



DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

**DENTAL BOARD OF CALIFORNIA MEETING AGENDA
MAY 11-12, 2017**

Wyndham Anaheim Garden Grove
12021 Harbor Boulevard
Garden Grove, CA 92840-4001
(714) 867-5555 (Hotel) or (916) 263-2300 (Board Office)

Members of the Board:

Bruce L. Whitcher, DDS, President
Thomas Stewart, DDS, Vice President

Fran Burton, MSW, Public Member
Steven Chan, DDS
Yvette Chappell-Ingram, Public Member
Judith Forsythe, RDA
Kathleen King, Public Member

Ross Lai, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Abigail Medina, Public Member
Steven Morrow, DDS, MS

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items, unless listed as informational only. It is anticipated that the items of business before the Board on the first day of this meeting will be fully completed on that date. However, should an item not be completed, it may be carried over and heard beginning at 9:00 a.m. on the following day. Anyone wishing to be present when the Board takes action on any item on this agenda must be prepared to attend the two-day meeting in its entirety.

Public comments will be taken on agenda items at the time the specific item is raised. 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. Time limitations for discussion and comment will be determined by the President. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Board meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

Thursday, May 11, 2017

9:00 A.M. FULL BOARD MEETING – OPEN SESSION

The Board will convene Open Session for the purpose of establishing a quorum and will then move directly to Closed Session. The Board will then return to Open Session at 11:00 a.m. and will begin the discussion regarding the items on the agenda.

1. Call to Order/Roll Call/Establishment of Quorum

CLOSED SESSION – FULL BOARD

If the Board is unable to deliberate and take action on all closed session matters due to time constraints, it will also meet in closed session on May 12, 2017.

Deliberate and Take Action on Disciplinary Matters

The Board will meet in closed session as authorized by Government Code §11126(c)(3).

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

Issuance of New License(s) to Replace Cancelled License(s)

The Committee will meet in closed session as authorized by Government Code §11126(c)(2) to deliberate on applications for issuance of new license(s) to replace cancelled license(s).

RETURN TO FULL BOARD OPEN SESSION

2. New Board Member Introduction and Welcome
3. Election of Board Secretary
4. Board President Welcome and Report
5. Approval of the February 23-24, 2017 and the April 6, 2017 Board Meeting Minutes

CONVENE JOINT MEETING OF THE DENTAL BOARD OF CALIFORNIA AND THE DENTAL ASSISTING COUNCIL – SEE ATTACHED AGENDA

The purpose of this joint meeting is to allow the Board and the Dental Assisting Council to interact with each other, ask questions, and participate in discussions.

RETURN TO FULL BOARD OPEN SESSION

COMMITTEE MEETINGS – SEE ATTACHED AGENDAS

- Substance Use Awareness Committee Meeting
See attached Prescription Drug Abuse Committee meeting agenda.

- Anesthesia Committee
See attached Anesthesia Committee meeting agenda.
- Legislative and Regulatory Committee Meeting
See attached Legislative and Regulatory Committee meeting agenda.

RETURN TO FULL BOARD OPEN SESSION

RECESS



MEMORANDUM

DATE	May 1, 2017
TO	Members of the Dental Board of California
FROM	Dental Board Staff
SUBJECT	Agenda Item 2: New Board Member Introduction and Welcome

Background:

On March 20, 2017, Speaker Anthony Rendon appointed Ms. Abigail Medina, as a Public Member to the Dental Board of California.

Ms. Medina will say a few words and give a verbal report.

Action Requested:

None.



MEMORANDUM

DATE	May 1, 2017
TO	Members of the Dental Board of California
FROM	Dental Board Staff
SUBJECT	Agenda Item 3: Election of Board Secretary

Background:

Pursuant to Business and Professions Code Section 1606, the Dental Board of California (Board) is required to elect a president, vice president, and a secretary from its membership.

With the exit of Ms. Woo, the Board will need to elect a new secretary to serve until newly elected officers assume the duties of their respective offices on January 1, 2018.

Roles and Responsibilities of Secretary:

- Calls the roll at each Board meeting and reports that a quorum has been established.
- Calls the roll for each action item.
- Is a member of Executive Committee.

The following members have expressed an interest in serving:

Action Requested:

Elect a new Secretary.



MEMORANDUM

DATE	May 1, 2017
TO	Members of the Dental Board of California
FROM	Dental Board Staff
SUBJECT	Agenda Item 4: Board President Welcome and Report

Background:

The President of the Dental Board of California, Bruce L. Witcher, DDS, will provide a verbal report.

Action Requested:

None



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**DENTAL BOARD OF CALIFORNIA MEETING AGENDA
FEBRUARY 23-24, 2017**

Humphreys Half Moon Inn
2303 Shelter Island Drive
San Diego, CA 92106

Members Present

Bruce L. Witcher, DDS, President
Thomas Stewart, DDS, Vice President
Debra Woo, DDS, MA, Secretary
Steven Afriat, Public Member
Fran Burton, MSW, Public Member
Steven Chan, DDS
Yvette Chappell-Ingram, Public Member
Katie Dawson, BS, RDHAP
Judith Forsythe, RDA
Ross Lai, DDS
Huong Le, DDS, MA
Steven Morrow, DDS, MS

Member Absent

Kathleen King, Public Member
Meredith McKenzie, Public Member

Thursday, February 23, 2017

9:00 A.M. FULL BOARD MEETING – OPEN SESSION

Agenda Item 1 Call to Order/Roll Call/Establishment of Quorum

Ms. Fischer made announcement that a new agenda format was being utilized. The Board's closed session will be held at the end of the day instead of the beginning. The staff felt this would be more advantageous to the public who were waiting to comment or hear about certain agenda item, to not have to sit around and wait for closed session to be completed. She also noted that lunch would be scheduled depending on the agenda items and discussion. Carlos Alvarez, Supervising Investigator I, introduced some new key enforcement staff: Caroline Montgomery, Kee Nguyen, and Thomas Tortorici.

Agenda Item 2 Board President Welcome and Report

President Witcher requested Board Chairs to reflect on the goals and objectives of the Strategic Plan when developing the committee workplans for this year. He also reminded the Board that 2017 is a year of opportunity in addressing issues brought up by the Sunset Review and to develop any request for the next sunset review in 2019.

He thanked all the committees and chairs for their help by submitting their comments and suggestions made in the process of the Sunset Review.

He also mentioned that he had attended the February 12, 2017 Senate Informational Hearing on Anesthesia and felt that it was a successful hearing and mentioned that many thoughtful/relevant questions were asked by the Senate.

Agenda Item 3 Approval of the December 1-2, 2016 Board Meeting Minutes

A revised draft was handed out of the December meeting minutes due to some editorial/grammatical edits. Dr. Karen Seiber via email to Ms. Fischer, had submitted some changes to her comments and Ms. Fischer brought those items to the attention of the Board and public audience and those were adopted. There was a few grammar corrections made by Board members and those changes were incorporated also.

Board Comments:

Dr. Chan had statement regarding information in Dr. Seiber's narrative/explanation given to Ms. Fischer but Legal Counsel stated it should be tabled until Dr. Seiber arrives.

Ms. Dawson suggested that grammatical error and change made to statement Dr. Witcher clarified.

M/S/C: (Afriat/ Burton) motioned to accept with changes. Approval of minutes.

AYES: 12 NAYS: 0 ABSTAIN: 0

Agenda Item 4 Discussion and Possible Action to Recall the August 18-19, 2016 and October 13, 2016 Board Meeting Minutes as Requested by the American Academy of Pediatrics for the Purpose of Correcting the Title of Dr. Paula Whiteman, Governing Board of the American Academy of Pediatrics

M/S/C: (Afriat/Burton) motion to recall meeting minutes and set aside prior approval.

M/S/C: (Afriat/Le) motion to approve as corrected. Approval of minutes.

AYES: 11 NAYS: 0 ABSTAIN: 1

Agenda Item 5 Budget Report

- A. State Dentistry Fund
- B. State Dental Assisting Fund
- C. Breeze Expenses
- D. DCA Distributed Costs

Sarah Wallace, Assistant Executive Officer presented the Dental Board of CA FY 2016-2017 for the first six months ending December 31, 2016. We are at 49% of FY 2016-2017 appropriation which was the same as last year at this time. Ms. Wallace remarked that 2017-2018 could be shortfall of allocation.

Public Comment:

Mary McCune, California Dental Association asked how the general expense could be 367% of spent due to the BreEZE cost, but Ms. Fischer clarified that the Budget Stone was to shoot for but as long as bottom line is not overspent then we are within budget.

President Witcher stated that a lot of money is paid to Department of Consumer Affairs and that this pro-rata is going to be researched and reviewed.

Agenda Item 6 Review of Dental Board of California Sunset Review Issues Identified During 2015 Legislative Oversight Hearings

Ms. Fischer reviewed the 17 issues that come from the Sunset Review during the 2015 Legislative Oversight Hearings for this year's work/agendas for the year. Next year is when the Board will submit our report to Legislature. This is a reminder of where we've been and what the Board has left to do.

President Witcher states we had 28 issues with last Sunset Review so 17 wasn't bad..

Agenda Item 7 Enforcement:

- A. Review of Enforcement Statistics and Trends
Carlos Alvaraz, Acting Enforcement Chief reviewed the Enforcement Statistics and Trends for quarters one and two of the current fiscal year. Chart 2 was incorrectly submitted so it was sent out to Board Members after meeting.

Board Comment:

Ms. Burton asked question about case aging: Is there a way we can quantify reason for why it is taking long (ie., Keep statistics on how many are waiting for records? How many cases are waiting for some other prosecution?) Can staff breakdown what the reason is and how much time it is taking?

Mr. Alvaraz stated training was given to staff on writing subpoenas. Identifying that time length to investigate a complaint is an issue and staff has started working backwards from longest to shortest. So all is investigated and statutory

limits are not missed: three years from the time it occurred, seven years from the time when Dental Board is notified.

Dr. Chan: There is lots of bench marks graphically showing these timeframe and trends?

B. Review of Fiscal Year 2016-17 First Quarter Performance Measures from the Department of Consumer Affairs

Ms. Burton asked that they have received notification that they were convicted for a crime.

Mr. Alvaraz clarified cases closed. No negligence or criminal activity. Violation has not incurred. Full investigations are completed before closure. Sometimes get opinion of Attorney General (AG) or if case qualifies for citation.

Dr. Morrow asked who issues citation and coordinated the collection of fines. How do we collect fines?

Ms. Fischer stated DBC collects fines. If they don't pay, we put hold on license or go to AG. Staff will provide a report of fine collections at May meeting. Three parts to citation, AG office, DBC investigative cost, and SME cost. Stipulated settlement discussion tries to at least retrieve. AG cost and SME cost.

Dr. Lai asked if there is a standard minimum, maximum we charge for citations. Ms. Fischer stated this will be discussed during May meeting for the Board to decide. Right now it is discretionary.

Dr. Chan is requesting for citation history: year to year or three years trend. What happens if case for insurance fraud, or fraudulent practice (unprofessional conduct)? What happens to case does it go forward to AG office or insurance company for investigation? Does it require our staff to continue on?

C. Diversion Program Report and Statistics
Recruiting DEC members for both committees.

Ms. Fischer stated that with Uniform Standards being adopted the number of self-referrals has decreased significantly. Staff believes it is due to the number of tests that are required and the cost of those test.

COMMITTEE MEETINGS – SEE ATTACHED AGENDAS

RETURN TO FULL BOARD OPEN SESSION

CLOSED SESSION – FULL BOARD

Deliberate and Take Action on Disciplinary Matters

The Board will meet in closed session as authorized by Government Code §11126(c)(3).

If the Board is unable to deliberate and take action on all disciplinary matters due to time constraints, it will also meet in closed session on February 24, 2017.

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

Issuance of New License(s) to Replace Cancelled License(s)

The Committee will meet in closed session as authorized by Government Code §11126(c)(2) to deliberate on applications for issuance of new license(s) to replace cancelled license(s).

RETURN TO OPEN SESSION – FULL BOARD

RECESS

Friday, February 24, 2017

8:00 A.M. CLOSED SESSION – FULL BOARD

Deliberate and Take Action on Disciplinary Matters

The Board will meet in closed session as authorized by Government Code §11126(c)(3).

If the Board is unable to deliberate and take action on all disciplinary matters due to time constraints on Thursday, February 23, 2017, it will also meet in closed session on February 24, 2017.

RETURN TO OPEN SESSION – FULL BOARD

9:00 A.M. FULL BOARD MEETING – OPEN SESSION

Agenda Item 7 Call to Order/Roll Call/Establishment of Quorum

Agenda Item 8 Executive Officer's Report

A. BreZE Update

Ms. Fischer staff has been negotiating system for 13 months, have approximately 40 outstanding change request. Most staff is very well trained. Department prioritizes which is more urgent per 6 weeks..

B. Email Address Collection

Required by Sunset Review Legislation of RDA, DDS, and RDAEF applications to provide email address to staff could respond and correspond with applicants more efficiently. Notices go out with renewal notices; out of 41,000 licensees we have collected 29,000 emails; RDA's out of 45,000 we have collected about 12,000.

C. Staffing Update – Vacancies and New Hires

One vacancy in Administration Unit – recruiting for new Regulation/Legislation analyst.

Licensing and Exam Unit has 2.5 vacancies –
Dental Assisting Program – fully staffed
Enforcement Unit – Conducting interviews for Chief of Enforcement
Investigative Analysis – 4 vacancies
Spencer Walker was recently re-assigned; Michael Santiago will be replacing Spencer.

Letter to DCA

- D. Recruitment of Elective Facial Cosmetic Surgery Permit Credentialing Committee Member

Dr. Brian Wong has resigned. All positions appointed by the Board.

- E. Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005)

Staff will be updating changes to these Regulations. Water contamination was brought up. There was a subcommittee and language will be brought back to Board in May meeting.

- F. Implementation of Senate Bill 482 (Lara, Chapter 708, Statutes of 2016) Relating to the Controlled Substance Utilization Review and Evaluation System (CURES 2.0)

Effective 7/1/17 licensees will need to check CURES. Effective 3/1/17, CURES 1.0 going away. If you haven't registered in CURES 2.0, make sure you complete.

- G. Form 700 Filing

Due 4/3/17 and penalties are stiff.

- H. Required Board Member Training

This year is designated for Department to attend Sexual Harassment training which is available on line and can be taken at your convenience. If you haven't already you also will need to attend Board Member New Employee Orientation.

Agenda Item 10 Report on the California Dental Director's Oral Health Program Advisory Committee

Dental Board Members, Fran Burton and Dr. Huong Le attended the California Dental Director's Oral Health Program Advisory Committee meeting in Sacramento. Board Member Burton gave a report. The purpose of this meeting was to obtain input on local oral health programs and Healthy Community Concepts. Also they wanted ideas on uses for the Tobacco Tax Act funds which should be coming to the state dental programs in the amount of \$30M annually. The funds for the California Children Dental Disease Prevention program have been received. Dental Transformation Initiative (DTI) which is also going on at State Level to increase access to Care for children.

Board Member comment: The state is to receive large money maybe \$750M but there has been discussion that money amount could change.

Public comment: Gail Matthew, CDA, DTI has four domains, one and third have been going on for a little bit. Second and fourth just got implemented. Second is for early prevention, which includes Infant Oral Health Assessment. Fourth is funding Innovative Projects. Funding 15 counties for those projects

Agenda Item 11 Presentation from Linda Schneider, Senior Assistant Attorney General and Greg Slough, Supervising Deputy Attorney General, Regarding the Implementation of Senate Bill 467 (Hill, Chapter 656, Statutes of 2016); Performance Measures

Discuss reporting requirements under Business and Profession Code Section 312.2. Licensing Section is to protect the integrity of business and professions. Licensing Section handles legal work for about 30 agencies. For the Dental Board they handle about 100 cases per year. Dental Board cases are complex and respondents are generally represented by attorneys and pose a greater potential of harm to the consumer. The Consumer Protection Enforcement Initiative in 2010 set forth by Consumer Affairs and the goals are to reduce case processing time to 12-18 months, 365 to 540 days. Legislature has discussed the length it takes to investigate these cases too long to protect consumers. Just last year, it was found that many of the DCA entities are still beyond the 365 to 540 days to finish processing cases. Dental Board was found to still be beyond the CPEI goals. From 2016 report DBC was at over 1100 days for processing, part of that is the prosecution of the disciplinary cases that are referred to the Attorney General's Office. Five components: Complaint Intake, Investigation (one of the longest components), Prosecution (sent to AG office), Presentation to Board, Decision by the Board (100 days).

Cases are counted by initial complaint. 1) If a case has been referred to AG office and is pending when another complaint is received that would still count as one case instead of the two individual complaints received. 2) The number of cases that have been rejected, it is rare to reject case (ie: the statutes of limitation have passed or if there is no evidence that a violation has occurred). 3) The number of accusation matters in which further investigation was requested. 4) When investigation simply not sufficient and our attorney have reviewed matter and requested further investigation from agency to clarify and provide further evidence. 5) When further investigation is received. 6) The number of accusations are signed, then it will be served. 7) The case is withdrawn by Executive Officer. When the case is adjudicated by the AG in a disciplinary matter (when the work of AG is complete): Resolution in one of five ways: 1) default for failure of respondent to file a notice of defense; 2) default for failure to appear at the administrative hearing, 3) When there is a stipulated settlement forwarded to the agency, 4) Hearing is conducted and the decision is submitted to Administrative Law Judge, 5) Case is withdrawn. AG report cases adjudicated and calculate average times for each 5 different benchmarks.

Re-referred and investigation is incomplete and the case is returned to agency and then when supplemental investigation is complete then we show as re-referred.

DBC has consultants who initially review the cases and this prolongs the time it takes to review the cases. Also the serial complaints because hearing may need to be delayed so investigations of all incidents can be completed. Another reason for delay of processing could be that with most cases having legal representation, it takes time to

schedule hearing due to business of representatives scheduling issues. The Office of Administrative Hearing is now requiring that there be a hearing set within 6 months of initial complaint.

The first report of the Attorney General under 312.2 is due to the Legislature on 1/1/2018 and will cover the current Fiscal Year.

Board member: Only a few cases go on to appeal to Rid of Mandate and then subsequently to Court of Appeal. Of the 5000 cases a year your office process how many go forward to Appeal and does your office represent the Agency.

Ms. Schneider stated yes they would represent DBC.

Ms. Fischer asks if at some point has anyone ever asked what is the reasonable timeframe, maybe 12-18 months is too short of a requirement.

Ms. Schneider stated that hopefully that will be shown to Legislature once a report has been completed.

Ms. Schneider and Ms. Fischer have been in collaboration, trying to find a path to shorter processing time. One way they are trying this is when a case is clearly not going to go for revocation, DBC sends terms at the time they are submitting case to AG.

Ms. Schneider AG office internal goal is for their processing 365 days.

Ms. Fischer then reiterated that if AG takes 365 then it only leaves 6 months for staff to gather on the information, have SME complete their report, and have submitted to AG.

Ms. Schneider: A case can have more than one adjudication and AG continues to report until it is really done.

1:42:30

Agenda Item 12 Report of Dental Hygiene Committee of California (DHCC) Activities

Noelle Kuelch, representing the Dental Hygiene Committee of California. On January 4, 2017 they met with Dr. Eric Handler with Orange County Public Health Department and discussed water testing and the importance and some of the challenges. We discussed solutions instead of what happened. Afterwards we had our meeting of Infectious Control. One thing that was brought forward was the development of a checklist that addresses the necessary elements so it can be known what we should be doing to keep the consumer safe. Another thing covered is that it is important to make everyone aware why we need to follow Instructions for Use (IFUs) developed by Department of Food and Drug Administration and getting into our verbiage.

Anthony Lung, Interim Executive Officer, one of our mandates is to oversee their education programs and there were some complaints from faculty/students of Concord

Career College in Garden Grove. After a couple of site visits and follow up the Committee decided to pull their license approval. They then complied with all the Committee's request and are now in compliance. ADEX's goal and interest is to come to their exam at approximately at the same time as they come on to DBC Dental exam.

The DHCC is developing two regulations. The first is for out of state workers to be able to present the finger print clearances from the State that they operate in instead of making them get fingerprinted in California to work an event. And the second is new Legislation was passed last year for retired license status. DHCC is creating a new category so individuals can put license on retiree status. They have developed language for regulations.

Thank you to Executive Officer and Carlos Azevedo for the assistance with their new Special Investigator, DBC have been very responsive with helping of answering questions .

Board Member: Are you discussing the results of the ADEX examination or are you discussing feasibility of having ADEX Exam given in California. Defer discussion to May 2017 meeting.

Agenda Item 13 Clarification of the Dental Board of California's Provisional Approval of the State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova's Faculty (School) of Dentistry Based on the Five and Six Year Curriculum Submitted by the School

In December 2016 we gave approval of the Five/Six Year Program at the school but now we are starting to get questions in regards to the two Year Curriculum. This was put on agenda to give status that was are getting questions, there might be some confusion from students about a two year approval of a five/six year curriculum but the Board has not received request from the school. Senator XXXX has contacted Ms. Fischer that he might be bringing forward a request regarding a two year IDP program.

Dr. Afriat asked for further clarification of whether this was a request/ or a clarification of status.

Dr. Morrow stated this was a clarification and that he believes, the school has been reviewed by site team. We have not received any official inquiry or request from school so at this time there is no action to be taken.

Dr. Chan asked that an agenda item be put on the future agenda to review the performance of this entire program. Not necessarily Molova but accrediting of international schools.

Public Comment: Senator Blanco stated he completed site review and that is accredited as a five year program.

Ms. Fischer asked that the Board clarify if the provisional approval was based on a five or six year curriculum because when staff receives application as of July 1, 2016 it would be approved on a six year curriculum.

Dr. Morrow clarified that when the site visit was completed that it was approved on a five year curriculum but the team was told by school administration that they were changing to six year curriculum.

Dr. Le stated that the approval was a five year curriculum and one of the requirements is that if there is a major change in curriculum that it is the responsibility of school to submit that information in writing. It is the responsibility of the school to make this known to the Board.

President Witcher asked if the site team was notified of this change.

Dr. Morrow stated only a verbal communication and his suggestion is that the Board contact school directly and ask for clarification.

Agenda Item 14 Report on the January 25, 2017 meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee and Discussion and Possible Action to Accept the Elective Facial Cosmetic Surgery Permit Credentialing Committee Recommendation(s) for Issuance of Permit(s)

Two applications received:

Elena Norris, DDS, committee recommended EFCS permit be granted limited to Category Two.

Other application was requested for further documentation.

M/S/W: XXXXX

AYES: 12 NAYS: 0 ABSTAIN: 0

Dr. Witcher (liaison to Board) mentioned that they need more representation on the committee and suggested maybe UC Davis might be interested in having representation.

**Agenda Item 15 Examination Committee Report
The Board may take action on any items listed on the attached Examination Committee meeting agenda.**

Dr. Woo stated they went over Portfolio exam and three main issues:

1) Case selection for ODP exam; 2) Grading for Indo exam; 3) Exam to be paperless at the school

Agenda Item 16 Licensure, Certification, and Permits Committee Report

The Board may take action on any items listed on the attached Licensure, Certification, and Permits Committee meeting agenda.

Dr. Lai stated they were updated on licensure statistics. In closed session there was discussion on issuing a new license on a canceled license. Committee voted to forward to Leg/Reg committee to develop language to have license re-issued.

Nine candidates to replace canceled license with new license.

Candidates 1-8
M/S/W Afrait/Woo

AYES: 12 NAYS: 0 ABSTAIN: 0

Candidate 9 held for discussion. She had not practiced for 14 years in dental assisting and doing entirely different field so request for her to complete written exam again.

Ms. Forsythe motioned to reject Committee's recommendation and to allow licensure on condition of taking Law and Ethics Exam.

AYES: 7 NAYS: 5 ABSTAIN: 0

Agenda Item 17 Licensing, Certifications, and Permits Committee Report on Closed Session

The Board may take action on recommendations regarding applications for issuance of new license(s) to replace cancelled license(s) and whether or not to grant, deny, or request further evaluation for a Conscious Sedation Permit as it relates to an onsite inspection and evaluation failure.

Dr. Morrow requested that a future agenda item relating to the ? Teaching permit to monitor the practice of dentistry by non-licensed who hold teaching licenses in California Dental Schools.

Agenda Item 18 Legislative and Regulatory Committee Report

The Board may take action on any items listed on the attached Legislative and Regulatory Committee meeting agenda.

Ms. Burton gave a summary of Legislation being watched: AB 12, AB 15, AB 40, AB 224, AB 349, SB 27. Next section pending regulatory packages: Continuing education requirement of

Basic Life Support, Defining of Discovery and Filing Date Dental Assisting Comprehensive Rulemaking, Definition of Radiograph and Therapeutic Restoration Rulemaking; Elective Facial Cosmetic Surgery permit application renewal requirements; Fee Increase; Institutional Standards rulemaking; Licensure by Credential; Mobile and portable unit dental registration requirement.

Ms. Burton made motion to accept committee's position to watch and monitor the above mentioned legislation.

AYES: 12 NAYS: 0 ABSTAIN: 0

Agenda Item 19 Anesthesia Committee Report

The Board may take action on any items listed on the attached Anesthesia Committee meeting agenda.

Dr. Morrow stated inaugural meeting. Discussion on hearing that was held in Sacramento in February 2017, thought webcast was informative. Update on AB 2235 (Thurmond) implementation establish a standard reporting form and items required on the form and language to include pediatric consent documentation. Staff is developing an interim form until reporting form is established. General Anesthesia and contra sedation evaluation statistics were provided for review. There was a discussion in Committee on allowing CRNAs to administer general anesthesia in a dental office.

For future discussion what will be the age for the consent documentation.

Agenda Item 20 Public Comment on Items Not on the Agenda

The Board may not discuss or take action 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 §§ 11125 and 11125.7(a)).

No comments.

Agenda Item 21 Board Member Comments on Items Not on the Agenda

The Board may not discuss or take action on any matter raised during the Board Member Comments 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 §§ 11125 and 11125.7(a)).

No comments.

Agenda Item 22 Adjournment



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DENTAL BOARD OF CALIFORNIA MEETING AGENDA
THURSDAY, APRIL 6, 2017

Department of Consumer Affairs HQ2
1747 North Market Boulevard
Hearing Room, Suite 186
Sacramento, California 95834
(916) 263-2300 (Board Office)

Members in Attendance:

Bruce L. Witcher, DDS, President
Thomas Stewart, DDS, Vice President
Fran Burton, MSW, Public Member
Yvette Chappell-Ingram, Public Member
Judith Forsythe, RDA
Huong Le, DDS, MA
Steven Morrow, DDS, MS

Members Absent:

Steven Chan, DDS
Kathleen King, Public Member
Abigail Medina, Public Member
Ross Lai, DDS
Meredith McKenzie, Public Member

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While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

10:00 A.M. FULL BOARD MEETING – OPEN SESSION

1. Call to Order/Roll Call/Establishment of Quorum
Roll Call was taken and Quorum was established.

CLOSED SESSION – FULL BOARD

Discussion and Possible Action Regarding the Examination Requirements for Licensure as a Registered Dental Assistant
The Board will meet in closed session as authorized by Government Code §11126(c)(1).

RETURN TO OPEN SESSION – FULL BOARD

2. Report on the Board's Action(s) Taken During Closed Session
President Witcher reported that the Registered Dental Assistant Practical Examination has been suspended until July 1, 2017.

3. Public Comment on Items Not on the Agenda
The Board may not discuss or take action 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 §§ 11125 and 11125.7(a)).

None

4. Board Member Comments on Items Not on the Agenda
The Board may not discuss or take action on any matter raised during the Board Member Comments 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 §§ 11125 and 11125.7(a)).

None

5. Adjournment



DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

**JOINT MEETING OF THE DENTAL BOARD OF CALIFORNIA
AND THE DENTAL ASSISTING COUNCIL AGENDA**

May 11, 2017

Upon Conclusion of Agenda Item 5
Wyndham Anaheim Garden Grove
12021 Harbor Boulevard
Garden Grove, CA 92840-4001
(714) 867-5555 (Hotel) or (916) 263-2300 (Board Office)

Members of the Board:

Bruce L. Witcher, DDS, President
Thomas Stewart, DDS, Vice President

Fran Burton, MSW, Public Member	Ross Lai, DDS
Steven Chan, DDS	Huong Le, DDS, MA
Yvette Chappell-Ingram, Public Member	Meredith McKenzie, Public Member
Judith Forsythe, RDA	Abigail Medina, Public Member
Kathleen King, Public Member	Steven Morrow, DDS, MS

Members of the Dental Assisting Council:

Anne Contreras, RDA, Vice Chair

Pamela Davis-Washington, RDA	Judith Forsythe, RDA
Tamara McNealy, RDA	Ross Lai, DDS
Jennifer Rodriguez, RDAEF	

Public comments will be taken on agenda items at the time the specific item is raised. The Board and Council may take action 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. Time limitations for discussion and comment will be determined by the Board President and Council Chair. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Committee meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation. While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of the February 23, 2017 Joint Meeting of the Dental Board of California and the Dental Assisting Council Meeting Minutes
3. Update on Dental Assisting Examination Statistics
 - A. Registered Dental Assistant (RDA) General Written Examination
 - B. Registered Dental Assistant (RDA) Law and Ethics Examination
 - C. Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examinations
 - D. Registered Dental Assistant in Extended Functions (RDAEF) General Written Examination
 - E. Orthodontic Assistant (OA) Written Examination
 - F. Dental Sedation Assistant (DSA) Written Examination
4. Update on Dental Assisting Licensing Statistics
 - A. Registered Dental Assistant (RDA)
 - B. Registered Dental Assistant in Extended Functions (RDAEF)
 - C. Orthodontic Assistant (OA)
 - D. Dental Sedation Assistant (DSA)
5. Update regarding the Review of the Registered Dental Assistant (RDA) Practical Examination:
 - A. Discuss and possible action regarding the suspension of RDA Practical Examination and identification of alternative methods to assess competencies.
6. Assembly Bill 1732 (Assembly Committee on Business and Professions)
Bureau of Real Estate
7. Update regarding the Combining of the Registered Dental Assistant (RDA) Law and Ethics and General Written Examinations
8. Update on 2017 Dental Assisting Council Regulatory Workshops
9. Public Comment on Items Not on the Agenda
The Board and Council may not discuss or take action 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 §§ 11125 and 11125.7(a)).
10. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.

11. **Board and Council Member Comments on Items Not on the Agenda**
The Board and Council may not discuss or take action on any matter raised during the Board Member Comments 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 §§ 11125 and 11125.7(a)).
12. **Adjournment**



DENTAL BOARD AND DENTAL ASSISTING COUNCIL MEETING MINUTES

Thursday, February 23, 2017

Humphreys Half Moon Inn
2303 Shelter Island Drive
San Diego, CA 92106

Members of the Board Present

Bruce L. Witcher, DDS, President
Thomas Stewart, DDS, Vice President
Debra Woo, DDS, MA, Secretary
Steven Afriat, Public Member
Fran Burton, MSW, Public Member
Steven Chan, DDS
Yvette Chappell-Ingram, Public Member
Katie Dawson, BS, RDHAP
Judith Forsythe, RDA
Ross Lai, DDS
Huong Le, DDS, MA
Steven Morrow, DDS, MS

Members of the Board Absent

Meredith McKenzie, Public Member
Kathleen King, Public Member

Members of the Dental Assisting Council Present

Chair – Emma Ramos, RDA
Vice Chair – Anne Contreras, RDA
Pamela Davis-Washington, RDA
Tamara McNealy, RDA
Judith Forsythe, RDA
Ross Lai, DDS

JNT 1 - Call to Order/Roll Call/Establishment of Quorum.

President Bruce Witcher called the meeting to order at 11:00a.m. Emma Ramos, Dental Assisting Council Chair, called the roll and a quorum was established.

JNT 2 - Approval of the December 1 , 2016 Joint Dental Board and Dental Assisting Council Meeting Minutes.

President Witcher asked if there were any comments, questions or edits needed to be made to the December 1, 2016 minutes. He then asked if there was any public comment on the minutes.

Hearing none, Dr. Witcher moved a motion to approve the minutes. Dr. Morrow seconded the motion.

Support: Whitcher, Stewart, Woo, Afriat, Burton, Chan, Chappell-Ingram, Dawson, Forsythe, Lai, Le, Morrow, Contreras, Ramos, Davis-Washington, McNealy, Rodriguez,
Oppose: 0 **Abstain:** 0 **Absent:** 0

The motion carries.

JNT 3: Dental Assisting Staff Update

Sarah Wallace, Assistant Executive Officer gave a staff update. Ms. Wallace reported on the recent hires in the dental assisting unit and what their new roles will be. She went on to mention that the Board administered RDA practical examinations on January 14-15 in Pomona, February 4 in Pomona and February 11 in San Francisco. Additionally, the Board administered the RDAEF examination on January 28 in San Francisco. Drs. Lai and Woo attended the administration of the RDAEF examination on January 28 in San Francisco, and Dr. Woo attended the RDA practical examination on February 11 in San Francisco. After her report, Ms. Wallace made herself available to answer any questions.

Hearing no questions, Dr. Whitcher moved on to the next item.

JNT 4 – Update on Dental Assisting Program and Course Applications

Ms. Wallace gave an overview of the information provided.

Board comment:

Dr. Morrow asked if once a program has received approval from the Board, if that program is ever re-approved? Do we have a process where we look at the outcomes assessment of that program and do we perform re-approvals?

Ms. Wallace explained that there is an initial provisional approval, and after the 1st graduation class has gone through, then the Board conducts a Full Approval of the program. She went on to mention that there is a requirement for re-evaluation that takes place at minimum every seven years and that the Board is currently working on a schedule to re-evaluate programs and bring us up to status.

Dr. Morrow asked if the Board does in fact have a re-approval process to re-evaluate programs and courses every seven years.

