About](#) [New](#)

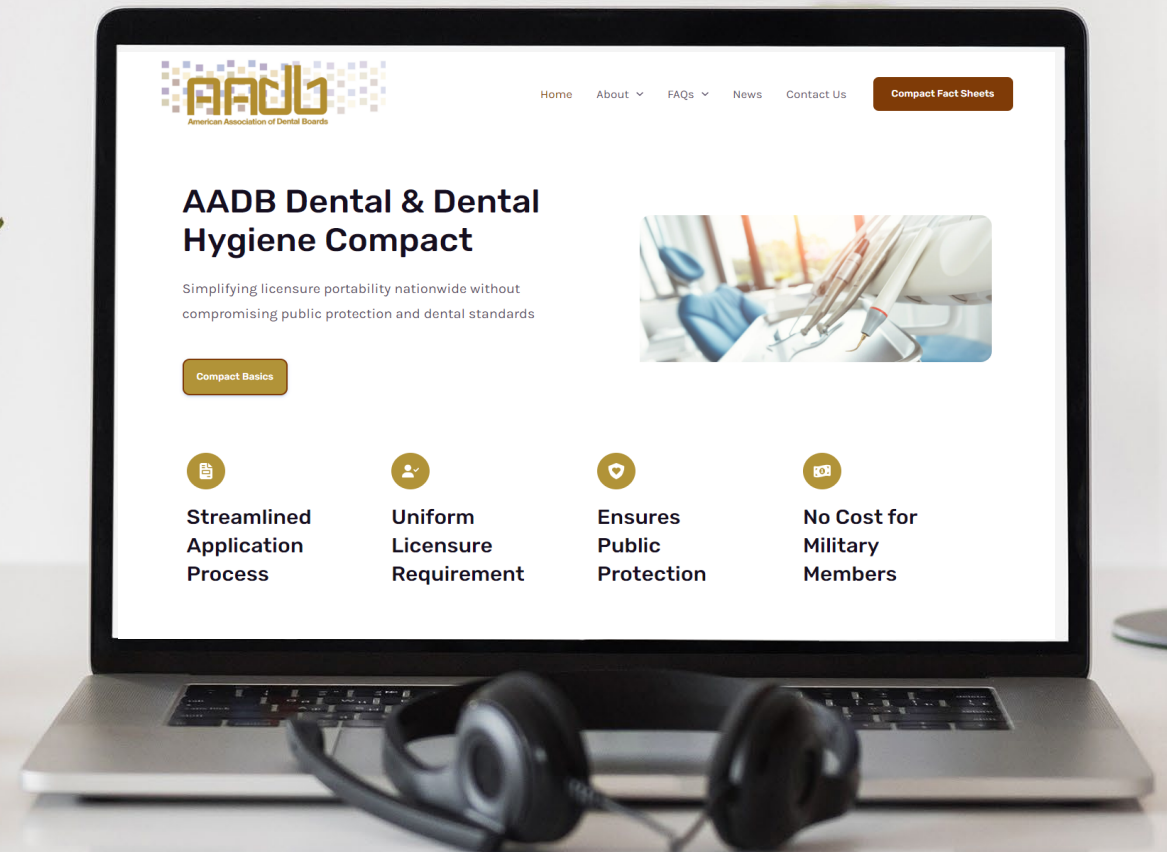
Mississippi Joins IDDHLC

/ Announcements, Legislation / By admin

CHICAGO, Ill. (March 24, 2026) – The American Association of Dental Boards (AADB)



www.aadbcompact.org



Kimber Cobb, RDH, BS

Executive Director

kimber@aadbdentalboards.org

info@aadbdentalboards.org

www.aadbdentalboards.org



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 17, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 14.: Presentation – Initiatives to Increase Access to Dental Care – California Department of Health Care Services (DHCS), <i>Smile, California</i>

Background

Representatives from California Department of Health Care Services (DHCS), *Smile, California* will provide a presentation on initiatives to increase access to dental care.

Action Requested

No action is requested.



Agenda



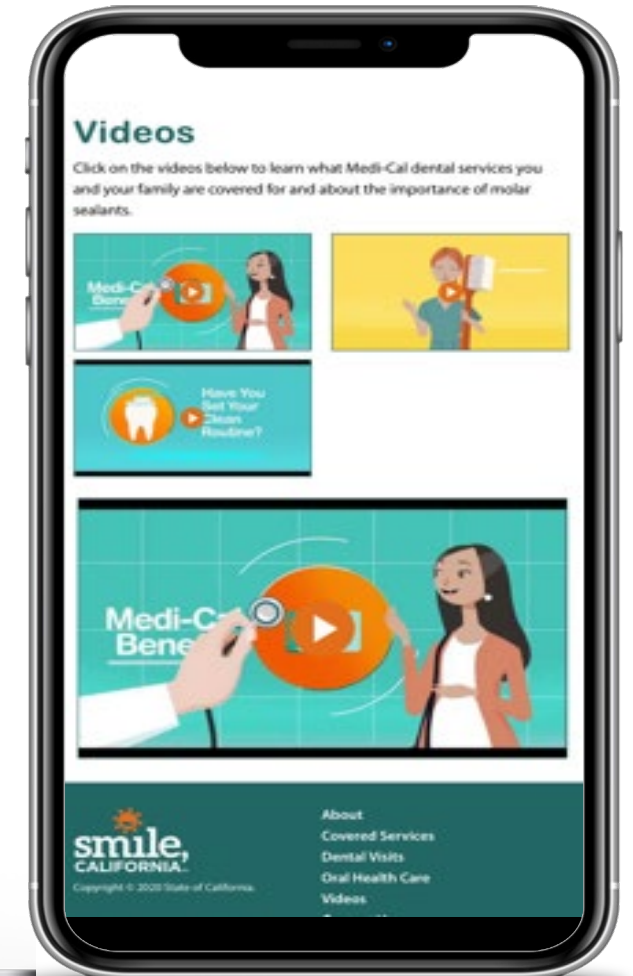
- » About *Smile, California*
- » Medi-Cal and Oral Health Materials
- » YouTube Resources
- » Oral Health Education Videos
- » Finding a Dental Home
- » Transportation
- » Partnering with *Smile, California*

[Smile, California](https://smilecalifornia.org/)

<https://smilecalifornia.org/>

[Sonríe, California](https://sonriecalifornia.org/)

<https://sonriecalifornia.org/>



Medi-Cal and Oral Health Materials

The Smile, California website offers free downloadable resources for Medi-Cal members. Resources can be found in the “Members” and “Partners & Providers tabs.

The collage features several key resources:

- ¡Las sonrisas saludables empiezan con dos!**: A graphic showing the frequency of dental care: brushing 2 minutes, brushing 2 times a day, and visiting the dentist 2 times a year.
- ¡Medi-Cal tiene cobertura dental!**: A text-based card explaining that the Medi-Cal Dental program provides free dental services for members.
- Molar Sealants Prevent Cavities**: A diagram illustrating how sealants protect teeth from cavities by creating a barrier against food and bacteria.
- Medi-Cal Has Dental Covered**: A table detailing the services covered by Medi-Cal for different age groups and pregnancy status.
- Healthy Smiles from Pregnancy Through the Toddler Years**: A brochure emphasizing the importance of dental care from pregnancy through early childhood.
- California Department of Health Care Services Medi-Cal Dental Member Handbook 2023**: A comprehensive guide for members, including information on services, costs, and how to find a dentist.
- Healthy Smiles Start with Healthy Foods**: A brochure promoting a healthy diet as a key to good oral health.
- Smile Care Plan**: A form for members to schedule appointments and provide contact information for their dentist.
- Medi-Cal cubre los servicios dentales de su cliente**: A Spanish-language card explaining that Medi-Cal covers dental services for members.
- Find a Medi-Cal dentist**: A card providing information on how to locate a participating dentist.
- Services Covered**: A list of dental services covered by Medi-Cal, including exams, X-rays, fillings, root canals, and orthodontics.

SERVICES	BABIES	KIDS	TEENS	PREGNANCY	ADULTS & SENIORS
Exams*, x-rays, teeth cleaning, and fluoride varnish	✓	✓	✓	✓	✓
Fillings and tooth removal	✓	✓	✓	✓	✓
Emergency services	✓	✓	✓	✓	✓
Sedation	✓	✓	✓	✓	✓
Molar sealants**	✓	✓	✓	✓	✓
Root canals	✓	✓	✓	✓	✓
Orthodontics (braces)***	✓	✓	✓	✓	✓
Crowns	✓	✓	✓	✓	✓
Partial and full dentures and denture relines	✓	✓	✓	✓	✓
Scaling and root planing	✓	✓	✓	✓	✓

YouTube Resources

Smile, California provides FREE educational videos in English and Spanish on [YouTube](#). The resources help educate and promote Medi-Cal dental benefits across communities.

The screenshot displays the YouTube channel for "Smile, California". The channel has 551 subscribers and 97 videos. The banner text reads: "Welcome to the official Smile, California campaign YouTube page. Smile, California is the ...more" and includes a link to smilecalifornia.org and 2 more links. A "Subscribe" button is visible.

The "Videos" section features a grid of six video thumbnails with the following titles and durations:

- Jasmin Goes to the Dentist Read-Along Video (2:39)
- Video de lectura guiada Jasmin va al dentista (3:06)
- Servicios de teleodontología de Medi-Cal Dental - las... (0:39)
- Medi-Cal Dental Teledentistry Services - Social Media (0:36)
- Servicios de teleodontología de Medi-Cal Dental (1:23)
- Medi-Cal Dental Teledentistry Services (1:06)

Below the video grid, there is a section titled "Smile, California Oral Health Education Videos" with a "Play all" button. This section contains a row of six video thumbnails with the following titles:

- Understanding Your Medi-Cal Dental Benefits
- Getting Help During Dental Emergencies
- Caring for Members with Disabilities and Special Health Care Needs
- Golden Years, Healthy Smiles!
- An Early Start on Good Oral Health
- Fight Cavities in Children and Teens

The left sidebar includes the YouTube logo, navigation links (Home, Shorts, Subscriptions, You, History), a sign-in prompt, and an "Explore" section with links to Shopping, Music, Movies & TV, and Show more.

Oral Health Education Videos

The screenshot shows a YouTube interface with a search bar at the top containing the text "Oral Health Education Videos Smile, California". On the left is a navigation sidebar with icons for Home, Shorts, Subscriptions, You, and History. Below these are links to "Sign in to like videos, comment, and subscribe." and a "Sign in" button. Further down are "Explore" options: Shopping, Music, Movies & TV, and Show more. At the bottom of the sidebar are "More from YouTube" links for YouTube Premium, YouTube TV, and YouTube Music.

The main content area displays a playlist titled "Smile, California Oral Health Education Videos" by Smile, California, with 9 videos and 6,979 views. A "Play all" button is visible. The playlist contains the following videos:

1. Understanding Your Medi-Cal Dental Benefits – Oral Health Education Videos
Smile, California • 1.7K views • 8 months ago
Duration: 3:51
2. Getting Help During Dental Emergencies – Oral Health Education Videos
Smile, California • 1K views • 8 months ago
Duration: 1:42
3. Caring for Members with Disabilities and Special Health Care Needs – Oral Health Education Videos
Smile, California • 1K views • 8 months ago
Duration: 3:37
4. Golden Years, Healthy Smiles – Oral Health Education Videos
Smile, California • 850 views • 4 months ago
Duration: 2:30
5. An Early Start on Good Oral Health – Oral Health Education Videos
Smile, California • 871 views • 4 months ago
Duration: 3:40

Below the fifth video, the title "Fight Cavities in Children and Teens – Oral Health Education Videos" is visible.

In the bottom right corner of the screenshot, there is a QR code with a yellow flower logo in the center.

For more information, reach out to
Medi-CalOutreachSNC@gainwelltechnologies.com.

Finding a Dental Home (1 of 2)

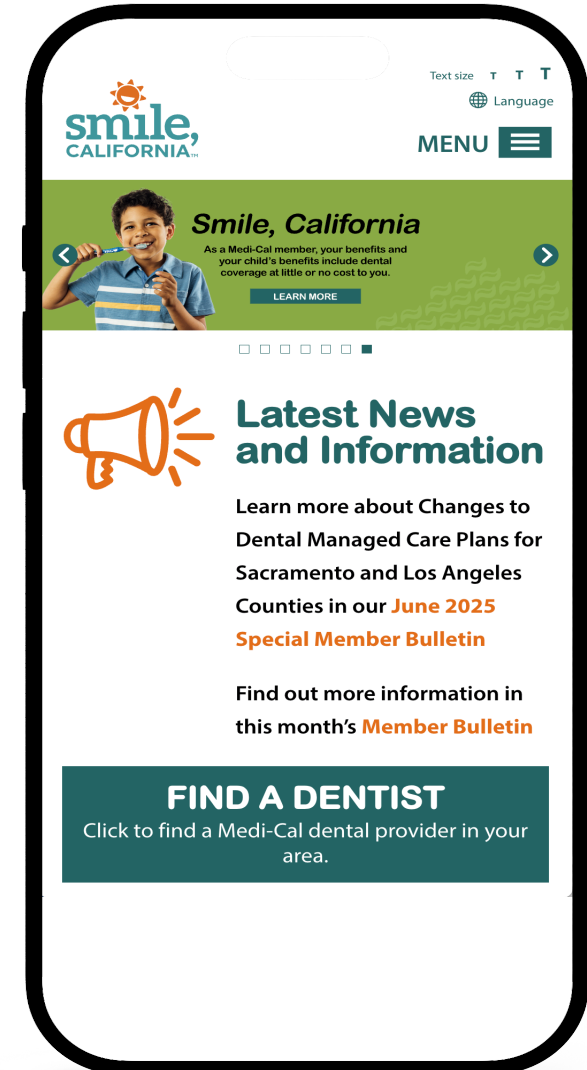
Use the “Find a Dentist” Tool:

- » Visit SmileCalifornia.org and select "Find a Dentist"
- » Click the "Provider Directory Search" link
- » Enter the member's zip code
- » Provide members with their top three choices using the Smile Care Plan

Care Coordination Services Can Help Members:

- » Schedule dental appointments
- » Find a dental specialist
- » Access interpreter support, including American Sign Language
- » Arrange transportation to and from dental visits

To request these services, call the Telephone Service Center at 1-(800) 322-6384, Monday through Friday, from 8:00 a.m. to 5:00 p.m or complete the online [Care Coordination Referral Form](#).



Finding a Dental Home (2 of 2)

Teledentistry:

- » Members can receive some dental care remotely through teledentistry.
- » A list of providers offering teledentistry is available under the “Find a Dentist” button on the Medi-Cal Dental, SmileCalifornia.org and SonrieCalifornia.org websites.

Dental Case Management:

- » Dental Case Management connects members to extra support for their dental care needs.
- » Members can be referred by a dentist, doctor, case worker, or healthcare provider.
- » For more details, visit the SmileCalifornia.org website and view the [Medi-Cal Dental Member Handbook](#).



