DHBC
Dental Hygiene
Board of California

Saturday, November 8, 2025
Legislation and Regulatory Committee
Meeting Materials

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
P (916) 263-1978 | F (916) 623-4093 | www.dhbc.ca.gov

Notice is hereby given that a public meeting of the
Dental Hygiene Board of California (DHBC) will be held as follows:

LEGISLATION AND REGULATORY COMMITTEE MEETING AGENDA

The DHBC welcomes and encourages public participation in its meetings.
The public may take appropriate opportunities to comment on any issue before the Committee at the time the item is heard.

Meeting Date and Time

Saturday, November 8, 2025
9:00 am until Adjournment

The DHBC will conduct the meeting in person, via WebEx teleconference for interaction, and Webcast viewing through the DCA portal listed below.

In Person Meeting Location

DHBC Headquarters Building
2005 Evergreen Street
1st Floor Hearing Room
Sacramento, CA 95815

Instructions for WebEx Meeting Participation

The preferred audio connection is via telephone conference and not the microphone and speakers on your computer. The phone number and access code will be provided as part of your connection to the meeting. Please see the instructions attached here to observe and participate in the meeting using WebEx from a Microsoft Windows-based PC. 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 be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com.

For all those who wish to participate or observe the meeting, please log on to the website below. If the hyperlink does not work when clicked on, you may need to highlight the entire hyperlink, then right click. When the popup window opens, click on "Open Hyperlink" to activate it, and join the meeting.

Webex Meeting Link

https://dca-meetings.webex.com/dca-meetings/j.php?MTID=md290fde74949ee2a2d77596a797d5ece

If joining using the link above:

Webinar number: 2489 915 3566
Webinar password: DHBC118

If joining by phone:

+1-415-655-0001 US Toll
Access code: 2489 915 3566
Passcode: 3422118

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit Live Webcasts – Department of Consumer Affairs (thedcapage.blog). The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Members of the Legislation and Regulatory Committee

Michael Long, RDHAP Member, Chair
Julie Elginer, Public Member
Joanne Pacheco, RDH Educator

The DHBC welcomes and encourages public participation in its meetings. Please see public comment specifics at the end of this agenda.

The DHBC and its committees may discuss and act on any item listed on the agenda, including items listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice.

Agenda

1. Roll Call & Establishment of Quorum.

2. Public Comment for Items Not on the Agenda.
   [The DHBC may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting [Government Code sections 11125 & 11125.7(a).]

3. Update and Regulatory Townhall Meeting Minutes for 16 CCR section 1116 & 1116.5.

4. Discussion and Possible Action on Amendments to California Code of Regulations (CCR), Title 16, Sections 1116: Mobile Dental Hygiene Clinics; Issuance of Approval and 1116.5: Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.

5. Status of Dental Hygiene Board of California (DHBC) Regulatory Packages.

6. Discussion and Possible Action on Proposed Amendments to the California Business and Professions Code:

a) Add Section 1915.1– Dental Hygiene Students Participating in Sponsored Health Events: Access to Care.
b) Amend Section 1926.3– RDHAPs to Report Working Locations for Board Statistics.
c) Amend Section 1941– Accrediting Agencies for Dental Hygiene Educational Programs.
d) Add Section 1961.5– Post Board Enforcement Actions on Website and Executive Officer Citation Removal.

7. Legislative Update: Discussion of 2025 Bills of Interest and Tentative 2026 Legislative Calendar:

a) Assembly Bill (AB) 224 Bonta: Health care coverage: essential health benefits.
b) AB 341 Arambula: Oral Health for People with Disabilities Technical Assistance Center Program.
c) AB 350 Bonta: Health care coverage: fluoride treatments.
d) AB 371 Haney: Dental coverage.
e) AB 489 Bonta: Health care professions: deceptive terms or letters: artificial intelligence.
f) AB 742 Elhawary: Department of Consumer Affairs: licensing: applicants who are descendants of slaves.
g) AB 873 Alanis: Dentistry: dental assistants: infection control course.
h) AB 966 Carrillo: Dental Practice Act: foreign dental schools.
i) AB 980 Arambula: Health care: medically necessary treatment.
j) AB 1307 Ávila Farías: Licensed Dentists from Mexico Pilot Program.
k) AB 1418 Schiavo: Department of Health Care Access and Information.
l) Senate Bill (SB) 62 Menjivar: Health care coverage: essential health benefits.
m) SB 351 Cabaldon: Health Facilities.
n) SB 386 Limón: Dental providers: fee-based payments.
o) SB 470 Laird: Bagley-Keene Open Meeting Act: teleconferencing.
p) SB 744 Cabaldon: Accrediting agencies
q) SB 861 Committee on Business, Professions and Economic Development: Committee on Business, Professions and Economic Development. Consumer

affairs (Omnibus Bill).

r) Tentative 2026 Legislative Calendar.

8. Discussion and Possible Action on the July 19, 2025, Legislative and Regulatory Committee Meeting Minutes.

9. Future Agenda Items.

10. Adjournment of the Legislation and Regulatory Committee.

Public comments will be taken on the agenda items at the time the specified item is raised. Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Committee Members prior to the Committee taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at their discretion, apportion available time among those who wish to speak. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting [Government Code sections 11125, 11125.7(a).]

A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the DHBC at 916-263-1978, via email at dhbcinfo@dca.ca.gov, or by sending a written request to 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815. Providing your request at least five business days prior to the meeting will help to ensure availability of the requested accommodation.

Member	Present	Absent
Michael Long, Chair		
Julie Elginer		
Joanne Pacheco		

Saturday, November 8, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 1.

Roll Call & Establishment of Quorum.

Saturday, November 8, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 2.

Public Comment for Items Not on the Agenda.

[The Legislation and Regulatory Committee may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code Sections 11125 & 11125.7(a).]

DHBC
Dental Hygiene
Board of California

Saturday, November 8, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 3.

Update and Regulatory Townhall Meeting Minutes for CCR section 1116 & 1116.5.

Dental Hygiene Board of California
Townhall Meeting Minutes

Friday, September 12, 2025, 1:00pm

Please note that the Board conducted the Townhall meeting online through TEAMS.

DHBC Members Present:
Registered Dental Hygienist in Alternative Practice (RDHAP) Member – Michael Long
Public Member – Dr. Julie Elginer

DHBC Staff Present:
Anthony Lum, Executive Officer
Adina A. Pineschi-Petty, Doctor of Dental Surgery (DDS), Education, Legislative, and Regulatory Specialist
Yuping Lin, Department of Consumer Affairs (DCA) Legal Counsel for the DHBC
Elizabeth Dietzen-Olsen, DCA Regulatory Legal Counsel for the DHBC

1. Introduction and Welcome:

Anthony Lum, Executive Officer (EO) of the Dental Hygiene Board of California (Board), welcomed and thanked those members of the public and interested stakeholders for joining the Townhall meeting.

EO Lum stated the reason he wanted to conduct the townhall meeting was due to Registered Dental Hygienist in Alternative Practice (RDHAP) licensee comments the Board received in both email/letter form and in-person during our Board meetings regarding regulatory language and forms for California Code of Regulations (CCR) Title 16, section 1116 “Mobile Dental Hygiene Clinics; Issuance of Approval” and 16 CCR section 1116.5 “Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.”

He expressed that there needs to be some clarification regarding the proposed regulations prior to the Board’s final review and possible approval to move them forward at the Board’s November 2025, meeting. The goal of this meeting was to obtain stakeholder input so staff may put forth regulations that are easily understood and implemented as regulations provide specific direction for Board staff to implement the provision of broad-based laws the Legislature approved.

Comments received by the Board included the following:

1. Combination form is confusing. (1)

2. The issue of having a license but not practicing could be handled online. (1)

3. Amendments addressing oxygen units for RDHAPs who use portable equipment should instead address all RDHAPs who do not administer local anesthesia or perform soft tissue curettage. (2)

4. Oppose amendment to the removal of “dental hygiene diagnosis” as they may not ethically or legally develop an appropriate dental hygiene care plan without first formulating a dental hygiene diagnosis, as supported by national practice standards. (3)

2. Presentation of Amendments:

Dr. Adina Petty presented the proposed amendments to the attendees.

3. Discussion:

A robust discussion took place with 39 attendees providing input as to clarification of the form, amendments addressing oxygen units for those RDHAPs who do not administer local anesthesia or perform soft tissue curettage, amendments addressing radiology facilities for those RDHAPs who do not provide radiological services, and concern regarding the amendment to remove “dental hygiene diagnosis” and replace with “dental hygiene care plan”.

At the conclusion of the meeting, staff proposed the following substantive changes to the text and forms incorporated by reference:

1. Text for 16 CCR section 1116:
    a. Subdivision (a)(9): Replace “diagnosis(es)” with “care plan.”
    b. Subdivision (d)(4): Addition of the language “If an RDHAP administers local anesthesia or performs soft tissue curettage pursuant to 16 CCR section 1118, an RDHAP shall have available” regarding the need for portable emergency oxygen equipment if the RDHAP does not provide local anesthesia.

2. Form (DHBC MDHC-01 (Amended 11/2025):
    a. Question #11: Addition of a “N/A” box in a third column instead of within the question box for clarity.
    b. Question #12: Addition of a “N/A” box in a third column instead of within the question box for clarity.
    c. Question #18: 1) Addition of a statement “*If the RDHAP does not provide radiographic services, check the “N/A” box.”; and 2) addition of a “N/A” box in a third column regarding radiographic equipment if the RDHAP does not provide radiographic services.
    d. Question 28: 1) Addition of language “If an RDHAP administers local anesthesia or performs soft tissue curettage pursuant to 16 CCR section 1118, does”; 2) addition of a statement “*If registering or renewing an MDHC and the RDHAP does not administer local anesthesia or perform soft tissue curettage pursuant to

16 CCR section 1118, check the “N/A” box.”; and 3) addition of a “N/A” box in a third column.

3. Text for 16 CCR section 1116.5:
    a. Subdivision (a)(7): Replace “diagnosis(es)” with “care plan.”
    b. Subdivision (a)(8): Addition of a statement “A physical facility where services are rendered must be located in a dental health professional shortage area, as certified by the Department of Health Care Access and Information, pursuant to BPC sections 1926, 1926.01, and 1926.05.” provided for clarity to the definition.
    c. Subdivision (c)(3): At the end of the subdivision, addition of the statement “For RDHAPs who only utilize portable equipment and do not maintain a physical facility for patient treatment, (C), (E), and (G) of this subdivision do not apply.”
    d. Subdivision (c)(4): Addition of the language “If an RDHAP administers local anesthesia or performs soft tissue curettage pursuant to 16 CCR section 1118, an RDHAP shall have available” regarding the need for portable emergency oxygen equipment if the RDHAP does not provide local anesthesia.

4. Form DHBC HAPR-01 (Amended 11/2025):
    a. Application Fees Box: Addition of language (underlined) to the description for clarity: “NO FEE FOR REGISTRATION OR RENEWAL OF A PRIMARY PHYSICAL FACILITY OR FOR A PHYSICAL FACILITY TO MAINTAIN PORTABLE EQUIPMENT ~~REGISTRATION~~.”
    b. Box #4: Rearranged the check boxes and added the following definition for clarity: “PLEASE NOTE: A physical facility is defined in 16 CCR section 1116.5 as a fixed structure in which dental hygiene services are rendered or where portable equipment is maintained.”
    c. “Address of Physical Facility” Box: Added the following statement for clarity “NOTE: At the time of registration, the location shall be located in a dental health professional shortage area, as certified by the Department of Health Care Access and Information, pursuant to BPC sections 1926, 1926.01, and 1926.05. Not applicable to Physical Facility to Maintain Portable Equipment Registration or Renewal.”
    d. Question #11: Addition of a “N/A” box in a third column instead of within the question box for clarity.
    e. Question #12: Addition of a “N/A” box in a third column instead of within the question box for clarity.
    f. Question #18: 1) Addition of the language underlined to the description for clarity: “*Not applicable to Physical Facility to Maintain Portable Equipment Registration or Renewal. If registering or renewing registration of a physical facility to maintain portable equipment check ~~this~~ the “N/A” box 2) Addition of a statement “*If the RDHAP does not provide radiographic services, check the “N/A” box.”; and 3) addition of a “N/A” box in a third column regarding radiographic equipment if the RDHAP does not provide radiographic services.
    g. Question #21: 1) Addition of the language underlined to the description for clarity: “*Not applicable to Physical Facility to Maintain Portable Equipment Registration or Renewal. If registering or renewing registration of a physical facility to maintain

portable equipment check ~~this~~ the “N/A” box”; and 2) addition of a “N/A” box in a third column regarding access to physical facilities pursuant to the Americans with Disabilities Act of 1990.

h. Question #23: 1) Addition of the language to the question for clarity: “*Not applicable to Physical Facility to Maintain Portable Equipment Registration or Renewal. If registering or renewing registration of a physical facility to maintain portable equipment check the “N/A” box.”; and 2) addition of a “N/A” box in a third column regarding access to toilet facilities within the physical facilities.
i. Question #25: 1) Addition of the language underlined to the description for clarity: “*Not applicable to Physical Facility to Maintain Portable Equipment Registration or Renewal. If registering or renewing registration of a physical facility to maintain portable equipment check ~~this~~ the “N/A” box”; and 2) addition of a “N/A” box in a third column regarding requirements for an automated external defibrillator.
j. Question 26: 1) Addition of language “If an RDHAP administers local anesthesia or performs soft tissue curettage pursuant to 16 CCR section 1118, does”; 2) addition of a statement “*If registering or renewing: 1) a Physical Facility to Maintain Portable Equipment; or 2) a Physical Facility and the RDHAP does not administer local anesthesia or perform soft tissue curettage pursuant to 16 CCR section 1118, check the “N/A” box.”; and 3) addition of a “N/A” box in a third column.

These amendments will be presented and discussed at the November regularly scheduled Board meeting.

4. Adjournment:

EO Lum adjourned the Townhall meeting at **3:06 p.m.**

DHBC
Dental Hygiene
Board of California

Saturday, November 8, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 4.

Discussion and Possible Action on Amendments to California Code of Regulations (CCR), Title 16, Sections 1116: Mobile Dental Hygiene Clinics; Issuance of Approval and 1116.5: Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
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MEMORANDUM

DATE	November 8, 2025
TO	Legislation and Regulatory Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	**LEG REG 4: Discussion and Possible Action on Amendments to California Code of Regulations (CCR), Title 16, Sections 1116: Mobile Dental Hygiene Clinics; Issuance of Approval and 1116.5: Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.**

BACKGROUND

On January 1, 2025, California Code of Regulations (CCR), Title 16, section 1116.5 went into effect for the registration of physical facilities by Registered Dental Hygienists in Alternative Practice (RDHAPs). Subsequently, the Dental Hygiene Board of California (Board) was informed about some confusion regarding the requirements for registration of physical facilities as a stand-alone practice versus registration of physical facilities to maintain portable equipment for registered dental hygienists in alternative practice (RDHAPs).

In an effort to address those concerns, Board staff prepared proposed amendments to the previously approved language and form for 16 CCR section 1116.5 and presented the amended language and form at the March 21 – 22, 2025, Full Board meeting. The Board approved the amended language and form and directed Board staff to continue the rulemaking process.

Staff continued work on the amendments and identified another issue that was brought back to the Board at the May 27, 2025, Full Board Teleconference. The Board reviewed and approved the amendments.

While preparing the package for submission for Department review and public comment, Board staff became aware of a conflicting definition in the regulatory text and the underlying statute. Prior to the Board's July 19, 2025, meeting, the Board staff received additional information and public comments. The Legislation and Regulatory Committee tabled the discussion and possible action on 16 CCR Sections 1116 and 1116.5 until the November 8, 2025, meeting so staff may revise the proposed language for clarity.

Due to the public comments received, and in the interest of transparency, the Board held a Townhall Meeting on September 12, 2025. The goal of this meeting was to obtain stakeholder input so staff may put forth regulations that are easily understood and

implemented as regulations provide specific direction for Board staff to implement the provision of broad-based laws the Legislature approved.

STAFF RECOMMENDATION

Staff recommends that the Legislation and Regulatory Committee review the proposed amended language and form and determine whether additional information or language is required. If the language is satisfactory, staff recommends for the Legislation and Regulatory Committee to recommend to the Full Board to approve the proposed amended language and form for 16 CCR sections 1116 and 1116.5, and direct staff to continue the rulemaking to amend the previously approved language and form for the registration of mobile dental hygiene clinics and physical facilities by RDHAPs for conciseness.

PROPOSED MOTION LANGUAGE

Motion for the Legislation and Regulatory Committee to recommend to the Full Board to approve the proposed amended language and form for 16 CCR sections 1116 and 1116.5, 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 the Board does not receive any comments providing objections or adverse recommendations specifically directed at the proposed action or to the procedures followed by the Board in proposing or adopting the action, the Board authorizes the Executive Officer to take all steps necessary to initiate the rulemaking process, make any technical or non-substantive changes to the package, and set the matter for hearing, if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, the Board authorizes the Executive Officer to take all steps necessary to complete the rulemaking process, and adopt the proposed regulations as described in the text notice for 16 CCR sections 1116 and 1116.5.

Documents Included for Reference:

1. Proposed amended regulatory language for 16 CCR Section 1116.
2. Proposed amended form “DHBC MDHC-01 (Amended 11/2025).”
3. Proposed amended regulatory language for 16 CCR Section 1116.5.
4. Proposed amended form “DHBC HAPR-01 (Amended 11/2025).”

TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA - DEPARTMENT OF CONSUMER AFFAIRS

PROPOSED TEXT

Legend:	Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~.

Amend Section 1116 in Article 4 of Division 11 of Title 16 of the California Code of Regulations (CCR) to read as follows:

Article 4. Licensing

§ 1116. Mobile Dental Hygiene Clinics; Issuance of Approval.

(a) Definitions. For the purposes of this section, unless otherwise specified, the following definitions shall apply:

(1) “Active patient” refers to a patient of record whom the owner or provider has examined, treated, or cared for within the two (2) year period prior to discontinuation of practice, or the owner or provider moving from or leaving the city in which services were provided to the patient.

(2) “Communication capability” means an owner has telephone service they can access twenty-four (24) hours per day.

(3) “Dental hygiene services” means the professional practices of a registered dental hygienist in alternative practice (RDHAP) as set forth in Business and Professions Code section (BPC) section 1925.

(4) “Equipment” means any tool, instrument, or device used by an RDHAP to provide dental hygiene services.

(5) A “mobile dental hygiene clinic (MDHC)” means any self-contained facility in which dental hygiene services are rendered that may be moved, towed, or transported from one location to another. This term shall not include equipment used and transported by licensed RDHAPs in discharging their duties in locations or settings authorized by BPC section 1926.

(6) “Necessary parties” means emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians, and designated family members.

(7) “Owner” means an individual who applies for registration or operates an MDHC, is responsible for the MDHC’s registration, and is licensed to practice

dental hygiene in alternative practice pursuant to BPC section 1922.

(8) "Patient of record" refers to a patient who has had a medical and dental history completed and evaluated, had oral conditions assessed and documented, and had a written dental hygiene care plan, as defined in California Code of Regulations (CCR), Title 16, section 1100(g), developed by the RDHAP.

(9) “Patient treatment records” shall include the patient’s dental history maintained by the MDHC related to medical history, dental hygiene evaluation(s), dental hygiene ~~diagnosis(es)~~care plan, dental hygiene procedures and treatment, response to dental hygiene treatment, documented consultations with other dental care and healthcare providers, and referrals for dental care and healthcare follow-up treatment.

(10) “Protected Health Information (PHI)” means the patient’s “individually identifiable health information” as defined in section 1320d of Title 42 of the United States Code. PHI includes a patient’s medical history, or dental history, which is a written record of the patient’s personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.

(11) “Provider” means an individual licensed to practice dental hygiene in alternative practice or dentist who provides dental hygiene treatment and/or services in an MDHC, but who is not necessarily the owner registering the MDHC.

(b) Application for Registration. An RDHAP who wishes to operate an MDHC in any setting authorized by BPC section 1926 shall apply to the Board for registration of an MDHC with the Board by submitting a completed application to the Board. A completed application shall include the following:

(1) A completed “Application for Registration of a Mobile Dental Hygiene Clinic (MDHC)” (DHBC MDHC-01 (~~New 11/2022~~Amended 11/2025)), which is hereby incorporated by reference;

(2) All documents required by form DHBC MDHC-01 (~~New 11/2022~~Amended 11/2025); and,

(3) Payment of an initial registration fee of $100.

(c) Abandonment; Grounds for Denial, Withdrawal, Citation or Issuance of Registration.

(1) An applicant for a license who fails to complete registration application requirements set forth in subdivision (b) within one year after being notified bythe Board of deficiencies in their application, shall be deemed to have abandoned the application and shall be required to file a new application

and meet all of the requirements in effect at the time of reapplication.

(2) The Board may deny, place on probation, issue a citation, or withdraw a registration as provided in BPC section 1926.1 for failure to meet the requirements of this section. For the purposes of this section and BPC section 1926.1, a registration may be withdrawn if compliance with this section is not demonstrated within 60 days from the date of written notice of the areas of noncompliance found by the Board and/or upon a final decision, pursuant to 16 CCR section 1142, thereby upholding the withdrawal in accordance with the notice and hearing procedures contained in the Administrative Procedure Act (Sections 11500 through 11529 of the Government Code).

(3) Upon meeting the requirements of subdivision (b), an MDHC shall be registered with the Board and the RDHAP operator shall be issued an MDHC registration.

(d) Minimum Operating Requirements.

(1) The MDHC applicant or owner shall meet all of the following requirements to obtain or maintain registration of the MDHC as required by BPC sections 1926.1 and 1926.2 and this section:

(A) The owner has a written procedure that specifies the means of obtaining emergency follow-up care for patients treated in the MDHC. The procedure shall include arrangements an RDHAP must make for treatment by a licenseddentist or physician whose place of practice is established within the city or county in which the MDHC provides or intends to provide dental hygiene services. A copy of these written procedures shall be given to each provider at the MDHC prior to any dental hygiene services being performed on a patient.

(B) An owner shall maintain a relationship with at least one licensed dentistlocated in California for referral, consultation, and emergency services pursuant to 16 CCR section 1117.

(C) The owner has communication capability that enables the owner to contact necessary parties in the event of a medical or dental emergency.

(D) The owner shall maintain a telephone number where patients are able to contact the MDHC owner or provider with questions, concerns, or emergency needs and have their calls returned within four (4) calendar days. If a live person is not available to answer calls, the telephone line shall include a recorded message with information about whom to contact in case of a dental emergency after receiving dental hygiene services.

(E) The owner shall comply with all state and local laws and ordinances regarding business licensing and operations, and shall obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the MDHC, including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code.

(F) If the owner or any provider performs radiographs, a radiographic operatory must be used that complies with California Radiation Control Regulations. (Cal. Code Regs., tit. 17, Div. 1, Ch.5, Subchapter 4, §§30100 through 30395.)

(G) The driver of the MDHC shall possess a current, active, and unrestricted California driver's license.

(2) Official Place of Business and Maintenance of Records.

(A) The owner shall maintain a physical address of record for the MDHC registered with the Board and shall notify the Board in writing of any changein that address within thirty (30) days of the change.

(B) An owner shall include the name of the MDHC (including any fictitious name authorized by BPC section 1962), physical address of record and MDHC registration number for all forms of advertisement, solicitation, or other presentments made to the public in connection with the rendition of dental hygiene services, including any advertisement, card, letterhead, telephone listing, Internet Web site, written solicitation or communications to a prospective patient or patients, or contract proposal.

(C) All dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of a patient shall be maintained by the owner for a minimum of seven (7) years.

(3) In addition to the other minimum operating requirements of this section, each MDHC shall:

(A) Use infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005.

(B) Comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §§164.302 through 164.318, with respect to the patient's PHI. For the purposes of this section "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. §§1320d - 1320d-8) as amended by subsequent legislation and the implementation of Privacy,

Security, and Enforcement Rules under 45 C.F.R. Part 160 and Subparts A, C, D, and E of Part 164.

(C) Be readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. §§12101 through 12212), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36. For the purposes of this section,"disability" has the meaning set forth in Section 51 of the Civil Code.

(D) Have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water. Water quality shall meet guidelines setforth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention (CDC), in additionto the "Safe Drinking Water Act." (42 U.S.C. §§300f through 300j-27.)

(E) Have toilet facilities available to staff and patients of the MDHC.

(F) Have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials.

(G) Have a working Automated External Defibrillator (AED).

~~(H)~~(4) If an RDHAP administers local anesthesia or performs soft tissue curettage pursuant to 16 CCR section 1118, an RDHAP shall have available~~Have~~ a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasalcannulas) to assist with administration of basic life support.

~~(4)~~(5) Each MDHC owner shall notify the Board in writing within thirty (30) days of any change in operational status or ownership of the MDHC.

~~(5)~~(6) An RDHAP operator shall provide access during business hours to the RDHAP's records and facility to the Board, or its authorized representative(s), to review the MDHC for compliance with all laws, regulations, and standards applicable to MDHCs including, but not limited to, the BPC, CCR, CDC, and HIPAA.

(e) Transferability. An MDHC registration is not transferable.

(f) Renewal. An MDHC registration shall expire at the same time as the registration holder's RDHAP license.
(1) To renew the MDHC, an owner shall submit a completed renewal application that includes the following:

(A) Form DHBC MDHC-01 (~~New 11/2022~~Amended 11/2025);

(B) A biennial renewal fee in the amount of $160; and

(C) All supporting documentation required by form DHBC MDHC-01 (~~New 11/2022~~Amended 11/2025).

