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AB-873 Dentistry: dental assistants. (2025-2026)

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Date Published: 07/09/2025 09:00 PM

AMENDED IN SENATE JULY 09, 2025

AMENDED IN ASSEMBLY APRIL 09, 2025

CALIFORNIA LEGISLATURE— 2025–2026 REGULAR SESSION

ASSEMBLY BILL

NO. 873

Introduced by Assembly Member Alanis

February 19, 2025

An act to amend Sections 1725, 1750, [1750.1](#), [1753](#), [1753.5](#), [1753.52](#), [1754.5](#), and 1755 of the Business and Professions Code, relating to healing arts, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 873, as amended, Alanis. Dentistry: ~~dental assistants; infection control course;~~ [dental assistants](#).

Existing law, the Dental Practice Act, establishes the Dental Board of California to license and regulate the practice of dentistry, including the licensure and regulation of dental auxiliaries, including, among others, dental assistants, as defined, and sets forth duties and functions that those dental auxiliaries are authorized to perform. Existing law ~~authorizes~~ [requires](#) the board 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. Existing 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. Existing 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.

Existing law requires that fees relating to the licensing and permitting of dental assistants be established by regulation, subject to certain limitations prescribed by statute. [Existing regulations set the fee for an application for board approval of various courses for dental auxiliaries, including infection control courses and radiation safety courses, at \\$300.](#)

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 decisionmaking, 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.

Existing law ~~provides that~~ *makes* the employer of a dental assistant ~~is~~ responsible for ensuring that the dental assistant has successfully completed a board-approved 8-hour course in infection control ~~prior to~~ *before* performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious material. *Existing regulations require an employer of employees who, through performance of their duties, could reasonably anticipate skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials to ensure that those employees participate in a bloodborne pathogen training program that provides, among other things, explanations related to bloodborne diseases and pathogens.*

This bill would, instead, ~~provide that~~ *make* the employer ~~is~~ responsible for ensuring that the dental assistant has successfully completed the course ~~within 90 in infection control on or before 60 days from the date of first employment with the employer. at the dental office.~~ The bill would also ~~expand the courses that~~ *authorize* a dental assistant ~~may take~~ to comply with this requirement ~~to include a by taking a board-approved~~ course provided by a board-approved registered dental assisting education program, ~~and a stand-alone course approved by the board, as specified, or~~ a course with 6 hours of didactic instruction and at least 2 hours of laboratory instruction using video or a series of video training tools, as specified. *The bill would also require the employer to provide the above-described bloodborne pathogen training program prior to the dental assistant's potential exposure to blood, saliva, or other potentially infectious materials and annually thereafter.*

~~Existing law requires an unregistered dental assistant not enrolled in a board-approved program for registered dental assisting or an alternative dental assisting program, as specified, to complete a certification course in infection control, as specified. Existing law requires a certification course in infection control to meet minimum requirements related to duration, including having at least 6 hours of didactic instruction and 2 hours of laboratory instruction, as prescribed. Existing law requires that, upon successful completion of the course, students receive a certificate of completion, as defined.~~

~~This bill would delete the above-described requirement for unregistered dental assistants not enrolled in a board-approved program for registered dental assisting or an alternative dental assisting program. The bill would also provide that for certain infection control courses, a provider shall submit an application on a form furnished by the board for board approval to offer the course, the above-described fee, and certain documentation related to course identification and course structure, including written laboratory protocols that comply with certain regulations, as specified. The bill would require the course director to, among other things, actively participate in, and be responsible for, the administration of the course, as specified. The bill would require the course provider to, among other things, notify prospective students of the computer or communications technology necessary to participate in didactic and laboratory instruction.~~

~~This bill would authorize the board or its designees to approve, provisionally approve, or deny approval of a course in infection control after evaluating all of its components. The bill would limit provisional approval to a course that substantially complies with all existing standards for full approval and would make that provisional approval expire one year after provisional approval or upon subsequent approval or denial, whichever occurs first. The bill would require a board-approved course to be reevaluated every 7 years, as specified, and would authorize the board to withdraw approval at any time if it determines the course does not meet specified requirements. The bill would impose various requirements on certain courses in infection control, including that the course provide technological assistance to students, as needed, to participate in didactic and laboratory instruction.~~

~~This bill would require the certificate of completion to state the statutory authority used to approve the course, as specified. The bill would prohibit certain courses from satisfying the infection control course requirement for licensure as a registered dental assistant or obtaining an orthodontic assistant permit or a dental sedation assistant permit. The bill would require course records to be available for inspection by the board at any time.~~

Existing law authorizes a registered dental assistant in extended functions licensed on or after January 1, 2010, to perform specified procedures under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist, including gingival retraction for impression and restorative procedures.

This bill would add polishing and contouring existing amalgam restorations to that list of authorized duties and make conforming changes.

