

LEGISLATIVE SUMMARY FOR 2025 LEGISLATIVE SESSION



**DEPARTMENT OF CONSUMER AFFAIRS
DENTAL BOARD OF CALIFORNIA**

Legislative Summary for 2025

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LEGISLATIVE SUMMARY FOR 2025

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INTRODUCTION

Throughout the first year of the 2025-2026 Legislative Session, the Dental Board of California (Board) tracked multiple bills that would directly impact, or were of potential interest, to the Board and its stakeholders. This Legislative Summary for 2025 reflects the bills the Board took positions on and/or tracked. This Legislative Summary does not include spot bills and bills that were introduced with a topic of interest to the Board that were later gutted and amended for a different topic. Although the Board's position on a bill may have changed over time, the information in this summary reflects the final position taken by the Board.

Descriptions of Board Positions on Bills

The Board may take any of the following positions and associated actions on a bill:

Oppose: A formal position letter is issued opposing the bill; the Board's opposition would be reflected in legislative committee analyses.

Oppose if Amended: A formal position letter is issued advising that if the bill is amended, the Board would oppose the bill. This may be a position taken if a stakeholder of a bill has requested amendments that the Board is opposed to. The Board's position would not be reflected in the legislative committee analyses, but the author and legislative committees would be advised of the Board's position.

Oppose Unless Amended: A formal position letter is issued advising the Board opposes the bill unless it is amended. The Board's opposition would be reflected in legislative committee analyses. If the bill is amended to resolve the Board's concern, the Board would no longer oppose the bill.

Support: A formal position letter is issued in support of the bill. The Board's support would be reflected in the legislative committee analyses.

Support if Amended: A formal position letter is issued indicating the Board would support the bill if it was amended. The Board's position would not be reflected in the legislative committee analyses, but the author and legislative committees would be advised of the Board's position. If the bill is amended to resolve the Board's concerns, the Board would issue a support position.

Watch: The Board would watch the bill but take no formal position.

Clarification of Enrolled Bills

In the California State Legislature, when a bill is "enrolled," it means the final version of the bill has passed both houses, been proofread for accuracy, and is officially printed and certified by legislative officials for delivery to the Governor's Office for final action. This process ensures the language reflects the final legislative agreement and precedes

the bill becoming a statute if the Governor signs it or allows it to become law without a signature.

Clarification of Two-Year Bills:

In the California State Legislature, bills that pass out of their house of origin move to the next house (e.g., from the Assembly to the Senate, or vice versa) for consideration. In 2025, the California legislative house of origin deadline was June 6, 2025, but no bills are automatically dead because this is the first year of a two-year legislative session. Bills not passed by the house of origin deadline or were held in the second house became "two-year bills" and have a second chance to advance in 2026, with the deadline to pass out of their house of origin by the end of January 2026, and the deadline to pass out of the second house by July 2026 for non-fiscal bills, and August 2026 for fiscal bills. The 2025-2026 legislative session ends on August 31, 2026.

Frequently Used Abbreviations:

AB – Assembly Bill
ACR – Assembly Concurrent Resolution
BPC – Business and Professions Code
DCA – Department of Consumer Affairs
DHBC – Dental Hygiene Board of California
MBC – Medical Board of California
SB – Senate Bill
SCR – Senate Concurrent Resolution