Transportation Services



- » Medi-Cal offers transportation to and from appointments for services covered by Medi-Cal.
- » There are two types of transportation for appointments:
 - Nonmedical transportation (NMT) is transportation by private or public vehicle for people who do not have another way to get to their appointment.
 - Nonemergency medical transportation (NEMT) is transportation by ambulance, wheelchair van, or litter van for those who cannot use public or private transportation.

Accessing Transportation Services



Call the Telephone
Service Center at
1-800-322-6384.
Available Monday–
Friday, from 8 a.m.
to 5 p.m.

- » Information about transportation services can be found on the [DHCS website](#).
- » To request assistance with transportation through a care coordinator, call the Telephone Service Center at 1-800-322-6384 or use the [online care coordination referral form](#).
- » If the member receives Medi-Cal dental as Fee-for-Service (FFS), the or authorized representative may email DHCSNMT@dhcs.ca.gov to request help coordinating transportation.
- » If the member receives Medi-Cal dental through a Dental Managed Care Plan, contact the [plan's Member Services department](#) to request NMT. Members must attest to the plan that all other available transportation resources have been reasonably exhausted.

Connect with Your Member Outreach Representative

Smile, California representatives are available statewide to answer questions, provide referrals to dentists accepting new patients, host presentations, participate at community events, and share oral health tips.

Connect with a representative to help promote healthy smiles in your community!



Smile, California Outreach Team (1 of 2)

Member Outreach and Provider EDI Supervisor

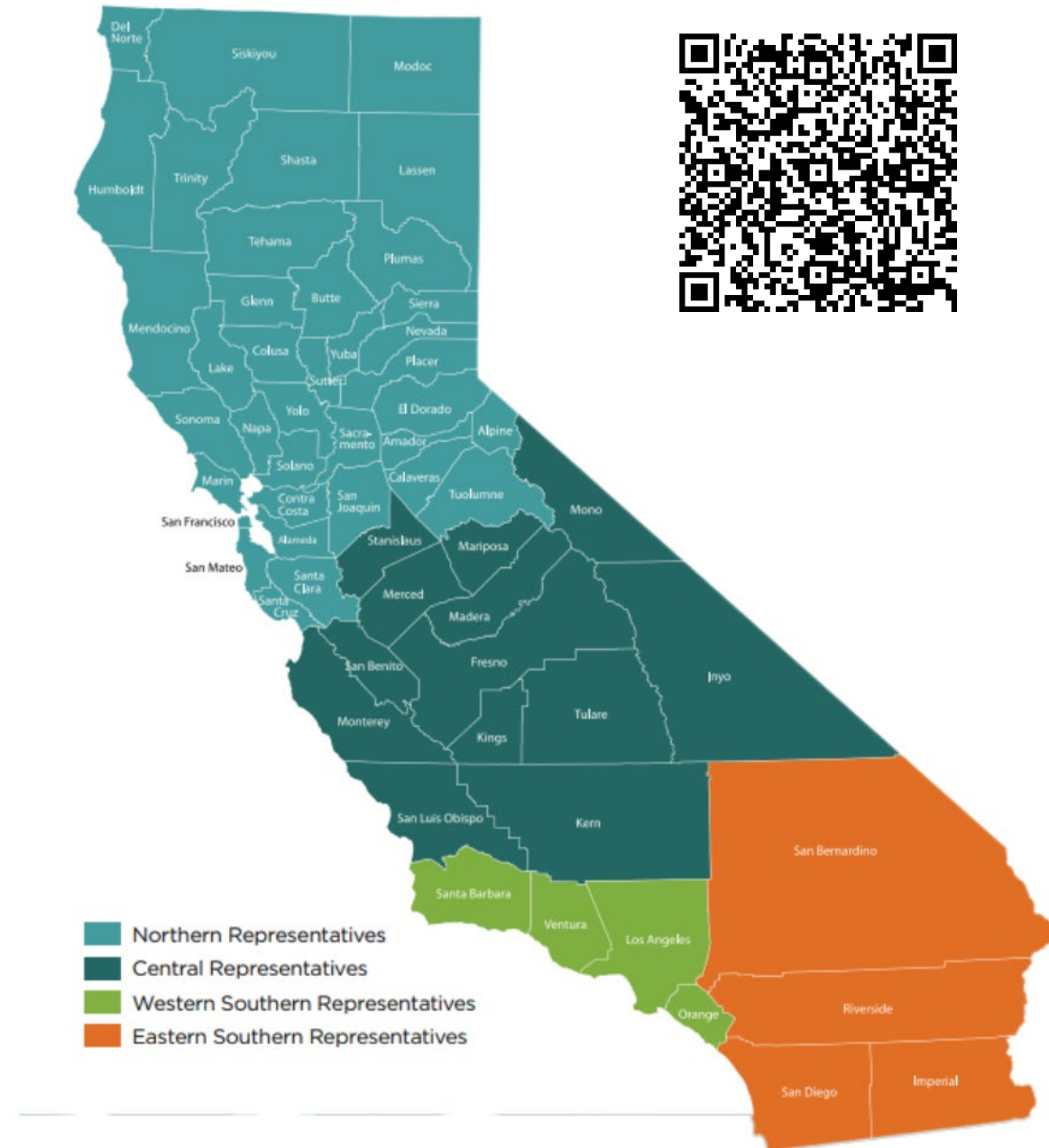
- » Paula Lee | 916-720-3976
- » chamepaula.lee@gainwelltechnologies.com

Provider Outreach Supervisor

- » Rebecca Murray | 279-221-0304
- » Rebecca.murray@gainwelltechnologies.com

Dental Services Advocacy Director

- » Dr. Gene Gowdey
- » Gene.gowdey@gainwelltechnologies.com



Smile, California Outreach Team (2 of 2)

Member Representatives

Northern

- » Darren Vinson | 279-667-0742
- » Darren.vinson@gainwelltechnologies.com

Central

- » Dwayne Calloway | 916-720-2587
- » Dwayne.calloway@gainwelltechnologies.com

Western Southern

- » Jose Morales | 279-667-0682
- » Jose.morales@gainwelltechnologies.com

Eastern Southern

- » Yanique Guy | 279-667-0744
- » Yanique.guy@gainwelltechnologies.com

Provider Representatives

Northern

- » Ben Nguyen | 279-221-0279
- » Ben.Nguyen@gainwelltechnologies.com

Central

- » Marie Dawn Rodriguez | 916-407-4289
- » Dawnmarie.rodriguez@gainwelltechnologies.com

Western Southern

- » Vivian Lin | 916-604-8301
- » Vivian.lin@gainwelltechnologies.com

Eastern Southern

- » Elsie Barrow | 279-667-0712
- » Elsienore.barrow@gainwelltechnologies.com

Host an Event with *Smile, California*

Connect with Your Community

- » Looking to host an event for your community?
- » Share event details such as event type, location, audience and attendees to hello@SmileCalifornia.org or Medi-CalDentalOutreachSNC@gainwelltechnologies.com
- » We'll assess how we can support your efforts with printed resources, promotional materials, and in-person events.
- » Together, let's make oral health a priority in your community.



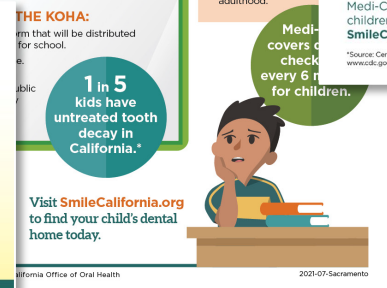
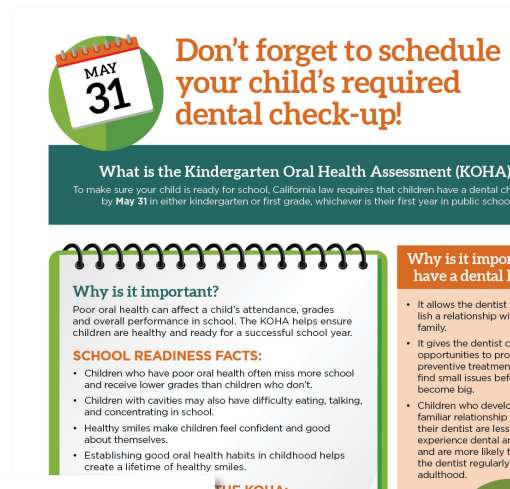
Mobile Van Events

- » Smile, California Bringing Services Directly to Rural Communities and Underserved Counties
- » Providing no-cost preventive and diagnostic services
- » Increasing access where traditional dental resources are limited
- » If you would like to feature your event on the Smile, California websites, reach out to hello@smilecalifornia.org or Medi-CalDentalOutreachSNC@gainwelltechnologies.com.



Co-Brand with Us!

Submit a request to feature your organization's logo on a variety of materials, including social media posts, videos, and print materials. Paid co-branding opportunities are also available for organizations with media budgets.

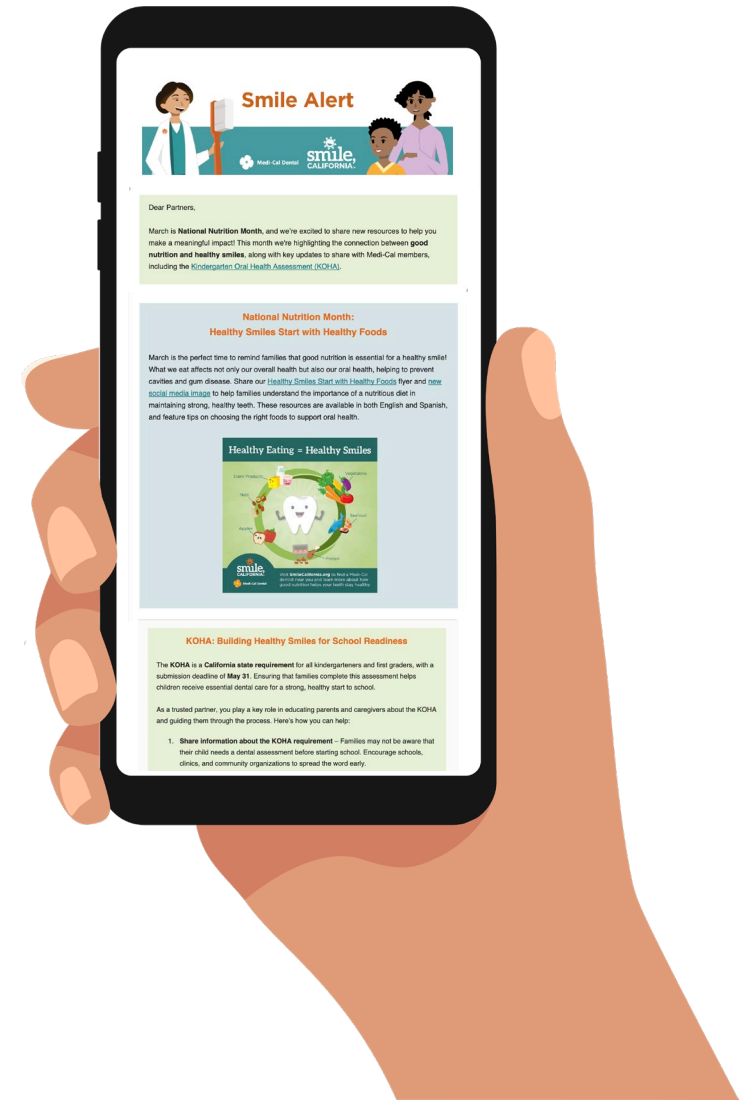


Subscribe to Receive Our Smile Alerts

Get timely updates, free resources and campaign information straight to your inbox. Scan the QR code to subscribe!



Email us at hello@smilecalifornia.org



Resources

For more information about resources and in-person seminars, visit the Medi-Cal Dental [website](#) or call the Telephone Service Center at 1-800-541-5555.

For Medi-Cal dental benefit information or to find a dentist, visit SmileCalifornia.org or call the Telephone Service Center at 1-800-322-6384.

Follow us on social media:

- » Facebook: @SmileCalifornia
- » Instagram: @SmileOnCalifornia

Email us:

- » hello@smilecalifornia.org
- » Medi-CalDentalOutreachSNC@gainwelltechnologies.com





Questions?

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 17, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 21.: Board President's Report on Closed Session Items

Background

Dr. Lilia Larin, President of the Dental Board of California, will provide a verbal report on closed session items.

Action Requested

No action requested.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 17, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 22.: Report on Dental Hygiene Board of California Activities

Background

Joanne Pacheco, President of the Dental Hygiene Board of California, will provide a verbal report.

Action Requested

No action requested.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 14, 2026
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 23.a.: Status Update on Pending Regulations

Background

This memo addresses rulemaking packages that have moved forward in the rulemaking process since the last Dental Board of California (Board) meeting. Rulemaking packages that require Board action will be presented as separate agenda items or will be presented at a future Board meeting.

i. Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control

Summary of Proposed Changes:

A summary of the proposed changes can be found within the [May 14-15, 2025, Board meeting materials](#).

Update:

The proposed text was approved by the Board at its May 14-15, 2025, meeting. Board staff submitted the proposed text to the Dental Hygiene Board of California (DHBC) for review and consideration.

At its meeting on July 19, 2025, the DHBC approved the Board's approved text, and thereby reaching consensus. Board staff have taken the necessary steps to begin the rulemaking process, which includes drafting the necessary rulemaking documents (i.e., Notice and Initial Statement of Reasons, etc.) and worked with the Board's Regulations Counsel and Department of Consumer Affairs (DCA) Budget Office to finalize the documents for departmental review. On July 6, 2026, the regulation package was submitted to the DCA Acting Director for review and approval. Per departmental policy, the Acting Director has at least 30 calendar days to review and make a decision to approve or disapprove the proposed regulations.

- ii. **Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Repeal Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 Regarding Applications for Dentist Licensure and Fees**

Summary of Proposed Changes:

A summary of the proposed changes can be found within the [May 13-14, 2026, Board meeting materials](#).

Update:

Although this regulations package was approved by the DCA Director, on December 1, 2025, it was not approved by the Business, Consumer Services and Housing Agency (Agency) due to concerns that the Board's proposed language did not more clearly specify that the disclosure of the applicant's status as a refugee, asylee, or special immigrant visa holder was optional and only required if they were seeking an expedite of their application. To address Agency's concerns, the proposed regulatory language was revised. The revised proposed regulatory language was approved by the Board at its May 13-14, 2026, meeting. On June 24, 2026, Agency approved the regulation package.

On July 1, 2026, Board Staff filed a Notice of Proposed Regulatory Action with the Office of Administrative Law (OAL). This filing, along with the proposed regulatory text and the Initial Statement of Reasons, establishes the publication date of July 17, 2026, in the [California Regulatory Notice Register](#), and officially opens the required 45-day public comment period ending August 31, 2026.

To view all documents associated with this proposed regulatory action and other pending regulations, please visit:

https://www.dbc.ca.gov/about_us/lawsregs/proposed_regulations.shtml

- iii. **Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1066 Regarding Vaccine Administration Updates**

Summary of Proposed Changes:

A summary of the proposed changes can be found within the [May 13-14, 2026, Board meeting materials](#).

