

DHBC

Dental Hygiene
Board of California

Saturday, May 23, 2026
DHBC FULL BOARD Meeting Materials
(Teleconference Meeting)



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

DHBC MEETING AGENDA (Teleconference)

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

Meeting Date and Time

Saturday, May 23, 2026
10:00 a.m. until Adjournment

**The DHBC will conduct the meeting in accordance with Government Code section
11123, subdivision (b), via WebEx teleconference for interaction.**

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.

To participate virtually in the WebEx meeting on **Saturday, May 23, 2026**:

[Click Here to Join the Meeting](#)

Or copy and paste the link text below into an internet browser:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mb0eddd36686ec13a7fc7a9b598e0f843>

If joining using the link above:

Webinar number: 2491 596 5715

Webinar password: DHBC523

If joining by phone:

+1-415-655-0001 US Toll

Access code: 2491 596 5715

Passcode: 3422523

Members of the Board & Locations

Board Member	Teleconference Meeting Location
Joanne Pacheco, President RDH Educator Member	Pam K. Janda, MD 7078 N. Maple Ave. #101 Fresno, CA 93720
Naleni "Lolly" Tribble-Agarwal RDH Member	Atul Agarwal: Allstate Insurance 1831 Marina Blvd San Leandro, CA 94577
Michael Long RDHAP Member	SF Main Library 100 Larkin Street San Francisco, CA 94102 On the day of the meeting, please see the front desk for the specific study room/meeting room location.
Sherman King Public Member	SF Main Library 100 Larkin Street San Francisco, CA 94102 On the day of the meeting, please see the front desk for the specific study room/meeting room location.
Nicholas Kiet Quach Public Member	Alhambra Library 101 S First Street Alhambra, CA 91801 On the day of the meeting, please see the front desk for the specific study room/meeting room location.

Additional Location for the Public (No Board Member Present)

DHBC Headquarters Building
2005 Evergreen Street
1st Floor Lake Tahoe Room 1290
Sacramento, CA 95815

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

The DHBC may act on any item listed on the agenda, unless 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. Discussion and Possible Action to Take a Position on the Following 2025-2026 Legislative Bills of Interest:
 - a) [Assembly Bill \(AB\) 1952](#) – Berman: Dentistry: dental hygienists: licensure.
 - b) [AB 350](#) – Bonta: Health care coverage: fluoride treatments.
 - c) [AB 2140](#) – Johnson: Healing arts: reports: claims against licensees.
 - d) [Senate Bill \(SB\) 1311](#) – Wahab: Licensed Professions.
 - e) [AB 1130](#) – Berman: Dentistry: outreach and support program.
 - f) [AB 1629](#) – Haney: Dental Coverage.
 - g) [AB 1670](#) – Arambula: Medi-Cal: dental care.
 - h) [AB 1717](#) – Castillo: Medi-Cal dental reimbursement: house/extended care facility call.
 - i) [AB 1760](#) – Arambula: Dentistry.
 - j) [AB 1811](#) – Rogers: Health professional shortage areas.
 - k) [AB 2029](#) – Sharp-Collins: Dental Plan Portal.
 - l) [AB 2504](#) – Bauer Kahan: Formerly “Dentistry: licensure.” Amended to “Community colleges: artificial intelligence: pilot program.”
 - m) [AB 2625](#) – Solache: Dental Practice Act: foreign dental schools.
 - n) [AB 2694](#) – Alvarez: Public postsecondary education: community colleges: statewide baccalaureate degree program.
 - o) [SB 1187](#) – Durazo: Open meetings: majority.
 - p) [SB 1390](#) – Menjivar: Formerly “Healing arts: standards for licensure or certification.” Amended to “Online dating services: background checks.”
 - q) [SB 1391](#) – Wahab: Department of Consumer Affairs: retired category licenses.

- r) [SB 1416](#) – Wahab: Physicians and surgeons: dentists: unprofessional conduct.

4. Proposal of Future Agenda Items.

5. Adjournment.

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 Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at their discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting [Government Code sections 11125, 11125.7(a).]

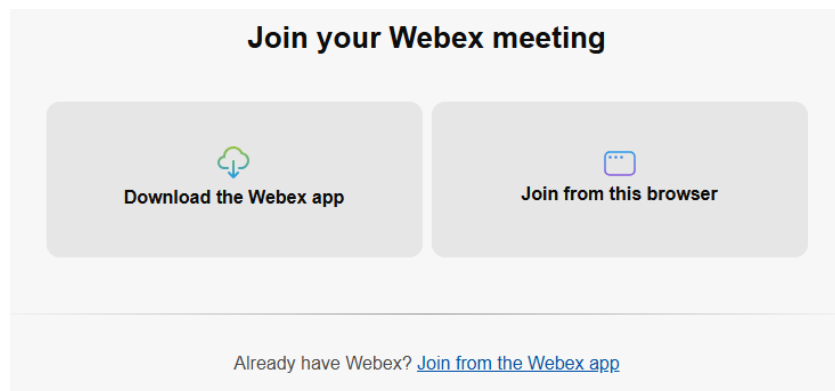
A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the DHBC at 916-263-1978, via email at dhbcinfo@dca.ca.gov, or by sending a written request to 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815. Providing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

For questions about the meeting, please contact Crystal Yuyama at the DHBC at 916-263-1978, via email at dhbcinfo@dca.ca.gov, or by sending a written request to Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815.

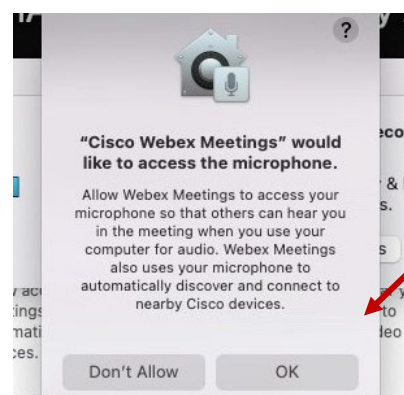
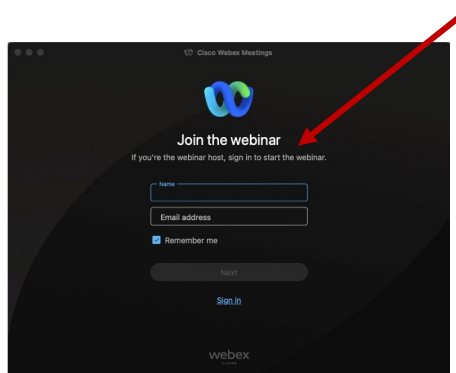
Recommended: Join using the meeting link.

- 1 Click on the meeting link. This can be found in the meeting notice you received and is on the meeting agenda.
- 2 If you already have Webex on your device, click the bottom instruction, "Join from the Webex app."

If you have **not** previously used Webex on your device, your web browser will offer "Download the Webex app." Follow the download link and follow the instructions to install Webex.



- 3 Enter your name and email address*. Click "Next." Accept any request for permission to use your microphone and/or camera.



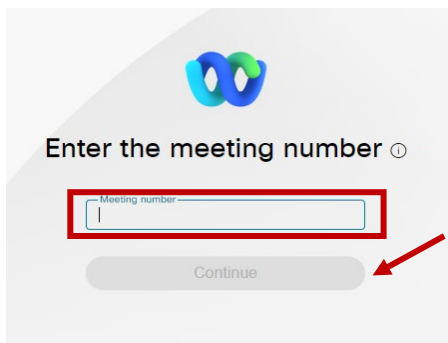
*Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative as well as a fictitious email address like in the following sample format: XXXXX@mailinator.com.

Alternative 1. Join from Webex.com

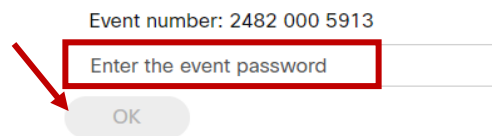
1 Click on “Join a Meeting” at the top of the Webex window.



2 Enter the meeting/event number and click “Continue.” Enter the event password and click “OK.” This can be found in the meeting notice you received or on the meeting agenda.



To view more information about the event, enter the event password.



3 The meeting information will be displayed. Click “Join Event.”

< Back to List

Meeting Name

Jones, Shelly@DCA | 9:45 AM - 9:55 AM | Thursday, Oct 14 2021 |
(UTC-07:00) Pacific Time (US & Canada)



Join Event

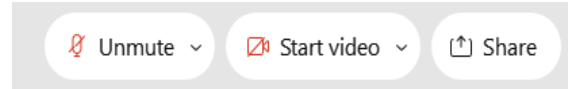
OR

Alternative 2. Connect via Telephone



You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice or on the agenda.

Microphone control (mute/unmute button) is located at the bottom of your Webex window.



Green microphone = Unmuted: People in the meeting can hear you.



Red microphone = Muted: No one in the meeting can hear you.

Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator invites them to unmute their microphone. Only panelists will be offered starting their video camera.

Attendees/Members of the Public

Joined via Meeting Link

The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

Click the Unmute me button on the pop-up box that appears.