(2) Renewal of each MDHC registration shall be accomplished by submission of the form DHBC MDHC-01 (~~New 11/2022~~Amended 11/2025), fee, and documentation required in subdivision (f)(1) by either:

(A) Electronic submission through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" located on the Board's website at: https://www.dhbc.ca.gov/ using the "BREEZE" tab or the "BreEZeOnline System" portal tabs or at: https://www.breeze.ca.gov/datamart/loginCADCA.do; or

(i) The owner and operator shall first register for a user account by creating a username and password.

(ii) The owner and operator shall provide all required documentation referenced in (f)(1) through the link referenced in subdivision (f)(2)(A) ofthis section. With respect to the application, the owner and operator may submit form DBHC MDHC-01 (~~New 11/2022~~Amended 11/2025) through BreEZe or electronically submit the same information that is requested by that form directly through BreEZe.

(iii) Electronic Signature: When a signature is required by the particular instructions of any filing to be made through the online portal, including any attestation under penalty of perjury, the owner shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online portal. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

(B) Submission of all required documentation referenced in subdivision (f)(1) by mail to the Board's physical address.

(g) Exemptions. MDHCs that fall within the definition of BPC section 1926.2(b) are exempt from the requirements of this section.

(h) Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses.

(1) The owner shall advise the Board in writing within thirty (30) days of any change to any of the information provided to the Board in application form

DHBC MDHC-01 (~~New 11/2022~~Amended 11/2025), whether for initial or renewal.

(2) Each RDHAP or any other provider licensed by the Board to provide dental hygiene services in the MDHC shall prominently display evidence of their California RDHAP or other Board license in a conspicuous location accessible to public view on the premises where the RDHAP or other Board licensee provides the licensed services pursuant to BPC section 680.

(3) A licensed RDHAP engaged in the practice of dental hygiene shall provide notice to each patient of the fact the RDHAP is licensed and regulated by the Board.

(A) The notice shall include the following statement and information:

NOTICE:
Dental Hygienists in Alternative Practice are licensed and regulated by the Dental Hygiene Board of California
(916) 263-1978
www.dhbc.ca.gov

(B) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the RDHAP provides the licensed services, and the notice shall be in at least 48-point type font.

(i) Identification of Location of Services.

(1) Each owner of an MDHC shall maintain a confidential written or electronic record detailing the following information for each patient to whom services are provided:

(A) Name of patient served;

(B) Closest street address near the service location of the MDHC where service was provided;

(C) Date of each treatment session; and

(D) Types of dental hygiene services provided to each patient.

(2) The confidential written or electronic record shall be made available to a representative of the Board within fifteen (15) days of the date of the Board's written request pursuant to BPC section 1955.

(j) Cessation of Operation.

(1) Upon cessation of operation of an MDHC, the owner shall notify the Board in writing within thirty (30) days after the last day of operation and inform the Board of the final disposition of patient treatment records, including the physical mailing address or location where the treatment records are maintained and the name, telephone number and address for the custodian of records or other person whom the owner designates as responsible for maintaining those records.

(2) If an MDHC is sold to another RDHAP, that RDHAP ("succeeding MDHC owner") must register with the Board by filing a new form DHBC MDHC-01 (~~New 11/2022~~Amended 11/2025) and comply with this section prior to operating the MDHC.

(3) Upon cessation of operation of an MDHC, the previous owner shall preserve all records for a minimum of seven (7) years.

(4) Within thirty (30) days before the last day of operation, the owner shall provide written notice via first class mail to all active patients of record of the date of closure or cessation of the MDHC, including the last date the MDHC will remain open, and the name, telephone number and address of an individual the patient may contact to request transfer of copies of their patient treatment records to a succeeding MDHC owner or to the patient. The owner shall maintain proof the notice was provided to all active patients in accordance with this section and upon request to the Board in accordance with BPC section 1955. Within fifteen (15) days of receipt of a written request by the patient, the owner shall also provide for the transfer of copies of the patient's treatment records, including radiographs, to the succeeding MDHC owner or to the patient as specified by the patient. In addition, the owner shall provide written acknowledgement of receipt of the patient's request to the patient within five (5) business days of receipt of the written request, and also notify the patient of the method and date of expected delivery of the patient's treatment records.

(5) "Proof the notice was provided" shall mean proof of service of any notice required by this section to patients by mail by completion of a document showing the document's name and the person served, the person making service, and the date and manner of service (e.g., by first class mail, regular mail, or in person). Proof of service shall be in writing, but need not be signed, signed under oath, or in any particular format.

Note: Authority cited: Sections 1905, 1906, 1908, 1926.1, 1926.2 and 1944, Business and Professions Code. Reference: Sections 125.6, 137, 138, 142, 680, 1922, 1925, 1926, 1926.1, 1926.2, 1955 and 1962, Business and Professions Code.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
P (916) 263-1978 | F (916) 623-4093 | www.dhbc.ca.gov

APPLICATION FOR REGISTRATION OF A MOBILE DENTAL HYGIENE CLINIC (MDHC)

Business & Professions Code (BPC) sections 1926.1, 1926.2, and 1944 and California Code of Regulations (CCR) Title 16, Division 11 section 1116.

NOTE: ALL questions on this registration/renewal application must be answered, and all information requested in this registration/renewal must be supplied by the applicant. If something does not apply to you, please check the "N/A" box. Failure to do so will cause a delay in processing your registration/renewal. Please type or print legibly; illegible registrations will be returned.

APPLICATION FEES

ALL FEES ARE NON-REFUNDABLE AND MUST ACCOMPANY THIS APPLICATION.

REGISTRATION FEE FOR INITIAL APPLICANTS: $100
BIENNIAL RENEWAL FEE FOR MDHC REGISTRATION: $160

Payment must be made by personal check, cashier's check, business check, or money order and must be made payable to "DHBC".

MDHC OWNER INFORMATION

*Note: The registration information provided in questions 1 and 2 will be used to establish the expiration date of the registration and will be the point-of-contact for this application.

1a. Last Name	1b. First Name	1c. Middle Name

2a. RDHAP License Number:	2b. RDH License Number:	2c. Social Security Number/Individual Taxpayer Number:

3a. Registered Fictitious Name: ☐ N/A	3b. Fictitious Name Permit Number: ☐ N/A

4. Type of Registration: ☐ New Registration ☐ Registration Renewal

MDHC Registration Number, if renewal:

ADDRESS OF RECORD/MAILING ADDRESS FOR RDHAP*(REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC section 1902.2 and Government Code section 7922.530(a)).
The Board shall be notified within thirty (30) days of any change in the RDHAP owner's address of record.

5. Physical Address of Record (Number and Street) (including apartment number, if applicable)		
City	State	Zip Code
6. Email Address	7. RDHAP's Contact Number	

ADDRESS OF RECORD/MAILING ADDRESS FOR MDHC* (REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC section 1902.2 and Government Code section 7922.530(a)).
The owner shall maintain a physical address of record for the MDHC registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

8. Physical Address of Record (Number and Street) (including apartment number, if applicable)		
City	State	Zip Code
9. MDHC's Email Address	10. MDHC's Contact Number	

~~MDHC~~ RDHAP OWNER REQUIREMENTS

11. Does the ~~MDHC's~~ RDHAP owner have a written procedure** that specifies the means of obtaining emergency follow-up care for patients treated in the MDHC as required by 16 CCR section 1116? *If YES, provide a copy **(labeled as Exhibit 1)**. For renewals, attach a copy if the written procedure has changed from initial registration. If no changes have been made check ~~this~~the N/A box~~.: ☐ N/A~~ **The procedure shall include arrangements for treatment by a licensed dentist or physician whose place of practice is established within the city orcounty in which the MDHC provides or intends to provide dental hygiene services.	☐YES*	☐NO	☐N/A

~~MDHC~~RDHAP OWNER REQUIREMENTS			
12. Does the MDHC's owner have a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to 16 CCR section 1117? *If YES, provide a copy **(labeled as Exhibit 2)** of your completed "Documentation of Registered Dental Hygienist In Alternative Practice (RDHAP) Relationship with Dentist" (form RDHAP-01 (07-2021) with this application as set forth in 16 CCR section 1117. For renewals, attach a copy if this information has changed from initial registration. If no changes have been made check ~~this~~the NA box~~: ☐ N/A~~	☐YES*	☐NO	☐N/A
13. Does the ~~MDHC~~RDHAP owner have telephone service for the MDHC that ~~it can access~~can be accessed twenty-four (24) hours per day~~, that enables~~enabling the RDHAP owner or any provider of dental hygiene services to contact emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians,and designated family members, in the event of a medical or dental emergency?		☐YES	☐NO
14. Is there a telephone number where patients are able to contact the ~~MDHC's~~RDHAP owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days?		☐YES	☐NO
15. If a live person is not available to answer calls, does the telephone line include a recorded message with information about whom to contact in case of a dental emergency?		☐YES	☐NO
16. Will the RDHAP owner comply with all state and local laws and ordinances regardingbusiness licensing and operations?		☐YES	☐NO
17. Will the ~~MDHC~~RDHAP owner obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the MDHC, including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code? *A copy of each current license and permit shall be submitted with the application to include a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code. **If yes, provide copies and label as Exhibit 3.**		☐YES*	☐NO

MDHC REQUIREMENTS			
18. Does the MDHC's radiographic operatory comply with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Ch.5, Subchapter 4, §§30100 through 30395)? *If the RDHAP does not provide radiographic services, check the "N/A" box.	☐YES	☐NO	☐N/A*
19. Does the driver of the MDHC possesses a current, active and unrestricted California driver's license? *If YES, please provide the Name of the Driver, Driver's License Number and Date of Expiration here: Name of Driver: _____ Driver License #: _____ Expiration Date: _____		☐YES*	☐NO
20. The ~~MDHC~~RDHAP owner acknowledges receiving notice that the ~~MDHC~~RDHAP owner must maintain all dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of apatient for a minimum of seven years (see 16 CCR section 1116 for the minimum MDHC operating standards).		☐YES	☐NO
21. ~~Does the MDHC's owner~~Will the RDHAP owner and providers use infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005?		☐YES	☐NO
22. ~~Does the MDHC~~Will the RDHAP owner and providers comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §§164.302 through 164.318, with respect to the patient's "ProtectedHealth Information (PHI)"? For the purposes of this question, PHI, as defined in section 1320d of Title 42 of the United States Code, includes a patient's medical history, or dental history, which is a written record of the patient's personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.		☐YES	☐NO
23. Is the MDHC readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. §§12101 through 12212), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36?		☐YES	☐NO
24. Does the MDHC have access to a sufficient water supply to meet patients' health and safety needs* at all times, including hot water? *Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. §§300f through 300j-27.)		☐YES	☐NO
25. Does the MDHC have access to toilet facilities available to staff and the patients of the MDHC?		☐YES	☐NO

MDHC REQUIREMENTS			
26. Does the MDHC have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials?		☐YES	☐NO
27. Does the MDHC have a working Automated External Defibrillator (AED)?		☐YES	☐NO
28. If an RDHAP administers local anesthesia or performs soft tissue curettage pursuant to 16 CCR section 1118, does~~Does~~ the MDHC have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life support? *If registering or renewing an MDHC and the RDHAP ***does not*** administer local anesthesia or perform soft tissue curettage pursuant to 16 CCR section 1118, check the "N/A" box.	☐YES	☐NO	☐N/A*

ACKNOWLEDGEMENT		
29. Have you reviewed BPC sections 1926.1, 1926.2, and 1944, and 16 CCR sections 1116, ~~and~~ 1117, and 1118? Please be advised that failure to comply with these provisions is grounds for denial or revocation of the registration.	☐YES	☐NO

REGISTRATION CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that all licensed persons practicing at the location designated in the registration hold valid licenses and no charges of unprofessional conduct are pending against any person practicing at that location [BPC section 1962(b)(4)].

I hereby certify under penalty of perjury under the laws of the State of California that I have read the foregoing registration application and that all information, statements, attachments, and representations provided by me in this application are true and correct. By submitting the application and signing below, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS REGISTRATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING THE REGISTRATION.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

NOTICES

The Dental Hygiene Board of California of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1926.1 and 1926.2, and California Code of Regulations, Title 16, Section 1116. The Dental Hygiene Board of California

uses this information principally to identify and evaluate applicants for registration and to enforce licensing standards set by law and regulation.

MANDATORY SUBMISSION:
Submission of the requested information is mandatory. The Dental Hygiene Board of California cannot consider your registration unless you provide all the requested information.

ACCESS TO PERSONAL INFORMATION:
You may review the records maintained by the Dental Hygiene Board of California that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION:
We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Sections 7920.000 through 7931.000), as allowed by the Information Practices Act (Civil Code Sections 1798 through 1798.78);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS:
Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Sections 30 and 31 of the Business and Professions Code authorize collection of your SSN or ITIN, which will be used exclusively for tax enforcement purposes, for investigation of tax evasion and violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, for measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial licensure will not be processed AND you may be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

STATE TAX OBLIGATION NOTICE:
The California State Board of Equalization (BOE) and the California Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation and your registration may be suspended, or your renewal application denied if the state tax obligation is not paid, and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies (Sections 31and 494.5 of the California Business and Professions Code).

CONTACT INFORMATION:
For questions about this notice or access to your records, you may contact the Executive Officer as follows:

Dental Hygiene Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815
(916) 263-1978

INTERNAL OFFICE USE ONLY			
Date Received:	**Receipt #:** ☐ **Initial** ☐ **Renewal**		**$ Amount:**
File #:	**Registration #:**	**RDHAP Lic. Exp. Date:**	
Date Issued:	**Analyst:**		

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TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA - DEPARTMENT OF CONSUMER AFFAIRS

PROPOSED TEXT

Legend:	Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~.

Amend §1116.5 in Article 4 of Title 16 of the California Code of Regulations (CCR) toread as follows:

Article 4. Licensing

§ 1116.5. Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.

(a) Definitions. For the purposes of this section, unless otherwise specified, the following definitions shall apply:

(1) “Active patient” refers to a patient of record whom the registered dental hygienist in alternative practice (RDHAP) owner or provider has examined, treated, or cared for within the two (2) year period prior to discontinuation of practice, or the RDHAP owner or provider moving from or leaving the city in which services were provided to the patient.

(2) “Dental hygiene services” means the professional practices of an RDHAP as set forth in Business and Professions Code (BPC) section 1925.

(3) “Equipment” means any tool, instrument, or device used by an RDHAP to provide dental hygiene services.

(4) “Necessary parties” means emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians, and designated family members.

(5) “Owner” means an individual licensed to practice dental hygiene in alternative practice pursuant to BPC section 1922 in the State of California who applies for registration or has registered a physical facility or portable equipment with the Board pursuant to the registration requirements of this section.

(6) "Patient of record" refers to a patient who has had a medical and dental history completed and evaluated, had oral conditions assessed and documented, and had a written dental hygiene care plan, as defined in California Code of Regulations (CCR), Title 16, section 1100(g), developed by the RDHAP.

(7) “Patient treatment records” shall include the patient’s dental history maintained by the facility related to medical history, dental hygiene evaluation(s), dental hygiene ~~diagnosis(es)~~care plan, dental hygiene procedures and treatment, response to dental hygiene treatment, documented consultations with other dental care and healthcare providers, and referrals for dental care and healthcare follow-up treatment.

(8) “Physical facility” means either a fixed structure in which dental hygiene services are rendered or where portable equipment is maintained. A physical facility where services are rendered must be located in a dental health professional shortage area, as certified by the Department of Health Care Access and Information, pursuant to BPC sections 1926, 1926.01, and 1926.05.

(9) “Portable equipment” means any tool, instrument, or device used by an RDHAP to provide dental hygiene services designed for and capable of being carried or moved from one location to another.

(10) “Protected Health Information (PHI)” means the patient’s “individually identifiable health information” as defined in section 1320d of Title 42 of the United States Code. PHI includes a patient’s medical history, or dental history, which is a written record of the patient’s personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.

(11) “Provider” means an individual licensed to practice dental hygiene in alternative practice or dentist who provides dental hygiene treatment and/or services in an MDHC, but who is not necessarily the owner registering the MDHC.

(b) Application for Registration.

(1) Within 30 days after the date of the issuance of their initial license, an RDHAP shall do the following:

(A) If the RDHAP owns a physical facility or utilizes portable equipment, the RDHAP shall register the physical facility where the dental hygiene services are rendered, or where the portable equipment is maintained according to the requirements of this section. The RDHAP shall register with the Executive Officer by submitting to the Board a completed “Registered Dental Hygienists in Alternative Practice: Registration of Physical Facilities” (form DHBC HAPR-01 ~~New~~ (~~11/2022~~Amended 11/2025)), which is hereby incorporated by reference, and meet all of the applicable requirements of this section; or,

(B) If the RDHAP does not own a physical facility, the RDHAP shall notify the

Executive Officer by providing a written statement, signed and dated by the RDHAP, stating that they do not own a physical facility where dental hygiene services are rendered.

(2) An RDHAP owner who desires to have more than one place of practice shall, before opening the additional physical facility or facilities, apply to and obtain permission from the Board to have the additional place of practice as provided in this section. The RDHAP owner shall submit a completed "Registered Dental Hygienists in Alternative Practice: Registration of Physical Facilities." (form DHBC HAPR-01 (~~New 11/2022~~Amended 11/2025)), pay an additional office permit fee of $160, and meet all of the requirements of this section before the additional facility or facilities will be registered with the Board.

(3) The Board shall inform an RDHAP owner in writing whether the registration application (DHBC HAPR-01 (~~New 11/2022~~Amended 11/2025)) is complete and accepted for filing or is deficient and what further specific information is required. An applicant for a license who fails to complete registration application requirements within one year after being notified by the Board of deficiencies in their application, shall be deemed to have abandoned the application and shall be required to file a new application and meet all of the requirements in effect at the time of reapplication.

(4) The Board may deny or withdraw a registration or issue a citation as provided in BPC section 1926.3 for failure to meet the requirements of this section.

(5) Upon meeting the requirements of this section, the physical facility or facilities shall be registered with the Board and the ~~RHDAP~~RDHAP owner shall be issued an office permit for the initial facility, and, if applicable, an additional office permit ifadditional facilities are registered.

(c) Minimum Operating Requirements.

(1) An RDHAP applicant or owner shall meet all of the following requirements to obtain or maintain registration of their facility or facilities as required by BPC sections 1926.3 and 1926.4 and this section:

(A) There is a written procedure that specifies the means of obtaining emergency follow-up care for patients treated at the physical facility or after use of portable equipment. The procedure shall include arrangements an RDHAP must make for treatment in by a licensed dentist or physician whose place of practice is established within the city or county in which the RDHAP owner or provider provides dental hygiene services. A copy of these written procedures shall be given to each provider at the physical facility prior to any dental hygiene services being performed on a patient.

(B) An RDHAP shall maintain a relationship with at least one licensed dentist

located in California for referral, consultation, and emergency services pursuant to 16 CCR section 1117.

(C) An RDHAP shall maintain a telephone number where patients are able to contact the RDHAP owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days. If a live person is not available to answer calls, the telephone line shall include a recorded message with information about whom to contact in case of a dental emergency after receiving dental hygiene services.

(D) The applicant or RDHAP owner shall comply with all state and local laws and ordinances regarding business licensing and operations, and shall obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the physical facility, including, a local or county business license, a county building permit, a fictitious name permit as provided in BPC section 1962, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code.

(E) If the RDHAP owner or any provider performs radiographs, a radiographic operatory must be used that complies with California Radiation Control Regulations. (Cal. Code Regs., tit. 17, Div. 1, Ch. 5, Subchapter 4, §§30100 through 30395.)

(2) Official Place of Business and Maintenance of Records.

(A) The RDHAP owner shall maintain a physical address of record for the physical facility or facilities registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

(B) An RDHAP owner shall include the name of the facility (including any fictitious name authorized by BPC section 1962), physical address of record and office registration number of their physical facility for all forms of advertisement, solicitation, or other presentments made to the public in connection with the rendition of dental hygiene services, including any advertisement, card, letterhead, telephone listing, Internet Web site, written solicitation or communications to a prospective patient or patients, or contract proposal.

(C) All dental hygiene patient treatment records and communications following the discharge of a patient shall be maintained by the RDHAP owner for a minimum of seven (7) years.

(3) In addition to the other minimum operating requirements of this section, each physical facility shall:

(A) Use infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005.

(B) Comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §§164.302 through 164.318, with respect to the patient's PHI. For the purposes of thissection "HIPAA" means the Health Insurance Portability and AccountabilityAct of 1996 (42 U.S.C. §§1320d - 1320d-8) as amended by subsequent legislation and the implementation of Privacy, Security, and Enforcement Rules under 45 C.F.R. Part 160 and Subparts A, C, D, and E of Part 164.

(C) Be readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. §§12101 through 12212), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36. For the purposes of this section,"disability" has the meaning set forth in Section 51 of the Civil Code.

(D) Have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water. Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. §§300f through 300j-27.)

(E) Have toilet facilities within the dental hygiene facility available to staff and the public.

(F) Have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials.

(G) Have a working Automated External Defibrillator (AED).

For RDHAPs who only utilize portable equipment and do not maintain a physical facility for patient treatment, (C), (E), and (G) of this subdivision do not apply.

~~(H)~~(4) If an RDHAP administers local anesthesia or performs soft tissue curettage pursuant to 16 CCR section 1118, an RDHAP shall have available~~Have~~ a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasalcannulas) to assist with administration of basic life support.

~~(4)~~(5) Each RDHAP owner shall notify the Board in writing within thirty (30) days of anychange in operational status or ownership of all registered physical facilities.

(d) An RDHAP operator shall provide access during business hours to the RDHAP's records and facility to the Board, or its authorized representative(s), to review the physical facility for compliance with all laws, regulations, and standards applicableto physical facilities including, but not limited to, the BPC, CCR, CDC, and HIPAA.

(e) Transferability. A physical facility registration is not transferable.

(f) Renewal of Physical Facility Registration. The physical facility registration shall expire at the same time as the permit holder's RDHAP license.

(1) To renew the registration of a physical facility, an RDHAP shall submit:

(A) Form DHBC HAPR-01 (~~New 11/2022~~Amended 11/2025) for each physical facility;

(B) A biennial renewal fee in the amount of $250 for each additional physical facility if the RDHAP has more than one registered with the Board; and

(C) All supporting documentation required by form DHBC HARP-01 (~~New 11/2022~~Amended 11/2025).

(2) Renewal of each physical facility registration shall be accomplished by submission of form DHBC HARP-01 (~~New 11/2022~~Amended 11/2025), fees, and documentationrequired in subdivision (e)(1) by either:

(A) Electronic submission through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" that is located on the Board's website at: https://www.dhbc.ca.gov/ using the "BREEZE" tab or the "BreEZe Online System" portal at https://www.breeze.ca.gov/datamart/loginCADCA.do; or

(i) The owner and operator shall first register for a user account by creating a username and password.

(ii) The owner and operator shall provide all required documentation referenced in subdivision (e)(1) through the link referenced in subdivision (e)(2)(A) of this section. With respect to the application, the owner and operator may submit form DBHC HAPR-01 (~~New 11/2022~~Amended 11/2025) through BreEZe or electronically submit the same information that is requested by that form directly through BreEZe.

(iii) Electronic Signature: When a signature is required by the particular instructions of any filing to be made through the online portal, including any attestation under penalty of perjury, the owner shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online portal. Submission of a filing in this manner shall constitute evidence of legal signature by any

individual whose name is typed on the filing.

(B) Submission of all required documentation referenced in (e)(1) by mail to the Board's physical address.

(g) Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses.

(1) The RDHAP owner shall advise the Board in writing within thirty (30) days of any change to any of the information provided in application form DHBC HAPR-01 (~~New 11/2022~~Amended 11/2025), whether for initial or renewal.

(2) Each RDHAP, or any other provider licensed by the Board to provide dental hygiene services in the physical facility, shall prominently display evidence of their California RDHAP or other Board license in a conspicuous location accessible to public view on the premises where the RDHAP or other Board licensee provides the licensed services of patients pursuant to BPC section 680.

(3) A licensed RDHAP engaged in the practice of dental hygiene shall provide notice to each patient of the fact that the RDHAP is licensed and regulated by the Board.

(A) The notice shall include the following statement and information:

NOTICE:
Dental Hygienists in Alternative Practice are licensed and regulated
by the Dental Hygiene Board of California
(916) 263-1978
www.dhbc.ca.gov

(B) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the RDHAP provides the licensed services, and the notice shall be in at least 48-point type font.

(h) Cessation of Operation.

(1) Upon cessation of operation of a physical facility, the owner shall notify the Board in writing within thirty (30) days after the last day of operation and inform the Board of the final disposition of patient treatment records, including the physical mailing address or location where the treatment records are maintained and the name, telephone number and address for the custodian of records or other person whom the owner designates as responsible for maintaining those records.

(2) If a physical facility is sold to another RDHAP, that RDHAP ("succeeding RDHAP provider") must register with the Board by filing a new form DHBC HAPR-01 (~~New 11/2022~~Amended 11/2025) and comply with this section.

(3) Upon cessation of operation of a physical facility, the previous RDHAP owner of the physical facility shall preserve all records for a minimum of seven (7) years.