Ms. Wallace answered affirmatively and explained that the re-approval doesn't have to come in the form of a site visit. It may be the case that the program or course is just required to complete an additional curriculum review and at that point the Board could decide whether or not a site visit is necessary.

Hearing no other questions, Dr. Whitcher moved on to the next item

JNT 5 - Update on Dental Assisting Program Examination Statistics.

- RDA Practical Exam
- RDA General Written Examination
- RDA Law and Ethics Examination
- RDAEF Clinical and Practical Examinations
- RDAEF General Written Examination
- Orthodontic Assistant (OA Written Examination
- Dental Sedation Assistant (DSA) Written Examination

Ms. Wallace reported on the information provided. She also pointed out that our reporting tools have been unintentionally duplicating statistics and that the board continues to work on rectifying the duplication error.

Board comment:

Ms. Fischer asked if this duplication error a consequence of our online system BreEZe.

Ms. Wallace responded affirmatively and explained that staff has been encountering issues with it over the last few months.

Ms. Fischer added for clarification that the duplication errors are due to BreEZe and not to what staff has entered onto the system. She explained the possible reasons why the Qbirt reporting system may be causing errors on reports, and mentioned staff will report back if anything changes.

Dr. Chan asked if the Registered Dental Assistants in Extended Functions and the Orthodontic Assistants have different tests and if their exams are given independently.

Ms. Wallace answered affirmatively and explained they are computer based tests administered by PSI and no practical exam is given for Dental Sedation Assistants nor Orthodontic Assistants.

Dr. Witcher added that those assistants have a completely different program and examinations.

Hearing no other questions, Dr. Witcher moved on to the next item.

JNT 6 – Update on Dental Assisting Licensing Statistics

- Registered Dental Assistant (RDA)
- Registered Dental Assistant in Extended Functions (RDAEF)
- Orthodontic Assistant (OA)
- Dental Sedation Assistant (DSA)

Ms. Wallace gave an overview of the information provided. She once again pointed out the duplicating error showing up on the statistics and that staff continues to work on rectifying the duplication error. After her overview of the licensing statistics she made herself available to answer questions.

Board comment:

Ms. Fischer asked Dr. Chan if this was what he was looking for when he inquired about the RDAEF and OA exams.

Dr. Chan responded affirmatively.

Ms. Fischer responded she would make a note of that for future Board meetings.

Dr. Chan inquired about why the EF and the OA exams can't be combined. He went on to ask why the extended functions are not taught as a general rule to all assistants, therefore streamlining the classifications process.

Dr. Whitcher responded that this particular question, although it's legitimate, it has not been agendized and the discussion to this question will have to be for another time.

Hearing no other questions, Dr. Whitcher moved on to the next item.

JNT 7 - Update Regarding the Review of the Registered Dental Assistant (RDA) Practical Examination

Ms. Wallace discussed that staff has been working with the Department of Consumer Affairs' Office of Professional Examination Services (OPES) in its review and update of the RDA practical examination. Irene Wong-Chi, the Research Program Specialist from OPES, attended the RDA practical examination held at the University of California, San Francisco on November 5, 2016, to observe the examination and to evaluate the psychometric quality of the examination. Ms. Wallace went on to mention that staff assisted OPES in coordinating the practical examination stakeholder workshop that was held on January 26-27, 2017. During this workshop and under the facilitation of an OPES testing specialist, stakeholders participated in an open discussion regarding the RDA profession. A second workshop was held on February 17-18, 2017 where licensees will participate in the review and possible update of the RDA practical examination. She mentioned that staff will continue to report on the progress of the OPES review of the RDA practical examination and that the Board will have a report sometime during the summer of 2017.

Board comment:

Dr. Whitcher mentioned that Board and DAC members are waiting to see those results and they are hoping to have further discussions at the May meeting.

Hearing no other questions, Dr. Whitcher moved on to the next item.

JNT 8 – Update Regarding the Combining of the Registered Dental Assistant (RDA) Law & Ethics and General Written Examinations

Ms. Wallace discussed that at the December 2016 meeting, the Dental Board of California (Board) and the Dental Assisting Council (Council) discussed combining the Registered Dental Assistant (RDA) Written and Law and Ethics examinations into one examination and since then has entered into an interagency contract with OPES to implement the combined test plan based on the results of the 2016 RDA Occupational Analysis. She pointed out that there are two projects the Board is simultaneously

working on. One is to keep the Law & Ethics exam up to date while at the same time working on combining both the Written and Law & Ethics examinations. Staff is working diligently on these two projects and the Board hopes to have the combined test release during mid to late 2018.

Ms. Fischer added that with the workshops that are conducted by OPES, staff's involvement really has to do in regards to the travel. Making the travel arrangements and working with the people who participate in these workshops.

Ms. Rodriguez, DAC member, asked if OPES' report will indicate the pass rate as it pertains to the filing vs the temporary crown and if it will be broken into two categories when they will be reporting.

Ms. Wallace responded that she is not entirely sure what OPES will be including in the report but what she anticipates is that they will include some sort of analyses that scores each component of the practical exam.

Ms. Fischer took the opportunity to introduce Jennifer Rodriguez as the new RDAEF dental assisting council member.

Hearing no other questions, Dr. Witcher moved on to the next item

JNT 9 - Update on 2017 Dental Assisting Council Regulatory Workshops

Ms. Wallace reported on the activity of the Dental Assisting Regulatory Workshops that took place throughout 2016. She went on to discuss the dates chosen in 2017 for the remaining regulatory workshops and mentioned that the regulatory package will be presented to the Dental Assisting Council and the board members in draft form at possibly the August 2017 meeting.

Hearing no questions, Dr. Witcher moved on to the next item.

JNT 10 – Public Comment on Items Not on the Agenda Board comment:

No further public comment.

JNT 11 – Future Agenda Items

No comments.

JNT 12 - Board and Council Member Comments on Items Not on the Agenda

No further board or council comments.

JNT 13 - Adjourn Joint Meeting of the Dental Board and the Dental Assisting Council.

President Witcher adjourned the council meeting at 11:29a.m



MEMORANDUM

DATE	May 2, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Tina Vallery, Examination Coordinator Dental Board of California
SUBJECT	Agenda Item 3: Update on Dental Assisting Examination Statistics

Background:

Staff is not including a breakdown of first-time and repeat test takers for the written or practical examination statistics shown in any of the tables below. Since the implementation of BreEze, staff has not been able to generate a report that provides this information.

The following table provides the written examination pass and fails statistics for candidates who took the examinations from March 2016 to March 2017.

Written Examination Statistics for **March 2016 – March 2017 All Candidates**

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Passed	% Failed
RDA	1900	1187	713	62%	38%
RDA Law & Ethics	2348	1441	907	61%	39%
RDAEF	144	81	63	56%	44%
Orthodontic Assistant	374	155	219	41%	59%
Dental Sedation Assistant	2	2	0	100%	0%

The following table provides the RDAEF practical examination statistics for the months of January 2016 through January 2017.

RDAEF Clinical/Practical Examination Statistics for **January 2016 – January 2017 All Candidates**

Clinical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – January (North)	15	71%	29%
RDAEF – May (South)	56	73%	27%
RDAEF – July (North)	23	57%	43%
RDAEF – October (South)	103	33%	67%
RDAEF – January (North)	11	86%	14%
Total for Year	208	84%	16%

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – January (North)	15	67%	33%
RDAEF – May (South)	56	73%	27%
RDAEF – July (North)	23	87%	13%
RDAEF – October (South)	103	90%	10%
RDAEF – January (North)	11	100%	0%
Total for Year	208	84%	16%

Action Requested:

No action requested at this time.

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
4D College - Victorville (914)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass						0								0
fail						1								1
Allan Hancock (508)	N/A	N/A	N/A	100%	100%	100%	100%	N/A	N/A	100%	N/A	N/A	N/A	100%
pass				1	11	2	1			2				17
fail				0	0	0	0			0				0
American Career - Anaheim (896)	60%	100%	50%	50%	25%	0%	100%	N/A	0%	25%	0%	0%	0%	34%
pass	3	2	3	1	1	0	1		0	1	0	0	0	12
fail	2	0	3	1	3	1	0		5	3	1	1	3	23
American Career - Los Angeles (867)	100%	N/A	40%	50%	0%	67%	60%	N/A	100%	67%	17%	0%	0%	48%
pass	2		2	1	0	2	3		2	2	1	0	0	15
fail	0		3	1	1	1	2		0	1	5	1	1	16
American Career - Ontario (905)	33%	0%	N/A	50%	50%	33%	50%	100%	67%	25%	100%	0%	N/A	42%
pass	2	0		1	1	2	2	1	2	1	1	0		13
fail	4	1		1	1	4	2	0	1	3	0	1		18
Anthem College (503)	33%	0%	50%	0%	N/A	100%	100%	N/A	100%	N/A	0%	0%	N/A	50%
pass	1	0	1	0		1	3		1		0	0		7
fail	2	1	1	1		0	0		0		1	1		7
Bakersfield College	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Baldy View ROP (590)	0%	N/A	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	0%	13%
pass	0		1						0		0		0	1
fail	3		0						2		1		1	7
Blake Austin College (897)	100%	60%	100%	33%	N/A	50%	0%	0%	100%	N/A	100%	0%	N/A	62%
pass	2	3	2	1		1	0	0	2		2	0		13
fail	0	2	0	2		1	1	1	0		0	1		8
Brightwood - Bakersfield (884) formerly Kaplan	50%	50%	20%	33%	75%	100%	100%	0%	0%	0%	100%	100%	50%	48%
pass	2	1	1	1	3	2	1	0	0	0	1	1	1	14
fail	2	1	4	2	1	0	0	1	1	2	0	0	1	15
Brightwood - Clovis (885) formerly Kaplan	67%	100%	N/A	67%	60%	60%	67%	N/A	33%	N/A	33%	50%	0%	56%
pass	2	1		2	3	3	4		1		1	1	0	18
fail	1	0		1	2	2	2		2		2	1	1	14
Brightwood - Modesto (499)/(890) formerly Kaplan	57%	100%	75%	67%	71%	75%	N/A	63%	33%	75%	38%	0%	0%	62%
pass	4	3	3	4	5	3		5	1	6	3	0	0	37
fail	3	0	1	2	2	1		3	2	2	5	1	1	23
Brightwood - Palm Springs (901) formerly Kaplan	50%	0%	80%	0%	N/A	67%	67%	N/A	N/A	0%	33%	0%	100%	52%
pass	1	0	4	0		2	2			0	1	0	1	11
fail	1	1	1	1		1	1			1	2	1	0	10
Brightwood - Riverside (898) formerly Kaplan	N/A	N/A	100%	N/A	N/A	100%	100%	50%	100%	67%	100%	N/A	N/A	83%
pass			1			1	3	1	1	2	1			10
fail			0			0	0	1	0	1	0			2
Brightwood - Sacramento (888) formerly Kaplan	0%	40%	0%	0%	N/A	100%	100%	50%	33%	100%	25%	0%	0%	40%
pass	0	2	0	0		1	3	1	1	1	1	0	0	10
fail	2	3	1	1		0	0	1	2	0	3	1	1	15
Brightwood - San Diego (899) formerly Kaplan	100%	0%	0%	0%	33%	0%	100%	75%	100%	0%	100%	N/A	N/A	45%
pass	1	0	0	0	1	0	1	3	1	0	2			9
fail	0	2	1	2	2	1	0	1	0	2	0			11
Brightwood - Stockton (611) formerly Kaplan	100%	N/A	0%	N/A	N/A	100%	0%	100%	0%	0%	100%	N/A	N/A	42%
pass	2		0			1	0	1	0	0	1			5
fail	0		1			0	3	0	1	2	0			7
Brightwood - Vista (900) formerly Kaplan	100%	100%	33%	67%	0%	0%	0%	100%	100%	67%	100%	N/A	N/A	64%
pass	1	2	1	2	0	0	0	2	3	2	1			14
fail	0	0	2	1	1	1	2	0	0	1	0			8
Butte County ROP (605)	100%	N/A	N/A	100%	100%	100%	N/A	100%	N/A	100%	N/A	N/A	N/A	100%
pass	1			1	10	8		1		1				22
fail	0			0	0	0		0		0				0
Cabrillo College (001)	100%	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	17%
pass	1			0						0		0		1

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

	fail	0		1					3		1		5		
CA College of Vocational Careers (878)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
	pass												0		
	fail												0		
Carrington - Antioch (886)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A		
	pass								1				1		
	fail								0				0		
Carrington - Citrus Heights (882)		N/A	67%	100%	67%	67%	100%	83%	78%	83%	83%	86%	N/A	100%	82%
	pass		2	3	2	2	3	5	7	5	5	6		1	41
	fail		1	0	1	1	0	1	2	1	1	1		0	9
Carrington - Pleasant Hill (868)		60%	50%	67%	67%	100%	83%	33%	40%	83%	33%	67%	N/A	100%	64%
	pass	3	2	2	2	3	5	1	2	5	1	2		1	29
	fail	2	2	1	1	0	1	2	3	1	2	1		0	16
Carrington - Pomona (908)		0%	N/A	N/A	0%	100%	100%	N/A	N/A	N/A	50%	N/A	N/A	N/A	44%
	pass	0			0	1	2				1				4
	fail	3			1	0	0				1				5
Carrington - Sacramento (436)		71%	100%	40%	80%	88%	60%	60%	50%	57%	86%	89%	N/A	75%	72%
	pass	10	4	2	4	7	3	3	3	4	6	8		3	57
	fail	4	0	3	1	1	2	2	3	3	1	1		1	22
Carrington - San Jose (876)		100%	50%	100%	67%	100%	N/A	50%	100%	100%	67%	50%	N/A	0%	77%
	pass	2	1	3	2	4		1	3	3	2	2		0	23
	fail	0	1	0	1	0		1	0	0	1	2		1	7
Carrington - San Leandro (609)		100%	50%	67%	60%	N/A	40%	50%	N/A	25%	33%	100%	0%	N/A	47%
	pass	1	1	2	3		2	2		1	2	2	0		16
	fail	0	1	1	2		3	2		3	4	0	2		18
Carrington - Stockton (902)		50%	100%	100%	100%	100%	N/A	100%	100%	0%	50%	N/A	100%	N/A	78%
	pass	2	3	1	1	3		3	2	0	2		1		18
	fail	2	0	0	0	0		0	0	1	2		0		5
Carrington - Emeryville (904)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	pass														0
	fail														0
Cerritos College (511)		100%	100%	25%	100%	N/A	50%	N/A	100%	N/A	N/A	0%	N/A	N/A	50%
	pass	1	1	1	1		1		1			0			6
	fail	0	0	3	0		1		0			2			6
Chaffey College (514)		N/A	0	N/A	100%	100%	50%	N/A	N/A	N/A	N/A	100%	N/A	N/A	71%
	pass		0		1	2	1					1			5
	fail		1		0	0	1					0			2
Charter College - Canyon Country (401)		100%	50%	N/A	N/A	N/A	100%	N/A	50%	50%	33%	100%	100%	N/A	62%
	pass	1	1				1		1	1	1	1	1		8
	fail	0	1				0		1	1	2	0	0		5
Citrus College (515)		100%	N/A	N/A	N/A	100%	100%	100%	100%	100%	50%	100%	N/A	50%	85%
	pass	1				1	1	1	1	1	1	3		1	11
	fail	0				0	0	0	0	0	1	0		1	2
City College of San Francisco (534)		100%	100%	100%	N/A	N/A	100%	100%	50%	100%	100%	100%	N/A	N/A	94%
	pass	2	1	1			1	1	1	6	1	2			16
	fail	0	0	0			0	0	1	0	0	0			1
College of Alameda (506)		50%	N/A	0%	100%	100%	N/A	100%	100%	67%	0%	0%	0%	0%	57%
	pass	2		0	2	2		4	1	2	0	0	0	0	13
	fail	2		2	0	0		0	0	1	1	2	1	1	10
College of Marin (523)		N/A	100%	N/A	N/A	100%	71%	100%	100%	67%	100%	N/A	100%	N/A	88%
	pass		3			4	5	3	2	2	1		2		22
	fail		0			0	2	0	0	1	0		0		3
College of the Redwoods (838)		100%	N/A	N/A	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	100%
	pass	1			3	4	2	5	1						16
	fail	0			0	0	0	0	0						0
College of San Mateo (536)		25%	50%	100%	100%	N/A	100%	100%	0%	100%	100%	50%	100%	N/A	72%
	pass	1	1	3	2		1	1	0	2	5	1	1		18
	fail	3	1	0	0		0	0	2	0	0	1	0		7
Concorde Career - Garden Grove (425)		33%	0%	50%	57%	17%	67%	100%	100%	75%	33%	0%	0%	0%	43%
	pass	1	0	1	4	1	2	4	1	3	2	0	0	0	19

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	fail	2	2	1	3	5	1	0	0	1	4	1	4	1	25
Concorde Career - North Hollywood (435)		N/A	100%	0%	100%	100%	0%	100%	100%	100%	N/A	100%	N/A	N/A	82%
	pass		1	0	1	2	0	2	1	1		1			9
	fail		0	1	0	0	1	0	0	0		0			2
Concorde Career - San Bernardino (430)		67%	33%	50%	60%	83%	100%	75%	33%	50%	50%	57%	100%	N/A	63%
	pass	4	1	2	3	5	4	3	1	3	1	4	1		32
	fail	2	2	2	2	1	0	1	2	3	1	3	0		19
Concorde Career - San Diego (421)		50%	100%	100%	33%	50%	25%	60%	33%	60%	20%	100%	100%	N/A	51%
	pass	2	2	2	1	2	1	3	2	3	1	2	1		22
	fail	2	0	0	2	2	3	2	4	2	4	0	0		21
Contra Costa (745)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
	pass									2					2
	fail									0					0
Cypress College (518)		100%	N/A	100%	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
	pass	1		1		1	1						1		5
	fail	0		0		0	0						0		0
Diablo Valley College (516)		100%	0%	N/A	N/A	100%	75%	75%	100%	100%	N/A	100%	N/A	N/A	79%
	pass	1	0			1	3	3	3	3		1			15
	fail	0	2			0	1	1	0	0		0			4
East Los Angeles Occupational Center (855)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%	N/A	33%	N/A	N/A	33%
	pass									1		1			2
	fail									2		2			4
Eden Area ROP (608) (856)		N/A	N/A	N/A	N/A	100%	0%	100%	50%	N/A	N/A	N/A	0%	0%	43%
	pass					1	0	1	1				0	0	3
	fail					0	1	0	1				1	1	4
Everest - Alhambra (406)		N/A	0%	N/A	N/A	0%	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	71%
	pass		0			0			1	1		3			5
	fail		1			1			0	0		0			2
Everest - Anaheim (403)/(600)		100%	N/A	100%	N/A	50%	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	60%
	pass	1		1		1					0				3
	fail	0		0		1					1				2
Everest - City of Industry (875)		N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	N/A	N/A	71%
	pass		1								0	4			5
	fail		0								2	0			2
Everest - Gardena (870)		0%	0%	100%	100%	N/A	100%	N/A	N/A	100%	N/A	N/A	0%	N/A	63%
	pass	0	0	1	1		1			2			0		5
	fail	1	1	0	0		0			0			1		3
Everest - Los Angeles (410)		100%	N/A	100%	0%	50%	N/A	0%	N/A	N/A	0%	N/A	N/A	N/A	38%
	pass	1		1	0	1		0			0				3
	fail	0		0	1	1		2			1				5
Everest - Ontario (501)		100%	0%	N/A	0%	0%	N/A	N/A	33%	N/A	N/A	N/A	N/A	N/A	29%
	pass	1	0		0	0			1						2
	fail	0	1		1	1			2						5
Everest - Reseda (404)		100%	0%	50%	N/A	50%	N/A	0%	100%	0%	0%	N/A	0%	67%	43%
	pass	1	0	1		1		0	1	0	0		0	2	6
	fail	0	1	1		1		1	0	1	1		1	1	8
Everest - San Bernardino (881)		N/A	N/A	N/A	100%	0%	0%	0%	100%	N/A	N/A	N/A	N/A	N/A	43%
	pass				2	0	0	0	1						3
	fail				0	1	1	2	0						4
Everest - San Francisco (407)		100%	N/A	0%	50%	N/A	N/A	N/A	N/A	50%	N/A	N/A	N/A	N/A	50%
	pass	2		0	1					1					4
	fail	0		2	1					1					4
Everest - San Jose (408)		N/A	N/A	N/A	N/A	100%	100%	0%	N/A	N/A	N/A	N/A	N/A	N/A	67%
	pass					1	1	0							2
	fail					0	0	1							1
Everest - Torrance (409)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	pass														0
	fail														0
Everest - W Los Angeles (874) formerly Nova		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	pass														0

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	fail														0
Foothill College (517)	100%	N/A	100%	100%	N/A	100%	N/A	N/A	100%	100%	100%	100%	N/A	100%	
	pass	1		1	1		1		4	1	1	1		11	
	fail	0		0	0		0		0	0	0	0		0	
Galen - Fresno (413)	N/A	50%	100%	N/A	50%	0%	N/A	N/A	0%	100%	N/A	N/A	N/A	44%	
	pass		1	1		1	0		0	1				4	
	fail		1	0		1	2		1	0				5	
Galen - Modesto (497)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	pass													0	
	fail													0	
Galen - Visalia (445)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	pass													0	
	fail													0	
Grossmont Community College - El Cajon (519)	100%	100%	67%	67%	67%	N/A	N/A	0%	40%	50%	67%	N/A	67%	60%	
	pass	1	1	2	2	4		0	2	2	2		2	18	
	fail	0	0	1	1	2		1	3	2	1		1	12	
Hacienda La Puente (776)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	pass													0	
	fail													0	
Heald - Concord (891)	100%	33%	100%	N/A	100%	N/A	N/A	N/A	50%	N/A	N/A	N/A	N/A	63%	
	pass	1	1	1		1			1					5	
	fail	0	2	0		0			1					3	
Heald - Hayward (889)	0%	67%	0%	0%	N/A	100%	67%	50%	N/A	N/A	N/A	N/A	N/A	57%	
	pass	0	2	0	0		3	2	1					8	
	fail	1	1	1	1		0	1	1					6	
Heald - Roseville (911)	0%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75%	
	pass	0	2	1										3	
	fail	1	0	0										1	
Heald - Salida (910)	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	
	pass	1	2											3	
	fail	0	0											0	
Heald - Stockton (887)	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	
	pass	1		1										2	
	fail	0		0										0	
Milan Institute - Indio (906)	50%	100%	N/A	N/A	0%	100%	0%	100%	50%	N/A	0%	0%	N/A	46%	
	pass	1	2			0	1	0	1	1		0	0	6	
	fail	1	0			1	0	1	0	1		2	1	7	
Milan Institute - Visalia (907)	0%	67%	N/A	N/A	N/A	0%	0%	100%	50%	100%	N/A	100%	N/A	47%	
	pass	0	2			0	0	2	1	1		1		7	
	fail	1	1			2	3	0	1	0		0		8	
Modesto Junior College (526)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	pass													0	
	fail													0	
Monterey Peninsula (527)	100%	N/A	100%	100%	N/A	67%	N/A	75%	67%	100%	0%	N/A	100%	75%	
	pass	2		1	1		4		3	2	1	0		15	
	fail	0		0	0		2		1	1	0	1		5	
Moreno Valley College (903)	N/A	N/A	100%	N/A	100%	100%	100%	N/A	100%	100%	N/A	N/A	0%	88%	
	pass			1		1	1	2		1	1			7	
	fail			0		0	0	0		0	0			1	
Mt. Diablo/Loma Vista (500)	N/A	80%	100%	N/A	100%	100%	100%	83%	50%	N/A	100%	100%	N/A	84%	
	pass		4	1		4	2	1	5	2		1	1	21	
	fail		1	0		0	0	0	1	2		0	0	4	
National Education Center (604)	N/A	N/A	N/A	N/A	71%	60%	50%	N/A	N/A	N/A	N/A	N/A	N/A	61%	
	pass					5	3	3						11	
	fail					2	2	3						7	
Newbridge College - San Diego (883)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	pass													0	
	fail													0	
North Orange County ROP (495) formerly Valley Career College	25%	N/A	N/A	50%	N/A	0%	0%	100%	N/A	0%	0%	50%	N/A	29%	
	pass	1		1		0	0	1		0	0	1		4	

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	fail	3			1		1	1	0		2	1	1		10
North-West - Pomona (420)		N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
	pass		1							1					2
	fail		0							0					0
North-West - West Covina (419)		60%	0%	100%	50%	100%	N/A	100%	50%	0%	N/A	100%	N/A	N/A	59%
	pass	3	0	2	1	1		1	1	0		1			10
	fail	2	2	0	1	0		0	1	1		0			7
Orange Coast (528)		N/A	N/A	N/A	100%	N/A	N/A	100%	50%	0%	100%	67%	N/A	N/A	73%
	pass				1			2	1	0	2	2			8
	fail				0			0	1	1	0	1			3
Palomar College (721)		N/A	100%	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
	pass		1			14	4								19
	fail		0			0	0								0
Pasadena City College (529)		100%	N/A	60%	100%	100%	100%	N/A	0%	N/A	100%	N/A	N/A	N/A	76%
	pass	2		3	5	1	1		0		1				13
	fail	0		2	0	0	0		2		0				4
Pima - Chula Vista (871)		100%	50%	100%	50%	100%	100%	N/A	0%	100%	75%	17%	0%	0%	56%
	pass	1	2	3	1	1	1		0	2	3	1	0	0	15
	fail	0	2	0	1	0	0		1	0	1	5	1	1	12
Reedley College (530)		67%	67%	50%	50%	63%	67%	86%	50%	N/A	0%	100%	N/A	N/A	66%
	pass	4	2	1	1	5	2	6	1		0	1			23
	fail	2	1	1	1	3	1	1	1		1	0			12
Riverside County Office of Education (921)		100%	50%	100%	100%	80%	0%	100%	67%	N/A	N/A	100%	N/A	N/A	74%
	pass	1	1	1	1	4	0	1	2			3			14
	fail	0	1	0	0	1	2	0	1			0			5
Riverside County ROP (498)		67%	50%	33%	50%	80%	0%	100%	67%	0%	75%	100%	100%	N/A	68%
	pass	2	1	1	1	4	0	1	2	0	3	6	2		23
	fail	1	1	2	1	1	2	0	1	1	1	0	0		11
Sacramento City College (532)		0%	50%	0%	100%	100%	92%	67%	100%	N/A	100%	N/A	N/A	100%	80%
	pass	0	1	0	1	2	11	2	1		1			1	20
	fail	1	1	1	0	0	1	1	0		0			0	5
San Bernardino Cty ROP - Hesperia (454)		0%	100%	0%	50%	75%	100%	75%	33%	100%	100%	0%	N/A	100%	65%
	pass	0	1	0	1	3	3	3	1	1	1	0		1	15
	fail	1	0	1	1	1	0	1	2	0	0	1		0	8
San Bernardino Cty ROP - Morongo USD (913)		N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	100%
	pass							1			1				2
	fail							0			0				0
San Diego Mesa (533)		100%	50%	N/A	N/A	100%	100%	100%	60%	50%	50%	100%	N/A	0%	65%
	pass	1	1			1	1	1	3	1	1	1		0	11
	fail	0	1			0	0	0	2	1	1	0		1	6
SJVC - Bakersfield (601)		N/A	0	N/A	N/A	100%	0%	N/A	N/A	33%	N/A	N/A	N/A	N/A	43%
	pass		0			2	0			1					3
	fail		1			0	1			2					4
SJVC - Fresno (602)		67%	100%	100%	50%	100%	50%	0%	67%	40%	100%	0%	50%	N/A	51%
	pass	4	3	2	1	1	1	0	2	2	1	0	2		19
	fail	2	0	0	1	0	1	3	1	3	0	5	2		18
SJVC - Rancho Cordova (880)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	pass														0
	fail														0
SJVC - Temecula (919)		0%	N/A	100%	50%	N/A	N/A	N/A	80%	N/A	100%	100%	N/A	N/A	81%
	pass	0		1	1				4		1	6			13
	fail	1		0	1				1		0	0			3
SJVC - Visalia (446)		71%	50%	0%	100%	100%	0%	100%	80%	100%	67%	33%	100%	0%	67%
	pass	5	1	0	2	1	0	1	4	4	2	1	1	0	22
	fail	2	1	2	0	0	1	0	1	0	1	2	0	1	11
San Jose City College (535)		100%	80%	50%	100%	100%	100%	100%	100%	80%	50%	N/A	N/A	N/A	80%
	pass	3	8	2	3	1	2	1	3	8	2				33
	fail	0	2	2	0	0	0	0	0	2	2				8
Santa Barbara City College (537)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	pass														0

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	fail														0
Santa Rosa Junior College (538)	100%	N/A	100%	N/A	100%	N/A	100%	86%	100%	100%	N/A	N/A	N/A	96%	
	pass	3		1		2		11	6	1	2			26	
	fail	0		0		0		0	1	0	0			1	
Shasta/Trinity ROP (455)	N/A	N/A	N/A	N/A	33%	100%	100%	100%	N/A	N/A	0%	N/A	100%	67%	
	pass				1	2	1	1			0		1	6	
	fail				2	0	0	0			1		0	3	
Southern California ROC - Torrance (612)	N/A	100%	100%	0%	100%	100%	N/A	50%	100%	N/A	100%	0%	N/A	77%	
	pass		2	2	0	1	1		1	2		1	0	10	
	fail		0	0	1	0	0		1	0		0	1	3	
Southland College (428)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	pass													0	
	fail													0	
Tri Cities ROP (877)	N/A	N/A	N/A	100%	N/A	N/A	N/A	0%	N/A	0%	0%	0%	100%	29%	
	pass			1				0		0	0	0	1	2	
	fail			0				1		2	1	1	0	5	
UEI - Anaheim (916)	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	0%	N/A	100%	25%	
	pass						0		0		0		1	1	
	fail						1		1		1		0	3	
UEI - Chula Vista (879)	100%	N/A	N/A	0%	0%	33%	100%	33%	67%	50%	33%	0%	100%	43%	
	pass	1		0	0	1	2	1	2	1	1	0	1	10	
	fail	0		2	1	2	0	2	1	1	2	2	0	13	
UEI - El Monte (909)	N/A	100%	67%	N/A	N/A	N/A	N/A	100%	0%	0%	N/A	0%	N/A	50%	
	pass		1	2				1	0	0		0		4	
	fail		0	1				0	1	1		1		4	
UEI - Fresno (927)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	50%	
	pass											1	0	1	
	fail											0	1	1	
UEI - Gardena (915)	100%	0%	33%	50%	67%	N/A	N/A	N/A	67%	0%	N/A	N/A	N/A	47%	
	pass	1	0	1	1	2			2	0				7	
	fail	0	2	2	1	1			1	1				8	
UEI - Huntington Park (448)	100%	N/A	25%	N/A	100%	50%	0%	0%	50%	67%	60%	0%	N/A	45%	
	pass	1		1		1	1	0	0	1	2	3	0	10	
	fail	0		3		0	1	2	1	1	1	2	1	12	
UEI - Los Angeles (449)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	
	pass											0		0	
	fail											1		1	
UEI - Ontario (450)	50%	N/A	100%	N/A	N/A	N/A	N/A	0%	100%	N/A	100%	N/A	100%	71%	
	pass	1		1				0	1		1		1	5	
	fail	1		0				1	0		0		0	2	
UEI - Riverside (917)	100%	25%	0%	50%	100%	50%	100%	60%	33%	67%	0%	100%	N/A	52%	
	pass	1	1	0	1	3	1	1	3	1	2	0	1	15	
	fail	0	3	1	1	0	1	0	2	2	1	3	0	14	
UEI - San Diego (451)	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	100%	N/A	N/A	0%	N/A	50%	
	pass						0	1	1			0		2	
	fail						1	0	0			1		2	
UEI - Van Nuys (453)	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A	50%	71%	
	pass	0	1						2		1		1	5	
	fail	1	0						0		0		1	2	
NATIONAL (ADA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	
	pass											1		1	
	fail											0		0	
WORK EXPERIENCE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	36%	18%	29%	
	pass											9	3	12	
	fail											16	14	30	
	PERCENT PASS	63%	61%	59%	62%	77%	68%	69%	65%	63%	55%	59%	39%	39%	62%
	TOTAL PASS	110	84	80	80	152	117	113	106	114	83	93	31	24	1,187
	TOTAL FAIL	64	53	55	49	45	54	50	57	66	69	65	49	37	713