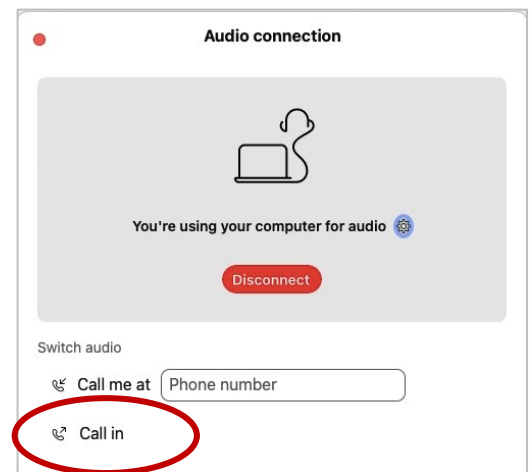
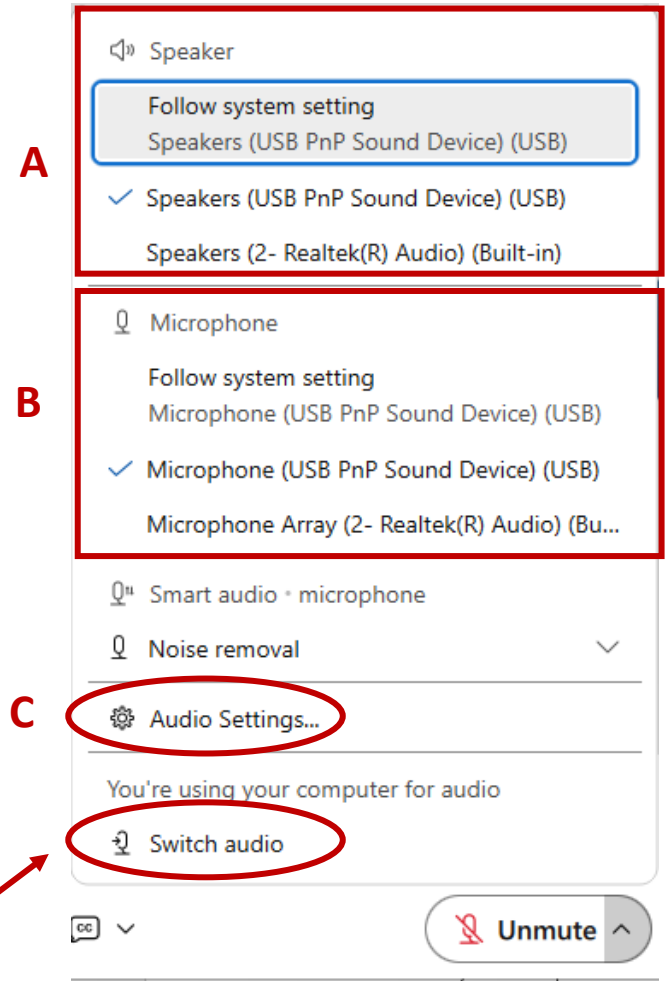
Joined via Telephone (Call-in User)



- When you are asked to unmute yourself, press *6.
- When you are finished speaking, press *6 to mute yourself again.

If you cannot hear or be heard

- 1 Click on the bottom facing arrow located on the Mute/Unmute button at the bottom of the Webex window.
- 2 From the drop-down menu, select different:
 - A. Speaker options if **you can't hear** participants.
 - B. Microphone options if **participants can't hear you**.
 - C. Audio settings will offer testing of your devices, and let you choose a different device.
- 3 To link your phone to your Webex session, enabling your phone to become your microphone and speaker source:
 - Click on "Switch audio".
 - Select "Call in", which will show the phone number to call and the meeting login information.



Joined via Meeting Link

- Locate the hand icon at the bottom of the Webex window.
- Click the hand icon to raise your hand.
- Repeat this process to lower your hand.



The moderator will call you by name and indicate a request has been sent to unmute your microphone.

Upon hearing this prompt:

Click the Unmute me button on the pop-up box that appears.

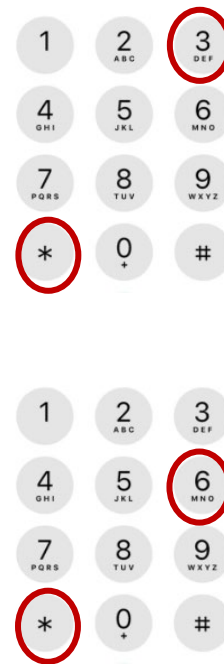


Joined via Telephone (Call-in User)

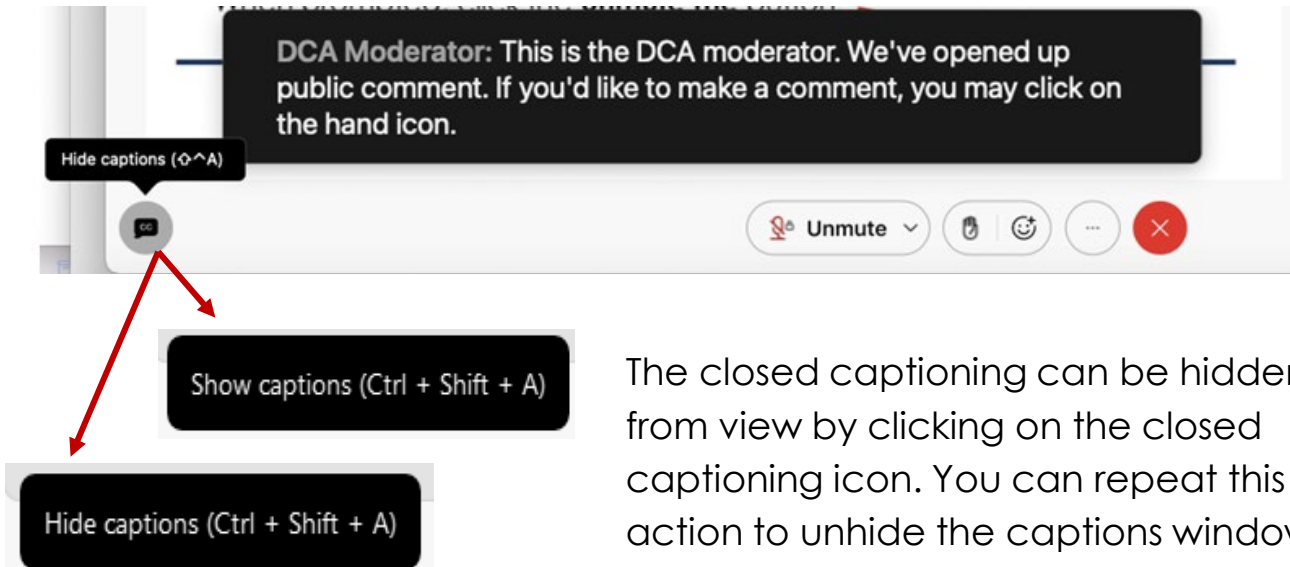


Press *3 to raise or lower your hand.

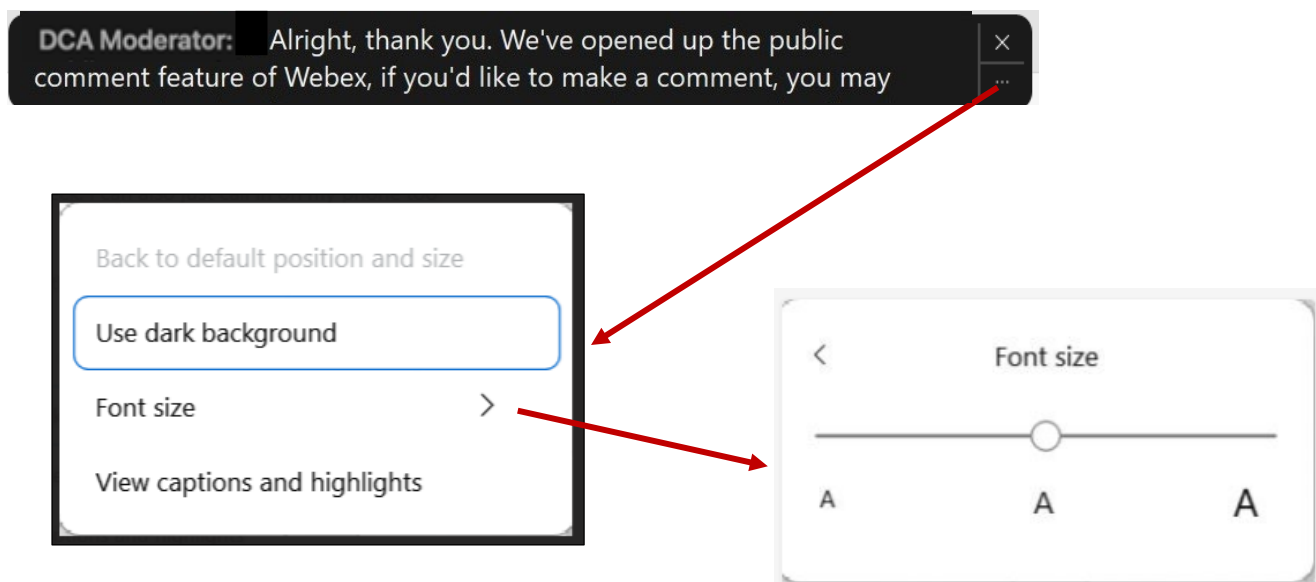
- When you are asked to unmute yourself, press *6.
- When you are finished speaking, press *6 to mute yourself again.



