



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
AUGUST 10, 2017**

Crowne Plaza
1177 Airport Boulevard
Burlingame, CA 94010
(650) 342-9200 (Hotel) or (916) 263-2300 (Board Office)

Members of the Board:

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

Fran Burton, MSW, Public Member
Steven Chan, DDS
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, August 10, 2017

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

1. Call to Order/Roll Call/Establishment of Quorum
2. Board President Welcome and Report
3. Approval of the February 23-24, 2017 Board Meeting Minutes
4. Approval of the May 11-12, 2017 Board Meeting Minutes
5. Selection of Meeting Dates for 2018 and 2019
6. Budget Report
 - A. State Dentistry Fund
 - B. State Dental Assisting Fund

RECESS to 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

RECESS to CONVENE COMMITTEE MEETINGS – SEE ATTACHED AGENDAS

- Substance Use Awareness Committee Meeting
See attached Prescription Drug Abuse Committee meeting agenda.
- Legislative and Regulatory Committee Meeting
See attached Legislative and Regulatory Committee meeting agenda.
- Anesthesia Committee
See attached Anesthesia Committee meeting agenda.

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 August 11, 2017.

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

A. 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).

B. Grant, Deny or Request Further Evaluation for Conscious Sedation Permit

Onsite Inspection and Evaluation Failure, pursuant to Title 16 CCR Section 1043.6

The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate 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

RETURN TO OPEN SESSION – FULL BOARD

RECESS



MEMORANDUM

DATE	July 18, 2017
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld Executive Assistant
SUBJECT	Agenda Item 2: 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 MINUTES

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

Present: Dr. Witcher, Dr. Stewart, Dr. Woo, Mr. Afriat, Ms. Burton, Dr. Chan, Ms. Chappell-Ingram, Ms. Dawson, Ms. Forsythe, Dr. Lai, Dr. Le, Dr. Morrow

Absent: Ms. King and Ms. McKenzie

Ms. Fischer announced 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 in order to better accommodate public participation. She also noted that lunch would be scheduled depending on the agenda items and discussion. Carlos Alvarez, Supervising Investigator I, introduced new key enforcement staff: Caroline Montgomery, Kee Nguyen, and Thomas Tortorici.

AGENDA ITEM 2: BOARD PRESIDENT WELCOME AND REPORT

President Witcher requested Board Chairs reflect on the goals and objectives of the Strategic Plan when developing the committee work plans for this year. He also reminded the Board that 2017 is a year of opportunity to address issues brought up during the Sunset Review process in 2015; and to develop any request for the next Sunset Review in 2019.

He also mentioned that he had attended the February 12, 2017 Senate Informational Hearing on Anesthesia and felt that it was a successful hearing.

AGENDA ITEM 3: APPROVAL OF THE DECEMBER 1-2, 2016 BOARD MEETING MINUTES

A revised draft of the December meeting minutes was handed out due to some editorial/grammatical edits. Dr. Karen Sibert 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 they were adopted. There were additional grammar corrections made by Board members and those changes were incorporated also.

Motion to accept minutes with proposed change from Dr. Sibert and the grammatical corrections.

M/S/C: Afriat/Burton

Aye: Dr. Witcher, Dr. Stewart, Dr. Woo, Mr. Afriat, Ms. Burton, Dr. Chan, Ms. Chappell-Ingram, Ms. Dawson, Ms. Forsythe, Dr. Lai, Dr. Le, Dr. Morrow

Minutes approved.

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/Le

Aye: Dr. Witcher, Dr. Stewart, Dr. Woo, Mr. Afriat, Ms. Burton, Ms. Chappell-Ingram, Ms. Dawson, Ms. Forsythe, Dr. Lai, Dr. Le, Dr. Morrow
Abstain: Dr. Chan

Minutes approved.

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 budget, first six months ending December 31, 2016, to the Board for FY 2016-2017. We are at 49% of the FY 2016-2017 appropriation, which was the same rate as last year at this time.

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 Whitcher 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 came 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.

AGENDA ITEM 7: ENFORCEMENT:

A. Review of Enforcement Statistics and Trends

Carlos Alvarez, 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 will be sent out to Board Members after meeting. Mr. Alvarez stated training was given to staff on writing subpoenas. Included in the training, was 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.

Board Comment:

Ms. Burton asked if staff could quantify reason for why it is taking long (ie: statistics on how many are waiting for records, waiting for some other prosecution).

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

Mr. Alvarez clarified cases closed are when there is no evidence of negligence or criminal activity. Full investigations are completed before closure, and at times staff relies on the Attorney General Office's opinion to see if case qualifies for citation.