(4) Within thirty (30) days before the last day of operation, the RDHAP owner shall provide written notice via first class mail to all active patients of record of the date of closure or cessation of the physical facility, including the last date the physical facility will remain open, and the name, telephone number and address of an individual the patient may contact to request transfer of copies of their patient treatment records to a succeeding provider or to the patient. The RDHAP owner shall maintain proof the notice was provided to all active patients in accordance with this section and upon request to the Board in accordance with BPC section 1955. Within fifteen (15) days of receipt of a written request by the patient, the RDHAP owner shall also provide for the transfer of copies of the patient's treatment records, including radiographs, to the succeeding provider or to the patient as specified by the patient. In addition, the RDHAP shall provide written acknowledgement of receipt of the patient's request to the patient within five (5) business days of receipt of the request, and also notify the patient of the method and date of expected delivery of the patient's treatment records.

(5) "Proof the notice was provided" shall mean proof of service of any notice required by this section to patients by mail by completion of a document showing the document's name and the person served, the person making service, and the date and manner of service (e.g., by first class mail, regular mail, or in person). Proof of service shall be in writing, but need not be signed, under oath, or in any particular format.

Note: Authority cited: Sections 1905, 1906, 1908, 1926, 1926.01, 1926.05, 1926.3, 1926.4 and 1944, Business and Professions Code. Reference: Sections 125.6, 137, 138, 142, 680, 1922, 1925, 1926, 1926.01, 1926.05, 1926.3, 1926.4, 1955 and 1962 Business and Professions Code.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
P (916) 263-1978 | F (916) 623-4093 | www.dhbc.ca.gov

PHYSICAL FACILITY REGISTRATION/RENEWAL FOR REGISTERED DENTAL HYGIENISTS IN ALTERNATIVE PRACTICE (RDHAPs)

Business & Professions Code (BPC) sections 1905, 1906, 1926.3,1926.4, and 1944, and California Code of Regulations (CCR) Title 16, Division 11 section 1116.5.

NOTE: ALL questions on this registration/renewal application must be answered, and all information requested in this registration/renewal must be supplied by the applicant. If something does not apply to you, please check the "N/A" box. Failure to do so may cause a delay in processing your registration/renewal. Please type or print neatly; illegible registrations will be returned.

APPLICATION FEES

ALL FEES ARE NON-REFUNDABLE AND MUST ACCOMPANY APPLICATION

NO FEE FOR REGISTRATION OR RENEWAL OF A PRIMARY PHYSICAL FACILITY OR FOR A PHYSICAL FACILITY TO MAINTAIN PORTABLE EQUIPMENT ~~REGISTRATION~~

REGISTRATION FEE FOR EACH ADDITIONAL PHYSICAL FACILITY: $160
BIENNIAL RENEWAL FEE FOR EACH ADDITIONAL PHYSICAL FACILITY: $250

Payment must be made by personal check, cashier's check, business check, or money order and must be made payable to "DHBC".

RDHAP INFORMATION

*Note: The registration information provided in questions 1 and 2 will be used to establish the expiration date of the registration and will be the point-of-contact for this application.

1a. Last Name	1b. First Name	1c. Middle Name

2a. RDHAP License Number	2b. RDH License Number	2c. Social Security Number/Individual Taxpayer Number:

3a. Registered Fictitious Name: ☐ N/A	3b. Fictitious Name Permit Number: ☐ N/A

4. Type of Registration (check all that apply):

~~☐New Registration ☐Renewal - Facility #~~

~~☐Portable Equipment ☐Primary Office Facility ☐Additional Office Facility~~

☐New Registration: ☐Physical Facility to Maintain Portable Equipment

☐Primary Physical Facility ☐Additional Physical Facility

☐Renewal: Physical Facility Number _____

PLEASE NOTE: A physical facility is defined in 16 CCR section 1116.5 as a fixed structure in which dental hygiene services are rendered or where portable equipment is maintained.

ADDRESS OF RECORD/MAILING ADDRESS FOR RDHAP* (REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC 1902.2 and Government Code section 7922.530(a)).
The Board shall be notified within thirty (30) days of any change in the RDHAP owner's address of record.

5. Number and Street (including apartment number, if applicable):		
City	State	Zip Code
6. Email Address	7. RDHAP Contact Number	

ADDRESS OF PHYSICAL FACILITY* (REQUIRED)

*The RDHAP owner shall maintain a physical address of record for the physical facility or facilities registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change. **NOTE:** At the time of registration, the location shall be located in a dental health professional shortage area, as certified by the Department of Health Care Access and Information, pursuant to BPC sections 1926, 1926.01, and 1926.05. Not applicable to Physical Facility to Maintain Portable Equipment Registration or Renewal.

8. Number and Street (including suite number, if applicable)		
City	State	Zip Code
9. Physical Facility's Email Address	10. Physical Facility's Contact Number	

~~PHYSICAL FACILITY~~RDHAP OWNER REQUIREMENTS			
11. Does the ~~physical facility's~~RDHAP owner have a written procedure** that specifies the means of obtaining emergency follow-up care for patients treated at the physical facility or during use of portable equipment as required by 16 CCR section ~~1116~~1116.5? ***Provide a copy **(labeled as Exhibit 1)** if initial registration or written procedure has changed from initial registration. If no changes have been made check ~~this~~the "N/A" box.~~: ☐ N/A~~ **The procedure shall include arrangements for treatment in a dental facility which is established within the city or county in which the RDHAP owner or provider provides dental hygiene services.	☐YES*	☐NO	☐N/A
12. Does the ~~physical facility's~~RDHAP owner have a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to 16 CCR section 1117? *If yes, provide a copy **(labeled as Exhibit 2)** of your completed "Documentation of Registered Dental Hygienist in Alternative Practice (RDHAP) Relationship with Dentist" (form RDHAP-01 (07-2021) with this application as set forth in 16 CCR section 1117. For renewals, attach a copy if this information has changed from initial registration. If no changes have been made check ~~this~~the N/A box.~~: ☐ N/A~~	☐YES*	☐NO	☐N/A
13. Is there a telephone number where patients are able to contact the ~~physical facility's~~RDHAP owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days?		☐YES	☐NO
14. If a live person is not available to answer calls, does the telephone line include a recorded message with information about whom to contact in case of a dental emergency after receiving dental hygiene services?		☐YES	☐NO
15. Will the RDHAP owner comply with all state and local laws and ordinances regarding business licensing and operations?		☐YES	☐NO
16. Will the ~~physical facility~~RDHAP owner obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the physical facility including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code? *A copy of each current license and permit shall be submitted with the application to include a local or county business license, a county building permit, a fictitious name permit as provided in Section 1962 of the BPC, and/or a seller's permit if a permit is required under the Sales and Use TaxLaw, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code. **Provide copies and label as Exhibit 3.**		☐YES*	☐NO

~~PHYSICAL FACILITY~~RDHAP OWNER REQUIREMENTS			
17. Does the physical facility's radiographic operatory comply with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Ch.5, Subchapter 4, §§30100 through 30395)? *Not applicable to Physical Facility to Maintain Portable Equipment Registration or Renewal. If registering or renewing registration of a physical facility to maintain portable equipment check ~~this~~the "N/A" box~~.: ☐ N/A~~ *If the RDHAP does not provide radiographic services, check the "N/A" box.	☐YES	☐NO	☐N/A*
18. The RDHAP owner acknowledges receiving notice that the physical facility must maintain all dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of a patient a minimum of seven years (see 16 CCR section 1116.5 for the minimum physical facility operating standards).	☐YES	☐NO	
19. ~~Does the physical facility's owner~~Will the RDHAP owner and providers use infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005?	☐YES	☐NO	
20. ~~Does the physical facility~~Will the RDHAP owner and providers comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §§164.302 through 164.31, with respect to the patient's "Protected Health Information (PHI)"? For the purposes of this question, PHI, as defined in section 1320d of Title 42 of the United States Code, includes a patient's medical history, or dental history, which is a written record of the patient's personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.	☐YES	☐NO	
21. Is the physical facility readily accessible to and usable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990(ADA)(42 U.S.C. §§12101 through 12212), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36? *Not applicable to Physical Facility to Maintain Portable Equipment Registration or Renewal. If registering or renewing registration of a physical facility to maintain portable equipment check ~~this~~the "N/A" box~~.: ☐ N/A~~	☐YES	☐NO	☐N/A*
22. Does the physical facility have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water? *Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. §§300f through 300j-27.)?		☐YES	☐NO

~~PHYSICAL FACILITY~~RDHAP OWNER REQUIREMENTS			
23. Does the physical facility have toilet facilities within the dental hygiene facility available to staff and the public? *Not applicable to Physical Facility to Maintain Portable Equipment Registration or Renewal. If registering or renewing registration of a physical facility to maintain portable equipment check the "N/A" box.	☐YES	☐NO	☐N/A*
24. Does the physical facility have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials?		☐YES	☐NO
25. Does the physical facility have a working Automated External Defibrillator (AED)? *Not applicable to Physical Facility to Maintain Portable Equipment Registration or Renewal. If registering or renewing registration of a physical facility to maintain portable equipment check ~~this~~the "N/A" box.~~: ☐ N/A~~	☐YES	☐NO	☐N/A*
26. If an RDHAP administers local anesthesia or performs soft tissue curettage pursuant to 16 CCR section 1118, does~~Does~~ the physical facility have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life support? *If registering or renewing: 1) a Physical Facility to Maintain Portable Equipment; or 2) a Physical Facility and the RDHAP ***does not*** administer local anesthesia or perform soft tissue curettage pursuant to 16 CCR section 1118, check the "N/A" box.	☐YES	☐NO	☐N/A*
27. Have you reviewed BPC sections BPC 1926, 1926.01, 1926.05, 1926.3, 1926.4, and 1944, and 16 CCR sections 1116.5, ~~and~~ 1117, and 1118? Please be advised that failure to comply with these provisions is grounds for denial or revocation of the registration.		☐YES	☐NO

REGISTRATION CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that all licensed persons practicing at the location designated in the registration hold valid licenses and no charges of unprofessional conduct are pending against any person practicing at that location [BPC section 1962(b)(4)].

I hereby certify under penalty of perjury under the laws of the State of California that I have read the questions in the foregoing registration and that all information, statements, attachments, and representations provided by me in this registration are true and correct. By submitting the registration and signing below, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS

REGISTRATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING THE REGISTRATION.

REGISTRANT SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

NOTICES

The Dental Hygiene Board of California of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1905, 1926.3, and 1926.4, and California Code of Regulations, Title 16, Section 1116.5. The Dental Hygiene Board of California uses this information principally to identify and evaluate applicants for registration and to enforce licensing standards set by law and regulation.

MANDATORY SUBMISSION:
Submission of the requested information is mandatory. The Dental Hygiene Board of California cannot consider your registration unless you provide all the requested information.

ACCESS TO PERSONAL INFORMATION:
You may review the records maintained by the Dental Hygiene Board of California that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION:
We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Sections 7920.000 through 7931.000), as allowed by the Information Practices Act (Civil Code Sections 1798 through 1798.78);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS:
Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Sections 30 and 31 of the Business and Professions Code authorize collection of your SSN or ITIN, which will be used exclusively for tax enforcement purposes, for investigation of tax evasion and violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, for measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial licensure will not be processed AND you may be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

STATE TAX OBLIGATION NOTICE:
The California State Board of Equalization (BOE) and the California Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation and your license may be suspended, or your renewal application denied if the state tax obligation is not paid, and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies (Sections 31 and 494.5 of the California Business and Professions Code).

CONTACT INFORMATION:

For questions about this notice or access to your records, you may contact:

Dental Hygiene Board of California
2005 Evergreen Street, Suite1350
Sacramento, CA 95815
(916) 263-1978

INTERNAL OFFICE USE ONLY		
Date Received:	**Receipt #:** ☐ **Initial** ☐ **Renewal**	**$ Amount:**
File #:	**Registration #:**	**RDHAP Lic. Exp. Date:**
Date Issued:	**Analyst:**	

Saturday, November 8, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 5.

Status of Dental Hygiene Board of California (DHBC) Regulatory Packages.

MEMORANDUM

DATE	November 8, 2025
TO	Legislation and Regulatory Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	**LEG REG 5: Status of Dental Hygiene Board of California (DHBC) Regulatory Packages**

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/ Published	OAL Final Filed	Submitted to Secretary of State/ Effective Date
1135-1137 AB 2138	4.13.19	X	X	X	X	1.07.20/ 1.17.20	8.25.20	2.5.21/ 2.5.21
1119 (Formerly 1115) Retired License	1.29.19	X	X	X	X	5.28.21/ 6.11.21	4.11.22	11.16.22/ 1.1.23
1109 RDM/ITR	1.29.19	X	X	X	X	7.21.20/ 7.31.20	4.16.21	9.27.21/ 1.1.22
1107 SLN	11.17.18	X	X	X	X	7.21.20/ 8.14.20	1.4.21	4.20.21/ 7.1.21
1103 Definitions	5.29.20	X	X	X	X	3.26.21/ 4.9.21	8.2.21	11.1.21/ 1.1.22
1104 Approval/ Continuation of Approval of New RDH Programs	5.29.20	X	X	X	X	1.4.21/ 1.15.21	6.10.21	8.18.21/ 10.1.21
1105 Requirements for DHEPs	11.23.19	X	X	X	X	7.27.21/ 8.6.21	12.13.21	1.25.22/ 4.1.22
1104.3 Inspections, Cite, Fine, and Probation for DHEPs	5.29.20 modified text 7.23.22 modified text 2.4.23	X	X	X	X	9.6.22/ 9.16.22	11.22.22	3.27.23/ 7.1.23

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/ Published	OAL Final Filed	Submitted to Secretary of State/ Effective Date
1105.2 DHEP Required Curriculum	5.29.20	X	X	X	X	11.2.21/ 11.12.21	2.16.22	3.30.22/ 7.1.22
1138.1 Unprofessional Conduct	11.21.20 Modified text 3.19.22	X	X	X	X	9.14.21/ 9.24.21	12.16.21	5.16.22/ 7.1.22
1117 RDHAP/ Dentist Relationship	8.29.20	X	X	X	X	10.18.21/ 10.29.21	2.16.22	4.1.22/ 7.1.22
1118 RDHAP STC & LA	7.17.21	X	X	X	X	11.2.21/ 11.12.21	12.30.21	2.10.22/ 4.1.22
1104.1 Process for Approval of New RDH Program	7.23.22 Due to SB 534	X	X	X	X	10.10.22 10.21.22	12.16.22	2.1.23/ 4.1.23
1114 Licensure: Veterans and Military Spouses	11.19.22 Due to AB 107 Modified Text 11.18.23	X	X	X	X	4.11.23/ 4.21.23	8.29.23 Withdrawn 10.10.23 Resubmitted 12.6.23	1.17.24/ 4.1.24
1116 Mobile Dental Hygiene Clinics	11.19.22 Due to SB 534	X	X	X	X	1.23.24/ 2.2.24	10.10.24	11.22.24/ 1.1.25
1116.5 RDHAP Practice Registration	11.19.22 Due to SB 534	X	X	X	X	1.23.24/ 2.2.24	10.10.24	11.22.24/ 1.1.25
1105(b)(4) Faculty to Student Ratio	7.22.23	X	X	X	X	12.28.23 1.12.24	4.18.24	5.29.24/ 7.1.24
1105.4 Appeals Process and Reinstatement of Withdrawn DHEPs	11.18.23 Modified Text 7.19.24	X	X	X	X	10.7.24 10.18.24	12.11.24	1.27.25 4.1.25

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/ Published	OAL Final Filed	Submitted to Secretary of State/ Effective Date
1105.2(e) Periodontal Classifications	11.16.24	In process						
1116 and 1116.5 RDHAP MDHC and Physical Facilities	3.22.25 5.27.25 11.8.25 for Board consideration							

Section 100	Submitted to Legal	OAL Submission	OAL Approved/ SoS Effective Date
Board Reference from DHCC to DHBC Division 11 Title and Sections 1100, 1101, 1104.2, 1105.1, 1105.3, 1105.4, 1106, 1108, 1122, 1124, 1126, 1127, 1131, 1138, 1139, 1142, 1143	X	3.30.22	5.10.22
1104.1 Process for Approval of New RDH Program Non-substantive changes	X	4.28.22	6.6.22
DBC sections 1073.1, 1073.3, and 1082.2.	X	10.23.23	12.6.23 Withdrawn due to need for regular rulemaking

Processing Times

- A rulemaking file must be completed within one year of the publication date of the Notice of Proposed Action. The Office of Administrative Law (OAL) issues the Notice File Number upon filing the Notice of Proposed Action.
- The DCA is allowed thirty calendar days to review the rulemaking file prior to submission to the Department of Finance (DOF).
- The DOF is allowed thirty days to review the rulemaking file prior to submission to the OAL.
- The OAL is allowed thirty working days to review the file and determine whether to approve or disapprove it. The OAL issues the Regulatory Action Number upon submission of the rulemaking file for final review.
- Pursuant to Government Code section 11343.4, as amended by Section 2 of Chapter 295 of the Statutes of 2012 (SB 1099, Wright), regulation effective dates are as follows:

Date Filed with the Secretary of State	Effective Date
September 1st – November 30th	January 1st
December 1st – February 29th	April 1st
March 1st – May 31st	July 1st
June 1st – August 31st	October 1st

DHBC
Dental Hygiene
Board of California

Saturday, November 8, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 6.

Discussion and Possible Action on Seeking Amendments to the California Business and Professions Code:

a) Add Section 1915.1– Dental Hygiene Students Participating in Sponsored Health Events: Access to Care.
b) Amend Section 1926.3– RDHAPs to Report Working Locations for Board Statistics.
c) Amend Section 1941– Accrediting Agencies for Dental Hygiene Educational Programs.
d) Add Section 1961.5– Post Board Enforcement Actions on Website and Executive Officer Citation Removal.

MEMORANDUM

DATE	November 8, 2025
TO	Legislation and Regulatory Committee Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	**LEG REG 6: Discussion and Possible Action on Seeking Amendments to the California Business and Professions Code:** **a) Add Section 1915.1– Dental Hygiene Students Participating in Sponsored Health Events: Access to Care.** **b) Amend Section 1926.3– RDHAPs to Report Working Locations for Board Statistics.** **c) Amend Section 1941– Accrediting Agencies for Dental Hygiene Educational Programs.** **d) Add Section 1961.5– Post Board Enforcement Actions on Website and Executive Officer Citation Removal.**

Background:

The Dental Hygiene Board of California (Board) licenses and regulates California dental hygienists pursuant to sections 1900 through 1967.4 of the Business and Professions Code (BPC). Since inception of the statutes, the Board continually analyzes and reviews them for any possible revisions that would help clarify the language for staff, licensees and interested stakeholders; improve procedures; and enhance program efficiencies for the betterment of the Board. This ongoing task is to improve the Board's oversite requirements of Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, Registered Dental Hygienists in Extended Functions, and dental hygiene educational programs to uphold the law.

At the Board's November 15-16, 2024, Full Board meeting, the members engaged in a robust discussion regarding amending BPC sections 1915.1, 1926.3, 1941, and 1961.5. The Full Board approved the final draft of proposed statutory language amendments for BPC sections 1915.1, 1926.3, 1941, and 1961.5, and directed staff to seek sponsored legislation for 2025.

The reasons for the requested statutory changes are:

1) Mirrors previously approved language for dental students to be applied to dental hygiene students to work at sponsored events to improve access to dental care and increase their clinical experiences (BPC section 1915.1).
2) Provide direction to Registered Dental Hygienists in Alternative Practice to notify the Board of their working locations at each license renewal which assists in the Board's

work statistics and oversight of the license category (BPC section 1926.3) for consumer protection.

3) Adds and expands accrediting agencies recognized by the US Dept. of Education which focus on allied health education for entities interested in starting new dental hygiene educational programs (BPC section 1941).
4) Allows the Board to post enforcement related information about licensees and their licensure status on the website for consumer protection and transparency (BPC section 1961.5).
5) Provides authority to the Executive Officer to rescind a citation after the appeals process and discovered the licensee would not have violated the Dental Practice Act when the initial citation was issued (BPC section 1961.5).

Action Requested:
Unfortunately, Board staff was unable to obtain an author for 2025 and is requesting for the Legislative and Regulatory Committee to review the amended statutory language and re-affirm the changes are warranted. If the Legislative and Regulatory Committee re-affirms the changes are warranted, staff requests the Legislative and Regulatory Committee recommend to the Full Board to re-affirm and approve the final draft of the proposed statutory language amendments for BPC sections 1915.1, 1926.3, 1941, and 1961.5, and direct staff to seek sponsored legislation for 2026.

Pros:
- The amendments and creation of new statutory sections of the law will provide additional provisions to assist student experiences, expand accrediting agency acceptance, enhance RDHAP work statistics, post licensure status and enforcement action information on website for transparency, and allow the executive officer to rescind specific citations after due process.

Cons:
- Educators may question the expansion acceptance of other educational accrediting agencies.
- Licensees may question the posting of licensure status and enforcement actions taken against their dental hygiene license.

PROPOSED MOTION LANGUAGE:

Motion for the Legislation and Regulatory Committee to review the amended statutory language and re-affirm the changes are warranted. If the Legislative and Regulatory Committee re-affirms the changes are warranted, staff requests the Legislative and Regulatory Committee recommend to the Full Board to re-affirm and approve the final draft of the proposed statutory language amendments for BPC sections 1915.1, 1926.3, 1941, and 1961.5, and direct staff to seek sponsored legislation for 2026.

Legend:	Added text is indicated with an underline. Deleted text is indicated by ~~strikeout.~~

Business and Professions Code (BPC) Section 1915.1.

(a) In addition to the exemptions set forth in Section 1915, the practice of dental hygiene by a dental hygiene student rendered or performed without compensation or expectation of compensation under the supervision of a licensed dental hygienist with a clinical supervising faculty appointment at a sponsored event, is exempt from the operation of this chapter.

(b) The practice of dental hygiene exempted by subdivision (a) only includes those operations, approved by the dental hygiene board, that are rendered or performed under the same conditions as operations exempt under subdivision (a) of Section 1915.

(c) For purposes of this section, all of the following shall apply:

(1) "Dental hygiene student" means a person who has begun clinical training at a dental hygiene educational program approved by the dental hygiene board.

(2) "Licensed dental hygienist" means a dental hygienist licensed pursuant to this chapter.

(3) "Clinical supervising faculty" means a licensed dental hygienist employed by the sponsoring dental hygiene educational program.

(4) "Patient" means a dental hygiene patient or, in the case of a minor, the dental hygiene patient's representative.

(6) "Sponsoring dental hygiene educational program" means a dental hygiene educational program that sanctions student and clinical faculty participation at a sponsored event.

(7) "Sponsored event" means an event, not to exceed 10 calendar days, administered by a sponsoring entity or a local governmental entity, or both, through which health care is provided to the public without compensation or expectation of compensation.

(8) "Sponsoring entity" means a nonprofit organization pursuant to Section 501(c)(3) of the Internal Revenue Code, or a community-based organization.

(d) The volunteer practice of dental hygiene by dental hygiene students pursuant to this section shall comply with all of the following requirements:

(1) Each patient shall be sufficiently informed that a dental hygiene student may be providing some of the treatment the patient will be receiving.

(2) Any information provided to the patient to give informed consent shall offer the patient the option to decline to be treated by the dental hygiene student.

(3) The volunteer practice of a dental hygiene student shall be supervised by supervising clinical faculty from the dental hygiene educational program in which the student is enrolled.

(4) Each volunteer dental hygiene student shall wear an identification badge that clearly identifies them as a "dental hygiene student." The identification badge shall display the dental hygiene student's name, the name of the dental hygiene student's dental hygiene educational program, and the name and the telephone number of the Dental Hygiene Board of California. That information shall be displayed in 14-point font, at minimum.

(5) Supervision ratios and dental hygiene student oversight while performing clinical procedures as authorized in subdivisions (a) and (b) of Section 1909 and subdivision (a) of Section 1910 shall be, at a minimum, of one (1) clinical supervising faculty member to five (5) dental hygiene students.

(6) The dental hygiene student shall perform only those procedures authorized by subdivision (a) of Section 1908, subdivisions (a) and (b) of Section 1910, subdivision (a) of Section 1911, and 1911.5 under the supervision of their assigned clinical supervising faculty.

(7) The dental hygiene student shall perform only those procedures authorized by subdivisions (a) and (b) of Section 1909 under the direct supervision of a California licensed dentist.

(8) The dental hygiene student is prohibited from performing any procedures authorized by Section 1907, subdivision (b) of Section 1908, subdivisions (c) and (d) of 1910, and Section 1910.5.

(9) For any clinical procedures, the designated clinical supervising faculty shall be responsible for assessing the patient treated by a dental hygiene student and determining if the assigned dental hygiene student has the skill level necessary to provide that patient care.

(e) The dental hygiene student or the dental hygiene student's sponsoring dental hygiene educational program shall ensure liability insurance coverage is obtained that covers all services the dental hygiene student is permitted to perform pursuant to subdivision (a) of Section 1915.

(f) The sponsoring entity of the sponsored event shall provide the Dental Hygiene Board of California with a list of the names of the dental hygiene students practicing dental hygiene exempted by this section at the sponsored event, the name of the dental hygiene educational program of enrollment of those dental hygiene students, and the name and license number of the licensed clinical supervising dental hygienist.

BPC Section 1926.3.