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Program	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
4D College - Victorville (914)	0%	0%	N/A	N/A	100%	0%	100%	100%	N/A	N/A	N/A	0%	N/A	50%
pass	0	0			1	0	2	1				0		4
fail	1	1			0	1	0	0				1		4
Allan Hancock (508)	N/A	N/A	N/A	100%	91%	75%	100%	N/A	N/A	100%	N/A	N/A	N/A	89%
pass				1	10	3	1			2				17
fail				0	1	1	0			0				2
American Career - Anaheim (896)	25%	100%	88%	N/A	33%	100%	0%	100%	0%	100%	100%	100%	100%	66%
pass	1	2	7		1	1	0	1	0	2	1	2	1	19
fail	3	0	1		2	0	2	0	2	0	0	0	0	10
American Career - Los Angeles (867)	0%	40%	50%	0%	0%	0%	60%	67%	40%	100%	50%	50%	50%	45%
pass	0	2	2	0	0	0	3	2	2	2	2	1	1	17
fail	1	3	2	1	3	1	2	1	3	0	2	1	1	21
American Career - Ontario (905)	50%	20%	100%	0%	50%	100%	50%	0%	0%	25%	50%	0%	50%	41%
pass	1	1	1	0	2	4	1	0	0	1	1	0	1	13
fail	1	4	0	2	2	0	1	1	2	3	1	1	1	19
Anthem College (503)	33%	50%	0%	N/A	100%	N/A	67%	N/A	N/A	N/A	100%	N/A	100%	57%
pass	1	1	0		1		2				2		1	8
fail	2	1	2		0		1				0		0	6
Bakersfield College	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Baldy View ROP (590)	0%	N/A	N/A	0%	N/A	N/A	50%	0%	67%	0%	67%	100%	N/A	47%
pass	0			0			1	0	2	0	2	2		7
fail	2			1			1	1	1	1	1	0		8
Blake Austin College (897)	100%	100%	50%	67%	0%	67%	33%	100%	75%	N/A	100%	100%	33%	72%
pass	4	1	1	2	0	2	1	3	3		2	3	1	23
fail	0	0	1	1	1	1	2	0	1		0	0	2	9
Brightwood - Bakersfield (884) formerly Kaplan	100%	0%	75%	0%	50%	50%	50%	0%	100%	80%	100%	100%	100%	66%
pass	1	0	3	0	1	2	1	0	1	4	2	3	1	19
fail	0	1	1	1	1	2	1	2	0	1	0	0	0	10
Brightwood - Clovis (885) formerly Kaplan	43%	80%	67%	0%	25%	63%	25%	100%	100%	N/A	50%	100%	100%	63%
pass	3	4	2	0	1	5	1	10	1		2	1	4	34
fail	4	1	1	3	3	3	3	0	0		2	0	0	20
Brightwood - Modesto (499)/(890) formerly Kaplan	56%	20%	22%	43%	50%	30%	75%	50%	50%	86%	67%	50%	80%	52%
pass	5	1	2	3	2	3	3	4	2	6	4	2	8	45
fail	4	4	7	4	2	7	1	4	2	1	2	2	2	42
Brightwood - Palm Springs (901) formerly Kaplan	N/A	N/A	40%	0%	0%	N/A	50%	33%	100%	50%	0%	75%	0%	42%
pass			2	0	0		2	1	2	1	0	3	0	11
fail			3	2	1		2	2	0	1	2	1	1	15
Brightwood - Riverside (898) formerly Kaplan	N/A	N/A	N/A	0%	N/A	50%	100%	0%	50%	100%	N/A	75%	N/A	65%
pass				0		1	3	0	1	3		3		11
fail				1		1	0	2	1	0		1		6
Brightwood - Sacramento (888) formerly Kaplan	100%	33%	100%	N/A	0%	N/A	N/A	33%	100%	50%	N/A	100%	N/A	61%
pass	1	1	1		0			1	3	2		2		11
fail	0	2	0		1			2	0	2		0		7
Brightwood - San Diego (899) formerly Kaplan	0%	33%	100%	N/A	N/A	0%	N/A	N/A	100%	0%	100%	67%	100%	53%
pass	0	1	1			0			1	0	2	2	1	8
fail	1	2	0			1			0	2	0	1	0	7
Brightwood - Stockton (611) formerly Kaplan	100%	N/A	N/A	N/A	100%	N/A	0%	100%	100%	N/A	N/A	100%	100%	88%
pass	1				1		0	1	1			1	2	7
fail	0				0		1	0	0			0	0	1
Brightwood - Vista (900) formerly Kaplan	50%	67%	50%	100%	100%	N/A	100%	50%	75%	100%	100%	100%	100%	81%
pass	1	2	1	1	2		1	1	3	2	1	4	2	21
fail	1	1	1	0	0		0	1	1	0	0	0	0	5
Butte County ROP (605)	100%	N/A	N/A	100%	67%	57%	100%	100%	N/A	100%	N/A	100%	N/A	79%
pass	1			1	6	4	3	4		1		3		23
fail	0			0	3	3	0	0		0		0		6
Cabrillo College (001)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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Program	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
pass														0
fail														0
CA College of Vocational Careers (878)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass														0
fail														0
Carrington - Antioch (886)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	100%	N/A	N/A	100%	75%
pass								0		2			1	3
fail								1		0			0	1
Carrington - Citrus Heights (882)	33%	75%	100%	33%	83%	50%	43%	50%	56%	83%	50%	75%	67%	60%
pass	1	3	1	1	5	3	3	3	5	5	4	6	2	42
fail	2	1	0	2	1	3	4	3	4	1	4	2	1	28
Carrington - Pleasant Hill (868)	67%	50%	60%	50%	71%	71%	50%	67%	100%	50%	0%	33%	89%	66%
pass	2	3	3	1	5	5	1	4	3	2	0	1	8	38
fail	1	3	2	1	2	2	1	2	0	2	1	2	1	20
Carrington - Pomona (908)	N/A	N/A	N/A	N/A	100%	0%	N/A	N/A	N/A	N/A	100%	N/A	N/A	75%
pass					1	0					2			3
fail					0	1					0			1
Carrington - Sacramento (436)	33%	73%	83%	60%	75%	40%	71%	22%	43%	100%	44%	88%	50%	59%
pass	5	8	5	3	9	2	5	2	3	8	4	7	3	64
fail	10	3	1	2	3	3	2	7	4	0	5	1	3	44
Carrington - San Jose (876)	100%	N/A	50%	57%	75%	67%	33%	33%	100%	50%	67%	33%	60%	61%
pass	1		1	4	3	2	1	1	5	1	2	1	3	25
fail	0		1	3	1	1	2	2	0	1	1	2	2	16
Carrington - San Leandro (609)	75%	0%	N/A	50%	50%	50%	20%	50%	0%	50%	50%	67%	75%	47%
pass	3	0		2	2	3	1	1	0	3	1	2	3	21
fail	1	4		2	2	3	4	1	1	3	1	1	1	24
Carrington - Stockton (902)	0%	50%	0%	0%	33%	67%	100%	100%	50%	67%	100%	0%	67%	50%
pass	0	2	0	0	2	2	2	1	2	2	2	0	2	17
fail	2	2	1	1	4	1	0	0	2	1	0	2	1	17
Carrington - Emeryville (904)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Cerritos College (511)	100%	N/A	50%	N/A	N/A	100%	N/A	100%	N/A	N/A	100%	100%	N/A	88%
pass	1		1			1		1			2	1		7
fail	0		1			0		0			0	0		1
Chaffey College (514)	100%	N/A	N/A	50%	33%	100%	0%	100%	N/A	100%	N/A	N/A	100%	67%
pass	2			1	1	1	0	1		1			1	8
fail	0			1	2	0	1	0		0			0	4
Charter College - Canyon Country (401)	100%	0%	100%	N/A	N/A	N/A	100%	0%	100%	100%	100%	N/A	50%	73%
pass	1	0	1				1	0	1	1	2		1	8
fail	0	1	0				0	1	0	0	0		1	3
Citrus College (515)	100%	N/A	100%	N/A	100%	100%	N/A	100%	N/A	75%	67%	100%	100%	89%
pass	1		1		1	3		1		3	2	3	1	16
fail	0		0		0	0		0		1	1	0	0	2
City College of San Francisco (534)	100%	100%	100%	N/A	0%	50%	100%	100%	100%	67%	100%	100%	50%	84%
pass	3	1	2		0	1	1	4	2	2	3	1	1	21
fail	0	0	0		1	1	0	0	0	1	0	0	1	4
College of Alameda (506)	33%	N/A	50%	N/A	100%	100%	83%	100%	50%	N/A	50%	N/A	100%	71%
pass	1		1		3	1	5	1	1		1		1	15
fail	2		1		0	0	1	0	1		1		0	6
College of Marin (523)	N/A	100%	100%	100%	100%	50%	100%	67%	100%	N/A	N/A	0%	100%	81%
pass		4	1	1	4	2	5	2	2			0	1	22
fail		0	0	0	0	2	0	1	0			2	0	5
College of the Redwoods (838)	0%	100%	N/A	67%	100%	100%	80%	100%	N/A	N/A	N/A	N/A	N/A	84%
pass	0	1		2	5	2	4	2						16
fail	1	0		1	0	0	1	0						3
College of San Mateo (536)	50%	100%	100%	N/A	100%	100%	100%	0%	100%	100%	N/A	100%	100%	90%
pass	2	1	2		1	1	1	0	3	4		1	2	18

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fail	2	0	0		0	0	0	0	0	0		0	0	2
Concorde Career - Garden Grove (425)	67%	50%	0%	43%	25%	100%	43%	100%	100%	100%	100%	60%	67%	57%
pass	2	2	0	3	2	1	3	2	6	3	1	3	2	30
fail	1	2	3	4	6	0	4	0	0	0	0	2	1	23
Concorde Career - North Hollywood (435)	N/A	N/A	N/A	0%	50%	0%	N/A	50%	75%	N/A	100%	100%	N/A	62%
pass				0	1	0		1	3		1	2		8
fail				1	1	1		1	1		0	0		5
Concorde Career - San Bernardino (430)	100%	0%	50%	40%	67%	30%	33%	50%	100%	100%	86%	40%	86%	59%
pass	3	0	2	2	2	3	1	3	4	2	6	2	6	36
fail	0	2	2	3	1	7	2	3	0	0	1	3	1	25
Concorde Career - San Diego (421)	67%	40%	100%	50%	60%	25%	60%	N/A	20%	0%	50%	20%	80%	50%
pass	2	2	5	1	3	1	3		1	0	7	1	4	30
fail	1	3	0	1	2	3	2		4	2	7	4	1	30
Contra Costa (745)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%
pass									0					0
fail									2					2
Cypress College (518)	67%	100%	N/A	N/A	N/A	100%	100%	N/A	N/A	100%	N/A	100%	N/A	88%
pass	2	1				1	1			1		1		7
fail	1	0				0	0			0		0		1
Diablo Valley College (516)	75%	N/A	N/A	N/A	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	91%
pass	6				1	2	6	2	3		1			21
fail	2				0	0	0	0	0		0			2
East Los Angeles Occupational Center (855)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Eden ROP (608) (856)	N/A	0%	N/A	100%	N/A	0%	0%	50%	67%	N/A	N/A	N/A	N/A	45%
pass		0		2		0	0	1	2					5
fail		1		0		2	1	1	1					6
Everest - Alhambra (406)	N/A	N/A	0%	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A	N/A	N/A	67%
pass			0					1		1				2
fail			1					0		0				1
Everest - Anaheim (403)/(600)	0%	N/A	N/A	0%	0%	0%	0%	100%	0%	100%	N/A	N/A	100%	36%
pass	0			0	0	0	0	1	0	1			2	4
fail	1			1	1	2	1	0	1	0			0	7
Everest - City of Industry (875)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	0%	67%	0%	N/A	50%
pass			1							0	2	0		3
fail			0							1	1	1		3
Everest - Gardena (870)	N/A	50%	0%	100%	0%	50%	N/A	0%	100%	100%	N/A	N/A	N/A	45%
pass		1	0	1	0	1		0	1	1				5
fail		1	1	0	2	1		1	0	0				6
Everest - Los Angeles (410)	N/A	0%	100%	0%	100%	50%	N/A	N/A	100%	N/A	N/A	0%	N/A	60%
pass		0	2	0	1	1			2			0		6
fail		1	0	1	0	1			0			1		4
Everest - Ontario (501)	50%	N/A	0%	100%	N/A	100%	0%	0%	100%	100%	N/A	0%	N/A	45%
pass	1		0	1		1	0	0	1	1		0		5
fail	1		2	0		0	1	1	0	0		1		6
Everest - Reseda (404)	0%	100%	50%	0%	100%	N/A	100%	N/A	67%	N/A	100%	100%	0%	60%
pass	0	1	1	0	2		1		2		1	1	0	9
fail	2	0	1	1	0		0		1		0	0	1	6
Everest - San Bernardino (881)	N/A	100%	N/A	50%	N/A	0%	N/A	100%	N/A	0%	N/A	100%	N/A	50%
pass		1		1		0		1		0		1		4
fail		0		1		2		0		1		0		4
Everest - San Francisco (407)	50%	33%	33%	0%	0%	0%	0%	N/A	N/A	N/A	N/A	100%	N/A	31%
pass	1	1	1	0	0	0	0					1		4
fail	1	2	2	1	1	1	1					0		9
Everest - San Jose (408)	N/A	0%	100%	100%	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass		0	1	1			0							2
fail		1	0	0			1							2

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Everest - Torrance (409)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0
pass												0		0
fail												1		1
Everest - W Los Angeles (874) formerly Nova	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Foothill College (517)	100%	N/A	N/A	100%	100%	80%	100%	75%	N/A	100%	N/A	N/A	0%	83%
pass	2			1	3	4	1	3		1			0	15
fail	0			0	0	1	0	1		0			1	3
Galen - Fresno (413)	N/A	N/A	0%	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	67%
pass			0					1	1					2
fail			1					0	0					1
Galen - Modesto (497)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Galen - Visalia (445)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Grossmont Community College - El Cajon (519)	N/A	33%	75%	60%	N/A	N/A	N/A	100%	71%	50%	100%	100%	100%	69%
pass		1	3	3				1	5	1	1	1	2	18
fail		2	1	2				0	2	1	0	0	0	8
Hacienda La Puente (776)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	0%	67%
pass										1		1	0	2
fail										0		0	1	1
Heald - Concord (891)	100%	67%	50%	0%	100%	N/A	N/A	0%	0%	N/A	N/A	100%	N/A	54%
pass	1	2	2	0	1			0	0			1		7
fail	0	1	2	1	0			1	1			0		6
Heald - Hayward (889)	100%	50%	33%	N/A	75%	50%	0%	0%	N/A	100%	0%	0%	100%	50%
pass	1	1	1		3	1	0	0		1	0	0	3	11
fail	0	1	2		1	1	2	1		0	2	1	0	11
Heald - Roseville (911)	100%	0%	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%	50%	N/A	29%
pass	1	0						0			0	1		2
fail	0	1						1			2	1		5
Heald - Salida (910)	0%	0%	0%	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	29%
pass	0	0	0	1								1		2
fail	1	2	1	1								0		5
Heald - Stockton (887)	100%	0%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	40%
pass	1	0		1								0	0	2
fail	0	1		0								1	1	3
Los Angeles City College (522)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Milan Institute - Indio (906)	0%	0%	0%	100%	0%	50%	N/A	100%	0%	67%	0%	100%	100%	42%
pass	0	0	0	1	0	2		1	0	2	0	1	1	8
fail	1	2	1	0	1	2		0	1	1	2	0	0	11
Milan Institute - Visalia (907)	0%	50%	100%	N/A	0%	0%	100%	N/A	100%	50%	0%	100%	N/A	59%
pass	0	1	1		0	0	2		4	1	0	1		10
fail	1	1	0		2	1	0		0	1	1	0		7
Modesto Junior College (526)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Monterey Peninsula (527)	100%	0%	67%	N/A	N/A	N/A	71%	33%	67%	50%	50%	50%	50%	59%
pass	2	0	2				5	1	2	1	1	1	1	16
fail	0	1	1				2	2	1	1	1	1	1	11
Moreno Valley College (903)	N/A	N/A	100%	N/A	0%	100%	100%	N/A	100%	100%	N/A	N/A	0%	75%
pass			1		0	1	2		1	1			0	6
fail			0		1	0	0		0	0			1	2
Mt. Diablo/Loma Vista (500)	50%	100%	100%	N/A	100%	100%	0%	33%	50%	N/A	100%	100%	100%	75%

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pass	1	5	1		3	2	0	1	3		1	2	2	21
fail	1	0	0		0	0	1	2	3		0	0	0	7
National Education Center (604)	N/A	N/A	N/A	N/A	43%	63%	63%	N/A	N/A	N/A	N/A	N/A	N/A	57%
pass					3	5	5							13
fail					4	3	3							10
Newbridge College - San Diego (883)	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass			1	1										2
fail			0	0										0
North Orange County ROP (495) formerly Valley Career College	25%	0%	0%	100%	N/A	N/A	0%	100%	100%	0%	N/A	100%	N/A	42%
pass	1	0	0	1			0	1	1	0		1		5
fail	3	1	1	0			1	0	0	1		0		7
North-West - Pomona (420)	67%	N/A	100%	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	N/A	N/A	67%
pass	2		1			0			1					4
fail	1		0			1			0					2
North-West - West Covina (419)	33%	100%	N/A	100%	0%	100%	0%	0%	100%	100%	100%	0%	N/A	50%
pass	1	2		1	0	1	0	0	1	1	1	0		8
fail	2	0		0	1	0	2	1	0	0	0	2		8
Orange Coast (528)	N/A	N/A	0%	100%	N/A	N/A	100%	100%	0%	50%	100%	100%	100%	80%
pass			0	1			3	1	0	1	2	2	2	12
fail			1	0			0	0	1	1	0	0	0	3
Palomar College (721)	100%	N/A	N/A	N/A	87%	100%	N/A	0%	N/A	100%	N/A	N/A	N/A	86%
pass	1				13	3		0		1				18
fail	0				2	0		1		0				3
Pasadena City College (529)	N/A	N/A	80%	100%	75%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83%
pass			4	2	3	1								10
fail			1	0	1	0								2
Pima - Chula Vista (871)	100%	100%	100%	67%	0%	0%	25%	0%	40%	40%	N/A	100%	N/A	47%
pass	1	1	4	2	0	0	1	0	2	2		2		15
fail	0	0	0	1	2	2	3	3	3	3		0		17
Reedley College (530)	80%	25%	0%	N/A	100%	50%	86%	N/A	0%	N/A	N/A	50%	N/A	63%
pass	4	1	0		5	3	6		0			1		20
fail	1	3	2		0	3	1		1			1		12
Riverside County Office of Education - Indio (921)	100%	0%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	86%
pass	1	0	1	1							3			6
fail	0	1	0	0							0			1
Riverside ROP - Riverside (498)	40%	75%	67%	100%	67%	40%	100%	100%	N/A	100%	100%	100%	0%	75%
pass	2	3	2	1	2	2	1	3		3	8	3	0	30
fail	3	1	1	0	1	3	0	0		0	0	0	1	10
Sacramento City College (532)	100%	50%	N/A	0%	71%	73%	100%	N/A	100%	100%	N/A	0%	N/A	68%
pass	2	1		0	5	8	2		1	2		0		21
fail	0	1		2	2	3	0		0	0		2		10
San Bernardino Cty ROP - Hesperia (454)	0%	0%	0%	50%	60%	89%	50%	33%	50%	50%	N/A	100%	100%	60%
pass	0	0	0	1	3	8	1	1	1	1		1	1	18
fail	1	1	1	1	2	1	1	2	1	1		0	0	12
San Bernardino Cty ROP - Morongo USD (913)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
pass						1			1					2
fail						0			0					0
San Diego Mesa (533)	N/A	N/A	100%	N/A	100%	100%	100%	100%	100%	33%	N/A	N/A	100%	85%
pass			1		1	2	1	3	1	1			1	11
fail			0		0	0	0	0	0	2			0	2
SJVC - Bakersfield (601)	N/A	N/A	0%	N/A	0%	100%	N/A	N/A	50%	N/A	N/A	100%	N/A	56%
pass			0		0	3			1			1		5
fail			1		2	0			1			0		4
SJVC - Fresno (602)	80%	50%	100%	50%	N/A	0%	N/A	N/A	100%	29%	100%	100%	50%	68%
pass	4	1	4	1		0			1	2	3	4	1	21
fail	1	1	0	1		1			0	5	0	0	1	10
SJVC - Rancho Cordova (880)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0

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fail														0
SJVC - Temecula (919)	0%	100%	100%	100%	N/A	100%	50%	50%	100%	100%	100%	86%	100%	82%
pass	0	1	1	1		1	1	1	2	1	5	6	3	23
fail	2	0	0	0		0	1	1	0	0	0	1	0	5
SJVC - Visalia (446)	40%	60%	50%	67%	100%	0%	50%	100%	50%	40%	67%	50%	67%	59%
pass	2	3	2	2	4	0	2	3	1	2	2	2	2	27
fail	3	2	2	1	0	1	2	0	1	3	1	2	1	19
San Jose City College (535)	50%	33%	80%	80%	100%	80%	100%	50%	67%	0%	33%	50%	100%	65%
pass	2	3	8	4	1	4	1	3	6	0	1	1	6	40
fail	2	6	2	1	0	1	0	3	3	1	2	1	0	22
Santa Barbara City College (537)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Santa Rosa Junior College (538)	100%	N/A	N/A	100%	100%	100%	90%	83%	67%	50%	N/A	100%	0%	83%
pass	2			1	2	1	9	5	2	1		1	0	24
fail	0			0	0	0	1	1	1	1		0	1	5
Shasta/Trinity ROP (455)	N/A	N/A	N/A	N/A	75%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	80%
pass					3			1						4
fail					1			0						1
Southern California ROC - Torrance (612)	N/A	0%	0%	100%	N/A	N/A	50%	0%	N/A	100%	50%	100%	100%	82%
pass		0	0	1			1	0		3	1	1	2	9
fail		0	0	0			1	0		0	1	0	0	2
Southland College (428)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Tri Cities ROP (877)	N/A	N/A	N/A	N/A	100%	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	75%
pass					2			0			1			3
fail					0			1			0			1
UEI - Anaheim (916)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%
pass									0					0
fail									1					1
UEI - Chula Vista (879)	50%	0%	100%	0%	0%	33%	100%	33%	67%	50%	60%	67%	N/A	48%
pass	1	0	1	0	0	1	1	1	2	1	3	2		13
fail	1	2	0	1	1	2	0	2	1	1	2	1		14
UEI - El Monte (909)	0%	100%	25%	N/A	N/A	N/A	100%	N/A	33%	0%	N/A	33%	N/A	31%
pass	0	1	1				1		1	0		1	0	5
fail	2	0	3				0		2	1		2	1	11
UEI - Fresno (927)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass												1		1
fail												0		0
UEI - Gardena (915)	100%	N/A	0%	0%	0%	N/A	0%	N/A	67%	N/A	N/A	100%	100%	50%
pass	2		0	0	0		0		2			1	1	6
fail	0		1	1	2		1		1			0	0	6
UEI - Huntington Park (448)	0%	0%	0%	25%	N/A	0%	100%	0%	67%	0%	N/A	0%	67%	30%
pass	0	0	0	1		0	1	0	2	0		0	2	6
fail	1	1	1	3		1	0	2	1	1		2	1	14
UEI - Los Angeles (449)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass										1				1
fail										0				0
UEI - Ontario (450)	50%	0%	N/A	50%	100%	N/A	N/A	N/A	0%	N/A	100%	0%	100%	55%
pass	1	0		1	2				0		1	0	1	6
fail	1	1		1	0				1		0	1	0	5
UEI - Riverside (917)	0%	33%	33%	0%	33%	0%	33%	63%	100%	60%	0%	50%	75%	45%
pass	0	1	1	0	2	0	1	5	2	3	0	1	3	19
fail	1	2	2	2	4	2	2	3	0	2	1	1	1	23
UEI - San Diego (451)	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	67%	N/A	N/A	N/A	0%	40%
pass							0		2				0	2
fail							1		1				1	3

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UEI - San Marcos (918)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%		
pass													0	0		
fail													1	1		
UEI - Van Nuys (453)	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67%	100%	100%	100%	100%	80%		
pass	0											2	1	1	2	8
fail	1											1	0	0	0	2
West Wood College (922)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%		
pass						1								1		
fail						0								0		
NATIONAL (ADA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	0%	40%		
pass												2	0	2		
fail												2	1	3		
WORK EXPERIENCE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	57%	59%	58%		
pass												32	41	73		
fail												24	29	53		
PERCENT PASS	55%	48%	60%	51%	64%	58%	62%	59%	66%	67%	68%	65%	69%	61%		
TOTAL PASS	98	76	98	65	143	120	118	101	127	106	100	145	144	1,441		
TOTAL FAIL	81	82	66	62	80	87	71	69	64	52	48	79	66	907		

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Expanded Functions Dental Assistants Association (004)	0%	0%	86%	71%	0%	0%	67%	0%	33%	0%	50%	0%	100%	53%
pass		0	6	5			2	0	2	0	2	0	1	18
fail		2	1	2			1	1	4	1	2	2	0	16
J Production (005)	0%	0%	0%	0%	50%	0%	72%	75%	71%	33%	0%	0%	100%	67%
pass			0	0	1		13	12	5	1			1	33
fail			1	1	1		5	4	2	2			0	16
Loma Linda University (007)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	N/A
pass														0
fail														0
University of California, Los Angeles (002)	0%	25%	50%	50%	50%	0%	50%	0%	0%	0%	33%	67%	67%	39%
pass		1	2	1	1		1			0	1	2	2	11
fail		3	2	1	1		1			5	2	1	1	17
University of the Pacific (006)	0%	0%	0%	83%	89%	0%	60%	33%	25%	0%	0%	100%	0%	58%
pass		0		5	8	0	3	1	1			1	0	19
fail		2		1	1	2	2	2	3			0	1	14
PERCENT PASS	0%	13%	67%	69%	77%	0%	68%	65%	47%	11%	43%	50%	67%	56%
TOTAL PASS	0	1	8	11	10	0	19	13	8	1	3	3	4	81
TOTAL FAIL	0	7	4	5	3	2	9	7	9	8	4	3	2	63

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Andrea DeLurgio, DDS (032)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Bart R. Boulton, DDS (038)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass					1									1
fail					0									0
Brian H Bergh, DDS (111)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0
fail													1	1
Bella Smile (016)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Braces - San Diego (113)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass												1		1
fail												0		0
Dental Career Institute (006)	N/A	50%	N/A	100%	33%	0%	75%	33%	83%	20%	100%	100%	0%	58%
pass		1		1	1	0	3	1	5	1	3	2	0	18
fail		1		0	2	1	1	2	1	4	0	0	1	13
Dental Pros (007)	33%	33%	25%	75%	33%	0%	0%	0%	67%	0%	50%	100%	20%	33%
pass	1	1	2	3	1	0	0	0	2	0	1	2	1	14
fail	2	2	6	1	2	2	3	1	1	4	1	0	4	29
Dental Specialties Institute Inc. (015)	33%	N/A	N/A	0%	67%	0%	0%	33%	40%	0%	67%	80%	0%	37%
pass	2			0	2	0	0	1	2	0	2	4	0	13
fail	4			3	1	1	1	2	3	2	1	1	3	22
Diablo Orthodontic Specialities (096)	N/A	100%	N/A	N/A	33%	0%	100%	100%	N/A	N/A	N/A	N/A	N/A	57%
pass		1			1	0	1	1						4
fail		0			2	1	0	0						3
Downey Adult School (004)	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	0%	N/A	100%	20%
pass							0		0		0		1	1
fail							2		1		1		0	4
Dr. Brian C Crawford (086)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Dr. Christopher C. Cruz (081)	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	100%	N/A	N/A	N/A	N/A	33%
pass						0	0		1					1
fail						1	1		0					2
Dr. Douglas Nguyen (012)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Dr. Efstasios Righellis (029)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Dr. Jasmine Gordon (008)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Dr. Jason M. Cohen (085)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass										1				1
fail										0				0
Dr. Joel Brodsky (013)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Dr. Joseph Gray (009)	N/A	0%	N/A	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	N/A	N/A	33%
pass		0				0			1					1
fail		1				1			0					2
Dr. Kurt Stromberg (014)	N/A	N/A	N/A	N/A	100%	0%	0%	0%	100%	N/A	N/A	N/A	N/A	40%
pass					1	0	0	0	1					2
fail					0	1	1	1	0					3
Dr. Lili Mirtorabi Orthodontics (021)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass												2		2
fail												0		0
Dr. Michael Payne/Cao (005)	80%	0%	N/A	N/A	0%	N/A	0%	N/A	0%	N/A	0%	0%	N/A	33%
pass	4	0			0		0		0		0	0		4
fail	1	1			1		2		1		1	1		8
Dr. Waleed Soliman Brite Dental Group At Western Dental Natomas (20B)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0
fail													2	2

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Elite Orthodontics (031)	N/A	N/A	N/A	N/A	100%	N/A	0%	N/A	67%	100%	N/A	N/A	100%	75%
pass					2		0		2	1			1	6
fail					0		1		1	0			0	2
Expanded Functions Dental Assistant Assoc (001)	21%	50%	40%	20%	27%	40%	22%	36%	50%	78%	78%	20%	17%	39%
pass	3	8	6	2	3	4	2	4	6	7	7	1	1	54
fail	11	8	9	8	8	6	7	7	6	2	2	4	5	83
Garrett Orthodontics (017)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
pass													1	1
fail													0	0
Howard Healthcare Academy, LLC (084)	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
pass					1	1							1	3
fail					0	0							0	0
J Productions (003)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Joseph K. Buchanan DDS, Inc (036)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Kubisch A Dental Corporation (028)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Loma Linda University (090)	N/A	N/A	N/A	N/A	N/A	N/A	0%	50%	33%	N/A	100%	N/A	1	56%
pass							0	1	1		2		1	5
fail							1	1	2		0		0	4
M. John Redmond, DDS (024)	67%	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass	2		0											2
fail	1		1											2
Melanie Parker, DDS (049)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
pass									2					2
fail									0					0
Orthoworks Dental Group, Dr. David Shen (043)	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	N/A	0%	N/A	0%	60%
pass			2					1			0		0	3
fail			0					0			1		1	2
Parkside Dental (041)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Pasadena City College (011)	N/A	0%	0%	N/A	0%	N/A	100%	100%	N/A	0%	67%	75%	N/A	50%
pass		0	0		0		2	2		0	2	3		9
fail		1	1		1		0	0		4	1	1		9
Raymond J. Kieffer, DDS (069)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Sacramento City College (002)	N/A	N/A	N/A	N/A	50%	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%	20%
pass					1			0					0	1
fail					1			1					2	4
Tal D. Jeregensen, DDS (042)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Thao Nguyen, DDS (038)	N/A	N/A	N/A	0%	50%	50%	N/A	0%	N/A	N/A	N/A	N/A	N/A	38%
pass				0	1	2		0						3
fail				1	1	2		1						5
Thompson Tom, DDS (030)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass				1										1
fail				0										0
Toth and Torossian Partnership (110)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass												1		1
fail												0		0
Tri-Valley Orthodontics (101)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
pass								1						1
fail								0						0
Tsai & Snowden Esthetic Partners Dental Group (106)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
pass												2	2	4
fail												0	0	0
Valley School of Dental Assisting (027)	N/A	0%	50%	67%	100%	N/A	N/A	N/A	100%	N/A	50%	0%	0%	48%
pass		0	3	2	1				3		1	0	0	10
fail		1	3	1	0				0		1	2	3	11

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Western Dental Services - Bakersfield (053)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A
pass												0	0	0
fail												2	1	3
Western Dental Services - Fontana (079)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0
fail													2	2
Western Dental Services - Los Angeles (052)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Western Dental Services - Manteca (062)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Western Dental Services - Modesto (064)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Western Dental Services - Oceanside (055)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%	100%	N/A	33%
pass								0			0	1		1
fail								1			1	0		2
Western Dental Services - Redwood City (076)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	50%
pass												1	0	1
fail												0	1	1
Western Dental Services - Riverside (057)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	100%	0%	N/A	33%
pass									0		1	0		1
fail									1		0	1		2
Western Dental Services - N. Sacramento (020)	N/A	N/A	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass			0	1										1
fail			1	0										1
Western Dental Services - Sacramento (051)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Western Dental Services - Salinas (088)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0
fail													1	1
Western Dental Services - San Leandro (050)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Western Dental Services - Santa Clara (054)	N/A	N/A	0%	N/A	N/A	N/A	100%	33%	N/A	N/A	0%	0%	0%	25%
pass			0				1	1			0	0	0	2
fail			1				0	2			1	1	1	6
Western Dental Services - Tracy (063)	N/A	N/A	0%	100%	N/A	0%	N/A	50%	N/A	N/A	N/A	0%	N/A	33%
pass			0	1		0		1				0		2
fail			1	0		1		1				1		4
Zhi Meng, DDS (044)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0
fail													2	2
PERCENT PASS	39%	42%	36%	44%	42%	29%	33%	39%	62%	36%	61%	52%	15%	41%
TOTAL PASS	12	11	13	11	14	7	9	12	23	9	17	13	4	155
TOTAL FAIL	19	15	23	14	19	17	18	19	14	16	11	12	22	219

DSA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Pacific Oral and Maxillofacial Surgery	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
pass				1				1						2
fail				0				0						0
PERCENT PASS	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
TOTAL PASS				1				1						2
TOTAL FAIL				0				0						0



MEMORANDUM

DATE	May 11, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Jorrelle Abutin, Staff Services Analyst Dental Board of California
SUBJECT	Agenda Item 4: Dental Assisting Licensing Statistics

A: The following table provides current license status statistics by license type as of
April 11, 2017

License Type	Registered Dental Assistant (RDA)	Registered Dental Assistant in Extended Functions (RDAEF)
Current & Active	28,937	1,361
Current & Inactive	4,544	81
Delinquent	11,119	225
Total Population (Current & Delinquent)	44,600	1,661
Total Cancelled Since Implementation	41,582	263

The following table provides current permit status statistics by permit type as of
April 11, 2017

Permit Type	Orthodontic Assistant (OA)	Dental Sedation Assistant (DSA)	Total Permits
Current & Active	633	28	661
Current & Inactive	7	1	8
Delinquent	46	10	56
Total Population (Current & Delinquent)	686	39	725
Total Cancelled Since Implementation	0	0	0

Definitions

Current & Active	An individual who has an active status and has completed all renewal requirements receives this status.
Current & Inactive	An individual who has an inactive status and has completed all renewal requirements receives this status.
Delinquent	An individual who does not comply with renewal requirements receives this status until renewal requirements are met.
Cancelled	An individual who fails to comply with renewal requirements by a set deadline will receive this status.
Deficient	Application processed lacking one or more requirements