**NUMERIC INDEX OF BILLS TRACKED BY THE
DENTAL BOARD OF CALIFORNIA IN 2025**

BILL	AUTHOR	BOARD POSITION	STATUS	CHAPTER NUMBER	YEAR
AB 116	Assembly Committee on Budget	None	Chaptered	21	2025
AB 280	Aguiar-Curry	Watch	Two-year bill	-	2025
AB 341	Arambula	Watch	Chaptered	612	2025
AB 350	Bonta	Support	Two-year bill	-	2025
AB 371	Haney	Watch	Two-year bill	-	2025
AB 479	Tangipa	None	Two-year bill	-	2025
AB 485	Ortega	Oppose Unless Amended	Two-year bill	-	2025
AB 489	Bonta	Support	Chaptered	615	2025
AB 667	Solache	Watch	Two-year bill	-	2025
AB 742	Elhawary	Oppose Unless Amended	Vetoed.	-	2025
AB 787	Papan	None	Two-year bill	-	2025
AB 837	Davies	None	Two-year bill	-	2025
AB 872	Blanca Rubio	None	Two-year bill	-	2025
AB 873	Alanis	Support if Amended	Two-year bill	-	2025
AB 876	Flora	Watch	Chaptered	169	2025
AB 966	Carrillo	Oppose Unless Amended	Two-year bill	-	2025
AB 1107	Flora	Watch	Two-year bill	-	2025
AB 1130	Berman	Watch	Two-year bill	-	2025
AB 1215	Flora	Watch	Two-year bill	-	2025
AB 1298	Harabedian	None	Two-year bill	-	2025
AB 1307	Ávila Farías	Oppose Unless Amended but opposition withdrawn	Two-year bill	-	2025
AB 1431	Tangipa	Watch	Two-year bill	-	2025
AB 1434	Rodriguez	Watch	Two-year bill	-	2025
AB 1461	Essayli	None	Two-year bill	-	2025
SB 338	Becker	Watch	Chaptered	311	2025

SB 351	Cabaldon	Watch	Chaptered	409	2025
SB 386	Limón	Watch	Chaptered	219	2025
SB 470	Laird	Support	Chaptered	222	2025
SB 497	Wiener	Watch	Chaptered	764	2025
SB 641	Ashby	Watch	Vetoed	-	2025
SB 682	Allen	None	Vetoed	-	2025
SB 730	Hurtado	None	Two-year bill	-	2025
SB 744	Cabaldon	Watch	Chaptered	425	2025
SB 806	Dahle	None	Two-year bill	-	2025
SB 861	Senate Business Professions and Economic Development Committee	Oppose Unless Amended but opposition withdrawn	Chaptered	592	2025

SUMMARIES OF BILLS IN NUMERIC ORDER

AB 116 HEALTH OMNIBUS TRAILER BILL (Committee on Business, Professions and Economic Development, Chapter 21, Statutes of 2025)

Trailer bills are companion legislation to the state budget, providing the specific statutory language needed to implement the budget's policy decisions. The health omnibus trailer implements and adds policy detail to the state's annual budget, specifically related to health and human services. These bills often include provisions affecting Medi-Cal, health information exchange, and various aspects of the state's healthcare system. In the California Legislature, trailer bills relating to the budget can take effect immediately upon the Governor's signature because they are passed by a simple majority vote and are typically listed as part of the Budget Act. Trailer bills implement the policy changes needed to enact the budget, and their immediate effect is enabled by Proposition 25 of 2010, which allows for such expedited passage and implementation. Accordingly, AB 116 was approved by the Governor and filed with the Secretary of State on June 30, 2025.

This bill excludes an individual who is 19 years of age or older and does not have satisfactory immigration status from dental benefits under Medi-Cal, as specified and would, beginning no sooner than July 1, 2027, require individuals who are not pregnant and who are 19 to 59 years of age, inclusive, to pay a monthly premium of \$30, subject to certain exceptions. The bill would make an individual who is 19 years of age or older and does not have satisfactory immigration status and who applies for Medi-Cal on or after January 1, 2026, eligible only for pregnancy-related services and emergency medical treatment. The bill would delay the implementation of certain provisions until the director makes specified communications to the Department of Finance.

This bill also imposes utilization management for outpatient hospice and COVID-19 services in the Medi-Cal program. Utilization management refers to a set of techniques and strategies used to ensure that healthcare services provided to beneficiaries are medically necessary, appropriate, and cost-effective. It involves reviewing the use of services, procedures, and facilities to optimize healthcare delivery and manage costs. The bill also reinstates the Medi-Cal asset limit at \$130,000 for individuals, and \$65,000 for each additional household member, when determining eligibility for Medi-Cal coverage. The bill imposes prior authorization requirements on Medi-Cal coverage of drugs that have been removed from the contracted drug list and require a 60-day notice to beneficiaries and stakeholders that a drug is no longer on the contracted drug list, rather than a public hearing.

AB 280 **HEALTH CARE COVERAGE: PROVIDER DIRECTORIES** (Aguiar-Curry, 2025)

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.