Update:

The proposed text was approved by the Board at its May 13-14, 2026, meeting. Board staff have taken the necessary steps to begin the rulemaking process, which includes drafting the necessary rulemaking documents (i.e.,

Notice and Initial Statement of Reasons, etc.) and will work with the Board's Regulations Counsel to finalize the documents for departmental review.

Action Requested

This item is informational only. No action is requested.

DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

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MEMORANDUM

DATE	July 14, 2026
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 24.a.: 2026 Tentative Legislative Calendar – Information Only

Background

The 2026 Tentative Legislative Calendar is being provided for information only. The 2026 Tentative Calendar is compiled by the Office of the Assembly Chief Clerk and the Office of the Secretary of the Senate.

Action Requested

No action requested.

DEADLINES

JANUARY						
S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

MARCH						
S	M	T	W	TH	F	S
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL						
S	M	T	W	TH	F	S
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12	13	14	15	16	17	18
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26	27	28	29	30		

MAY						
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 5 Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12 (a)).
- Jan. 16 Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- Jan. 19 Martin Luther King, Jr. Day.
- Jan. 23 Last day for any committee to hear and report to the **Floor** bills introduced in that house in the odd-numbered year (J.R. 61(b)(2)). Last day to **submit bill requests** to the Office of Legislative Counsel.
- Jan. 31 Last day for each house to **pass bills introduced** in that house in the odd-numbered year (Art. IV, Sec. 10(c)), (J.R. 61(b)(3)).

- Feb. 16 Presidents’ Day.
- Feb. 20 Last day for bills to be **introduced** (J.R. 61(b)(4)), (J.R. 54(a)).

- Mar. 26 **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Mar. 30 Cesar Chavez Day observed.

- Apr. 6 Legislature reconvenes from **Spring Recess** (J.R. 51(b)(1)).
- Apr. 24 Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).

- May 1 Last day for **policy committees** to hear and report to the Floor **non-fiscal bills** introduced in their house (J.R. 61(b)(6)).
- May 8 Last day for **policy committees** to meet prior to June 1 (J.R. 61(b)(7)).
- May 15 Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61 (b)(8)). Last day for **fiscal committees** to meet prior to June 1 (J.R. 61 (b)(9)).
- May 25 Memorial Day.
- May 26 – 29 **Floor Session only**. No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(b)(10)).
- May 29 Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

*Holiday schedule subject to Senate Rules committee approval.

JUNE						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

- June 1

Committee meetings may resume (J.R. 61(b)(12)).
- June 15

Budget Bill must be passed by **midnight** (Art. IV, Sec. 12(c)(3)).
- June 25

Last day for a legislative measure to qualify for the Nov. 3 General Election ballot (Elections Code Sec. 9040).
- July 2

Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)). **Summer Recess** begins upon adjournment of session, provided Budget Bill has passed (J.R. 51(b)(2)).
- July 3

Independence Day observed.
- Aug. 3

Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).
- Aug. 14

Last day for **fiscal committees** to meet and report bills to the Floor (J.R. 61(b)(14)).
- Aug. 17 – 31

Floor Session only. No committee, other than conference and Rules committees, may meet for any purpose (J.R. 61(b)(15)).
- Aug. 21

Last day to **amend** on the Floor (J.R. 61(b)(16)).
- Aug. 31

Last day for **each house to pass bills** (Art. IV, Sec. 10(c)), (J.R. 61(b)(17)). **Final recess** begins upon adjournment. (J.R. 51(b)(3)).

*Holiday schedule subject to Senate Rules committee approval.

IMPORTANT DATES OCCURRING DURING FINAL RECESS

- 2026

Sept. 30

Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor’s possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
- Nov. 3

General Election.
- Nov. 30

Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).
- Dec. 7

12 Noon convening of the 2027-28 Regular Session (Art. IV, Sec. 3(a)).
- 2027

Jan. 1

Statutes take effect (Art. IV, Sec. 8(c)).

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 14, 2026
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 24.b.: Legislation of Interest

Background

For the 2026 legislative year, Board staff continue to track bills that impact the Board, the Department of Consumer Affairs (DCA), healing arts boards and their respective licensees, and all licensing boards. This memorandum includes information regarding each bill's status, location, date of introduction, date of last amendment, and a summary. Legislation is amended, statuses are updated, and analyses are added frequently; thus, hyperlinks are provided throughout this document to ensure Board members and the public have access to the most up-to-date information. The information below was based on legislation, statuses, and analyses (if any) publicly available on July 14, 2026.

Discussion

First, for information only, is a list of *SUPPORT* and *WATCH* position bills. Second, for information only, is a list of two-year position bills. Lastly, for discussion and consideration are priority bills that will be individually presented by Board staff with either information only or recommended positions. For bills with recommended positions, the Board will adopt positions on each priority bill separately.

i. 2026 Legislation for Information and Board Consideration (No Motion Necessary – Information Only)

1. Board Support Bills
 - A. [AB 1670](#) (Arambula, 2026) Medi-Cal: Dental Care (DEAD)
 - B. [AB 1671](#) (Tangipa, 2026) Rural Medical Services Grant Program (DEAD)
 - C. [AB 2140](#) (Johnson, 2026) Healing Arts: Reports: Claims Against Licensees (DEAD)
 - D. [SB 936](#) (Blakespear, 2026) Nitrous Oxide: Sales
 - E. [SB 944](#) (Wiener, 2026) Medi-Cal: Acupuncture
 - F. [SB 1137](#) (Valladares, 2026) Personal Income Tax: Deduction: Medical Expenses (DEAD)

Agenda Item 24.b.: Legislation of Interest
Dental Board of California Meeting
August 12-13, 2026

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- G. [SB 1146](#) (Gonzalez, 2026) Advertisement Claims: Health-Related Consumer Products and Services: Digital Replicas and Synthetic Performers
- H. [SB 1159](#) (Cabaldon, 2026) Artificial intelligence: Transparency and Governance
- I. [SB 1311](#) (Wahab, 2026) Licensed Professions
- J. Senate Resolution [\(SR\) 82](#) (Pérez, 2026) Relative to Children's Dental Health Month (ADOPTED)
- 2. Board Watch Bills
 - A. [AB 1558](#) (Arambula, 2026) Uniform Emergency Volunteer Health Practitioners Act (DEAD)
 - B. [AB 1563](#) (Gabriel, 2026) Budget Act of 2026
 - C. [AB 1578](#) (Jackson, 2026) State/Local Officials: Sexual Harassment Training and Education: Anti-hate Speech Training
 - D. [AB 1629](#) (Haney, 2026) Dental Coverage
 - E. [AB 1717](#) (Castillo, 2026) Medi-Cal Dental Reimbursement: House/Extended Care Facility Call (DEAD)
 - F. [AB 1729](#) (Lee, 2026) State Employment: Telework Programs
 - G. [AB 1775](#) (Ward, 2026) Veterans
 - H. [AB 1821](#) (Pacheco, 2026) California Public Records Act: Agency Response Time
 - I. [AB 1900](#) (Kalra, 2026) Guaranteed Health Care for All (DEAD)
 - J. [AB 1979](#) (Bonta, 2026) Health Care Services: Artificial Intelligence
 - K. [AB 2029](#) (Sharp-Collins, 2026) Dental Plan Portal (DEAD)
 - L. [AB 2292](#) (Ward, 2026) Disability Benefits: Certificates
 - M. [AB 2668](#) (Fong, 2026) Acupuncture: License Requirements and Title Protection (DEAD)
 - N. [SB 879](#) (Laird, 2026) Budget Act of 2026
 - O. [SB 980](#) (Hurtado, 2026) Access to Medical Records (DEAD)
 - P. [SB 1150](#) (Jones, 2026) Cancer Data: Notifications
 - Q. [SB 1391](#) (Wahab, 2026) Department of Consumer Affairs: Retired Category Licenses
 - R. [SB 1416](#) (Wahab, 2026) Physicians and Surgeons: Dentists: Unprofessional Conduct
 - S. [SB 1422](#) (Durazo, 2026) Medi-Cal: Eligibility: Immigration Status (DEAD)
 - T. [SB 1433](#) (Committee on Judiciary, 2026) Maintenance of the Codes (CHAPTERED)

Action Requested

No action requested. Information only.

ii. **2025-2026 Two-Year Legislation for Information and Board Consideration
(No Motion Necessary – Information Only)**

- A. [AB 280](#) (Aguiar-Curry, 2025) Health Care Coverage: Provider Directories – Board Position *WATCH*
- B. [AB 350](#) (Bonta, 2025) Health Care Coverage: Fluoride Treatments – Board Position *SUPPORT*
- C. [AB 485](#) (Ortega, 2025) Labor Commissioner: Unsatisfied Judgments: Nonpayment of Wages – Board Position *OPPOSE UNLESS AMENDED* (DEAD)
- D. [AB 667](#) (Solache, 2025) Professions and Vocations: License Examinations: Interpreters – Board Position *WATCH*
- E. [AB 787](#) (Papan, 2025) Provider Directory Disclosures – Board Position *WATCH* (DEAD)
- F. [AB 873](#) (Alanis, 2025) Dentistry: Dental Assistants – Board Position *SUPPORT IF AMENDED* (DEAD)

Action Requested

No action requested. Information only.

iii. **2026 Priority Legislation for Discussion and Board Consideration**

- A. Assembly Bill [\(AB\) 1760](#) (Arambula, 2026) Dentistry – *SPONSOR* – Information Only
- B. [AB 1767](#) (Berman, 2026) Public Members of Boards: Conflicts of Interest – Staff Recommendation *WATCH*
- C. [AB 1811](#) (Rogers, 2026) Health Professionals – Staff Recommendation *WATCH*
- D. [AB 1952](#) (Berman, 2026) Dentistry: Dental Hygienists: Licensure – *SUPPORT* (DEAD) – Information Only
- E. [AB 1307](#) (Ávila Farías, 2025) Licensed Dentists from Mexico Pilot Program – Staff Recommendation *WATCH*
- F. [SB 758](#) (Umberg) Public Health: Nitrous Oxide – Staff Recommendation *SUPPORT*
- G. [SB 1314](#) (Menjivar) Cigarette or Tobacco Product Retailers: New Retail Locations and Sale of Nitrous Oxide – Staff Recommendation *SUPPORT*
- H. [SB 1445](#) (Committee on Business, Professions and Economic Development, 2026) Healing Arts – *SUPPORT* – Information Only

Action Requested

If desired, the Board may take one of the following actions regarding each bill:

Sponsor
Support
Support if amended
Oppose

Oppose unless amended

Alternatively, the Board may take no action, and the Board position would be to watch the bill.

**Legislation Tracked by Dental Board of California (Board) Staff – 2025-2026
Legislative Session
2026 Legislative Year**

i. 2026 Legislation for Information and Board Consideration (No Motion Necessary – Information Only)

[AB 1670](#) (Arambula, 2026) Medi-Cal: Dental Care

Introduced: February 2, 2026

Last Amended: April 23, 2026

Location: Assembly Appropriations Committee

Status: DEAD—held under submission May 14, 2026

Summary: This bill would have made behavior management and desensitization services without an accompanying dental procedure covered benefits under the Medi-Cal program, subject to utilization controls, when a patient's physical, behavioral, developmental, or emotional condition requires significant extra time, attention, or personnel, or requires such services preceding a dental visit, respectively, in order to safely deliver dental care. The bill would condition implementation of these provisions on the availability of federal financial participation and any necessary federal approvals having been obtained. The bill would, notwithstanding any other law, authorize the State Department of Health Care Services to implement, interpret, or make specific these provisions by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions without taking any further regulatory action. The primary goal was to improve access to care for patients with disabilities or high-anxiety conditions.

Currently, dentists often cannot bill for "Behavior Management" unless they complete a dental procedure. If a patient with a developmental disability is too distressed to allow the procedure to happen, the dentist cannot be reimbursed for the extra time and staff used during that "failed" attempt. Because these appointments are time-intensive and financially risky, many dentists are hesitant to see Medi-Cal patients with complex needs. The bill recognizes that some patients need several "acclimation" visits to get comfortable with the dental environment before a procedure can safely occur.

Board Position: Support

[AB 1671](#) (Tangipa, 2026) Rural Medical Services Grant Program

Introduced: February 2, 2026

Last Amended: March 19, 2026

Location: Assembly Appropriations Committee

Status: DEAD—held under submission May 14, 2026

Summary: This bill would have required the Office of Rural Health (ORH) within the California Health and Human Services Agency (CalHHS) to develop and administer, upon appropriation by the Legislature, a competitive grant program for the delivery of

medical services, as defined, including telehealth services, to individuals who reside in defined “rural areas” (as defined in Health and Safety Code section 50199.21). The bill would have authorized a qualified provider, which includes dentists and dental hygienists, to apply to the office once per year for a grant of up to \$10,000 in compensation for the delivery of medical services to individuals who reside in rural areas in California. The bill would have required OHR to establish specified standards and procedures, including criteria and standards for eligibility and the measurement of outcomes achieved, and to publish this information on its website.

Board Position: Support

[AB 2140](#) (Johnson, 2026) Healing arts: reports: claims against licensees

Introduced: February 18, 2026

Last Amended: N/A

Location: Assembly Business and Professions Committee

Status: DEAD—hearing canceled at request of author on April 10, 2026

Summary: Existing law makes it a public offense punishable by a fine of not less than \$50 or more than \$500 for a licensee, who does not have malpractice insurance, to fail to report within 30 days a settlement, judgment, or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services. This bill proposed to increase the minimum fine to \$100.

Board Position: Support

[SB 936](#) (Blakespear, 2026) Nitrous oxide: sales

Introduced: January 29, 2026

Last Amended: July 2, 2026

Location: Assembly Appropriations Committee

Status: Read second time and amended on July 2, 2026

Summary: This bill seeks to further prohibit the sale and distribution of nitrous oxide. While it is a misdemeanor in California to inhale nitrous oxide for intoxication, it is legal to purchase for legitimate culinary or automotive uses. This loophole has allowed smoke shops to continue selling it.

Experts, including Stanford Medicine addiction specialists, have described the addiction to large nitrous tanks (often called “Galaxy Gas”) as severe and comparable to crack cocaine. There is a significant and well-documented increase in nitrous oxide (“laughing gas” or “whippits”) abuse in California, particularly among teenagers and young adults. Retailers, including smoke shops, convenience stores, and online platforms are selling large, often flavored, canisters that have been linked to severe health issues, hospitalizations, DUI arrests, fatal traffic accidents, and a rise in addiction. In response

to this, many California cities and counties are passing local ordinances to restrict sales, as state-level regulation has struggled to keep up. A peer-reviewed, [July 2025 JAMA Network Open study](#) revealed the California Poison Control System reported 271 calls for nitrous oxide in 2024-2025. Fatalities from nitrous oxide poisoning increased by over 500% between 2010 and 2023 nationally, with a significant concentration of this trend appearing in California.