Existing law requires a person seeking licensure as a registered dental assistant in extended functions to meet certain eligibility requirements, including completion of an extended functions postsecondary program approved by the board, as specified. If the applicant completes a program that teaches the duties that registered dental assistants in extended functions were allowed to perform pursuant to board regulations before January 1, 2010, existing law also requires the applicant to complete a course approved by the board in a list of specified procedures.

This bill would revise the list of procedures required to be covered by that course. Specifically, the bill would remove taking final impressions for permanent indirect restorations, would add performing post, core, and build-up procedures in conjunction with direct and indirect restorations, and would add polishing and contouring existing amalgam restorations.

Existing law requires an unregistered dental assistant not enrolled in a board-approved program for registered dental assisting or an alternative dental assisting program, as specified, to complete a certification course in infection control, as specified.

This bill would delete that requirement.

Existing law establishes various requirements for courses in radiation safety and infection control for certain dental auxiliaries, including that the course establish specific instructional objectives, utilize objective evaluation criteria for measuring student progress, and meet certain requirements related to duration of instruction.

Existing regulations require a dental assisting program or course to meet certain criteria to secure and maintain board approval, including that the program or course director actively participate in, and be responsible for, the administration of the program or course, as specified. Existing regulations authorize the board to approve, provisionally approve, or deny approval of a program or course, as specified. Existing regulations impose specific requirements on a radiation safety course for board approval, including that the course provide no fewer than 32 clock hours of instruction, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of clinical instruction. Existing regulations also impose specific requirements on a course in infection control for board approval, including that each student pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the director.

This bill would codify those regulations with certain modifications, including, among other things, requiring that provisional approval for a course in radiation safety or infection control expire after one year or upon subsequent board approval or denial, whichever occurs first, and that the board provide, in writing, the specific reasons for provisionally approving or denying a course to the course director within 90 days of that decision. The bill would authorize the board to, in lieu of conducting its own investigation for a course in radiation safety, accept the findings of a commission or accreditation agency approved by the board, or its designee, and adopt those findings as its own.

This bill would require a radiation safety course to provide students with certain experiences. Specifically, the bill would require the laboratory instruction to include supervised experience performing procedures using study models, manikins, or other simulation models, and would require the clinical instruction to include supervised experience performing procedures in a clinical setting on patients. The bill would require laboratory instruction to be completed before a student participates in clinical instruction, and would establish minimum requirements for laboratory instruction, including providing demonstrations in applying hand cleansing products and performing hand cleansing techniques, protocols, and procedures, among other things.

This bill would authorize didactic instruction to be provided through distance learning modalities and would require providers using those modalities to meet specified requirements, including providing technological assistance to students, as needed, to participate in instruction, and requiring didactic instruction to be completed before a student participates in laboratory instruction. The bill would require the course provider to, among other things, notify prospective students of the computer or communications technology necessary to participate in didactic and laboratory instruction.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: 2/3 Appropriation: no Fiscal Committee: yes Local Program: no

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

SECTION 1. Section 1725 of the Business and Professions Code is amended to read:

1725. The amount of the fees prescribed by this chapter that relate to the licensing and permitting of dental assistants shall be established by regulation and subject to the following limitations:

- (a) The application fee for an original license shall not exceed two hundred dollars (\$200).
- (b) The fee for examination for licensure as a registered dental assistant shall not exceed the actual cost of the examination.
- (c) The fee for application and for the issuance of an orthodontic assistant permit or a dental sedation assistant permit shall not exceed two hundred dollars (\$200).
- (d) The fee for the written examination for an orthodontic assistant permit or a dental sedation assistant permit shall not exceed the actual cost of the examination.
- (e) The fee for the Registered Dental Assistant Combined Written and Law and Ethics Examination for a registered dental assistant shall not exceed the actual cost of the examination.
- (f) The fee for examination for licensure as a registered dental assistant in extended functions shall not exceed the actual cost of the examination.
- (g) The biennial renewal fee for a registered dental assistant license, registered dental assistant in extended functions license, dental sedation assistant permit, or orthodontic assistant permit shall not exceed two hundred dollars (\$200).

(h) The delinquency fee shall be 50 percent of the renewal fee for the license or permit in effect on the date of the renewal of the license or permit.

(i) The fee for issuance of a duplicate registration, license, permit, or certificate to replace one that is lost or destroyed, or in the event of a name change, shall not exceed one hundred dollars (\$100).

(j) The fee for each curriculum review and site evaluation for educational programs for registered dental assistants that are not accredited by a board-approved agency, or the Chancellor's office of the California Community Colleges shall not exceed seven thousand five hundred dollars (\$7,500).

(k) The fee for review of each approval application or reevaluation for a course that is not accredited by a board-approved agency or the Chancellor's office of the California Community Colleges shall not exceed two thousand dollars (\$2,000).

(l) The fee for review of each approval application or reevaluation for a course provided pursuant to Sections 1753.52, 1754.5, and 1755 that is not accredited by a board-approved agency or the Chancellor's office of the California Community Colleges shall not exceed three hundred dollars (\$300).

(m) Fees collected pursuant to this section shall be deposited in the State Dentistry Fund.