(a) Every person who is now or hereafter licensed as a registered dental hygienist in alternative practice in this state shall register with the executive officer, on forms prescribed by the dental hygiene board within 30 calendar days, the physical facility of registered dental hygienist in alternative practice or, if the registered dental hygienist in alternative practice has more than one physical facility pursuant to Section 1926.4, all of the physical facilities. If the registered dental hygienist in alternative practice does not have a physical facility, the registered dental hygienist in alternative practice shall notify the executive officer of their working location upon licensure and at every biennial license renewal. ~~A person licensed by the dental hygiene board shall register with the executive officer within 30 days after the date of the issuance of the person's license as a registered dental hygienist in alternative practice.~~

(b) (1) A registered dental hygienist in alternative practice who utilizes portable equipment to practice dental hygiene shall register with the executive officer, on forms prescribed by the dental hygiene board, the registered dental hygienist in alternative practice's physical facility where the portable equipment is maintained.

(2) The dental hygiene board may conduct announced and unannounced reviews and inspections of a registered dental hygienist in alternative practice's physical facilities and equipment described in paragraph (1) to ensure continued compliance with the requirements for continued approval under this article.

(c) It shall constitute unprofessional conduct if the registered dental hygienist in alternative practice's physical facility or equipment is found to be noncompliant with any requirements necessary for licensure and a registered dental hygienist in alternative practice may be placed on probation with terms, issued a citation and fine, or have the owned physical facility registration withdrawn if compliance is not demonstrated within reasonable timelines, as established by the dental hygiene board.

(d) The dental hygiene board, by itself or through an authorized representative, may issue a citation containing fines and orders of abatement to the registered dental hygienist in alternative practice for any violation of this section, Section 1925, Section 1926.4, or any regulations adopted thereunder. Any fine collected pursuant to this section shall be deposited into the State Dental Hygiene Fund established pursuant to Section 1944.

BPC Section 1941.

(a) The dental hygiene board shall grant or renew approval of only those educational programs for RDHs that continuously maintain a high-quality standard of instruction and, where appropriate, meet the minimum standards set by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.

(b) A new educational program for RDHs shall submit a feasibility study demonstrating a need for a new educational program and shall apply for approval from the dental hygiene board before seeking any required approval for initial accreditation from the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board. The dental hygiene board may approve, provisionally approve, or deny approval of a new educational program for RDHs.

(c) For purposes of this section, a new or existing educational program for RDHs means a program provided by a college or institution of higher education that is accredited by a regional accrediting agency or a dental hygiene board-recognized agency whose mission includes the accreditation of institutions offering allied health education programs, recognized by the United States Department of Education and that has as its primary purpose providing college level courses leading to an associate or higher degree, that is either affiliated with or conducted by a dental school approved by the dental board, or that is accredited to offer college level or college parallel programs by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.

(d) For purposes of this section, “RDHs” means registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.

BPC Section 1961.5.

(a) The dental hygiene board shall post on its Internet Web site the following information on the current status of the license for all current and former licensees:

(1) Whether or not the licensee is presently in good standing.

(2) Any of the following enforcement actions or proceedings to which the licensee is actively subjected:

(A) Temporary restraining orders.

(B) Interim suspension orders.

(C) Revocations, suspensions, probations, or limitations on practice ordered by the board or the board of another state or jurisdiction, including those made part of a probationary order or stipulated agreement.

(D) Current accusations filed by the Attorney General, including those accusations that are on appeal. For purposes of this paragraph, “current accusation” means an accusation that has not been dismissed, withdrawn, or settled, and has not been

finally decided upon by an administrative law judge and the dental hygiene board unless an appeal of that decision is pending.

(E) Citations issued that have not been resolved or appealed within 30 days.

(b) The dental hygiene board shall post on its Internet Web site all of the following historical information in its possession, custody, or control regarding all current and former licensees:

(1) Any final revocations and suspensions, or other equivalent actions, taken against the licensee by the dental hygiene board or the board of another state or jurisdiction or the surrender of a license by the licensee in relation to a disciplinary action or investigation, including the operative accusation resulting in the license surrender or discipline by the dental hygiene board.

(2) Probation or other equivalent action ordered by the dental hygiene board, or the board of another state or jurisdiction, completed or terminated, including the operative accusation resulting in the discipline by the board.

(3) Any felony convictions. Upon receipt of a certified copy of an expungement order granted pursuant to Section 1203.4 of the Penal Code from a licensee, the board shall, within six months of receipt of the expungement order, post notification of the expungement order and the date thereof on its Internet Web site.

(4) Misdemeanor convictions resulting in a disciplinary action or accusation that is not subsequently withdrawn or dismissed. Upon receipt of a certified copy of an expungement order granted pursuant to Section 1203.4 of the Penal Code from a licensee, the dental hygiene board shall, within six months of receipt of the expungement order, post notification of the expungement order and the date thereof on its Internet Web site.

(5) Civil judgments issued in any amount, whether or not vacated by a settlement after entry of the judgment, that were not reversed on appeal, and arbitration awards issued in any amount, for a claim or action for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice, or by their rendering of unauthorized professional services.

(6) Citations issued within the last three years that have been resolved by payment of the administrative fine or compliance with the order of abatement.

(7) Appropriate disclaimers and explanatory statements to accompany the information described in paragraphs (1) to (6), inclusive, including an explanation of what types of information are not disclosed. These disclaimers and statements shall be developed by the dental hygiene board.

c) The Executive Officer may rescind or withdraw a citation, fine, or both in the following circumstances:

(1) If the licensee presents new evidence after the appeal process and demonstrates the licensee would not have violated the Dental Practice Act when the initial citation, fine, or both were issued.

(2) If the citation, fine, or both are a result of an administrative action and the licensee maintains compliance of the law for which the a citation, fine, or both were issued after a three-year period.

DHBC
Dental Hygiene
Board of California

Saturday, November 8, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 7.

Legislative Update: Discussion of 2025 Bills of Interest and Tentative 2026 Legislative Calendar:

a) Assembly Bill (AB) 224 Bonta: Health care coverage: essential health benefits.
b) AB 341 Arambula: Oral Health for People with Disabilities Technical Assistance Center Program.
c) AB 350 Bonta: Health care coverage: fluoride treatments.
d) AB 371 Haney: Dental coverage.
e) AB 489 Bonta: Health care professions: deceptive terms or letters: artificial intelligence.
f) AB 742 Elhawary: Department of Consumer Affairs: licensing: applicants who are descendants of slaves.
g) AB 873 Alanis: Dentistry: dental assistants: infection control course.
h) AB 966 Carrillo: Dental Practice Act: foreign dental schools.
i) AB 980 Arambula: Health care: medically necessary treatment.
j) AB 1307 Ávila Farías: Licensed Dentists from Mexico Pilot Program.
k) AB 1418 Schiavo: Department of Health Care Access and Information.
l) Senate Bill (SB) 62 Menjivar: Health care coverage: essential health benefits.
m) SB 351 Cabaldon: Health Facilities.
n) SB 386 Limón: Dental providers: fee-based payments.
o) SB 470 Laird: Bagley-Keene Open Meeting Act: teleconferencing.
p) SB 744 Cabaldon: Accrediting agencies.
q) SB 861 Committee on Business, Professions and Economic Development: Committee on Business, Professions and Economic Development. Consumer affairs (Omnibus Bill).
r) Tentative 2026 Legislative Calendar.

MEMORANDUM

DATE	November 8, 2025
TO	Legislation and Regulatory Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	**LEG REG 7: Update on 2025 Legislation as of October 29, 2025**

2025 Legislation	Topic	Status	DHBC Position On 7.19.25
AB 224 Bonta	**Health care coverage: essential health benefits.** This bill would require, beginning January 1, 2027, if the United States Department of Health and Human Services (HHS) approves a new essential health benefits (EHBs) benchmark plan for the State of California (state) pursuant to the submission by the state, the existing EHB benchmark plan to additionally include coverage for hearing aids, durable medical equipment (DME), and infertility benefits, as specified.	Approved by Governor October 13, 2025. Filed with Secretary of State October 13, 2025.	Watch.
AB 341 Arambula	**Oral Health for People with Disabilities Technical Assistance Center Program.** This bill would require the Department of Developmental Services (DDS), no later than July 1, 2027, to contract with a public California dental school to administer the Oral Health for People with Disabilities Technical Assistance Center Program to improve dental care services for people with intellectual and developmental disabilities by reducing or eliminating the need for dental treatment using sedation and general anesthesia.	Approved by Governor October 11, 2025. Filed with Secretary of State October 11, 2025.	Watch.
AB 350 Bonta	**Health care coverage: fluoride treatments.** Requires a health 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	9.11.25 Failed deadline.	Support.

2025 Legislation	Topic	Status	DHBC Position On 7.19.25
	setting for children under 21 years of age, without a deductible, co-insurance, copayment or other cost-sharing requirement for that coverage. Clarifies that Medi-Cal coverage of fluoride treatment is for children under 21 years of age rather than 17 years of age and specifies that this coverage includes the application of fluoride varnish in the primary care setting and expands which staff may apply the fluoride varnish, as specified	May be acted upon Jan 2026 (2 year).	
AB 371 Haney	**Dental coverage.** 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.	5.23.25 Failed deadline. May be acted upon Jan 2026 (2 year).	Watch.
AB 489 Bonta	**Health care professions: deceptive terms or letters: artificial intelligence.** Prohibits artificial intelligence (AI) and generative artificial intelligence (GenAI) systems from misrepresenting themselves as licensed or certified healthcare professionals and provides state licensing boards or enforcement agencies the authority to pursue legal recourse against developers or deployers of AI or GenAI systems.	Approved by Governor October 11, 2025. Filed with Secretary of State October 11, 2025.	Watch.
AB 742 Elhawary	**Department of Consumer Affairs: licensing: applicants who are descendants of slaves.**	10.13.25 Vetoed by Governor.	Watch.

2025 Legislation	Topic	Status	DHBC Position On 7.19.25
	Existing law establishes the Department of Consumer Affairs, which is composed of specified boards that license and regulate various professions. Existing law requires those boards to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and supplies evidence that they are married to or in a domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders. This bill would require those boards to expedite applications for applicants seeking licensure who are descendants of American slaves once a process to certify descendants of American slaves is implemented, as specified. This bill would make these provisions operative only if SB 518 of the 2025–26 Regular Session is enacted establishing the Bureau for Descendants of American Slavery and would make these provisions operative when the certification process is implemented pursuant to that measure. The bill would repeal these provisions 4 years from the date on which they become operative or on January 1, 2032, whichever is earlier. Governor's Message: To the Members of the California State Assembly: I am returning Assembly Bill 742 without my signature. This bill would require boards and bureaus under the Department of Consumer Affairs to expedite applicants seeking licensure who are descendants of slaves, once a certification process for the descendants of American Slaves is implemented by the Bureau for Descendants of American Slavery. I appreciate the author's intent to increase diversity within the professional licensed population and improve licensure opportunities for historically		

2025 Legislation	Topic	Status	DHBC Position On 7.19.25
	underrepresented communities. However, as the number of applicants who qualify for expedited licensure increases, the benefits of mandated prioritization may start to diminish, creating negative impacts on other applicants. Additionally, licensing fee increases may result from this bill, as an increase in staff will be necessary to ensure expedited applications. I vetoed two similar measures seeking to expedite licensure for specified populations last year for these same concerns, and I believe more data is needed on the effectiveness and consequences of expedited licensure before committing to similar frameworks. For these reasons, I cannot sign this bill. Sincerely, Gavin Newsom		
AB 873 Alanis	**Dentistry: dental assistants: infection control course.** Current law authorizes the Dental Board of California to review and evaluate all applications for licensure in all dental assisting categories to ascertain whether a candidate meets the appropriate licensing requirements specified by statute and board regulation. Current law establishes the Dental Assisting Council within the Dental Board of California and requires the council to consider all matters relating to dental assistants in the state, as specified, and to make appropriate recommendations to the board and the standing committees of the board in specified areas, including standards and criteria for approval of dental assisting educational programs, courses, and continuing education. Current law requires the board to approve, modify, or reject recommendations by the council within 120 days of submission to the board during full board business. Current law requires that fees relating to the licensing and permitting of dental assistants be established by regulation, subject to certain limitations prescribed by statute.	7.14.25 Appropriations Committee Hearing canceled at the request of author.	Oppose.

2025 Legislation	Topic	Status	DHBC Position On 7.19.25
	This bill would require that the fee for review of each approval application or reevaluation for a course for instruction in interim therapeutic restoration and radiographic decision making, radiation safety, or infection control that is not accredited by a board-approved agency or the Chancellor's office of the California Community Colleges not exceed $300 and would make conforming changes.		
AB 966 Carrillo	**Dental Practice Act: foreign dental schools.** Beginning January 1, 2024, existing law requires foreign dental schools seeking approval by the board to complete the international consultative and accreditation process with CODA. Notwithstanding that requirement, 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 has been issued a denial of accreditation by 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 accreditation by CODA, provided the school applies for accreditation on or before January 1, 2026, and updates the board on the accreditation process, as specified. The bill would specify that a graduate of a foreign dental school with this extended approval is eligible for licensure to practice dentistry pursuant to the requirements of the Dental Practice Act, including graduates who were enrolled in the school at the time the extended approval expires, provided they were enrolled on or after July 1, 2025.	5.1.25 Failed deadline. May be acted upon Jan 2026 (2 year).	Watch.
AB 980 Arambula	**Health care: medically necessary treatment.**	5.1.25 Failed deadline.	Watch.

2025 Legislation	Topic	Status	DHBC Position On 7.19.25
	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 medically necessary treatment of physical conditions and diseases under the same terms and conditions applied to other medical conditions, as specified. The bill would require the delivery of medically necessary services out of network if those services are not available within geographic and timely access standards. The bill would require a plan or insurer to apply specified clinical criteria and guidelines in conducting utilization review of the covered health care services and benefits for physical conditions and diseases. The bill would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner, as applicable, to assess administrative or civil penalties, as specified, for violation of the requirements relating to utilization review.	May be acted upon Jan 2026 (2 year).	
AB 1307 Ávila Farías	**Licensed Dentists from Mexico Pilot Program.** The Licensed Dentists from Mexico Pilot Program requires the Dental Board of California to issue 3-year nonrenewable permits to practice dentistry to dentists from Mexico who meet specified criteria. This bill would repeal those provisions and replace them with a new Licensed Dentists from Mexico Pilot Program. Under that new program, the bill would require the board to issue a 3-year nonrenewable license to practice dentistry to an applicant that 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.	7.17.25 Failed deadline. May be acted upon Jan 2026 (2 year).	Watch.
AB 1418 Schiavo	**Department of Health Care Access and Information.**	Approved by Governor October 06, 2025.	Watch.

2025 Legislation	Topic	Status	DHBC Position On 7.19.25
	Current law requires the Department of Health Care Access and Information to establish a health care workforce research and data center to serve as the central source of health care workforce and educational data in the state. Current law requires the department to prepare an annual report to the Legislature that, among other things, identifies education and employment trends in the health care profession and describes the health care workforce program outcomes and effectiveness. This bill would additionally require the department's report to include health care coverage trends for employees subject to waiting periods before receiving employer-sponsored health care coverage and provide recommendations for state policy necessary to address gaps in health care coverage for those same employees.	Filed with Secretary of State October 06, 2025.	
SB 62 Menjivar	**Health care coverage: essential health benefits.** This bill expands California's Essential Health Benefits (EHBs) benchmark coverage, to include services to evaluate, diagnose, and treat infertility. durable medical equipment such as mobility devices; and hearing aids. EHB's are mandated coverage for health insurance that is sold in California for individuals and small businesses pursuant to the federal Affordable Care Act.	Approved by Governor October 13, 2025. Filed with Secretary of State October 13, 2025.	Watch.
SB 351 Cabaldon	**Health Facilities.** This bill would prohibit a private equity group or hedge fund, as defined, involved in any manner with a physician or dental practice doing business in this state from interfering with the professional judgment of physicians or dentists in making health care decisions and exercising power over specified actions, including, among other things, making decisions regarding coding and billing procedures for patient care services. The bill would prohibit a private equity group or hedge fund from entering into an agreement or arrangement with a physician or dental practice if the agreement or arrangement would	Approved by Governor October 06, 2025. Filed with Secretary of State October 06, 2025.	Watch.

2025 Legislation	Topic	Status	DHBC Position On 7.19.25
	enable the person or entity to engage in the prohibited actions described above. The bill would render void and unenforceable specified types of contracts between a physician or dental practice and a private equity group or hedge fund that explicitly or implicitly 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 any 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, as specified.		
SB 386 Limón	**Dental providers: fee-based payments.** The bill would require a health care service plan contract or health insurance policy, as defined, 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, as specified. The bill, beginning April 1, 2026, would require 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. The bill would authorize a dental provider to opt out of a fee-based payment method at any time by providing affirmative consent to the health care service plan, health insurer, or contracted vendor. The bill would require 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, as specified. The bill would specify that its provisions do not apply if a health care service plan or health insurer has a	Approved by Governor October 01, 2025. Filed with Secretary of State October 01, 2025.	Watch.

2025 Legislation	Topic	Status	DHBC Position On 7.19.25
	direct contract with a provider that allows the provider to choose payment methods, including a non-fee-based payment method for services rendered.		
SB 470 Laird	**Bagley-Keene Open Meeting Act: teleconferencing.** Existing law, the Bagley-Keene Open Meeting Act (Bagley-Keene), authorizes meetings through teleconference subject to specified requirements. This bill extends the January 1, 2026, repeal date for certain provisions in Bagley-Keene until January 1, 2030, authorizing and specifying conditions under which a state body may hold a meeting by teleconference, as specified. AB 470, as currently written, will make the current provisions available until January 1, 2030, allowing the Board to continue with their current processes. With this, the Board may continue to achieve savings and efficiencies by holding board meetings online.	Approved by Governor October 01, 2025. Filed with Secretary of State October 01, 2025.	Support.
SB 744 Cabaldon	**Accrediting agencies** 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 would provide 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,	Approved by Governor October 06, 2025. Filed with Secretary of State October 06, 2025.	Support.

2025 Legislation	Topic	Status	DHBC Position On 7.19.25
	2025. The bill would repeal those provisions on January 1, 2030.		
SB 861 Committee on Business, Professions and Economic Development	**Committee on Business, Professions and Economic Development. Consumer affairs (Omnibus Bill).** Existing law establishes the Dental Hygiene Board of California to license and regulate dental hygienists. Chapter 858 of the Statutes of 2018 created the board out of the former Dental Hygiene Committee of California, as specified. Existing law requires the dental hygiene board to make recommendations to the Dental Board of California regarding dental hygiene scope of practice issues. Existing law also requires the Dental Hygiene Board of California to establish the amount of fees relating to the licensing of dental hygienists and imposes limitations on those fees, including prohibiting the application fee for an original license and the fee for issuance of an original license from exceeding $250. This bill would remove the requirement for the dental hygiene board to make recommendations to the Dental Board of California, as described above. The bill would instead prohibit an application fee from exceeding $100 and an initial licensure fee from exceeding $150. The bill would make technical changes to the provisions regulating dental hygienists by, among other things, correcting references to the dental hygiene board and deleting an obsolete provision affecting the expiration of terms for members of the former Dental Hygiene Committee of California.	Approved by Governor October 10, 2025. Filed with Secretary of State October 10, 2025.	Support.

2026 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE

Revised 9-29-25

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

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

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

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

MAY							
	S	M	T	W	TH	F	S
Wk. 4						1	2
Wk. 1	3	4	5	6	7	8	9
Wk. 2	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
No hrgs.	24	25	26	27	28	29	30
Wk. 4	31						

DEADLINES

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 observed.

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 observed.

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 **nonfiscal 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 observed.

May 26-29 **Floor Session only**. No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (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 final approval by Rules Committee.

OVER

2026 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE

Revised 9-29-25

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

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

July 2 Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)).

Summer Recess begins upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).

July 3 Independence Day observed.

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
No Hrgs.	16	17	18	19	20	21	22
No Hrgs.	23	24	25	26	27	28	29
No Hrgs.	30	31					

Aug. 3 Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

Aug. 14 Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(14)).

Aug. 17-31 Floor Session only. No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(15)).

Aug. 21 Last day to **amend** bills 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)).

IMPORTANT DATES OCCURRING DURING INTERIM 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)).

Oct. 2 Bills enacted on or before this date take effect January 1, 2027. (Art. IV, Sec. 8(c)).

Nov. 3 General Election.

Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).

Dec. 7 2027-28 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

2027

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

*Holiday schedule subject to final approval by Rules Committee.

Assembly Bill No. 224
CHAPTER 680

An act to amend Section 10112.27 of the Insurance Code, relating to health care coverage.
[Approved by Governor October 13, 2025. Filed with Secretary of State October 13, 2025.]

legislative counsel's digest

AB 224, Bonta. Health care coverage: essential health benefits.

Existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Existing law requires a health insurance policy to cover the same health benefits that the benchmark plan, the Kaiser Foundation Health Plan Small Group HMO 30 plan, offered during the first quarter of 2014, as specified.

This bill would express the intent of the Legislature to review California's essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year for health insurers. The bill would require, commencing January 1, 2027, if the United States Department of Health and Human Services approves a new essential health benefits benchmark plan for the state, as specified, the benchmark plan for health insurers to include certain additional benefits, including coverage for specified fertility services and specified durable medical equipment.

The people of the State of California do enact as follows:

SECTION 1. It is the intent of the Legislature to review California's essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year for health insurers.

SEC. 2. Section 10112.27 of the Insurance Code is amended to read:

10112.27. (a) An individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, shall include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act (PPACA) and as outlined in this section. This section shall exclusively govern the benefits a health insurer must cover as essential health benefits. For purposes of this section, "essential health benefits" means all of the following:

(1) Health benefits within the categories identified in Section 1302(b) of PPACA: ambulatory patient services, emergency services, hospitalization,

maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care.
(2) (A) The health benefits covered by the Kaiser Foundation Health Plan Small Group HMO 30 plan (federal health product identification number 40513CA035) as this plan was offered during the first quarter of 2014, as follows, regardless of whether the benefits are specifically referenced in the plan contract or evidence of coverage for that plan:
(i) Medically necessary basic health care services, as defined in subdivision (b) of Section 1345 of the Health and Safety Code and Section 1300.67 of Title 28 of the California Code of Regulations.
(ii) The health benefits mandated to be covered by the plan pursuant to statutes enacted before December 31, 2011, as described in the following sections of the Health and Safety Code: Sections 1367.002, 1367.06, and 1367.35 (preventive services for children); Section 1367.25 (prescription drug coverage for contraceptives); Section 1367.45 (AIDS vaccine); Section 1367.46 (HIV testing); Section 1367.51 (diabetes); Section 1367.54 (alpha-fetoprotein testing); Section 1367.6 (breast cancer screening); Section 1367.61 (prosthetics for laryngectomy); Section 1367.62 (maternity hospital stay); Section 1367.63 (reconstructive surgery); Section 1367.635 (mastectomies); Section 1367.64 (prostate cancer); Section 1367.65 (mammography); Section 1367.66 (cervical cancer); Section 1367.665 (cancer screening tests); Section 1367.67 (osteoporosis); Section 1367.68 (surgical procedures for jaw bones); Section 1367.71 (anesthesia for dental); Section 1367.9 (conditions attributable to diethylstilbestrol); Section 1368.2 (hospice care); Section 1370.6 (cancer clinical trials); Section 1371.5 (emergency response ambulance or ambulance transport services); subdivision (b) of Section 1373 (sterilization operations or procedures); Section 1373.4 (inpatient hospital and ambulatory maternity); Section 1374.56 (phenylketonuria); Section 1374.17 (organ transplants for HIV); Section 1374.72 (mental health parity); and Section 1374.73 (autism/behavioral health treatment).
(iii) Any other benefits mandated to be covered by the plan pursuant to statutes enacted before December 31, 2011, as described in those statutes.
(iv) The health benefits covered by the plan that are not otherwise required to be covered under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code, to the extent otherwise required pursuant to Sections 1367.18, 1367.21, 1367.215, 1367.22, 1367.24, and 1367.25 of the Health and Safety Code, and Section 1300.67.24 of Title 28 of the California Code of Regulations.
(v) Any other health benefits covered by the plan that are not otherwise required to be covered under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code.
(B) If there are any conflicts or omissions in the plan identified in subparagraph (A) as compared with the requirements for health benefits

under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code that were enacted before December 31, 2011, the requirements of Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code shall control, except as otherwise specified in this section.
(C) Notwithstanding subparagraph (B) or any other provision of this section, the home health services benefits covered under the plan identified in subparagraph (A) shall not be in conflict with Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code.
(D) For purposes of this section, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110-343) shall apply to a policy subject to this section. Coverage of mental health and substance use disorder services pursuant to this paragraph, along with any scope and duration limits imposed on the benefits, shall be in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110-343), and all rules, regulations, and guidance issued pursuant to Section 2726 of the federal Public Health Service Act (42 U.S.C. Sec. 300gg-26).
(E) Commencing January 1, 2027, if the United States Department of Health and Human Services approves a new essential health benefits benchmark plan for the State of California pursuant to submissions to the department made on behalf of the state in 2025 for this purpose, the benchmark plan described in subparagraph (A) shall additionally include all of the following benefits:
(i) Services to evaluate, diagnose, and treat infertility that include all of the following:
(I) Artificial insemination.
(II) Three attempts to retrieve gametes.
(III) Three attempts to create embryos.
(IV) Three rounds of pretransfer testing.
(V) Cryopreservation of gametes and embryos.
(VI) Two years of storage for cryopreserved embryos.
(VII) Unlimited storage for cryopreserved gametes.
(VIII) Unlimited embryo transfers.
(IX) Two vials of donor sperm.
(X) Ten donor eggs.
(XI) Surrogacy coverage for the services described above.
(XII) Health testing of the surrogate for each attempted round of covered services.
(ii) All of the following durable medical equipment:
(I) Mobility devices, including, but not limited to, walkers and manual and power wheelchairs and scooters.
(II) Augmented communications devices, including, but not limited to, speech-generating devices, communications boards, and computer applications.
(III) Continuous positive airway pressure machines.
(IV) Portable oxygen.