This bill would prohibit the sale and distribution of any container that can hold more than 8 grams of nitrous oxide or from which an individual may directly inhale and would also prohibit the sale and distribution of a nitrous oxide that has, or is marketed as having, the taste or smell of any food. The bill would prohibit the sale and distribution of a device that allows an individual to inhale from the container or hold nitrous oxide for the purposes of inhalation. The bill would punish a violation of these provisions as an infraction and authorize a court to suspend the business license, including a license to sell tobacco products or cannabis, if the business has a prior conviction for violating these prohibitions.

Nitrous oxide is routinely used in dental offices for legitimate purposes. This bill explicitly exempts this activity by stating that the prohibition and penalties do not apply to nitrous oxide or a nitrous oxide container that “is sold to a licensed medical or dental practitioner to be administered or prescribed as part of the care or treatment of a disease, condition, or injury.” Therefore, this bill will not impede a dentist’s ability to obtain and continue to use nitrous oxide in their offices.

Board Position: Support

[SB 944](#) (Wiener, 2026) Medi-Cal: acupuncture

Introduced: February 2, 2026

Last Amended: June 10, 2026

Location: Assembly Appropriations Committee

Status: Placed on suspense file on June 24, 2026

Summary: This bill seeks to remove the requirement for federal matching funds for Medi-Cal acupuncture coverage to ensure this service remains a covered, permanent benefit. Acupuncture is often framed by proponents as a cost-effective alternative to opioids for chronic pain management.

In California, acupuncture is recognized within the dental practice framework under California Code of Regulations (CCR), title 16, [section 1064](#), which allows dentists to practice acupuncture, specifically for dental-related conditions, after completing required training. Acupuncture is used as part of the practice of dentistry to treat conditions like temporomandibular joint (TMJ) pain, chronic facial pain, or dental anxiety. As of early 2026, Medi-Cal has historically covered up to two acupuncture services per month for adults, with additional sessions possible via prior authorization.

While 2025-26 budget reports initially listed the elimination of acupuncture as part of the [DHCS proposed FY 2025-26 May Revision](#) to address a \$5.4 million deficit in 2024-25 and \$13.1 million annually, legislative action aimed to protect it. According to a [June 9, 2025, news release from Senator Scott Wiener's office](#), the Senate and Assembly reached an agreement to preserve acupuncture as a covered Medi-Cal benefit in the 2025-2026 budget, following the Governor's initial proposal to cut it.

Several California state agencies and health organizations, particularly those managing Medi-Cal, recognize acupuncture and other non-pharmacological treatments as critical components in the strategy to reduce reliance on opioids and fight the addiction crisis. The DHCS Opioid Response refers to the collective efforts DHCS has undertaken to address the opioid crisis, backed by over \$1 billion in state funding since 2019; the initiative focuses on saving lives by increasing access to Medications for Addiction Treatment (MAT) and distributing life-saving reversal agents like naloxone. The core focus of the initiative is expanding Medication-Assisted Treatment (MAT), support for comprehensive, non-opioid pain management approaches—including acupuncture—integrated through broader state-level initiatives and Medi-Cal coverage.

Studies indicate that while dental opioid prescriptions for Medicaid (including California's Medi-Cal) patients have declined, they remain a significant source of initial opioid exposure, particularly among young adults. A 2018 study published in the highly prestigious, peer-reviewed [JAMA Internal Medicine](#) (and reported by [Stanford Medicine](#)) found that dentists were the primary source of opioid prescriptions for patients aged 10 to 19, accounting for nearly 31% of such prescriptions in 2009. The study also revealed that 6.8% of young people receiving initial dental prescriptions may develop sustained use, and dental opioid use is linked to higher overdose risks for patients and their families. Despite declines, dentists in the U.S. have historically been high prescribers to young people, with 12% of all opioid prescriptions being dental-related.

Board Position: Support

[SB 1137](#) (Valladares, 2026) Personal income tax: deduction: medical expenses

Introduced: February 18, 2026

Last Amended: April 8, 2026

Location: Senate Appropriations Committee

Status: DEAD—placed on suspense file on May 14, 2026

Summary: This bill addresses California personal income tax deductions for medical and dental expenses. Currently, taxpayers can deduct unreimbursed medical and dental expenses only if they exceed 7.5% of their federal adjusted gross income (AGI). By reducing the threshold from 7.5% to 4%, a larger portion of healthcare costs become tax-deductible, providing greater relief for those with significant out-of-pocket medical expenses.

SB 1137 makes it so that you don't have to be wealthy or have a catastrophic medical event to see a tax benefit. It brings the tax break down to a level that a middle-class family with "normal" high medical costs (like braces, therapy, or high premiums) can actually reach. The bill could also benefit Individuals with high recurring costs (home health care, specialized equipment, or expensive prescriptions) that aren't fully covered by insurance—benefitting seniors and people with chronic illness.

This proposed deduction is helpful if, and only if, your total itemized expenses (medical + mortgage interest + charitable gifts + property taxes) exceed the California Standard Deduction of approximately \$5,706 (Single) or \$11,412 (Joint). It all comes down to the "Floor." To get any benefit, your expenses must beat the standard deduction. Most people think, "I don't itemize, so this medical bill change doesn't help me." But in California, you are twice as likely to itemize on your state return as you are on your federal return.

- To beat the \$31,500 federal floor, a married couple needs massive expenses (huge mortgage, huge charity, or catastrophic medical bills).
- To beat the \$11,412 California floor, a couple only needs a moderate amount of expenses.

Example: Under current law, if a couple has \$9,000 in property taxes and mortgage interest, they are currently taking the \$11,412 standard deduction because they are \$2,412 short. Under SB 1137, they could now count \$4,000 in medical expenses (because the 4% threshold is so much lower), their total "itemized" list hits \$13,000. They have now cleared the floor, they stop taking the standard deduction, and they start saving real money on their state taxes.

A [2025 UC Berkeley Labor Center report](#) highlights that nearly four in ten Californians face medical debt, with high deductibles and unexpected costs trapping middle-class families despite having insurance. Studies from [Third Way](#), a think tank that champions moderate policy ideas, indicate that households earning 200%–400% of the federal poverty level (middle-class) actually have the highest rates of medical debt. By lowering the tax threshold, the bill aims to prevent healthcare costs from becoming a debt trap.

Healthcare costs often rise faster than general inflation. Studies from the UC Berkeley Labor Center and KFF (Kaiser Family Foundation) show that California health care premiums and deductibles consistently rise faster than general inflation and wages. Over the last 20 years, family premiums for job-based coverage grew 129%, far outpacing the 69% inflation rate. For families already stretched by high gas and housing prices, a 7.5% "floor" acts as a penalty, forcing them to pay taxes on income that has already been spent on essential survival. Lowering the threshold to 4% allows taxpayers to keep more of their earnings to cover these rising costs. Medical debt is a leading cause of financial instability in California and putting cash back into the pockets of families who have had a high-cost medical year (e.g., surgeries, braces, or emergency visits) is helpful. For those with ongoing needs (insulin, therapy, or home care), this bill turns a permanent financial burden into a consistent tax benefit.

Board Position: Support

[SB 1146](#) (Gonzalez, 2026) Advertisement claims: health-related consumer products and services: digital replicas and synthetic performers

Introduced: June 17, 2026

Last Amended: March 25, 2026

Location: Assembly Appropriations Committee

Status: Re-referred to Assembly Appropriation Committee on June 23, 2026

Summary: Existing law makes it unlawful for any person doing business in California and advertising to consumers to make a false or misleading advertising claim.

Existing law makes it unlawful for healing arts licensees, as specified, to disseminate or cause to be disseminated any form of public communication containing a false, fraudulent, misleading, or deceptive statement, claim, or image to induce the provision of services or products in connection with their licensed professional practice or business.

This bill would require a person who creates or causes to be created an advertisement that uses the a digital replica or synthetic performer depicted as a health care provider to promote the sale of a health-related consumer product or service to include a clear and conspicuous disclosure that the health care provider depicted in the advertisement was generated or substantially altered by AI or that no human health care provider is depicted. Violations may be enforced pursuant to Business and Professions Code section 17200 et seq.

Board Position: Support

[SB 1159](#) (Cabaldon, 2026) Artificial intelligence: transparency and governance

Introduced: February 18, 2026

Last Amended: June 25, 2026

Location: Assembly Judiciary Committee

Status: Ordered to third reading on July 2, 2026

Summary: This bill would specify that, for purposes of the California Public Records Act, the Bagley-Keene Open Meeting Act, the Ralph M. Brown Act, the Political Reform Act of 1974, the Administrative Procedure Act, and CEQA, “person,” “interested person,” “participant,” “member of the public,” as applicable, and any other similar terms under each act referring to those who may engage with governmental agencies, do not include artificial intelligence, as defined, systems, autonomous agents, robots, or other nonhuman entities, whether physical or digital. The bill would authorize government agencies to use a disclosure verification tool to determine if AI is present. The bill would

prohibit a person from knowingly using AI to falsely represent that a natural person appeared before, submitted information to, or otherwise engaged with a government agency. Natural persons would not be prohibited from using AI to facilitate their engagement with a government agency as long as the volume and frequency of such engagement are reasonably consistent with ordinary participation by a natural person.

The clarification made by this act serves the public interest by preserving the integrity and functionality of California's democratic institutions, preventing automated systems from displacing genuine human participation, protecting public resources from being consumed by responding to machine-generated requests, and ensuring that governmental decisions remain responsive to the people of California.

Board Position: Support

[SB 1311](#) (Wahab, 2026) Licensed professions

Introduced: February 20, 2026

Last Amended: July 1, 2026

Location: Assembly Appropriations Committee

Status: Read second time and amended on July 1, 2026

Summary: Pursuant to SB 1453, unlicensed dental assistants must complete an 8-hour infection control course before performing any basic supportive dental procedures that involve potential exposure to blood, saliva, or other potentially infectious materials. Employers are responsible for ensuring compliance. Many dental practices, particularly in rural or underserved areas, have faced challenges finding timely in-person or approved courses, leading to hiring delays and staffing shortages.

SB 1311 would expand the acceptable ways for unlicensed dental assistants to meet the infection control requirement by allowing the following options:

1. Completion of the Dental Assisting National Board (DANB) Infection Control examination as an alternative to a full course.
2. A Board-approved eight-hour course provided by a Board-approved RDA or alternative RDA program.
3. A stand-alone eight-hour Board-approved infection control course.
4. A six-hour infection control course, with at least four hours of didactic instruction, as specified, and at least two hours of laboratory instruction using video or a series of video tools that may be delivered online, offered by the CDA or a provider approved by the California Dental Association (CDA), American Dental Association's Continuing Education Recognition Program, or the Academy of General Dentistry's Program Approval for Continuing Education.

The bill also would shift the employer's duty to ensure the dental assistant has successfully completed one of the above options (course or exam) before allowing them to perform exposure-prone duties and declares urgency for quicker implementation.

According to CDA, many dental practices have reported difficulty finding available 8-hour in-person courses, particularly in rural areas. By allowing the DANB exam and virtual video-based training, the bill would create an alternative pathway for unlicensed dental assistants to enter the California workforce.

Staff Comments: Board staff note that SB 1311 does not change any criteria or oversight requirements of the Board's current infection control course obligations and is the byproduct of concerns originally raised by the Board and subsequent stakeholder discussion on AB 873 (Alanis, 2025). This bill also contains an urgency clause, which means it requires a two-thirds majority vote of the Legislature to pass and if signed by Governor Newsom would take effect immediately. Staff also note that the virtual video-based optional training authorized by SB 1311 does not require in-person laboratory instruction. Board staff also note that the Board-sponsored bill, AB 1760, would add additional minimum didactic instruction provisions not included in SB 1311. However, SB 1311 is the operative legislative vehicle to establish a virtual video-based infection control training course and would result in striking similar provisions contained in AB 1760.

Board Position: Support

[SR 82](#) (Pérez, 2026) Relative to Children's Dental Health Month

Introduced: February 19, 2026

Last Amended: N/A

Location: Enrolled in Senate on March 5, 2026

Status: Enrolled

Summary: SR 82 was read and adopted in the California Senate on March 5, 2026, which officially recognizes and declares February 2026 as Children's Dental Health Month in California. The members voted, and since it received 31 Ayes (and 0 Noes), it met the simple majority requirement (21 votes) to pass. Since the resolution was read and adopted in the California Senate, this is a completed legislative action.

Board Position: Support

[AB 1558](#) (Arambula, 2026) Uniform Emergency Volunteer Health Practitioners Act

Introduced: January 8, 2026

Last Amended: N/A

Location: Assembly Appropriations Committee

Status: DEAD held under submission on May, 14, 2026

Summary: AB 1558 the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA) was intended as an upgrade to California's emergency response system. Currently, the state has a patchwork of rules for volunteers; this bill replaces that with a standardized, national framework. The bill would have created a bridge for out-of-state

healthcare professionals to work in California during a declared emergency by the Governor. Under current law, the process is often bogged down by state-specific license verifications. Under the bill, any health practitioner licensed and in good standing in another state is deemed "licensed" in California for the duration of a declared emergency, provided they are registered in an approved database. The provisions of the Act only activate when the Governor (or an authorized official) declares a state of emergency. Without a declaration of emergency, out-of-state dentists would still need a full California license to practice.

Under AB 1558, the deployment of a professional like a dentist would follow a "Chain of Authority" that does not exist as clearly today.

1. Registration (Pre-Emergency)

- An out-of-state dentist doesn't wait for a fire to start; they register with a "Registration System" (like the Medical Reserve Corps). This system constantly pings their home state's board to ensure they haven't lost their license due to malpractice.

2. Deployment (During Emergency)

- The dentist can be deployed directly through their registration system to a "Host Entity" (like a field hospital) as soon as the California emergency declaration is live.

3. Deployment (During Emergency)

- When the Governor declares an emergency, the Emergency Medical Services Authority (EMSA) identifies a need for dental triage.
- The dentist can be deployed directly through their registration system to a "Host Entity" (like a field hospital) as soon as the California state declaration is live.
- Once deployed through DHV, volunteers are typically registered as Disaster Service Workers (DSW), which provides them with state-backed workers' compensation and limited liability protection.

4. Practice Limitations

- The Board can "restrict or modify" what that dentist does.
- The Board could narrowly tailor the language of what is permitted. If the emergency requires only basic triage, the Board can issue an order such as: *"Volunteer dentists may only perform emergency extractions and pain management; no restorative or cosmetic work is authorized."*
- The volunteer is legally protected from "unauthorized practice" charges if they follow these Board-issued modifications.

5. Post-Emergency Accountability

If a volunteer dentist from another state commits a gross error while in California:

- The Board investigates.
- The Board can issue an "administrative sanction" (such as a formal reprimand or a ban from practicing in California).
- This sanction is legally binding and is sent to the other state's Dental Board, which could then take action against their primary license.

Board staff have concluded there is no fiscal impact to the Board due to these changes.

