



1. AB 371: Dental Insurance – Access & Accountability (CDA-Sponsored)

Dental patients across California are facing increasing challenges with finding a dentist who is included in their dental plan's network. CDA is sponsoring AB 371, authored by Asm. Matt Haney (D-San Francisco), to address the growing inadequacy of dental plan networks and the resulting barriers to care. The bill does this in three ways:

- Requires dental insurance companies to report provider network information to the state for all dental plans they sell. Nearly half of Californians with commercial dental coverage are in plans governed by federal ERISA law, which are not included in the current network adequacy assessments conducted by the Dept. of Managed Health Care and Dept. of Insurance. As a result, the state has a very incomplete picture when assessing dental provider networks.
- Establishes new "time and distance" standards for dental plans to reduce the time patients must wait for an appointment or distance they must travel. The current required standards for dental plans are well below the standards for medical plans.
- Requires all dental plans to comply with a patient's "assignment of benefits" (AOB) requests, so that patients can receive care from an out-of-network dentist and have the dental plan send payment directly to the dental office. Currently, many patients seeing an out-of-network dentist must pay 100% of the treatment costs upfront and wait to be reimbursed, putting an unnecessary burden on patients and further restricting use of their already limited dental benefits.

Patients should not be penalized for seeing an out-of-network dentist when their dental plan is not ensuring an adequate provider network. AB 371 will improve dental plan networks and make it easier for patients to access the care they need.

2. SB 386: Virtual Credit Card Payments (CDA-Sponsored)

CDA is sponsoring SB 386, authored by Sen. Monique Limon (D-Santa Barbara), to address the use of virtual credit cards (VCCs) as a payment method by dental insurance companies. Dental plans are more frequently using third party companies to issue payments to dental offices through VCCs, which take a processing fee of 2-5% plus the merchant transaction fee through their credit card terminal. These fees can take up to 10% off the top of the payment owed by the plan.

VCC payments in many cases become the default payment method. While dental practices can opt out of VCC services, the opt-out process is often difficult and not always permanent. VCC companies are known to reinstitute the payment method with its excessive fees after the provider opts out, even as soon as the very next payment. Furthermore, requesting an alternative payment method can delay receipt of that payment, waste administrative staff time and create challenges for office accounting.

Ultimately, this trend is taking health care dollars away from patient care and reducing the value of dental coverage. SB 386 will address this by:

- Requiring that the default payment method must be one that does not include a fee. If a dentist would like to use VCCs as their primary payment method, they may do so, but only by written authorization – and they may opt out of VCCs again at any time.
- Requiring plans to notify dentists of alternative payment methods, how to select a payment method, and any fees associated with each payment method.

SB 386 continues last year's work on SB 1369 (Limon). To address concerns with the previous bill, SB 386 would not apply if a contract between a plan and dentist specifically addresses the type of payment methods for services rendered.

3. AB 873: Dental Assistant Infection Control Training (CDA-Sponsored)

Dental practices across California are struggling to hire and retain staff due to new statutory barriers impacting unlicensed dental assistants. Currently, newly hired unlicensed dental assistants must complete an 8-hour infection control course in person before beginning work in a dental office. However, the limited availability of in-person courses—especially in rural and underserved areas—causes significant hiring delays, leading some candidates to seek jobs in other industries. This workforce challenge reduces access to care for patients and exacerbates existing staffing shortages in dental practices.

CDA is sponsoring AB 873, authored by Asm. Juan Alanis (R-Modesto), to address these issues by:

- Repealing the immediate timing requirement and establishing a 90-day window for completing the 8-hour infection control course.
- Directing the dental board to approve virtual course formats, making the training more accessible and flexible for new hires statewide.

By making these necessary changes, AB 873 will help dental offices hire new staff more efficiently while maintaining patient safety and important infection control standards. This reform ensures that unlicensed dental assistants can receive timely training without unnecessary delays that impact both dental teams and the patients they serve.

4. Medi-Cal / Prop. 35 Implementation / Proposed Federal Cuts

Medi-Cal currently provides medical and dental coverage to 15 million low-income Californians (a third of all residents and half of all children), making it the largest dental plan in the state.