[AB 341](#) **ORAL HEALTH FOR PEOPLE WITH DISABILITIES TECHNICAL ASSISTANCE** (Arambula, Chapter 612, Statutes of 2025)

This bill requires the State Department of Developmental Services (DDS) to contract with a public California dental school or college to administer the Oral Health for People with Disabilities Technical Assistance Center Program to improve dental care services for people with developmental and intellectual disabilities by reducing or eliminating the need for dental treatment using sedation and general anesthesia.

[AB 350](#) **HEALTH CARE COVERAGE: FLOURIDE TREATMENTS** (Bonta, 2025)

This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, 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 establish and promulgate a policy governing billing and reimbursement for the application of fluoride varnish, as specified.

[AB 371](#) **DENTAL COVERAGE** (Haney, 2025)

If a health care service plan or health insurer pays a contracting dental provider directly for covered services, this bill would require the plan or insurer to pay a noncontracting dental provider directly for covered services if the noncontracting provider submits to the plan or insurer a written assignment of benefits form signed by the enrollee or insured. The bill would require the plan or insurer to provide a predetermination or prior authorization to the dental provider and to reimburse the provider for not less than that amount, except as specified. The bill would require the plan or insurer to notify the enrollee or insured that the provider was paid and that the out-of-network cost may count towards their annual or lifetime maximum. The bill would require a noncontracting dental provider to make specified disclosures to an enrollee or insured before accepting an assignment of benefits.

This bill would require specified plans and insurers that cover dental services to offer urgent dental appointments within 48 hours of a request, nonurgent dental appointments within 18 business days of a request, and preventive dental care appointments within 20 business days of a request, as specified. The bill would require dentists to be available within 15 miles or 30 minutes from an enrollee's or insured's residence or workplace. The bill would require plans and insurers to report comprehensive information regarding the networks that each dental provider serves, including the plan's or insurer's self-insured network. The bill would require the Department of Managed Health Care or the Department of

Insurance to review the adequacy of an entire dental provider network, including the portions of the network serving plans and insurers not regulated by the respective department.

[AB 479](#) **CRIMINAL PROCEDURE: VACATUR RELIEF** (Tangipa, 2025)

Existing law allows a person who was arrested or convicted of a nonviolent offense while they were a victim of intimate partner violence, or sexual violence, to petition the court, under penalty of perjury, for vacatur relief. Existing law requires, to receive that relief, that the petitioner establish, by clear and convincing evidence, that the arrest or conviction was the direct result of being a victim of intimate partner violence or sexual violence that demonstrates the petitioner lacked the requisite intent. Existing law authorizes the court to vacate the conviction if it makes specified findings.

This bill would require the court, before it may vacate the conviction, to make findings regarding the impact on the public health, safety, and welfare, if the petitioner holds a license, as defined, and the offense is substantially related to the qualifications, functions, or duties of a licensee. The bill would require a petitioner who holds a license to serve the petition and supporting documentation on the applicable licensing entity and would give the licensing entity 45 days to respond to the petition for relief.

[AB 485](#) **LABOR COMMISSIONER: UNSATISFIED JUDGMENTS: NONPAYMENT OF WAGES** (Ortega, 2025)

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 require 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 require 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.

[AB 489](#) **HEALTH CARE PROFESSIONS: DECEPTIVE TERMS OR LETTERS: ARTIFICIAL INTELLIGENCE** (Bonta, Chapter 615, Statutes of 2025)

This bill makes provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence (AI) or generative artificial intelligence

(GenAI) technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill prohibits the use by AI or GenAI technology of certain terms, letters, or phrases that indicate or imply that the advice or care advice, care, reports, or assessments being provided through AI or GenAI is being provided by a natural person with the appropriate health care license or certificate. This bill would make a violation of these provisions subject to the jurisdiction of the appropriate health care profession board, and would make each use of a prohibited term, letter, or phrase punishable as a separate violation.

[AB 667](#) **PROFESSIONS AND VOCATIONS: LICENSE EXAMINATIONS: INTERPRETERS** (Solache, 2025)

This bill, beginning July 1, 2026, would require certain boards under the jurisdiction of the Department of Consumer Affairs 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.