Active Licensees by County as of March 31, 2017

County	RDA	Population	Population per RDA
Alameda	1,245	1,627,865	1,308
Alpine	0	1,166	N/A
Amador	51	37,707	739
Butte	257	224,601	874
Calaveras	65	45,207	695
Colusa	23	21,948	954
Contra Costa	1,367	1,123,429	822
Del Norte	29	26,811	925
El Dorado	225	183,750	817
Fresno	773	984,541	1,274
Glenn	53	28,668	541
Humboldt	179	135,116	755
Imperial	78	185,831	2,382
Inyo	11	18,650	1,695
Kern	561	886,507	1,580
Kings	119	150,373	1,264
Lake	58	64,306	1,109
Lassen	48	30,780	641
Los Angeles	4,523	10,241,335	2,264
Madera	125	155,349	1,243
Marin	180	262,274	1,457
Mariposa	13	18,159	1,397
Mendocino	91	87,649	963
Merced	177	271,579	1,534
Modoc	5	9,638	1,928
Mono	5	13,721	2,744
Monterey	385	437,178	1,136
Napa	144	142,028	986
Nevada	84	98,095	1,168
Orange	1,810	3,183,011	1,759

County	RDA	Population	Population per RDA
Placer	514	373,796	727
Plumas	19	19,879	1,046
Riverside	1,864	2,347,828	1,260
Sacramento	1,645	1,495,297	909
San Benito	84	56,648	674
San Bernardino	1,440	2,139,570	1,486
San Diego	2,500	3,288,612	1,315
San Francisco	445	866,583	1,947
San Joaquin	733	733,383	1,001
San Luis Obispo	227	277,977	1,225
San Mateo	687	766,041	1,115
Santa Barbara	308	446,717	1,450
Santa Clara	1,639	1,927,888	1,176
Santa Cruz	218	275,902	1,266
Shasta	211	178,592	846
Sierra	4	3,203	801
Siskiyou	32	44,739	1,398
Solano	600	431,489	719
Sonoma	709	501,959	708
Stanislaus	568	540,214	951
Sutter	105	97,308	927
Tehama	62	63,934	1,031
Trinity	7	13,667	1,952
Tulare	395	466,339	1,181
Tuolumne	80	54,900	686
Ventura	525	856,508	1,631
Yolo	198	214,555	1,084
Yuba	90	74,345	826
Out of State/Country	369		
TOTAL	28,962	39,255,883	

*Population data obtained from Department of Finance, Demographic Research Unit

*The counties with the highest Population per RDA are:

1. Mono County (1:2,744)
2. Imperial County (1:2,382)
3. Los Angeles County (1:2,264)
4. Trinity County (1:1,952)
5. San Francisco County (1:1,947)

The counties with the lowest Population per RDA are:

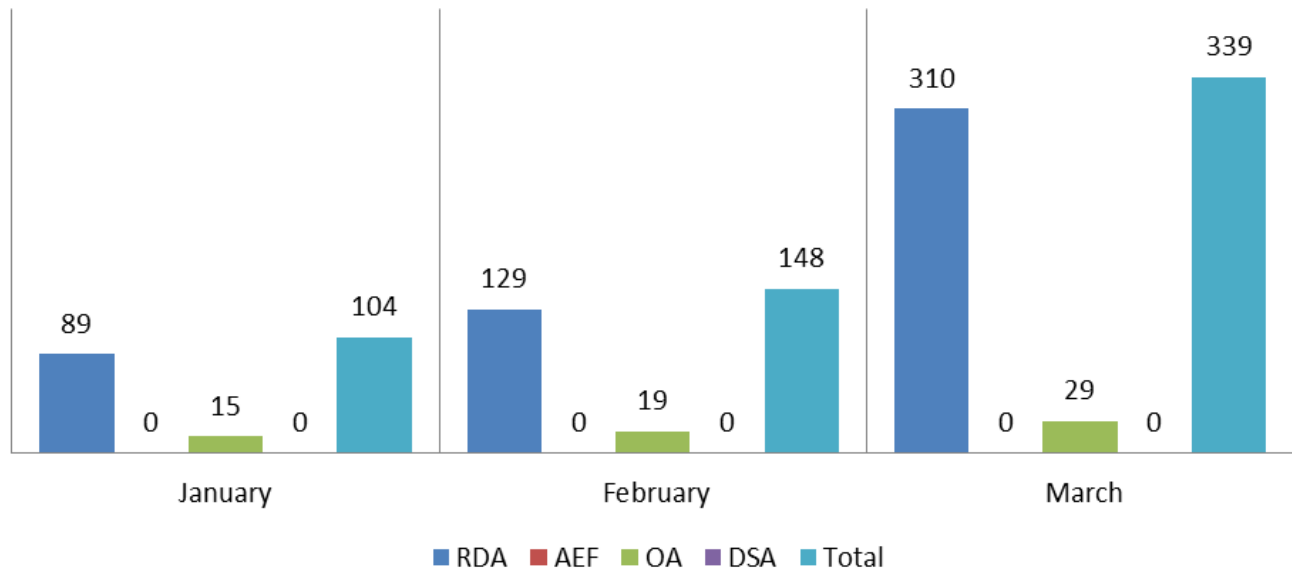
1. Alpine County (N/A)
2. Glenn County (1:541)
3. Lassen County (1:641)
4. San Benito County (1:674)
5. Tuolumne County (1:686)

B. Following are monthly dental statistics by license type as of March 31, 2017

Dental Assistant Applications Received by Month (2017)													Total Apps: 591
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	89	129	310										528
RDAEF	0	0	0										0
OA	15	19	29										63
DSA	0	0	0										0
Total	104	148	339	0	0	0	0	0	0	0	0	0	591
Dental Assistant Applications Approved by Month (2017)													% of All Apps: 94.9
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	117	192	155										464
RDAEF	9	6	4										19
OA	26	27	24										77
DSA	0	0	1										1
Total	152	225	184	0	0	0	0	0	0	0	0	0	561
Dental Assistant Licenses Issued by Month (2017)													% of All Apps: 97.5
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	118	201	160										479
RDAEF	9	6	4										19
OA	26	27	24										77
DSA	0	0	1										1
Total	153	234	189	0	0	0	0	0	0	0	0	0	576
Cancelled Dental Assistant Applications by Month (2017)													% of All Apps: 1.0
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	1	0										1
RDAEF	0	0	0										0
OA	5	0	0										5
DSA	0	0	0										0
Total	5	1	0	0	0	0	0	0	0	0	0	0	6
Withdrawn Dental Assistant Applications by Month (2017)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	40	25	11										76
RDAEF	0	0	1										1
OA	2	1	0										3
DSA	0	0	0										0
Total	42	26	12	0	0	0	0	0	0	0	0	0	80
Denied Dental Assistant Applications by Month (2017)													% of All Apps: 0
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	0	0										0
RDAEF	0	0	0										0
OA	0	0	0										0
DSA	0	0	0										0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0

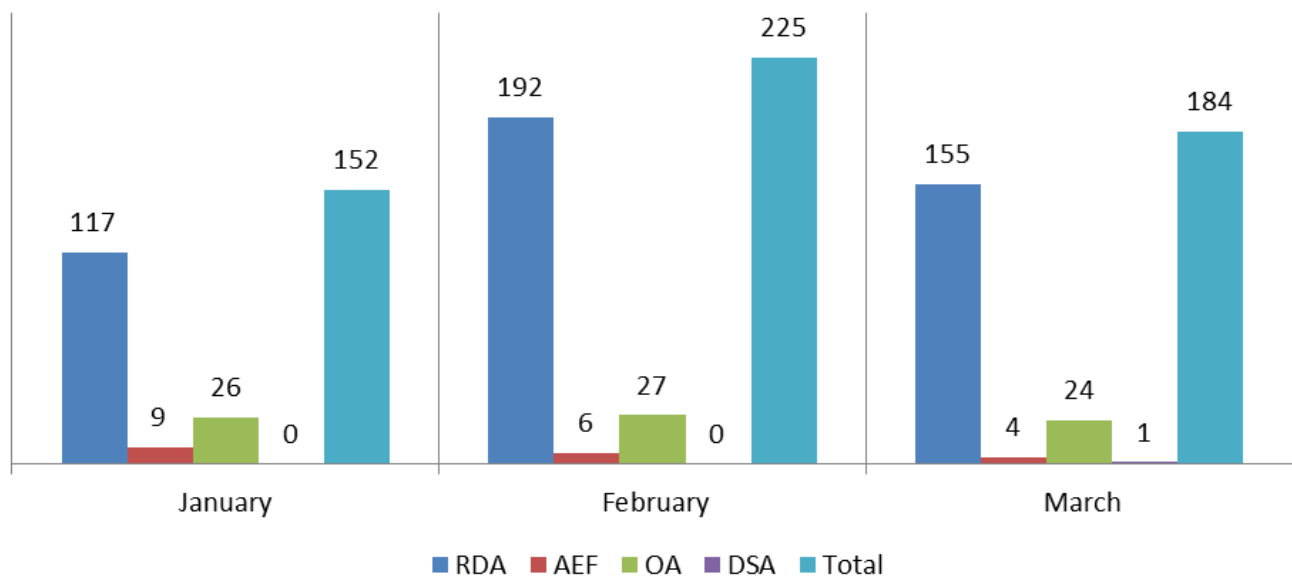
*Deficient Applications by license type: RDA – 500, RDAEF – 27, OA – 76, DSA – 3, **Total – 606**

Dental Assisting Applications Received in 2017

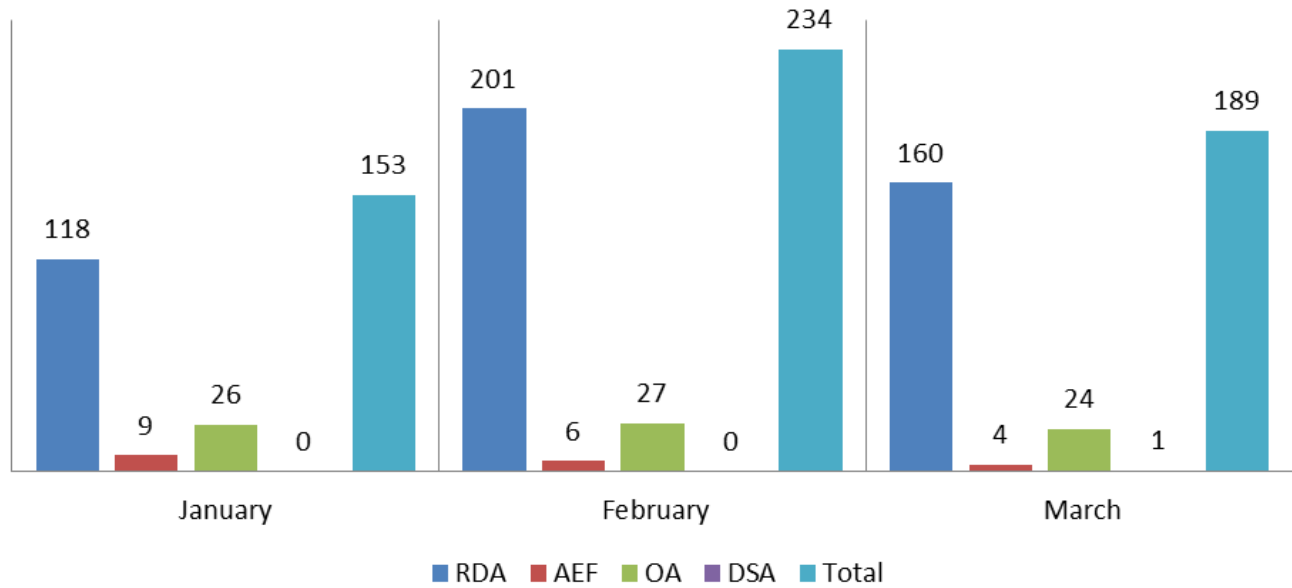


*January, February and March has zero applications received for Dental Sedation Assistant (DSA) and Registered Dental Assistant Extended Functions (RDAEF).

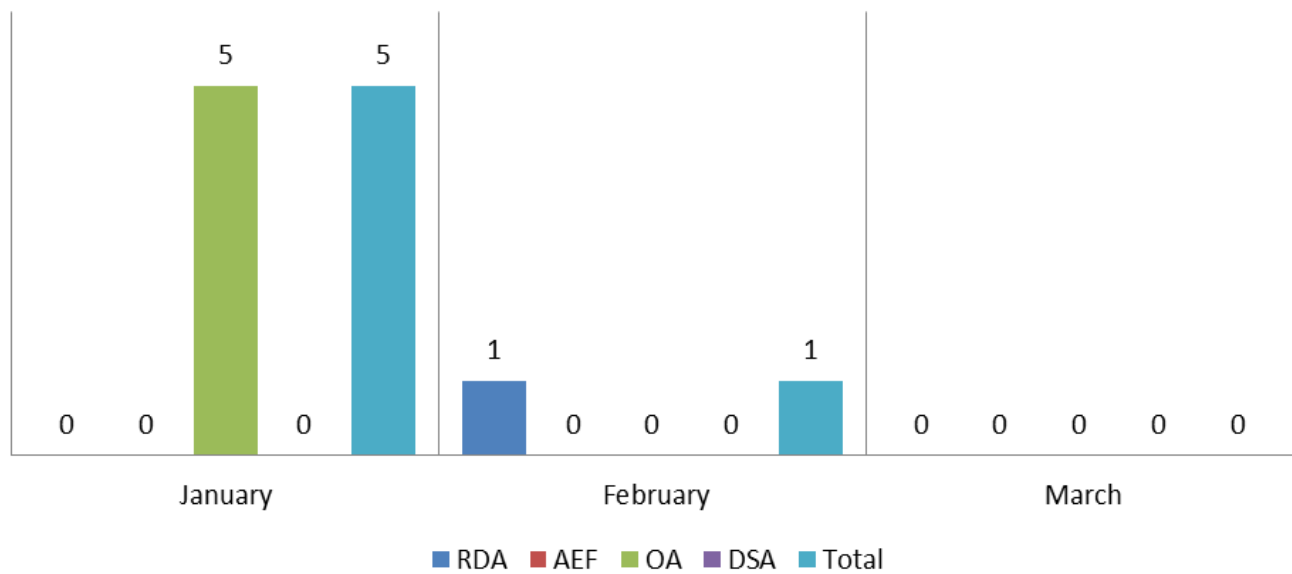
Dental Assisting Applications Approved in 2017



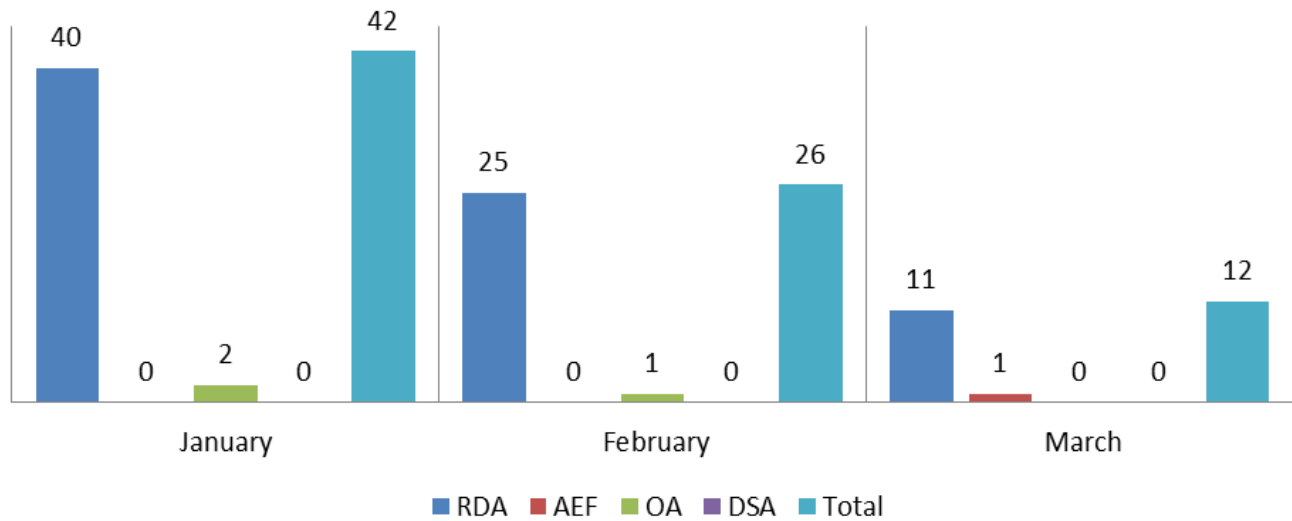
Dental Assisting Licenses Issued in 2017



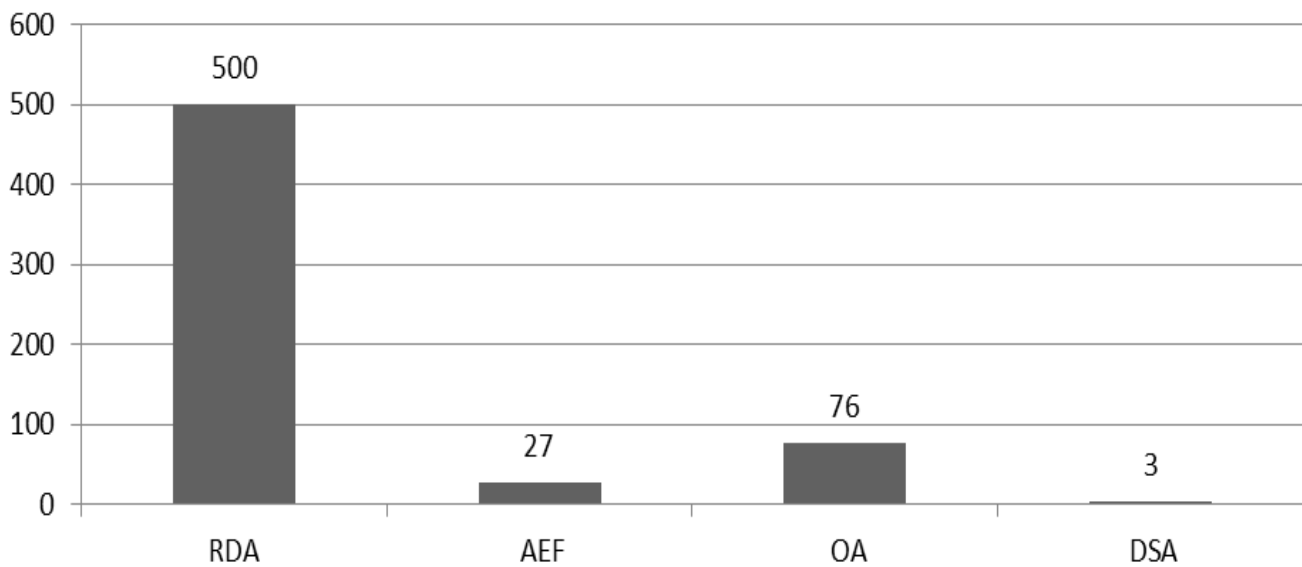
Cancelled Dental Assisting Applications in 2017



Withdrawn Dental Assisting Applications in 2017



Deficient Applications as of April 19, 2017





MEMORANDUM

DATE	May 3, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 5: Update Regarding the Review of the Registered Dental Assistant (RDA) Practical Examination and Discussion and Possible Action Regarding the Suspension of the RDA Practical Examination and Identification of Alternative Methods to Assess Competency

Background:

The Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) complete a comprehensive review of the Registered Dental Assistant (RDA) Practical Examination. The review was conducted with the following goals: (1) to evaluate the psychometric properties of the examination (e.g., reliability, test security, standardization) in response to ongoing concerns from the Board and industry stakeholders; (2) to determine the necessity and accuracy of the examination in response to Assembly Bill (AB) 179 (2015); and, (3) to evaluate the content validity of the RDA Practical Examination in relation to the 2016 RDA Occupational Analysis (OA) results.

OPES evaluated the practical examination with regard to reliability of measurement, examiner training and scoring, test administration, test security, and fairness. Specifically, OPES identified that the inconsistencies in different test site conditions, deficiencies in scoring criteria, poor calibration of examiners, and the lack of a clear definition of minimum acceptable competence indicated that the practical examination does not meet critical psychometric standards.

OPES recommended the Board immediately suspend the administration of the practical examination. OPES believes there is a relatively low risk of harm to the public from the suspension of the examination because of the other measures in place, i.e., passing a written examination and the fact that RDAs are required to be under general or direct supervision by a licensed dentist.

Based on OPES' experience, correcting the problems to bring the examination into compliance with technical and professional standards will require a great deal of time, staffing and fiscal resources from the Board and the industry. Therefore, OPES

recommends that the Board initiate a process to thoroughly evaluate options other than a practical examination for ensuring the competency of RDAs to perform the clinical procedures identified as a necessary component of RDA licensure.

On April 6, 2017, the Dental Board of California (Board) voted to suspend the Registered Dental Assistant (RDA) practical examination as a result of the findings of the review of the practical examination conducted OPES until July 1, 2017, and directed staff to pursue legislation to amend Business and Professions Code section 1752.1, subdivision (j), for the purpose of allowing the Board to keep the administration of the examination suspended until as such time as the Board and OPES identify options.

Pursuant to Business and Professions Code Section 1752.1, the Board may vote to suspend the practical examination if the review conducted by the OPES concludes that the practical examination is unnecessary or does not accurately measure the competency of RDAs.

A public copy of the OPES Review of the Registered Dental Assistant Practical Examination may be found at http://www.dbc.ca.gov/formspubs/rda_review_0417.pdf. The redacted sections in the report were necessary to protect confidential and sensitive information regarding the registered dental assistant practical examination

The suspension of the RDA practical examination commenced on April 6, 2017 and shall remain suspended until July 1, 2017, at which time the practical examination shall be reinstated, pursuant to Business and Professions Code Section 1752.1.

On February 10, 2016 the Legislative Counsel Bureau opined that if the Board suspends the RDA practical examination, the Board may, during that suspension, license an applicant who has not taken the practical examination, so long as that applicant meets all other requirements for licensure. A copy of this opinion may be found at http://www.dbc.ca.gov/formspubs/leg_counsel_op_0417.pdf.

The Board will license applicants who have not taken, or have not successfully passed, the practical examination, if the applicant meets all other requirements of licensure, including successful completion of the RDA Written Examination and the RDA Law & Ethics Examination, until July 1, 2017.

Since Business and Professions Code Section 1752.1 reinstates the RDA practical examination requirement as of July 1, 2017, and the Board has deemed the examination to not accurately measure the competency of RDAs and can no longer administer the RDA practical examination in its current form, the Board is seeking urgency legislation to extend the dates of the suspension of the examination so the Board will have adequate time to identify reasonable alternatives to measure competency and not unnecessarily create a barrier to RDA licensure in California.

Agenda Item 5: Update Regarding the Review of the Registered Dental Assistant (RDA) Practical Examination

Joint Meeting of the Dental Board of California and
the Dental Assisting Council
May 3, 2017

While staff is pursuing legislation to amend Business and Professions Code section 1752.1, subdivision (j), for the purpose of allowing the Board to keep the administration of the examination suspended until as such time as the Board and the Office of Professional Examination Services identify options; the Board will need to take action to direct staff to continue to work with OPES to coordinate a series of meetings/workshops to develop the alternatives to bring back to the Board at a meeting in the near future.

Representatives from OPES and Board staff will be available at the Board meeting to address any questions.

Action Requested:

Direct staff to contract with OPES to initiate a process to thoroughly evaluate options other than a practical examination for ensuring the competency of RDAs to perform the clinical procedures identified as a necessary component of RDA licensure and develop alternative options to assess RDA competency for the Board to consider at a meeting in the near future.



MEMORANDUM

DATE	May 3, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 6: Assembly Bill 1732 (Assembly Committee on Business and Professions) Bureau of Real Estate

Background:

On April 6, 2017, the Dental Board of California (Board) voted to suspend the Registered Dental Assistant (RDA) practical examination as a result of the findings of the review of the practical examination conducted OPES until July 1, 2017, and directed staff to pursue legislation to amend Business and Professions Code section 1752.1, subdivision (j), for the purpose of allowing the Board to keep the administration of the examination suspended until as such time as the Board and OPES identify options.

Since Business and Professions Code Section 1752.1 reinstates the RDA practical examination requirement as of July 1, 2017, and the Board has deemed the examination to not accurately measure the competency of RDAs and can no longer administer the RDA practical examination in its current form, the Board is seeking urgency legislation to extend the dates of the suspension of the examination so the Board will have adequate time to identify reasonable alternatives to measure competency and not unnecessarily create a barrier to RDA licensure in California.

Board staff met with Assembly Business and Professions Committee staff after the April 6th Board meeting. As a result of the meeting, Board staff has been advised that Assembly Bill 1732, authored by the Assembly Committee on Business and Professions, has been selected as the vehicle to carry the Board’s requested urgency amendments. At this time, the amendments are not reflected in the published version of the bill, however staff is tracking this bill in anticipation of the requested language being published soon.

Board staff will be available at the Board meeting to address any questions.

Action Requested:

Staff recommends the Board take a “support” position on AB 1732.

ASSEMBLY BILL

No. 1732

Introduced by Committee on Business and Professions (Assembly Members Low (Chair), Brough (Vice Chair), Arambula, Bloom, Chiu, Dahle, Grayson, Holden, Irwin, Mullin, Steinorth, and Ting)

April 24, 2017

An act to amend Sections 10050.1, 10150.6, and 10225 of the Business and Professions Code, relating to real estate.

LEGISLATIVE COUNSEL'S DIGEST

AB 1732, as introduced, Committee on Business and Professions. Bureau of Real Estate.

Existing law, the Real Estate Law, establishes the Bureau of Real Estate within the Department of Consumer Affairs for the licensure and regulation of real estate brokers and real estate salespersons. That law provides that the term Department of Real Estate means the Bureau of Real Estate.

This bill would make nonsubstantive changes to correct references to the bureau in various provisions of the law.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

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

- 1 SECTION 1. Section 10050.1 of the Business and Professions
- 2 Code is amended to read:
- 3 10050.1. Protection of the public shall be the highest priority
- 4 for the ~~Department~~ *Bureau* of Real Estate in exercising its

1 licensing, regulatory, and disciplinary functions. Whenever the
2 protection of the public is inconsistent with other interests sought
3 to be promoted, the protection of the public shall be paramount.

4 SEC. 2. Section 10150.6 of the Business and Professions Code
5 is amended to read:

6 10150.6. (a) In addition to satisfying the other requirements
7 of this article, and except as provided in subdivisions (b) and (c),
8 an applicant for an original real estate broker's license shall
9 demonstrate to the Real Estate Commissioner that he or she has
10 held a real estate salesperson's license for at least two years and
11 qualified for the renewal of his or her real estate salesperson status,
12 within the five-year period immediately prior to the date of his or
13 her application for the broker's license, and during such time was
14 actively engaged in the business of real estate salesperson.

15 (b) An applicant for a real estate broker's license having at least
16 the equivalent of two years' general real estate experience may
17 file a written petition with the ~~Department~~ *Bureau* of Real Estate
18 setting forth his or her qualifications and experience, and, if the
19 commissioner approves, he or she may be issued a real estate
20 broker's license immediately upon passing the examination and
21 satisfying the other requirements of this article.

22 (c) In considering a petition described in subdivision (b), the
23 commissioner may treat a degree from a four-year college or
24 university, which course of study included a major or minor in
25 real estate, as the equivalent of two years' general real estate
26 experience.

27 SEC. 3. Section 10225 of the Business and Professions Code
28 is amended to read:

29 10225. An application for a permit to sell real property
30 securities secured by liens on real property situated outside the
31 State of California shall be accompanied by the filing fee together
32 with an amount equivalent to twenty-five cents (\$0.25) a mile for
33 each mile going and returning, or where public transportation is
34 available the actual round trip fare pertaining thereto, estimated
35 by the commissioner to be traveled from the office of the
36 ~~Department~~ *Bureau* of Real Estate where the application is filed
37 to the location of the property, and the amount estimated to be
38 necessary to cover the expense of the inspection and appraisal of
39 the property, not to exceed seventy-five dollars (\$75) a day for

- 1 each day actually spent in the inspection and appraisal of the
- 2 property or properties.

O



MEMORANDUM

DATE	May 2, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 7: Update Regarding the Combining of the Registered Dental Assistant (RDA) Law & Ethics and General Written Examinations

Background:

At its December 2016 meeting, the Dental Board of California (Board) and the Dental Assisting Council (Council) discussed combining the Registered Dental Assistant (RDA) Written and Law and Ethics examinations into one examination. The 2016 RDA Occupational Analysis (OA) results indicated that the RDA Written and Law and Ethics examinations should be combined into one examination. This change would remove barriers to licensure for RDA candidates. Candidates will only have to schedule and pay for one written examination instead of scheduling and paying for two examinations.

Staff has been working with the Office of Professional Examination Services (OPES) at the Department of Consumer Affairs (DCA) to implement the combined test plan based on the results of the 2016 RDA OA to ensure that the combined examination is legally defensible and meets the requirements of Business and Professions Code section 139.

Board staff assisted OPES in coordinating the Review/Item Writing Workshop for the Registered Dental Assistant (RDA) Law and Ethics Examination Licensure Program that was held on February 3-4, 2017. During this workshop and under the facilitation of an OPES testing specialist, licensees participated in reviewing test items and writing new test items.

At this point in time, Board staff anticipates the one combined examination will be launched in May 2018.

Board staff will continue to report on the progress of the OPES review of the RDA practical examination.

Action Requested:

No action requested.



MEMORANDUM

DATE	April 11, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Leslie Campaz, Educational Program Analyst Dental Board of California
SUBJECT	Agenda Item 8: Update on 2017 Dental Assisting Council Regulatory Workshops

Background:

Due to the unprecedented workload in the month of April, staff had to cancel the April Regulatory Workshop. However staff has reserved June 23, 2017 as the first of two regulatory workshops to be held this year for the purpose of developing the dental assisting comprehensive rulemaking package. A second regulatory workshop will be scheduled sometime after the August Board meeting. The topics of discussion may be subject to change, but will be confirmed in the workshop Agendas.

Date	Topics of Discussion	Location
Friday, June 23, 2017	Review of all Dental Practice Act, Title 16 sections discussed during 2016 Regulatory Workshops	HQ 2 Building 1747 North Market Blvd. Sacramento, CA 95834 Emerald Training Room - Ste. 184

Action Requested:

No action requested.



DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

SUBSTANCE USE AWARENESS COMMITTEE MEETING AGENDA
MAY 11, 2017

Upon Conclusion of the Joint Meeting of the Dental Board of California and the Dental Assisting Council

Wyndham Anaheim Garden Grove
12021 Harbor Boulevard
Garden Grove, CA 92840-4001
(714) 867-5555 (Hotel) or (916) 263-2300 (Board Office)

Members of the Substance Use Awareness Committee:

Thomas Stewart, DDS, Chair
Bruce L. Witcher, DDS, Vice Chair
Yvette Chappell-Ingram, Public Member

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action 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. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Committee meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of the December 1, 2016 Prescription Drug Abuse Committee Meeting Minutes
3. Diversion Program Report and Statistics
4. Update Regarding the Operative Date for Implementation of Senate Bill 482 (Lara) [Chapter 708, Statutes of 2016] Relating to the Controlled Substance Utilization Review and Evaluation System (CURES 2.0)

5. Update Regarding Controlled Substance Utilization Review and Evaluation System (CURES 2.0) Registration and Usage Statistics. Information Only
6. Update Regarding the Statewide Prescription Opioid Misuse and Overdose Prevention Workgroup Meeting of April 26, 2017
7. Discussion and Possible Action to Establish Goals for Raising Awareness in the California Dental Profession of Opioid Use and Abuse Among Patients
8. Discussion and Possible Action to Establish Prescription Drug Awareness Resource Links on the Dental Board Website
9. Public Comment on Items Not on the Agenda
The Committee may not discuss or take action 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 §§ 11125 and 11125.7(a)).
10. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
11. Committee Member Comments on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Board Member Comments 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 §§ 11125 and 11125.7(a)).
12. Adjournment



PRESCRIPTION DRUG ABUSE COMMITTEE MEETING MINUTES

Thursday, December 1, 2016

Upon Conclusion of the Joint Meeting of the Dental Board and Dental Assisting Council
Embassy Suites San Francisco Airport Waterfront
150 Anza Boulevard, Burlingame, CA 94010
(650) 342-4600 (Hotel) or (916) 263-2300 (Board Office)

MEMBERS OF THE PRESCRIPTION DRUG ABUSE COMMITTEE

Chair – Thomas Stewart, DDS
Vice Chair – Steve Afriat
Yvette Chappell-Ingram, Public Member
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Bruce Whitcher, DDS
Debra Woo, DDS, MA

- 1. Call to Order/Roll Call/Establishment of Quorum**
Dr. Thomas Stewart, Chair, called the meeting to order at 8:28 a.m. Roll was called and a quorum established.
- 2. Approval of the December 3, 2015 Prescription Drug Abuse Committee Meeting Minutes**
M/S/C Afriat_/ Chappell-Ingram (who ever seconded) to approve the December 3, 2015 minutes.

Support: Chappell-Ingram, Le, Whitcher, & Woo **Oppose:** 1 **Abstain:** Afriat
The motion passed.
- 3. Discussion and Possible Action to Approve the Communication Plan Regarding Opioid Prescription Abuse and Misuse for Posting on the Board's Web Site**
Mr. Alvarez gave an overview of the information provided.

M/S/C Stewart/Whitcher to approve the Subcommittee's recommendation to the Board to establish a communication plan relating to opioid abuse and misuse which includes a webpage dedicated to prescription drug resources; and to approve the posting of these resource link to its website beginning January 1, 2017.

Support: Stewart, Afriat, Chappell-Ingram, Le, Whitcher, Woo **Oppose:** 0 **Abstain:** 0

The motion passed

PDA 4 - Public Comment of Items Not on the Agenda

There was no public comment.

PDA 5 - Future Agenda Items

There were no future agenda Item requests.

PDA 6 - Committee Member Comments for Items Not on the Agenda

There were no committee member comments.

PDA 7 - Adjournment

The meeting was adjourned at 4:20 p.m.

4. Public Comment of Items Not on the Agenda

The Committee may not discuss or take action 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 §§ 11125 and 11125.7(a)).

5. Future Agenda Items

Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.

6. Committee Member Comments for Items Not on the Agenda

The Committee may not discuss or take action on any matter raised during the Committee Member Comments 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 §§ 11125 and 11125.7(a)).