SEC. 2. 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) (1) 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 ~~within 90~~ *on or before 60* days from the date of first employment at the dental ~~office.~~ *office, and shall provide bloodborne pathogen training, pursuant to paragraph (2) of subdivision (g) of Section 5193 of Title 8 of the California Code of Regulations, prior to the dental assistant's potential exposure to blood, saliva, or other potentially infectious materials and annually thereafter.*

(2) The board-approved eight-hour course in infection control described in paragraph (1) shall be one of the following:

(A) A board-approved course provided as part of a board-approved registered dental assisting education program.

(B) A stand-alone course approved by the board pursuant to the requirements of Section 1070.6 of Title 16 of the California Code of Regulations.

(C) Notwithstanding Section 1070.6 of Title 16 of the California Code of Regulations, a course with six hours of didactic instruction and at least two hours of laboratory instruction using video or a series of video training tools, all of which may be delivered using asynchronous, synchronous, or online learning mechanisms or a combination thereof, that is approved by the board pursuant to the requirements in Section 1755.

(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. 3. *Section 1750.1 of the Business and Professions Code is amended to read:*

1750.1. (a) A dental assistant may perform the following duties under the general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Extraoral duties specified by the supervising licensee that meet the definition of a basic supportive dental procedure specified in subdivision (b) of Section 1741. These duties may include a procedure that requires the use of personal protective equipment, laboratory functions, and sterilization and disinfection procedures described in Section 1005 of Title 16 of the California Code of Regulations and Section 5193 of Title 8 of the California Code of Regulations.

(2) Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of paragraph ~~(4)~~ (3) of subdivision (f) of Section 1750.

(3) Perform intraoral and extraoral photography.

(b) A dental assistant may perform the following duties under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Apply nonaerosol and noncaustic topical agents, including all forms of topical fluoride.

(2) Take intraoral impressions for all nonprosthodontic appliances.

(3) Take facebow transfers and bite registrations.

(4) Place and remove rubber dams or other isolation devices.

(5) Place, wedge, and remove matrices for restorative procedures.

(6) Remove postextraction dressings after inspection of the surgical site by the supervising licensed dentist.

(7) Perform measurements for the purposes of orthodontic treatment.

(8) Cure dental materials with a light curing device.

(9) Examine orthodontic appliances.

(10) Place and remove orthodontic separators.

(11) Remove ligature ties and archwires.

(12) After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.

(13) Remove periodontal dressings.

(14) Remove sutures after inspection of the site by the dentist.

(15) Place patient monitoring sensors.

(16) Adjust the flow of nitrous oxide and oxygen gases if deemed necessary and directed by the supervising dentist who shall be present in the operatory directly supervising the adjustment.

(17) Extraoral functions specified by the supervising dentist that meet the definition of basic supportive dental procedures specified in subdivision (b) of Section 1741. ~~Such~~ *These* duties may include patient monitoring, placing monitoring sensors, taking of vital signs, or other extraoral procedures related to the scope of their practice.

(18) In response to a medical emergency and under the direct supervision, order, control, and full professional responsibility of the licensed dentist, a dental assistant may administer or assist in the administration of oxygen.

(c) The board may specify additional allowable duties by regulation.

(d) The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation shall not include any of the following procedures unless specifically allowed by law:

(1) Diagnosis and comprehensive treatment planning.

(2) Placing, finishing, or removing permanent restorations.

(3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.

(4) Prescribing medication.

(5) Starting the flow of nitrous oxide and oxygen gases.

(6) Administration of local or general anesthesia or sedation.

(e) Unless otherwise permitted in this section, the duties of a dental assistant do not include any duty or procedure that only a registered dental assistant, registered dental assistant in extended functions, orthodontic assistant, dental sedation assistant, registered dental hygienist, or registered dental hygienist in alternative practice is allowed to perform.

(f) The placement of pit and fissure sealants may only be performed by a registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in alternative practice.

SEC. 4. *Section 1753 of the Business and Professions Code is amended to read:*

1753. (a) On and after January 1, 2010, the board may license as a registered dental assistant in extended functions a person who files a completed application, pays the applicable fee, and submits written evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current, active, and valid licensure as a registered dental assistant.

(2) A full set of fingerprints for purposes of conducting a criminal history check.

(3) Successful completion of either of the following:

(A) An extended functions postsecondary program approved by the board in all of the procedures specified in Section 1753.5.

(B) An extended functions postsecondary program approved by the board to teach the duties that registered dental assistants in extended functions were allowed to perform pursuant to board regulations prior to January 1, 2010, and a course approved by the board in the procedures specified in paragraphs (1), (2), (5), (6), and ~~(7)~~ (8) to ~~(11)~~ (12), inclusive, of subdivision (b) of Section 1753.5.

(4) Current certification in basic life support issued by American Red Cross, American Heart Association, American Safety and Health Institute, American Dental Association's Continuing Education Provider Recognition Program, or Academy of General Dentistry's Program Approval for Continuing Education.