(V) Hospital beds.
(iii) (I) An annual hearing exam.
(II) One hearing aid per ear every three years.
(3) With respect to habilitative services, in addition to any habilitative services and devices identified in paragraph (2), coverage shall also be provided as required by federal rules, regulations, or guidance issued pursuant to Section 1302(b) of PPACA. Habilitative services and devices shall be covered under the same terms and conditions applied to rehabilitative services and devices under the policy. Limits on habilitative and rehabilitative services and devices shall not be combined.
(4) With respect to pediatric vision care, the same health benefits for pediatric vision care covered under the Federal Employees Dental and Vision Insurance Program vision plan with the largest national enrollment as of the first quarter of 2014. The pediatric vision care services covered pursuant to this paragraph shall be in addition to, and shall not replace, any vision services covered under the plan identified in paragraph (2).
(5) With respect to pediatric oral care, the same health benefits for pediatric oral care covered under the dental benefit received by children under the Medi-Cal program as of 2014, including the provision of medically necessary orthodontic care provided pursuant to the federal Children's Health Insurance Program Reauthorization Act of 2009. The pediatric oral care benefits covered pursuant to this paragraph shall be in addition to, and shall not replace, any dental or orthodontic services covered under the plan identified in paragraph (2).
(b) Treatment limitations imposed on health benefits described in this section shall be no greater than the treatment limitations imposed by the corresponding plans identified in subdivision (a), subject to the requirements set forth in paragraph (2) of subdivision (a).
(c) Except as provided in subdivision (d), this section does not permit a health insurer to make substitutions for the benefits required to be covered under this section, regardless of whether those substitutions are actuarially equivalent.
(d) To the extent permitted under Section 1302 of PPACA and any rules, regulations, or guidance issued pursuant to that section, and to the extent that substitution would not create an obligation for the state to defray costs for any individual, an insurer may substitute its prescription drug formulary for the formulary provided under the plan identified in subdivision (a) if the coverage for prescription drugs complies with the sections referenced in clauses (ii) and (iv) of subparagraph (A) of paragraph (2) of subdivision (a) that apply to prescription drugs.
(e) A health insurer, or its agent, producer, or representative, shall not issue, deliver, renew, offer, market, represent, or sell any product, policy, or discount arrangement as compliant with the essential health benefits requirement in federal law, unless it meets all of the requirements of this section. This subdivision shall be enforced in the same manner as Section 790.03, including through the means specified in Sections 790.035 and 790.05.

(f) This section applies regardless of whether the policy is offered inside or outside the California Health Benefit Exchange created by Section 100500 of the Government Code.
(g) This section does not exempt a health insurer or a health insurance policy from meeting other applicable requirements of law.
(h) This section does not prohibit a policy from covering additional benefits, including, but not limited to, spiritual care services that are tax deductible under Section 213 of the Internal Revenue Code.
(i) Subdivision (a) does not apply to any of the following:
(1) A policy that provides excepted benefits as described in Sections 2722 and 2791 of the federal Public Health Service Act (42 U.S.C. Sec. 300gg-21; 42 U.S.C. Sec. 300gg-91).
(2) A policy that qualifies as a grandfathered health plan under Section 1251 of PPACA or any binding rules, regulations, or guidance issued pursuant to that section.
(j) This section shall not be implemented in a manner that conflicts with a requirement of PPACA.
(k) An essential health benefit is required to be provided under this section only to the extent that federal law does not require the state to defray the costs of the benefit.
(*l*) This section does not obligate the state to incur costs for the coverage of benefits that are not essential health benefits as defined in this section.
(m) An insurer is not required to cover, under this section, changes to health benefits that are the result of statutes enacted on or after December 31, 2011.
(n) (1) On or before January 1, 2027, the commissioner may issue guidance to health insurers regarding compliance with this section. This guidance shall not be subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).
(2) The commissioner may promulgate regulations subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) to implement this section. This subdivision shall not be construed to impair or restrict the commissioner's rulemaking authority pursuant to another provision of this code or the Administrative Procedure Act.
(3) The commissioner shall consult with the Department of Managed Health Care in issuing guidance and in adopting regulations pursuant to paragraphs (1) and (2) for the purpose of implementing this section.
(o) This section does not impose on health insurance policies the cost sharing or network limitations of the plans identified in subdivision (a) except to the extent otherwise required to comply with this code, including this section, and as otherwise applicable to all health insurance policies offered to individuals and small groups.
(p) For purposes of this section, the following definitions apply:
(1) "Habilitative services" means health care services and devices that help a person keep, learn, or improve skills and functioning for daily living.

Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient or outpatient settings, or both. Habilitative services shall be covered under the same terms and conditions applied to rehabilitative services under the policy.
(2) (A) "Health benefits," unless otherwise required to be defined pursuant to federal rules, regulations, or guidance issued pursuant to Section 1302(b) of PPACA, means health care items or services for the diagnosis, cure, mitigation, treatment, or prevention of illness, injury, disease, or a health condition, including a behavioral health condition.
(B) "Health benefits" does not mean any cost-sharing requirements such as copayments, coinsurance, or deductibles.
(3) "PPACA" means the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), and any rules, regulations, or guidance issued thereunder.
(4) "Small group health insurance policy" means a group health insurance policy issued to a small employer, as defined in subdivision (q) of Section 10753.

O

Assembly Bill No. 341
CHAPTER 612

An act to add Article 9 (commencing with Section 4698.50) to Chapter 6 of Division 4.5 of the Welfare and Institutions Code, relating to developmental services.
[Approved by Governor October 11, 2025. Filed with Secretary of State October 11, 2025.]

legislative counsel's digest

AB 341, Arambula. Oral Health for People with Disabilities Technical Assistance Center Program.

Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities, including intellectual disabilities and other conditions, and their families. Under existing law, the regional centers purchase needed services and supports for individuals with developmental disabilities through approved service providers, or arrange for their provision through other publicly funded agencies. Existing law defines "services and supports for persons with developmental disabilities" to mean specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability, or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life. Under existing law, specialized medical and dental care are included within that definition.

This bill, subject to an appropriation by the Legislature, would require the department, no later than July 1, 2027, to contract with a public or private 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. The bill would require the department to prioritize contracting with a public California dental school or college to administer the program. The bill would authorize the contracted California dental school or college to partner with a public or private dental school or college, and would require the schools to meet certain criteria relating to location, accreditation, and a demonstrated record of working with regional centers. The bill would require the contracted school or partnership, among other responsibilities, to work with the department to engage up to 21 regional centers to participate, provide practical experience, systems development, and expertise in relevant subject areas, to train, monitor, and support regional

center and oral health personnel, and to collect and analyze program data with the support of participating regional centers and oral health providers. The bill would require the department to submit an annual report of the collected data to the Legislature, and to provide guidance and establish protocols to support the program, among other things. The bill also would specify regional center duties, including identifying consumers who can benefit from the program, and establishing vendor agreements with interested oral health professionals.
The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:
(a) People with intellectual and developmental disabilities are often referred for dental treatment that relies on the use of sedatives and general anesthesia. This leads to longer wait times and increased costs. Because of this, people with intellectual and developmental disabilities are more likely to lack access to dental care and are disproportionately at risk of developing chronic dental illnesses.
(b) Chronic conditions associated with delayed dental care include depression, cardiovascular disease, respiratory infection, and adverse pregnancy outcomes.
(c) New developments in dental materials, dental procedures, and dental treatment delivery systems have created alternatives to the use of sedation and general anesthesia for people with intellectual and developmental disabilities. These improvements can reduce risk, wait times, and cost, which all improve patient outcomes.
(d) Unfortunately, these alternatives are not widely available to those in need because of a lack of trained practitioners, policy barriers, and systemic deficiencies in payment and other support systems for practitioners who otherwise might provide care to this vulnerable population.
SEC. 2. Article 9 (commencing with Section 4698.50) is added to Chapter 6 of Division 4.5 of the Welfare and Institutions Code, to read:
Article 9. Oral Health for People with Disabilities Technical Assistance Center Program
4698.50. (a) No later than July 1, 2027, the State Department of Developmental Services shall contract with a public or private California dental school or college to administer the Oral Health for People with Disabilities Technical Assistance Center Program. The department shall prioritize contracting with a public California dental school or college to administer the program. The purpose of the program is 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. The contract shall expire on June 30, 2032.

(b) The contracted California dental school or college may partner with a public or private dental school or college. If the contracted California dental school or college elects to partner with another dental school or college, the contracted California dental school or college shall prioritize partnering with a public California dental school or college. The contracted school or resulting partnership shall collectively meet both of the following qualifications:
(1) All partner public or private schools shall be located in California and be approved by the Dental Board of California or the Commission on Dental Accreditation of the American Dental Association.
(2) Lead faculty at one or more schools shall demonstrate having developed and implemented at regional centers, community-based dental care programs that have achieved all of the following:
(A) Successfully used teledentistry-supported systems to bring dental care to people with developmental disabilities in community settings.
(B) Successfully reduced the number of people needing dental care using sedation or general anesthesia.
(C) Demonstrated improved oral health in community settings as the result of meeting the achievements described in subparagraphs (A) and (B).
(c) In administering the Oral Health for People with Disabilities Technical Assistance Center Program, the contracted school or partnership shall do all of the following:
(1) Work with the department to engage up to 21 regional centers to participate in the program.
(2) Provide practical experience, systems development, and expertise in relevant subject areas.
(3) Enlist dental offices and clinics to participate and establish teams of community-based allied personnel and dentists to work with each participating regional center.
(4) Design, implement, and support customized operational systems in each community in conjunction with the local oral health community and regional center personnel.
(5) Provide initial and ongoing training, monitoring, and support for participating oral health personnel, including, but not limited to, dental offices and clinics, and dentists and allied dental personnel.
(6) Provide initial and ongoing training, monitoring, and support for participating regional center personnel.
(7) Monitor and support the ongoing improvement and sustainability of operational systems at each regional center.
(8) Organize and direct a statewide advisory committee and learning community.
(9) Collect and analyze program data with the support of participating regional centers and oral health providers.
(d) Beginning one year after the contract described in subdivision (a) commences and until June 30, 2033, the department shall submit to the Legislature an annual report of the data described in paragraph (9) of subdivision (c), in accordance with Section 9795 of the Government Code.

(e) To implement this section, the department may enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis. Contracts entered into or amended pursuant to this subdivision shall be exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, and the review or approval of the Department of General Services.

4698.51. Participating regional centers shall do all of the following:

(a) Designate a lead person at each regional center with responsibility for duties related to this article.

(b) Establish vendor agreements with interested oral health professionals.

(c) Identify people with intellectual and developmental disabilities who can benefit from the program, especially those who are already experiencing long wait times for dental care using sedation or general anesthesia, or those who are likely to experience long wait times in the future.

(d) Collect and store social, medical, and consent history and information necessary for a referral to a participating oral health professional.

(e) Facilitate referrals to participating oral health professionals.

(f) Monitor program and individual patient activity and progress.

4698.52. (a) The department shall do all of the following:

(1) Establish procedures for regional center directors, or their designees, to participate in the program.

(2) Provide guidance and establish protocols to support the program, including detailed clarification of payment for the various components of the program, workflow, and purchase-of-service authorizations and payments.

(3) Provide guidance for regional centers regarding the use of specialized therapeutic services payments.

(4) Provide guidance and technical assistance for regional centers to streamline the vendorization process for dental professionals.

(5) Allow regional centers to aggregate and publish anonymized results data.

(b) The department may consult and share information with other state entities as necessary to implement this article.

(c) The department may adopt other rules and regulations necessary to implement this article.

4698.53. Implementation of this article is subject to an appropriation by the Legislature for the purpose of this article.

Assembly Bill No. 489
CHAPTER 615

An act to add Chapter 15.5 (commencing with Section 4999.8) to Division 2 of the Business and Professions Code, relating to healing arts.
[Approved by Governor October 11, 2025. Filed with Secretary of State October 11, 2025.]

legislative counsel's digest
AB 489, Bonta. Health care professions: deceptive terms or letters: artificial intelligence.
Existing law establishes various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. Existing laws, including, among others, the Medical Practice Act and the Dental Practice Act, make it a crime for a person who is not licensed as a specified health care professional to use certain words, letters, and phrases or any other terms that imply that they are authorized to practice that profession.
Existing law requires, with certain exemptions, a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence, as defined, to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and (2) clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. Existing law provides that a violation of these provisions by a physician shall be subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.
This bill would make 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 would prohibit the use by AI or GenAI technology of certain terms, letters, or phrases that indicate or imply that the advice, care, reports, or assessments being provided through AI or GenAI is being provided by a natural person with the appropriated 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.
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By expanding the scope of existing crimes, this bill would impose a state-mandated local program.
The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.
This bill would provide that no reimbursement is required by this act for a specified reason.
The people of the State of California do enact as follows:

SECTION 1. Chapter 15.5 (commencing with Section 4999.8) is added to Division 2 of the Business and Professions Code, to read:
Chapter 15.5. Health Advice From Artificial Intelligence
4999.8. For purposes of this chapter, the following definitions apply:
(a) "Artificial intelligence" or "AI" has the same meaning as set forth in Section 11546.45.5 of the Government Code.
(b) "Generative artificial intelligence" or "GenAI" has the same meaning as set forth in Section 11549.64 of the Government Code.
(c) "Health care profession" means any profession that is the subject of licensure or regulation under this division or under any initiative act referred to in this division.
4999.9. (a) (1) A violation of this chapter is subject to the jurisdiction of the appropriate health care professional licensing board or enforcement agency.
(2) The appropriate health care professional licensing board may pursue an injunction or restraining order to enforce the provisions of this chapter, as authorized by Section 125.5.
(3) Nothing in this section limits the authority for a health care professional licensing board or enforcement agency to pursue any remedy otherwise authorized under the law.
(b) Any provision of this division that prohibits the use of specified terms, letters, or phrases to indicate or imply possession of a license or certificate to practice a health care profession, without at that time having the appropriate license or certificate required for that practice or profession, shall be enforceable against a person or entity who develops or deploys a system or device that uses one or more of those terms, letters, or phrases in the advertising or functionality of an artificial intelligence or generative artificial intelligence system, program, device, or similar technology.
(c) The use of a term, letter, or phrase in the advertising or functionality of an AI or GenAI system, program, device, or similar technology that indicates or implies that the care, advice, reports, or assessments being offered through the AI or GenAI technology is being provided by a natural person in possession of the appropriate license or certificate to practice as a health care professional, is prohibited.

(d) Each use of a prohibited term, letter, or phrase shall constitute a separate violation of this chapter.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.

Assembly Bill No. 1418
CHAPTER 398

An act to add Section 127286 to the Health and Safety Code, relating to public health.
[Approved by Governor October 6, 2025. Filed with Secretary of State October 6, 2025.]

legislative counsel's digest

AB 1418, Schiavo. Department of Health Care Access and Information.

Existing law requires the Department of Health Care Access and Information to establish a health care workforce research and data center to serve as the central source of health care workforce and educational data in the state. Existing law requires the department to prepare an annual report to the Legislature that, among other things, identifies education and employment trends in the health care profession and describes the health care workforce program outcomes and effectiveness. Existing law requires health facilities and clinics, among others, to annually report to the department specified information on forms supplied by the department.

This bill would require health facilities, clinics, home health agencies, and hospices, as defined, to additionally report whether their health care employees eligible for employer-sponsored health care are eligible for health care coverage at the commencement of employment without a waiting period, as defined. If not all employees are eligible without a waiting period, the bill would require the entities listed above to report the length of the waiting period if it applies to all eligible employees, and, if different waiting periods apply to different classifications of employees, as specified, the length of the waiting period for each classification. The bill would require the department to integrate this reporting obligation with existing reports and would not require those specified entities to report if they are not required to file reports with the department. The bill would require the department to post this information on its internet website on at least an annual basis.

The people of the State of California do enact as follows:

SECTION 1. Section 127286 is added to the Health and Safety Code, immediately following Section 127285, to read:

127286. (a) Commencing on January 1, 2027, health facilities, clinics, home health agencies, and hospices shall annually report to the department, on forms supplied by the department, whether all of their health care employees eligible for employer-sponsored health care coverage are eligible

to receive coverage at the commencement of employment without a waiting period. If not all health care employees eligible for employer-sponsored health care coverage are eligible without a waiting period, the health facilities, clinics, home health agencies, and hospices shall additionally report the following on forms supplied by the department:
(1) If the same waiting period applies to all eligible health care employees, the length of the waiting period.
(2) If different waiting periods apply to different classifications of eligible health care employees, the length of the waiting period for each classification employed by the health facility, clinic, home health agency, or hospice.
(b) The information required by paragraph (2) of subdivision (a) shall be collected for the following employee classifications:
(1) Physicians.
(2) Physician interns, residents, and fellows.
(3) Registered nurses.
(4) Licensed vocational nurses.
(5) Aides and orderlies.
(6) Medical assistants.
(7) Home health aides.
(8) Technicians and specialists.
(9) Clerical and other administrative staff.
(10) Environmental services and food staff.
(11) Management and supervision.
(12) All other employee classifications.
(c) The department shall provide the health facilities, clinics, home health agencies, and hospices the ability to report the waiting period information required under subdivision (a) in the following date ranges:
(1) Zero days.
(2) 1 to 14 days.
(3) 15 to 30 days.
(4) 31 to 60 days.
(5) 61 to 90 days.
(6) More than 90 days.
(d) The department shall, to the extent feasible, integrate the reporting obligation imposed pursuant to this section with existing reports that health facilities, clinics, home health agencies, and hospices are required to submit to the department to minimize any additional burden. Notwithstanding subdivision (a), this section shall not apply to health facilities, clinics, home health agencies, and hospices that are not required to file reports with the department.
(e) The department shall post the information reported pursuant to this section on its internet website on at least an annual basis.
(f) For purposes of this section, the following definitions apply:
(1) “Health facilities, clinics, home health agencies, and hospices” means all of the following:

(A) “Health facilities,” as defined by Section 1250, except that “health facilities” does not include facilities within the meaning of subdivisions (e), (h), (j), or (m) of Section 1250.
(B) “Clinics,” as defined by Section 1200.
(C) “Home health agencies,” as defined by Section 1727.
(D) “Hospices,” as defined by Section 1746.
(2) “Waiting period” means the number of days between the date of commencement of employment and the start date of employer-sponsored health care coverage eligibility.

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Senate Bill No. 62
CHAPTER 739

An act to amend Section 1367.005 of the Health and Safety Code, relating to health care coverage.
[Approved by Governor October 13, 2025. Filed with Secretary of State October 13, 2025.]

legislative counsel's digest

SB 62, Menjivar. Health care coverage: essential health benefits.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Existing law requires an individual or small group health care service plan contract issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Existing law requires a health care service plan contract to cover the same health benefits that the benchmark plan, the Kaiser Foundation Health Plan Small Group HMO 30 plan, offered during the first quarter of 2014, as specified.

This bill would express the intent of the Legislature to review California's essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year for health care service plans. The bill would require, commencing January 1, 2027, if the United States Department of Health and Human Services approves a new essential health benefits benchmark plan for the state, as specified, the benchmark plan for health care service plans to include certain additional benefits, including coverage for specified fertility services and specified durable medical equipment. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. It is the intent of the Legislature to review California's essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year for health care service plans.

SEC. 2. Section 1367.005 of the Health and Safety Code is amended to read:
1367.005. (a) An individual or small group health care service plan contract issued, amended, or renewed on or after January 1, 2017, shall include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act (PPACA) and as outlined in this section. For purposes of this section, "essential health benefits" means all of the following:
(1) Health benefits within the categories identified in Section 1302(b) of PPACA: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care.
(2) (A) The health benefits covered by the Kaiser Foundation Health Plan Small Group HMO 30 plan (federal health product identification number 40513CA035) as this plan was offered during the first quarter of 2014, as follows, regardless of whether the benefits are specifically referenced in the evidence of coverage or plan contract for that plan:
(i) Medically necessary basic health care services, as defined in subdivision (b) of Section 1345 and Section 1300.67 of Title 28 of the California Code of Regulations.
(ii) The health benefits mandated to be covered by the plan pursuant to statutes enacted before December 31, 2011, as described in the following sections: Sections 1367.002, 1367.06, and 1367.35 (preventive services for children); Section 1367.25 (prescription drug coverage for contraceptives); Section 1367.45 (AIDS vaccine); Section 1367.46 (HIV testing); Section 1367.51 (diabetes); Section 1367.54 (alpha-fetoprotein testing); Section 1367.6 (breast cancer screening); Section 1367.61 (prosthetics for laryngectomy); Section 1367.62 (maternity hospital stay); Section 1367.63 (reconstructive surgery); Section 1367.635 (mastectomies); Section 1367.64 (prostate cancer); Section 1367.65 (mammography); Section 1367.66 (cervical cancer); Section 1367.665 (cancer screening tests); Section 1367.67 (osteoporosis); Section 1367.68 (surgical procedures for jaw bones); Section 1367.71 (anesthesia for dental); Section 1367.9 (conditions attributable to diethylstilbestrol); Section 1368.2 (hospice care); Section 1370.6 (cancer clinical trials); Section 1371.5 (emergency response ambulance or ambulance transport services); subdivision (b) of Section 1373 (sterilization operations or procedures); Section 1373.4 (inpatient hospital and ambulatory maternity); Section 1374.56 (phenylketonuria); Section 1374.17 (organ transplants for HIV); Section 1374.72 (mental health parity); and Section 1374.73 (autism/behavioral health treatment).
(iii) Any other benefits mandated to be covered by the plan pursuant to statutes enacted before December 31, 2011, as described in those statutes.
(iv) The health benefits covered by the plan that are not otherwise required to be covered under this chapter, to the extent required pursuant to Sections

1367.18, 1367.21, 1367.215, 1367.22, 1367.24, and 1367.25, and Section 1300.67.24 of Title 28 of the California Code of Regulations.
(v) Any other health benefits covered by the plan that are not otherwise required to be covered under this chapter.
(B) If there are any conflicts or omissions in the plan identified in subparagraph (A) as compared with the requirements for health benefits under this chapter that were enacted prior to December 31, 2011, the requirements of this chapter shall be controlling, except as otherwise specified in this section.
(C) Notwithstanding subparagraph (B) or any other provision of this section, the home health services benefits covered under the plan identified in subparagraph (A) shall be deemed to not be in conflict with this chapter.
(D) For purposes of this section, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110-343) shall apply to a contract subject to this section. Coverage of mental health and substance use disorder services pursuant to this paragraph, along with any scope and duration limits imposed on the benefits, shall be in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110-343), and all rules, regulations, or guidance issued pursuant to Section 2726 of the federal Public Health Service Act (42 U.S.C. Sec. 300gg-26).
(E) Commencing January 1, 2027, if the United States Department of Health and Human Services approves a new essential health benefits benchmark plan for the State of California pursuant to submissions to the department made on behalf of the state in 2025 for this purpose, the benchmark plan described in subparagraph (A) shall additionally include all of the following benefits:
(i) Services to evaluate, diagnose, and treat infertility that include all of the following:
(I) Artificial insemination.
(II) Three attempts to retrieve gametes.
(III) Three attempts to create embryos.
(IV) Three rounds of pretransfer testing.
(V) Cryopreservation of gametes and embryos.
(VI) Two years of storage for cryopreserved embryos.
(VII) Unlimited storage for cryopreserved gametes.
(VIII) Unlimited embryo transfers.
(IX) Two vials of donor sperm.
(X) Ten donor eggs.
(XI) Surrogacy coverage for the services described above.
(XII) Health testing of the surrogate for each attempted round of covered services.
(ii) All of the following durable medical equipment:
(I) Mobility devices, including, but not limited to, walkers and manual and power wheelchairs and scooters.