7. Adjournment



MEMORANDUM

DATE	April 27, 2017
TO	Members of the Substance Use Awareness Committee Dental Board of California
FROM	Chrystal Williams, Diversion Program Manager Dental Board of California
SUBJECT	Agenda Item 3: Diversion Program Report and Statistics

Background:

The Diversion Evaluation Committee (DEC) program statistics for quarter ending March 31, 2017, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for information purposes only.

These statistics are derived from the MAXIMUS monthly reports.

Intake Referrals	January	February	March
Self-Referral			1
Enforcement Referral			
Probation Referral		1	
Closed Cases	2	1	1
Active Participants	20	19	19

The Board is currently recruiting for a public member position on the Northern DEC; two dentist positions and one physician position on the Southern DEC; and dental auxiliary positions on both the northern and southern DEC's.

The next DEC meeting is scheduled for June 1, 2017, in Northern California.

Action Requested:

No action requested.



MEMORANDUM

DATE	May 1, 2017
TO	Substance Use Awareness Committee Members Dental Board of California
FROM	Dental Board Staff
SUBJECT	Substance Use Awareness Committee Agenda Item 4: Update Regarding the Operative Date for Implementation of Senate Bill 482 (Lara) [Chapter 708, Statutes of 2016] Relating to the Controlled Substance Utilization Review and Evaluation System (CURES 2.0)

Senate Bill 482 (Lara) [Chapter 708, Statutes of 2016] requires a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance to consult the CURES database to review a patient's controlled substance history no earlier than 24 hours, or the previous business day, before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every 4 months thereafter if the substance remains part of the treatment of the patient. The bill exempts a veterinarian and a pharmacist from this requirement. The bill also exempts a health care practitioner from this requirement under specified circumstances, including, among others, if prescribing, ordering, administering, or furnishing a controlled substance to a patient receiving hospice care, to a patient admitted to a specified facility for use while on facility premises, or to a patient as part of a treatment for a surgical procedure in a specified facility if the quantity of the controlled substance does not exceed a nonrefillable 5-day supply of the controlled substance that is to be used in accordance with the directions for use. The bill requires, if a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance is not required to consult the CURES database the first time he or she prescribes, orders, administers, or furnishes a controlled substance to a patient pursuant to one of those exemptions, the health care practitioner to consult the CURES database before subsequently prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient and at least once every 4 months thereafter if the substance remains part of the treatment of the patient.

This bill provides that a health care practitioner who fails to consult the CURES database is required to be referred to the appropriate state professional licensing board solely for administrative sanctions, as deemed appropriate by that board. The bill also makes the above-mentioned provisions operative 6 months after the Department of Justice certifies that the CURES database is ready for statewide use and that the department has adequate staff, user support, and education, as specified.

The Department of Justice (DOJ) has indicated that the CURES use mandate set forth in SB 482 regarding the six month operative period for the bill requirements to be in effect (Health and Safety Code Section 11165.4(e)) will not be triggered until the necessary CURES program staff have been brought on board. They did not provide a timeframe for implementation.



MEMORANDUM

DATE	May 1, 2017
TO	Substance Use Awareness Committee Members Dental Board of California
FROM	Dental Board Staff
SUBJECT	Substance Use Awareness Committee Agenda Item 5: Update Regarding Controlled Substance Utilization Review and Evaluation System (CURES 2.0) Registration and Usage Statistics. Information Only

CURES REGISTRATION AND USAGE STATISTICS 1/15/2017-4/15/2017
See Attached Report

Registration & Usage Stats

Registered Users: 1/15/2017 - 4/15/2017

	FEB	MAR	APR
Total Registered Users	169,768	170,533	171,158
Clinical Roles			
Prescribers	127,085	127,676	128,208
Dispensers	39,782	39,878	39,955
Sub-Total A	166,867	167,554	168,163
License Type			
Doctor of Podiatric Medicine	1,076	1,081	1,090
Registered Nurse Practitioner/Nurse Midwife	9,837	10,036	10,261
Medical Doctor	90,153	90,529	90,901
Naturopathic Doctor	132	135	147
Osteopathic Doctor	5,198	5,241	5,281
Physician Assistant	6,801	6,924	7,031
Doctor of Optometry	557	561	567
Pharmacist	34,839	35,185	35,418
Doctor of Dental Surgery/Dental Medicine	7,435	7,555	7,704
Doctor of Veterinary Medicine	2,133	2,193	2,258
Other (Non-Specified License Type)	8,706	8,114	7,505
Sub-Total B	166,867	167,554	168,163
Other Roles			
LEAs	1,160	1,169	1,173
Delegates	1,622	1,692	1,704
DOJ Administrators	12	12	12
DOJ Analysts	35	33	33
Regulatory Board	72	73	73
Sub-Total C	2,901	2,979	2,995

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Registered Users
3. Stats are as of the 15th of the prior month to the 15th of the month in focus



Registration & Usage Stats Continued

Number of PARs Ran: 1/15/2017 - 4/15/2017

	FEB	MAR	APR
Total PARs Ran	947,842	890,938	1,046,464
Clinical Roles			
Prescribers	379,718	351,808	418,240
Dispensers	563,771	535,374	623,507
Sub-Total A	943,489	887,182	1,041,747
License Type			
Doctor of Podiatric Medicine	603	611	981
Registered Nurse Practitioner/Nurse-Midwife	51,311	48,174	60,109
Medical Doctor	240,911	221,693	260,459
Naturopathic Doctor	2	1	7
Osteopathic Doctor	28,995	26,961	33,252
Physician Assistant	54,845	52,382	61,758
Doctor of Optometry	0	3	0
Pharmacist	562,520	533,993	621,622
Doctor of Dental Surgery/Dental Medicine	1,180	1,092	1,187
Doctor of Veterinary Medicine	41	55	54
Other (Non-Specified License Type)	3,081	2,217	2,318
Sub-Total B	943,489	887,182	1,041,747
Other Roles			
LEAs	200	156	128
Delegates	2,409	2,598	3,441
DOJ Administrators	147	125	196
DOJ Analysts	45	42	41
Regulatory Board	1552	835	911
Sub-Total C	4,353	3,756	4,717

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total PARs Ran
3. Stats are as of the 15th of the prior month to the 15th of the month in focus



CURES 2.0 Change Control Board

Registration & Usage Stats Continued

Times System was Accessed: 1/15/2017 - 4/15/2017

	FEB	MAR	APR
Total Times System was Accessed	462,042	431,333	523,852
Clinical Roles			
Prescribers	188,212	172,062	209,538
Dispensers	271,068	256,815	311,122
Sub-Total A	459,280	428,877	520,660
License Type			
Doctor of Podiatric Medicine	243	251	402
Registered Nurse Practitioner/Nurse Midwife	23,927	22,458	28,377
Medical Doctor	119,569	108,602	131,836
Naturopathic Doctor	5	9	23
Osteopathic Doctor	15,110	13,595	16,079
Physician Assistant	26,860	25,181	30,323
Doctor of Optometry	67	39	36
Pharmacist	270,254	256,092	310,254
Doctor of Dental Surgery/Dental Medicine	1,235	1,238	1,579
Doctor of Veterinary Medicine	176	161	315
Other (Non-Specified License Type)	1,834	1,251	1,436
Sub-Total B	459,280	428,877	520,660
Other Roles			
LEAs	585	463	476
Delegates	865	937	1,369
DOJ Administrators	321	237	391
DOJ Analysts	618	540	602
Regulatory Board	373	279	354
Sub-Total C	2,762	2,456	3,192

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Times System was Accessed
3. Stats are as of the 15th of the prior month to the 15th of the month in focus



Help Desk Stats

Number of CURES Help Desk Requests

	JAN	FEB	MAR
Emails [Note: Email requests are not included in the breakdown below]	2,965	2,200	2,509
Total Phone Calls	3,550	3,031	3,501
Clinical Roles			
Prescribers	2,292	1,901	2,226
Dispensers	1,213	1,094	1,247
Sub-Total A	3,505	2,995	3,473
License Type			
Doctor of Podiatric Medicine	10	5	6
Registered Nurse Practitioner/Nurse Midwife	197	180	183
Medical Doctor	1,684	1,314	1,686
Naturopathic Doctor	18	11	14
Osteopathic Doctor	93	104	66
Physician Assistant	141	142	129
Doctor of Optometry	8	7	8
Pharmacist	1,213	1,094	1,247
Doctor of Dental Surgery/Dental Medicine	69	90	83
Doctor of Veterinary Medicine	72	48	50
Other (Non-Specified License Type)	0	0	1
Sub-Total B	3,505	2,995	3,473
Other Roles			
LEAs	17	22	12
Delegates	23	14	16
DOJ Administrators	0	0	0
DOJ Analysts	0	0	0
Regulatory Board	5	0	0
Sub-Total C	45	36	28

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Help Desk Phone Calls
3. Stats are from the first day of the month to the last day of the month





MEMORANDUM

DATE	May 2, 2017
TO	Substance Use Awareness Committee Members Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief
SUBJECT	Substance Use Awareness Committee Agenda Item 6: Update Regarding the Statewide Prescription Opioid Misuse and Overdose Prevention Workgroup Meeting of April 26, 2017

Background:

On April 26, 2017, the Statewide Prescription Opioid Misuse and Overdose Prevention Workgroup met to update and share information regarding the efforts to address the opioid epidemic effecting Californians.

Last Month, April of 2017, the Center for Disease Control and Prevention released a new online training for healthcare providers. The training features the recommendation in the guidelines for Prescribing Opioids for Chronic Pain; it provides sample scenarios, feedbacks and resources. The training is intended to help and assist healthcare providers with:

- Communicating effectively with patients about opioid use
- Deciding when to initiate or continue opioid therapy
- Offering appropriate non-opioid options for pain management
- Assess and addressing risks and harms of opioid use

On April 19, 2017, the Associated Press published that the Federal Government will provide states nearly half a billion dollars for prevention and treatment programs aimed at confronting the opioid epidemic. The Grant is to help the healthcare professions in training, technology and support for prescription drug monitoring programs that aim to prevent abuse and to assist patients who may need help.

On November 8-9, 2017 in San Diego there will be a California Opioid Policy Summit "Getting to Zero overdose deaths through collective impact". Topics include:

- Enforcement
- Trends & Effective Strategies
- Discipline and Regional Breakout sessions
- Parent Coalition Convening

One may register for the summit on line by visiting www.sandiegorexabusetaforce.org

The next scheduled Statewide Prescription Opioid Misuse and Overdose Prevention Workgroup meeting will be on Wednesday, June 28, 2017.



MEMORANDUM

DATE	May 1, 2017
TO	Substance Use Awareness Committee Members Dental Board of California
FROM	Dental Board Staff
SUBJECT	Substance Use Awareness Committee Agenda Item 7: Discussion and Possible Action to Establish Goals for Raising Awareness in the California Dental Profession of Opioid Use and Abuse Among Patients

Background:

The widespread use of opioids for non medical purposes has become a major concern among healthcare providers, regulatory and law enforcement agencies and the public at large. Prescription opioids were involved in the overdose death of 2024 people in California in 2014, according to the Centers for Disease Control Study conducted in April 2017. Dentists prescribe up to 12 percent of immediate release opioids in the United States, which tend to be more frequently abused than extended release opioids. An additional concern is that opioid prescribing by dentists might contribute to opioid abuse among adolescents, with the rate of nonmedical use highest in the 18-25 year old age group.

The most common opioid prescribed by dentists is hydrocodone with acetaminophen, usually following surgical procedures such as tooth extractions, root canal therapy, and implant placement. One study revealed that 41 percent of dentists suspected that patients have leftover drugs following dental procedures. One of the primary sources of prescription opioids for non-medical use are friends and family members who have received them for therapeutic purposes.

A substantial amount of information related to opioid prescribing is available to dentists from professional association web sites hosted by the American Dental Association and the California Dental Association and from continuing education courses. The American Dental Association published The “ADA Practical Guide to Substance Use Disorders and Safe Prescribing”, has held a series of webinars on various aspects of opioid prescribing and substance use, and has published a “Statement on the Use of Opioids in the Treatment of Dental Pain”. Forty nine states, including California, have established prescription drug monitoring programs (PDMP’s). Several studies suggest that PDMP’s, when correctly utilized, can result in a substantial reduction the number of opioid prescriptions.

In California, all dentists who are authorized to prescribe, order, administer, furnish or dispense controlled substances were required to register in the Controlled Substance Utilization Review and Evaluation System (CURES) by July 1, 2016, and must now have updated browsers to access the system. Dispensed controlled substance prescriptions are recorded in CURES, which allows prescribers to look up a patient’s controlled substance current usage and past history. SB 482 requires dentists to consult the CURES database to review a patient’s controlled substance history before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance and at least every 4 months if the substance remains part of the patient’s treatment

plan. The CURES database must be consulted no earlier than 24 hours, or the previous business day, before prescribing. However consultation with the CURES database is not required if the controlled substance is part of the treatment for a surgical procedure and the quantity does not exceed a nonrefillable five-day supply to be used in accordance with directions for use. This provision of CURES 2.0 becomes operative six months after the Department of Justice certifies that the CURES database is ready for statewide use and that the department has adequate staff.

Strategies for reducing the number of prescriptions for opioids by utilizing evidence based prescribing practices are available. The use of non-opioid analgesics such as acetaminophen and non-steroidal anti inflammatory (NSAID's) medications are effective in relieving pain and are associated with a lower incidence of side effects. Long acting local anesthetics, the early administration of NSAID'S and the use of intraoperative steroids can be useful adjuncts.

Dentists frequently encounter patients in their practices who receive opioid maintenance therapy for chronic pain. These patients can present a challenge and may be best managed in conjunction with their physician. Resources are available to assist the dentist with the management of these patients, including a "Checklist of Optimizing Pain Management in Patients Receiving Chronic Opioids for Pain Management".

Opioid prescribing guidelines have been published for California physicians. There is limited research available to assess the impact of prescribing guidelines, and additional study is needed to better understand how to optimally operationalize them. Opioid prescribing guidelines for dentists have been published by some states, including Pennsylvania, the American Dental Association and dental specialty organizations such as the American Association of Oral and Maxillofacial Surgeons, however the degree of utilization of prescribing guidelines by California dentists is unknown at this time.

Although dentists may be in a unique position to screen for substance abuse and counsel patients, this does not appear to be part of the dental practice routine. Dental prescribing patterns have been surveyed in several states including West Virginia, South Carolina, and Florida. In these studies dentists report limited exposure to addiction training and lack access to addiction treatment resources.

A recent study surveyed dental practitioners to assess awareness of the scope of opioid misuse and diversion, current prescribing practices, and risk mitigation strategies. Although the sample size was limited, the survey results indicated that a minority of dentists screen for prescription drug abuse, and most indicated that they do not feel this is a problem in their practice. Although the majority of dentists who responded indicate that they had received limited training in identification of drug diversion, most indicated they were interested in receiving additional training in opioid prescribing, identification of drug abuse and addiction, and use of a PDMP.

Regarding prescription drug risk mitigation strategies, most dentists surveyed believed that patients already had this information, that it was not necessary for short term prescriptions, and that pharmacists would provide the information. Dentists with prior training were significantly more likely to have accessed the PDMP.

Although some states have conducted surveys of dentist's prescribing practices and their understanding of addiction medicine, we are not aware that such a survey has been done in California. The Department of Justice website indicates that there is a database of prescriber information, and that this information will be rendered into easily readable charts, graphs, and maps in the future, and we expect that dental prescriber information will be forthcoming.

At the December 2, 2016 meeting, the Board unanimously approved the Committee recommendation to establish a communication plan relating to opioid abuse and misuse, which included a webpage dedicated to prescription drug resources.

Action Requested:

The Committee may wish to recommend the Board adopt a policy statement recognizing the epidemic of opioid use and abuse within the country; and to encourage the dental profession to acknowledge the epidemic and to actively participate in finding solutions to this challenge.

The Committee may wish to consider conducting a survey of prescribing practices and addiction management awareness of licensees in California, similar to previous surveys conducted in other states. Based on the responses to the survey, the Committee may wish to outline goals to address the issues identified through the survey.



MEMORANDUM

DATE	May 1, 2017
TO	Substance Use Awareness Committee Members Dental Board of California
FROM	Dental Board Staff
SUBJECT	Substance Use Awareness Committee Agenda Item 8: Discussion and Possible Action to Establish Prescription Drug Awareness Resource Links on the Dental Board Website

At the December 2, 2016 meeting, the Board accepted the Prescription Drug Abuse Committee (currently called the Substance Use Awareness Committee) recommendation to establish a communication plan relating to opioid abuse and misuse which included a webpage dedicated to prescription drug resources; and approved the posting of resource links to its website beginning January 1, 2017.

The Committee will consider which resource links to post on the board's website. Some examples are:

1. Power Point Presentation – 2016 Clinical and Legal Considerations for Prescribing Controlled Substances by Michael Bundy, PHARM.D, D.M.D, M.D and Tony J. Park, PHARM.D, J.D
2. California Pharmacy Board – excellent educational material for use with adolescents and families
http://www.pharmacy.ca.gov/consumers/rx_abuse_prevention.shtml
3. Medical Board of California Prescribing Guidelines
http://www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf
4. American Dental Association - Statement on the use of Opioids in the Treatment of Dental Pain – The ADA provides extensive resources for the dentist in this area, including webinars, printed material, references, and links to important websites. <http://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/statement-on-opioids-dental-pain>
5. California Dental Association website for prescription opioids
<http://www.cda.org/news-events/role-of-dentists-in-reducing-prescription-drug-abuse>



DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

ANESTHESIA COMMITTEE AGENDA
MAY 11, 2017

Upon Conclusion of the Meeting of the Substance Use Awareness Committee
Wyndham Anaheim Garden Grove
12021 Harbor Boulevard
Garden Grove, CA 92840-4001
(714) 867-5555 (Hotel) or (916) 263-2300 (Board Office)

Members of the Anesthesia Committee:

Steven Morrow, DDS, MS, Chair
Fran Burton, MSW, Public Member, Vice Chair
Steven Chan, DDS
Ross Lai, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Bruce L. Whitcher, DDS

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action 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. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Committee meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of the February 23, 2017 Anesthesia Committee Meeting Minutes

3. Discussion and Possible Action Regarding a "Courtesy" Reporting Form for Deaths and Hospitalizations of Patients Who Received Anesthesia, in Compliance of Business & Professions Code Section 1680(z)(2).
4. General Anesthesia and Conscious Sedation Evaluation Statistics
5. Discussion and Possible Action on the following Legislation:
 - A. AB 224 (Thurmond) Dentistry: Anesthesia and Sedation
 - B. SB 392 (Bates) Dentistry: Report: Access to Care: Pediatric Patients
 - C. SB 501 (Glazer) Dentistry: Anesthesia and Sedation: Report
6. Discussion and Possible Action Regarding Proposed Legislative Language Submitted by California Association of Nurse Anesthetists (CANA)
7. Public Comment on Items Not on the Agenda
The Committee may not discuss or take action 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 §§ 11125 and 11125.7(a)).
8. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
9. Committee Member Comments on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Board Member Comments 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 §§ 11125 and 11125.7(a)).
10. Adjournment



DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
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DENTAL BOARD OF CALIFORNIA MEETING AGENDA
Anesthesia Committee
FEBRUARY 23, 2017
Humphreys Half Moon Inn
2303 Shelter Island Drive
San Diego, CA 92106

Members Present

Steven Morrow, Chair
Fran Burton, Vice President
Steven Chan
Ross Lai
Huong Le
Bruce Witcher

Members Absent

Meredith McKenzie

.Agenda Item 1 Quorum was established.

Agenda Item 4 General Anesthesia and Conscious Sedation Evaluation Statistics

Sarah Wallace, Assistant Executive Office, introduced the General Anesthesia (GA) and Contra Sedation (CS) evaluation statistics for your review. On site evaluations are required for GA and Contra Sedation permits. We have a staff member that schedules these evaluations with SME. This overview if of the passes, fails, permits canceled or postponed for both GA and CS Evaluations.

March and April 2017 information is correct but statistics are anticipated passes since they are scheduled. Canceled permits are when the permit holder was called for evaluations and at that time opted to cancel permit. Permits cancelled for non-compliance doesn't mean they were failed. They were notified they need to schedule evaluation and no response, usually from no notification of change of address. Postponed usually means no SME could be located at that time, so they are just added to next batch which is 2-3 months out. Postpone by requests, emergency arise.

Ms. Burton: Is there a backlog of evaluations that need to be scheduled?

Ms. Wallace states 25-30 notices sent out monthly, and due to scheduling issues might be scheduled a couple of months out, not due to non-compliance. Failure to respond is rare, in comparison of how many are done.

Chair Morrow: How are evaluators recruited and are we in need of more evaluators? Can you tell us process, are they paid?

Ms. Wallace: We are consistently recruiting. Evaluators go through calibration training. They are paid per diem plus their expenses. Rural areas have more problems recruiting

evaluators. We are constantly evaluating how to increase numbers and make more attractive to get the evaluators out there.

Dr. Le: How many out of 857 physicians are GA permit holders? There is 79.

Dr. Witcher stated that he has been tracking number of evaluations for the last 8 years. He stated he shows number of evaluations is significantly up and number of evaluators is down. We are losing a lot of evaluators to retirement.

Agenda Item 2: Discussion and Possible Action on February 13, 2017 Hearing of the Pediatric Anesthesia Report.

Dr. Morrow stated he hoped you were able to watch the tape. It was a very good experience and he would recommend watching the webcast if you haven't already. Dr. Witcher stated the hearing was led by Board but we did not submit written statement but did provide PowerPoint slides. Gave background and focused on our recommendations from December meeting. Then Board member took questions. There was a general sentiment that the general anesthesia program is sufficient but would like to make it better. Genuine concern among Legislation regarding the Board recommendations and if they could raise some Access to Care issues and if we make it more onerous for services to be provided in office then would patients will be displaced to ambulatory and hospitals which are already impacted. There was also concern if delayed treatment would create more of a risk. How many patients would be affected by recommendations or suggestions? Senate Business, Professions & Economic Development Committee picked up ball but didn't give us any other suggestions or direction.

Ms. Fischer stated that discussion is to continue and three "spot" bills were introduced.

Ms. Burton: Why Full-Board didn't accept subcommittee's recommendation and also statistics are still being questioned, how many deaths are reported. Board should be aware that if deaths are not reported, what penalty is there if people don't report. Board going forward should make sure statistics are accurate and supported.

Chair Morrow: Senator Pan talked about how problem solving and peace mailed as testimony was coming forward. In constructing good policy we should think of model first, and then do implementation based on those models.

Public Comment:

Mary McCune, CDA wanted to thank Dr. Witcher and Board for presentation. Anesthesia is one part of puzzle.

Karen Seiber, President Elect for Society of Anesthesiologist, would like to thank board for recommendations. She said data collections should include: major complications, morbidity, brain damage, cardiac damage, pulmonary damage. They would urge Board to look at those in the future.

Board Comment: We did publish data on hospitalizations.

Ms. Fischer did state that when the study was initially started it was looking of deaths of children due to general anesthesia and then that was increased to under the age of 21.

Report also commented on different levels of sedation. The Board collect data for regulatory and discipline reasons.

Chari Morrow: Data gathered by dental offices or procedures differ greatly from data by hospitals.

Chair Morrow stated that the most valuable piece is that the discussions are now taking place and the Board will have to wait and see where it goes from here.

Agenda Item 3 Update regarding implementation of AB 2235

Ms. Fischer stated staff will be developing a courtesy incident reporting form for use by licensees until the regulations can be updated addressing the new reporting requirement of the death of a patient. This new form will be sent to permit holders and be available on the Board's website. We will also be sending information regarding Informed Consent and posting on website.

Dr. Witcher also stated that there was another directive in the Thurmond Bill, to the extent funds are available, the Board suggests that reporting of near misses be reported to a non-profit database.

Chair Morrow stated that this would be under the consideration of the staff of advisement where time and money should be spent. This might need to be looked at in the future.

Board Comment: Can you give further information regarding the new form?

Ms. Witcher stated form will be courtesy and hoping to comply that there will be a requirement that they must report in a certain time frame.

Chair Morrow: And we also might want to include gathering more information than required by Bill 2275 that the Board could utilize.

Agenda Item 5: Discussion and Possible Action Regarding the Utilization of Certified Registered Nurse Anesthetists to Administer General Anesthesia in Dental Health Care Settings

CANA representative: Karen Carp, Practice Director of the Certified Registered Nurse Anesthetists:
Dr. Roberta Ashley, Director of the Oral Maxiel Facial Anesthesiology in the Kemp School of Medicine

CANA would like to thank Board for leadership and has supported the Board's efforts through input during the report process. CANA also agrees any change put forward need to strike balance between established practices and evidence based changes that provides greater patient safety as well as the need to examine the effect on any proposed new legislation on Access to Care and cost effectiveness for Pediatric Dental patients and our resource constrained health care services. CRNAs required to have a minimum of 8 years combined education, training and critical care nursing before passing a National certifying examination. .2400 active CRNAs in California. CRNAs are the primary providers of anesthesia in rural and urban communities

One Legislation requires that dentist receive their own certification for providing anesthesia services in the dental office setting. CANA is asking this be addressed in any proposed regulatory or legislative proposals that are moving forward so CRNAs can be utilized in Dental setting more easily.

Board question: Ms. Carp spoke of 9 counties that anesthesia services are being providing by CRNA. Are these 9 counties all rural counties? Ms. Carp responded yes. Dentist are required to have permit so CRNAs work under that permit? Only in office settings are dentist required to hold permit, CRNAs are not eligible to hold one. CRNAs work in other setting (just not in dental office setting) without supervision. Do CRNAs typically have privileges in hospitals? Yes. In out-patient settings CRNA usually have privileges in hospital or ambulatory surgery settings nearby without required medical supervision.

Ms. Fischer: Requirement for supervision went away when? Ms. Carp responded in 2009 it was required for Medicare Part A.

Board question: What is training required for CRNAs? Ms. Carp stated they must have critical care experience before entering their Nurse Anesthesia Educational programs. Programs are 27-36 months in length. In 2021, all master programs will be converted to doctoral programs. Nursing Degree need to be at Bacculearate level? In some doctoral programs yes and in others can be Basic Science. Before applying for the Doctorial program the nurse would need to have some experience in ICU? Correct. Ms. Carp stated yes. Once doctoral, education programs will be at least 36 months. CRNAs work independently the charts don't have to be signed off? Ms. Carp stated yes. Need clarification 1646.9 is what is looked at for changing of statute. Need further clarification on 1646.1 describes no dentist should order or administer the administration of General Anesthesia fourth line and holds a valid anesthesia permit? If we read language, it sounds like our recommendation to the Legislature for moderate sedation was to have a separate surgeon, doctor, dentist separation from the administrator of the anesthesia. Section 1649.6 says the surgeon, dentist operator should hold a license. Is this being done now? Who has the necessary qualification to provide anesthesia or contra sedation in a dentist office, at this point, the physician anesthesiologist which was included as a later provision which ironically requires them to get a permit from us. Previously, everyone was just doing it, they thought it was okay. What about a second anesthesiologist provider who is in the office but does not hold a permit? They can do it as long as they hold an anesthesiologist permit. Our recommendation was not for moderate sedation but was for patients under the age of seven for general anesthesia. If you order it then you need to have a general anesthesia permit. You only need one permit.

Chair Morrow stated he believed that it depends on what the definition is of ordering. If I have an anesthesiologist that holds a permit then he/she is the person who is ordering. Old adage: a Crisis brings up Opportunity! Now is the time to clean up things that should have been cleaned up a long time ago.

Ms. Fischer: You take a National Exam, so if CNRA licensed in another state how would they get permit in California. Ms. Carp responded they can apply through reciprocations through the Nursing Licensing Board and that they have graduated from program. Ms. Fischer asked how many programs in CA? There is seven.

Dr. Chan: To have privileges in hospital you must have cases to bring before the Hospital Board and then you go through proctoring. Can you describe?

Ms. Carp: Proctor could be done by a member of the Anesthesia department, could be anesthesiologist, CNRA, surgeon, or obstetrician.

Dr. Lai: Do CNRAs carry their own liability insurance?

Ms. Carp: Yes. There are minimums set by the state. \$1m to \$3m.

Board member clarified that CANA is requesting that CRNAs be able to apply for general anesthesia or contra sedation permit. They are looking that wording for legislation be changed. Board member explained that his thought for the requirement of the dentist holding a permit is that an anesthesia provider coming into a private office would not know the knowledge or ability of the dentist providing procedure where a dentist doesn't have privileges in hospital.

Ms. Burton has two more questions, there is going to be significant \$\$ coming into state for Children Health from Tobacco Tax Cut and there will be many components on how that money can spend, how will that affect the work CRNAs do?

Ms. Carp: It could affect because they do work for Medi-Cal. They want to be able to provide service in underserved areas.

Ms. Burton: Asked status in other States and Ms. Carp responded that in 17 states they are allowed permit.

Dr. Seiber representative of CSA: Only one permit is necessary. Only barrier is when a physician anesthesiologist and nurse anesthesiologist can go to a dental office that does have an anesthesia permit.

Agenda Item 6 Public comment on items not on agenda.

Nothing

Agenda Item 7 Future agenda items for Stakeholders

Nothing

Agenda Item 8 Future agenda items for Board Members

Chair needs to see where Legislation is going before he has an idea of future agenda items. Need to be involved in development of the form required by AB 2235. Decide where the committee needs further discussion on future CNRAs utilization, seems to be updating codes and regulations.

Meeting Adjourned.



MEMORANDUM

DATE	April 27, 2017
TO	Members of the Anesthesia Committee Dental Board of California
FROM	Dental Board Staff
SUBJECT	Anesthesia Committee Agenda Item 3: Discussion and Possible Action Regarding a "Courtesy" Reporting Form for Deaths and Hospitalizations of Patients Who Received Anesthesia, in Compliance with Business & Professions Code Section 1680(z)(2).

Effective January 1, 2017, and as a result of Assembly Bill 2235 (Thurmond), Chapter 519 Statutes of 2016, changes were made to the Dental Practice Act regarding the reporting requirements for a patient death and/or hospitalization as outlined in Business & Professions Code Section 1680(z)(2). Licensees now will be required to report these incidents on a form or forms approved by the board. Until regulations can be promulgated, board staff has drafted a "courtesy" reporting form that could be used until such time as the statutory mandate is effective in regulations.

Business and Professions Code Section 1680(z)(2) *The report required by this subdivision shall be on a form or forms approved by the board. The form or forms approved by the board shall require the licensee to include, but not be limited to, the following information for cases in which patients received anesthesia: the date of the procedure; the patient's age in years and months, weight, and sex; the patient's American Society of Anesthesiologists (ASA) physical status; the patient's primary diagnosis; the patient's coexisting diagnoses; the procedures performed; the sedation setting; the medications used; the monitoring equipment used; the category of the provider responsible for sedation oversight; the category of the provider delivering sedation; the category of the provider monitoring the patient during sedation; whether the person supervising the sedation performed one or more of the procedures; the planned airway management; the planned depth of sedation; the complications that occurred; a description of what was unexpected about the airway management; whether there was transportation of the patient during sedation; the category of the provider conducting resuscitation measures; and the resuscitation equipment utilized. Disclosure of individually identifiable patient information shall be consistent with applicable law. A report required by this subdivision shall not be admissible in any action brought by a patient of the licensee providing the report.*

(3) *For the purposes of paragraph (2), categories of provider are: General Dentist, Pediatric Dentist, Oral Surgeon, Dentist Anesthesiologist, Physician Anesthesiologist, Dental Assistant, Registered Dental Assistant, Dental Sedation Assistant, Registered Nurse, Certified Registered Nurse Anesthetist, or Other.*

(4) *The form shall state that this information shall not be considered an admission of guilt, but is for educational, data, or investigative purposes.*

Action Required: Staff requests the Committee review and comment on the draft courtesy form.

4. Sex: _____
5. Patient's American Society of Anesthesiologists (ASA) physical status:

6. Patient's primary diagnosis: _____

7. Patient's coexisting diagnosis: _____

8. Procedures performed: _____

9. Sedation setting: _____

10. Medications used: _____

11. Monitoring equipment used: _____

12. Category of the provider responsible for sedation oversight*: _____

13. Category of the provider delivering sedation*: _____

14. Category of the provider monitoring the patient during sedation*: _____

15. Did the person supervising the sedation perform one or more of the procedures: _____
16. Planned airway management: _____

17. Planned depth of sedation: _____

18. Complications that occurred: _____

19. Description of what was unexpected about the airway management: _____

20. Was there transportation of the patient during sedation: _____

21. Category of the provider conducting resuscitation measures*: _____

22. Resuscitation equipment utilized: _____

This information is not an admission of guilt, but is for educational, data, or investigative purposes. Business & Professions Code §1680(z)(4)

Certification – *I certify under the penalty and perjury, under the laws of the State of California, that the information in this form and any attachments are true and correct.*

Licensee's Signature

Date



MEMORANDUM

DATE	April 27, 2017
TO	Members of the Anesthesia Committee, Dental Board of California
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 4 : General Anesthesia and Conscious Sedation Evaluation Statistics

2016-2017 Statistical Overviews of the On-Site Inspections and Evaluations Administered by the Board

General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
May 2016	17	0	1	0	4	3
June 2016	11	0	0	2	2	1
July 2016	6	0	0	1	2	1
Aug 2016	9	0	1	1	1	1
Sept 2016	16	0	0	2	4	2
Oct 2016	14	0	2	1	3	4
Nov 2016	11	0	0	1	3	3
Dec 2016	6	0	0	2	2	2
Jan 2017	13	0	1	3	3	1
Feb 2017	21	0	1	0	1	2
March 2017	15	1	1	2	3	4
April 2017*	14	0	0	1	3	2
May 2017*	19	0	0	0	1	2
June 2017*	18	0	0	0	1	0
Total	191	0	7	16	33	28

*Approximate schedule for April, May and June 2017 as all results have not been received.