(5) Successful completion of a board-approved pit and fissure sealant course.

(6) Passage of a written examination administered by the board. The board shall designate whether the written examination shall be administered by the board.

(b) A registered dental assistant in extended functions with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDAEF with orthodontic assistant permit," or "RDAEF with dental sedation assistant permit," as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

(c) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant in extended functions who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirement for such permit or permits.

(d) The licensee shall be responsible for complying with all applicable licensure renewal requirements, including continuing education pursuant to Section 1645.

SEC. 5. *Section 1753.5 of the Business and Professions Code is amended to read:*

1753.5. (a) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform all duties and procedures that a registered dental assistant is authorized to perform as specified in and limited by Section 1752.4, and the duties in this section.

(b) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform the following additional procedures under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Perform oral health assessments, including intraoral and extraoral soft tissue evaluations to identify oral lesions, classifying occlusion, performing myofunctional evaluations, and oral cancer screenings as authorized by the supervising dentist.

(2) Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.

(3) Gingival retraction for impression and restorative procedures.

(4) Size and fit endodontic master points and accessory points.

(5) Cement endodontic master points and accessory points.

(6) Perform post, core, and build-up procedures in conjunction with direct and indirect restorations.

(7) Take final impression for permanent indirect restorations.

(8) Take final impressions for tooth-borne removeable prosthesis.

(9) Place, contour, finish, and adjust all direct restorations.

(10) Adjust and adhere all permanent indirect restorations.

(11) Polish and contour existing amalgam restorations.

~~(11)~~

(12) Other procedures authorized by regulations adopted by the board.

(c) A registered dental assistant in extended functions licensed on or after January 1, 2010, may perform a duty specified in this section using contemporary techniques and materials designed for use in the performance of that duty under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist if the registered dental assistant in extended functions has completed the appropriate education and training, and whose skill, knowledge, and education in the use of such contemporary technique or material has been determined clinically competent by the supervising licensed dentist.

SEC. 6. *Section 1753.52 of the Business and Professions Code is amended to read:*

1753.52. (a) On or after January 1, 2026, a provider of a course for instruction in interim therapeutic restorations and radiographic decisionmaking for a registered dental assistant in extended functions shall apply for board approval to offer the course and submit all of the following to the board:

(1) An application prescribed by the board that shall specify the name of the course or educational program administrator or director, the name of the course provider, the name of the course, and the location where the course will be offered.

(2) The application fee prescribed by ~~regulation-~~ *Section 1725.*

(3) A detailed course curriculum evidencing that the course is sufficient in length for the students to develop competency in placement of protective restorations, but shall be, at a minimum, 16 hours in length and include all of the following:

(A) Four hours of didactic training, which may take place in an in-person or online environment, and shall include:

(i) Review of pulpal anatomy.

(ii) Theory of adhesive restorative materials used in the placement of adhesive protective restorations, including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques.

(iii) Criteria used in clinical dentistry pertaining to the use and placement of adhesive protective restorations, which shall include:

(I) Patient factors, as follows:

(ia) According to the American Society of Anesthesiologists Physical Status Classification, the patient is Class III or less.

(ib) The patient is cooperative enough to have the interim therapeutic restoration placed without the need for special protocols, including sedation or physical support.

(ic) The patient, or responsible party, has provided consent for the interim therapeutic restoration procedure.

(id) The patient reports that the tooth is asymptomatic, or if there is mild sensitivity that stops within a few seconds of the removal of the offending stimulus.

(II) Tooth factors, as follows:

(ia) The lesion is accessible without the need for creating access using a dental handpiece.

(ib) The margins of the lesion are accessible so that clean, noninvolved margins can be obtained around the entire periphery of the lesion with the use of hand instrumentation.

(ic) The depth of the lesion is more than two millimeters from the pulp on radiographic examination or is judged by the supervising licensed dentist to be a shallow lesion such that the treatment does not endanger the pulp or require the use of local anesthetic.

(id) The tooth is restorable and does not have other significant pathology.

(iv) The protocols to deal with adverse outcomes used in the placement of adhesive protective restorations, including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques.

(v) Criteria for evaluating successful completion of adhesive protective restorations, including, but not limited to, restorative material not in hyper occlusion, no marginal voids, and minimal excess material.

(vi) Protocols for adverse outcomes after interim therapeutic restoration placement, including, but not limited to, exposed pulp, tooth fracture, gingival tissue injury, high occlusion, open margins, tooth sensitivity, rough surface, complications, or unsuccessful completion of adhesive protective restorations, including situations requiring immediate referral to a dentist.

(vii) Protocols for followup of adhesive protective restorations, including, but not limited to, at least two followup examinations of the interim therapeutic restoration within a 12-month period.

(B) Four hours of laboratory training, which shall be held at a physical facility, and include placement of 10 adhesive protective restorations where students demonstrate competency in this technique on typodont teeth.

(C) Eight hours of clinical training, which shall be held at a physical facility, and include experiences where students demonstrate, at minimum, placement of five interim therapeutic restorations under direct supervision of faculty.