Webex provides real-time closed captioning displayed in a dialog box in your Webex window. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



You can view the closed captioning dialog box with a light or dark background or change the font size by clicking the 3 dots on the right side of the dialog box.





Member	Present	Absent
Julie Elginer		
Sonia "Pat" Hansen		
Sherman King		
Michael Long		
Joanne Pacheco		
Sridevi Ponnala		
Nicolas Quach		
Lolly Agarwal		

Saturday, May 23, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 1.

Roll Call & Establishment of Quorum.

Board Secretary to call the Roll.



Saturday, May 23, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 2.

Public Comment for Items Not on the Agenda.

[The Board 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).]



Saturday, May 23, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 3.

**Discussion and Possible Action to Take a Position on the
Following 2025-2026 Legislative Bills of Interest:**

- a) [Assembly Bill \(AB\) 1952](#) – Berman: Dentistry: dental hygienists: licensure.
- b) [AB 350](#) – Bonta: Health care coverage: fluoride treatments.
- c) [AB 2140](#) – Johnson: Healing arts: reports: claims against licensees.
- d) [Senate Bill \(SB\) 1311](#) – Wahab: Licensed Professions.
- e) [AB 1130](#) – Berman: Dentistry: outreach and support program.
- f) [AB 1629](#) – Haney: Dental Coverage.

Continued on the next page.

- g) [AB 1670](#) – Arambula: Medi-Cal: dental care.
- h) [AB 1717](#) – Castillo: Medi-Cal dental reimbursement: house/extended care facility call.
- i) [AB 1760](#) – Arambula: Dentistry.
- j) [AB 1811](#) – Rogers: Health professional shortage areas.
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- p) [SB 1390](#) – Menjivar: Formerly “Healing arts: standards for licensure or certification.” Amended to “Online dating services: background checks.”
- q) [SB 1391](#) – Wahab: Department of Consumer Affairs: retired category licenses.
- r) [SB 1416](#) – Wahab: Physicians and surgeons: dentists: unprofessional conduct.

MEMORANDUM

DATE	May 23, 2026
TO	Legislation and Regulatory Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	LEG REG 3: 2025-2026 Legislative Bills of Interest as of May 19, 2026.

2026 Legislation	Topic	Status	DHBC Position on 3.28.2026
2026 Bills of Primary Interest to the Board			
<p><u>AB 1952</u> Berman</p> <p>Sponsor(s): California Dental Association</p>	<p>Dentistry: dental hygienists: licensure.</p> <p>This bill would authorize the Dental Hygiene Board of California to license as a registered dental hygienist an applicant who has earned a degree from a nonaccredited dental school if that degree is equivalent to a doctor of dental surgery or doctor of dental medicine degree, as specified. The bill would require, as a condition of licensure, an applicant to meet certain requirements, including, among other things, submission of verification of the above-described equivalence, as specified, satisfactory completion of specified examinations, and satisfactory completion of certain coursework, including, among other things, a 2-unit Dental Practice Act course approved by the Dental Board of California, within the 3 years preceding application.</p>	<p>5.14.26 Assembly. Held under submission.</p>	<p>Oppose unless amended.</p>
<p><u>AB 350</u> Bonta</p> <p>Sponsors: Children Now and California Dental Association</p>	<p>Health care coverage: fluoride treatments.</p> <p>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 setting for children under 21 years of age, without a deductible, co-insurance, copayment or other cost-sharing requirement for that coverage.</p>	<p>5.14.26 Senate. Removed from Inactive file and ordered to third reading.</p>	<p>DHBC position on 11.8.25 was "Support."</p>

2026 Legislation	Topic	Status	DHBC Position on 3.28.2026
	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		
<p><u>AB 2140</u> Johnson</p> <p>Sponsor(s): No sponsor at this time.</p>	<p>Healing arts: reports: claims against licensees.</p> <p>Existing law makes failure of a licensee of the Medical Board of California, the Podiatric Medical Board of California, the Board of Psychology, the Dental Board of California, the Dental Hygiene Board of California, the Osteopathic Medical Board of California, the State Board of Chiropractic Examiners, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the State Board of Optometry, the Veterinary Medical Board, the Board of Behavioral Sciences, the Physical Therapy Board of California, the California State Board of Pharmacy, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, the California Board of Occupational Therapy, the Acupuncture Board, or the Physician Assistant Board, a claimant, or their counsel to report a settlement, judgment, or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a person who holds a license, certificate, or other similar authority from one of those boards, who does not possess professional liability insurance as to the claim, within 30 days to the agency that issued the license, certificate, or similar authority, punishable by a fine of not less than \$50 or more than \$500, as specified.</p> <p>This bill would increase the minimum fine for a violation of that provision to \$100.</p>	<p>4.10.26 Hearing cancelled at the request of author.</p>	<p><u>Watch.</u></p>

2026 Legislation	Topic	Status	DHBC Position on 3.28.2026
<p><u>SB 1311</u> Wahab</p> <p>Sponsor(s): Author</p>	<p>Dentistry: dental assistants: infection control course. Licensed Professions.</p> <p>Existing law requires an unlicensed dental assistant not enrolled in a board-approved program for registered dental assisting or an alternative dental assisting program to complete an infection control certification course, as specified. In this regard, existing law allows the unlicensed dental assistant to complete a board-approved 8-hour course, with 6 hours being didactic instruction and 2 hours being laboratory instruction, as specified. This bill would allow an unlicensed dental assistant to complete the Dental Assisting National Board’s Infection Control examination instead of completing an infection control course. The bill would also revise the requirements for those infection control courses to allow an unlicensed dental assistant to complete one of specified courses approved by the board or a course with at least 4 hours of didactic instruction and at least 2 hours of laboratory instruction using video or a series of video training tools, as specified.</p>	<p>5.18.26 Urgency clause adopted and ordered to the Assembly.</p>	<p>Oppose unless amended.</p>

2025-2026 Bills of Interest

<p><u>AB 1130</u> Berman</p> <p>Sponsor(s): Author</p>	<p>Dentistry: outreach and support program.</p> <p>Would require the Dental Board of California to develop, implement, and maintain an outreach and support program to recruit students from underserved communities in the state to pursue education and licensure in the field of dentistry. The bill would establish duties the board would be required to carry out in that regard, including conducting at least 2 outreach activities per year focused on students from underserved communities. The bill would require the board to provide a summary of actions taken pursuant to the bill’s provisions as part of its report to the Legislature through the sunset review process.</p>	<p>2 Year Bill. 9.4.25 Senate Inactive File.</p>	<p>DHBC position on 11.8.25 was “Watch.”</p>
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2026 Legislation	Topic	Status	DHBC Position on 3.28.2026
<p><u>AB 1629</u> Haney</p> <p>Sponsor(s): California Dental Association</p>	<p>Dental Coverage.</p> <p>Current law authorizes the Department of Insurance to issue guidance to insurers regarding annual timely access and network reporting methodologies. If a health care service plan or health insurer pays a contracting dental provider directly for covered services, this bill would require the plan or insurer to pay a noncontracting dental provider directly for covered services if the noncontracting provider submits to the plan or insurer a written assignment of benefits form signed by the enrollee or insured. The bill would require the plan or insurer to provide a predetermination or prior authorization to the dental provider and to reimburse the provider for not less than that amount, except as specified. The bill would require the plan or insurer to notify the enrollee or insured that the provider was paid and that the out-of-network cost may count towards their annual or lifetime maximum. The bill would require a noncontracting dental provider to make specified disclosures to an enrollee or insured before accepting an assignment of benefits.</p>	<p>5.18.26 Assembly.</p> <p>Removed from Suspense and ordered to third reading.</p>	<p>Watch.</p>
<p><u>AB 1696</u> Stefani</p> <p>Sponsor(s): California Nurse-Midwives Association</p>	<p>Department of Consumer Affairs: director: powers and duties.</p> <p>Gutted and amended to “Emergency services and care: nurse-midwives.”</p>	<p>2-3-26 Introduced.</p>	<p>Watch.</p>
<p><u>AB 1670</u> Arambula</p> <p>Sponsor(s): Association of Regional Center Agencies.</p>	<p>Medi-Cal: dental care.</p> <p>Would make behavior management and desensitization services without an accompanying dental procedure covered benefits under the Medi-Cal program, subject to utilization controls, when a patient’s physical, behavioral, developmental, or emotional condition requires significant extra time, attention, or personnel, or requires such services</p>	<p>5.14.26 Assembly. Held under submission.</p>	<p>New. Recommend “Watch.”</p>