Board Position: Watch

[AB 1563](#) (Gabriel, 2026) Budget Act of 2026

Introduced: January 9, 2026

Last Amended: N/A

Location: Assembly Budget Committee

Status: Stalled in the Assembly Budget Committee, where it was last referred in April 2026. It serves as a placeholder vehicle for the Budget Act. Because state law dictates that the primary operating budget be enacted through compromise budget trailer and appropriations bills (such as SB 122), AB 1563 did not progress to a full vote.

Summary: The California Budget Act of 2026 appropriates funds for the 2026-27 fiscal year, building on [Governor Newsom's budget proposal](#). The California budget process starts with the Governor's January proposal followed by review by the Legislative Analyst's Office (LAO), leading to legislative budget bills (Assembly and Senate versions) that get negotiated in conference committees, then passed by both houses for the Governor's signature by the June 15 deadline, with May Revision adjustments for revenue changes, culminating in the final Budget Act for the fiscal year starting July 1st.

Staff Comments: Governor Gavin Newsom signed the final \$351.7 billion balanced state budget for the 2026–27 fiscal year on June 29, 2026. A detailed summary of the final agreement is available on the [California Governor's Office](#) portal. The breakdown of specific line-item funding and agency allocations can be reviewed in the Senate Budget Committee Report.

Board Position: Watch

[AB 1578](#) (Jackson, 2026) State and local officials: sexual harassment training and education: anti-hate speech training

Introduced: January 12, 2026

Last Amended: May 22, 2026

Location: Senate Appropriations Committee

Status: Hearing set for August 3, 2026

Summary: Existing law requires a specified employer with 5 or more employees to, by January 1, 2021, provide at least 2 hours of classroom or other effective interactive training and education regarding sexual harassment to all supervisory employees and at least one hour of classroom or other effective interactive training and education regarding sexual harassment to all nonsupervisory employees in California and, after

that date, once every 2 years. Existing law requires an employer to include prevention of abusive conduct as a component of that training and education. Beginning on January 1, 2028, for an employer that is a state agency or local agency that the above-described training and education include, as a component of the training and education for elected officials, anti-hate speech training. This bill would specify that a state official or local official who serves more than one state agency or local agency only be required to receive the above-described training once every 2 years without regard to the number of state agencies or local agencies the official serves.

Staff Comments: The Department of Consumer Affairs and the Board might need to review and potentially update its internal policies, codes of conduct, and professional development programs to ensure they align with the new law's provisions regarding anti-hate speech.

Board Position: Watch

[AB 1629](#) (Haney, 2026) Dental coverage

Introduced: January 26, 2026

Last Amended: June 25, 2026

Location: Senate Appropriations Committee

Status: Set for hearing on August 3, 2026

Summary: This bill would address requirements for health plans, insurers, and non-contracting providers. It includes mandates on payment predetermination, notification to enrollees about out-of-network costs, and requirements for non-contracting providers to disclose their status. The bill also would require the Department of Managed Health Care and the Department of Insurance to evaluate dental provider network adequacy.

Board Position: Watch

[AB 1717](#) (Castillo, 2026) Medi-Cal dental reimbursement: house/extended care facility call

Introduced: February 4, 2026

Last Amended: April 23, 2026

Location: Assembly Appropriations Committee

Status: DEAD—held under submission on May 14, 2026

Summary: This bill would have addressed Medi-Cal dental reimbursement for house/extended care facility calls. Under the Medi-Cal Dental Provider Handbook, the maximum allowance for a house/extended care facility call under a specified billing code is \$20. This bill would have required the State Department of Health Care Services (DHCS) to increase the Medi-Cal reimbursement base rate for a house/extended care facility call to reflect the reasonable travel costs for purposes of delivering dental services in the patient's private residence or applicable facility instead of the location of

the dental provider. The bill would have also required that the rate be adjusted to a minimum of \$120 per patient per date of service, with subsequent readjustments every 2 years to account for inflation and provider cost data. DHCS would have been required to, every 2 years, report to the Legislature about the impact of the rate adjustments on access, utilization, and reductions in emergency department visits for dental conditions. The bill would have conditioned implementation of these provisions on appropriation, receipt of any necessary federal approvals, and the availability of federal financial participation.

Board Position: Watch

[AB 1729](#) (Lee, 2026) State employment: telework programs

Introduced: February 5, 2026

Last Amended: May 18, 2026

Location: Senate Appropriations Committee

Status: Set for hearing on August 3, 2026

Summary: This bill would address state employment telework programs. Existing law requires every state agency to develop and implement a telecommuting plan as part of its telecommuting program in work areas where telecommuting is identified as being both practical and beneficial to the organization. Existing law requires the Department of General Services (DGS) to establish a unit for purposes of overseeing telecommuting programs that is required to, among other things, develop and update policy, procedures, and guidelines to assist agencies in the planning and implementation of telecommuting programs. Existing law requires the department to establish criteria for evaluating the state's telecommuting program.

This bill would revise and recast those provisions. The bill would replace the term "telecommuting" with "telework," as defined. The bill would also require DGS to establish a telework dashboard that displays the cost-effectiveness and efficiency benefits of state telework programs, including documenting annual savings to the state of reduced office space and operating costs. The bill would additionally require each state agency, every 10 years, to evaluate its telework program to ensure that it aligns with the state agency's unique operational needs to carry out its programmatic missions and to help recruit and retain a qualified workforce. This bill would declare that it is to take effect immediately as an urgency statute.

On July 1, 2026, the [Governor's Executive Order N-22-25](#) requiring 4 in-office days per week (1 telework day) took effect, subject to any ongoing legislative or bargaining developments.

Board Position: Watch

[AB 1775](#) (Ward, 2026) Veterans

Introduced: February 9, 2026

Last Amended: May 18, 2026

Location: Senate Appropriations Committee

Status: Set for hearing on August 3, 2026

Summary: This bill would amend existing law to expand the scope of military-related licensing priorities of Department of Consumer Affairs (DCA) boards and establish veteran grant programs administered by the Military Department.

Currently, DCA boards must expedite initial licensure for honorably discharged veterans. This bill would extend that mandate to include veterans discharged because of a specified executive order.

Existing law requires the Military Department, subject to appropriation by the Legislature, to establish the Veteran's Military Discharge Upgrade Grant Program to help fund service providers, who for free or at low cost, will educate veterans about discharge upgrades and assist veterans in filing discharge upgrade applications. Existing law authorizes the Military Department to prioritize veteran recipients of the services, such as those who are able to demonstrate their less than honorable characterization of service was connected to a mental health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation. The Military Department is required to adopt criteria, procedures, and accountability measures to implement the program, and is authorized to adopt implementing regulations.

Subject to legislative appropriation, the bill would direct the Military Department to create the Veteran's Housing and Supportive Services Grant Program to help fund service providers offering free housing supports to veterans being discharged from service. Further, the bill would require the Military Department to develop specific criteria, procedures, and accountability measures for the program, including authorization to adopt implementing regulations

Board Position: Watch

[AB 1821](#) (Pacheco, 2026) California Public Records Act: agency response time

Introduced: February 11, 2026

Last Amended: June 25, 2026

Location: Senate Appropriations Committee

Status: Set for hearing on August 3, 2026

Summary: This bill would change the California Public Records Act (CPRA) requirement for agency response. Existing law requires each agency, within 10 days of a request for a copy of records, to determine whether the request seeks copies of disclosable public records in possession of the agency and to promptly notify the person of the determination and the reasons. Existing law authorizes that time limit to be extended by no more than 14 days under unusual circumstances, as defined. This bill would instead require each agency to determine whether the request seeks copies of disclosable public records in possession of the agency and to promptly notify the person as described above within 10 business days of a request for a copy of records. The bill would instead authorize the time period for each agency to respond to be extended by no more than 14 business days.

This bill would add Legislative declarations acknowledging that state and local agencies provide a variety of public services and may need additional time to properly respond to requests.

Board Position: Watch

[AB 1900](#) (Kalra, 2026) Guaranteed Health Care for All

Introduced: February 12, 2026

Last Amended: April 20, 2026

Location: Assembly Health Committee

Status: DEAD—failed to advance out of committee on April 20, 2026

Summary: This bill, known as the California Guaranteed Health Care for All Act (CalCare), would have created a universal single-payer health care system in California. The bill is intentionally designed as a two-phase framework. It seeks to establish the "skeleton" of the program immediately while deferring the most radical financial shifts. The bill is the successor to previous efforts for single-payer healthcare and shares the same "CalCare" branding, but there are critical distinctions in the 2026 version.

The 2026 bill emphasized a transition period where the initial costs are limited to convening the Board and Commission to build a transition plan, rather than assuming immediate full-scale enrollment. This bill frames itself as being introduced as a response to recent significant federal budget cuts in the "One Big Beautiful Bill Act" (OBBBA), also known as H.R. 1, (referenced as a \$1 trillion cut context in the bill's introduction). The bill would place a heavy emphasis on the legal path to federal funding. It would explicitly require the CalCare Board to seek Affordable Care Act waivers and other federal approvals to reroute Medicare and Medicaid money. The bill's goal was to decouple the state's dental and medical care from federal budget shifts by moving everything into a state-controlled Trust Fund.

Prior bills proposing the CalCare system (such as AB 1400 (Kalra, 2022) and AB 2200 (Kalra, 2024)) also failed due to a combination of staggering cost estimates, a lack of a clear funding mechanism, and division within the Legislature.

Board Position: Watch

[AB 1979](#) (Bonta, 2026) Health care services: artificial intelligence

Introduced: February 13, 2026

Last Amended: July 2, 2026

Location: Senate Appropriations Committee

Status: Read second time and amended on July 2, 2026

Summary: The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. Existing law deems a business that offers a mental health digital service or reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, to be a provider of health care subject to the requirements of the CMIA. The bill would additionally deem a business that offers a healthcare chatbot, as defined, to a consumer for the above-described purposes to be a provider of health care subject to the requirements of the CMIA.

Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person, except as specified.

This bill would require a health facility, clinic, physician's office, or office of a group practice to take reasonable steps to ensure that a licensed health care professional exercises independent professional judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system. The bill would authorize the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license. The bill would specify that these provisions do not prohibit the use of artificial intelligence for documentation and communication that does not involve the application of professional judgment, including automated messages to inform patients of updates to their health records. By placing new requirements on health facilities and clinics, this bill would expand the scope of a crime and would impose a state-mandated local program.

Board staff anticipate an estimated absorbable fiscal impact of \$10,576.

Board Position: Watch

[AB 2029](#) (Sharp-Collins, 2026) Dental plan portal

Introduced: February 17, 2026

Last Amended: March 19, 2026

Location: Assembly Health Committee

Status: DEAD—hearing cancelled at the request of author on April 21, 2026.

Summary: This bill would require a dental plan or dental insurer to establish a dental portal accessible to a treating dental provider to provide information regarding an enrollee's contract or insured's policy, including the actual payment or reimbursement amounts for covered services. The bill would require the portal to provide accurate, real-time benefit eligibility and benefits information in a clear and understandable format, provide specified information about a corresponding payment, accept attachments in an electronic format, and be made available at no cost to contracted and noncontracted dental providers, among other requirements.

Board Position: Watch

[AB 2292](#) (Ward, 2026) Disability benefits: certificates

Introduced: February 19, 2026

Last Amended: April 16, 2026

Location: Senate Public Employment and Retirement Committee

Status: Read second time. Ordered to third reading on June 11, 2026.

Summary: This bill aims to remove financial barriers that prevent Californians from accessing disability benefits. By prohibiting "administrative fees" for medical certificates, the bill seeks to ensure that a patient's ability to access State Disability Insurance (SDI) or Paid Family Leave (PFL) is not contingent on their ability to pay an out-of-pocket fee to their healthcare provider. Legislators are targeting a specific gap where patients—often already facing financial strain due to an inability to work—are charged \$25 to \$100 just to have a form signed or a "recertification exam" performed. The bill views these benefits as a social safety net that should be accessible without "gatekeeper" costs imposed by practitioners.

Under the California Unemployment Insurance Code (specifically [UIC section 2708](#)), the term "practitioner" explicitly includes dentists.

- Certification Authority: Dentists are among the licensed professionals authorized to sign the medical certificates required for a patient to receive State Disability Insurance (SDI) or Paid Family Leave (PFL) benefits, provided the disability falls

within their scope of practice (e.g., recovery from oral surgery or complications from dental procedures).

- The Prohibitions: Because the bill prohibits a "physician or practitioner" from charging fees for completing these forms or performing recertification exams, California dentists would be legally barred from charging administrative fees for:
 1. The initial disability certificate ([DE 2501](#)).
 2. Any continued claim forms or "recertification" exams required to maintain a patient's eligibility.

The introduction of both AB 2292 (Disability certificates) and SB 980 (School/Medical forms) represents a coordinated legislative strategy in California to eliminate "junk fees" in healthcare administration.

Board Position: Watch

[AB 2668](#) (Fong, 2026) Acupuncture: license requirements and title protection

Introduced: February 20, 2026

Last Amended: March 16, 2026

Location: Assembly Business and Professions Committee

Status: DEAD—stalled in Committee

Summary: This bill would have updated the Acupuncture Licensure Act (Act) and raises the educational floor for future practitioners. The bill would have mandated that approved programs must confer a doctoral degree (rather than the current master's level entry) and increase total required training hours. Additionally, the bill would tightened title protection, specifically regulating the use of "Doctor of Acupuncture and Herbal Medicine" (D.A.H.M.) and strictly limit the titles "licensed acupuncturist" and "LAc" to those holding active, valid licenses under the Act.

Board Position: Watch

[SB 879](#) (Laird, 2026) Budget Act of 2026

Introduced: January 9, 2026

Last Amended: N/A

Location: Senate Desk

Status: Read first time on January 12, 2026

Summary: Senate Bill 879 is alive and remains in progress as an active vehicle for the 2026–2027 state budget. The measure serves as a placeholder for the state's main budget bill and is currently awaiting further committee action following its introduction and first reading.

Staff Comments: The California Budget Act of 2026, consisting of SB 879 and AB 1563, is the initial framework. SB 879 is alive but remains in its initial introduced state as

a shell vehicle, and the detailed budget for the 2026–27 fiscal year has already emerged and been signed into law. A shell budget bill is introduced simply so lawmakers can technically meet the constitutional budget-passing deadline (typically June 15). For a full breakdown of the enacted state spending plan, review the [California Department of Finance Enacted Budget portal](#).

Staff Position: Watch

[SB 980](#) (Hurtado, 2026) Access to medical records

Introduced: February 4, 2026

Last Amended: March 16, 2026

Location: Senate Health Committee

Status: DEAD—hearing cancelled at request of author on April 16, 2026

Summary: This bill would have prohibited a health care provider from charging a fee to a patient for completing health-related forms required by an educational institution for a pupil's participation in school, childcare, or school-sponsored activities.

Because dentists are the primary providers who must sign the [Kindergarten Oral Health Assessment \(KOHA\)](#), they are a major focus of the bill's intent was to remove financial barriers for families entering the school system. Currently, California law prohibits health care providers from charging fees for paperwork related to public benefit programs (like Medi-Cal or Social Security). This bill would have expanded this protection to include health-related forms required by educational institutions. This includes paperwork for:

- Enrollment in K-12 schools, childcare, or universities.
- Participation in school-sponsored activities or sports.