[AB 742](#) **DEPARTMENT OF CONSUMER AFFAIRS: LICENSING: APPLICANTS WHO ARE DESCENDANTS OF SLAVES** (Elhawary, 2025)

This bill, once a process to certify descendants of American slaves is established by the Bureau for Descendants of American Slavery pursuant to SB 518 (Weber Pierson, 2025), would require state licensing boards to prioritize applicants seeking licensure who are descendants of American slaves. The bill would make those provisions operative when the certification process is established by the Bureau for Descendants of American Slavery and would repeal those provisions four years from the date on which the provisions become operative or on January 1, 2032, whichever is earlier.

[AB 787](#) **PROVIDER DIRECTORY DISCLOSURES** (Papan, 2025)

Insurers and plans create directories so members can find providers, such as dentists, who participate in their network. This bill would require 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 be 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.

[AB 837](#) **KETAMINE** (Davies, 2025)

Existing law, the California Uniform Controlled Substances Act, categorizes controlled substances into five designated schedules, places the greatest restrictions on those substances contained in Schedule I, and generally places the least restrictive limitations on controlled substances classified in Schedule V. Existing law categorizes ketamine as a Schedule III controlled substance. Existing law, with a specified exception, makes it a crime to possess for sale or sell ketamine. Existing law makes a violation of that provision punishable by imprisonment in the county jail for a period of not more than one year or in the state prison.

This bill would instead make a violation of that provision punishable by imprisonment in the county jail for a period of not more than one year or for 3, 4, or 5 years. The bill would also make it a crime to transport, import, furnish, administer, or give away, offer to transport, import, furnish, administer, or give away, or attempt to import or transport ketamine into this state, except as specified. The bill would make a violation of these prohibitions punishable by imprisonment in the county jail for 3, 4, or 5 years.

[AB 872](#) **ENVIRONMENTAL HEALTH: PRODUCT SAFETY: PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES** (Blanca Rubio, 2025)

This bill seeks to address perfluoroalkyl substances (PFAS). This bill, beginning January 1, 2028, would prohibit a person from distributing, selling, or offering for sale a covered product, as defined, that contains intentionally added PFAS, as defined, unless the Department of Toxic Substances Control has issued a regulatory response for the covered product pursuant to the Green Chemistry program or the prohibition is preempted by federal law. The bill would authorize a manufacturer of a covered product to petition that department to evaluate a covered product and would require that department to evaluate and provide a regulatory response for a covered product under the Green Chemistry program, as specified. The bill would authorize that department to identify and categorize commercially active PFAS present in products distributed in California, as specified.

AB 873 **DENTISTRY: DENTAL ASSISTANTS** (Alanis, 2025)

The bill would amend 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 require the infection control course to be completed on or before 60 days from the date of first employment at the dental office, and require 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 specify 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 also would make technical corrections to BPC section 1750.1 (dental assistant duties) citations and 1753.52 (ITR/RDM course). The bill would amend 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 amend 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.

AB 876 **NURSE ANESTHETISTS: SCOPE OF PRACTICE** (Flora, Chapter 169, Statutes of 2025)

Existing law provides that the utilization of a nurse anesthetist to provide anesthesia services in an acute care facility shall be approved by the acute care facility administration and the appropriate committee, and at the discretion of the physician, dentist or podiatrist. If a general anesthetic agent is administered in a dental office, the dentist shall hold a general anesthesia permit issued by the Board.

This bill expressly provides that a nurse anesthetist is authorized to perform anesthesia services. The bill defines “anesthesia services” for purposes of the act to mean, among other things, preoperative, intraoperative, and postoperative care and pain management provided by a nurse anesthetist for patients receiving anesthesia pursuant to an order by a physician, dentist, or podiatrist for anesthesia services. Under the bill, an order by a physician, dentist, or podiatrist for anesthesia services for a specific patient would be deemed the authorization for the nurse anesthetist to select and implement the modality of anesthesia for the patient and to abort or modify the modality of anesthesia during the course of care. The bill provides that the selection and administration of medication by a nurse anesthetist for preoperative, intraoperative, and postoperative care and for pain management purposes pursuant to an order by a physician, dentist, or podiatrist shall not constitute a prescription as that term is defined in a specified provision of federal law.