2026 Legislation	Topic	Status	DHBC Position on 3.28.2026
	<p>preceding a dental visit, respectively, in order to safely deliver dental care. The bill would condition implementation of these provisions on the availability of federal financial participation and any necessary federal approvals having been obtained. The bill would, notwithstanding any other law, authorize the department to implement, interpret, or make specific these provisions by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions without taking any further regulatory action.</p>		
<p><u>AB 1717</u> Castillo</p> <p>Sponsor(s): Tom Lovinger, CEO of Golden Age Dental Care</p>	<p>Medi-Cal dental reimbursement: house/extended care facility call.</p> <p>Under the Medi-Cal Dental Provider Handbook, the maximum allowance for a house/extended care facility call under a specified billing code is \$20. This bill would require the State Department of Health Care Services to increase the Medi-Cal reimbursement base rate for a house/extended care facility call in order to reflect the reasonable travel costs for purposes of delivering dental services in the patient’s private residence or applicable facility instead of the location of the dental provider. The bill would require that the rate be adjusted to a minimum of \$120 per patient per date of service, with subsequent readjustments every 2 years to account for inflation and provider cost data. The bill would require the department, every 2 years, to report to the Legislature about the impact of the rate adjustments on access, utilization, and reductions in emergency department visits for dental conditions.</p>	<p>5.14.26 Assembly. Held under submission.</p>	<p>Watch.</p>
<p><u>AB 1760</u> Arambula</p> <p>Sponsor(s): Dental Board of California</p>	<p>Dentistry.</p> <p>Current law requires the board to require an applicant for licensure to successfully complete certain examinations. Existing law imposes certain requirements to take an examination, including a requirement to furnish satisfactory evidence of financial responsibility or liability insurance for</p>	<p>5.6.26 Senate Business, Professions, & Economic Development and Judiciary.</p>	<p>Watch.</p>

2026 Legislation	Topic	Status	DHBC Position on 3.28.2026
	<p>certain dental patient injuries, as specified. This bill would delete the requirement to furnish satisfactory evidence of financial responsibility or liability insurance for certain dental patient injuries.</p>		
<p><u>AB 1811</u> Rogers</p> <p>Sponsor(s): Association of California Healthcare Districts and Rural County Representatives of California</p>	<p>Health professional shortage areas.</p> <p>This bill, until January 1, 2035, would define the term “health professional shortage area” to mean (1) an area determined by the Department of Health Care Access and Information to have a shortage of health professionals, (2) a health professional shortage area designated or recognized by the United States Department of Health and Human Services, or (3) an area designated or recognized as a health professional shortage area by the United States Department of Health and Human Services on January 1, 2025, regardless of whether that area remains designated or recognized by the United States Department of Health and Human Services as a health professional shortage area</p>	<p>5.14.26 Referred to Senate Rules for assignment.</p>	<p>New</p> <p>Recommend “Support.”</p>
<p><u>AB 2029</u> Sharp-Collins</p> <p>Sponsor(s): California Dental Association</p>	<p>Dentistry. Dental Plan Portal.</p> <p>This bill would require a dental plan or dental insurer to establish a dental portal accessible to a treating dental provider to provide information regarding an enrollee’s contract or insured’s policy, including the actual payment or reimbursement amounts for covered services. The bill would require the portal to provide accurate, real-time benefit eligibility and benefits information in a clear and understandable format, provide specified information about a corresponding payment, accept attachments in an electronic format, and be made available at no cost to contracted and noncontracted dental providers, among other requirements. Because a willful violation of these provisions relative to health care service plans would be a crime, this bill would impose a state-mandated local program</p>	<p>4.21.26 Hearing cancelled at the request of author.</p>	<p>Watch.</p>

2026 Legislation	Topic	Status	DHBC Position on 3.28.2026
<p><u>AB 2504</u> Bauer-Kahan</p> <p>Sponsor(s): None.</p>	<p>Dentistry: licensure.</p> <p>Gutted and amended to “Community colleges: artificial intelligence: pilot program.”</p>	<p>2.20.26 Introduced.</p>	<p>Watch.</p>
<p><u>AB 2625</u> Solache</p> <p>Sponsor(s): Unknown at this time.</p>	<p>Dental Practice Act: foreign dental schools.</p> <p>Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists by the Dental Board of California within the Department of Consumer Affairs. Existing law requires an applicant for licensure to meet specified requirements, including, among others, furnishing satisfactory evidence of having graduated from a dental college approved by the board or by the Commission on Dental Accreditation of the American Dental Association (CODA). Prior law provided for the approval of foreign dental schools by the board. 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 or a comparable accrediting body approved by the board. 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 a foreign dental school whose program was approved by the board prior to January 1, 2020, if that school applied for accreditation by an accrediting body, or CODA, on or before January 31, 2026, while that accreditation process is ongoing, as specified. The bill would require the foreign dental school to, commencing with January 1, 2027, and every 6 months thereafter, provide an update to the board on the status of the foreign dental school’s accreditation application. The bill would authorize the board to terminate the maintained approval of a foreign dental school for</p>	<p>3.9.26 Assembly Business and Professions.</p>	<p>Watch.</p>

2026 Legislation	Topic	Status	DHBC Position on 3.28.2026
	failure to submit that update, as specified. This bill contains other related provisions and other existing laws.		
<p><u>AB 2694</u> Alvarez</p> <p>Sponsor(s): Author.</p>	<p>Public postsecondary education: community colleges: statewide baccalaureate degree program.</p> <p>Existing law authorizes the Board of Governors of the California Community Colleges, in consultation with the California State University and the University of California, to authorize the establishment of community college district baccalaureate degree programs, as provided. Existing law prohibits a community college district baccalaureate degree program from offering a baccalaureate degree program or program curricula already offered by the California State University or the University of California. This bill would instead prohibit a community college district baccalaureate degree program from offering a baccalaureate degree program or program curricula substantially similar to a baccalaureate degree program offered by the California State University or the University of California within the geographic region served by the community college district, except where the California State University or the University of California does not enroll students from that geographic region in the same degree pathway or where documented unmet regional workforce needs justify the program.</p>	<p>5.18.26 Assembly.</p> <p>Removed from Suspense file and ordered to third reading.</p>	<p>Watch.</p>
<p><u>SB 1187</u> Durazo</p> <p>Sponsor(s): Author</p>	<p>Open meetings: majority.</p> <p>Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body, as defined, of a local agency be open and public and that all persons be permitted to attend and participate. Existing law defines “meetings” for these purposes to mean any congregation of a majority of the members of a</p>	<p>5.18.26 Assembly Local Government.</p>	<p>Watch.</p>

2026 Legislation	Topic	Status	DHBC Position on 3.28.2026
	legislative body at the same time and location, as specified, to hear, discuss, deliberate, or take action on any item that is within the subject matter jurisdiction of the legislative body. This bill would define “majority” for purposes of the act to mean the number of members of the legislative body equaling more than half of the total number of seats on the legislative body. The bill would specify that if a seat on the legislative body is vacant, that seat is to still be counted as a seat on the legislative body. This bill contains other related provisions and other existing laws.		
<p><u>SB 1390</u> Menjivar</p> <p>Sponsor(s): Author</p>	<p>Healing arts: standards for licensure or certification.</p> <p>Gutted and amended to “Online dating services: background checks.”</p>	<p>2.20.26 Introduced.</p>	<p>Watch.</p>
<p><u>SB 1391</u> Wahab</p> <p>Sponsor(s): Author</p>	<p>Department of Consumer Affairs: retired category licenses.</p> <p>Existing law authorizes any of the boards within the department, except as specified, to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation. This bill would additionally require a board that offers a retired category of licensure to disclose that information on its internet website</p>	<p>5.4.26 Assembly Business and Professions.</p>	<p>Watch.</p>
<p><u>SB 1416</u> Wahab</p> <p>Sponsor(s): Author</p>	<p>Physicians and surgeons: dentists: unprofessional conduct.</p> <p>Existing law, including the Medical Practice Act and the Dental Practice Act, deem certain violations by licensees to be unprofessional conduct subject to discipline by the licensee’s licensing board. This bill would reduce the duration for a physician and surgeon or dentist to refund a duplicate payment</p>	<p>5.11.26 Assembly Business and Professions.</p>	<p>Watch.</p>

2026 Legislation	Topic	Status	DHBC Position on 3.28.2026
	following patient request or patient notification to 21 days. This bill contains other existing laws.		