(II) Augmented communications devices, including, but not limited to, speech generating devices, communications boards, and computer applications.
(III) Continuous positive airway pressure machines.
(IV) Portable oxygen.
(V) Hospital beds.
(iii) (I) An annual hearing exam.
(II) One hearing aid per ear every three years.
(3) With respect to habilitative services, in addition to any habilitative services and devices identified in paragraph (2), coverage shall also be provided as required by federal rules, regulations, and guidance issued pursuant to Section 1302(b) of PPACA. Habilitative services and devices shall be covered under the same terms and conditions applied to rehabilitative services and devices under the plan contract. Limits on habilitative and rehabilitative services and devices shall not be combined.
(4) With respect to pediatric vision care, the same health benefits for pediatric vision care covered under the Federal Employees Dental and Vision Insurance Program vision plan with the largest national enrollment as of the first quarter of 2014. The pediatric vision care benefits covered pursuant to this paragraph shall be in addition to, and shall not replace, any vision services covered under the plan identified in paragraph (2).
(5) With respect to pediatric oral care, the same health benefits for pediatric oral care covered under the dental benefit received by children under the Medi-Cal program as of 2014, including the provision of medically necessary orthodontic care provided pursuant to the federal Children's Health Insurance Program Reauthorization Act of 2009. The pediatric oral care benefits covered pursuant to this paragraph shall be in addition to, and shall not replace, any dental or orthodontic services covered under the plan identified in paragraph (2).
(b) Treatment limitations imposed on health benefits described in this section shall be no greater than the treatment limitations imposed by the corresponding plans identified in subdivision (a), subject to the requirements set forth in paragraph (2) of subdivision (a).
(c) Except as provided in subdivision (d), this section does not permit a health care service plan to make substitutions for the benefits required to be covered under this section, regardless of whether those substitutions are actuarially equivalent.
(d) To the extent permitted under Section 1302 of PPACA and any rules, regulations, or guidance issued pursuant to that section, and to the extent that substitution would not create an obligation for the state to defray costs for any individual, a plan may substitute its prescription drug formulary for the formulary provided under the plan identified in subdivision (a) if the coverage for prescription drugs complies with the sections referenced in clauses (ii) and (iv) of subparagraph (A) of paragraph (2) of subdivision (a) that apply to prescription drugs.
(e) A health care service plan, or its agent, solicitor, or representative, shall not issue, deliver, renew, offer, market, represent, or sell any product,

contract, or discount arrangement as compliant with the essential health benefits requirement in federal law, unless it meets all of the requirements of this section.
(f) This section applies regardless of whether the plan contract is offered inside or outside the California Health Benefit Exchange created by Section 100500 of the Government Code.
(g) This section does not exempt a plan or a plan contract from meeting other applicable requirements of law.
(h) This section does not prohibit a plan contract from covering additional benefits, including, but not limited to, spiritual care services that are tax deductible under Section 213 of the Internal Revenue Code.
(i) Subdivision (a) does not apply to any of the following:
(1) A specialized health care service plan contract.
(2) A Medicare supplement plan.
(3) A plan contract that qualifies as a grandfathered health plan under Section 1251 of PPACA or any rules, regulations, or guidance issued pursuant to that section.
(j) This section shall not be implemented in a manner that conflicts with a requirement of PPACA.
(k) An essential health benefit is required to be provided under this section only to the extent that federal law does not require the state to defray the costs of the benefit.
(*l*) This section does not obligate the state to incur costs for the coverage of benefits that are not essential health benefits as defined in this section.
(m) A plan is not required to cover, under this section, changes to health benefits that are the result of statutes enacted on or after December 31, 2011.
(n) (1) On or before January 1, 2027, the department may issue guidance to health care service plans regarding compliance with this section. This guidance shall not be subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).
(2) The department may promulgate regulations subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) to implement this section. This subdivision shall not be construed to impair or restrict the department's rulemaking authority pursuant to another provision of this code or the Administrative Procedure Act.
(3) The department shall consult with the Department of Insurance in issuing guidance and in adopting regulations pursuant to paragraphs (1) and (2) for the purpose of implementing this section.
(o) For purposes of this section, the following definitions apply:
(1) "Habilitative services" means health care services and devices that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient or outpatient settings, or both. Habilitative services

shall be covered under the same terms and conditions applied to rehabilitative services under the plan contract.
(2) (A) “Health benefits,” unless otherwise required to be defined pursuant to federal rules, regulations, or guidance issued pursuant to Section 1302(b) of PPACA, means health care items or services for the diagnosis, cure, mitigation, treatment, or prevention of illness, injury, disease, or a health condition, including a behavioral health condition.
(B) “Health benefits” does not mean any cost-sharing requirements such as copayments, coinsurance, or deductibles.
(3) “PPACA” means the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), and any rules, regulations, or guidance issued thereunder.
(4) “Small group health care service plan contract” means a group health care service plan contract issued to a small employer, as defined in Section 1357.500.
SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.

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Senate Bill No. 351
CHAPTER 409

An act to add Division 1.7 (commencing with Section 1190) to the Health and Safety Code, relating to health practices.
[Approved by Governor October 6, 2025. Filed with Secretary of State October 6, 2025.]

legislative counsel's digest
SB 351, Cabaldon. Health facilities.
Existing law generally regulates the licensing and operation of health facilities and other facilities providing health care in this state. Existing law, the Medical Practice Act, creates the Medical Board of California to license and regulate physicians and surgeons. Under existing law, the Dental Practice Act, the Dental Board of California licenses and regulates dentists.
Existing law, the Nonprofit Public Benefit Corporation Law, generally requires a nonprofit public benefit corporation to give written notice to the Attorney General before it sells, leases, conveys, exchanges, transfers, or disposes of its assets, except as specified. Existing law provides specific procedures for health facilities and additionally requires these facilities to obtain the consent of the Attorney General prior to entering into a specified agreement or transaction.
This bill would prohibit a private equity group or hedge fund, as defined, involved in any manner with a physician or dental practice doing business in this state from interfering with the professional judgment of physicians or dentists in making health care decisions and exercising power over specified actions, including, among other things, making decisions regarding coding and billing procedures for patient care services. The bill would prohibit a private equity group or hedge fund from entering into a contract or other agreement or arrangement with a physician or dental practice if the contract or other agreement or arrangement would enable the person or entity to engage in the prohibited actions described above and would make provisions of those contracts or other agreements that violate that prohibition void and unenforceable. The bill would prohibit and render 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 any 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, as specified. This bill would entitle the Attorney General to injunctive relief and attorney's fees and costs incurred
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in remedying violations of these provisions, as specified. The bill would make its provisions severable.
The people of the State of California do enact as follows:

SECTION 1. Division 1.7 (commencing with Section 1190) is added to the Health and Safety Code, to read:
DIVISION 1.7. PRIVATE EQUITY OR HEDGE FUND OWNERSHIP OF HEALTH CARE PRACTICES
1190. For purposes of this division, the following definitions shall apply:
(a) (1) "Hedge fund" means a pool of funds managed by investors for the purpose of earning a return on those funds, regardless of the strategies used to manage the funds. Hedge funds include, but are not limited to, a pool of funds managed or controlled by private limited partnerships.
(2) "Hedge fund" does not include:
(A) Natural persons or other entities that contribute, or promise to contribute, funds to the hedge fund, but otherwise do not participate in the management of the hedge fund or the fund's assets, or in any change in control of the hedge fund or the fund's assets.
(B) Entities that solely provide or manage debt financing secured in whole or in part by the assets of a health care facility, including, but not limited to, banks and credit unions, commercial real estate lenders, bond underwriters, and trustees.
(C) A hospital or a hospital system that owns one or more licensed hospitals, as defined in subdivision (a) or (b) of Section 1250; an affiliate, as defined in Section 150 of the Corporations Code, of a hospital or hospital system; or any entity managed or controlled by a hospital or hospital system.
(D) A public agency, as defined in Section 6500 of the Government Code, including, but not limited to, any of the following settings directly or indirectly owned, operated, managed, controlled by, or otherwise affiliated with, the public agency:
(i) A clinic, as defined in Section 1200.
(ii) An outpatient setting, as defined in Section 1248.
(iii) A health facility, as defined in Section 1250.
(iv) An ambulatory surgical center.
(b) (1) "Private equity group" means an investor or group of investors who primarily engage in the raising or returning of capital and who invests, develops, or disposes of specified assets.
(2) "Private equity group" does not include any of the following:
(A) Natural persons or other entities that contribute, or promise to contribute, funds to the private equity group, but otherwise do not participate in the management of the private equity group or the group's assets, or in any change in control of the private equity group or the group's assets.

(B) A hospital or a hospital system that owns one or more licensed hospitals, as defined in subdivision (a) or (b) of Section 1250; an affiliate, as defined in Section 150 of the Corporations Code, of a hospital or hospital system; or any entity managed or controlled by a hospital or hospital system.
(C) A public agency, as defined in Section 6500 of the Government Code, including, but not limited to, any of the following settings directly or indirectly owned, operated, managed, controlled by, or otherwise affiliated with, the public agency:
(i) A clinic, as defined in Section 1200.
(ii) An outpatient setting, as defined in Section 1248.
(iii) A health facility, as defined in Section 1250.
(iv) An ambulatory surgical center.
1191. (a) A private equity group or hedge fund involved in any manner with a physician or dental practice doing business in this state, including as an investor in that physician or dental practice or as an investor or owner of the assets of that practice, shall not do either of the following with respect to that practice:
(1) Interfere with the professional judgment of physicians or dentists in making health care decisions, including any of the following:
(A) Determining what diagnostic tests are appropriate for a particular condition.
(B) Determining the need for referrals to, or consultation with, another physician, dentist, or licensed health professional.
(C) Being responsible for the ultimate overall care of the patient, including treatment options available to the patient.
(D) Determining how many patients a physician or dentist shall see in a given period of time or how many hours a physician or dentist shall work.
(2) Exercise control over, or be delegated the power to do, any of the following:
(A) Owning or otherwise determining the content of patient medical records.
(B) Selecting, hiring, or firing physicians, dentists, allied health staff, and medical assistants based, in whole or in part, on clinical competency or proficiency.
(C) Setting the parameters under which a physician, dentist, or physician or dental practice shall enter into contractual relationships with third-party payers.
(D) Setting the clinical competency or proficiency parameters under which a physician or dentist shall enter into contractual relationships with other physicians or dentists for the delivery of care.
(E) Making decisions regarding the coding and billing of procedures for patient care services.
(F) Approving the selection of medical equipment and medical supplies for the physician or dental practice.
(b) The corporate form of that physician or dental practice as a sole proprietorship, a partnership, a foundation, or a corporate entity of any kind shall not affect the applicability of this section.

(c) (1) A private equity group or hedge fund, or an entity controlled directly, in whole or in part, by a private equity group or hedge fund, shall not enter into a contract or other agreement or arrangement with a physician or dental practice doing business in this state if the contract or other agreement or arrangement would enable the person or entity to interfere with the professional judgment of physicians or dentists in making health care decisions, as set forth in paragraph (1) of subdivision (a), or exercise control over or be delegated the powers set forth in paragraph (2) of subdivision (a).
(2) Any provision within a contract or other agreement that violates subdivision (a) is void, unenforceable, and against public policy.
(d) (1) Any contract involving the management of a physician or dental practice doing business in this state by, or the sale of real estate or other assets owned by a physician or dental practice doing business in this state to, a private equity group or hedge fund, or any entity controlled directly or indirectly, in whole or in part, by a private equity group or hedge fund, shall not include any clause barring any provider in that practice from doing either of the following:
(A) Competing with that practice in the event of a termination or resignation of that provider from that practice.
(B) Disparaging, opining, or commenting on that practice in any manner as to any 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.
(2) Any provision of a contract that violates paragraph (1) is void, unenforceable, and against public policy.
(3) This subdivision shall not affect the validity of either of the following:
(A) An otherwise enforceable sale of business noncompete agreement. However, a contract described in this subdivision shall not operate as an employee noncompete agreement.
(B) An otherwise valid provision within a contract that prohibits the disclosure of material nonpublic information about the private equity group or hedge fund that is not generally available to the public, except to the extent that the provision seeks to either prohibit a disclosure of confidential information that is required by law, or to prohibit a disclosure described in subparagraph (B) of paragraph (1).
(e) The Attorney General shall be entitled to injunctive relief and other equitable remedies a court deems appropriate for enforcement of this section and shall be entitled to recover attorney's fees and costs incurred in remedying any violation of this section.
(f) This section is intended to ensure that clinical decisionmaking and treatment decisions are exclusively in the hands of licensed health care providers and to safeguard against nonlicensed individuals or entities, such as private equity groups and hedge funds, exerting influence or control over care delivery.

(g) This section does not narrow, abrogate, or otherwise lower the bar on the corporate practice of medicine or dentistry as set forth in the Business and Professions Code or the Corporations Code, or any other applicable state or federal law.
(h) This section does not prohibit an unlicensed person or entity from assisting, or consulting with, a physician or dental practice doing business in this state with respect to the decisions and activities described in paragraph (2) of subdivision (a), provided that the physician or dentist retains the ultimate responsibility for, or approval of, those decisions and activities.
1192. The provisions of this division are severable. If any provision of this division or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

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Senate Bill No. 386
CHAPTER 219

An act to add Section 1371.11 to the Health and Safety Code, and to add Section 10123.146 to the Insurance Code, relating to health care coverage.
[Approved by Governor October 1, 2025. Filed with Secretary of State October 1, 2025.]

legislative counsel's digest

SB 386, Limón. Dental providers: fee-based payments.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes specified coverage and disclosure requirements on health care service plans and health insurers, including specialized plans and insurers, that cover dental services.

This bill would require a health care service plan or health insurer that provides payment directly or through a contracted vendor to a dental provider to have a non-fee-based default method of payment, as specified. The bill would require 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. The bill would authorize a dental provider to opt out of a fee-based payment method at any time by providing affirmative consent to the health care service plan, health insurer, or contracted vendor. The bill would require 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, as specified. The bill would specify 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, including a non-fee-based payment method for services rendered. The bill would make its provisions operative on April 1, 2026, and apply to health care service plan contracts and health insurance policies issued, amended, or renewed on or after that date.

Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.
The people of the State of California do enact as follows:

SECTION 1. Section 1371.11 is added to the Health and Safety Code, to read:
1371.11. (a) The following definitions shall apply for purposes of this section:
(1) (A) "Affirmative consent" means a dental provider's express consent to opt in or opt out of receiving fee-based payment. Affirmative consent requires a dental provider's signature. The terms of the affirmative consent shall be clear and readily understandable.
(B) Affirmative consent may be given through email.
(C) A provider accessing funds does not constitute affirmative consent to receive a fee-based payment.
(2) "Contracted vendor" means a third party facilitating payment processing on behalf of the health care service plan.
(3) "Dental provider" means an individual or group of individuals licensed under Chapter 4 (commencing with Section 1600) of Division 2 of the Business and Professions Code.
(4) "Fee-based payment" refers to any payment type that requires the dental provider to incur a fee from the health care service plan or its contracted vendor to access payment from a plan or its contracted vendor.
(5) "Health care service plan" or "plan" means a health care service plan defined in paragraph (2) of subdivision (a) of Section 1374.194.
(6) "Signature" includes an electronic or digital signature if the form of the signature is recognized as a valid signature under applicable federal or state law, including, but not limited to, checking a box indicating affirmative consent.
(b) (1) A health care service plan that provides payment directly, or through a contracted vendor, to a dental provider shall have a non-fee-based default method of payment.
(2) The health care service plan shall remit or associate with each payment the claims and claim details associated with payment.
(c) (1) A health care service plan or its contracted vendor shall 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.
(2) At the time a dental provider opts in to a fee-based payment method, the health care service plan or its contracted vendor shall provide information on the payment method, including a notice of the fees charged by the plan or contracted vendor, alternative methods of payment, instructions on how to opt out of the fee-based payment method, and a notice of the dental provider's ability to opt out of the fee-based payment method at any time.

(3) Upon receipt of the dental provider's affirmative consent, the health care service plan or its contracted vendor subsequently may issue payments to the dental provider using a fee-based payment method.
(4) The health care service plan also shall notify the dental provider if its contracted vendor is sharing a part of the profit, fee arrangement, or board composition with the plan.
(d) (1) A dental provider may opt out of a fee-based payment method and opt in to a non-fee-based payment method at any time by providing affirmative consent to the health care service plan or its contracted vendor.
(2) If a dental provider opts in or opts out of a fee-based method of payment pursuant to this subdivision, the provider's payment method decision shall remain in effect until the provider informs the plan or contracted vendor of another preferred method of payment, including fee-based or non-fee-based methods.
(e) A health care service plan or its contracted vendor that obtains a dental provider's affirmative consent to opt in or opt out of a fee-based payment method shall apply the decision to include both of the following:
(1) The dental provider's entire practice.
(2) To all products or services covered by the health care service plan pursuant to a contract with the dental provider, including network provider contracts, as described in Section 1374.193.
(f) This section does not apply if a health care service plan has a direct contract with a provider that allows the provider to choose payment methods, including a non-fee-based payment method for services rendered.
(g) This section does not change, alter, or extend the scope of Section 1367.
(h) This section shall become operative on April 1, 2026, and apply to all health care service plan contracts issued, amended, or renewed on or after that date.
SEC. 2. Section 10123.146 is added to the Insurance Code, to read:
10123.146. (a) The following definitions shall apply for purposes of this section:
(1) (A) "Affirmative consent" means a dental provider's express consent to opt in or opt out of receiving fee-based payment. Affirmative consent requires a dental provider's signature. The terms of the affirmative consent shall be clear and readily understandable.
(B) Affirmative consent may be given through email.
(C) A provider accessing funds does not constitute affirmative consent to receive a fee-based payment.
(2) "Contracted vendor" means a third party facilitating payment processing on behalf of the health insurer.
(3) "Dental provider" means an individual or group of individuals licensed under Chapter 4 (commencing with Section 1600) of Division 2 of the Business and Professions Code.
(4) "Fee-based payment" refers to any payment type that requires the dental provider to incur a fee from the health insurer or its contracted vendor to access payment from a plan or its contracted vendor.

(5) “Health insurer” has the same meaning as defined in paragraph (2) of subdivision (a) of Section 10120.41.
(6) “Signature” includes an electronic or digital signature if the form of the signature is recognized as a valid signature under applicable federal or state law, including, but not limited to, checking a box indicating affirmative consent.
(b) (1) A health insurer that provides payment directly, or through a contracted vendor, to a dental provider shall have a non-fee-based default method of payment.
(2) The health insurer shall remit or associate with each payment the claims and claim details associated with payment.
(c) (1) A health insurer or its contracted vendor shall obtain affirmative consent from a dental provider who opts in to a fee-based payment method before the insurer or vendor provides a fee-based payment method to the provider.
(2) At the time a dental provider opts in to a fee-based payment method, the health insurer or its contracted vendor shall provide information on the payment method, including a notice of the fees charged by the health insurer or contracted vendor, alternative methods of payment, instructions on how to opt out of the fee-based payment method, and a notice of the dental provider’s ability to opt out of the fee-based payment method at any time.
(3) Upon receipt of the dental provider’s affirmative consent, the health insurer or its contracted vendor subsequently may issue payments to the dental provider using a fee-based payment method.
(4) The health insurer also shall notify the dental provider if its contracted vendor is sharing a part of the profit, fee arrangement, or board composition with the health insurer.
(d) (1) A dental provider may opt out of a fee-based payment method and opt in to a non-fee-based payment method at any time by providing affirmative consent to the health insurer or its contracted vendor.
(2) If a dental provider opts in or opts out of a method of payment pursuant to this subdivision, the provider’s payment method decision shall remain in effect until the provider informs the health insurer or contracted vendor of another preferred method of payment, including fee-based or non-fee-based methods.
(e) A health insurer or its contracted vendor that obtains a dental provider’s affirmative consent to opt in or opt out of a fee-based payment method shall apply the decision to include both of the following:
(1) The dental provider’s entire practice.
(2) To all products or services covered by the health insurer pursuant to a contract with the dental provider, including network provider contracts, as described in Section 10120.4.
(f) This section does not apply if a health insurer has a direct contract with a provider that allows the provider to choose payment methods, including a non-fee-based payment method for services rendered.

(g) This section shall become operative on April 1, 2026, and apply to all health insurance policies issued, amended, or renewed on or after that date.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.

Senate Bill No. 470
CHAPTER 222

An act to amend Sections 11123.2 and 11123.5 of, the Government Code, relating to state government.
[Approved by Governor October 1, 2025. Filed with Secretary of State October 1, 2025.]

legislative counsel's digest

SB 470, Laird. Bagley-Keene Open Meeting Act: teleconferencing.

Existing law, the Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. The act authorizes meetings through teleconference subject to specified requirements, including, among others, that the state body post agendas at all teleconference locations, that each teleconference location be identified in the notice and agenda of the meeting or proceeding, that each teleconference location be accessible to the public, that the agenda provide an opportunity for members of the public to address the state body directly at each teleconference location, and that at least one member of the state body be physically present at the location specified in the notice of the meeting.

The act authorizes an additional, alternative set of provisions under which a state body may hold a meeting by teleconference subject to specified requirements, including, among others, that at least one member of the state body is physically present at each teleconference location, as defined, that a majority of the members of the state body are physically present at the same teleconference location, except as specified, and that members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform, except as specified. The act authorizes, under specified circumstances, a member of the state body to participate pursuant to these provisions from a remote location, which would not be required to be accessible to the public and which the act prohibits the notice and agenda from disclosing. The act repeals these provisions on January 1, 2026.

This bill would instead repeal these provisions on January 1, 2030.

The act authorizes a multimember state advisory body to hold an open meeting by teleconference pursuant to an alternative set of provisions that are in addition to the above-described provisions generally applicable to state bodies. These alternative provisions specify requirements, including, among others, that the multimember state advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate.

Until January 1, 2026, the act requires that at least one staff member of the state body is present at the primary physical meeting location during the meeting, and that the members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform, except as specified.
The act, beginning January 1, 2026, instead requires that a quorum of the members of the state body be in attendance at the primary physical meeting location, as described above, and that all decisions taken during the teleconference be by rollcall, and modifies certain of the above requirements related to the primary physical meeting location.
This bill would extend the former provisions to January 1, 2030, and would make the latter provisions operative on January 1, 2030.
Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.
This bill would make legislative findings to that effect.
The people of the State of California do enact as follows:

SECTION 1. Section 11123.2 of the Government Code is amended to read:
11123.2. (a) For purposes of this section, the following definitions apply:
(1) “Teleconference” means a meeting of a state body, the members of which are at different locations, connected by electronic means, through either audio or both audio and video.
(2) “Teleconference location” means a physical location that is accessible to the public and from which members of the public may participate in the meeting.
(3) “Remote location” means a location from which a member of a state body participates in a meeting other than a teleconference location.
(4) “Participate remotely” means participation by a member of the body in a meeting at a remote location other than a teleconference location designated in the notice of the meeting.
(b) (1) In addition to the authorization to hold a meeting by teleconference pursuant to subdivision (b) of Section 11123 and Section 11123.5, a state body may hold an open or closed meeting by teleconference as described in this section, provided the meeting complies with all of this section’s requirements and, except as set forth in this section, it also complies with all other applicable requirements of this article relating to the specific type of meeting.
(2) This section does not limit or affect the ability of a state body to hold a teleconference meeting under another provision of this article, including Sections 11123 and 11123.5.

(c) The portion of the teleconferenced meeting that is required to be open to the public shall be visible and audible to the public at each teleconference location.
(d) (1) The state body shall provide a means by which the public may remotely hear audio of the meeting, remotely observe the meeting, remotely address the body, or attend the meeting by providing on the posted agenda a teleconference telephone number, an internet website or other online platform, and a physical address for each teleconference location. The telephonic or online means provided to the public to access the meeting shall be equivalent to the telephonic or online means provided to a member of the state body participating remotely.
(2) The applicable teleconference telephone number, internet website or other online platform, and physical address of each teleconference location, as well as any other information indicating how the public can access the meeting remotely and in person, shall be specified in any notice required by this article.
(3) If the state body allows members of the public to observe and address the meeting telephonically or otherwise electronically, the state body shall do both of the following:
(A) Implement a procedure for receiving and swiftly resolving requests for reasonable modification or accommodation from individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), and resolving any doubt whatsoever in favor of accessibility.
(B) Advertise that procedure each time notice is given of the means by which members of the public may observe the meeting and offer public comment.
(e) This section does not prohibit a state body from providing members of the public with additional locations from which the public may observe or address the state body by electronic means, through either audio or both audio and video.
(f) (1) The agenda shall provide an opportunity for members of the public to address the state body directly pursuant to Section 11125.7.
(2) Members of the public shall be entitled to exercise their right to directly address the state body during the teleconferenced meeting without being required to submit public comments before the meeting or in writing.
(g) The state body shall post the agenda on its internet website and, on the day of the meeting, at each teleconference location.
(h) This section does not affect the requirement prescribed by this article that the state body post an agenda of a meeting in accordance with the applicable notice requirements of this article, including Section 11125, requiring the state body to post an agenda of a meeting at least 10 days in advance of the meeting, Section 11125.4, applicable to special meetings, and Sections 11125.5 and 11125.6, applicable to emergency meetings.
(i) At least one member of the state body shall be physically present at each teleconference location.

(j) (1) Except as provided in paragraph (2), a majority of the members of the state body shall be physically present at the same teleconference location. Additional members of the state body in excess of a majority of the members may attend and participate in the meeting from a remote location. A remote location is not required to be accessible to the public. The notice and agenda shall not disclose information regarding a remote location.
(2) A member attending and participating from a remote location may count toward the majority required to hold a teleconference if both of the following conditions are met:
(A) The member has a need related to a physical or mental disability, as those terms are defined in Sections 12926 and 12926.1, that is not otherwise reasonably accommodated pursuant to the federal Americans with Disability Act of 1990 (42 U.S.C. Sec. 12101 et seq.).
(B) The member notifies the state body at the earliest opportunity possible, including at the start of a meeting, of their need to participate remotely, including providing a general description of the circumstances relating to their need to participate remotely at the given meeting.
(3) If a member notifies the body of the member's need to attend and participate remotely pursuant to paragraph (2), the body shall take action to approve the exception and shall request a general description of the circumstances relating to the member's need to participate remotely at the meeting, for each meeting in which the member seeks to participate remotely. The body shall not require the member to provide a general description that exceeds 20 words or to disclose any medical diagnosis or disability, or any personal medical information that is already exempt under existing law, such as the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code).
(4) If a member of the state body attends the meeting by teleconference from a remote location, the member shall disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
(k) (1) Except as provided in paragraph (2), the members of the state body shall visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform.
(2) The visual appearance of a member of the state body on camera may cease only when the appearance would be technologically impracticable, including, but not limited to, when the member experiences a lack of reliable broadband or internet connectivity that would be remedied by joining without video, or when the visual display of meeting materials, information, or speakers on the internet or other online platform requires the visual appearance of a member of a state body on camera to cease.
(3) If a member of the state body does not appear on camera due to challenges with internet connectivity, the member shall announce the reason for their nonappearance when they turn off their camera.
(*l*) All votes taken during the teleconferenced meeting shall be by rollcall.