The bill would have clarified that while a dentist cannot charge for the "act" of completing the form, they may still require a clinical examination to gather necessary information if the patient's records are outdated.

Historically, the Board explicitly states on its website that it does not handle "fee and billing disputes," as those are usually considered civil contractual matters. A "willful violation" of these provisions is classified as an infraction under [Health and Safety Code Section 123114](#), which would be enforced through local agency prosecution. In addition, because SB 980 would have made charging these specific form fees unlawful by statute, it would have moved the issue from a "private contract dispute" to a "statutory violation." Under the bill, if a dentist maintains a policy of charging for these forms in defiance of the law, the Board could:

- Investigate the complaint as a violation of the Health and Safety Code.
- Issue a Citation or an administrative fine.
- Place the Licensee on Probation if a pattern of "willful violation" is established.

Staff Position: Watch

[SB 1150](#) (Jones, 2026) Cancer data: notifications

Introduced: February 18, 2026

Last Amended: April 28, 2026

Location: Assembly Appropriations Committee

Status: Re-referred to Assembly Appropriations Committee on June 24, 2026

Summary: This bill is a transparency-focused bill aimed at keeping patients informed about their medical data. Currently, California law requires healthcare providers to report cancer diagnoses to the [California Cancer Registry \(CCR\)](#), which is a program of the California Department of Public Health (CDPH), for epidemiological tracking. Research from the CCR and academic institutions like [UCSF](#) and [USC](#) consistently shows that dentists are often the primary point of entry for life-saving cancer diagnoses. This bill would require notice to the patient advising about cancer data reporting and a quick response code that links to the California Cancer Registry internet website.

The bill's author, Senator Jones (a cancer survivor himself), has explicitly stated that the intent is to prevent patients from being "blind-sided" by researchers months later. By mandating the notification at the point of entry, the bill treats the notification like a HIPAA disclosure—it is a "right to know" requirement, not a clinical benchmark that would typically lead to a malpractice suit. The bill does not create new malpractice liability for dentists, but it does clarify their administrative "to-do" list.

Board Position: Watch

[SB 1391](#) (Wahab, 2026) Department of Consumer Affairs: retired category licenses

Introduced: February 20, 2026

Last Amended: N/A

Location: Assembly Business, Professions and Consumer Protection

Status: Passed and re-referred to Assembly Appropriations Committee on June 30, 2026

Summary: This bill is a transparency measure focused on retired licenses for all DCA. Under current law, the various boards have authority to create a "retired category" of licensure for professionals who are no longer actively practicing but wish to maintain a formal connection to their profession. SB 1391 would add a specific requirement: Any board that offers a retired license category must clearly disclose and provide information about that license on its official website. The bill aims to make it easier for retiring professionals to find information regarding their options for status changes and reduced fees.

The Dental Board does not offer a standalone license labeled "Retired." If you are a dentist looking to retire, you typically choose between:

- Inactive Status: You stop practicing but keep your license. You still pay a renewal fee, but you are exempt from Continuing Education (CE) requirements.
- Reduced Fee (Active or Inactive): If you have practiced in California for 20+ years and are at least 70 years old (or are disabled), you can apply for a Reduced Renewal Fee.
 - Retired/Uncompensated Practice: If you stay in "Active" status but only provide free, uncompensated care (volunteering), your CE requirement is reduced to 30 units instead of the usual 50.

Board Position: Watch

[SB 1416](#) (Wahab, 2026) Physicians and surgeons: dentists: unprofessional conduct

Introduced: February 20, 2026

Last Amended: N/A

Location: Assembly Appropriations Committee

Status: Passed Committee and re-referred on June 30, 2026

Summary: This bill proposes a stricter timeline for physicians, surgeons, and dentists to return overpayments to their patients. Under current law, medical and dental providers have 30 days to issue a refund for duplicate payments (money paid by the patient that was also covered by insurance). SB 1416 would reduce this window to 21 days in the following scenarios:

- Upon Patient Request: The refund must be issued within 21 days of the request (or within 21 days of the provider receiving the insurance payment).
- Upon Provider Discovery: If the patient doesn't request it but the provider becomes aware of the overpayment, they must notify the patient and issue the refund within 21 days.

Failure to comply with this 21-day deadline would be classified as unprofessional conduct, making the provider subject to enforcement action by the Medical Board or Dental Board.

The Dental Board's highest priority is consumer protection. (BPC, § 1601.2.) Ensuring patients are not financially exploited by practitioners fits with this priority. The Dental Board has been supportive of bills that increase transparency and fairness for patients, provided the rules are clear enough for dentists to follow without accidental violations.

A big concern here is that smaller dental practices may struggle with the shortened 21-day turnaround if they rely on manual bookkeeping or have slow-moving third-party billing services.

Board Position: Watch

[SB 1422](#) (Durazo, 2026) Medi-Cal: eligibility: immigration status

Introduced: February 20, 2026

Last Amended: May 14, 2026

Location: Senate Appropriations Committee

Status: DEAD—ordered to inactive file on June 8, 2026

Summary: This bill would have expanded access to full-scope Medi-Cal benefits for undocumented adults in California by removing upcoming restrictions (laws passed in the 2025-26 State Budget that scheduled a pullback on immigrant health benefits). This bill would have ensure that undocumented adults over 19 maintain access to comprehensive healthcare, including dental care, rather than being limited to emergency-only coverage.

Key Provisions

- **Expansion of Coverage:** It would have granted full-scope Medi-Cal benefits, including dental, to individuals age 19 and older regardless of immigration status, provided they meet income requirements.
- **Reversing Restrictions:** It would have eliminated a rule set to begin in 2026 that would have restricted this group to only emergency and pregnancy-related care.
- **Cost Sharing:** Eligible individuals would have remained subject to certain limitations, including monthly premiums (typically \$30) and specific dental benefit restrictions.

Board Position: Watch

[SB 1433](#) (Committee on Judiciary, 2026) Maintenance of the codes

Introduced: March 5, 2026

Last Amended: N/A

Location: Filed with Secretary of State

Status: Approved by Governor and filed with Secretary of State on June 30, 2026

Summary: This bill is this year's "Maintenance of the Codes" bill, which is an annual piece of legislation with a non-substantive purpose. For the Dental Board, it is a bill that requires passive monitoring.

The Senate Judiciary Committee introduced this bill because the Committee is the designated housekeeper for California's legal infrastructure. In the California Legislature, the Senate and Assembly Judiciary Committees have primary jurisdiction over the administration of justice and the legal system. The system is comprised of 29 different Codes (such as the Business and Professions Code, which governs dentistry). Because "Maintenance of the Codes" bills affect dozens of different legal codes simultaneously (from the Business and Professions Code to the Vehicle Code), they don't fit neatly into a single policy committee like "Health" or "Education." Over time, small errors creep into these laws—typos, outdated cross-references, or grammatical

inconsistencies. The Office of Legislative Counsel is required by law to periodically review the codes and recommend "clean-up" changes. These changes are bundled into a single bill, usually titled "Maintenance of the Codes."

Board Position: Watch

ii. **2025-2026 Two-Year Legislation for Information and Board Consideration (No Motion Necessary – Information Only)**

[AB 280](#) (Aguiar-Curry, 2025) Health care coverage: provider directories

Introduced: January 21, 2025

Last Amended: July 15, 2025

Location: Senate Appropriations Committee—inactive file

Status: Two-year bill

Summary: Insurers and plans create directories so members can find providers, such as dentists, who participate in their network. This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories and require a provider directory to be 60% accurate on July 1, 2026, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2029. A plan or insurer would be subject to administrative penalties for failure to meet the prescribed benchmarks. A plan or insurer would be required to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy's provider directory or directories and to reimburse the provider the out-of-network amount for those services.

This bill also would prohibit a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing which would count toward the in-network deductible and out-of-pocket maximum. A plan or insurer would be required to provide information about in-network providers to enrollees and insureds upon request and limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances. A health care service plan, or the insurer, would be required to ensure the accuracy of a request to add back a provider who was previously removed from a directory and approve the request within 10 business days of receipt, if accurate.

On or before January 1, 2026, this bill would authorize the Department of Managed Health Care and the Department of Insurance to develop uniform formats for plans and insurers to request directory information from providers and establish a methodology to ensure accuracy of provider directories.

Board Position: Watch

[AB 350](#) (Bonta, 2025) Health care coverage: fluoride treatments

Introduced: January 29, 2025

Last Amended: May 13, 2026

Location: Senate – Inactive File

Status: Read second time and ordered to third reading,

Summary: This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, to provide coverage for the application of fluoride varnish in the primary care setting for children under 21 years of age. This bill would make the application of fluoride or other appropriate fluoride treatment, including fluoride varnish, a covered benefit under the Medi-Cal program for children under 21 years of age. The bill would require the State Department of Health Care Services to, no later than July 1, 2027, to issue billing guidance and make any necessary updates to ensure the coverage policy for Medi-Cal beneficiaries under 21 years of age is consistent with certain federal benefits and would require that policy to allow the application of fluoride varnish, as specified.

Staff Comments: At its May 14-15, 2025, meeting, the Board voted to take a Support position. On May 29, 2025, the Board sent Assemblymember Bonta a Support position letter stating that the Board recognized the value of enhancing fluoride varnish coverage to improve children's oral health in California.

Board Position: Support

[AB 485](#) (Ortega, 2025) Labor Commissioner: unsatisfied judgments: nonpayment of wages

Introduced: February 10, 2025

Last Amended: July 1, 2025

Location: Senate Appropriations Committee – Suspense File

Status: DEAD—held under submission on August 29, 2025

Summary: Existing law generally prohibits employers from continuing to conduct business in the California if they have an unsatisfied final judgment for nonpayment of wages, unless the employer has obtained a bond from a surety company and filed that bond with the Labor Commissioner, as prescribed.

This bill would have required a state agency, if an employer in an industry that is also required to obtain a license or permit from that state agency is found to have violated the unsatisfied judgment provision, to deny a new license or permit or the renewal of an existing license or permit for that employer. The bill would have required the Labor Commissioner, upon finding that an employer is conducting business in violation of that provision, to notify the applicable state agency with jurisdiction over that employee's license or permit.

Board Position: At its May 14-15, 2025, meeting, the Board voted to take an Oppose Unless Amended position on AB 485 to clarify Board action on the initial or renewal license or permit following subsequent compliance by the employer and resolve the issue of Labor Commissioner awareness of license or permit applications submitted to the Board. On May 29, 2025, the Board sent an Oppose Unless Amended position letter to Assemblymember Ortega regarding these concerns. The bill was amended on July 1, 2025, but the amendments do not resolve the concerns raised by the Board in its Oppose Unless Amended position letter.

[AB 667](#) (Solache, 2025) Professions and vocations: license examinations: interpreters

Introduced: February 14, 2025

Last Amended: September 5, 2025

Location: Senate – Inactive File

Status: Two-year bill

Summary: This bill would, beginning July 1, 2026, require certain boards under the jurisdiction of the Department of Consumer Affairs (DCA) to permit an applicant who cannot read, speak, or write in English to use an interpreter to interpret the English written and oral portions of the license examination, as applicable, examination if the applicant meets all other requirements for licensure, as specified.

This bill would require an interpreter to satisfy specified requirements, including not having the license for which the applicant is taking the examination, and would prohibit the assistance of an interpreter under certain circumstances, including when English language proficiency is required for the license. The bill would also require those boards to post on their internet websites that an applicant may use an interpreter if they cannot read, speak, or write in English, the examination is not offered in their preferred language, and they meet all other requirements for licensure.

Staff Comments: The bill was amended to remove DCA Division 2 (healing arts) boards. However, Board staff recommend monitoring to ensure the language is not added back due to examination security concerns.

Board Position: Watch

[AB 787](#) (Papan, 2025) Provider directory disclosures

Introduced: May 6, 2025

Last Amended: June 23, 2025

Location: Senate Appropriations Committee—suspense file

Status: DEAD—held under submission on August 29, 2025

Summary: Insurers and plans create directories so members can find providers, such as dentists, who participate in their network. This bill would have required a health plan or insurer to include in its provider directory a statement advising an enrollee or insured

to contact the plan or insurer for assistance finding an in-network provider and for an explanation of their rights regarding out-of-network coverage. A plan or insurer would also have been required to acknowledge the request within one business day if contacted for assistance, and to provide a list of in-network providers confirmed to be accepting new patients within 2 business days for a request deemed urgent by the enrollee or insured and 5 business days for a request deemed nonurgent by an enrollee or insured.

Board Position: Watch

[AB 873](#) (Alanis, 2025) Dentistry: dental assistants

Introduced: February 19, 2025

Last Amended: July 9, 2025

Location: Senate Business, Professions and Economic Development Committee

Status: DEAD—hearing cancelled at the request of author on July 14, 2025.

Summary: As amended on July 9, 2025, AB 873, sponsored by the California Dental Association (CDA), would have amended Business and Professions Code (BPC) section 1725 to establish a maximum \$300 fee cap for review of each approval application or reevaluation for a course provided pursuant to BPC sections 1753.52 (interim therapeutic restorations and radiographic decisionmaking (ITR/RDM course)), 1754.5 (radiation safety course), and 1755 (electronic infection control course). Board staff noted the amendments to BPC section 1725 would not resolve the Board's implementation issues with the ITR/RDM, radiation safety course, and electronic infection control course raised during the Board's November 2024 and February 2025 meetings as the application fee maximums do not reflect the actual costs to the Board to review and evaluate the ITR/RDM and radiation safety course applications (\$7,330) and electronic infection control course (\$1,350), or include the Board's request to increase the other dental assisting course fee maximum to \$8,000.

The bill would have amended BPC section 1750 to change the deadline for a dental assistant to successfully complete a Board-approved eight-hour course in infection control. Pursuant to the Board's Sunset bill (Senate Bill (SB) 1453 (Ashby, Ch. 483, Stats. 2024)), as of January 1, 2025, a dental assistant must successfully complete an infection control course prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials. AB 837 would have required the infection control course to be completed on or before 60 days from the date of first employment at the dental office, and required the employer of a dental assistant to provide bloodborne pathogen training, as specified, prior to the dental assistant's potential exposure to blood, saliva, or other potentially infectious materials and annually thereafter. The Board discussed the proposed amendments submitted by CDA to the infection control course deadline requirement, but the Board took no position on those amendments.

The bill also would have specified the infection control course completed by the dental assistant must be a Board-approved eight-hour course as part of a Board-approved registered dental assisting education program, a stand-alone course approved by the Board pursuant to regulation, or a 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, that is approved by the Board pursuant to the requirements in BPC section 1755.

AB 873 would have made technical corrections to BPC section 1750.1 (dental assistant duties) citations and 1753.52 (ITR/RDM course). The bill would have amended BPC sections 1753 and 1753.5 to correct registered dental assistant in extended function (RDAEF) duties as requested by the Board at its May 2025 meeting.