AB-350 Health care coverage: fluoride treatments. (2025-2026)

Text	Votes	History	Bill Analysis	Today's Law As Amended ⓘ	Compare Versions	Status	Comments To Author
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AMENDED IN SENATE MAY 13, 2026
 AMENDED IN SENATE SEPTEMBER 05, 2025
 AMENDED IN SENATE JULY 07, 2025
 AMENDED IN ASSEMBLY MAY 23, 2025
 AMENDED IN ASSEMBLY APRIL 24, 2025

CALIFORNIA LEGISLATURE— 2025–2026 REGULAR SESSION

ASSEMBLY BILL

NO. 350

**Introduced by Assembly Member Bonta
 (Coauthor: Assembly Member Jackson)
 (Coauthor: Senator Rubio)**

January 29, 2025

An act to add Section 1367.73 to the Health and Safety Code, to add Section 10120.45 to the Insurance Code, and to amend Section 14132 of the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 350, as amended, Bonta. Health care coverage: fluoride treatments.

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 sets forth specified coverage requirements for health care service plan contracts and health insurance policies.

Existing law requires an individual or small group health care service plan contract or 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 an essential health benefit to be provided only to the extent that federal law does not require the state to defray the costs of the benefit.

This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, ~~2026~~, 2027, that provides coverage for the application of fluoride varnish as a pediatric oral care benefit to provide coverage without cost sharing for the application of fluoride varnish as medically necessary regardless of whether the service is billed as a dental benefit or as a medical ~~benefit~~. *benefit, except as specified.* If this coverage requirement creates an obligation for the state to defray costs for an individual, the bill would not require coverage unless there is an appropriation for this purpose, as specified. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.

Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to low-income individuals. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including certain dental services, that are rendered by Medi-Cal enrolled providers. Under existing law, silver diamine fluoride treatments are a covered benefit for eligible children 0 to 6 years of age, inclusive, as specified, and application of fluoride or other appropriate fluoride treatment is covered for children 17 years of age and under.

This bill would make the application of fluoride or other appropriate fluoride treatment, as defined by the department, a covered benefit under the Medi-Cal program for children under 21 years of age. The bill would require the State Department of Health Care ~~Services to establish and promulgate a policy on or before January 1, 2027, that specifies this covered benefit includes the application of fluoride varnish, as specified, and that allows reimbursement in certain circumstances.~~ *Services, no later than July 1, 2027, to issue billing guidance and make any necessary updates to ensure the coverage policy for Medi-Cal beneficiaries under 21 years of age is consistent with certain federal benefits and would require that policy to allow the application of fluoride varnish, as specified.*

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.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

(a) In 2021, the State Department of Public Health (DPH) reported that California's third graders have a substantially higher proportion of tooth decay compared to the national median of 53 percent. Children from communities of color and Spanish-speaking households are more likely to experience tooth decay.

(b) Topical fluoride varnish is a simple, effective, and low-cost intervention that is painted on the top and sides of each tooth with a small brush in less than two minutes. According to the American Academy of Pediatrics, fluoride varnish can help prevent tooth decay, slow it down, or stop it from getting worse. Fluoride varnish is safe and used by dentists and doctors all over the world to help prevent tooth decay in children. It must be reapplied at regular intervals to be fully effective. The American Dental Association recommends the application of fluoride varnish twice annually for all children.

(c) Although progress has been made to improve utilization, many children enrolled in Medi-Cal are not

receiving regular dental services. Application of fluoride varnish outside dental settings offers an additional pathway for children to access this critical intervention. State Department of Health Care Services (DHCS) data published in May 2025 shows only 51.03 percent of children receiving dental services through the Medi-Cal Dental Fee-for-Service delivery system received at least one dental service in the 2024 calendar year. In the Counties of Los Angeles and Sacramento, fewer than one-half of all children receiving dental services through the Medi-Cal Dental Managed Care delivery system received at least one dental service in the 2024 calendar year.

(d) DHCS has specifically identified the application of fluoride varnish to children 0 to 20, inclusive, years of age as an area for quality improvement within Medi-Cal. As part of the Managed Care Accountability Set, a set of performance metrics that DHCS selects for annual reporting by Medi-Cal managed care health plans, the state measures the percentage of children who had at least two applications of fluoride varnish in a single year as one of several key quality metrics. The Topical Fluoride for Children (TFL-CH) metric counts application of fluoride varnish in the dental and medical setting combined, for children 0 to 20, inclusive, years of age. As of April 2025, data shows most plans are below the Minimum Performance Level of 19.3 percent, meaning not even one in five Medi-Cal enrolled children is receiving fluoride varnish twice per year, as recommended, even when considering services provided in the dental setting and medical setting, combined.

(e) The application of fluoride varnish must be covered by states as medically necessary for all children under 21 years of age enrolled in Medi-Cal, pursuant to federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medicaid requirements. According to the federal Centers for Medicare and Medicaid Services:

(1) Under EPSDT, states are required to provide any additional services that are coverable under the federal Medicaid program and found to be medically necessary to treat, correct, or reduce illnesses and conditions discovered regardless of whether the service is covered in a state's Medicaid plan.

(2) A determination of whether a service is medically necessary for an individual child must be made on a case-by-case basis, taking into account the particular needs of the child.

(3) States may train primary care providers and pay them for oral health services, including fluoride varnish application.

(4) Incorporating oral health into children's primary care visits is a best-practice strategy.

(5) It is about 10 times more expensive to provide inpatient dental care for caries-related conditions than to provide preventive care.

(f) Consistent with EPSDT, "Medi-Cal for Kids and Teens," a brochure published by DHCS describing EPSDT services, states that care covered by Medi-Cal for Kids and Teens includes all other needed services, as a child's provider determines.

(g) Current Medi-Cal policy printed in the Medi-Cal Provider Manual allows for the reimbursement of fluoride varnish in a primary care setting only for children zero to five, inclusive, years of age.

(h) California law allows any person within a public health setting or a public health program created or administered by a federal, state, or local governmental entity to apply topical fluoride according to the prescription and protocol issued and established by a physician or dentist. This means that fluoride varnish can be applied by nonlicensed staff and lay workers that are overseen by a physician or dentist, including administrative staff, volunteers, community health workers, and other school- and community-based personnel.

(i) Current Medi-Cal reimbursement policy requires a qualified health professional to apply topical fluoride varnish.

(j) School-based fluoride varnish delivery programs are recommended as an evidence-based intervention by the Community Preventive Services Task Force, a federal entity created by the United States Department of Health and Human Services that makes evidence-based findings and recommendations about interventions to improve population health.

(k) According to the Community Preventive Services Task Force, school-based fluoride varnish delivery programs may be administered by the school (e.g., school health center) or by outside entities (e.g., federally qualified health centers, state oral health programs, dental schools), and state Medicaid reimbursement policies regarding who can bill for preventive dental services and who can deliver them may pose greater barriers for nondental providers.

(l) Lack of regular application of fluoride varnish results in more dental caries and worse oral health outcomes for children.

(m) For applicable commercial health plans and insurance policies, the application of fluoride varnish is covered as an essential health benefit (EHB) under requirements for pediatric oral health coverage, pursuant to state and federal law for children under 19 years of age.

(n) Pursuant to a United States Preventive Services Task Force (USPSTF) recommendation, the application of fluoride varnish in the primary care setting is specifically covered for zero to five, inclusive, years of age under a federal preventive services coverage requirement that applies to most private health plans. USPSTF recommends with a "B" grade that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. In its recommendation statement, the USPSTF states it only reviewed the evidence for preventive interventions of dental caries in children zero to five, inclusive, years of age. The USPSTF states that this should not be construed to imply that preventive interventions for dental caries should cease after five years of age.

(o) Although older children are more likely than infants and toddlers to receive regular preventive care in a dental setting, the application of fluoride varnish outside a dental setting may be medically necessary for children who are not regularly receiving fluoride varnish in a dental setting.

(p) Removal of fluoride from community water systems and recent federal action to remove ingestible fluoride prescription drug products for children from the market only increases the importance of ensuring widespread access to topical fluoride varnish.

(q) It is the intent of the Legislature that expanding the type of personnel who can apply fluoride varnish in Medi-Cal and ensuring coverage of fluoride varnish outside of the dental setting for all children will create more opportunities to apply fluoride varnish within school-based and primary care settings, improve Medi-Cal quality metrics, and lead to fewer cavities, fewer school absences, and healthier California children.

SEC. 2. Section 1367.73 is added to the Health and Safety Code, to read:

1367.73. (a) A health care service plan contract issued, amended, or renewed on or after January 1, ~~2026,~~ *2027*, that provides coverage for the application of fluoride varnish as a pediatric oral care benefit shall provide coverage for the application of fluoride varnish as medically necessary regardless of whether the service is billed as a dental benefit or as a medical benefit, and shall not impose a deductible, coinsurance, copayment, or other cost-sharing requirement for that coverage.

(b) This section does not apply to a specialized health care service plan contract, as defined in subdivision (o) of Section 1345, or a Medicare supplement contract.

(c) Subdivision (a) does not diminish a plan's responsibility under the federal Patient Protection and Affordable Care Act (Public Law 111-148) to cover services that are assigned either a grade of A or a grade of B by the United States Preventive Services Task Force for all populations subject to that recommendation.