(4) A detailed course curriculum evidencing that the course is sufficient in length for the students to develop competency in making decisions about which radiographs to expose to facilitate diagnosis and treatment planning by a dentist, but shall be, at a minimum, four hours in length and include all of the following:

(A) Didactic instruction, including all of the following:

(i) The concept of managing caries and individualizing treatment based on a caries risk assessment.

(ii) Guidelines for radiographic decisionmaking, including, but not limited to, both of the following concepts:

(I) The American Dental Association's Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure (Revised 2012).

(II) The American Academy of Pediatric Dentistry's Guidelines on Prescribing Dental Radiographs.

(iii) The guidelines developed by Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry (Pacific) for use in training for Health and Workforce Pilot Project No. 172, including both of the following:

(I) Instruction on specific decisionmaking guidelines that incorporate information about the patient's health, radiographic history, time span since previous radiographs were taken, and availability of previous radiographs.

(II) Instruction pertaining to the general condition of the mouth, including the extent of dental restorations present and visible signs of abnormalities, including broken teeth, dark areas, holes in teeth, demineralization, visible carious lesions, and remineralization.

(B) Laboratory training that includes case-based examination with various clinical situations where trainees make decisions about which radiographs to expose and demonstrate competency to faculty based on these case studies.

(C) Simulated clinical experiences consisting of a review of various clinical cases with instructor-led discussion about radiographic decisionmaking in these clinical situations.

(5) Evidence of student access to adequate equipment and facilities to satisfy the educational requirements as specified in this section.

(6) Evidence that the physical facilities required under this section have all of the following:

(A) A patient clinic area, laboratory, and radiology area.

(B) Access to equipment necessary to develop dental assisting skills in radiographic decisionmaking.

(C) Infection control equipment as required by the board.

(7) Evidence that the physical facilities and equipment are maintained and replaced in a manner designed to provide students with a course that will meet the educational objectives set forth in this section.

(8) Evidence that all students have access to all of the following:

(A) A hazardous waste management plan for the disposal of needles, cartridges, medical waste, and storage of oxygen and nitrous oxide tanks.

(B) A clinic hazard communication plan.

(C) A copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

(9) Written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other federal, state, and local requirements. The course provider shall provide ~~such~~ *those* protocols to all students, faculty, and appropriate staff to assure compliance with ~~such~~ *those* protocols. Adequate space shall be provided for preparing and sterilizing all armamentaria.

(10) Evidence that the course is established at the postsecondary educational level.

(b) The course content may be incorporated into a current registered dental assistant in extended functions program.

(c) For course enrollment, the course provider shall ensure submission by the student of satisfactory evidence of both of the following requirements:

(1) A current, active license as a registered dental assistant in extended functions issued on or after January 1, 2010.

(2) A current certification in basic life support from American Red Cross, American Heart Association, American Safety and Health Institute, American Dental Association's Continuing Education Recognition Program, or Academy of General Dentistry's Program Approval for Continuing Education.

(d) The program or course director shall do both of the following:

- (1) Ensure all faculty involved in clinical evaluation of students maintain currency in evaluation protocols for interim therapeutic restoration placement and radiographic decisionmaking.
- (2) Ensure that all faculty responsible for clinical evaluation have completed a one-hour methodology course in clinical evaluation for interim therapeutic restoration placement and radiographic decisionmaking before instruction.

(e) Satisfactory completion of a course in interim therapeutic restoration and radiographic decisionmaking is determined using criteria-referenced completion standards, where the instructor determines when the trainee has achieved competency based on these standards, but trainees take varying amounts of time to achieve competency. Any student who does not achieve competency in this duty in the specified period of instruction may receive additional training and evaluation. In cases where, in the judgment of the faculty, students are not making adequate progress, they shall be discontinued from the program.

(f) Each student shall pass a written examination ~~which~~ *that* reflects the entire curriculum content.

(g) Each student shall pass a simulated clinical examination in which the student successfully completes the application of three of the five interim therapeutic restoration placements required for clinical instruction under faculty supervision.

(h) Each approved course shall be subject to board review at any time for compliance with the requirements under this section. The board may withdraw approval at any time that it determines that the course does not meet the requirements set forth in this section.

(i) The program or course director shall be responsible for notifying the board in writing of any changes to the course content, physical facilities, and faculty within 10 days of ~~such~~ *the* changes.

(j) The board may adopt regulations to implement this section.

SEC. 7. *Section 1754.5 of the Business and Professions Code is amended to read:*

1754.5. (a) A radiation safety course shall have the primary purpose of providing theory, laboratory, and clinical application in radiographic techniques. The board shall approve only those courses that adhere to the minimum requirements of this ~~section.~~ *section and applicable regulations adopted by the board.*

(b) A radiation safety course provider applying for initial board approval shall submit a completed application for course approval, on a form provided by the board, accompanied by the ~~applicable fee.~~ *fee prescribed in subdivision (l) of Section 1725. The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board, or its designee, and adopt those findings as its own.* The board may ~~approve~~ *approve, provisionally approve,* or deny approval after it evaluates all components of the course.