Conscious Sedation Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
May 2016	8	0	0	1	1	2
June 2016	4	0	0	1	0	1
July 2016	1	1	2	2	1	1
Aug 2016	1	0	1	2	1	2
Sept 2016	3	0	1	2	3	1
Oct 2016	4	2	2	1	1	0
Nov 2016	4	2	1	0	1	4
Dec 2016	2	0	1	1	3	1
Jan 2017	8	1	1	1	3	1
Feb 2017	5	2	0	1	3	1
March 2017	9	0	0	0	1	1
April 2017*	8	0	0	0	2	2
May 2017*	8	0	0	0	0	1
June 2017*	7	0	0	0	1	0
Total	72	8	9	12	21	18

*Approximate schedule for April, May and June 2017 as all results have not been received.

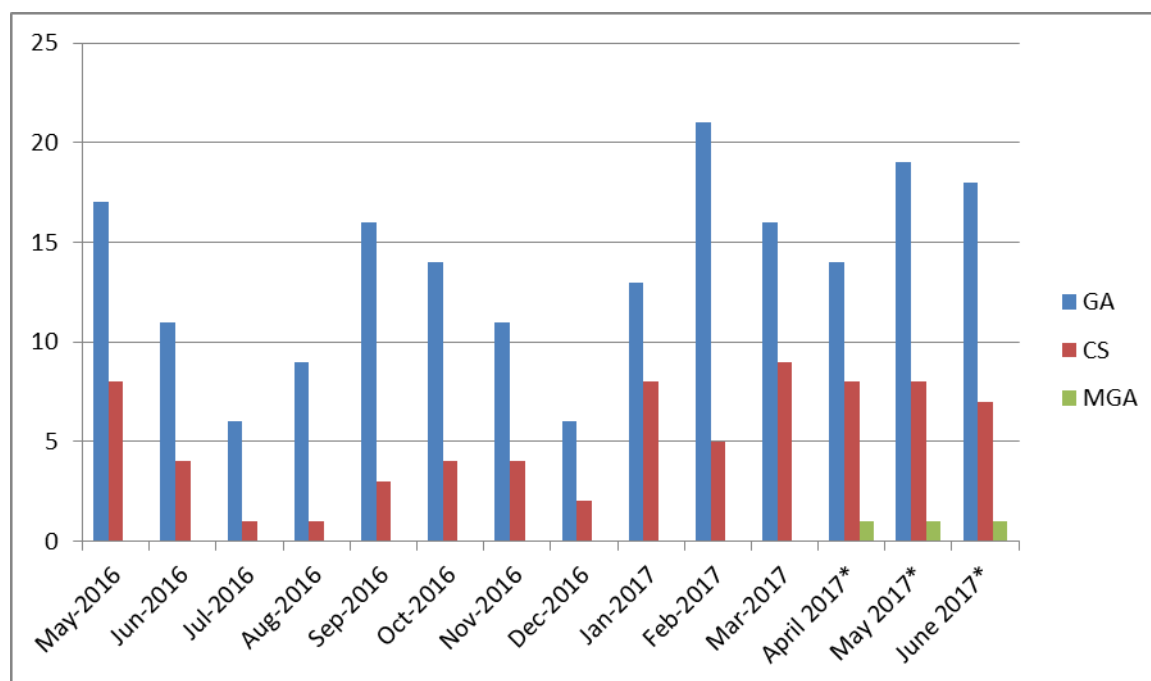
There is a great need for conscious sedation evaluators throughout California. Several evaluations have been postponed recently due to a lack of available evaluators. The Board is actively recruiting for the evaluation program.

Medical General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
May 2016	0	0	0	1	0	0
June 2016	0	0	0	1	0	0
July 2016	0	0	0	1	0	0
Aug 2016	0	0	0	0	0	0
Sept 2016	0	0	0	1	0	1
Oct 2016	0	0	0	0	0	0
Nov 2016	0	0	0	2	0	0
Dec 2016	0	0	0	1	0	0
Jan 2017	0	0	0	0	0	1
Feb 2017	0	0	1	0	0	0
March 2017	0	0	0	1	0	0
April 2017*	1	0	0	1	0	0
May 2017*	1	0	0	0	0	1
June 2017*	1	0	0	0	0	0
Total	3	0	1	9	0	3

*Approximate schedule for April, May and June 2017 as all results have not been received.

Completed evaluations per month



Current Evaluators per Region

Region	GA	CS	MGA
Northern California	138	66	9
Southern California	167	91	10

Action Requested:

No action requested



MEMORANDUM

DATE	May 3, 2017
TO	Members of the Anesthesia Committee, Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 5: Discussion and Possible Action on Legislation

Background:

Board staff is currently tracking several bills pertaining to anesthesia and the Dental Board of California (Board). Staff has provided copies of each bill in its most recent version.

The following bills will be presented to the Legislative and Regulatory Committee for review and consideration:

- AB 224 (Thurmond) Dentistry: Anesthesia and Sedation
- SB 392 (Bates) Dentistry: Report: Access to Care: Pediatric Patients
- SB 501 (Glazer) Dentistry: Anesthesia and Sedation: Report

Board staff will be presenting analyses and comments regarding each bill at the Board meeting.

The following Web sites are excellent resources for viewing proposed legislation and finding additional information:

- www.senate.ca.gov
- www.assembly.ca.gov
- www.leginfo.ca.gov

Action Requested:

Committee to discuss and possibly recommend the Board to take action on each bill.

AMENDED IN ASSEMBLY MAY 2, 2017
AMENDED IN ASSEMBLY APRIL 20, 2017
AMENDED IN ASSEMBLY MARCH 27, 2017
CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 224

Introduced by Assembly Member Thurmond

January 26, 2017

An act to amend Sections 1646, 1646.1, 1646.2, 1646.3, 1646.4, 1646.5, 1646.8, 1646.9, 1647, 1647.1, 1647.2, 1647.3, 1647.5, 1647.6, and 1647.7 of, to amend the heading of Article 2.7 (commencing with Section 1646) of Chapter 4 of Division 2 of, to add Section 1616.1 to, and to add Article 2.87 (commencing with Section 1647.30) to Chapter 4 of Division 2 of, the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

AB 224, as amended, Thurmond. Dentistry: anesthesia and sedation.

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California, which is within the Department of Consumer Affairs. The act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. The act makes it unprofessional conduct for a dentist to engage in certain conduct, including failing to obtain written consent prior to administering general anesthesia or conscious sedation. The act also makes a willful violation of its provisions, including practicing without a valid certificate or license, a crime, and defines various terms relating to anesthesia and sedation.

This bill would redefine general anesthesia for these purposes and additionally would define “deep sedation” to mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation, as specified.

The Dental Practice Act prohibits a dentist from administering or ordering the administration of general anesthesia on an outpatient basis for dental patients unless the dentist meets certain licensing criteria.

This bill would extend that licensing criteria to dentists administering deep sedation. The bill would require dentists to have a pediatric endorsement of their general anesthesia permit and have completed a Commission on Dental Accreditation accredited or equivalent residency training program providing competency in the administration of deep sedation or general anesthesia to be eligible to administer these drugs to patients under 13 years of age. The bill also would require dentists to have completed at least 52 cases to establish competency for patients under 7 years of age, and would require dentists to perform a physical evaluation and a medical history before administering deep sedation or general anesthesia. The bill would further require that, for any procedure involving deep sedation or general anesthesia for patients between 7 and 13 years of age, the dentist and at least 2 support staff be present, except as specified, and would require the dentist and at least one support staff to have certain advanced life support and airway management training, as specified. The bill also would require ~~at least 2 people~~ *an operating dentist, a dental sedation assistant permitholder, and a dedicated monitor, as defined,* to be present during procedures on children under 7 years of age ~~with one being the operating dentist and the other being either a general anesthesia permitholder or a nurse anesthetist directly supervised by a general anesthesia permitholder.~~ *age, and would require all of the persons present during the procedure to have certain advanced life support and airway management training, as specified.*

The Dental Practice Act prohibits a dentist from administering or ordering the administration of conscious sedation, as defined, on an outpatient basis unless the dentist meets certain licensing criteria.

This bill would replace the term conscious sedation with moderate sedation, meaning a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands and meets other criteria. The bill would prohibit a dentist from administering or ordering the administration of moderate sedation on an outpatient basis

to a dental patient unless the dentist meets specified licensing criteria and has applied to the board, submitted an application fee, and shown successful completion of training in moderate sedation. The bill would require a dentist who orders the administration of moderate sedation to be physically present in the treatment facility while the patient is sedated. The bill would specify that training in the administration of moderate sedation for patients 13 years of age or older is acceptable if it consists of a certain number of instructional hours and completion of cases and complies with certain guidelines for teaching pain control and sedation. The bill would require a dentist, prior to performing any procedure involving moderate sedation of a patient under 13 years of age, to obtain a pediatric endorsement, requiring a specified number of didactic instruction and clinical cases as well as advanced life support and airway management training. The bill also would require ~~for a child an operating dentist, a dental sedation assistant permitholder, and a dedicated monitor, as defined, to be present during a procedure on children under 7 years of age that there be at least 2 support staff persons in addition to the practicing dentist at all times during the procedure, with one staff member serving as a dedicated patient monitor.~~ *age, and would require all of the persons present during the procedure to have certain advanced life support and airway management training, as specified.*

The bill also would establish new requirements for dentists administering or ordering the administration of minimal sedation, defined as a drug-induced state during which patients respond normally to verbal commands, as specified, for pediatric patients under 13 years of age. These new requirements would include that the dentist possess specified licensing credentials, and would require any dentist who desires to administer or order the administration of minimal sedation to apply to the board, as specified, and to submit an application fee. The bill would make a violation of these provisions governing minimal sedation unprofessional conduct, constituting grounds for the revocation or suspension of the dentist's permit or other forms of reprimand. Additionally, by expanding the scope of an existing crime for violations of the Dental Practice Act, the bill would impose a state-mandated local program. This bill also would authorize the board to contract with a nonprofit research organization for the purpose of obtaining high-quality pediatric sedation and anesthesia-related data.

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. State-mandated local program: yes.

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

1 SECTION 1. Section 1616.1 is added to the Business and
2 Professions Code, to read:

3 1616.1. On or before January 1, 2019, the board shall contract
4 with a nonprofit research organization for the purpose of obtaining
5 ~~high quality~~ *high-quality* data about outcomes and complications
6 related to pediatric dental sedation and anesthesia. It is the intent
7 of this section that the collection of data shall lead to further quality
8 improvement and safety.

9 SEC. 2. The heading of Article 2.7 (commencing with Section
10 1646) of Chapter 4 of Division 2 of the Business and Professions
11 Code is amended to read:

12
13 Article 2.7. Use of Deep Sedation and General Anesthesia
14

15 SEC. 3. Section 1646 of the Business and Professions Code is
16 amended to read:

17 1646. As used in this article, the following definitions shall
18 apply:

19 (a) “Deep sedation” means a drug-induced depression of
20 consciousness during which patients cannot be easily aroused but
21 respond purposefully following repeated or painful stimulation.
22 The ability to independently maintain ventilatory function may be
23 impaired. Patients may require assistance in maintaining a patent
24 airway, and spontaneous ventilation may be inadequate.
25 Cardiovascular function is usually maintained.

26 (b) “General anesthesia” means a drug-induced loss of
27 consciousness during which patients are not arousable, even by
28 painful stimulation. The ability to independently maintain
29 ventilatory function is often impaired. Patients often require
30 assistance in maintaining a patent airway, and positive pressure

1 ventilation may be required because of depressed spontaneous
2 ventilation or drug-induced depression of neuromuscular function.
3 Cardiovascular function may be impaired.

4 SEC. 4. Section 1646.1 of the Business and Professions Code
5 is amended to read:

6 1646.1. (a) A dentist shall not administer or order the
7 administration of deep sedation or general anesthesia on an
8 outpatient basis for dental patients unless the dentist either
9 possesses a current license in good standing to practice dentistry
10 in this state and holds a valid general anesthesia permit issued by
11 the board or possesses a current permit under Section 1638 or 1640
12 and holds a valid general anesthesia permit issued by the board.

13 (b) A dentist shall not administer or order the administration of
14 deep sedation or general anesthesia to patients under 13 years of
15 age unless that dentist holds a pediatric endorsement for the general
16 anesthesia permit, as required by the board, allowing the
17 administration of deep sedation or general anesthesia for patients
18 12 years of age or younger.

19 (c) A dentist shall not order the administration of general
20 anesthesia unless the dentist is physically within the dental office
21 at the time of the administration.

22 (d) A general anesthesia permit shall expire on the date provided
23 in Section 1715 that next occurs after its issuance, unless it is
24 renewed as provided in this article.

25 (e) The dentist shall have completed a Commission on Dental
26 Accreditation (CODA) accredited or equivalent residency training
27 program that provides competency in the administration of deep
28 sedation and general anesthesia in order to be eligible to perform
29 deep sedation or general anesthesia on children under 13 years of
30 age. For patients under seven years of age, the applicant shall
31 provide proof of completion of at least 52 cases to establish
32 competency, both at the time of initial application and at renewal.

33 (f) This article does not apply to the administration of local
34 anesthesia, minimal sedation, or moderate sedation.

35 SEC. 5. Section 1646.2 of the Business and Professions Code
36 is amended to read:

37 1646.2. (a) A dentist who desires to administer or order the
38 administration of deep sedation or general anesthesia shall apply
39 to the board on an application form prescribed by the board. The
40 dentist must submit an application fee and produce evidence

1 showing that he or she has successfully completed a minimum of
2 one year of advanced training in anesthesiology and related
3 academic subjects approved by the board, or equivalent training
4 or experience approved by the board, beyond the undergraduate
5 school level.

6 (b) The application for a permit shall include documentation
7 that equipment and drugs required by the board are on the premises.

8 SEC. 6. Section 1646.3 of the Business and Professions Code
9 is amended to read:

10 1646.3. (a) A physical evaluation and medical history shall
11 be taken before the administration of deep sedation or general
12 anesthesia. Any dentist holding a permit shall maintain medical
13 history, physical evaluation, and deep sedation and general
14 anesthesia records as required by board regulations.

15 (b) For patients 7 to 13 years of age, inclusive, the dentist and
16 at least two support staff shall be present, unless there is a dedicated
17 general anesthesia provider present. The dentist and at least one
18 support staff member shall be trained in Pediatric Advanced Life
19 Support (PALS) and airway management, equivalent to the
20 American Academy of Pediatrics and American Academy of
21 Pediatric Dentistry (AAP-AAPD) Guidelines or as determined by
22 the board. That staff member shall be dedicated to monitoring the
23 patient throughout the procedure.

24 (c) ~~For children under seven years of age, there shall be present~~
25 ~~an operating dentist and either a general anesthesia permitholder~~
26 ~~or a nurse anesthetist directly supervised by a general anesthesia~~
27 ~~permitholder. The general anesthesia permitholder or the nurse~~
28 ~~anesthetist directly supervised by a general anesthesia permitholder~~
29 ~~shall be solely dedicated to administering anesthesia, monitoring~~
30 ~~the patient, and managing the airway through recovery. When a~~
31 ~~dedicated anesthesia provider is utilized, in addition to the~~
32 ~~operating dentist, both the dentist and at least one staff member~~
33 ~~shall be trained in PALS and airway management, equivalent to~~
34 ~~the AAP-AAPD Guidelines or as determined by the board. during~~
35 ~~the procedure all of the following:~~

36 (1) *An operating dentist. Both the dentist and at least one staff*
37 *member shall be trained in PALS and airway management,*
38 *equivalent to the AAP-AAPD Guidelines or as determined by the*
39 *board.*

1 (2) A dental sedation assistant permit holder that is trained in
2 PALS and airway management, equivalent to the AAP-AAPD
3 Guidelines or as determined by the board.

4 (3) A dedicated monitor. For purposes of this paragraph,
5 “dedicated monitor” means a surgeon, dental sedation assistant
6 permit holder, general anesthesia permit holder, or a nurse
7 anesthetist directly supervised by a general anesthesia
8 permit holder. The dedicated monitor shall be solely dedicated to
9 administering anesthesia, monitoring the patient, and managing
10 the airway through recovery. The dedicated monitor shall be
11 trained in PALS and airway management, equivalent to the
12 AAP-AAPD Guidelines or as determined by the board.

13 SEC. 7. Section 1646.4 of the Business and Professions Code
14 is amended to read:

15 1646.4. (a) Prior to the issuance or renewal of a permit for the
16 use of deep sedation or general anesthesia, the board may, at its
17 discretion, require an onsite inspection and evaluation of the
18 licensee and the facility, equipment, personnel, and procedures
19 utilized by the licensee. The permit of any dentist who has failed
20 an onsite inspection and evaluation shall be automatically
21 suspended 30 days after the date on which the board notifies the
22 dentist of the failure, unless within that time period the dentist has
23 retaken and passed an onsite inspection and evaluation. Every
24 dentist issued a permit under this article shall have an onsite
25 inspection and evaluation at least once every five years. Refusal
26 to submit to an inspection shall result in automatic denial or
27 revocation of the permit.

28 (b) The board may contract with public or private organizations
29 or individuals expert in dental outpatient general anesthesia to
30 perform onsite inspections and evaluations. The board may not,
31 however, delegate its authority to issue permits or to determine
32 the persons or facilities to be inspected.

33 SEC. 8. Section 1646.5 of the Business and Professions Code
34 is amended to read:

35 1646.5. A permittee shall be required to complete 24 hours of
36 approved courses of study related to deep sedation or general
37 anesthesia as a condition of renewal of a permit. Those courses of
38 study shall be credited toward any continuing education required
39 by the board pursuant to Section 1645.

1 SEC. 9. Section 1646.8 of the Business and Professions Code
2 is amended to read:

3 1646.8. Nothing in this chapter shall be construed to authorize
4 a dentist to administer or directly supervise the administration of
5 general anesthesia or deep sedation for reasons other than dental
6 treatment, as defined in Section 1625.

7 SEC. 10. Section 1646.9 of the Business and Professions Code
8 is amended to read:

9 1646.9. (a) Notwithstanding any other law, including, but not
10 limited to, Section 1646.1, a physician and surgeon licensed
11 pursuant to Chapter 5 (commencing with Section 2000) may
12 administer deep sedation or general anesthesia in the office of a
13 licensed dentist for dental patients, without regard to whether the
14 dentist possesses a permit issued pursuant to this article, if both
15 of the following conditions are met:

16 (1) The physician and surgeon possesses a current license in
17 good standing to practice medicine in this state.

18 (2) The physician and surgeon holds a valid general anesthesia
19 permit issued by the Dental Board of California pursuant to
20 subdivision (b).

21 (b) (1) A physician and surgeon who desires to administer deep
22 sedation or general anesthesia as set forth in subdivision (a) shall
23 apply to the Dental Board of California on an application form
24 prescribed by the board and shall submit all of the following:

25 (A) The payment of an application fee prescribed by this article.

26 (B) Evidence satisfactory to the Medical Board of California
27 showing that the applicant has successfully completed a
28 postgraduate residency training program in anesthesiology that is
29 recognized by the American Council on Graduate Medical
30 Education, as set forth in Section 2079.

31 (C) Documentation demonstrating that all equipment and drugs
32 required by the Dental Board of California are possessed by the
33 applicant and shall be available for use in any dental office in
34 which he or she administers deep sedation or general anesthesia.

35 (D) Information relative to the current membership of the
36 applicant on hospital medical staffs.

37 (2) Prior to issuance or renewal of a permit pursuant to this
38 section, the Dental Board of California may, at its discretion,
39 require an onsite inspection and evaluation of the facility,
40 equipment, personnel, including, but not limited to, the physician

1 and surgeon, and procedures utilized. At least one of the persons
2 evaluating the procedures utilized by the physician and surgeon
3 shall be a licensed physician and surgeon expert in outpatient deep
4 sedation or general anesthesia who has been authorized or retained
5 under contract by the Dental Board of California for this purpose.

6 (3) The permit of a physician and surgeon who has failed an
7 onsite inspection and evaluation shall be automatically suspended
8 30 days after the date on which the board notifies the physician
9 and surgeon of the failure unless within that time period the
10 physician and surgeon has retaken and passed an onsite inspection
11 and evaluation. Every physician and surgeon issued a permit under
12 this article shall have an onsite inspection and evaluation at least
13 once every six years. Refusal to submit to an inspection shall result
14 in automatic denial or revocation of the permit.

15 SEC. 11. Section 1647 of the Business and Professions Code
16 is amended to read:

17 1647. (a) The Legislature finds and declares that a
18 commendable patient safety record has been maintained in the past
19 by dentists and those other qualified providers of anesthesia
20 services who, pursuant to a dentist's authorization, administer
21 patient sedation, and that the increasing number of pharmaceuticals
22 and techniques used to administer them for patient sedation require
23 additional regulation to maintain patient safety in the future.

24 (b) The Legislature further finds and declares all of the
25 following:

26 (1) That previous laws enacted in 1980 contained separate and
27 distinct definitions for general anesthesia and the state of
28 consciousness.

29 (2) That in dental practice, there is a continuum of sedation used
30 which cannot be adequately defined in terms of consciousness and
31 general anesthesia.

32 (3) That the administration of sedation through this continuum
33 results in different states of consciousness that may or may not be
34 predictable in every instance.

35 (4) That in most instances, the level of sedation will result in a
36 predictable level of consciousness during the entire time of
37 sedation.

38 (c) The Legislature further finds and declares that the
39 educational standards presently required for deep sedation and
40 general anesthesia should be required when the degree of sedation

1 in the continuum of sedation is such that there is a reasonable
2 possibility that loss of consciousness may result, even if
3 unintended. However, achieving the degree of moderate sedation,
4 previously referred to as “conscious sedation,” where a margin of
5 safety exists wide enough to render unintended loss of
6 consciousness unlikely, requires educational standards appropriate
7 to the administration of the resulting predictable level of
8 consciousness.

9 SEC. 12. Section 1647.1 of the Business and Professions Code
10 is amended to read:

11 1647.1. (a) As used in this article, “moderate sedation” means
12 a drug-induced depression of consciousness during which a patient
13 responds purposefully to verbal commands, either alone or
14 accompanied by light tactile stimulation, no interventions are
15 required to maintain a patient’s airway, spontaneous ventilation
16 is adequate, and cardiovascular function is usually maintained.

17 (b) The drugs and techniques used in moderate sedation shall
18 have a margin of safety wide enough to render unintended loss of
19 consciousness unlikely. Further, patients whose only response is
20 reflex withdrawal from painful stimuli shall not be considered to
21 be in a state of moderate sedation.

22 (c) For the very young or patients with intellectual ~~disabilities~~
23 ~~individual~~, *disabilities*, incapable of the usually expected verbal
24 response, a minimally depressed level of consciousness for that
25 individual should be maintained.

26 SEC. 13. Section 1647.2 of the Business and Professions Code
27 is amended to read:

28 1647.2. (a) A dentist shall not administer or order the
29 administration of moderate sedation on an outpatient basis for a
30 dental patient unless one of the following conditions is met:

31 (1) The dentist possesses a current license in good standing to
32 practice dentistry in California and either holds a valid general
33 anesthesia permit or obtains a permit issued by the board
34 authorizing the dentist to administer moderate sedation.

35 (2) The dentist possesses a current permit under Section 1638
36 or 1640 and either holds a valid general anesthesia permit or
37 obtains a permit issued by the board authorizing the dentist to
38 administer moderate sedation.

1 (b) A moderate sedation permit shall expire on the date specified
2 in Section 1715 that next occurs after its issuance, unless it is
3 renewed as provided in this article.

4 (c) A dentist who orders the administration of moderate sedation
5 shall be physically present in the treatment facility while the patient
6 is sedated.

7 (d) This article shall not apply to the administration of local
8 anesthesia, minimal sedation, deep sedation, or general anesthesia.

9 SEC. 14. Section 1647.3 of the Business and Professions Code
10 is amended to read:

11 1647.3. (a) A dentist who desires to administer or to order the
12 administration of moderate sedation shall apply to the board on
13 an application form prescribed by the board. The dentist shall
14 submit an application fee and produce evidence showing that he
15 or she has successfully completed training in moderate sedation
16 that meets the requirements of subdivision (c).

17 (b) The application for a permit shall include documentation
18 that equipment and drugs required by the board are on the premises.

19 (c) Training in the administration of moderate sedation for
20 patients 13 years of age or older shall be acceptable if it meets all
21 of the following as approved by the board:

22 (1) Consists of at least 60 hours of instruction.

23 (2) Requires satisfactory completion of at least 20 cases of
24 administration of moderate sedation for a variety of dental
25 procedures.

26 (3) Complies with the requirements of the Guidelines for
27 Teaching Pain Control and Sedation to Dentists and Dental
28 Students of the American Dental Association, including, but not
29 limited to, certification of competence in rescuing patients from a
30 deeper level of sedation than intended, and managing the airway,
31 intravascular or intraosseous access, and reversal medications.

32 (d) Before performing any procedure involving moderate
33 sedation of a patient under 13 years of age, the dentist shall obtain
34 a pediatric endorsement of his or her moderate sedation permit.
35 To be eligible for the pediatric moderate sedation permit, the dentist
36 shall have completed any of the following:

37 (1) A moderate sedation course consisting of at least 60 hours
38 of didactic instruction and at least 20 clinical cases, as described
39 in subdivision (c), but that is directed at treating pediatric patients
40 under 13 years of age.

1 (2) A moderate sedation course, as described in subdivision (c),
 2 that is directed at treating patients 13 years of age or older, in
 3 addition to at least 24 hours of didactic instruction in pediatric
 4 moderate sedation and at least 10 clinical cases in pediatric
 5 moderate sedation.

6 (3) A moderate sedation course that is directed at treating
 7 patients 13 years of age or older, as described in subdivision (c),
 8 in addition to completion of an accredited pediatric dental residency
 9 program. The pediatric moderate sedation permitholder shall
 10 provide proof of completion of at least 52 cases to establish
 11 competency, both at the time of the initial application and at
 12 renewal.

13 (e) The dentist and at least one member of the support staff shall
 14 be trained in Pediatric Advanced Life Support (PALS) and airway
 15 management, equivalent to the American Academy of Pediatrics
 16 and the American Academy of Pediatric Dentistry (AAP-AAPD)
 17 Guidelines, or as determined by the board.

18 (f) For a child under seven years of age, there shall be ~~at least~~
 19 ~~two support staff persons, in addition to the practicing dentist,~~
 20 ~~present at all times during the procedure. One staff member shall~~
 21 ~~serve as a dedicated patient monitor.~~ *present during the procedure*
 22 *all of the following:*

23 (1) *An operating dentist. Both the dentist and at least one staff*
 24 *member shall be trained in PALS and airway management,*
 25 *equivalent to the AAP-AAPD Guidelines or as determined by the*
 26 *board.*

27 (2) *A dental sedation assistant permitholder that is trained in*
 28 *PALS and airway management, equivalent to the AAP-AAPD*
 29 *Guidelines or as determined by the board.*

30 (3) *A dedicated monitor. For purposes of this paragraph,*
 31 *“dedicated monitor” means a surgeon, dental sedation assistant*
 32 *permitholder, general anesthesia permitholder, or a nurse*
 33 *anesthetist directly supervised by a general anesthesia*
 34 *permitholder. The dedicated monitor shall be solely dedicated to*
 35 *administering anesthesia, monitoring the patient, and managing*
 36 *the airway through recovery. The dedicated monitor shall be*
 37 *trained in PALS and airway management, equivalent to the*
 38 *AAP-AAPD Guidelines or as determined by the board.*

39 SEC. 15. Section 1647.5 of the Business and Professions Code
 40 is amended to read:

1 1647.5. A permittee shall be required to complete 15 hours of
2 approved courses of study related to moderate sedation as a
3 condition of renewal of a permit. Those courses of study shall be
4 credited toward any continuing education required by the board
5 pursuant to Section 1645.

6 SEC. 16. Section 1647.6 of the Business and Professions Code
7 is amended to read:

8 1647.6. A physical evaluation and medical history shall be
9 taken before the administration of moderate sedation. Any dentist
10 holding a permit shall maintain records of the physical evaluation,
11 medical history, and moderate sedation procedures used as required
12 by board regulations.

13 SEC. 17. Section 1647.7 of the Business and Professions Code
14 is amended to read:

15 1647.7. (a) Prior to the issuance or renewal of a permit to
16 administer moderate sedation, the board may, at its discretion,
17 require an onsite inspection and evaluation of the licentiate and
18 the facility, equipment, personnel, and procedures utilized by the
19 licentiate. The permit of any dentist who has failed an onsite
20 inspection and evaluation shall be automatically suspended 30
21 days after the date on which the board notifies the dentist of the
22 failure unless, within that time period, the dentist has retaken and
23 passed an onsite inspection and evaluation. Every dentist issued a
24 permit under this article shall have an onsite inspection and
25 evaluation at least once in every six years. Refusal to submit to an
26 inspection shall result in automatic denial or revocation of the
27 permit.

28 (b) An applicant who has successfully completed the course
29 required by Section 1647.3 may be granted a one-year temporary
30 permit by the board prior to the onsite inspection and evaluation.
31 Failure to pass the inspection and evaluation shall result in the
32 immediate and automatic termination of the temporary permit.

33 (c) The board may contract with public or private organizations
34 or individuals expert in dental outpatient moderate sedation to
35 perform onsite inspections and evaluations. The board may not,
36 however, delegate its authority to issue permits or to determine
37 the persons or facilities to be inspected.

38 SEC. 18. Article 2.87 (commencing with Section 1647.30) is
39 added to Chapter 4 of Division 2 of the Business and Professions
40 Code, to read:

1 Article 2.87. Use of Pediatric Minimal Sedation

2
3 1647.30. (a) As used in this article, “minimal sedation” means
4 a drug-induced state during which patients respond normally to
5 verbal commands. Cognitive function and physical coordination
6 may be impaired, but airway reflexes, ventilatory functions, and
7 cardiovascular functions are unaffected.

8 (b) The drugs and techniques used in minimal sedation shall
9 have a margin of safety wide enough to render unintended loss of
10 consciousness unlikely. Further, patients whose only response is
11 reflex withdrawal from painful stimuli shall not be considered to
12 be in a state of minimal sedation.

13 (c) For the very young or developmentally delayed individual,
14 incapable of the usually expected verbal response, a minimally
15 depressed level of consciousness should be maintained.

16 1647.31. (a) A dentist shall not administer or order the
17 administration of minimal sedation on an outpatient basis for
18 pediatric dental patients, defined as under 13 years of age, unless
19 one of the following conditions is met:

20 (1) The dentist possesses a current license in good standing to
21 practice dentistry in California and either holds a valid pediatric
22 minimal sedation permit or obtains a permit issued by the board
23 authorizing the dentist to administer minimal sedation.

24 (2) The dentist possesses a current permit under Section 1638
25 or 1640 and either holds a valid anesthesia permit or obtains a
26 permit issued by the board authorizing the dentist to administer
27 moderate sedation, deep sedation, or general anesthesia.

28 (b) A dentist who orders the administration of minimal sedation
29 shall be physically present in the treatment facility while the patient
30 is sedated.

31 (c) This article does not apply to the administration of local
32 anesthesia, moderate sedation, deep sedation, or general anesthesia.

33 1647.32. (a) A dentist who desires to administer or order the
34 administration of pediatric minimal sedation shall apply to the
35 board on an application form prescribed by the board. The dentist
36 shall submit an application fee and produce evidence showing that
37 he or she has successfully completed training in minimal sedation
38 that meets the requirements of subdivision (c).

39 (b) The application for a permit shall include documentation
40 that equipment and drugs required by the board are on the premises.

1 (c) Training in the administration of minimal sedation shall be
2 acceptable if it meets both of the following as approved by the
3 board:

4 (1) Consists of at least 24 hours of pediatric sedation instruction
5 in addition to one clinical case. The pediatric sedation instruction
6 shall include training in airway management and patient rescue
7 from moderate sedation.

8 (2) Includes completion of an accredited residency in pediatric
9 dentistry.

10 (d) A dentist is limited to administering a single dose of a single
11 drug via the oral route, plus a mix of nitrous oxide and oxygen
12 that is unlikely to produce a state of unintended moderate sedation.

13 (e) A minimum of one staff member, in addition to the dentist,
14 trained in the monitoring and resuscitation of pediatric patients
15 shall be present.

16 1647.33. (a) The application fee for a pediatric minimal
17 sedation permit or renewal under this article shall not exceed the
18 amount prescribed in Section 1724.

19 (b) It is the intent of the Legislature that the board hire sufficient
20 staff to administer the program and that the fees established
21 pursuant to this section be equivalent to administration and
22 enforcement costs incurred by the board in carrying out this article.

23 1647.34. A violation of any provision of this article constitutes
24 unprofessional conduct and is grounds for the revocation or
25 suspension of the dentist's permit or license, or both, or the dentist
26 may be reprimanded or placed on probation. The proceedings
27 under this section shall be conducted in accordance with Chapter
28 5 (commencing with Section 11500) of Part 1 of Division 3 of
29 Title 2 of the Government Code, and the board shall have all the
30 powers granted therein.

31 SEC. 19. No reimbursement is required by this act pursuant to
32 Section 6 of Article XIII B of the California Constitution because
33 the only costs that may be incurred by a local agency or school
34 district will be incurred because this act creates a new crime or
35 infraction, eliminates a crime or infraction, or changes the penalty
36 for a crime or infraction, within the meaning of Section 17556 of
37 the Government Code, or changes the definition of a crime within

- 1 the meaning of Section 6 of Article XIII B of the California
- 2 Constitution.

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AMENDED IN SENATE APRIL 17, 2017

AMENDED IN SENATE APRIL 4, 2017

SENATE BILL

No. 392

Introduced by Senator Bates

February 15, 2017

An act to add ~~Section 1601.7 to~~ *Section 1645.2 to, and to add and repeal Section 1601.7 of*, the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

SB 392, as amended, Bates. Dentistry: report: access to care: pediatric dental ~~patients: patients: continuing education.~~

~~The~~

(1) *The Dental Practice Act* provides for the licensure and regulation of dentists by the Dental Board of California within the Department of Consumer Affairs. The act, among other things, prescribes requirements for a dentist who administers or orders the administration of general anesthesia on an outpatient basis for dental patients, including a requirement that the dentist holds a valid anesthesia permit issued by the board.