(d) If the requirements of subdivision (a) create an obligation for the state to defray costs for any individual, subdivision (a) shall cease to apply to a health care service plan subject to this section unless there is an appropriation in the annual Budget Act or other legislation for this purpose.

(e) This section does not apply to Medi-Cal managed care plan contracts with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000), Chapter 8 (commencing with Section 14200), or Chapter 8.75 (commencing with Section 14591) of Part 3 of Division 9 of the Welfare and Institutions Code.

SEC. 3. Section 10120.45 is added to the Insurance Code, to read:

10120.45. (a) A health insurance policy issued, amended, or renewed on or after January 1, ~~2026~~, 2027, that provides coverage for the application of fluoride varnish as a pediatric oral care benefit shall provide coverage for the application of fluoride varnish as medically necessary regardless of whether the service is billed as a dental benefit or as a medical benefit, and shall not impose a deductible, coinsurance, copayment, or other cost-sharing requirement for that coverage.

(b) This section does not apply to a specialized health insurance policy, as defined in subdivision (c) of Section 106, or a Medicare supplement policy.

(c) Subdivision (a) does not diminish an insurer's responsibility under the federal Patient Protection and Affordable Care Act (Public Law 111-148) to cover services that are assigned either a grade of A or a grade of B by the United States Preventive Services Task Force for all populations subject to that recommendation.

(d) If the requirements of subdivision (a) create an obligation for the state to defray costs for any individual, subdivision (a) shall cease to apply to a health insurance policy subject to this section unless there is an appropriation in the annual Budget Act or other legislation for this purpose.

SEC. 4. Section 14132 of the Welfare and Institutions Code is amended to read:

14132. The following is the schedule of benefits under this chapter:

(a) Outpatient services are covered as follows:

Physician, hospital or clinic outpatient, surgical center, respiratory care, optometric, chiropractic, psychology, podiatric, occupational therapy, physical therapy, speech therapy, audiology, acupuncture to the extent federal matching funds are provided for acupuncture, and services of persons rendering treatment by prayer or healing by spiritual means in the practice of any church or religious denomination insofar as these can be encompassed by federal participation under an approved plan, subject to utilization controls.

(b) (1) Inpatient hospital services, including, but not limited to, physician and podiatric services, physical therapy, and occupational therapy, are covered subject to utilization controls.

(2) For a Medi-Cal fee-for-service beneficiary, emergency services and care that are necessary for the treatment of an emergency medical condition and medical care directly related to the emergency medical condition. This paragraph does not change the obligation of Medi-Cal managed care plans to provide emergency services and care. For the purposes of this paragraph, "emergency services and care" and "emergency medical condition" have the same meanings as those terms are defined in Section 1317.1 of the Health and Safety Code.

(c) Nursing facility services, subacute care services, and services provided by any category of intermediate care facility for the developmentally disabled, including podiatry, physician, nurse practitioner services, and prescribed drugs, as described in subdivision (d), are covered subject to utilization controls. Respiratory care, physical therapy, occupational therapy, speech therapy, and audiology services for patients in nursing facilities and any category of intermediate care facility for persons with developmental disabilities are covered subject to utilization controls.

(d) (1) Purchase of prescribed drugs is covered subject to the Medi-Cal List of Contract Drugs and utilization controls.

(2) Purchase of drugs used to treat erectile dysfunction or any off-label uses of those drugs are covered only to the extent that federal financial participation is available.

(3) (A) To the extent required by federal law, the purchase of outpatient prescribed drugs, for which the prescription is executed by a prescriber in written, nonelectronic form on or after April 1, 2008, is covered only when executed on a tamper-resistant prescription form. The implementation of this paragraph shall conform to the guidance issued by the federal Centers for Medicare and Medicaid Services, but shall not conflict with state statutes on the characteristics of tamper-resistant prescriptions for controlled substances,

including Section 11162.1 of the Health and Safety Code. The department shall provide providers and beneficiaries with as much flexibility in implementing these rules as allowed by the federal government. The department shall notify and consult with appropriate stakeholders in implementing, interpreting, or making specific this paragraph.

(B) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may take the actions specified in subparagraph (A) by means of a provider bulletin or notice, policy letter, or other similar instructions without taking regulatory action.

(4) (A) (i) For the purposes of this paragraph, nonlegend has the same meaning as defined in subdivision (a) of Section 14105.45.

(ii) Nonlegend acetaminophen-containing products, including children's acetaminophen-containing products, selected by the department are covered benefits.

(iii) Nonlegend cough and cold products selected by the department are covered benefits.

(B) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may take the actions specified in subparagraph (A) by means of a provider bulletin or notice, policy letter, or other similar instruction without taking regulatory action.

(e) Outpatient dialysis services and home hemodialysis services, including physician services, medical supplies, drugs, and equipment required for dialysis, are covered, subject to utilization controls.

(f) Anesthesiologist services when provided as part of an outpatient medical procedure, nurse anesthetist services when rendered in an inpatient or outpatient setting under conditions set forth by the director, outpatient laboratory services, and x-ray services are covered, subject to utilization controls. This subdivision does not require prior authorization for anesthesiologist services provided as part of an outpatient medical procedure or for portable x-ray services in a nursing facility or any category of intermediate care facility for the developmentally disabled.

(g) Blood and blood derivatives are covered.

(h) (1) Emergency and essential diagnostic and restorative dental services, except for orthodontic, fixed bridgework, and partial dentures that are not necessary for balance of a complete artificial denture, are covered, subject to utilization controls. The utilization controls shall allow emergency and essential diagnostic and restorative dental services and prostheses that are necessary to prevent a significant disability or to replace previously furnished prostheses that are lost or destroyed due to circumstances beyond the beneficiary's control. Notwithstanding the foregoing, the director may by regulation provide for certain fixed artificial dentures necessary for obtaining employment or for medical conditions that preclude the use of removable dental prostheses, and for orthodontic services in cleft palate deformities administered by the department's California Children's Services program.

(2) For persons 21 years of age or older, the services specified in paragraph (1) shall be provided subject to the following conditions:

(A) Periodontal treatment is not a benefit.

(B) Endodontic therapy is not a benefit except for vital pulpotomy.

(C) Laboratory processed crowns are not a benefit.

(D) Removable prosthetics shall be a benefit only for patients as a requirement for employment.

(E) The director may, by regulation, provide for the provision of fixed artificial dentures that are necessary for medical conditions that preclude the use of removable dental prostheses.

(F) Notwithstanding the conditions specified in subparagraphs (A) to (E), inclusive, the department may approve services for persons with special medical disorders subject to utilization review.

(3) Paragraph (2) shall become inoperative on July 1, 1995.

- (i) Medical transportation is covered, subject to utilization controls.
- (j) Home health care services are covered, subject to utilization controls.
- (k) (1) Prosthetic and orthotic devices and eyeglasses are covered, subject to utilization controls. Utilization controls shall allow replacement of prosthetic and orthotic devices and eyeglasses necessary because of loss or destruction due to circumstances beyond the beneficiary's control. Frame styles for eyeglasses replaced pursuant to this subdivision shall not change more than once every two years, unless the department so directs.
- (2) Orthopedic and conventional shoes are covered when provided by a prosthetic and orthotic supplier on the prescription of a physician and when at least one of the shoes will be attached to a prosthesis or brace, subject to utilization controls. Modification of stock conventional or orthopedic shoes when medically indicated is covered, subject to utilization controls. If there is a clearly established medical need that cannot be satisfied by the modification of stock conventional or orthopedic shoes, custom-made orthopedic shoes are covered, subject to utilization controls.
- (3) Therapeutic shoes and inserts are covered when provided to a beneficiary with a diagnosis of diabetes, subject to utilization controls, to the extent that federal financial participation is available.
- (l) Hearing aids are covered, subject to utilization controls. Utilization controls shall allow replacement of hearing aids necessary because of loss or destruction due to circumstances beyond the beneficiary's control.
- (m) Durable medical equipment and medical supplies are covered, subject to utilization controls. The utilization controls shall allow the replacement of durable medical equipment and medical supplies when necessary because of loss or destruction due to circumstances beyond the beneficiary's control. The utilization controls shall allow authorization of durable medical equipment needed to assist a disabled beneficiary in caring for a child for whom the disabled beneficiary is a parent, stepparent, foster parent, or legal guardian, subject to the availability of federal financial participation. The department shall adopt emergency regulations to define and establish criteria for assistive durable medical equipment in accordance with the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).
- (n) Family planning services are covered, subject to utilization controls. However, for Medi-Cal managed care plans, utilization controls shall be subject to Section 1367.25 of the Health and Safety Code.
- (o) Inpatient intensive rehabilitation hospital services, including respiratory rehabilitation services, in a general acute care hospital are covered, subject to utilization controls, when either of the following criteria are met:
- (1) A patient with a permanent disability or severe impairment requires an inpatient intensive rehabilitation hospital program as described in Section 14064 to develop function beyond the limited amount that would occur in the normal course of recovery.
- (2) A patient with a chronic or progressive disease requires an inpatient intensive rehabilitation hospital program as described in Section 14064 to maintain the patient's present functional level as long as possible.
- (p) (1) Adult day health care is covered in accordance with Chapter 8.7 (commencing with Section 14520).
- (2) Commencing 30 days after the effective date of the act that added this paragraph, and notwithstanding the number of days previously approved through a treatment authorization request, adult day health care is covered for a maximum of three days per week.
- (3) As provided in accordance with paragraph (4), adult day health care is covered for a maximum of five days per week.
- (4) As of the date that the director makes the declaration described in subdivision (g) of Section 14525.1, paragraph (2) shall become inoperative and paragraph (3) shall become operative.
- (q) (1) Application of fluoride, or other appropriate fluoride treatment as defined by the department, and other prophylaxis treatment for children under 21 years of age are covered.