(1) Provisional approval shall be limited to those courses that substantially comply with all existing standards for full approval and shall expire one year from the date of provisional approval or upon subsequent board approval or denial, whichever occurs first.

(2) A provider of a course given provisional approval shall immediately notify each student of that status.

(3) If the board provisionally approves or denies approval of a course, the board shall provide the specific reasons for the decision to the course director, in writing, within 90 days of that decision.

(c) ~~Continuation of approval will be contingent upon continued compliance with Sections 1070 and 1070.1 of Title 16 of the California Code of Regulations and all requirements set forth in this section.~~ *A board-approved radiation safety course shall be reevaluated at least every seven years, but may be subject to reevaluation and inspection by the board at any time to ensure compliance with this section.* The board may withdraw approval at any time ~~that if~~ it determines that the course does not meet the requirements ~~set forth in this subdivision.~~ *of this section.*

(d) *A radiation safety course provider shall ensure the course complies with the Radiologic Technology Act (Section 27 of the Health and Safety Code) and applicable regulations.* Providers shall ~~make adequate provisions for~~ *render* appropriate supervision, operation, and facilities ~~when used~~ for laboratory and ~~preclinical instruction.~~ *clinical instruction, including compliance with all of the following requirements:*

(1) Laboratory and clinical instruction facilities shall be equipped with supplies, materials, and equipment for instruction in radiation safety and practical work that include, for every six students, at least the following:

(A) One functioning radiography (X-ray) machine that complies with all federal and state laws, including registration with the State Department of Public Health, and is equipped with the appropriate position-indicating devices for each technique

being taught.

(B) One X-ray training manikin head designed for instruction in radiographic techniques per X-ray unit.

(C) One film view box or screen for viewing digital images.

(D) Processing and viewing equipment. This facility requirement may be deemed met if computer-based equipment for digital radiographic procedures is solely or in part utilized within the program or course facility. The equipment may be located in the operator area where exposures will occur.

(2) The choice of image receptor for laboratory and clinical experiences shall be either traditional film or digital sensor or any combination thereof as determined by the course provider.

(3) X-ray exposure areas shall provide protection to patients, students, faculty, and observers in full compliance with applicable federal and state laws.

(e) A course in radiation safety shall be of sufficient duration for the student to achieve minimum competence, but ~~in no event less than 32 hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of supervised clinical instruction.~~ not fewer than 32 hours composed of the following:

(1) At least eight hours of didactic instruction.

(2) At least 12 hours of laboratory instruction in which students receive supervised experience performing procedures using study models, manikins, or other simulation models.

(3) At least 12 hours of clinical instruction in which students receive supervised experience in performing procedures in a clinical setting on patients.

(f) A course shall establish specific instructional objectives. The theoretical aspects of the course shall provide the content necessary for students to make safe and ethical judgments regarding radiation safety.

(g) 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 all evaluation and testing procedures.

(h) Didactic instruction shall be provided in safe and educationally conducive lecture classrooms or through distance learning modalities. Areas of didactic instruction shall include, at a minimum, all of the following:

(1) Radiation physics and biology.

(2) Radiation protection and safety.

(3) Recognition of normal intraoral and extraoral anatomical landmarks.

(4) Radiograph exposure and processing techniques.

(5) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity.

(6) Intraoral techniques including holding devices and image receptors.

(7) Proper use of patient protection devices and personal protective equipment for operator use.

(8) Identification and correction of faulty radiographs.

(9) Introduction to contemporary equipment and devices including the use of computerized digital radiography and extraoral imaging that may include panographs or cone-beam imaging.

(10) Techniques and exposure guidelines for a variety of patients including, but not limited to, adult, pediatric, edentulous, partially edentulous, endodontic, and patients with special needs.

(11) Radiographic record management.

(i) A provider using distance learning modalities for didactic instruction shall do all of the following:

(1) Before enrolling a student, notify the prospective student of the computer or communications technology necessary to participate in didactic instruction.

(2) Provide technological assistance to students, as needed, to participate in didactic instruction.

(3) Ensure completion of didactic instruction by the student before the student participates in laboratory instruction.

~~(i)~~

~~(j) (1) For the student to achieve minimum competence in the application of dental radiographic techniques and radiation safety, all the following shall be met by a board-approved course: safety, the radiation safety course shall include all of the following:~~

~~(1)~~

~~(A) Successful completion of laboratory experiences consisting of at least two bitewing radiographic series and two full mouth intraoral radiographic series using an x-ray X-ray training mannequin manikin designed for radiographic exposures utilizing any dental radiographic image receptor or device deemed appropriate by the course director. A student shall successfully complete laboratory instruction before the student participates in clinical instruction.~~

~~(2)~~

~~(B) Successful completion of clinical experiences consisting of at least three full-mouth intraoral radiographic series using any dental radiographic image receptor or device deemed appropriate by the course director or supervising dentist.~~

~~(C) Written evaluations of each radiographic series identifying errors, causes of errors, correction of errors, and, if applicable, the number of reexposures necessary for successful completion of a series to clinical competency.~~

~~(j) All clinical~~

~~(2) Clinical~~ radiographs shall be made using diagnostic criteria established by the course of instruction and shall in no event exceed three reexposures per series.