This bill, on or before January 1, 2019, would require the board to provide to the Legislature a report and analysis, as specified, of the effects on access to care for pediatric dental patients specifically as it relates to requiring the addition of a 2nd general anesthesia permitholder to be present during the administration of general anesthesia on a patient 7 years of age or younger, if the provider is currently a general anesthesia permitholder.

(2) *Existing law also authorizes the board to require licensees to complete continuing education hours as a condition of license renewal.*

This bill would require the board to develop, by January 1, 2019, a course in pediatric life support and airway management, as specified. The bill would provide the board with discretion over the solicitation and subsequent acceptance of proposals from continuing education vendors to provide the course.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

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

1 SECTION 1. Section 1601.7 is added to the Business and
2 Professions Code, to read:

3 1601.7. (a) On or before January 1, 2019, the board shall
4 provide to the Legislature a report and analysis of the effects on
5 access to care for pediatric dental patients specifically as it relates
6 to requiring the addition of a second general anesthesia
7 permitholder to be present during the administration of general
8 anesthesia on a patient seven years of age or younger, if the
9 provider is currently a general anesthesia permitholder. The
10 analysis should include costs of sedation and anesthesia, resource
11 constraints of the healthcare system, including Denti-Cal compared
12 to private insurance, and feasibility issues that include, but are not
13 limited to, time, skills, staff availability, and equipment availability
14 for the provider to carry out necessary dental procedures. The
15 board shall make the report publicly available on the board's
16 Internet Web site.

17 (b) (1) A report to be submitted pursuant to subdivision (a)
18 shall be submitted in compliance with Section 9795 of the
19 Government Code.

20 (2) Pursuant to Section 10231.5 of the Government Code, this
21 section is repealed on January 1, 2023.

22 SEC. 2. Section 1645.2 is added to the Business and Professions
23 Code, to read:

24 1645.2. *By January 1, 2019, the board shall develop a course*
25 *in pediatric life support and airway management equivalent to the*
26 *American Academy of Pediatrics and American Academy of*
27 *Pediatric Dentistry guidelines or guidelines determined by the*
28 *board in order to protect the public health and safety consistent*
29 *with Section 1601.2. The board shall have discretion, consistent*
30 *with the guidelines, over the solicitation and subsequent acceptance*

1 *of proposals from continuing education vendors to provide the*
2 *course.*

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AMENDED IN SENATE MAY 1, 2017
AMENDED IN SENATE APRIL 20, 2017
AMENDED IN SENATE APRIL 17, 2017

SENATE BILL

No. 501

Introduced by Senator Glazer

February 16, 2017

An act to amend Sections 1601.4, 1646, 1646.1, 1646.2, 1646.3, 1646.4, 1646.5, 1646.8, 1646.9, 1647, 1647.1, 1647.2, 1647.3, 1647.5, 1647.6, and 1647.7 of, to amend the heading of Article 2.7 (commencing with Section 1646) of Chapter 4 of Division 2 of, to add Sections 1601.7, 1616.1, 1646.6.5, and 1647.8.5 to, to add Article 2.87 (commencing with Section 1647.30) to Chapter 4 of Division 2 of, and to repeal Article 2.85 (commencing with Section 1647.10) and Article 2.86 (commencing with Section 1647.18) of Chapter 4 of Division 2 of, the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

SB 501, as amended, Glazer. Dentistry: anesthesia and sedation: report.

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California within the Department of Consumer Affairs. The act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. The act makes it unprofessional conduct for a dentist to engage in certain conduct, including failing to obtain written consent prior to administering general anesthesia or conscious sedation. The act also makes a willful violation of its provisions, including practicing without

a valid certificate or license, a crime, and defines various terms relating to anesthesia and sedation.

This bill would repeal those provisions relating to the use of oral ~~conscious~~ *conscious* sedation for pediatric and adult patients. The bill would redefine general anesthesia for these purposes and additionally would define “deep sedation” to mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation, as specified.

The Dental Practice Act prohibits a dentist from administering or ordering the administration of general anesthesia on an outpatient basis for dental patients unless the dentist meets certain licensing criteria.

This bill would extend that licensing criteria to dentists administering deep sedation. The bill would require dentists, beginning January 1, 2019, to have a pediatric endorsement of their general anesthesia permit and have completed a Commission on Dental Accreditation accredited or equivalent residency training program providing competency in the administration of deep sedation or general anesthesia to be eligible to administer these drugs to patients under 7 years of age. The bill also would require dentists, beginning January 1, 2019, to have completed at least 20 cases to establish competency for patients under 7 years of age, and would require dentists to perform a physical evaluation and a medical history before administering deep sedation or general anesthesia. The bill would further require that, for any procedure involving deep sedation or general anesthesia for patients between 7 and 13 years of age, the dentist and at least 2 support staff be present and would require the dentist and at least one support staff to have certain advanced life support and airway management training, as specified. The bill also would require at least 3 people to be present during procedures on children under 7 years of age and would require the other attendees to hold specified certifications and have certain advanced life support and airway management training, as specified.

The Dental Practice Act prohibits a dentist from administering or ordering the administration of conscious sedation, as defined, on an outpatient basis unless the dentist meets certain licensing criteria.

This bill would replace the term “conscious sedation” with “moderate sedation,” meaning a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands and meets other criteria. The bill would authorize a dentist to administer or order the administration of moderate sedation on an outpatient basis to a

dentist patient if the dentist meets specified licensing criteria and has applied to the board, submitted an application fee, and shown successful completion of training in moderate sedation. The bill would require a dentist who orders the administration of moderate sedation to be physically present in the treatment facility while the patient is sedated. The bill would specify that training in the administration of moderate sedation is acceptable if it consists of a certain number of instructional hours and completion of cases and complies with certain guidelines for teaching pain control and sedation. The bill would specify that a pediatric endorsement requires a dentist to obtain specified training. The bill also would require for a child under 7 years of age that there be at least 2 support staff persons in addition to the practicing dentist at all times during the procedure, with one staff member serving as a dedicated patient monitor.

The bill also would establish new requirements for dentists administering or ordering the administration of minimal sedation, defined as a drug-induced state during which patients respond normally to verbal commands, as specified, for pediatric patients under 13 years of age. These new requirements would include that the dentist possess specified licensing credentials, and would require any dentist who desires to administer or order the administration of minimal sedation to apply to the board, as specified, and to submit an application fee. The bill would make a violation of these provisions governing minimal sedation unprofessional conduct, constituting grounds for the revocation or suspension of the dentist's ~~permit or other forms of reprimand~~, *permit, or both*. Additionally, by expanding the scope of an existing crime for violations of the Dental Practice Act, the bill would impose a state-mandated local program. This bill also would authorize the board to conduct a review of pediatric morbidity and mortality data, as provided, for the purpose of obtaining high-quality pediatric sedation and anesthesia-related data.

This bill, on or before January 1, 2019, would require the board to provide to the Legislature a report and analysis, as specified, of the effects on access to care for pediatric dental patients specifically as it relates to requiring the addition of a 2nd general anesthesia permitholder to be present during the administration of general anesthesia on a patient 7 years of age or younger, if the provider is currently a general anesthesia permitholder.

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.
State-mandated local program: yes.

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

1 SECTION 1. Section 1601.4 of the Business and Professions
2 Code is amended to read:

3 1601.4. The board shall provide a report on pediatric deaths
4 related to general anesthesia and deep sedation in dentistry at the
5 time of its sunset review pursuant to subdivision (d) of Section
6 1601.1.

7 SEC. 2. Section 1601.7 is added to the Business and Professions
8 Code, to read:

9 1601.7. (a) On or before January 1, 2019, the board shall
10 provide to the Legislature a report and analysis of the effects on
11 access to care for pediatric dental patients specifically as it relates
12 to requiring the addition of a second general anesthesia
13 permitholder to be present during the administration of general
14 anesthesia on a patient seven years of age or younger, if the
15 provider is currently a general anesthesia permitholder. The
16 analysis should include costs of sedation and anesthesia, resource
17 constraints of the health care system, including Denti-Cal compared
18 to private insurance, and feasibility issues that include, but are not
19 limited to, time, skills, staff availability, and equipment availability
20 for the provider to carry out necessary dental procedures. The
21 board shall make the report publicly available on the board's
22 Internet Web site.

23 (b) (1) A report to be submitted pursuant to subdivision (a)
24 shall be submitted in compliance with Section 9795 of the
25 Government Code.

26 (2) Pursuant to Section 10231.5 of the Government Code, this
27 section is repealed on January 1, 2023.

28 SEC. 3. Section 1616.1 is added to the Business and Professions
29 Code, to read:

1 1616.1. On or before January 1, 2019, the board shall conduct
2 a review of pediatric morbidity and mortality data beginning
3 January 1, 2017, for the purpose of obtaining high-quality data
4 about outcomes and complications related to pediatric dental
5 sedation and anesthesia. It is the intent of this section that the
6 collection of data shall lead to further quality improvement and
7 safety.

8 SEC. 4. The heading of Article 2.7 (commencing with Section
9 1646) of Chapter 4 of Division 2 of the Business and Professions
10 Code is amended to read:

11
12 Article 2.7. Use of Deep Sedation and General Anesthesia

13
14 SEC. 5. Section 1646 of the Business and Professions Code is
15 amended to read:

16 1646. As used in this article, the following definitions apply:

17 (a) “Deep sedation” means a drug-induced depression of
18 consciousness during which patients cannot be easily aroused but
19 respond purposefully following repeated or painful stimulation.
20 The ability to independently maintain ventilatory function may be
21 impaired. Patients may require assistance in maintaining a patent
22 airway, and spontaneous ventilation may be inadequate.
23 Cardiovascular function is usually maintained.

24 (b) “General anesthesia” means a drug-induced loss of
25 consciousness during which patients are not arousable, even by
26 painful stimulation. The ability to independently maintain
27 ventilatory function is often impaired. Patients often require
28 assistance in maintaining a patent airway, and positive
29 pressureventilation may be required because of depressed
30 spontaneous ventilation or drug-induced depression of
31 neuromuscular function. Cardiovascular function may be impaired.

32 SEC. 6. Section 1646.1 of the Business and Professions Code
33 is amended to read:

34 1646.1. (a) A dentist must possess either a general anesthesia
35 permit issued by the board or a permit under Section 1638 or 1640
36 and a general anesthesia permit issued by the board in order to
37 administer or order the administration of deep sedation or general
38 anesthesia on an outpatient basis for dental patients.

39 (b) A dentist must possess a pediatric endorsement for the
40 general anesthesia permit to administer or order the administration

1 of deep sedation or general anesthesia to patients under seven years
2 of age.

3 (c) A dentist must be physically within the dental office at the
4 time of ordering, and during the administration of, general
5 anesthesia or deep sedation.

6 (d) For patients seven to 13 years of age, inclusive, the dentist
7 and at least two support staff shall be present for the procedure
8 involving general anesthesia or deep sedation. The dentist shall
9 be currently certified in Pediatric Advanced Life Support (PALS)
10 and at least one support staff member shall be trained in pediatric
11 life support and airway management, equivalent to the American
12 Academy of Pediatrics and American Academy of Pediatric
13 Dentistry (AAP-AAPD) Guidelines or as determined by the board.
14 That staff member shall be dedicated to monitoring the patient
15 throughout the procedure.

16 (e) For children under seven years of age, there shall be at least
17 three people present during the procedure involving general
18 anesthesia or deep sedation, including the dentist. One person
19 present shall be solely dedicated to monitoring the patient and shall
20 be trained in pediatric life support and airway management,
21 equivalent to the AAP-AAPD Guidelines or as determined by the
22 board. The second person shall also be trained in pediatric life
23 support and airway management, equivalent to the AAP-AAPD
24 Guidelines or as determined by the board, and may assist in the
25 procedure as needed. If a dedicated anesthesia provider is utilized,
26 that person shall be a general anesthesia permitholder with a current
27 pediatric endorsement and shall be certified in ACLS and PALS.

28 (f) This article does not apply to the administration of local
29 anesthesia, minimal sedation, or moderate sedation.

30 SEC. 7. Section 1646.2 of the Business and Professions Code
31 is amended to read:

32 1646.2. (a) A dentist who desires to administer or order the
33 administration of deep sedation or general anesthesia shall apply
34 to the board on an application form prescribed by the board. The
35 dentist must submit an application fee and produce evidence
36 showing that he or she has successfully completed a minimum of
37 one year of advanced training in anesthesiology and related
38 academic subjects approved by the board, or equivalent training
39 or experience approved by the board, beyond the undergraduate
40 school level.

1 (b) The application for a permit shall include documentation
2 that equipment and drugs required by the board are on the premises.

3 (c) Beginning January 1, 2019, a dentist may apply for a
4 pediatric endorsement for the general anesthesia permit by:

5 (1) Providing proof of successful completion of a Commission
6 on Dental Accreditation (CODA) accredited or equivalent residency
7 training program that provides competency in the administration
8 of deep sedation and general anesthesia on children under seven
9 years of age.

10 (2) Providing proof of successful completion of at least 20 cases
11 of pediatric sedation to patients under seven years of age to
12 establish competency, both at the time of initial application and at
13 renewal.

14 (3) Providing evidence of current and continuous certification
15 in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced
16 Life Support (PALS) for the duration of holding the permit.

17 (d) Initial applicants for a pediatric endorsement who otherwise
18 qualify for the pediatric endorsement but lack sufficient cases of
19 pediatric sedation to patients under age seven years of age shall
20 be allowed to provide deep sedation and general anesthesia on
21 patients under seven years of age under the direct supervision of
22 a general anesthesia permitholder with a pediatric endorsement.
23 The applicant may count these cases toward the 20 necessary in
24 order to qualify for the applicant's pediatric endorsement.

25 SEC. 8. Section 1646.3 of the Business and Professions Code
26 is amended to read:

27 1646.3. (a) A physical evaluation and medical history shall
28 be taken before the administration of deep sedation or general
29 anesthesia.

30 (b) Any dentist holding a permit shall maintain medical history,
31 physical evaluation, deep sedation, and general anesthesia records
32 as required by board regulations.

33 SEC. 9. Section 1646.4 of the Business and Professions Code
34 is amended to read:

35 1646.4. (a) Prior to the issuance or renewal of a permit for the
36 use of deep sedation or general anesthesia, the board may, at its
37 discretion, require an onsite inspection and evaluation of the
38 licensee and the facility, equipment, personnel, and procedures
39 utilized by the licensee. The permit of any dentist who has failed
40 an onsite inspection and evaluation shall be automatically

1 suspended 30 days after the date on which the board notifies the
2 dentist of the failure, unless within that time period the dentist has
3 retaken and passed an onsite inspection and evaluation. Every
4 dentist issued a permit under this article shall have an onsite
5 inspection and evaluation at least once every five years. Refusal
6 to submit to an inspection shall result in automatic denial or
7 revocation of the permit.

8 (b) The board may contract with public or private organizations
9 or individuals expert in dental outpatient general anesthesia to
10 perform onsite inspections and evaluations. The board may not,
11 however, delegate its authority to issue permits or to determine
12 the persons or facilities to be inspected.

13 SEC. 10. Section 1646.5 of the Business and Professions Code
14 is amended to read:

15 1646.5. A permittee shall be required to complete 24 hours of
16 approved courses of study related to deep sedation or general
17 anesthesia as a condition of renewal of a permit. Those courses of
18 study shall be credited toward any continuing education required
19 by the board pursuant to Section 1645.

20 SEC. 11. Section 1646.6.5 is added to the Business and
21 Professions Code, to read:

22 1646.6.5. A general anesthesia permit shall expire on the date
23 provided in Section 1715 that next occurs after its issuance, unless
24 it is renewed as provided in this article.

25 SEC. 12. Section 1646.8 of the Business and Professions Code
26 is amended to read:

27 1646.8. Nothing in this chapter shall be construed to authorize
28 a dentist to administer or directly supervise the administration of
29 general anesthesia or deep sedation for reasons other than dental
30 treatment, as defined in Section 1625.

31 SEC. 13. Section 1646.9 of the Business and Professions Code
32 is amended to read:

33 1646.9. (a) Notwithstanding any other provision of law,
34 including, but not limited to, Section 1646.1, a physician and
35 surgeon licensed pursuant to Chapter 5 (commencing with Section
36 2000) may administer deep sedation or general anesthesia in the
37 office of a licensed dentist for dental patients, without regard to
38 whether the dentist possesses a permit issued pursuant to this
39 article, if both of the following conditions are met:

1 (1) The physician and surgeon possesses a current license in
2 good standing to practice medicine in this state.

3 (2) The physician and surgeon holds a valid general anesthesia
4 permit issued by the Dental Board of California pursuant to
5 subdivision (b).

6 (b) (1) A physician and surgeon who desires to administer deep
7 sedation or general anesthesia as set forth in subdivision (a) shall
8 apply to the Dental Board of California on an application form
9 prescribed by the board and shall submit all of the following:

10 (A) The payment of an application fee prescribed by this article.

11 (B) Evidence satisfactory to the Medical Board of California
12 showing that the applicant has successfully completed a
13 postgraduate residency training program in anesthesiology that is
14 recognized by the American Council on Graduate Medical
15 Education, as set forth in Section 2079, and provides competency
16 in the administration of deep sedation and general anesthesia on
17 children under seven years of age. The applicant shall show proof
18 of successful completion of at least 20 cases of pediatric sedation
19 to patients under seven years of age to establish competency, both
20 at the time of initial application and at renewal.

21 (C) Documentation demonstrating that all equipment and drugs
22 required by the Dental Board of California are possessed by the
23 applicant and shall be available for use in any dental office in
24 which he or she administers deep sedation or general anesthesia.

25 (D) Information relative to the current membership of the
26 applicant on hospital medical staffs.

27 (E) Evidence of current and continuous certification in Advanced
28 Cardiac Life Support (ACLS) and Pediatric Advanced Life Support
29 (PALS) for the duration of holding the permit.

30 (2) Prior to issuance or renewal of a permit pursuant to this
31 section, the Dental Board of California may, at its discretion,
32 require an onsite inspection and evaluation of the facility,
33 equipment, personnel, including, but not limited to, the physician
34 and surgeon, and procedures utilized. At least one of the persons
35 evaluating the procedures utilized by the physician and surgeon
36 shall be a licensed physician and surgeon expert in outpatient deep
37 sedation or general anesthesia who has been authorized or retained
38 under contract by the Dental Board of California for this purpose.

39 (3) The permit of a physician and surgeon who has failed an
40 onsite inspection and evaluation shall be automatically suspended

1 30 days after the date on which the board notifies the physician
2 and surgeon of the failure unless within that time period the
3 physician and surgeon has retaken and passed an onsite inspection
4 and evaluation. Every physician and surgeon issued a permit under
5 this article shall have an onsite inspection and evaluation at least
6 once every five years. Refusal to submit to an inspection shall
7 result in automatic denial or revocation of the permit.

8 SEC. 14. Section 1647 of the Business and Professions Code
9 is amended to read:

10 1647. (a) The Legislature finds and declares that a
11 commendable patient safety record has been maintained in the past
12 by dentists and those other qualified providers of anesthesia
13 services who, pursuant to a dentist's authorization, administer
14 patient sedation, and that the increasing number of pharmaceuticals
15 and techniques used to administer them for patient sedation require
16 additional regulation to maintain patient safety in the future.

17 (b) The Legislature further finds and declares all of the
18 following:

19 (1) That previous laws enacted in 1980 contained separate and
20 distinct definitions for general anesthesia and the state of
21 consciousness.

22 (2) That in dental practice, there is a continuum of sedation used
23 which cannot be adequately defined in terms of consciousness and
24 general anesthesia.

25 (3) That the administration of sedation through this continuum
26 results in different states of consciousness that may or may not be
27 predictable in every instance.

28 (4) That in most instances, the level of sedation will result in a
29 predictable level of consciousness during the entire time of
30 sedation.

31 (c) The Legislature further finds and declares that the
32 educational standards presently required for deep sedation and
33 general anesthesia should be required when the degree of sedation
34 in the continuum of sedation is such that there is a reasonable
35 possibility that loss of consciousness may result, even if
36 unintended. However, achieving the degree of moderate sedation,
37 where a margin of safety exists wide enough to render unintended
38 loss of consciousness unlikely, requires educational standards
39 appropriate to the administration of the resulting predictable level
40 of consciousness.

1 SEC. 15. Section 1647.1 of the Business and Professions Code
2 is amended to read:

3 1647.1. (a) As used in this article, “moderate sedation” means
4 a drug-induced depression of consciousness during which a patient
5 responds purposefully to verbal commands, either alone or
6 accompanied by light tactile stimulation, no interventions are
7 required to maintain a patient’s airway, spontaneous ventilation
8 is adequate, and cardiovascular function is usually maintained.

9 (b) The drugs and techniques used in moderate sedation shall
10 have a margin of safety wide enough to render unintended loss of
11 consciousness unlikely. Further, patients whose only response is
12 reflex withdrawal from painful stimuli shall not be considered to
13 be in a state of moderate sedation.

14 (c) For very young patients or patients with intellectual
15 disabilities, incapable of the usually expected verbal response, a
16 minimally depressed level of consciousness for that patient should
17 be maintained.

18 SEC. 16. Section 1647.2 of the Business and Professions Code
19 is amended to read:

20 1647.2. (a) A dentist may administer or order the
21 administration of moderate sedation on an outpatient basis for a
22 dental patient if one of the following conditions is met:

23 (1) The dentist either holds a valid general anesthesia permit or
24 obtains a moderate sedation permit.

25 (2) The dentist possesses a current permit under Section 1638
26 or 1640 and either holds a valid general anesthesia permit or
27 obtains a moderate sedation permit.

28 (b) A dentist must obtain a pediatric endorsement on the
29 moderate sedation permit prior to performing moderate sedation
30 on a patient under 13 years of age.

31 (c) A dentist who orders the administration of moderate sedation
32 shall be physically present in the treatment facility while the patient
33 is sedated.

34 (d) For patients seven to 13 years of age, inclusive, there shall
35 be at least one support staff in addition to the dentist present at all
36 times during the procedure involving moderate sedation. That staff
37 member shall be trained in pediatric life support and airway
38 management, equivalent to the AAP-AAPD Guidelines or as
39 determined by the board.

1 (e) For a patient under seven years of age, there shall be at least
2 two support staff persons, in addition to the dentist, present at all
3 times during the procedure involving moderate sedation. One staff
4 member shall be solely dedicated to monitoring the patient, and
5 shall be trained in pediatric life support and airway management,
6 equivalent to the AAP-AAPD Guidelines or as determined by the
7 board.

8 (f) This article shall not apply to the administration of local
9 anesthesia, minimal sedation, deep sedation, or general anesthesia.

10 SEC. 17. Section 1647.3 of the Business and Professions Code
11 is amended to read:

12 1647.3. (a) A dentist who desires to administer or to order the
13 administration of moderate sedation shall apply to the board on
14 an application form prescribed by the board. The dentist shall
15 submit an application fee and produce evidence showing that he
16 or she has successfully completed training in moderate sedation
17 that meets the requirements of subdivision (c).

18 (b) The application for a permit shall include documentation
19 that equipment and drugs required by the board are on the premises.

20 (c) Training in the administration of moderate sedation shall be
21 acceptable if it meets all of the following as approved by the board:

- 22 (1) Consists of at least 60 hours of instruction.
- 23 (2) Requires satisfactory completion of at least 20 cases of
24 administration of moderate sedation for a variety of dental
25 procedures.
- 26 (3) Complies with the requirements of the Guidelines for
27 Teaching Pain Control and Sedation to Dentists and Dental
28 Students of the American Dental Association, including, but not
29 limited to, certification of competence in rescuing patients from a
30 deeper level of sedation than intended, and managing the airway,
31 intravascular or intraosseous access, and reversal medications.

32 (d) A pediatric endorsement requires the dentist to be trained
33 in Pediatric Advanced Life Support (PALS) and airway
34 management, equivalent to the American Academy of Pediatrics
35 and the American Academy of Pediatric Dentistry (AAP-AAPD)
36 Guidelines, or as determined by the board, and successful
37 completion of any of the following:

- 38 (1) A moderate sedation course consisting of at least 60 hours
39 of didactic instruction and at least 20 clinical cases, as described

1 in subdivision (c), but that is directed at treating pediatric patients
2 under 13 years of age.

3 (2) A moderate sedation course, as described in subdivision (c),
4 that is directed at treating patients 13 years of age or older, in
5 addition to at least 24 hours of didactic instruction in pediatric
6 moderate sedation and at least 10 clinical cases in pediatric
7 moderate sedation.

8 (3) A moderate sedation course that is directed at treating
9 patients 13 years of age or older, as described in subdivision (c),
10 in addition to completion of an accredited pediatric dental residency
11 program. The pediatric moderate sedation permit holder shall
12 provide proof of completion of at least 20 cases to establish
13 competency, both at the time of the initial application and at
14 renewal.

15 SEC. 18. Section 1647.5 of the Business and Professions Code
16 is amended to read:

17 1647.5. A permittee shall be required to complete 15 hours of
18 approved courses of study related to moderate sedation as a
19 condition of renewal of a permit. Those courses of study shall be
20 credited toward any continuing education required by the board
21 pursuant to Section 1645.

22 SEC. 19. Section 1647.6 of the Business and Professions Code
23 is amended to read:

24 1647.6. A physical evaluation and medical history shall be
25 taken before the administration of moderate sedation. Any dentist
26 holding a permit shall maintain records of the physical evaluation,
27 medical history, and moderate sedation procedures used as required
28 by board regulations.

29 SEC. 20. Section 1647.7 of the Business and Professions Code
30 is amended to read:

31 1647.7. (a) Prior to the issuance or renewal of a permit to
32 administer moderate sedation, the board may, at its discretion,
33 require an onsite inspection and evaluation of the licensee and
34 the facility, equipment, personnel, and procedures utilized by the
35 licensee. The permit of any dentist who has failed an onsite
36 inspection and evaluation shall be automatically suspended 30
37 days after the date on which the board notifies the dentist of the
38 failure unless, within that time period, the dentist has retaken and
39 passed an onsite inspection and evaluation. Every dentist issued a
40 permit under this article shall have an onsite inspection and

1 evaluation at least once in every six years. Refusal to submit to an
2 inspection shall result in automatic denial or revocation of the
3 permit.

4 (b) An applicant who has successfully completed the course
5 required by Section 1647.3 may be granted a one-year temporary
6 permit by the board prior to the onsite inspection and evaluation.
7 Failure to pass the inspection and evaluation shall result in the
8 immediate and automatic termination of the temporary permit.

9 (c) The board may contract with public or private organizations
10 or individuals expert in dental outpatient moderate sedation to
11 perform onsite inspections and evaluations. The board may not,
12 however, delegate its authority to issue permits or to determine
13 the persons or facilities to be inspected.

14 SEC. 21. Section 1647.8.5 is added to the Business and
15 Professions Code, to read:

16 1647.8.5. A moderate sedation permit shall expire on the date
17 specified in Section 1715 that next occurs after its issuance, unless
18 it is renewed as provided in this article.

19 SEC. 22. Article 2.85 (commencing with Section 1647.10) of
20 Chapter 4 of Division 2 of the Business and Professions Code is
21 repealed.

22 SEC. 23. Article 2.86 (commencing with Section 1647.18) of
23 Chapter 4 of Division 2 of the Business and Professions Code is
24 repealed.

25 SEC. 24. Article 2.87 (commencing with Section 1647.30) is
26 added to Chapter 4 of Division 2 of the Business and Professions
27 Code, to read:

28

29 Article 2.87. Use of Pediatric Minimal Sedation

30

31 1647.30. (a) As used in this article, “minimal sedation” means
32 a drug-induced state during which patients respond normally to
33 verbal commands. Cognitive function and physical coordination
34 may be impaired, but airway reflexes, ventilatory functions, and
35 cardiovascular functions are unaffected.

36 (b) The drugs and techniques used in minimal sedation shall
37 have a margin of safety wide enough to render unintended loss of
38 consciousness unlikely. Further, patients whose only response is
39 reflex withdrawal from painful stimuli shall not be considered to
40 be in a state of minimal sedation.

1 (c) For the very young or developmentally delayed individual,
2 incapable of the usually expected verbal response, a minimally
3 depressed level of consciousness should be maintained.

4 1647.31. (a) A dentist may administer or order the
5 administration of minimal sedation on an outpatient basis for
6 pediatric dental patients under 13 years of age, if one of the
7 following conditions is met:

8 (1) The dentist holds a valid pediatric minimal sedation permit.

9 (2) The dentist possesses a current permit under Section 1638
10 or 1640 and either holds a valid general anesthesia permit or
11 obtains a permit issued by the board authorizing the dentist to
12 administer moderate sedation, deep sedation, or general anesthesia.

13 (b) A dentist who orders the administration of minimal sedation
14 shall be physically present in the treatment facility while the patient
15 is sedated.

16 (c) This article does not apply to the administration of local
17 anesthesia, moderate sedation, deep sedation, or general anesthesia.

18 1647.32. (a) A dentist who desires to administer or order the
19 administration of pediatric minimal sedation shall apply to the
20 board on an application form prescribed by the board. The dentist
21 shall submit an application fee and produce evidence showing that
22 he or she has successfully completed training in pediatric minimal
23 sedation that meets the requirements of subdivision (c).

24 (b) The application for a permit shall include documentation
25 that equipment and drugs required by the board are on the premises.

26 (c) Training in the administration of pediatric minimal sedation
27 shall be acceptable if it meets both of the following as approved
28 by the board:

29 (1) Consists of at least 24 hours of pediatric minimal sedation
30 instruction in addition to one clinical case. The pediatric minimal
31 sedation instruction shall include training in airway management
32 and patient rescue from moderate sedation.

33 (2) Includes completion of an accredited residency in pediatric
34 dentistry.

35 (d) A dentist is limited to administering a single dose of a single
36 drug via the oral route, plus a mix of nitrous oxide and oxygen
37 that is unlikely to produce a state of unintended moderate sedation.

38 (e) A minimum of one staff member, in addition to the dentist,
39 trained in the monitoring and resuscitation of pediatric patients
40 shall be present.

1 1647.33. (a) The application fee for a pediatric minimal
2 sedation permit or renewal under this article shall not exceed the
3 amount prescribed in Section 1724.

4 (b) It is the intent of the Legislature that the board hire sufficient
5 staff to administer the program and that the fees established
6 pursuant to this section be equivalent to administration and
7 enforcement costs incurred by the board in carrying out this article.

8 1647.34. A violation of any provision of this article constitutes
9 unprofessional conduct and is grounds for the revocation or
10 suspension of the dentist’s permit or license, ~~or both, or the dentist~~
11 ~~may be reprimanded or placed on probation. both.~~ The proceedings
12 under this section shall be conducted in accordance with Chapter
13 5 (commencing with Section 11500) of Part 1 of Division 3 of
14 Title 2 of the Government Code, and the board shall have all the
15 powers granted therein.

16 SEC. 25. No reimbursement is required by this act pursuant to
17 Section 6 of Article XIII B of the California Constitution because
18 the only costs that may be incurred by a local agency or school
19 district will be incurred because this act creates a new crime or
20 infraction, eliminates a crime or infraction, or changes the penalty
21 for a crime or infraction, within the meaning of Section 17556 of
22 the Government Code, or changes the definition of a crime within
23 the meaning of Section 6 of Article XIII B of the California
24 Constitution.



MEMORANDUM

DATE	May 3, 2017
TO	Members of the Anesthesia Committee, Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 6: Discussion and Possible Action Regarding Proposed Legislative Language Submitted by California Association of Nurse Anesthetists (CANA)

During the last year, the Dental Board of California (Board) compiled information pertaining to pediatric anesthesia to submit in a report to the Legislature at the beginning of 2017. During this process, the Board received correspondence from the California Association of Nurse Anesthetists (CANA). During its February 2017 meeting, the Board discussed the utilization of Certified Registered Nurse Anesthetists (CANA) for the administration of general anesthesia in dental health care settings.

Existing law, Business and Professions Code Section 2827 specifies that the utilization of a nurse anesthetist to provide anesthesia services in an acute care facility shall be approved by the acute care facility administration and the appropriate committee, and at the discretion of the physician, dentist or podiatrist. If a general anesthetic agent is administered in a dental office, the dentist shall hold a permit authorized by Section 1646.

California Code of Regulations, Title 16, Section 1043.1 specifies that an applicant for a permit to administer general anesthesia or order the administration of general anesthesia by a nurse anesthetist must be a licensed dentist in California who has completed a residency program in general anesthesia of not less than one calendar year, that is approved by the board; or has completed a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Dental Accreditation.

CANA has submitted the attached draft legislative proposal for the Board to review and provide feedback. Representatives from CANA will be attending the Board meeting to speak to this item and provide the Committee with additional information.

CANA Proposed Amendments to the Dental Practice Act, *revised 03-24-2017*

A. New Section:

1646.10

(a) Notwithstanding any other provision of law, including, but not limited to, Section 1646.1, Section 1647.2 and Section 2827, a certified registered nurse anesthetist licensed pursuant to Chapter 6, Article 2 and certified as a nurse anesthetist pursuant to Chapter 6, Article 7 may administer general anesthesia or conscious sedation in the office of a licensed dentist for dental patients, without regard to whether the dentist possesses a permit issued pursuant to this article, if both of the following conditions are met:

(1) The certified registered nurse anesthetist possesses a current license and certification in good standing to practice nursing and nurse anesthesia in this state.

(2) The certified nurse anesthetist holds a valid general anesthesia permit issued by the Dental Board of California pursuant to subdivision (b).

(b) (1) A certified registered nurse anesthetist who desires to administer general anesthesia as set forth in subdivision (a) shall apply to the Dental Board of California on an application form prescribed by the board and shall submit all of the following:

(A) The payment of an application fee prescribed by this article.