This bill states that the provisions of the Nurse Anesthetists Act are declaratory of existing law and of an advisor opinion, including specified case law as set forth in *California Society of Anesthesiologists v. Brown* (2012) 204 Cal.App.4th 390.

[AB 966](#) **DENTAL PRACTICE ACT: FOREIGN DENTAL SCHOOLS** (Carillo, 2025)

Beginning January 1, 2024, existing law requires foreign dental schools seeking approval by the Board to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association. Existing law maintained the approval of any foreign dental schools whose program was renewed by the board prior to January 1, 2020, through any date between January 1, 2024, and June 30, 2026, through that renewal date.

This bill would instead maintain the approval of any foreign dental school whose program was approved by the Board prior to January 1, 2024, until the school is denied accreditation by the Commission on Dental Accreditation of the American Dental Association (CODA) and the school does not appeal, the school has been issued a denial by CODA following the completion of the appeals process, or the school withdraws its application for CODA accreditation. The bill would require license applicants who graduated from a foreign dental school with extended Board approval to agree to practice dentistry in specified practice settings. The bill would require the Board, as part of the Board's first Sunset review report following January 1, 2032, to report specified information regarding workforce data of licensees and graduates of foreign dental schools with extended approval, as specified.

[AB 1107](#) **CIGARETTE AND TABACCO PRODUCTS LICENSING ACT OF 2003: NITROUS OXIDE: LICENSURE** (Flora, 2025)

Existing law prohibits a person from dispensing or distributing nitrous oxide to a person if the distributor knows or should know that the person is going to use the nitrous oxide for certain unlawful purposes and that person proximately causes great bodily injury or death to that person or another person. Existing law also requires a person who dispenses or distributes nitrous oxide to record each transaction involving the dispensing or distribution of nitrous oxide in a written or electronic document, as specified. Existing law makes a violation of either of these provisions a misdemeanor.

This bill would require a court to order the suspension, for up to one year, of the business license of a person who knowingly violates either of those provisions after having been previously convicted of a violation of the respective provision, except as specified. This bill would specify violations subjecting licenses to suspension or revocation include, among others, the crimes above, as specified. The bill would exempt from the license issuance requirement the issuance of a license to a retailer who has been convicted of specified crimes relating to the distribution of nitrous oxide, including the misdemeanors described above.

[AB 1130](#) **DENTISTRY: OUTREACH AND SUPPORT PROGRAM** (Berman, 2025)

This bill would require the board to develop, implement, and maintain an outreach and support program to recruit students from underserved communities in the state to pursue education and licensure in the field of dentistry. The bill would establish duties the board would be required to carry out in that regard, including conducting at least two outreach activities per year focused on students from underserved communities. The bill would require the board to provide a summary of actions taken pursuant to the bill's provisions as part of its report to the Legislature through the sunset review process.

[AB 1215](#) **HOSPITALS: MEDICAL STAFF MEMBERSHIP** (Flora, 2025)

Existing law, enforced by the Medical Board of California, makes it unprofessional conduct in the regular practice of medicine in a specified licensed general or specialized hospital having five or more physicians and surgeons on the medical staff without required provisions governing the operation of the hospital, including, among other things, a provision that membership on the medical staff shall be restricted to physicians and surgeons and other licensed practitioners competent in their respective fields and worthy of professional ethics. Existing law also makes it unprofessional conduct in the regular practice of medicine in a licensed general or specialized hospital having less than five surgeons on the medical staff without required provisions governing the operation of the hospital, including, among other things, a provision that membership on the medical staff shall be restricted to physicians and surgeons

and other licensed practitioners competent in their respective fields and worthy of professional ethics.

This bill would clarify the membership restriction provisions of other licensees to specifically list dentists, podiatrists, clinical psychologists, nurse anesthetists, and nurse midwives.

[AB 1298](#) **THE DEPARTMENT OF CONSUMER AFFAIRS** (Harabedian, 2025)

The bill would amend Section 100 of the Business and Professions Code, relating to professions and vocations. This bill would make nonsubstantive changes to those provisions.