(k) Before the student's performance of procedures on patients, the student shall provide evidence to the radiation safety course provider of having completed a board-approved eight-hour course in infection control and current, valid certification in basic life support.

~~(l) Completion of student and instructor written evaluations of each radiographic series identifying errors, causes of error, correction of errors, and, if applicable, the number of reexposures necessary for successful completion of a series to clinical competency.~~

~~(m)~~

(l) The student shall successfully complete a comprehensive written exam ~~prior to~~ before the completion of the course. The exam shall include questions specific to ~~items~~ dental radiographic installations and quality assurance for dental radiography addressed in Article 4 (commencing with Section 30305) of Group 3 of Subchapter 4 of Chapter 5 of Division 1 of Title 17 of the California Code of Regulations ~~relative to the special requirements for the use of x-ray in the healing arts.~~ or its successor.

~~(n)~~

(m) Extramural dental facilities may be utilized by a ~~course~~ course, in accordance with board regulations, for the purposes of clinical experiences. ~~Clinical oversight shall be performed under the general supervision of a licensed dentist who shall authorize the student to perform, at minimum, three radiographic series. Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances.~~

~~(o) Programs and courses~~ A program or course using extramural dental ~~facilities~~ facilities for dental radiographic clinical experiences shall provide to the board, upon ~~request or renewal of provider status,~~ request, copies of all contracts of affiliation and documentation demonstrating compliance with board regulations.

~~(p)~~

(n) Upon successful completion of the course, students shall receive a certificate of completion as defined in subdivision (e) of Section 1741.

~~(q)~~

(o) The board may adopt regulations to implement this section.

SEC. 3. SEC. 8. 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 eight-hour infection control course taken for compliance with the requirements of subdivision (c) of Section 1750 shall be one of the following:~~

~~(1) A board-approved eight-hour infection control course provided by a board-approved registered dental assisting education program.~~

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

~~(3) A board-approved eight-hour course, with six hours of didactic instruction and at least two hours of laboratory instruction using video or a series of video training tools, all of which may be delivered using asynchronous, synchronous, or online learning mechanisms or a combination thereof.~~

~~(e)~~

1755. (a) A provider of an infection control course offered to students ~~for compliance with paragraph (2)~~ pursuant to subparagraph (C) of paragraph (2) of subdivision ~~(b)~~ (c) of Section 1750 shall submit an application on a form furnished by the board for board approval to offer the course, the applicable fee specified in Section 1725, and all of the following:

(1) The course name, course provider name, course director name, business address, telephone number, and email address as identified in the application for board approval.

(2) Proof that the course director possesses a valid, active, and current license issued by the board or the Dental Hygiene Board of California.

(3) A detailed course outline, in writing, that clearly states the curriculum, subject matter, hours of didactic and laboratory instruction, and specific instructional objectives. Instruction shall provide the content necessary for students to make safe and ethical judgments regarding infection control and asepsis.

(4) Objective evaluation criteria that shall be used for measuring student progress. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for course examination.

(5) Proof that course instructors have experience in the instruction of Division of Occupational Safety and Health (Cal/OSHA) regulations, as set forth in Sections 330 to ~~344.85~~, 344.90, 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.

(6) Documentation of didactic instruction that includes, at a minimum, all of the following as they relate to Cal/OSHA regulations, as set forth in Sections 300 to ~~344.85~~, 344.90, 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:

(A) Basic dental science and microbiology as they relate to infection control in dentistry.

(B) Legal and ethical aspects of infection control procedures.

(C) Terms and protocols specified in Section 1005 of Title 16 of the California Code of Regulations regarding the minimum standards for infection control.

(D) Principles of modes of disease transmission and prevention.

(E) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, instruments and devices, sterilization, sanitation, and hazardous chemicals associated with infection control.

(F) Principles, protocols, and procedures of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.

(G) Principles, protocols, and procedures associated with sharps management.

(H) Principles, protocols, and procedures of infection control for laboratory areas.

(I) Principles, protocols, and procedures of waterline maintenance.

(J) Principles, protocols, and procedures of ~~contaminated medical waste management occurring in the dental health care setting~~; regulated and nonregulated waste management.

(K) Principles, protocols, and procedures related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.