(2) No later than ~~January~~ *July* 1, 2027, the department shall ~~establish and promulgate a billing policy, as follows:~~ *issue billing guidance and make any necessary updates to ensure Medi-Cal coverage policy for Medi-Cal beneficiaries under 21 years of age is consistent with the federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, subject to utilization management controls.*

~~(A) A policy specifying that paragraph (1) includes the application of fluoride varnish as medically necessary regardless of whether the service is billed as a dental benefit or as a medical benefit, for children under 21 years of age, subject to utilization controls.~~

~~(B) A policy that allows a Medi-Cal enrolled provider who is authorized to apply and bill for the application of fluoride varnish to be reimbursed for that service, if the fluoride varnish is physically applied by a person who is both of the following:~~

~~(i) Employed by the Medi-Cal enrolled provider or working in a contractual relationship with the Medi-Cal provider.~~

~~(ii) Otherwise authorized under law, including under Section 104762 or 104830 of the Health and Safety Code, to apply fluoride varnish.~~

(A) The Medi-Cal policy specified in this paragraph shall allow the application of fluoride varnish without any place of service restrictions when rendered by a Medi-Cal enrolled, licensed medical or dental provider, or another qualified health care or public health professional within their scope of practice who is trained on oral health, including the application of fluoride varnish, and is supervised by a Medi-Cal enrolled, licensed medical or dental provider within their scope of practice.

(B) (i) For purposes of this subdivision, a "qualified health care or public health professional" shall operate under the supervision of a Medi-Cal enrolled, licensed medical or dental provider who bills on their behalf and shall successfully complete a training program on oral health and application of fluoride varnish, which may be issued by the American Academy of Pediatrics Oral Health Initiative, another nationally recognized organization or academic institution with subject-matter expertise in oral health, or any other public or private organization specified by the department.

(ii) The Medi-Cal enrolled, licensed medical or dental provider is responsible for ensuring each qualified health care or public health professional under their supervision completes the required training prior to providing services to Medi-Cal beneficiaries and maintaining documentation that is made available to the department upon request or in the event of a state or federal audit.

(iii) For purposes of this subdivision, a "qualified health care or public health professional" shall include community health workers and may include other nonlicensed practitioners as designated by the department in its billing guidance, provided they are trained and supervised as specified in this subdivision.

(iv) This subdivision shall be implemented only to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained.

(3) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department, without taking any further regulatory action, may implement, interpret, or make specific this subdivision by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions.

(4) All dental hygiene services provided by a registered dental hygienist, registered dental hygienist in extended functions, and registered dental hygienist in alternative practice licensed pursuant to Sections 1753, 1917, 1918, and 1922 of the Business and Professions Code may be covered as long as they are within the scope of Denti-Cal benefits and they are necessary services provided by a registered dental hygienist, registered dental hygienist in extended functions, or registered dental hygienist in alternative practice.

(r) (1) Paramedic services performed by a city, county, or special district, or pursuant to a contract with a



AB-1670 Medi-Cal: dental care. (2025-2026)

Text	Votes	History	Bill Analysis	Today's Law As Amended ⓘ	Compare Versions	Status	Comments To Author
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AMENDED IN ASSEMBLY APRIL 23, 2026

AMENDED IN ASSEMBLY MARCH 19, 2026

CALIFORNIA LEGISLATURE— 2025–2026 REGULAR SESSION

ASSEMBLY BILL

NO. 1670

Introduced by Assembly Member Arambula

February 02, 2026

An act to add Section 14132.24 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1670, as amended, Arambula. Medi-Cal: ~~additional compensation.~~ *dental care.*

Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including dental care, as specified. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

~~Existing law establishes reimbursement rates for services provided by Medi-Cal providers to beneficiaries.~~

~~This bill would require that a provider be paid additional compensation when a patient's physical, behavioral, developmental, or emotional condition requires significant extra time, attention, or personnel to safely deliver dental care. The bill would limit this additional payment to 3 times in a 12-month period.~~

This bill would make behavior management and desensitization services without an accompanying dental procedure covered benefits under the Medi-Cal program, subject to utilization controls, when a patient's

physical, behavioral, developmental, or emotional condition requires significant extra time, attention, or personnel, or requires such services preceding a dental visit, respectively, in order to safely deliver dental care. The bill would condition implementation of these provisions on the availability of federal financial participation and any necessary federal approvals having been obtained. The bill would, notwithstanding any other law, authorize the department to implement, interpret, or make specific these provisions by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions without taking any further regulatory action.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 14132.24 is added to the Welfare and Institutions Code, to read:

14132.24. (a) ~~A provider shall be paid additional compensation when~~ *Behavior management, when* a patient's physical, behavioral, developmental, or emotional condition requires significant extra time, attention, or personnel to safely deliver dental ~~care:~~ *care, is a covered benefit, subject to utilization controls.* ~~Additional compensation shall be paid pursuant to this section no more than three times in a 12-month period. A fourth bill for additional compensation under this section shall accompany another dental procedure.~~

~~(b) The department shall create an aid code to identify whether the beneficiary is also served by a regional center.~~

(b) Desensitization services without an accompanying dental procedure, when a patient's physical, behavioral, developmental, or emotional condition requires such services preceding a dental visit in order to safely deliver dental care, is a covered benefit, subject to utilization controls.

(c) (1) This section shall be implemented only to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained.

(2) Notwithstanding any other law, the department, without taking any further regulatory action, may implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions.



SB-1311 Licensed professions. (2025-2026)

Text	Votes	History	Bill Analysis	Today's Law As Amended ⓘ	Compare Versions	Status	Comments To Author
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As Amends the Law Today

SECTION 1. Section 1750 of the Business and Professions Code is amended to read:

1750. (a) A dental assistant is an individual who, without a license, may perform basic supportive dental procedures, as authorized by Section 1750.1 and by regulations adopted by the board, under the supervision of a licensed dentist. "Basic supportive dental procedures" are those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated.

(b) The supervising licensed dentist shall be directly responsible for determining the competency of the dental assistant to perform the basic supportive dental procedures, as authorized by Section 1750.1.

(c) The employer of a dental assistant shall be responsible for ensuring that the dental assistant has successfully completed ~~a board-approved eight-hour course in infection control~~ *an infection control course or examination in accordance with subdivision (b) of Section 1755* prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials.

(d) The employer shall maintain evidence for the length of the employment for the dental assistant at the supervising dentist's treatment facility to verify the dental assistant has met and maintained all certification requirements as dictated by statute and regulation.

(e) The employer shall inform the dental assistant of the educational requirements described in subdivision (f) to maintain employment as an unlicensed dental assistant.

(f) The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been employed continuously or on an intermittent basis by that employer for one year from the date of first employment provides evidence to the employer that the dental assistant has already successfully completed, or successfully completes, all of the following within one year of the first date of employment:

(1) A board-approved two-hour course in the Dental Practice Act.

(2) Current certification in basic life support issued by the American Red Cross, the American Heart Association, the American Safety and Health Institute, the American Dental Association's Continuing Education Recognition Program, or the Academy of General Dentistry's Program Approval for Continuing Education, in accordance with both of the following:

(A) The dental assistant shall be responsible for maintaining current certification in basic life support to perform duties involving patients.

(B) The employer of a dental assistant shall be responsible for ensuring that the dental assistant maintains certification in basic life support.

(3) To perform radiographic procedures, a dental assistant shall complete a board-approved course in radiation safety. The original or a copy of the current, valid certificate issued by a board-approved radiation safety course provider shall be publicly displayed at the treatment facility where the dental assistant performs dental services.

(4) To perform coronal polishing prior to licensure as a registered dental assistant, an unlicensed dental assistant shall complete a board-approved coronal polishing course and obtain a certificate of completion. Prior to taking the coronal polishing course, the dental assistant shall provide evidence to the course provider of having completed a board-approved eight-hour course in infection control and a current, valid certification in basic life support.

(A) Coronal polishing performed pursuant to this paragraph shall be performed under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist, who shall, at minimum, evaluate each patient after coronal polishing procedures are performed by the dental assistant.

(B) The original or a copy of the current, valid certificate issued by a board-approved coronal polishing course provider shall be publicly displayed at the treatment facility where the dental assistant performs dental services.