Board Comment:

Dr. Morrow asked who issues citation and coordinated the collection of fines and how the fines are collected. Ms. Fischer stated it is up to staff to collect fines and specified that if fines are not collected then we put a hold on license or go to AG. Ms. Fischer stated there are three parts to stipulation: AG office cost, DBC investigative cost, and SME cost. Stipulated settlement tries to at least retrieve AG cost and SME cost. Then it was asked if we have a minimum or maximum of what the Board can charge but Ms. Fischer stated it is discretionary at this time.

C. Diversion Program Report and Statistics

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 tests.

COMMITTEE MEETINGS

RETURN TO FULL BOARD OPEN SESSION

CLOSED SESSION – FULL BOARD

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

RETURN TO OPEN SESSION – FULL BOARD

RECESS

Friday, February 24, 2017

8:00 A.M. CLOSED SESSION – FULL BOARD

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

Present: Dr. Whitcher, Dr. Stewart, Dr. Woo, Mr. Afriat, Ms. Burton, Dr. Chan, Ms. Chappell-Ingram, Ms. Dawson, Ms. Forsythe, Dr. Lai, Dr. Le, Dr. Morrow

Absent: Ms. King and Ms. McKenzie

AGENDA ITEM 8: EXECUTIVE OFFICER’S REPORT

A. BreEZe Update

Ms. Fischer stated staff has been negotiating the BreEze system for 13 months and have approximately forty outstanding change requests. DCA evaluates and prioritizes which are more urgent every 6 weeks.

B. Email Address Collection

Required by Sunset Review Legislation of RDAs, DDSs. Notices go out with renewal notices. Out of 41,000 dentist licensees we have collected 29,000 email addresses; out of 45,000 RDAs, 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 is

fully staffed; Enforcement Unit is conducting interviews for Chief of Enforcement; and Investigative Analysis has 4 vacancies. Spencer Walker was recently re-assigned; Michael Santiago will be replacing Spencer.

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

Dr. Brian Wong has resigned. All positions are 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 situation in Orange County was brought up for discussion. 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 register.

G. Form 700 Filing

Due 4/3/17 and penalties are stiff.

H. Required Board Member Training

This year is designated by the Department of Consumer Affairs as a mandatory Sexual Harassment Prevention training year. The training is available on line and can be taken at your convenience. If you haven't already done so, 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 Ms. Burton and Dr. Le attended the California Dental Director's Oral Health Program Advisory Committee meeting in Sacramento. Board Member Burton gave the report. The purpose of this meeting was to obtain input on local oral health programs and Healthy Community Concepts. Also the Committee wanted ideas for usage of 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 which has not been received.

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

Public comment: Gayle Mathey, CDA, stated DTI has four domains; one and three have been implemented but two and four just got implemented. Two is for early

prevention, which includes Infant Oral Health Assessment. The fourth domain is for funding Innovative Projects which included 15 counties.

AGENDA ITEM 11: PRESENTATION FROM LINDA SCHNEIDER, SENIOR ASSISTANT ATTORNEY GENERAL AND GREG SALUTE SUPERVISING DEPUTY ATTORNEY GENERAL, REGARDING THE IMPLEMENTATION OF SENATE BILL 467 (HILL, CHAPTER 656, STATUTES OF 2016); PERFORMANCE MEASURES

Ms. Schneider discussed reporting requirements under Business and Profession Code Section 312.2. The Licensing Section of the AG office is to protect the integrity of business and professions. The Licensing Section handles legal work for about 30 agencies. For the Dental Board they handle about 100 cases per year. She stated that the Dental Board cases are complex and pose a greater potential of harm to the consumer. Respondents are generally represented by attorneys. The Consumer Protection Enforcement Initiative (CPEI) in 2010 set forth by Consumer Affairs set goals that reduce case processing time to 12-18 months, 365 to 540 days. The Legislature has discussed the length of time it takes to investigate these cases is 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.

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

Board member: Only a few cases go to Writ 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 asked has anyone ever asked "What is a reasonable timeframe?" Maybe 12-18 months is too short of a timeframe to meet 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's AG office internal goal is for their processing within 365 days. Ms. Fischer then reiterated that if AG takes 365 then it only leaves 6 months for staff to gather the information, have SME complete their report, and submit to AG.

AGENDA ITEM 12: REPORT OF DENTAL HYGIENE COMMITTEE OF CALIFORNIA (DHCC) ACTIVITIES

Noel Kelsch, President of 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 focusing on what happened. Afterward we had our meeting on Infection Control. One of the things discussed 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.