[AB 1307](#) **LICENSED DENTISTS FROM MEXICO PILOT PROGRAM** (Ávila Farías, 2025)

This bill would repeal and replace the existing Licensed Dentists from Mexico Pilot Program and instead requires the Board to issue a three-year nonrenewable permit to practice dentistry to an applicant who meets specified criteria and require participants in the program to comply with specified requirements. The bill would authorize participants to be employed only by federally qualified health centers that meet specified conditions and would impose requirements on those centers. The bill would require an evaluation of the program to be commenced beginning one year after the program has commenced, as specified, and would prescribe the information to be included in that evaluation. The bill would require the costs for the program to be fully paid for by funds provided by philanthropic foundations.

[AB 1431](#) **PERSONAL INCOME TAXES: CREDIT: MEDICAL SERVICES: RURAL AREAS** (Tangipa, 2025)

The Personal Income Tax Law allows various credits against the taxes imposed by that law. This bill, for taxable years beginning on or after January 1, 2025, and before January 1, 2032, would allow a credit against the taxes imposed by that law to a qualified taxpayer in an amount equal to the qualified income earned by the qualified taxpayer for medical services performed in a rural area in the state, not to exceed \$5,000 per taxable year, as specified.

[AB 1434](#) **HEALTH CARE BOARDS: WORKFORCE DATA COLLECTION** (Rodriguez, 2025)

Existing law requires specified boards, including the Board of Registered Nursing and the Respiratory Care Board of California, to collect certain workforce data from their respective licensees and registrants for future workforce planning at least biennially. This bill would make nonsubstantive changes to those provisions.

[AB 1461](#) **DEPARTMENT OF CONSUMER AFFAIRS: REGULATORY BOARDS** (Essayli, 2025)

Existing law provides for the licensure and regulation of various professions and vocations by boards and other entities within the Department of Consumer Affairs. Existing law establishes procedures for removing from office a member of a board or other licensing entity in the department based on certain conduct by that member. This bill would make nonsubstantive changes to those provisions.

[SB 338](#) **VIRTUAL HEALTH HUB FOR RURAL COMMUNITIES PILOT PROGRAM** (Becker, Chapter 311, Statutes of 2025)

Existing law establishes various programs to address the needs of migrant agricultural families. Existing law also provides funding to enhance and maintain rural health services.

This bill established the Virtual Health Hub for Rural Communities Pilot Program and requires the State Department of Public Health to administer the program to expand access to health services for farmworkers in rural communities. The bill requires the department to distribute grants to partnerships of two separate community-based organizations, except as specified, to establish and deploy virtual health hubs, as defined, and to administer the program and to provide technical assistance to the grant recipients for any licensing or reporting requirements necessary to fulfill the program obligations. The bill outlines criteria for the grants and require the department to give priority to community-based organizations that meet specified criteria, including, but not limited to, a history of serving medically underserved communities. The bill requires the grant recipients, among other things, to deploy virtual health hubs, as defined, in two rural communities based on farmworker population and access to health care and to submit specified information on the program to the department. Under the bill, the virtual health hubs must include, at a minimum, computers, Wi-Fi, cubicles for virtual visits, and exam rooms for telemedicine. The bill creates the Virtual Health Hub Fund and conditions implementation of these provisions on no General Fund moneys being used, there being a minimum of \$2,000,000 in the fund, and the department posting a notice on its internet website. The bill also requires the department, two years after the notice is posted on the internet website, to submit a report to the Legislature, and post to its internet website, specified information provided by the grant recipients, including age ranges and type of health services accessed by the people served.

[SB 351](#) **HEALTH FACILITIES** (Cabaldon, Chapter 409, Statutes of 2025)

This bill prohibits hedge funds and private equity groups, as defined, involved in any manner with a physician or dental practice doing business in this state from making health care decisions or exercising power over specified actions, including making decisions regarding coding and billing procedures for patient

care services. This bill also renders void and unenforceable specified types of contracts between a physician or dental practice and a private equity group or hedge fund that include any clause barring any provider in that practice from competing with that practice in the event of a termination or resignation, or from disparaging, opining, or commenting on that practice in any manner as to issues involving quality of care, utilization of care, ethical or professional challenges in the practice of medicine or dentistry, or revenue-increasing strategies employed by the private equity group or hedge fund.