(m) The state body shall publicly report any action taken and the vote or abstention on that action of each member present for the action.
(n) The portion of the teleconferenced meeting that is closed to the public shall not include the consideration of any agenda item being heard pursuant to Section 11125.5.
(o) Upon discovering that a means of remote public access and participation required by subdivision (d) has failed during a meeting and cannot be restored, the state body shall end or adjourn the meeting in accordance with Section 11128.5. In addition to any other requirements that may apply, the state body shall provide notice of the meeting's end or adjournment on the state body's internet website and by email to any person who has requested notice of meetings of the state body by email under this article. If the meeting will be adjourned and reconvened on the same day, further notice shall be provided by an automated message on a telephone line posted on the state body's agenda, internet website, or by a similar means, that will communicate when the state body intends to reconvene the meeting and how a member of the public may hear audio of the meeting or observe the meeting.
(p) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.
SEC. 2. Section 11123.5 of the Government Code, as amended by Section 2 of Chapter 216 of the Statutes of 2023, is amended to read:
11123.5. (a) For purposes of this section, the following definitions apply:
(1) "Participate remotely" means participation in a meeting at a location other than the physical location designated in the agenda of the meeting.
(2) "Remote location" means a location other than the primary physical location designated in the agenda of a meeting.
(3) "Teleconference" has the same meaning as in Section 11123.
(b) In addition to the authorization to hold a meeting by teleconference pursuant to subdivision (b) of Section 11123 or Section 11123.2, any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body may hold an open meeting by teleconference as described in this section, provided the meeting complies with all of the section's requirements and, except as set forth in this section, it also complies with all other applicable requirements of this article.
(c) A member of a state body as described in subdivision (b) who participates in a teleconference meeting from a remote location subject to this section's requirements shall be listed in the minutes of the meeting.
(d) The state body shall provide notice to the public at least 24 hours before the meeting that identifies any member who will participate remotely by posting the notice on its internet website and by emailing notice to any person who has requested notice of meetings of the state body under this article. The location of a member of a state body who will participate remotely is not required to be disclosed in the public notice or email and need not be accessible to the public. The notice of the meeting shall also

identify the primary physical meeting location designated pursuant to subdivision (f).
(e) This section does not affect the requirement prescribed by this article that the state body post an agenda of a meeting at least 10 days in advance of the meeting. The agenda shall include information regarding the physical meeting location designated pursuant to subdivision (f), but is not required to disclose information regarding any remote location.
(f) A state body described in subdivision (b) shall designate the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting, observe and hear the meeting, and participate. At least one staff member of the state body shall be present at the primary physical meeting location during the meeting. The state body shall post the agenda at the primary physical meeting location, but need not post the agenda at a remote location.
(g) When a member of a state body described in subdivision (b) participates remotely in a meeting subject to this section's requirements, the state body shall provide a means by which the public may remotely hear audio of the meeting or remotely observe the meeting, including, if available, equal access equivalent to members of the state body participating remotely. The applicable teleconference phone number or internet website, or other information indicating how the public can access the meeting remotely, shall be in the 24-hour notice described in subdivision (b) that is available to the public.
(h) (1) Except as provided in paragraph (2), the members of the state body shall visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform.
(2) The visual appearance of a member of a state body on camera may cease only when the appearance would be technologically impracticable, including, but not limited to, when the member experiences a lack of reliable broadband or internet connectivity that would be remedied by joining without video, or when the visual display of meeting materials, information, or speakers on the internet or other online platform requires the visual appearance of a member of a state body on camera to cease.
(3) If a member of the body does not appear on camera due to challenges with internet connectivity, the member shall announce the reason for their nonappearance when they turn off their camera.
(i) Upon discovering that a means of remote access required by subdivision (g) has failed during a meeting, the state body described in subdivision (b) shall end or adjourn the meeting in accordance with Section 11128.5. In addition to any other requirements that may apply, the state body shall provide notice of the meeting's end or adjournment on its internet website and by email to any person who has requested notice of meetings of the state body under this article. If the meeting will be adjourned and reconvened on the same day, further notice shall be provided by an automated message on a telephone line posted on the state body's agenda, or by a similar means, that will communicate when the state body intends

to reconvene the meeting and how a member of the public may hear audio of the meeting or observe the meeting.
(j) This section does not limit or affect the ability of a state body to hold a teleconference meeting under another provision of this article.
(k) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.
SEC. 3. Section 11123.5 of the Government Code, as added by Section 3 of Chapter 216 of the Statutes of 2023, is amended to read:
11123.5. (a) In addition to the authorization to hold a meeting by teleconference pursuant to subdivision (b) of Section 11123, any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body may hold an open meeting by teleconference as described in this section, provided the meeting complies with all of the section's requirements and, except as set forth in this section, it also complies with all other applicable requirements of this article.
(b) A member of a state body as described in subdivision (a) who participates in a teleconference meeting from a remote location subject to this section's requirements shall be listed in the minutes of the meeting.
(c) The state body shall provide notice to the public at least 24 hours before the meeting that identifies any member who will participate remotely by posting the notice on its internet website and by emailing notice to any person who has requested notice of meetings of the state body under this article. The location of a member of a state body who will participate remotely is not required to be disclosed in the public notice or email and need not be accessible to the public. The notice of the meeting shall also identify the primary physical meeting location designated pursuant to subdivision (e).
(d) This section does not affect the requirement prescribed by this article that the state body post an agenda of a meeting at least 10 days in advance of the meeting. The agenda shall include information regarding the physical meeting location designated pursuant to subdivision (e), but is not required to disclose information regarding any remote location.
(e) A state body described in subdivision (a) shall designate the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate. A quorum of the members of the state body shall be in attendance at the primary physical meeting location, and members of the state body participating remotely shall not count towards establishing a quorum. All decisions taken during a meeting by teleconference shall be by rollcall vote. The state body shall post the agenda at the primary physical meeting location, but need not post the agenda at a remote location.
(f) When a member of a state body described in subdivision (a) participates remotely in a meeting subject to this section's requirements, the state body shall provide a means by which the public may remotely hear audio of the meeting or remotely observe the meeting, including, if available, equal access equivalent to members of the state body participating remotely.

The applicable teleconference phone number or internet website, or other information indicating how the public can access the meeting remotely, shall be in the 24-hour notice described in subdivision (a) that is available to the public.
(g) Upon discovering that a means of remote access required by subdivision (f) has failed during a meeting, the state body described in subdivision (a) shall end or adjourn the meeting in accordance with Section 11128.5. In addition to any other requirements that may apply, the state body shall provide notice of the meeting's end or adjournment on its internet website and by email to any person who has requested notice of meetings of the state body under this article. If the meeting will be adjourned and reconvened on the same day, further notice shall be provided by an automated message on a telephone line posted on the state body's agenda, or by a similar means, that will communicate when the state body intends to reconvene the meeting and how a member of the public may hear audio of the meeting or observe the meeting.
(h) For purposes of this section:
(1) "Participate remotely" means participation in a meeting at a location other than the physical location designated in the agenda of the meeting.
(2) "Remote location" means a location other than the primary physical location designated in the agenda of a meeting.
(3) "Teleconference" has the same meaning as in Section 11123.
(i) This section does not limit or affect the ability of a state body to hold a teleconference meeting under another provision of this article.
(j) This section shall become operative on January 1, 2030.
SEC. 4. The Legislature finds and declares that Section 1 of this act, which amends Section 11123.2 of the Government Code, and Sections 2 and 3 of this act, which amend and repeal Section 11123.5 of the Government Code, modify the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:
(a) By continuing to ensure that agendas are not required to be posted at, and that agendas and notices do not disclose information regarding, the location of each public official participating in a public meeting remotely, including from the member's private home or hotel room, this act protects the personal, private information of public officials and their families while preserving the public's right to access information concerning the conduct of the people's business.
(b) During the COVID-19 public health emergency, audio and video teleconference were widely used to conduct public meetings in lieu of physical location meetings, and those public meetings have been productive, increased public participation by all members of the public regardless of their location and ability to travel to physical meeting locations, increased the pool of people who are able to serve on these bodies, protected the health and safety of civil servants and the public, and have reduced travel costs

incurred by members of state bodies and reduced work hours spent traveling to and from meetings.
(c) Conducting audio and video teleconference meetings enhances public participation and the public's right of access to meetings of the public bodies by improving access for individuals who often face barriers to physical attendance.

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Senate Bill No. 744
CHAPTER 425

An act to add and repeal Section 144.7 of the Business and Professions Code, and to amend, repeal, and add Section 66010 of the Education Code, relating to postsecondary education.
[Approved by Governor October 6, 2025. Filed with Secretary of State October 6, 2025.]

legislative counsel's digest
SB 744, Cabaldon. Accrediting agencies.
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 would require, 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, to retain that recognition until July 1, 2029, provided that the accrediting agency continues to operate in substantially the same manner as it did on January 1, 2025. The bill would repeal those provisions on January 1, 2030.
The people of the State of California do enact as follows:

SECTION 1. Section 144.7 is added to the Business and Professions Code, to read:
144.7. (a) 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 July 1, 2029,

provided that the accrediting agency continues to operate in substantially the same manner as it did on January 1, 2025.
(b) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.
SEC. 2. Section 66010 of the Education Code is amended to read:
66010. (a) Public higher education consists of (1) the California Community Colleges, (2) the California State University, and each campus, branch, and function thereof, and (3) each campus, branch, and function of the University of California.
(b) (1) Except as provided in paragraph (2), as used in this part, "independent institutions of higher education" are those nonpublic higher education institutions that grant undergraduate degrees, graduate degrees, or both, and that are formed as nonprofit corporations in this state and are accredited by an agency recognized by the United States Department of Education.
(2) 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 July 1, 2029, provided that the accrediting agency continues to operate in substantially the same manner as it did on January 1, 2025.
(c) No provision of this part is intended to regulate, subsidize, or intrude upon private education, including, but not limited to, independent educational institutions and religious schools, nor to vary existing state law or state constitutional provisions relating to private education.
(d) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.
SEC. 3. Section 66010 is added to the Education Code, to read:
66010. (a) Public higher education consists of (1) the California Community Colleges, (2) the California State University, and each campus, branch, and function thereof, and (3) each campus, branch, and function of the University of California.
(b) As used in this part, "independent institutions of higher education" are those nonpublic higher education institutions that grant undergraduate degrees, graduate degrees, or both, and that are formed as nonprofit corporations in this state and are accredited by an agency recognized by the United States Department of Education.
(c) No provision of this part is intended to regulate, subsidize, or intrude upon private education, including, but not limited to, independent educational institutions and religious schools, nor to vary existing state law or state constitutional provisions relating to private education.
(d) This section shall become operative on January 1, 2030.

Senate Bill No. 861
CHAPTER 592

An act to amend Sections 27, 144, 1602, 1603, 1901, 1903, 1905, 1926.3, 1944, 2532.2, 2532.3, 2532.4, 2532.6, 2532.7, 2536, 6501, 6584, 7076.5, 7137, 7152, 7524, 8027, 8764.5, 9889.1, 9889.2, 9889.9, 12107, 12211, 12500.8, 12609, 13404.5, 13711, 19094, 26051.5, and 26067 of the Business and Professions Code, to amend Sections 44831, 94834, 94866, 94897, 94900, 94902, 94909, and 94910 of, and to repeal Sections 94880.1, 94929.9, and 94949 of, the Education Code, and to amend Section 14132.55 of the Welfare and Institutions Code, relating to consumer affairs.

[Approved by Governor October 10, 2025. Filed with Secretary of State October 10, 2025.]

legislative counsel's digest

SB 861, Committee on Business, Professions and Economic Development. Consumer affairs.

(1) Existing law establishes in the Business, Consumer Services, and Housing Agency the Department of Consumer Affairs, which is composed of various agencies that license and regulate various businesses and professions. Existing law requires certain agencies to disclose information on the status of its licensees on the internet, as specified. In this regard, existing law specifies the licensees on which the Cemetery and Funeral Bureau is required to disclose information, including, among others, cemetery brokers, salespersons, and managers.

This bill would also specify that the bureau is required to disclose information on licensed hydrolysis facilities and reduction facilities.

(2) Existing law requires designated agencies in the Department of Consumer Affairs to require applicants to furnish a full set of fingerprints to the agency for purposes of conducting criminal history record checks.

This bill would include the State Board of Chiropractic Examiners as one of those designated agencies.

(3) The Dental Practice Act establishes the Dental Board of California to license and regulate the practice of dentistry, and repeals the provision establishing the board on January 1, 2029. Chapter 483 of the Statutes of 2024 revised the membership of the board by, among other things, removing a requirement that the board include a registered dental hygienist, and, instead, requiring the inclusion of a 2nd member who is a registered dental assistant.

This bill would make conforming changes, including deleting obsolete references to a dental hygienist member of the board.

(4) Existing law establishes the Dental Hygiene Board of California to license and regulate dental hygienists. Chapter 858 of the Statutes of 2018

created the board out of the former Dental Hygiene Committee of California, as specified. Existing law requires the dental hygiene board to make recommendations to the Dental Board of California regarding dental hygiene scope of practice issues. Existing law also requires the Dental Hygiene Board of California to establish the amount of fees relating to the licensing of dental hygienists and imposes limitations on those fees, including prohibiting the application fee for an original license and the fee for issuance of an original license from exceeding $250.

This bill would remove the requirement for the dental hygiene board to make recommendations to the Dental Board of California, as described above. The bill would instead prohibit an application fee from exceeding $100 and an initial licensure fee from exceeding $150. The bill would make technical changes to the provisions regulating dental hygienists by, among other things, correcting references to the dental hygiene board and deleting an obsolete provision affecting the expiration of terms for members of the former Dental Hygiene Committee of California.

(5) The Speech-Language Pathologists and Audiologists and Hearing Aid Dispensers Licensure Act establishes the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board to license and regulate speech-language pathologists, audiologists, and hearing aid dispensers. Existing law establishes the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund to deposit revenue received pursuant to the act and makes moneys in the fund available upon appropriation by the Legislature to carry out the purposes of the act.

This bill would make technical changes to various provisions of the act and other related provisions, including updating references to the names of the board and the fund.

(6) The Professional Fiduciaries Act establishes the Professional Fiduciaries Bureau to license and regulate professional fiduciaries, as defined. Existing law requires a licensee to file a statement with the bureau annually that contains specified information, including whether the licensee has been convicted of a crime. Existing law authorizes the suspension, revocation, denial or other disciplinary action for a failure to notify the bureau of a conviction pursuant to that requirement.

This bill would update the cross-reference to that requirement. The bill would make a nonsubstantive change to the definition of professional fiduciary.

(7) The Contractors State License Law establishes the Contractors State License Board to license and regulate contractors. Existing law exempts an inactive contractor's license from certain requirements during the period that a license is inactive, including specified bonding and qualifier requirements.

This bill would also exempt an inactive license from workers' compensation requirements.

The Contractors State License Law requires a licensee that is subject to a public complaint requiring a professional or expert investigation or inspection and report to pay fees to cover the costs of the investigation or

inspection and report if it resulted in the issuance of a letter of admonishment or a citation. Existing law requires the full amount of the assessed fee to be added to the fee for the active or inactive renewal of a licensee.
Under this bill, the licensee would be required to pay those fees only if the letter of admonishment or citation has become a final order of the registrar. The bill would delete the provision requiring the assessed fee to be added to the fee for renewal of a license.
The Contractors State License Law requires a home improvement salesperson to register with the board in order to engage in the business of, or act in the capacity of, a home improvement salesperson. Existing law creates exemptions for certain individuals who, at the time of the sales transaction, are listed as personnel of record for a licensee responsible for soliciting, negotiating, or contracting for a service or improvement that is subject to registration, as specified.
This bill would update a cross-reference to the provisions specifying those exempt individuals.
(8) The Private Investigator Act provides for the licensure and regulation of private investigators by the Director of Consumer Affairs, and requires a licensee to make signed agreements and investigative findings available for inspection by the Bureau of Security and Investigative Services.
This bill would specify that making these records available for inspection by the bureau does not violate rules or laws related to attorney work product and attorney-client privilege, as specified.
(9) Existing law establishes the Court Reporters Board of California to license and regulate shorthand reporters and requires the board to develop standardization of policies on the use and administration of qualifier examinations by schools. Existing law requires the qualifier examination to consist of 4-voice testimony of 10-minute duration at 200 words per minute graded at 97.5 percent accuracy.
This bill would instead require the qualifier examination to be graded at 95 percent accuracy.
(10) The Professional Land Surveyors' Act provides for the licensure and regulation of land surveyors by the Board for Professional Engineers, Land Surveyors, and Geologists, which is within the Department of Consumer Affairs, and provides that a violation of the act is a crime. Existing law requires a licensed surveyor or licensed civil engineer, after making a field survey in conformity with the practice of land surveying, to file a record of survey relating to land boundaries or property lines with the county surveyor in the county in which the field survey was made, if the field survey discloses specified information. Existing law requires the record of survey to be a map and to show, among other things, certain signed form statements by the surveyor, the county surveyor, and the county recorder regarding the map's compliance with the Professional Land Surveyors'Act.
This bill would make a date field next to the signature line of the form statement for the land surveyor.
(11) The Automotive Repair Act establishes the Bureau of Automotive Repair to license and regulate automotive repair dealers, authorizes the

Director of Consumer Affairs to adopt and enforce rules and regulations that are necessary to carry out the purposes of the act. Chapter 372 of the Statutes of 2021 replaced provisions that governed the licensure of lamp and brake adjusting stations and adjusters with provisions that govern the licensure of vehicle safety systems inspection, as specified.
This bill would update cross-references to those provisions of the act.
(12) Existing law provides that the Department of Food and Agriculture has general supervision of the weights and measures and weighing and measuring devices sold or used in the state. Existing law requires the Secretary of Food and Agriculture to adopt by reference certain tolerances, specifications, procedures, requirements, and standards for methods of sale that are recommended or published by the National Conference on Weights and Measures.
This bill would replace references to "National Conference on Weights and Measures" with "National Council on Weights and Measures."
(13) Existing law, the Control, Regulate and Tax Adult Use of Marijuana Act (AUMA), an initiative measure approved as Proposition 64 at the November 8, 2016, statewide general election, authorizes a person who obtains a state license under AUMA to engage in commercial adult-use cannabis activity pursuant to that license and applicable local ordinances. Existing law, the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), among other things, consolidates the licensure and regulation of commercial medicinal and adult-use cannabis activities and requires the Department of Cannabis Control to administer its provisions.
Existing law requires an applicant for a state license to conduct commercial cannabis activity to provide, among other things, specified information to the Department of Cannabis Control and the Department of Justice.
This bill would make nonsubstantive changes to those provisions by updating cross-references.
Existing law requires the department to establish a track and trace program for reporting the movement of cannabis and cannabis products throughout the distribution chain, as specified. Existing law requires the department, in consultation with the California Department of Tax and Fee Administration, to create an electronic database containing the electronic shipping manifests to facilitate the administration of the track and trace program, as specified.
This bill would instead refer to the electronic database as an electronic system.
(14) Existing law, the California Private Postsecondary Education Act of 2009, provides for the regulation of private postsecondary institutions by the Bureau for Private Postsecondary Education. Existing law defines "distance education" for purposes of the act to mean transmission of instruction to students at a location separate from the institution, and defines "teach-out" to mean the arrangements an institution makes for its students to complete their educational programs when the institution ceases to operate.

Existing law requires an institution to maintain permanent records, for each student granted a degree or certificate.
This bill would instead define "distance education" to mean transmission of instruction to students at a location separate from the faculty. The bill would revise the definition of "teach-out" to mean the arrangements an institution makes for its students to complete their educational programs when the institution or an educational program ceases to operate. The bill would repeal a provision requiring the bureau to establish a task force no later than March 1, 2015, to review standards for educational and training programs specializing in innovative subjects and instructing students in high-demand technology fields for which there is a shortage of skilled employees. The bill would require the permanent records required to be maintained by the institution to be complete and accurate.
(15) Existing law requires a student to enroll in a private postsecondary institution by executing an enrollment agreement and makes the agreement unenforceable unless the student has received the institution's catalog and School Performance Fact Sheet before signing the agreement. Existing law requires an institution to provide a prospective student with a School Performance Fact Sheet prior to enrollment.
This bill would require the student to receive the institution's current catalog and would require the institution to provide a prospective student with a current School Performance Fact Sheet. The bill would repeal a requirement that the bureau consider specified factors, including graduate salary and other outcome data and reporting requirements used by the United States Department of Education and specified other entities, and the reporting requirements of public postsecondary institutions to evaluate the feasibility of adopting these reporting requirements for private postsecondary institutions. The bill would repeal an obsolete reporting requirement relating to the bureau's staffing resources.
(16) This bill would make other technical changes, including eliminating gendered pronouns.
(17) This bill would incorporate additional changes to Section 27 of the Business and Professions Code proposed by SB 775 to be operative only if this bill and SB 775 are enacted and this bill is enacted last.
(18) This bill would incorporate additional changes to Sections 26051.5 and 26067 of the Business and Professions Code proposed by AB 8 to be operative only if this bill and AB 8 are enacted and this bill is enacted last.
The people of the State of California do enact as follows:

SECTION 1. Section 27 of the Business and Professions Code is amended to read:
27. (a) Each entity specified in subdivisions (c), (d), and (e) shall provide on the internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code)

and the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). The public information to be provided on the internet shall include information on suspensions and revocations of licenses issued by the entity and other related enforcement action, including accusations filed pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) taken by the entity relative to persons, businesses, or facilities subject to licensure or regulation by the entity. The information may not include personal information, including home telephone number, date of birth, or social security number. Each entity shall disclose a licensee's address of record. However, each entity shall allow a licensee to provide a post office box number or other alternate address, instead of the licensee's home address, as the address of record. This section shall not preclude an entity from also requiring a licensee, who has provided a post office box number or other alternative mailing address as the licensee's address of record, to provide a physical business address or residence address only for the entity's internal administrative use and not for disclosure as the licensee's address of record or disclosure on the internet.

(b) In providing information on the internet, each entity specified in subdivisions (c) and (d) shall comply with the Department of Consumer Affairs' guidelines for access to public records.

(c) Each of the following entities within the Department of Consumer Affairs shall comply with the requirements of this section:

(1) The Board for Professional Engineers, Land Surveyors, and Geologists shall disclose information on its registrants and licensees.

(2) The Bureau of Automotive Repair shall disclose information on its licensees, including automotive repair dealers, smog check stations, smog check inspectors and repair technicians, and vehicle safety systems inspection stations and technicians.

(3) The Bureau of Household Goods and Services shall disclose information on its licensees, registrants, and permitholders.

(4) The Cemetery and Funeral Bureau shall disclose information on its licensees, including cemetery brokers, cemetery salespersons, cemetery managers, crematory managers, cemetery authorities, crematories, cremated remains disposers, embalmers, funeral establishments, hydrolysis facilities, reduction facilities, and funeral directors.

(5) The Professional Fiduciaries Bureau shall disclose information on its licensees.

(6) The Contractors State License Board shall disclose information on its licensees and registrants in accordance with Chapter 9 (commencing with Section 7000) of Division 3. In addition to information related to licenses as specified in subdivision (a), the board shall also disclose information provided to the board by the Labor Commissioner pursuant to Section 98.9 of the Labor Code.