The bill would have amended BPC sections 1754.5 and 1755 to incorporate the Board's requested course curriculum and application process amendments approved by the Board at its February 2025 meeting, as negotiated with the author's office and sponsor.

The Board approved several other legislative proposals at its November 2024 and February 2025 meetings to resolve other SB 1453 issues. Board staff worked with the author's office and CDA to incorporate the Board's amendments in AB 873, including:

- Amending BPC sections 1628 and 1633 regarding dentist licensure requirements;
- Amending BPC section 1635.5 regarding licensure by credential pathway requirements;
- Amending BPC section 1638.1 regarding elective facial cosmetic surgery (EFCS) Permits; and
- Amending BPC section 1724 to remove the application fee for the portfolio pathway that was previously repealed.

However, these aforementioned amendments approved at the November 2024, and 2025 meetings were not included in the July 9, 2025, version of the bill.

Board Position: At its May 14-15, 2025, meeting, the Board voted to take a Support if Amended position to include the Board's additional legislative proposals to resolve SB 1453 issues. On May 23, 2025, the Board sent a Support if Amended position letter Assemblymember Alanis. However, on July 14, 2025, the author cancelled the hearing of this bill making it a two-year bill that died in 2026.

iii. **2026 Priority Legislation for Discussion and Board Consideration**

[AB 1760](#) (Arambula, 2026) Dentistry – *SPONSOR*

Introduced: February 9, 2026

Last Amended: June 3, 2026

Location: Senate Appropriations Committee
Status: Passed Senate Judiciary Committee on June 24, 2026

Summary: This Board-sponsored bill consolidates technical, non-controversial, and substantive cleanup items approved by the Board—in public meetings between November 2024 and February 2026—to refine various provisions of the Dental Practice Act (DPA) and ensure statutory language aligns with current regulatory standards and consumer protection needs.

While these items are typically addressed during the Sunset Review process, waiting for the Board's next cycle in 2028–2029 would leave in place several statutory impediments and inconsistencies for effective administration of the DPA. This bill serves as a comprehensive omnibus vehicle to optimize the Board's efficiency and protect the public in the following ways:

1. Resolving Dental Auxiliary Course Implementation Delays

The Board is currently facing legal impediments that have stalled the implementation of modernized curriculum for two foundational dental assisting courses: the Radiation Safety (X-ray) Course and online Infection Control Course.

- **Problem:** The Board's last sunset bill, SB 1453 (Ashby, Chapter 483, Statutes of 2024), established new radiation safety and infection control course statutes requiring Board approval of course providers. However, the statutes lack clear approval process provisions and course instruction requirements.
- **Solution:** These amendments would resolve the course approval and instruction requirements so the Board can implement the new statutes.

2. Rectifying Inadvertent Technical Errors in SB 1453

The 2024 Sunset Bill inadvertently introduced cross-referencing errors and omitted specific duties for Registered Dental Assistants in Extended Functions (RDAEF).

- **Problem:** These errors create legal ambiguity for practitioners and supervisors regarding RDAEF scope of practice.
- **Solution:** This bill would restore lost RDAEF duties and correct technical flaws to harmonize the law with current dental office practice.

3. Modernizing Licensure and Permits

This proposal would clean up "statutory clutter" by conforming statutes with changes made in SB 1453 and dentist licensure examination administration:

- **Elective Facial Cosmetic Surgery (EFCS) Permit:** Conforms the credentialing committee review provisions with the new permit categories created under SB 1453 and establishes credentialing committee member removal provisions.
- **Obsolete Pathways:** Removes statutory references to the "Portfolio Examination" pathway repealed by SB 1453.
- **Remedial Education:** Conforms examination retake procedures with national examination administrator requirements.

4. Administrative Efficiency

By streamlining the "Licensure by Credential" process for out-of-state dentists and removing redundant insurance requirements, this bill would reduce administrative overhead.

Board Position: Sponsor

[AB 1767](#) (Berman, 2026) Department of Consumer Affairs: public members of boards: conflicts of interest

Introduced: February 9, 2026

Last Amended: June 23, 2026

Location: Senate Appropriations Committee

Status: Set for hearing on August 3, 2026.

Summary: This bill is a general DCA governance bill applying to all boards/bureaus under the DCA amending Business and Professions Code provisions on public members and conflicts of interest. The bill makes a clarifying amendment to existing conflict-of-interest law, broadening an already-applied "close family member" concept.

Staff Recommendation: Watch

[AB 1811](#) (Rogers, 2026) Health professionals

Introduced: February 10, 2026

Last Amended: June 22, 2026

Location: Senate Appropriations Committee

Status: Set for hearing on August 3, 2026.

Summary: This bill directly updates workforce data requirements under Business and Professions Code section 502 which applies to the Board requiring the collection of expanded data at license issuance and monthly reporting to Department of Health Care Access and Information (HCAI). It also stabilizes health professional shortage area (HPSA) definitions which can affect dental workforce and access initiatives. The bill poses minor operational impact now and is worth monitoring for implementation.

The bill makes two main sets of changes:

First, the bill creates a new and expanded definition of HPSA. It adds (and sunsets on January 1, 2035) Section 30 to the Health and Safety Code. This defines the term to include:

- Areas determined by HCAI to have a shortage of health professionals.
- Federally designated/recognized HPSAs.
- Areas that were federally designated/recognized as of January 1, 2025 (these "frozen" designations persist even if the federal government later removes or changes them).

- HCAI can revoke its own designations. The bill aligns all existing statutory references to HPSAs with this definition. Existing law already references HPSAs in programs such as the California Physician Corps Program, California Reproductive Health Services Corps, Oral Health Program, Virtual Health Hub for Rural Communities Pilot Program, and health professions planning grants.

Second, the bill impacts workforce data collection and reporting by healing arts boards (BPC section 502):

- Existing law already requires specified boards (e.g., Board of Registered Nursing, Respiratory Care Board of California) to collect certain workforce data from licensees/registrants at least biennially and requires other boards that regulate healing arts licensees or registrants (this includes the Dental Board) to request the data at least biennially.
- The bill changes this so data must be collected or requested at the time a license or registration is issued (in addition to the ongoing biennial request).
- It adds new required data elements: hours worked in inpatient care, hours worked in outpatient care, and whether the licensee/registrant offers a formal sliding fee scale (on top of existing elements like practice location, specialty, languages spoken, race/ethnicity, etc.).
- Reporting of individual (non-aggregated) data by boards to HCAI changes from quarterly to monthly.
- Providing the data is not a condition of license/registration renewal; no discipline for non-provision; data must be kept confidential by boards and HCAI and released only in aggregate form.

Staff Recommendation: Watch

[AB 1952](#) (Berman, 2026) Dentistry: Dental Hygienists: Licensure

Introduced: February 13, 2026

Last Amended: April 22, 2026

Location: Assembly Appropriations Committee

Status: DEAD—held under submission on May 14, 2026

Summary: This bill, sponsored by the California Dental Association (CDA), aimed to increase access to oral health professionals by creating an alternative, competency-based licensure pathway for internationally trained dentists (ITDs) to become licensed as Registered Dental Hygienists (RDH) without completing a full accredited dental hygiene program. Similar legislation has been enacted in 8 states, Connecticut, Indiana, Florida, Maine, Massachusetts, New York, Virginia, Vermont, and currently pending in Michigan, Oklahoma, and Rhode Island.)

The pathway would have been administered by the Dental Hygiene Board of California (DHBC), which serves as the dental hygienist licensing authority. Key requirements would have included:

Education and Equivalency

- The applicant must hold a degree from a nonaccredited (international) dental school. Verification from Educational Credential Evaluators (ECE) confirming academic equivalence of the applicant's dental degree to a United States dental hygiene degree would be required.

Examinations (must be completed within the preceding 5 years)

- The National Board Dental Hygiene Examination (NBDHE).
- The California Law and Ethics examination, as prescribed by the DHBC.

Coursework (must be completed within the preceding 2 years, except Basic Life Support (BLS) which must be current)

- A 2-unit California Dental Practice Act course approved by the Dental Board of California.
- An 8-unit infection control course approved by the Dental Board of California.
- A soft-tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia course approved by the DHBC. (The bill allows eligibility to enroll in this combined course once other core requirements are documented.)
- Current, valid certification in BLS, consistent with specified California regulations.

Licensing Process

- The applicant would submit the completed application form and fees to the DHBC.
- Once all requirements are satisfied, including successful completion of the NBDHE, the DHBC would certify the applicant as eligible to take the dental hygiene examination given by the American Board of Dental Examiners (ADEX).
- Upon successful completion of the ADEX and completed application and all fees, the Board would grant an RDH license to the applicant.
- The pathway emphasizes that the DHBC focuses on hygiene-specific scope, legal/ethical standards, and overall competency for RDH practice.

This structure streamlines entry for qualified internationally trained dentists into the hygiene workforce while maintaining safeguards through board-approved education, examinations, and verifications.

Staff Comments: On March 13, 2026, the DHBC adopted an Oppose Unless Amended position on this bill seeking, instead, the bill be amended to require the Board to establish a restricted license category authorizing internationally trained dentists to practice dental hygiene.

Board Position: Support

[AB 1307](#) (Ávila Farías, 2025) Licensed Dentists from Mexico Pilot Program

Introduced: February 21, 2025

Last Amended: July 1, 2026

Location: Senate Appropriations Committee
Status: Set for hearing on August 3, 2026.

Summary: This bill would repeal the existing Licensed Dentists from Mexico Pilot Program and replace it with a new, narrowly tailored pilot program. The bill authorizes the Dental Board of California (Board) to issue up to 30 three-year nonrenewable licenses to dentists licensed in Mexico who meet specific eligibility criteria. Participants would be authorized to practice dentistry only while employed by qualifying federally qualified health centers (FQHCs) serving designated shortage areas. The program includes multiple oversight mechanisms, a formal evaluation requirement, and is funded entirely through philanthropic sources rather than state funds.

Eligibility Requirements

Applicants must meet all of the following criteria, supported by primary-source documentation:

- Graduated from a dental program accredited by either Consejo Nacional de Educación Odontológica, A.C. (CONAEDO) or Comités Interinstitucionales para la Evaluación de la Educación Superior (CIEES). These accreditations are the primary recognized markers of educational quality in Mexico and are endorsed by the Consejo para la Acreditación de la Educación Superior (COPAES).
- Certified by the Asociación Dental Mexicana (ADM) through the Examen Único de Certificación en Odontología (EUC-ODON), a national written clinical competency examination covering oral diagnosis and treatment planning, periodontics, direct restorations, indirect restorations, endodontics, and removable prosthodontics.
- Hold an active license to practice dentistry issued by Mexico's Secretaría de Educación Pública, Dirección General de Profesiones (the federal Cédula Profesional).
- Demonstrate English language proficiency by achieving a minimum score of 85 on the Test of English as a Foreign Language (TOEFL) or 350 on the Occupational English Test (OET).
- Satisfactorily complete an orientation program connected to the former Licensed Physicians and Dentists from Mexico Pilot Program that includes all the following components:
 - (A) Dental protocols.
 - (B) Community clinic history and operations.
 - (C) Dental administration.
 - (D) Dental law and ethics.
 - (E) Managed care standards, practices, and procedures.
 - (F) Medication documentation and script protocols and procedures.
 - (G) The California dental delivery system.
 - (H) Health maintenance organizations.

Program Requirements and Structure

- Representatives from California and the National Autonomous University of Mexico that executed and implemented the provisions of the former Physicians and Dentists from Mexico Pilot Program shall be the points of contact for all the following:
 - (1) Securing required documents.
 - (2) Recruiting and vetting candidates.
 - (3) Assisting candidates for the program in Mexico in meeting all program requirements.
 - (4) Selecting appropriate federally qualified health centers throughout California.
 - (5) Ensuring compliance with program provisions.
 - (6) Developing policy and clinical workshops.
 - (7) Monitoring productivity and increased access to dental care.
 - (8) Assessing the necessity of policy and programmatic improvements.
 - (9) Working with the governments of Mexico and the United States to obtain the visas required for program participation.
- The Board must issue a license to an eligible applicant lacking an SSN or ITIN if the applicant provides proof they applied for a 3-year visa and SSN. The licensee must then provide their SSN to the board within 10 days of receiving the SSN card and visa. The Board may terminate a license if a participant fails to comply.
- The fee for a license and associated Controlled Substance Utilization Review and Evaluation System fee shall be one thousand two dollars (\$1002).
- The three-year period for a license shall commence on the first day the participant engages in the practice of dentistry. A license shall be deemed to be in good standing pursuant to the provisions of this chapter for the purpose of participation and reimbursement in all federal, state, and local health programs, including, but not limited to, all of the following:
 - (A) The Medicare Program.
 - (B) The fee-for-service system of the Medi-Cal program.
 - (C) The managed care delivery system of the Medi-Cal program.
 - (D) Private insurance.
- Participants may practice only at FQHCs that (1) operate in a federally designated health or dental professional shortage area, (2) maintain dental quality assurance protocols, and (3) are accredited by the Joint Commission, Accreditation Association for Ambulatory Health Care (AAAHC), or National Committee for Quality Assurance (NCQA), or are affiliated with such an accredited entity.
- Employing FQHCs must continue their existing federal peer review process. The FQHC must work with a dental school in California approved by the Dental Board to conduct 10 secondary peer reviews of randomly selected patient encounters with each participant per six-month period and transmit complete records of those encounters to the dental school.
- The FQHC must provide all applicable employment benefits, salary, and policies to the participant as it provides other current employees, including, but not limited to, malpractice insurance.

Program Evaluation

Beginning one year after the program commences, a formal evaluation must be conducted. Under subdivision (n)(1), the evaluation shall be performed by either:

(A) A dental school in California and the National Autonomous University of Mexico, or

(B) An independent consultant selected by the Director of Consumer Affairs.

The evaluation must assess quality of care, participants' adaptability to California standards, impact on FQHC operations and interpersonal relations, patient responses, cultural and linguistic services, and increases in dental encounters and patient populations served. The evaluation must be fully funded by philanthropic foundations.

Funding and Operative Date

All costs of administering the program must be fully paid by philanthropic foundations. The program becomes operative six months after the Board receives written confirmation that funding has been secured.

Oversight

The Board retains authority to issue licenses, verify credentials through primary-source documentation, conduct criminal background checks, and exercise disciplinary authority under the Dental Practice Act. Participants remain subject to all applicable California laws and Board regulations while practicing under the limited license.

Summary Assessment

AB 1307 establishes a limited, time-bound pilot that creates a temporary licensure pathway for a maximum of 30 Mexican-trained dentists to practice exclusively in qualifying FQHCs serving shortage areas. The bill incorporates Mexican educational accreditation and clinical certification standards, supplemented by English proficiency requirements and criminal background checks. It imposes specific obligations on employing FQHCs, including continued federal quality protocols plus additional academic peer review, and requires a formal program evaluation funded by philanthropy. The program is designed with multiple layers of oversight while limiting practice to designated safety-net settings and requiring all costs to be covered by non-state funds.

Fiscal Impact

The Board reports an estimated nonabsorbable fiscal impact of \$350,287.