[SB 386](#) **DENTAL PROVIDERS: FEE-BASED PAYMENTS** (Limón, Chapter 219, Statutes of 2025)

This bill requires a health care service plan contract or health insurance policy, issued, amended, or renewed on and after April 1, 2026, that provides payment directly or through a contracted vendor to a dental provider to have a non-fee-based default method of payment. The bill, beginning April 1, 2026, requires a health care service plan, health insurer, or contracted vendor to obtain affirmative consent from a dental provider who opts in to a fee-based payment method before the plan or vendor provides a fee-based payment method to the provider and authorizes the dental provider to opt out of the fee-based payment method at any time by providing affirmative consent to the health care service plan, health insurer, or contracted vendor.

The bill requires a health care service plan, health insurer, or contracted vendor that obtains affirmative consent to opt in or opt out of fee-based payment to apply the decision to include both the dental provider's entire practice and all products or services covered pursuant to a contract with the dental provider. The bill specifies that its provisions do not apply if a health care service plan or health insurer has a direct contract with a provider that allows the provider to choose payment methods for services rendered.

[SB 470](#) **BAGLEY-KEENE OPEN MEETING ACT: TELECONFERENCING** (Laird, Chapter 222, Statutes of 2025)

The Bagley-Keene Open Meeting Act authorizes meetings through teleconference subject to specified requirements; those provisions will be repealed on January 1, 2026. This bill instead repeals those provisions on January 1, 2030.

[SB 497](#) **LEGALLY PROTECTED HEALTH CARE ACTIVITY** (Weiner, Chapter 764, Statutes of 2025)

This bill prohibits a provider of health care, a health care service plan, or a contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care or gender-affirming mental health care in response to a criminal or civil action, including a foreign subpoena, based on

another state's law that interferes with an individual's right to seek or obtain gender-affirming health care or gender-affirming mental health care. The bill prohibits a provider of health care, health care service plan, contractor, or employer from cooperating with or providing medical information to an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual and that is related to an individual seeking or obtaining gender-affirming health care, as specified. The bill prohibits these entities from releasing medical information related to sensitive services, as defined, in response to a foreign subpoena that is based on a violation of another state's laws authorizing a criminal action against a person or entity for provision or receipt of legally protected health care activity, as defined. The bill generally prohibits the issuance of a subpoena based on a violation of another state's law that interferes with a person's right to seek or obtain gender-affirming health care or gender-affirming mental health care, as specified.

This bill prohibits a state or local agency or employee, appointee, officer, contractor, or official or any other person acting on behalf of a public agency from providing any Controlled Substances Utilization Review and Evaluation System (CURES) data or expend any resources in furtherance of any interstate investigation or proceeding seeking to impose civil, criminal, or disciplinary liability upon the provision or receipt of legally protected health care activity, as defined. The bill prohibits out-of-state law enforcement from having access to CURES data through the interstate data sharing hub and prohibits the department from sharing data with an out-of-state law enforcement agency without a warrant, subpoena, or court order, and would prohibit an out-of-state user from providing any data in furtherance of an investigation or proceeding to impose liability for the provision or receipt of legally protected health care activity.

[SB 641](#) **DEPARTMENT OF CONSUMER AFFAIRS AND DEPARTMENT OF REAL ESTATE: STATES OF EMERGENCY WAIVERS AND EXEMPTIONS** (Ashby, 2025)

This bill would authorize boards under the jurisdiction of DCA to waive the application of certain provisions of the licensure requirements, as specified, that the board or DCA is charged with enforcing for licensees and applicants impacted by a declared federal, state, or local emergency or whose home or business is in a declared disaster area.

[SB 682](#) **ENVIRONMENTAL HEALTH: PRODUCT SAFETY: PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES** (Allen, 2025)

Existing law requires the Department of Toxic Substances Control, on or before January 1, 2029, to adopt regulations to enforce specified covered perfluoroalkyl substances (PFAS) restrictions, which include prohibitions on the distribution, sale, or offering for sale of certain products that contain specified levels of PFAS.