(7) Documentation of laboratory instruction that includes, at a minimum, demonstrations in the following areas as they relate to Cal/OSHA regulations, as set forth in Sections 300 to ~~344.85~~, 344.90, 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:

- (A) Applying hand cleansing products and performing hand cleansing techniques, protocols, and procedures.
- (B) Applying, removing, and disposing of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.
- (C) ~~Utilizing~~ *Handling* instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.
- (D) Applying the appropriate techniques, protocols, and procedures for the preparation, sterilization, and storage of instruments, including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work areas.
- (E) Precleaning and disinfecting contaminated operatory surfaces and devices, and properly using, placing, and removing surface barriers.
- (F) Maintaining sterilization, including, at a minimum, proper instrument loading and unloading, operation cycling, spore testing, and handling and disposal of sterilization chemicals.
- (G) Applying work practice controls as they relate to the following classifications of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.
- (H) Applying infection control protocols and procedures for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.
- (I) Performing waterline maintenance, including using water tests and purging waterlines.
- (J) Performing techniques for safe handling and disposal of contaminated regulated medical waste.

(8) Written laboratory protocols that comply with the board's Minimum Standards for Infection Control as set forth in Section 1005 of Title 16 of the California Code of Regulations, and other federal, state, and local requirements governing infection control. The course shall provide these protocols to all students and course instructors to ensure compliance.

(9) A written examination that reflects the curriculum content, which may be administered at intervals throughout the course, as determined by the course director, that shall be successfully completed by each student prior to issuance of the certificate of completion described in subdivision (e).

~~(d) For infection control courses offered to students for compliance with paragraph (3) of subdivision (b), all of the following apply:~~

~~(1)~~

(b) The board or its designee may approve, provisionally approve, or deny approval of the course after it evaluates all components of the course. ~~Provisional approval shall expire one year from the date of provisional approval or upon subsequent board approval or denial, whichever occurs first. Provisional~~

(1) Provisional approval shall be limited to those courses that substantially comply with all existing standards for full ~~approval. A~~ *approval and shall expire one year from the date of provisional approval or upon subsequent board approval or denial, whichever occurs first.*

(2) A provider of a course given provisional approval shall immediately notify each student of that status. ~~If~~

(3) If the board provisionally approves or denies approval of a course, the *board shall provide the* specific reasons for the decision ~~shall be provided by the board~~ to the course director in writing within 90 days of that ~~action.~~ *decision.*

~~(2)~~

(4) A board-approved *infection* control course shall be reevaluated *at least* every seven years, but may be subject to reevaluation and inspection by the board at any time to ensure compliance with this ~~section.~~

~~(3)~~The section. The board may withdraw approval at any time that it determines the course does not meet the requirements of this section.

~~(4)~~

(c) The course director shall actively participate in and be responsible for the administration of the course and each of the following requirements:

~~(A)~~

(1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, grading criteria, course instructor credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the course.

~~(B)~~

(2) Informing the board of the closure of, or any major change to, the course, including changes to the course provider name, course director, business contact information, or course content, within 10 days of the closure or change.

~~(C)~~

(3) Ensuring that all course instructors meet the requirements set forth in this section.

~~(5) Prior to enrolling a student, the course shall provide~~

(d) The course provider shall:

(1) Provide notification to the prospective student of the computer or communications technology necessary to participate in didactic and laboratory instruction.

~~(6) The course shall provide~~

(2) Provide technological assistance to students, as needed, to participate in didactic and laboratory instruction.

~~(7) The course shall ensure~~

(3) Ensure completion of didactic instruction by the student prior to the student's participation in laboratory instruction.

(e) Upon successful completion of the course, students shall receive a certificate of completion as defined in subdivision (e) of Section 1741. The certificate of completion shall state *that the statutory authority pursuant to paragraph (1), (2), or (3) of subdivision (b) for which the course has been approved: course provider has been approved by the board to offer the infection control course pursuant to this section.*

(f) Course records shall be subject to inspection by the board at any time.

~~(g) A course taken pursuant to paragraph (3) of subdivision (b) shall not satisfy completion of an infection control course required for licensure as a registered dental assistant or obtaining an orthodontic assistant permit or a dental sedation assistant permit.~~

~~(h)~~

(g) The board may adopt regulations to implement this section.

~~SEC. 4.~~ **SEC. 9.** This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:

Unlicensed dental assistants are currently required to take an eight-hour course prior to performing any basic supportive dental procedures that would have potential exposure to infectious materials. ~~There have been issues preventing the establishment of the eight-hour course virtually and the eight-hour course is not readily available in many parts of the state, especially remote and rural areas already experiencing access and workforce shortage issues. To mitigate these outcomes, it is necessary that this act take effect immediately. However, there have been delays in establishing a virtual format for this course, and it is not readily available in many regions of the state, particularly in remote and rural areas that already face significant access and workforce challenges. Immediate action is necessary to expand access to infection control training and ensure appropriate safeguards are in place. In addition, this act includes essential updates to licensing pathways, continuing education requirements, and permit processes for dental licenses, which are needed to remove outdated or unclear provisions, address inconsistencies, and~~

modernize the Dental Practice Act to reflect current practice standards and evolving technologies. Prompt enactment of these provisions will enhance public protection, improve regulatory clarity, and ensure the Dental Board of California has the authority to implement necessary oversight and course approval processes without delay.