Staff Comments: At its May 14-15, 2025, meeting, the Board voted to take an Oppose Unless Amended position on AB 1307 describing its specific concerns. Board staff met with Assemblymember Ávila Farías' office and the bill sponsor to address the Board's concerns. Based on the July 8, 2025, amendments to the bill that addressed the Board's concerns, the Board sent a letter on July 9, 2025, withdrawing its Oppose Unless Amended position.

On June 3, 2026, AB 1307 was amended in the Senate Committee on Business, Professions and Economic Development (BPED) by the bill author.

On June 8, 2026, Board Executive Officer and Board Staff held an issue spotting meeting to carefully review the bill and finalize technical assistance for Assemblymember Ávila Farías' office. That same day, the Board Executive Officer and Board Staff met with the Board's Legislative and Regulatory Committee consisting of committee chair Robert P. David and committee member Dr. Jaskiran K. Grewal.

On June 9, 2026, the Board sent a "Letter of Concern and Technical Assistance" to the bill author and the Senate BPED Committee outlining several issues with the June 3, 2026, version of the bill. A copy of the letter was also sent to the DCA Division of Legislative Affairs. While emphasizing the Board's policy objective of expanding access to dental care in underserved communities, the letter also emphasized Board operational and consumer protection concerns. The letter sets forth six critical needs essential for consumer protection and eight additional recommendations as suggested improvements to assist the Board in implementing the pilot program.

On June 12, 2026, the Board President, Board Vice President, Executive Officer, Board Staff, Assemblymember Ávila Farías' Chief of Staff, bill Sponsor, and Senate BPED Consultant held a virtual meeting to discuss AB 1307 and the Board's June 9, 2026, Letter of Concern and Technical Assistance.

On June 13, 2026, the Board Executive Officer, Board Staff, and Assemblymember Ávila Farías' Chief of Staff had a follow up meeting to discuss the Board's June 9, 2026, Letter of Concern and Technical Assistance. Since this time, the Board has been in communication with Assemblymember Ávila Farías' office to work through the remainder of issues raised by the Board.

AB 1307 was heard in the Senate BPED Committee on June 15, 2026. The bill passed with partisan and unanimous support and was referred to the Senate Appropriations Committee. The bill is scheduled to be heard in the Senate Apparitions Committee on August 3, 2026, in the Senate Appropriations Committee.

AB 1307 was amended again on July 1, 2026, to address issues raised in the Senate BPED Committee analysis. The Board continues to work with the bill author, sponsor and Senate BPED Committee on further amendments to address Board concerns and technical assistance.

Staff Recommendation: Watch

[SB 758](#) (Umberg) Public health: nitrous oxide

Introduced: February 21, 2025

Last Amended: June 24, 2026

Location: Assembly Appropriations Committee

Status: ACTIVE

Summary: This bill prohibits retailers (particularly those holding tobacco product licenses, with exceptions for grocery/general merchandise stores with grocery departments and convenience stores in some contexts) from selling nitrous oxide at retail locations to curb recreational misuse (“whippets”). It expands existing tobacco licensing laws to treat such sales as a misdemeanor violation, while authorizing local ordinances for stricter rules that do not restrict legitimate uses such as dentistry, food preparation, and automotive services. The bill preserves access for professional/medical applications.

Staff Recommendation: Support

[SB 1314](#) (Menjivar) Cigarette or Tobacco Product Retailers: New Retail Locations and Sale of Nitrous Oxide

Introduced: February 20, 2026

Last Amended: July 1, 2026

Location: Assembly Appropriations Committee

Status: ACTIVE

Summary: This bill would impact retailers of cigarettes or tobacco products (also known as “smoke shops”) by prohibiting new retail locations within a 600-foot radius of schools or daycare centers (effective July 1, 2027, with local jurisdictions able to set greater distances), . It also bans smoke shops from possessing, storing, owning, or selling nitrous oxide or related paraphernalia, with civil penalties and potential license suspension/revocation for violations. Grocery stores would be exempt from the bill’s provisions.

Staff Recommendation: Support

[SB 1445](#) (Committee on Business, Professions and Economic Development, 2026) Healing Arts

Introduced: March 17, 2026

Last Amended: June 17, 2026

Location: Assembly Appropriations Committee

Status: ACTIVE

Summary: This is an omnibus "healing arts" bill authored by the Senate Business, Professions and Economic Development Committee. The bill acts as a legislative "cleanup" vehicle, bundling technical, non-controversial changes for multiple professional boards into one package to simplify the legislative process.

SB 1445 also contains helpful cleanup items for the Board. The following is a summary of the sections transitioned from the Board sponsored bill (AB 1760) into the Committee Bill (SB 1445):

- **BPC 1621:** Removes reference to the portfolio examination repealed by SB 1453.
- **BPC 1632.6:** Repeals outdated references to the "portfolio examination" pathway for dentists, which is no longer in use.
- **BPC 1724:** Removes the application fee for the portfolio examination repealed by SB 1453.
- **BPC 1750.1:** Corrects dental assistant duties inadvertently changed by SB 1453.

Board Position: Support

June 9, 2026

The Honorable Ávila Farías
California State Assembly
1021 O Street, Suite 6140
Sacramento, CA 95814

RE: Assembly Bill (AB) 1307 (Ávila Farías, 2026) – Letter of Concern and Technical Assistance

Dear Assemblymember Ávila Farías:

As you know, the Dental Board of California (Board) has closely followed the developments of your AB 1307. In May 2025, the Board adopted an "Oppose Unless Amended" position due to concerns regarding administrative burden, consumer protection, and potential costs to the State Dentistry Fund. Board staff worked with you and your bill sponsor on amendments to address those issues. Based on those July 8, 2025, amendments to the bill that addressed the Board's concerns, on July 9, 2025, the Board withdrew its opposition. The bill was subsequently referred to the Senate Business, Professions and Economic Development Committee and did not advance further in 2025, becoming a two-year bill.

The Board has now reviewed the version of AB 1307 recently amended in the Senate on June 3, 2026. While the Board supports the goal of expanding access to dental care in underserved communities, we have operational concerns on how the current language will impact on the Board's ability to protect the public and successfully implement the program. We offer the following comments and technical assistance for your consideration.

Critical Needs

The following items are essential for consumer protection and for the Board to carry out its statutory responsibilities:

1. Fingerprinting and Ongoing Background Checks

Fingerprinting and ongoing criminal background monitoring requirements have been removed from the bill. As a result, the Board would not receive subsequent arrest or conviction notifications during the three-year license period. This significantly reduces the Board's ability to protect the public.

2. SSN/ITIN Requirements and Enforcement (Subdivision (d))

The current language allowing licensure without a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) conflicts with Business and Professions Code section 30(c). The bill provides only passive enforcement

language ("may terminate") with no clear timeline or process. The Board needs clear statutory authority and defined timeframes to enforce this requirement.

3. Enforcement Authority and Due Process (Subdivision (j) and Article 4)

The current enforcement language ("may terminate") is vague and lacks clear standards or timelines, raising due process concerns and potentially limiting the Board's ability to act swiftly when public safety issues arise. The Board requests clear statutory authority to impose intermediate sanctions (such as probation or practice restrictions) in addition to termination, and confirmation that the Board retains full disciplinary authority under Article 4 throughout the three-year period.

4. Commencement of the Three-Year License Period (Subdivision (g))

The bill ties the start of the three-year term to the first day of practice. The Board has no reliable mechanism to determine when a participant begins practicing. The term should commence upon Board notification that the participant may begin practice.

5. Regulatory Authority

The bill does not expressly grant the Board authority to adopt regulations necessary to implement the program. Without clear regulatory authority, the Board may be unable to address implementation details in a legally defensible manner. The Board requests explicit statutory language granting regulatory authority. AB 1307 creates an entirely new licensing program with unique features (3-year non-renewable license, external program administrators, specific document verification rules, peer review requirements, evaluation requirements, etc.). While the Dental Board has general regulatory authority, there is no explicit language in the current bill granting the Board authority to adopt regulations. This lack of clarity creates legal risk and uncertainty, especially concerning:

- How the Board verifies documents and authenticity.
- How it enforces SSN/ITIN requirements.
- How it coordinates with external parties (program administrators, FQHCs, dental schools).
- What standards apply to various parts of the program.

6. Secure Funding Before Implementation (Subdivision (o))

The bill states that costs shall be fully paid by philanthropic foundations. However, it does not clearly require that adequate funding be secured and committed before the Board begins incurring costs or implementing the program. The Board should not be required to use State Dentistry Fund resources to cover any costs of this program. We request that the bill be amended to require written confirmation of secured philanthropic funding sufficient to cover all Board costs before any implementation begins, and that no costs be incurred by the Board until such funding is in place.

Additional Recommendations

While not critical to the Board's core consumer protection responsibilities, the following suggested improvements would strengthen implementation and operational clarity:

1. Implementation Readiness

The bill does not include an implementation date. The Board requests a delayed effective date to allow time to create a new license type in the BreEZe system, develop examination interfaces, and build necessary infrastructure.

2. Application and Documentation Requirements (Subdivision (e))

The bill requires an applicant to submit copies of documents (Subdivision (e)(1)) but then states that a submitted document "shall be a primary source document" (Subdivision (e)(2)) which is a contradiction. It is unclear how the Board is expected to verify the authenticity of copies or ensure the accuracy of public records. Additionally, the bill does not clearly require submission of basic identifying information at the time of application, including an Address of Record. The Board requests that the bill be clarified to:

- Require submission of primary source documents directly from the issuing institution (or establish clear standards and processes for verifying copies);
- Require applicants to provide basic identifying information at the time of application, including an Address of Record for public posting and Board communication purposes.

3. Dental Law and Ethics Examination – Application and Processing Requirements

Although the bill now requires participants to pass the California Law and Ethics Examination, it fails to specify how applicants must apply for the examination or how applications will be processed. Under existing law, applicants for a dentist's license are required to apply separately for the Dental Law and Ethics Examination pursuant to BPC section 1632(b). The bill does not clarify whether this separate application process applies, how it will be administered for participants in the program, or how it integrates with the Board's current regulatory requirements. This lack of specificity creates uncertainty regarding compliance with established licensure procedures.

4. Continuing Education and Infection Control (Subdivisions (h))

The bill creates confusion regarding annual versus biennial continuing education requirements and includes duplicative infection control coursework. It is also unclear how the Board will verify compliance on a non-renewing three-year license. Additionally, the bill refers to an "infection control program" in one provision while requiring completion of "infection control courses" in another. This inconsistency should be corrected by changing references to "infection control

program" to "infection control course" in Subdivision (f)(1)(A) for consistency with the language in Subdivision (h)(3).

5. Orientation Program (Subdivision (c)(5))

The requirement references a repealed statute (former BPC section 853). It is unclear who will develop or deliver the orientation and why Board approval is required for a previously established program.

6. Program Administration and Points of Contact (Subdivision (k))

Subdivision (k) designates representatives from California and the National Autonomous University of Mexico as points of contact but does not clearly identify responsible individuals, roles, or departments. To administer the program effectively, the Board would need more specificity to know whom to engage and hold accountable.

7. Peer Review (Subdivision (m))

The employing Federally Qualified Health Center (FQHC) is required to arrange 10 secondary peer reviews per participant every six months. The bill does not clearly establish who is responsible for coordination, what standards apply, or what authority the Board has if peer reviews raise quality or safety concerns.

8. Program Evaluation (Subdivision (n))

The evaluation requirement lacks a clear mechanism for Board or legislative oversight. The Board requests that evaluation results be formally submitted to the Board and the Legislature, along with authority for the Board to make recommendations regarding continuation or modification of the program based on those results.

The Board remains committed to working with you to increase access to care while ensuring strong consumer protection. We respectfully request the opportunity to discuss these concerns and provide further technical assistance. We look forward to working with you on solutions to these issues and collaborating with your office.

If you have questions or concerns, please feel free to contact Board Executive Officer Bryce W.A. Docherty at (916) 263-2300 or email Bryce.Docherty@dca.ca.gov.

Sincerely,


Lilia Larin, DDS
President
Dental Board of California

cc: The Honorable Ávila Farías
Members of the Senate Business, Professions and Economic Development Committee
Yeaphana La Marr, Consultant, Senate Business, Professions and Economic Development Committee
Kayla Williams, Consultant, Senate Republican Caucus
Bryce W.A. Docherty, Executive Officer, Dental Board of California
Jennifer Simoes, Deputy Director, Division of Legislative Affairs, California Department of Consumer Affairs

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 17, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 25.: 2027 Meeting Dates

Background

The Board needs to establish the 2027 meeting schedule to provide adequate time to negotiate contracts for meeting space locations. A calendar for 2027 is attached for your reference. The calendar includes dates for holidays and association meetings.

Pursuant to Business and Professions Code, Section 101.7, the Board shall meet at least two times each calendar year. Boards shall meet at least once each calendar year in northern California and once each calendar year in southern California in order to facilitate participation by the public and its licensees. Historically, the Board meets quarterly.

Proposed Board Meeting Dates for 2027 Locations are yet to be determined	
March 11-12, 2027 (Sacramento)	June 10-11, 2027 (Sacramento)
August 12-13, 2027 (Sacramento)	October 6-7, 2027 (San Diego/Chula Vista)

Action Requested

The Board is asked to consider any potential conflicts with the proposed meeting dates.

January 2027

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
	CSA 2027 Winter Anesthesia Conference	CSA 2027 Winter Anesthesia Conference	CSA 2027 Winter Anesthesia Conference	CSA 2027 Winter Anesthesia Conference	CSA 2027 Winter Anesthesia Conference	
24	25	26	27	28	29	30
31	1	2	3	4	5	6

February 2027

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	1	2	3	4	5	6

March 2027

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

April 2027

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	31	1	2	3
4	5	6	7	8 CSA 2027 Annual Anesthesia Conference & Board Meeting	9 CSA 2027 Annual Anesthesia Conference & Board Meeting	10 CSA 2027 Annual Anesthesia Conference & Board Meeting
11 CSA 2027 Annual Anesthesia Conference & Board Meeting	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

May 2027

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

June 2027

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3

July 2027

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12 CSA 2027 Summer Anesthesia Conference	13 CSA 2027 Summer Anesthesia Conference	14 CSA 2027 Summer Anesthesia Conference	15 CSA 2027 Summer Anesthesia Conference	16 CSA 2027 Summer Anesthesia Conference	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 2027

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

September 2027

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

October 2027

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

November 2027

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1 CSA 2027 Fall Anesthesia Conference	2 CSA 2027 Fall Anesthesia Conference	3 CSA 2027 Fall Anesthesia Conference	4 CSA 2027 Fall Anesthesia Conference	5 CSA 2027 Fall Anesthesia Conference	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4

December 2027

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	July 17, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 26.: Future Agenda Items and Next Meeting Dates

Background

Bryce W.A. Docherty, MPA, Executive Officer of the Dental Board of California, will provide a verbal report of items for consideration for a future board meeting and upcoming meeting dates.

Action Requested

No action requested.