Existing law requires the Department of Toxic Substances Control, on and after July 1, 2030, to enforce and ensure compliance with those provisions and regulations, as provided.

Existing law requires manufacturers of these products, on or before July 1, 2029, to register with the department, to pay a registration fee to the department, and to provide a statement of compliance certifying compliance with the applicable prohibitions on the use of PFAS to the Department of Toxic Substances Control, as specified. Existing law requires the Department of Toxic Substances Control to issue a notice of violation for a product in violation of the prohibitions on the use of PFAS, as provided.

This bill would, on and after January 1, 2028, prohibit a person from distributing, selling, or offering for sale a cleaning product, cookware, dental floss, juvenile product, food packaging, or ski wax, as provided, that contains intentionally added PFAS, as defined, except for previously used products and as otherwise preempted by federal law. This bill would authorize the department, on or before January 1, 2029, to adopt regulations to carry out these provisions.

This bill would require these prohibitions on products containing intentionally added PFAS to be enforced by the department pursuant to the existing authority described above, including, but not limited to, product testing and administrative penalties. The bill would require a manufacturer of a product regulated by the bill to provide a certificate of compliance to the department upon request instead of on or before July 1, 2029. The bill would exempt a manufacturer of a product regulated by the bill from the registration and registration fees required by the existing enforcement authority described above.

[SB 730](#) **PRODUCT SAFETY: PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES** (Hurtado, 2025)

This bill, among other similar bills, seeks to address perfluoroalkyl substances (PFAS). This bill would, beginning January 1, 2027, prohibit a person from distributing, selling, or offering for sale, dental floss, among other things that contain intentionally added PFAS, as defined. The bill would authorize the Department of Toxic Substances Control to adopt regulations to designate additional consumer product categories to prohibit the distribution, selling, or offering for sale of consumer products containing intentionally added PFAS within those consumer product categories, as specified. The bill would define “product” for purposes of these provisions to not include, among other things, used products offered for sale, federally approved drugs or medical devices, or products containing fluoropolymers, as specified.

[SB 744](#) **ACCREDITING AGENCIES** (Cabaldon, Chapter 425, Statutes of 2025)

Existing law establishes the California Community Colleges, the California State University, the University of California, independent institutions of higher education, and private postsecondary educational institutions as the segments of postsecondary education in the state. Existing law requires certain postsecondary educational institutions to be accredited by an accrediting agency recognized by the United States Department of Education to qualify as an independent institution of higher education to be eligible for certain programs and to receive an approval to operate.

Existing laws applicable to, among other things, the licensure and regulation of various professions and vocations by the Department of Consumer Affairs require applicants for licensure or licensees to satisfy educational requirements by completing programs or degrees from institutions or universities accredited by a regional or national accrediting agency or association recognized by the United States Department of Education, or otherwise impose a requirement that a school or program be accredited by an accrediting agency recognized by the United States Department of Education.

This bill provides that, for purposes of any code or statute, a national or regional accrediting agency recognized by the United States Department of Education as of January 1, 2025, shall retain that recognition until January 20, 2029, provided that the accrediting agency continues to operate in substantially the same manner as it did on January 1, 2025. The bill repeals those provisions on January 1, 2030.

[SB 806](#) **DEPARTMENT OF CONSUMER AFFAIRS** (Dahle, 2025)

Existing law establishes the Department of Consumer Affairs, which is comprised of boards that license and regulate various professions and vocations. Under existing law, each board within the department exists as a separate unit with specified functions. This bill would make a nonsubstantive change to these provisions.

[SB 861](#) **CONSUMER AFFAIRS** (Senate Committee on Business, Professions and Economic Development, Chapter 592, Statutes of 2025)

This bill, the Senate Business, Professions and Economic Development Committee Omnibus Bill, would amend various aspects of regulation and licensing across multiple boards and bureaus. The bill also includes the Board's legislative proposal to conform BPC sections 1602 and 1603, subdivisions (d) and (e), to change the references of the former registered dental hygienist Board member position to the new registered dental assistant position in accordance with recent amendments to BPC section 1601.1.