SEC. 2. Section 1755 of the Business and Professions Code is amended to read:

1755. (a) A course in infection control is one that has as its main purpose providing theory and clinical application in infection control practices and principles where the protection of the public is its primary focus.

(b) An unlicensed dental assistant not enrolled in a board-approved program for registered dental assisting or an alternative dental assisting program as defined in subdivision (a) of Section 1741, shall **complete successfully complete either the Dental Assisting National Board's Infection Control examination or** one of the following infection control certification courses:

(1) A board-approved eight-hour ~~course, with six hours being didactic instruction and two hours being laboratory instruction.~~ *infection control course provided by a board-approved registered dental assisting education program.*

(2) *A board-approved eight-hour infection control course pursuant to Section 1070.6 of Title 16 of the California Code of Regulations.*

~~(3) A (A) -board-approved eight-hour course, with six-~~ *Notwithstanding Sections 1070, 1070.1, and 1070.6 of Title 16 of the California Code of Regulations, a course with at least four* hours of didactic ~~instruction- instruction, as described in subdivision (e),~~ and at least two hours of laboratory instruction using video or a series of video training tools, all of which may be delivered using asynchronous, synchronous, or online learning mechanisms or a combination ~~thereof. thereof,~~ *offered by the California Dental Association or a provider approved by the California Dental Association, the American Dental Association's Continuing Education Recognition Program, or the Academy of General Dentistry's Program Approval for Continuing Education.*

(B) For purposes of this paragraph, "laboratory instruction" means instruction in which students perform procedures using study models, mannequins, or other simulation methods.

(c) A course shall establish specific instructional objectives. Instruction shall provide the content necessary for students to make safe and ethical judgments regarding infection control and asepsis.

(d) Objective evaluation criteria shall be used for measuring student progress. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for didactic testing.

(e) Didactic instruction shall include, at a minimum, all of the following as they relate to Cal/OSHA regulations, as set forth in Sections 300 to 344.85, inclusive, of Title 8 of the California Code of Regulations, and the board's Minimum Standards for Infection Control, as set forth in Section 1005 of Title 16 of the California Code

of Regulations:

- (1) Basic dental science and microbiology as they relate to infection control in dentistry.
 - (2) Legal and ethical aspects of infection control procedures.
 - (3) Terms and protocols specified in Section 1005 of Title 16 of the California Code of Regulations regarding the minimum standards for infection control.
 - (4) Principles of modes of disease transmission and prevention.
 - (5) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control.
 - (6) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.
 - (7) Principles and protocols associated with sharps management.
 - (8) Principles and protocols of infection control for laboratory areas.
 - (9) Principles and protocols of waterline maintenance.
 - (10) Principles and protocols of regulated and nonregulated waste management.
 - (11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.
- (f) Upon successful completion of the course, students shall receive a certificate of completion as defined in subdivision (e) of Section 1741.
- (g) The board may adopt regulations to implement this section.

SEC. 3. *Section 2125 of the Business and Professions Code is amended to read:*

2125. (a) For purposes of this article, the following definitions apply:

- (1) "Board" means the Medical Board of California.
 - (2) "Program" means the Licensed Physicians from Mexico Program.
- (b) (1) The Licensed Physicians from Mexico Program is hereby created.
- (2) The board shall approve physician candidates from Mexico for program participation.
- (c) (1) This program extends the physician component of the Licensed Physicians and Dentists from Mexico Pilot Program, as established in former Section 853, which authorized up to 30 licensed physicians specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology from Mexico to practice medicine in California for a period not to exceed three years.
- (2) The program shall also maintain an alternate list of program participants.
- (d) The board shall issue a nonrenewable three-year physician's and surgeon's license to each licensed physician from Mexico who meets the criteria set forth in this section.
- (e) Each physician from Mexico, to be eligible to participate in this program, shall comply with all of the following:
- (1) Be licensed, certified or recertified, and in good standing in their medical specialty in Mexico. This certification or recertification shall be performed, as appropriate, by the Consejo Mexicano de Ginecología y Obstetricia, A.C., the Consejo Mexicano de Certificación en Medicina Familiar, A.C., the Consejo Mexicano de Medicina Interna, A.C., the Consejo Mexicano de Certificación en Pediatría, A.C., or the Consejo Mexicano de Psiquiatría, A.C.



AB-1811 Health professional shortage areas. (2025-2026)

Text	Votes	History	Bill Analysis	Today's Law As Amended ⓘ	Compare Versions	Status	Comments To Author
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AMENDED IN ASSEMBLY MARCH 19, 2026

CALIFORNIA LEGISLATURE— 2025–2026 REGULAR SESSION

ASSEMBLY BILL

NO. 1811

**Introduced by Assembly Member Rogers
(Principal coauthor: Assembly Member Jeff Gonzalez)**

February 10, 2026

An act to ~~amend Section 128552 of the Health and Safety Code,~~ *add and repeal Section 30 of the Health and Safety Code,* relating to health professions.

LEGISLATIVE COUNSEL'S DIGEST

AB 1811, as amended, Rogers. ~~California Physician Corps Program.~~ *Health professional shortage areas.*

Existing federal law requires the Secretary of Health and Human Services to designate health professional shortage areas, and requires the secretary, in establishing criteria for the designation of those areas, to consider, among other things, the ratio of available health manpower to the number of individuals in an area or population group and indicators of a need for health services, as specified. Existing state law makes references to federally recognized or designated health professional shortage areas in various contexts, including, among others, the California Physician Corps Program, the California Reproductive Health Services Corps, the Oral Health Program, the Virtual Health Hub for Rural Communities Pilot Program, and health professions planning grants.

This bill, until January 1, 2035, would define the term "health professional shortage area" to mean (1) an area

determined by the Department of Health Care Access and Information to have a shortage of health professionals, (2) a health professional shortage area designated or recognized by the United States Department of Health and Human Services, or (3) an area designated or recognized as a health professional shortage area by the United States Department of Health and Human Services on January 1, 2025, regardless of whether that area remains designated or recognized by the United States Department of Health and Human Services as a health professional shortage area.

~~Existing law establishes the California Physician Corps Program within the Department of Health Care Access and Information. Existing law defines various terms for purposes of the program.~~

~~This bill would make technical, nonsubstantive changes to these provisions.~~

Vote: majority Appropriation: no Fiscal Committee: ~~no~~yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. *Section 30 is added to the Health and Safety Code, to read:*

30. *(a) Notwithstanding any other law, and for purposes of this code and any other law or regulation, "health professional shortage area" means all of the following:*

(1) A health professional shortage area designated or recognized by the United States Department of Health and Human Services.

(2) An area designated or recognized as a health professional shortage area by the United States Department of Health and Human Services on January 1, 2025, regardless of whether that area remains designated or recognized by the United States Department of Health and Human Services as a health professional shortage area.

(3) An area determined by the Department of Health Care Access and Information to have a shortage of health professionals.

(b) Notwithstanding any other law, and for purposes of this code and any other law or regulation, any reference to a health professional shortage area, including, but not limited to, references qualified as referring to health professional shortage areas designated or recognized by a federal agency, shall be deemed to refer to the definition in subdivision (a).

(c) This section shall remain in effect only until January 1, 2035, and as of that date is repealed.

~~SECTION 1. Section 128552 of the Health and Safety Code is amended to read:~~

~~128552. For purposes of this article, the following definitions shall apply:~~

~~(a) "Account" means the Medically Underserved Account for Physicians established within the Health Professions Education Fund pursuant to this article.~~

~~(b) "Fund" means the Health Professions Education Fund.~~

~~(c) "Medi-Cal threshold languages" means primary languages spoken by limited English proficient (LEP) population groups meeting a numeric threshold of 3,000, eligible LEP Medi-Cal beneficiaries residing in a county, 1,000 Medi-Cal eligible LEP beneficiaries residing in a single ZIP Code, or 1,500 LEP Medi-Cal beneficiaries residing in two contiguous ZIP Codes.~~

~~(d) "Medically underserved area" means an area defined as a health professional shortage area in Section 5.2 of Title 42 of the Code of Federal Regulations, or an area of the state where unmet priority needs for physicians exist as determined by the department.~~

~~(e) "Medically underserved population" means the Medi-Cal program and uninsured populations.~~

~~(f) "Department" means the Department of Health Care Access and Information.~~

~~(g) "Physician Volunteer Program" means the Physician Volunteer Registry Program established by the Medical Board of California.~~

~~(h) "Practice setting," for the purposes of this article only, means a facility or setting delivering direct patient care, as defined by the department.~~

~~(i) "Primary specialty" means family practice, internal medicine, pediatrics, psychiatry, or obstetrics/gynecology.~~

~~(j) "Program" means the Steven M. Thompson Physician Corps Loan Repayment Program.~~



Saturday, May 23, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 4.

Proposal of Future Agenda Items.



Saturday, May 23, 2026

Dental Hygiene Board of California

Full Board Agenda Item 5.

Adjournment.