(7) The Bureau for Private Postsecondary Education shall disclose information on private postsecondary institutions under its jurisdiction,

including disclosure of notices to comply issued pursuant to Section 94935 of the Education Code.
(8) The California Board of Accountancy shall disclose information on its licensees and registrants.
(9) The California Architects Board shall disclose information on its licensees, including architects and landscape architects.
(10) The State Athletic Commission shall disclose information on its licensees and registrants.
(11) The State Board of Barbering and Cosmetology shall disclose information on its licensees.
(12) The Acupuncture Board shall disclose information on its licensees.
(13) The Board of Behavioral Sciences shall disclose information on its licensees and registrants.
(14) The Dental Board of California shall disclose information on its licensees.
(15) The California State Board of Optometry shall disclose information on its licensees and registrants.
(16) The Board of Psychology shall disclose information on its licensees, including psychologists and registered psychological associates.
(17) The Veterinary Medical Board shall disclose information on its licensees, registrants, and permitholders.
(d) The State Board of Chiropractic Examiners shall disclose information on its licensees.
(e) The Structural Pest Control Board shall disclose information on its licensees, including applicators, field representatives, and operators in the areas of fumigation, general pest and wood destroying pests and organisms, and wood roof cleaning and treatment.
(f) "Internet" for the purposes of this section has the meaning set forth in paragraph (6) of subdivision (f) of Section 17538.
SEC. 1.5. Section 27 of the Business and Professions Code is amended to read:
27. (a) Each entity specified in subdivisions (c), (d), and (e) shall provide on the internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code) and the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). The public information to be provided on the internet shall include information on suspensions and revocations of licenses issued by the entity and other related enforcement action, including accusations filed pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) taken by the entity relative to persons, businesses, or facilities subject to licensure or regulation by the entity. The information may not include personal information, including home telephone number, date of birth, or social security number. Each entity shall disclose a licensee's address of record. However, each entity shall allow a licensee to provide a post office box

number or other alternate address, instead of the licensee's home address, as the address of record. This section shall not preclude an entity from also requiring a licensee, who has provided a post office box number or other alternative mailing address as the licensee's address of record, to provide a physical business address or residence address only for the entity's internal administrative use and not for disclosure as the licensee's address of record or disclosure on the internet.
(b) In providing information on the internet, each entity specified in subdivisions (c) and (d) shall comply with the Department of Consumer Affairs' guidelines for access to public records.
(c) Each of the following entities within the Department of Consumer Affairs shall comply with the requirements of this section:
(1) The Board for Professional Engineers, Land Surveyors, and Geologists shall disclose information on its registrants and licensees.
(2) The Bureau of Automotive Repair shall disclose information on its licensees, including automotive repair dealers, smog check stations, smog check inspectors and repair technicians, and vehicle safety systems inspection stations and technicians.
(3) The Bureau of Household Goods and Services shall disclose information on its licensees, registrants, and permitholders.
(4) The Cemetery and Funeral Bureau shall disclose information on its licensees, including cemetery brokers, cemetery salespersons, cemetery managers, crematory managers, cemetery authorities, crematories, cremated remains disposers, embalmers, funeral establishments, hydrolysis facilities, reduction facilities, and funeral directors.
(5) The Professional Fiduciaries Bureau shall disclose information on its licensees.
(6) The Contractors State License Board shall disclose information on its licensees and registrants in accordance with Chapter 9 (commencing with Section 7000) of Division 3. In addition to information related to licenses as specified in subdivision (a), the board shall also disclose information provided to the board by the Labor Commissioner pursuant to Section 98.9 of the Labor Code.
(7) The Bureau for Private Postsecondary Education shall disclose information on private postsecondary institutions under its jurisdiction, including disclosure of notices to comply issued pursuant to Section 94935 of the Education Code.
(8) The California Board of Accountancy shall disclose information on its licensees and registrants.
(9) The California Architects Board shall disclose information on its licensees, including architects and landscape architects.
(10) The State Athletic Commission shall disclose information on its licensees and registrants.
(11) The State Board of Barbering and Cosmetology shall disclose information on its licensees.
(12) The Acupuncture Board shall disclose information on its licensees.

(13) The Board of Behavioral Sciences shall disclose information on its licensees and registrants.
(14) The Dental Board of California shall disclose information on its licensees.
(15) The California State Board of Optometry shall disclose information on its licensees and registrants.
(16) The Board of Psychology shall disclose information on its licensees, including psychologists and registered psychological associates, psychological testing technicians, research psychoanalysts, and student research psychoanalysts.
(17) The Veterinary Medical Board shall disclose information on its licensees, registrants, and permitholders.
(d) The State Board of Chiropractic Examiners shall disclose information on its licensees.
(e) The Structural Pest Control Board shall disclose information on its licensees, including applicators, field representatives, and operators in the areas of fumigation, general pest and wood destroying pests and organisms, and wood roof cleaning and treatment.
(f) "Internet" for the purposes of this section has the meaning set forth in paragraph (6) of subdivision (f) of Section 17538.
SEC. 2. Section 144 of the Business and Professions Code is amended to read:
144. (a) Notwithstanding any other law, an agency designated in subdivision (b) shall require an applicant to furnish to the agency a full set of fingerprints for purposes of conducting criminal history record checks. Any agency designated in subdivision (b) may obtain and receive, at its discretion, criminal history information from the Department of Justice and the United States Federal Bureau of Investigation.
(b) Subdivision (a) applies to the following:
(1) California Board of Accountancy.
(2) State Athletic Commission.
(3) Board of Behavioral Sciences.
(4) Court Reporters Board of California.
(5) Dental Board of California.
(6) California State Board of Pharmacy.
(7) Board of Registered Nursing.
(8) California Veterinary Medical Board.
(9) Board of Vocational Nursing and Psychiatric Technicians of the State of California.
(10) Respiratory Care Board of California.
(11) Physical Therapy Board of California.
(12) Physician Assistant Board.
(13) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.
(14) Medical Board of California.
(15) California State Board of Optometry.
(16) Acupuncture Board.

(17) Cemetery and Funeral Bureau.
(18) Bureau of Security and Investigative Services.
(19) Division of Investigation.
(20) Board of Psychology.
(21) California Board of Occupational Therapy.
(22) Structural Pest Control Board.
(23) Contractors State License Board.
(24) California Board of Naturopathic Medicine.
(25) Professional Fiduciaries Bureau.
(26) Board for Professional Engineers, Land Surveyors, and Geologists.
(27) Podiatric Medical Board of California.
(28) Osteopathic Medical Board of California.
(29) California Architects Board, beginning January 1, 2021.
(30) Landscape Architects Technical Committee, beginning January 1, 2022.
(31) Bureau of Household Goods and Services with respect to household movers as described in Chapter 3.1 (commencing with Section 19225) of Division 8.
(32) State Board of Chiropractic Examiners.
(c) For purposes of paragraph (26) of subdivision (b), the term "applicant" shall be limited to an initial applicant who has never been registered or licensed by the board or to an applicant for a new licensure or registration category.
SEC. 3. Section 1602 of the Business and Professions Code is amended to read:
1602. All of the members of the board, except the public members, shall have been actively and lawfully engaged in the practice of dentistry in the State of California, for at least five years next preceding the date of their appointment. The registered dental assistant members shall have been a registered dental assistant, in the State of California for at least five years next preceding the date of their appointment. The public members shall not be licensees of the board or of any other board under this division or of any board referred to in Sections 1000 and 3600. No more than one member of the board shall be a member of the faculty of any dental college or dental department of any medical college in the State of California. None of the members, including the public members, shall have any financial interest in any such college.
SEC. 4. Section 1603 of the Business and Professions Code is amended to read:
1603. (a) Except for the initial appointments, members of the board shall be appointed for a term of four years, and each member shall hold office until the appointment and qualification of the member's successor or until one year shall have elapsed since the expiration of the term for which the member was appointed, whichever first occurs.
(b) A vacancy occurring during a term shall be filled by appointment for the unexpired term, within 30 days after it occurs.

(c) No person shall serve as a member of the board for more than two terms.
(d) The Governor shall appoint three of the public members, the two registered dental assistant members, and the eight licensed dentist members of the board. The Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member.
(e) Of the initial appointments, one of the dentist members and one of the public members appointed by the Governor shall serve for a term of one year. Two of the dentist members appointed by the Governor shall each serve for a term of two years. One of the public members and two of the dentist members appointed by the Governor shall each serve a term of three years. The registered dental assistant members and the remaining three dentist members appointed by the Governor shall each serve for a term of four years. The public members appointed by the Senate Committee on Rules and the Speaker of the Assembly shall each serve for a term of four years.
SEC. 5. Section 1901 of the Business and Professions Code is amended to read:
1901. (a) There is hereby created in the Department of Consumer Affairs a Dental Hygiene Board of California in which the administration of this article is vested.
(b) Whenever the terms "Dental Hygiene Committee of California" or "committee" are used in this article, they mean the Dental Hygiene Board of California.
(c) Whenever the term "Dental Hygiene Committee of California" is used in any other law, it means the Dental Hygiene Board of California.
(d) This section shall remain in effect only until January 1, 2028, and as of that date is repealed. Notwithstanding any other law, the repeal of this section renders the dental hygiene board subject to review by the appropriate policy committees of the Legislature.
SEC. 6. Section 1903 of the Business and Professions Code is amended to read:
1903. (a) (1) The dental hygiene board shall consist of nine members as follows:
(A) Seven members appointed by the Governor as follows:
(i) Two members shall be public members.
(ii) One member shall be a practicing general or public health dentist who holds a current license in California.
(iii) Four members shall be registered dental hygienists who hold current licenses in California. Of the registered dental hygienist members, one shall be licensed either in alternative practice or in extended functions, one shall be a dental hygiene educator, and two shall be registered dental hygienists. No public member shall have been licensed under this chapter within five years of the date of their appointment or have any current financial interest in a dental-related business.
(B) One public member appointed by the Senate Committee on Rules.
(C) One public member appointed by the Speaker of the Assembly.

(2) The first appointment by the Senate Committee on Rules or the Speaker of the Assembly pursuant to this subdivision shall be made upon the expiration of the term of a public member that is scheduled to occur, or otherwise occurs, on or after January 1, 2019.
(3) For purposes of this subdivision, a public health dentist is a dentist whose primary employer or place of employment is in any of the following:
(A) A primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code.
(B) A primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code.
(C) A clinic owned or operated by a public hospital or health system.
(D) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.
(b) (1) Except as specified in paragraph (2), members of the dental hygiene board shall be appointed for a term of four years. Each member shall hold office until the appointment and qualification of the member's successor or until one year shall have lapsed since the expiration of the term for which the member was appointed, whichever comes first.
(2) For the term commencing on January 1, 2012, two of the public members, the general or public health dentist member, and two of the registered dental hygienist members, other than the dental hygiene educator member or the registered dental hygienist member licensed in alternative practice or in extended functions, shall each serve a term of two years, expiring January 1, 2014.
(c) Notwithstanding any other provision of law and subject to subdivision (e), the Governor may appoint to the dental hygiene board a person who previously served as a member of the former committee or dental hygiene board even if the person's previous term expired.
(d) The dental hygiene board shall elect a president, a vice president, and a secretary from its membership.
(e) No person shall serve as a member of the dental hygiene board for more than two consecutive terms.
(f) A vacancy in the dental hygiene board shall be filled by appointment to the unexpired term.
(g) Each member of the dental hygiene board shall receive a per diem and expenses as provided in Section 103.
(h) Each appointing authority shall have the power to remove from office at any time any member of the dental hygiene board appointed by that authority pursuant to Section 106.
(i) The dental hygiene board, with the approval of the director, may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the dental hygiene board and vested in the executive officer by this article.
(j) This section shall remain in effect only until January 1, 2028, and as of that date is repealed.

SEC. 7. Section 1905 of the Business and Professions Code is amended to read:
1905. (a) The dental hygiene board shall perform the following functions:
(1) Evaluate all registered dental hygienist, registered dental hygienist in alternative practice, and registered dental hygienist in extended functions educational programs that apply for approval and grant or deny approval of those applications in accordance with regulations adopted by the dental hygiene board. Any such educational programs approved by the dental board on or before June 30, 2009, shall be deemed approved by the dental hygiene board. Any dental hygiene program accredited by the Commission on Dental Accreditation may be approved.
(2) Withdraw or revoke its prior approval of a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions educational program in accordance with regulations adopted by the dental hygiene board. The dental hygiene board may withdraw or revoke a dental hygiene program approval if the Commission on Dental Accreditation has indicated an intent to withdraw approval or has withdrawn approval.
(3) Review and evaluate all registered dental hygienist, registered dental hygienist in alternative practice, and registered dental hygienist in extended functions applications for licensure to ascertain whether the applicant meets the appropriate licensing requirements specified by statute and regulations, maintain application records, cashier application fees, issue and renew licenses, and perform any other tasks that are incidental to the application and licensure processes.
(4) Determine the appropriate type of license examination consistent with the provisions of this article, and develop or cause to be developed and administer examinations in accordance with regulations adopted by the dental hygiene board.
(5) Determine the amount of fees assessed under this article, not to exceed the actual cost.
(6) Determine and enforce the continuing education requirements specified in Section 1936.1.
(7) Deny, suspend, or revoke a license under this article, or otherwise enforce the provisions of this article. Any such proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the dental hygiene board shall have all of the powers granted therein.
(8) Adopt, amend, and revoke rules and regulations to implement the provisions of this article, including the amount of required supervision by a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions of a registered dental assistant.
(b) The dental hygiene board may employ employees and examiners that it deems necessary to carry out its functions and responsibilities under this article.

SEC. 8. Section 1926.3 of the Business and Professions Code is amended to read:
1926.3. (a) Every person who is now or hereafter licensed as a registered dental hygienist in alternative practice in this state shall register with the executive officer, on forms prescribed by the dental hygiene board within 30 calendar days, the physical facility of the registered dental hygienist in alternative practice or, if the registered dental hygienist in alternative practice has more than one physical facility pursuant to Section 1926.4, all of the physical facilities. If the registered dental hygienist in alternative practice does not have a physical facility, the registered dental hygienist in alternative practice shall notify the executive officer.
(b) (1) A registered dental hygienist in alternative practice who utilizes portable equipment to practice dental hygiene shall register with the executive officer, on forms prescribed by the dental hygiene board, the registered dental hygienist in alternative practice's physical facility where the portable equipment is maintained.
(2) The dental hygiene board may conduct announced and unannounced reviews and inspections of a registered dental hygienist in alternative practice's physical facilities and equipment described in paragraph (1) to ensure continued compliance with the requirements for continued approval under this article.
(c) It shall constitute unprofessional conduct if the registered dental hygienist in alternative practice's physical facility or equipment is found to be noncompliant with any requirements necessary for licensure and a registered dental hygienist in alternative practice may be placed on probation with terms, issued a citation and fine, or have the owned physical facility registration withdrawn if compliance is not demonstrated within reasonable timelines, as established by the dental hygiene board.
(d) The dental hygiene board, by itself or through an authorized representative, may issue a citation containing fines and orders of abatement to the registered dental hygienist in alternative practice for any violation of this section, Section 1925, Section 1926.4, or any regulations adopted thereunder. Any fine collected pursuant to this section shall be deposited into the State Dental Hygiene Fund established pursuant to Section 1944.
SEC. 9. Section 1944 of the Business and Professions Code is amended to read:
1944. (a) The dental hygiene board shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions. The fees established by dental hygiene board resolution in effect on June 30, 2009, as they relate to the licensure of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions, shall remain in effect until modified by the dental hygiene board. The fees are subject to the following limitations:
(1) The application fee shall not exceed one hundred dollars ($100).

(2) The initial licensure fee shall not exceed one hundred fifty dollars ($150).
(3) The fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.
(4) The fee for examination for licensure as a registered dental hygienist in extended functions shall not exceed the actual cost of the examination.
(5) The fee for examination for licensure as a registered dental hygienist in alternative practice shall not exceed the actual cost of administering the examination.
(6) The biennial renewal fee shall not exceed five hundred dollars ($500).
(7) The delinquency fee shall not exceed one-half of the renewal fee. Any delinquent license may be restored only upon payment of all fees, including the delinquency fee, and compliance with all other applicable requirements of this article.
(8) The fee for issuance of a duplicate license to replace one that is lost or destroyed, or in the event of a name change, shall not exceed twenty-five dollars ($25) or one-half of the renewal fee, whichever is greater.
(9) The fee for certification of licensure shall not exceed one-half of the renewal fee.
(10) The fee for each curriculum review and feasibility study review for educational programs for dental hygienists who are not accredited by a dental hygiene board-approved agency shall not exceed two thousand one hundred dollars ($2,100).
(11) The fee for each review or approval of course requirements for licensure or procedures that require additional training shall not exceed seven hundred fifty dollars ($750).
(12) The initial application and biennial fee for a provider of continuing education shall not exceed five hundred dollars ($500).
(13) The amount of fees payable in connection with permits issued under Section 1962 is as follows:
(A) The initial permit fee is an amount equal to the renewal fee for the applicant's license to practice dental hygiene in effect on the last regular renewal date before the date on which the permit is issued.
(B) If the permit will expire less than one year after its issuance, then the initial permit fee is an amount equal to 50 percent of the renewal fee in effect on the last regular renewal date before the date on which the permit is issued.
(14) The fee for the dental hygiene board to conduct a site visit to educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions to ensure compliance of educational program requirements shall not exceed the actual cost incurred by the dental hygiene board for cost recovery of site visit expenditures.
(15) The fee for a retired license shall not exceed one-half of the current license renewal fee.

(b) The renewal and delinquency fees shall be fixed by the dental hygiene board by resolution at not more than the current amount of the renewal fee for a license to practice under this article nor less than five dollars ($5).
(c) Fees fixed by the dental hygiene board by resolution pursuant to this section shall not be subject to the approval of the Office of Administrative Law.
(d) Fees collected pursuant to this section shall be collected by the dental hygiene board and deposited into the State Dental Hygiene Fund, which is hereby created. All money in this fund, upon appropriation by the Legislature in the annual Budget Act, shall be used to implement this article.
(e) No fees or charges other than those listed in this section shall be levied by the dental hygiene board in connection with the licensure of registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.
(f) The fee for registration of an extramural dental facility shall not exceed two hundred fifty dollars ($250).
(g) The fee for registration of a mobile dental hygiene unit shall not exceed one hundred fifty dollars ($150).
(h) The biennial renewal fee for a mobile dental hygiene unit shall not exceed two hundred fifty dollars ($250).
(i) The fee for an additional office permit shall not exceed two hundred fifty dollars ($250).
(j) The biennial renewal fee for an additional office as described in Section 1926.4 shall not exceed two hundred fifty dollars ($250).
(k) The initial application and biennial special permit fee is an amount equal to the biennial renewal fee specified in paragraph (7) of subdivision (a).
(*l*) The fees in this section shall not exceed an amount sufficient to cover the reasonable regulatory cost of carrying out this article.

DHBC
Dental Hygiene
Board of California

Saturday, November 8, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 8.

Discussion and Possible Action on the July 19, 2025, Legislative and Regulatory Committee Meeting Minutes.

Dental Hygiene Board of California
Legislative & Regulatory Committee
Meeting Minutes

DRAFT

Saturday, July 19, 2025

DHBC Headquarters Building
2005 Evergreen Street
1st Floor Hearing Room
Sacramento, CA 95815

Legislative & Regulatory Committee Members Present:
Chair – Michael Long, Registered Dental Hygienist in Alternative Practice (RDHAP)
Committee Member – Dr. Julie Elginer, Public Member
Committee Member – Joanne Pacheco, Registered Dental Hygienist (RDH) Educator Member

DHBC Staff Present:
Anthony Lum, Executive Officer
Adina A. Pineschi-Petty, Doctor of Dental Surgery (DDS), Education, Legislative, and Regulatory Specialist
Crystal Yuyama, Administrative Analyst
Yuping Lin, Department of Consumer Affairs (DCA) Legal Counsel
Elizabeth Dietzen-Olsen, DCA Regulatory Legal Counsel

1. LEG REG Committee Agenda Item 1: Roll Call and Establishment of a Quorum.

Michael Long, Legislative and Regulatory Committee Chair, called the Legislative and Regulatory Committee to order at **10:26 a.m.**, completed the roll call, and a quorum was established with three (3) members present.

2. LEG REG Committee Agenda Item 2: Public Comment for Items Not on the Agenda.

Committee Member comment: None.

Public comment: None.

3. **LEG REG Committee Agenda 3: Discussion and Possible Action on Amendments to California Code of Regulations (CCR), Title 16, Sections 1116: Mobile Dental Hygiene Clinics; Issuance of Approval and 1116.5: Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.**

Dr. Adina Petty stated due to new information and public comments received by the board, staff would request the Legislation and Regulatory Committee to table the discussion and possible action on 16 CCR Sections 1116: Mobile Dental Hygiene Clinics; Issuance of Approval and 1116.5: Registered Dental Hygienist in Alternative Practice; Physical Facility until the November 2025 meeting so staff may revise the proposed language for clarity.

Motion: Member Elginer moved for the Legislative and Regulatory Committee to table the discussion and possible action on 16 CCR Sections 1116: Mobile Dental Hygiene Clinics; Issuance of Approval and 1116.5: Registered Dental Hygienist in Alternative Practice; Physical Facility until the November 2025 meeting so staff may revise the proposed language for clarity.

Second: Member Pacheco.

Committee Member discussion: None.

Public comment: Tooka Zokaie, on behalf of the California Dental Association (CDA), asked if the additional materials would be made available to the public. Dr. Petty responded that the materials will be placed in the meeting packet for November 2025.

Vote: Motion for the Legislative and Regulatory Committee to table the discussion and possible action on 16 CCR Sections 1116: Mobile Dental Hygiene Clinics; Issuance of Approval and 1116.5: Registered Dental Hygienist in Alternative Practice; Physical Facility until the November 2025 meeting so staff may revise the proposed language for clarity. Passed 3:0:0.

Name	Aye	Nay	Abstain/Absent
Michael Long, Chair	X		
Julie Elginer	X		
Joanne Pacheco	X		

4. **LEG REG Committee Agenda 4: Regulatory Update: Status of Dental Hygiene Board of California Regulatory Packages.** (Informational Only).

Dr. Adina Petty provided an update on the status of regulatory packages the board has submitted to the Office of Administrative Law starting on page 264. She stated that

currently the board is running two packages: 1105.2 (e) (Periodontal Classifications); 1116.5 (RDHAP Physical Facility Registration) and 1116 (Mobile Dental Hygiene Clinics).

Committee Member comment: None.

Public comment: None.

5. LEG REG Committee Agenda 5: Legislative Update: Bills of Interest and Legislative Calendar.

Dr. Adina Petty reported as to current legislation of interest to the Board, as well as reporting on the current legislative calendar.

Motion: Member Elginer moved for the Legislative and Regulatory Committee to recommend to the Full Board to approve the proposed positions as follows: AB 224 (Watch), AB 341 (Watch), AB 350 (Support), AB 371 (Watch), AB 489 (Watch), AB 742 (Watch), AB 873 (Oppose), AB 966 (Watch), AB 980 (Watch), AB 1307 (Watch), AB 1418 (Watch), SB 62 (Watch), and SB 351 (Watch), SB 386 (Watch), SB 470 (Support), SB 744 (Support), and SB 861 (Support).

Second: Member Pacheco.

Legislation	DHBC Position
AB 224 Bonta: Health care coverage: essential health benefits.	Watch.
AB 341 Arambula: Oral Health for People with Disabilities Technical Assistance Center Program.	Watch.
AB 350 Bonta: Health care coverage: fluoride treatments.	Support.
AB 371 Haney: Dental coverage.	Watch.
AB 489 Bonta: Health care professions: deceptive terms or letters: artificial intelligence.	Watch.
AB 742 Elhawary: Department of Consumer Affairs: licensing: applicants who are descendants of slaves.	Watch.
AB 873 Alanis: Dentistry: dental assistants: infection control course.	Oppose.

DRAFT

Legislation	DHBC Position
AB 966 Carrillo: Dental Practice Act: foreign dental schools.	Watch.
AB 980 Arambula: Health care: medically necessary treatment.	Watch.
AB 1307 Ávila Farías: Licensed Dentists from Mexico Pilot Program.	Watch.
AB 1418 Schiavo: Department of Health Care Access and Information.	Watch.
SB 62 Menjivar: Health care coverage: essential health benefits.	Watch.
SB 351 Cabaldon: Health Facilities.	Watch.
SB 386 Limón: Dental providers: fee-based payments.	Watch.
SB 470 Laird: Bagley-Keene Open Meeting Act: teleconferencing.	Support.
SB 744 Cabaldon: Accrediting agencies. (NEW)	Support.
SB 861 Committee on Business, Professions and Economic Development: Committee on Business, Professions and Economic Development. Consumer affairs (Omnibus Bill).	Support.

Committee Member discussion: Regarding AB 873, Member Elginer commented that she noticed the board's opposition letter was not included in the bill analysis. Dr. Petty stated that the letter was written and submitted by staff. EO Lum noted that the letter was entered into portal for submission. Member Elginer stated that she wanted to emphasize that the board's letter of opposition was submitted, and it may not have made it into the Senate Business and Professions Committee Consultant Analysis.

Member Elginer requested staff to add the bill sponsor information in the summary of the documents if possible and available. She stated that she is happy to assist with locating this information.

Public comment: Tooka Zokaie, on behalf of the California Dental Association (CDA), stated that CDA urges the Board to amend its motion to change its current opposed position to a watch position for AB 873. She stated the language of the bill has been amended regarding the length of time to complete the Infection Control (IC) course. In

response to Ms. Zokaie's comments, Member Elginer stated that she would not recommend the Board to change from its opposition position until the language is officially amended, and a discussion can occur at a future meeting.

Vote: Motion for the Legislative and Regulatory Committee to recommend to the Full Board to approve the proposed positions as follows: AB 224 (Watch), AB 341 (Watch), AB 350 (Support), AB 371 (Watch), AB 489 (Watch), AB 742 (Watch), AB 873 (Oppose), AB 966 (Watch), AB 980 (Watch), AB 1307 (Watch), AB 1418 (Watch), SB 62 (Watch), and SB 351 (Watch), SB 386 (Watch), SB 470 (Support), SB 744 (Support), and SB 861 (Support). Passed 3:0:0.

Name	Aye	Nay	Abstain/Absent
Michael Long, Chair	X		
Julie Elginer	X		
Joanne Pacheco	X		

6. **LEG REG Committee Agenda 6: Future Agenda Items.**

Committee Member comment: None.

Public comment: None.

7. **LEG REG Committee Agenda 7: Legislative and Regulatory Committee Adjournment.**

Chair Long adjourned the Legislative and Regulatory Committee at **10:53 a.m.**

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DHBC
Dental Hygiene
Board of California

Saturday, November 8, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 9.

Future Agenda Items.

Saturday, November 8, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 10.

Adjournment of the Legislation and Regulatory Committee.