The number of Medi-Cal dental providers has increased 34% and annual dental office visits have increased 27% in recent years. This is a result of substantially improved reimbursement rates (40% increases or more across most covered dental services), the restoration of adult dental benefits that had been eliminated, and other major programmatic changes. However, much work remains. Less than half of kids and just a quarter of adults on Medi-Cal are making annual visits to the dental office.

The passage of Prop. 35 in 2024, which protects and increases funding for Medi-Cal, was a crucial step for building on the program's recent progress and ensuring health care dollars stay in the health care system. The designated funds for the Medi-Cal Dental program, starting in 2027, will amount to at least a 10% increase in its total budget to improve reimbursement rates (approximately \$300 million including federal matching funds). Prop. 35 will also secure up to \$10 million in annual funds for dental student loan repayments.

The proposed Medicaid cuts currently under consideration by the Trump Administration and Congress would severely undermine this progress, harming patients and robbing dentists of confidence in the program's funding. With the continued uncertainty at the federal level, we appreciate that the governor's 2025-26 budget proposal maintains benefits and rates within Medi-Cal Dental, protecting the historic improvements made over the past decade.

The Medi-Cal Dental program is vital to the overall health and well-being of Californians. Many patients recently established care with their dentists after years without coverage or proximity to a Medi-Cal provider. The proposed federal cuts would be a devastating step backward for California's Medi-Cal population and our state's dental care system. CDA and the Prop. 35 coalition are strongly opposing these cuts and working on Prop. 35 implementation in the state budget process to ensure funding is allocated as intended.

5. AB 350: Fluoride Varnish Coverage (CDA Co-sponsored)

Tooth decay is one of the most common childhood health issues, yet it is largely preventable with early care. CDA is co-sponsoring AB 350, authored by Assemblymember Mia Bonta (D-Oakland), to expand access to fluoride varnish treatments for children, ensuring they receive this critical preventive care in dental, primary care, community, and home-based settings.

Currently, fluoride treatments are covered for children and adults through Medi-Cal, but only when applied in specified settings. Many children, especially those in low-income communities, might more easily access these treatments in school-based programs or home visits by community health workers. By allowing fluoride varnish application to be applied under the direction of a Medi-Cal provider in a variety of additional settings and expanding coverage to all children under 21, AB 350 removes barriers to preventive dental care.

AB 350 will:

- Require health insurance plans and Medi-Cal to cover fluoride varnish application for children under 21.
- Expand Medi-Cal coverage for fluoride varnish treatments in a variety of settings, such as school-based programs and home visits.
- Direct the Medi-Cal Dental Program to establish clear billing and reimbursement policies so that providers can efficiently offer these treatments.

By making fluoride treatments more accessible, AB 350 helps protect children from cavities, reduces the need for costly dental procedures, and improves overall health outcomes.

6. SB 351: Private Equity in Health Care (CDA Co-Sponsored)

Dentists are increasingly concerned with the ways private equity firms are interfering with their clinical judgement about what is best for their patients. This bill, authored by Senator Christopher Cabaldon (D-West Sacramento), addresses consolidation in the state's health care system and the growing role of private equity interests that are not aligned with patient healthcare needs.

SB 351, co-sponsored by CDA, strengthens the existing ban on the corporate practice of dentistry and medicine by explicitly barring the specific ways private equity groups or hedge funds are influencing the clinical decisions of dentists and physicians. Under existing law, licensed dental professionals and dental corporations are subject to strict professional and ethical standards to ensure patient care remains in the hands of qualified practitioners. However, existing laws do not explicitly regulate the increasing involvement of private equity and hedge funds in dental practices. As a result, these entities can exert controls that allow corporate interests to influence clinical decision-making.

SB 351 prohibits, for example, patient quotas, limits on time spent with patients, and interference in treatment plans, referrals and selections of equipment or diagnostic tests. By unambiguously prohibiting controls over clinical decision-making, the bill provides regulators and dental practices with the necessary clarity to maintain professional integrity in dentistry. SB 351 fully preserves the ability to purchase or sell dental or other health care practices, while ensuring patient needs and dentists' clinical judgment come first and that private equity interests are not influencing decisions about health care in pursuit of higher returns on investments.