(B) Evidence satisfactory to the California Board of Registered Nursing showing that the applicant has

successfully completed a postgraduate educational program in nurse anesthesia that is recognized by the Council on Accreditation of Nurse Anesthesia Education Programs, as set forth in Section 2826.

(C) Documentation demonstrating that all equipment and drugs required by the Dental Board of California ~~are possessed by the applicant and~~ shall be available for use in any dental office in which he or she administers general anesthesia or conscious sedation.

(2) Prior to issuance or renewal of a permit pursuant to this section, the Dental Board of California may, at its discretion, require an onsite inspection and evaluation of the facility, equipment, personnel, including, but not limited to, the certified registered nurse anesthetist, and procedures utilized. At least one of the persons evaluating the procedures utilized by the certified registered nurse anesthetist shall be a licensed certified registered nurse anesthetist expert in outpatient general anesthesia who has been authorized or retained under contract by the Dental Board of California for this purpose.

(3) The permit of a certified registered nurse anesthetist who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the board notifies the certified registered nurse anesthetist of the failure unless within that time period the certified registered nurse anesthetist has retaken and passed an onsite inspection and evaluation. Every certified registered nurse anesthetist issued a permit under this article shall have an onsite inspection and evaluation at least once every six years. Refusal to submit to an inspection shall result in automatic denial or revocation of the permit.

B. Amendment: Regarding the Nurse Anesthetist Act, a minimal conforming amendment to section 2827, such as one of the following options, may be included in the same legislation:

I. 2827.

The utilization of a nurse anesthetist to provide anesthesia services in an acute care facility shall be approved by the acute care facility administration and the appropriate committee, and at the discretion of the physician, dentist or podiatrist. If ~~a general anesthetic agent~~ **anesthesia or sedation** is administered in a dental office, the ~~dentist~~ **nurse anesthetist** shall hold a permit authorized by Section 1646.

II. 2827.

The utilization of a nurse anesthetist to provide anesthesia services in an acute care facility shall be approved by the acute care facility administration and the appropriate committee, and at the discretion of the physician, dentist or podiatrist. ~~If a general anesthetic agent~~ **Anesthesia or sedation** ~~is~~ administered in a dental office, ~~the dentist shall hold a permit authorized by~~ **shall be in accordance with** Section 1646.



DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

LEGISLATIVE AND REGULATORY COMMITTEE MEETING AGENDA MAY 11, 2017

Upon Conclusion of the Meeting of the Anesthesia Committee
Wyndham Anaheim Garden Grove
12021 Harbor Boulevard
Garden Grove, CA 92840-4001
(714) 867-5555 (Hotel) or (916) 263-2300 (Board Office)

Members of the Legislative and Regulatory Committee:

Fran Burton, MSW, Public Member, Chair
Steven Morrow, DDS, MS, Vice Chair
Steven Chan, DDS
Abigail Medina, Public Member

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action 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. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Committee meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of the February 23, 2017 Legislative and Regulatory Meeting Minutes
3. 2017 Tentative Legislative Calendar – Information Only
4. Discussion and Possible Action on the Following Legislation:
 - A. AB 703 (Flora) Professions and Vocations: Licenses: Fee Waivers
 - B. AB 1277 (Daly) Dentistry: Dental Board of California: Regulations
 - C. SB 27 (Morrell) Professions and Vocations: Licenses: Military Service

5. Update on Pending Regulatory Packages
 - A. Continuing Education Requirements and Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1017)
 - B. Definitions for Filing and Discovery (Cal. Code of Regs., Title 16, Section 1001.1 and 1001.2)
 - C. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division 10, Chapter 3)
 - D. Determination of Radiographs and Placement of Interim Therapeutic Restorations (New Regulation)
 - E. Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8)
 - F. Fee Increase (Cal. Code of Regs., Title 16, Sections 1021 and 1022)
 - G. Institutional Standards (Cal. Code of Regs., Title 16, Section 1024.1)
 - H. Licensure by Credential Application Requirements (Cal. Code of Regs., Title 16, Section 1028.6)
 - I. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049)
6. Discussion of Prospective Legislative Proposals
Stakeholders are Encouraged to Submit Proposals In Writing to the Board Before or During the Meeting for Possible Consideration by the Board at a Future Meeting
7. Public Comment on Items Not on the Agenda
The Committee may not discuss or take action 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 §§ 11125 and 11125.7(a)).
8. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
9. Committee Member Comments on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Board Member Comments 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 §§ 11125 and 11125.7(a)).
10. Adjournment



DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

DENTAL BOARD OF CALIFORNIA MEETING AGENDA
Legislative and Regulatory Committee Meeting
February 23, 2017
Humphreys Half Moon Inn
2303 Shelter Island Drive
San Diego, CA 92106

Members Present

Fran Burton, Chair
Steven Morrow, Vice President
Steven Chan
Katie Dawson
Debra Woo

Members Absent

Agenda Item 1 **Quorum was established.**

Agenda Item 2 **Approval of the May 11, 2016 Legislative and Regulatory Committee Meeting Minutes**

M/S/C: (Woo/Burton) motioned for approval seconded.

AYES: 2 NAYS: 0 ABSTAIN: 3

Agenda Item 3 **Legislative Calendar**

Chair Burton stated that some of these are "spot" bills so it is not necessary to oppose or accept.

Agenda Item 4A **Assembly Bill 12 (Cooley) – State Government: Administrative Regulations: Review**

M/S/C: (Burton/Morrow) motioned to watch.

AYES: 5 NAYS: 0 ABSTAIN: 0

**Agenda Item 4B Assembly Bill 15 (Maienschein) – Denti-Cal Program:
Reimbursement Rates**

Ms. Burton introduces as part of funds DHCS will received for Denticare.
Ms. Wallace stated no fiscal impact to DBC.
M/S/C: (Chan/Morrow) motioned to watch.

AYES: 5 NAYS: 0 ABSTAIN: 0

**Agenda Item 4C Assembly Bill 40 (Santiago) – CURES Database: Health
Information System**

Informational purposes only.

Agenda Item 4D Assembly Bill 224 (Thurmond) Dentistry

M/S/C: (Morrow/Chan) motioned to watch.

Ms. Wallace stated too early to specify what this will be in the end, but could be pediatric anesthesia.

AYES: 5 NAYS: 0 ABSTAIN: 0

**Agenda Item 4E Assembly Bill 349 (McCarty) Department of Consumer Affairs:
Applications for Licensure: Special Immigrant Visas**

M/S/C: (Morrow/Woo) motioned to watch.

AYES: 5 NAYS: 0 ABSTAIN: 0

**Agenda Item 4F Senate Bill 27 (Morrell) Professions and Vocations: Licenses:
Military Service**

Ms. Wallace stated this would waive licensure fee for Honorable Discharged for Military Service.

M/S/C: (Burton/Dawson) motioned to watch.

AYES: 5 NAYS: 0 ABSTAIN: 0

Agenda Item 5 Update Pending Regulations

Regulatory agenda this year:

Staff is working on the development of the Continuing Education and Basic Life Support Equivalency Standards to bring back to Board this year. Dental Assisting Comprehensive Regulatory Proposal is in motion. Two more workshops and it is expected to bring language proposal to Board at August meeting for promulgation. The interim Therapeutic Restoration Rulemaking package draft language was presented to Board at December meeting. We did not receive any stakeholder responses on that, so staff will work with Legal Counsel to move forward with drafting of Language and hopefully to be presented at May meeting. The Elective Facial Cosmetic Surgery permit application and renewal requirements that proposed language approved at December meeting and working on rulemaking package. The Fee Increase still going through approval process and currently with Agency and we are waiting to be finalized. The Institutional Standards rulemaking was approved by Board at December meeting and staff is in process of finalizing initial rulemaking documents. Licensure by Credential application requirements Board reviewed draft language and staff is finalizing to present at future meeting. Mobile and portable dental registration had been approved by the Board but issues have been found, will be brought back to Board at future meeting. May and August meetings will be heavy on regulatory packages for Board consideration.

Agenda Item 7 Public Comment on items not on the agenda

Mary McCune, California Dental Association, AB 1277 was introduced by Senator Daly and is a spot bill and DCA is supporting.

No further Public or Board comment.

Meeting was adjourned.



MEMORANDUM

DATE	May 3, 2017
TO	Members of the Legislative and Regulatory Committee, Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 3: 2017 Tentative Legislative Calendar – Information Only

The 2017 Tentative Legislative Calendar is enclosed.

Action Requested:
No action necessary.

2017 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK

Revised 11-16-16

DEADLINES

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

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

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

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

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

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 4** Legislature reconvenes (J.R. 51(a)(1)).
- Jan. 10** Budget Bill must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 16** Martin Luther King, Jr. Day.
- Jan. 20** Last day to submit **bill requests** to Office of Legislative Counsel.

- Feb. 17** Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).
- Feb. 20** Presidents' Day.

- Mar. 31** Cesar Chavez Day.

- Apr. 6** **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).
- Apr. 17** Legislature reconvenes from Spring Recess (J.R. 51(a)(2)).
- Apr. 28** Last day for **policy committees** to hear and report **fiscal bills** for referral to fiscal committees (J.R. 61(a)(2)).

- May 12** Last day for **policy committees** to hear and report to the floor **nonfiscal** bills (J.R. 61(a)(3)).
- May 19** Last day for **policy committees** to meet prior to June 5 (J.R. 61(a)(4)).
- May 26** Last day for **fiscal committees** to hear and report bills to the floor (J.R. 61 (a)(5)). Last day for **fiscal committees** to meet prior to June 5 (J.R. 61 (a)(6)).
- May 29** Memorial Day observed.
- May 30-June 2** **Floor session only.** No committee may meet for any purpose except for Rules Committee and Conference Committees (J.R. 61(a)(7)).

2017 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK

Revised 11-16-16

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

June 2 Last day to pass bills out of house of origin (J.R. 61(a)(8)). Committee meetings may resume (J.R. 61(a)(9)).

June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).

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

July 4 Independence Day.

July 14 Last day for **policy committees** to hear and report **fiscal bills** for referral to fiscal committees (J.R. 61(a)(10)).

July 21 Last day for **policy committees** to hear and report bills (J.R. 61(a)(11)). **Summer Recess** begins upon adjournment, provided Budget Bill has been passed (J.R. 51 (a)(3)).

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

Aug. 21 Legislature reconvenes from Summer Recess (J.R. 51 (a)(3)).

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

Sept. 1 Last day for **fiscal committees** to meet and report bills to the **Floor** (J.R. 61(a)(12)).

Sept. 4 Labor Day.

Sept. 5– 15 Floor session only. No committee may meet for any purpose (J.R. 61(a)(13)).

Sept. 8 Last day to **amend** on the Floor (J.R. 61(a)(14)).

Sept. 15 Last day for any bill to be passed (J.R. 61(a)(15)). Interim Recess begins on adjournment (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING INTERIM RECESS

2017

Oct. 15 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 15 and in the Governor's possession after Sept. 15 (Art. IV, Sec.10(b)(1)).

2018

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

Jan. 3 Legislature reconvenes (J.R. 51(a)(4)).

2017 TENTATIVE LEGISLATIVE CALENDAR
 COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE
 Revised 11/16/2016

DEADLINES

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

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 4** Legislature **reconvenes** (J.R. 51(a)(1)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 16** Martin Luther King, Jr. Day
- Jan. 20** Last day to submit **bill requests** to the Office of Legislative Counsel

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

- Feb. 17** Last day for bills to **be introduced** (J.R. 61(a),(1)(J.R. 54(a)).
- Feb. 20** Presidents' Day

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

- Mar. 31** Cesar Chavez Day.

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

- Apr. 6** **Spring recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).
- Apr. 17** Legislature **reconvenes** from Spring recess (J.R. 51(a)(2)).
- Apr. 28** Last day for **policy committees** to hear and report to **fiscal** Committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

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

- May 12** Last day for **policy committees** to hear and report **non-fiscal bills** introduced in their house to Floor (J.R. 61(a)(3))
- May 19** Last day for **policy committees** to meet prior to June 5 (J.R. 61(a)(4)).
- May 26** Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)).
Last day for **fiscal committees** to meet prior to June 5 (J.R. 61(a)(6)).
- May 29** Memorial Day.
- May 30-June 2 Floor Session Only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(7)).

*Holiday schedule subject to Senate Rules committee approval

2017 TENTATIVE LEGISLATIVE CALENDAR
 COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE
 Revised 11/16/2016

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

- June 2** Last day for bills to be **passed out of the house of origin** (J.R. 61(a)(8)).
- June 5** Committee meetings may resume (J.R. 61(a)(9)).
- June 15** Budget must be passed by **midnight** (Art. IV, Sec. 12(c)(3)).

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

- July 4** Independence Day observed.
- July 14** Last day for **policy committees** to hear and report fiscal bills to **fiscal** Committees (J.R. 61(a)(10)).
- July 21** Last day for **policy committees** to meet and report bills (J.R. 61(a)(11)). **Summer Recess** begins upon adjournment of session provided Budget Bill has been enacted (J.R. 51(a)(3)).

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

- Aug. 21** **Legislature Reconvenes** (J.R. 51(a)(3)).

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

- Sep. 1** Last day for **fiscal committees** to meet and report bills to Floor (J.R. 61(a)(12)).
- Sept. 4** Labor Day.
- Sept. 8** Last day to **amend** on the floor (J.R. 61(a)(14)).
- Sept. 5-15** **Floor session only**. No committees, other than conference or Rules Committees, may meet for any purpose (J.R. 61(a)(13)).
- Sept. 15** Last day for **each house to pass bills** (J.R. 61(a)(15)). **Interim Study Recess** begins at end of this day's session (J.R. 51(a)(4)).

*Holiday schedule subject to Senate Rules committee approval

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2017
 Oct. 15 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 15 and in his possession after Sept. 15 (Art. IV, Sec.10(b)(1)).

2018
 Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).
 Jan. 3 Legislature reconvenes (J.R. 51(a)(4)).



MEMORANDUM

DATE	May 3, 2017
TO	Members of the Legislative and Regulatory Committee, Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 4: Discussion and Possible Action on Legislation

Background:

Board staff is currently tracking several bills pertaining to the Dental Board of California (Board). Staff has provided copies of each bill in its most recent version.

The following bills will be presented to the Legislative and Regulatory Committee for review and consideration:

- AB 703 (Flora) Professions and Vocations: Licenses: Fee Waivers
- AB 1277 (Daly) Dentistry: Dental Board of California: Regulations
- SB 27 (Morrell) Professions and Vocations: Licenses: Military Service

Board staff will be presenting analyses and comments regarding each bill at the Board meeting.

The following Web sites are excellent resources for viewing proposed legislation and finding additional information:

- www.senate.ca.gov
- www.assembly.ca.gov
- www.leginfo.ca.gov

Action Requested:

Committee to discuss and possibly recommend the Board to take action on each bill.

ASSEMBLY BILL

No. 703

Introduced by Assembly Member Flora

February 15, 2017

An act to add Section 115.7 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 703, as introduced, Flora. Professions and vocations: licenses: fee waivers.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law requires a board within the department to expedite the licensure process for an applicant who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state if the applicant holds a current license in the same profession or vocation in another state, district, or territory. Existing law also requires a board to issue temporary licenses in specified professions to applicants as described above if certain requirements are met.

This bill would require every board within the Department of Consumer Affairs to grant a fee waiver for application and issuance of an initial license for an applicant who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States if the applicant holds a current license in the same profession or vocation in another state, district, or territory. The bill would require that an applicant be granted fee waivers for both the application for and issuance of a license if the board charges fees for both. The bill would prohibit fee waivers from being issued for

renewal of a license, for an additional license, a certificate, a registration, or a permit associated with the initial license, or for the application for an examination.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

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

1 SECTION 1. Section 115.7 is added to the Business and
2 Professions Code, to read:

3 115.7. (a) Notwithstanding any other law, every board within
4 the department of Consumer Affairs shall grant a fee waiver for
5 the application for and issuance of an initial license to an applicant
6 who does both of the following:

7 (1) Supplies satisfactory evidence of being married to, or in a
8 domestic partnership or other legal union with an active duty
9 member of the Armed Forces of the United States.

10 (2) Holds a current, active, and unrestricted license that confers
11 upon him or her the authority to practice, in another state, district,
12 or territory of the United States, the profession or vocation for
13 which he or she seeks a license from the board.

14 (b) If a board charges a fee for the application for a license and
15 another fee for the issuance of a license, the applicant shall be
16 granted fee waivers for both the application for and issuance of a
17 license.

18 (c) A fee waiver shall not be issued for any of the following:

19 (1) Renewal of an existing California license.

20 (2) The application for and issuance of an additional license, a
21 certificate, a registration, or a permit associated with the initial
22 license.

23 (3) The application for an examination.

AMENDED IN ASSEMBLY MARCH 28, 2017

CALIFORNIA LEGISLATURE—2017—18 REGULAR SESSION

ASSEMBLY BILL

No. 1277

Introduced by Assembly Member Daly

February 17, 2017

An act to ~~amend Section 1611.5 of, and to add Section 1601.6 to,~~ to the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

AB 1277, as amended, Daly. Dentistry: Dental Board of ~~California.~~ *California: regulations.*

The Dental Practice Act provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California, which is within the Department of Consumer Affairs. Existing law requires a licensee to register his or her place of practice with the board, as specified, and authorizes the board to inspect the books, records, and premises of any dentist licensed under the act in response to a complaint that a licensee has violated any law or regulation that constitutes grounds for disciplinary action by the board. ~~Under the act, a licensee's failure to allow an inspection, or any part of an inspection, is grounds for suspension or revocation of the licensee's license.~~ *Existing law, the Administrative Procedure Act, governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law. That act authorizes state agencies to adopt emergency regulations if certain procedures are followed, including making a finding of emergency and the need for immediate action.*

This bill would require the board, by July 1, 2018, to adopt regulations requiring all dental clinics to inspect lines, faucets, and any other object or system that delivers water into the dental clinic or for use on patients. The bill would additionally authorize the board to proactively inspect the books, records, and premises of any dentist licensed under the act. *board to amend regulations on the minimum standards for infection control to require water or other methods used for irrigation to be sterile or contain recognized disinfecting or antibacterial properties when performing dental procedures that expose dental pulp. The bill, until December 31, 2018, would deem the adoption and readoption of the regulation an emergency and would exempt the board from describing facts showing the need for immediate action and from review by the Office of Administrative Law. The bill would require the board to adopt final regulations on or before December 31, 2018.*

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

- 1 SECTION 1. Section 1601.6 is added to the Business and
- 2 Professions Code, to read:
- 3 1601.6. ~~By July 1, 2018, the board shall adopt regulations that~~
- 4 ~~require all dental clinics to inspect lines, faucets, and any other~~
- 5 ~~object or system that delivers water into the dental clinic or for~~
- 6 ~~use on patients.~~
- 7 1601.6. (a) *Consistent with and in addition to the federal*
- 8 *Centers for Disease Control and Prevention recommendations for*
- 9 *procedural water quality, the board shall amend the regulations*
- 10 *on the minimum standards for infection control (Section 1005 of*
- 11 *Title 16 of the California Code of Regulations) to require water*
- 12 *or other methods used for irrigation to be sterile or contain*
- 13 *recognized disinfecting or antibacterial properties when*
- 14 *performing dental procedures that expose dental pulp.*
- 15 (b) *Until December 31, 2018, the adoption and readoption of*
- 16 *a regulation by the board consistent with this section shall be*
- 17 *deemed to be an emergency necessary for the immediate*
- 18 *preservation of the public peace, health and safety, or general*
- 19 *welfare for purposes of Sections 11346.1 and 11346.9 of the*
- 20 *Government Code and the board is hereby exempted from the*
- 21 *requirement that it describe facts showing the need for immediate*

1 *action and from review of the emergency regulations by the Office*
2 *of Administrative Law.*

3 *(c) The board shall adopt final regulations consistent with this*
4 *section on or before December 31, 2018.*

5 ~~SEC. 2. Section 1611.5 of the Business and Professions Code~~
6 ~~is amended to read:~~

7 ~~1611.5. The board may inspect the books, records, and premises~~
8 ~~of any dentist licensed under this chapter either proactively or in~~
9 ~~response to a complaint that a licensee has violated any law or~~
10 ~~regulation that constitutes grounds for disciplinary action by the~~
11 ~~board, and may employ inspectors for this purpose.~~

12 ~~A licensee's failure to allow an inspection or any part thereof~~
13 ~~shall be grounds for suspension or revocation of the license in~~
14 ~~accordance with Section 1670.~~

AMENDED IN SENATE APRIL 17, 2017

SENATE BILL

No. 27

Introduced by Senator Morrell

(Coauthors: Senators Bates, Berryhill, Nguyen, and Wilk)

*(Coauthors: Assembly Members Acosta, Baker, Chávez, Cunningham,
Lackey, Mathis, and Patterson)*

December 5, 2016

An act to add Section 114.6 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 27, as amended, Morrell. Professions and vocations: licenses: military service.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes any licensee or registrant whose license expired while he or she was on active duty as a member of the California National Guard or the United States Armed Forces to reinstate his or her license or registration without examination or penalty if certain requirements are met. Existing law also requires the boards to waive the renewal fees, continuing education requirements, and other renewal requirements, if applicable, of any licensee or registrant called to active duty as a member of the United States Armed Forces or the California National Guard, if certain requirements are met. Existing law requires each board to inquire in every application if the individual applying for licensure is serving in, or has previously served in, the military. Existing law requires a board within the Department of Consumer Affairs to expedite, and authorizes a board to assist with, the initial licensure

process for an applicant who has served as an active duty member of the United States Armed Forces and was honorably discharged.

This bill would require every board within the Department of Consumer Affairs to grant a fee waiver for the application for and the issuance of an initial license to an applicant who supplies satisfactory evidence, as defined, to the board that the applicant has served as an active duty member of the California National Guard or the United States Armed Forces and was honorably discharged. The bill would require that a veteran be granted only one fee waiver, except as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

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

1 SECTION 1. Section 114.6 is added to the Business and
2 Professions Code, to read:

3 114.6. (a) (1) Notwithstanding any other law, every board
4 within the department shall grant a fee waiver for the application
5 for and issuance of an initial license to an applicant who supplies
6 satisfactory evidence to the board that the applicant has served as
7 an active duty member of the California National Guard or the
8 United States Armed Forces and was honorably discharged.

9 (2) For purposes of this section, “satisfactory evidence” means
10 a completed “Certificate of Release or Discharge from Active
11 Duty” (DD Form 214).

12 (b) (1) A veteran shall be granted only one fee waiver, except
13 as specified in paragraph (2). After a fee waiver has been issued
14 by ~~any~~ a board within the department, the veteran is no longer
15 eligible for a waiver.

16 (2) If a board charges a fee for the application for a license and
17 another fee for the issuance of a license, the veteran shall be granted
18 fee waivers for both the application for and issuance of a license.

19 (3) The fee waiver shall apply only to an application of and a
20 license issued to an individual veteran and not to an application
21 of or a license issued to an individual veteran on behalf of a
22 business or other entity.

23 (4) A fee waiver shall not be issued for any of the following:

24 (A) Renewal of a license.

- 1 (B) The application for and issuance of an additional license, a
- 2 certificate, a registration, or a permit associated with the initial
- 3 license.
- 4 (C) The application for an examination.

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MEMORANDUM

DATE	May 3, 2017
TO	Members of the Legislative and Regulatory Committee, Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 5: Update on Pending Regulatory Packages

A. Continuing Education Requirements and Basic Life Support Equivalency Standards (CCR, Title 16, Sections 1016 and 1017):

In March 2013, the Board's Executive Officer received a letter from Mr. Ralph Shenefelt, Senior Vice President of the Health and Safety Institute, petitioning the Board to amend California Code of Regulations, Title 16, Sections 1016(b)(1)(C) and 1017(d) such that a Basic Life Support (BLS) certification issued by the American Safety and Health Institute (ASHI), which is a brand of the Health and Safety Institute, would satisfy the mandatory BLS certification requirement for license renewal, and the required advanced cardiac life support course required for the renewal of a general anesthesia permit. Additionally, the letter requested an amendment to Section 1017(d) to specify that an advanced cardiac life support course which is approved by the American Heart Association or the ASHI include an examination on the materials presented in the course or any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the most recent "American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association.

Additionally, AB 836 (Skinner Chapter 299, statutes of 2013) restricted the continuing education requirement hours for active-retired dentists who provide only uncompensated care at a maximum of 60% of that required for non-retired active dentists, and requires the Board to report on the status of retired active dentists who provide only uncompensated care during its next sunset report. These new requirements will need to be implemented as part of this rulemaking proposal.

The Board deemed the development of a regulatory package relating to Continuing Education and Basic Life Support Equivalency Standards a priority and Board staff is working on the development of proposed language and will present it to the Board for consideration at a future meeting.

B. Defining Discovery and Filing (CCR, Title 16, Sections 1001.1 and 1001.2):

At the March 2016 Board meeting, Assistant Executive Officer, Sarah Wallace, discussed the advisement of the Attorney General's Office regarding the promulgation of regulations, as done by the Medical Board of California, to define the terms "discovery" and "filing" as found in the Business and Professions Code Section 1670.2.

This would provide a clearer understanding for both prosecutors, who have the duty to file accusations timely, and for respondents. As a result, staff has worked with the Board's Legal Counsel to draft language in defining "discovery" and "filing". At the May 2016 Board meeting, the Board initiated the rulemaking file for this regulatory package.

Board staff filed the initial rulemaking documents with the OAL on Tuesday, August 2nd and the proposal was published in the California Regulatory Notice Register on Friday, August 12, 2016. The 45-day public comment period began on Friday, August 12, 2016 and ended on Monday, September 26, 2016. The Board held a regulatory hearing in Sacramento on Monday, September 26, 2016.

Staff submitted the final rulemaking file to the Department of Consumer Affairs (Department) on September 30, 2016. During the review process, it was determined that a nonsubstantive change was needed to be made in referencing a code section. As a result, staff made the necessary changes and resubmitted it to the Department.

The final approved rulemaking file was submitted to the Office of Administrative Law (OAL) on April 13, 2017. The OAL will have thirty (30) working days to review the file. Once approved, the rulemaking will be filed with the Secretary of State. Beginning January 1, 2013, new quarterly effective dates for regulations will be dependent upon the timeframe an OAL approved rulemaking is filed with the Secretary of State, as follows:

- The regulation would take effect on January 1 if the OAL approved rulemaking is filed with the Secretary of State on September 1 to November 30, inclusive.
- The regulation would take effect on April 1 if the OAL approved rulemaking is filed with the Secretary of State on December 1 to February 29, inclusive.
- The regulation would take effect on July 1 if the OAL approved rulemaking is filed with the Secretary of State on March 1 to May 31, inclusive.
- The regulation would take effect on October 1 if the OAL approved regulation is filed on June 1 to August 31, inclusive.

The deadline to submit this final rulemaking file to the Office of Administrative Law for review and determination of approval is August 12, 2017.

C. Dental Assisting Comprehensive Regulatory Proposal (CCR Title 16, Division Chapter 3):

The Dental Assisting Council (Council) finished its 2016 workshops and is scheduling the 2017 regulatory development workshops as part of the Dental Assisting Comprehensive Regulatory Proposal. As a result of each of these workshops, Board staff has been able to develop proposed regulatory language which will be presented to the Board at a future meeting once these workshops are concluded. Once completed, this rulemaking will include educational program and course requirements, examination

requirements, and licensure requirements relating to dental assisting. Board staff is working on the development of final proposed language and will present it to the Board for consideration at a future meeting.

D. Interim Therapeutic Restoration (ITR) Competency Standards for Instruction (New Regulations)

Assembly Bill 1174 (Bocanegra, Chapter 662, Statutes of 2014) added specified duties to registered dental assistants in extended functions. The Bill required the Board to adopt regulations to establish requirements for courses of instruction for procedures authorized to be performed by a registered dental assistant in extended functions using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. Additionally, the bill required the Board to propose regulatory language for the Interim Therapeutic Restoration (ITR) for registered dental hygienists and registered dental hygienists in alternative practice. The proposed ITR regulatory language must mirror the curriculum requirements for the registered dental assistant in extended functions.

During the December 2016 Board meeting staff presented the proposed regulatory language to the Board for comments in further developing the proposed language in order to initial a rulemaking package at a future meeting.

E. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal (CCR, Title 16, Sections 1044.6, 1044.7, and 1044.8):

At its December 2016 meeting, the Board approved proposed regulatory language relative to the elective facial cosmetic surgery permit application requirements and renewal and directed staff to initiate the rulemaking. Board staff is currently working on the initial rulemaking file documents.

F. Fee Increase (California Code of Regulation, Title 16, Sections 1021 and 1022):

Board staff filed the initial rulemaking documents with the Office of Administrative Law (OAL) on Tuesday, June 14th and the proposal was published in the California Regulatory Notice Register on Friday, June 24, 2016. The 45-day public comment period began on Friday, June 24, 2016 and ended on Monday, August 8, 2016. The Board held a regulatory hearing in Sacramento on Monday, August 8, 2016.

The Board received written comments from: (1) the California Dental Association (CDA); and (2) a joint letter from the Foundation for Allied Dental Education, Inc. (FADE), the California Association of Dental Assisting Teachers, Inc. (CADAT), the California Dental Assistants Association, Inc. (CDAA), and the Extended Functions Dental Assistants Association, Inc. (EFDAA).

At its August 19, 2016 meeting, the Board considered comments received during the 45-day public comment period and voted to modify that the text in response to some of the comments. The Board directed staff to notice the modified text for 15-day public comment, which included the amendments discussed at the meeting. If after the 15-day public comment period no adverse comments were received, the Executive Officer was further authorized to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopted the proposed amendments as noticed in the modified text.

The Notice of Modified Text and Modified Text were noticed on the Board's web site and mailed to interested parties on August 25, 2016. The 15-day comment period began on August 26, 2016 and ended on September 10, 2016. The Board did not receive comments in response to the modified text. Since there were no comments received in response to the modified text, the Board adopted the final text as noticed in the modified text at its August 19, 2016 meeting and directed staff to finalize the rulemaking file.

Staff submitted the final rulemaking file to the Department of Consumer Affairs (Department) on September 30, 2016.

The final approved rulemaking file was submitted to the Office of Administrative Law (OAL) on April 13, 2017. The OAL will have thirty (30) working days to review the file. Once approved, the rulemaking will be filed with the Secretary of State. Beginning January 1, 2013, new quarterly effective dates for regulations will be dependent upon the timeframe an OAL approved rulemaking is filed with the Secretary of State, as follows:

- The regulation would take effect on January 1 if the OAL approved rulemaking is filed with the Secretary of State on September 1 to November 30, inclusive.
- The regulation would take effect on April 1 if the OAL approved rulemaking is filed with the Secretary of State on December 1 to February 29, inclusive.
- The regulation would take effect on July 1 if the OAL approved rulemaking is filed with the Secretary of State on March 1 to May 31, inclusive.
- The regulation would take effect on October 1 if the OAL approved regulation is filed on June 1 to August 31, inclusive.

The deadline to submit this final rulemaking file to the Office of Administrative Law for review and determination of approval is June 24, 2017.

G. Institutional Standards (California Code of Regulation, Title 16, Section 1024.1)

During the August 2016 meeting, the Dental Board of California (Board) voted to include updating the institutional standards found in the California Code of Regulations (CCR), Title 16, Section 1024.1 as part of the regulatory rulemaking priorities for fiscal year 2016-2017. On December 2, 2016, the Board approved proposed regulatory language relative to updating the institutional standards found in CCR 1024.1 and directed staff to initiate the rulemaking. Board staff is currently working on the initial rulemaking file documents.

H. Licensure by Credential Application Requirements (CCR, Title 16, Section 1028.6):

The Board added this rulemaking to its list of priorities for Fiscal Year (FY) 2014-15. Staff has been working with Board Legal Counsel to identify issues and develop regulatory language to implement, interpret, and specify the application requirements for the Licensure by Credential pathway to licensure. A subcommittee was appointed (Drs. Whitcher and Woo) to work with staff to draft regulatory language and to determine if statutory changes are also necessary. Staff met with the subcommittee and the Board Legal Counsel in October 2015 and as a result of that meeting, staff presented a few policy issues to the Board for recommendation during the December 2015 Board

meeting. Staff has incorporated the recommendations in the development of regulatory language and presented it to the Board during the December 2016 meeting at which time it was decided that the discussion would be tabled until a future Board meeting. Board staff is currently working on the rulemaking file documents to bring to the Board for consideration at a future meeting.

I. Mobile and Portable Dental Unit Registration Requirements (CCR, Title 16, Section 1049):

Senate Bill 562 (Galgiani Chapter 562, Statute of 2013) eliminated the one mobile dental clinic or unit limit and required a mobile dental unit or a dental practice that routinely uses portable dental units, a defined, to be registered and operated in accordance with the regulations of the Board. The bill required any regulations adopted by the board pertaining to this matter to require the registrant to identify a licensed dentist responsible for the mobile dental unit or portable practice, and to include requirements for availability to follow-up and emergency care, maintenance and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties. At its November 2014 meeting, the Board directed staff to add Mobile and Portable Dental Units to its list of regulatory priorities in order to interpret and specify the provisions relating to the registration requirements for the issuance of a mobile and portable dental unit. In December 2015, staff met and worked with the California Dental Association (CDA) to further develop regulatory language that was presented to the Board for consideration during the March 2016 meeting.

At its March 2016 meeting, the Board approved proposed regulatory language for the Mobile Dental Clinic and Portable Dental Unit Registration Requirements, however while drafting the initial rulemaking documents it was determined that the proposed language needed to be further developed. As a result, staff is making necessary changes to the proposed language to present to the Board at a future meeting.

Action Requested:

No action requested.



MEMORANDUM

DATE	May 3, 2017
TO	Members of the Legislative and Regulatory Committee, Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 6: Discussion of Prospective Legislative Proposals

Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future Board meeting.