Anthony Lum, Interim Executive Officer of DHCC, stated one of their mandates is to oversee their education programs and there were some complaints from faculty/students at Concord Career College in Garden Grove. After a couple of site visits and follow up, the Committee voted to pull their license approval. Once the license was pulled, the school decided to comply with all the Committee's request and is now in compliance.

The DHCC is developing two regulations. The first is for hygienist, who works out of state to be able to present the finger print clearances from the State in which they are licensed 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.

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, the Board approved the Five Year Program at the school. Board staff are starting to get questions in regards to a Two-Year IDP Curriculum. Senator Polanco has contacted Ms. Fischer that he might be bringing forward a request regarding a two-year IDP program.

Dr. Morrow stated this was a clarification, we have not received any official inquiry or request from school so there is no action to be taken at this time. 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 Whitcher 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 FEBRUARY 3, 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)

Dr. Whitcher mentioned that they need more representation on the committee and suggested maybe UC Davis might be interested in having representation.

Recommendation was accepted to issue a permit for limited Category II (limited to facial neurotoxins and facial fillers) privileges for one candidate, and the other application was tabled until further documentation could be received.

M/S/C: Afriat/Burton

Aye: Dr. Whitcher, Dr. Stewart, Dr. Woo, Mr. Afriat, Ms. Burton, Dr. Chan, Ms. Chappell-Ingram, Ms. Dawson, Ms. Forsythe, Dr. Lai, Dr. Le, Dr. Morrow

AGENDA ITEM 15: EXAMINATION COMMITTEE REPORT

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

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

AGENDA ITEM 16: LICENSURE, CERTIFICATION, AND PERMITS COMMITTEE REPORT

Dr. Lai stated in open session they reviewed and approved February 26, 2015 Meeting minutes

AGENDA ITEM 17: LICENSING, CERTIFICATIONS, AND PERMITS COMMITTEE REPORT ON CLOSED SESSION

Nine candidates to replace canceled license with a new license were presented in Closed Session.

- DDS, J.C. – Approved with condition California Law and Ethics Exam successfully passed.
- DDS, Z.N. – Approved with condition California Law and Ethics Exam successfully passed.
- DDS, R.S. – Approved with condition California Law and Ethics Exam successfully passed.
- DDS, Y.Z. – Approved with condition California Law and Ethics Exam successfully passed.
- DDS, J.C. – Approved with condition California Law and Ethics Exam successfully passed.
- RDA, L.A. – Approved with condition California Law and Ethics Exam successfully passed and certificate for 8 hours of Infection Control submitted.
- RDA, A.C. – Approved with condition California Law and Ethics Exam successfully passed.
- RDA, D. F. – Approved with condition California Law and Ethics Exam successfully passed.
- RDA, L.G. – Approved with condition California Law and Ethics Exam successfully passed.
- RDA, D.R. – Held for discussion

M/S/W Afrait/Woo

**Aye: Dr. Whitcher, Dr. Stewart, Mr. Afriat, Ms. Burton, Dr. Chan, Dr. Woo
Ms. Chappell-Ingram, Ms. Dawson, Ms. Forsythe, Dr. Lai, Dr. Le, Dr. Morrow**

RDA, D.R. - Had not practiced for 14 years in dental assisting and doing entirely different field so recommendation by committee was to 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.

M/S/W Afrait/Woo

**Aye: Dr. Whitcher, Dr. Stewart, Mr. Afriat, Ms. Burton, Ms. Chappell-Ingram,
Ms. Forsythe, Dr. Le**

Nay: Dr. Woo, Dr. Chan, Ms. Dawson, Dr. Lai, Dr. Morrow

- RDA, D.R - Approved with condition California Law and Ethics Exam successfully passed.

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

Ms. Burton gave a summary of Legislation being watched: AB 12, AB 15, AB 40, AB 224, AB 349, SB 27. She reviewed the pending regulatory packages.

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

M/S/C: Afriat/Burton

**Aye: Dr. Whitcher, Dr. Stewart, Dr. Woo, Mr. Afriat, Ms. Burton,
Dr. Chan, Ms. Chappell-Ingram, Ms. Dawson, Ms. Forsythe, Dr. Lai, Dr. Le, Dr.
Morrow**

AGENDA ITEM 19: ANESTHESIA COMMITTEE REPORT

Dr. Morrow stated this was an inaugural meeting. He gave a brief update on the hearing that was held in Sacramento in February 2017; he thought the webcast was informative. Update on AB 2235 (Thurmond) implementation. Staff is developing an interim form until reporting form is established. General Anesthesia and conscious sedation evaluation statistics were provided for review. There was a presentation from California Association of Nurse Anesthetists in Committee on allowing CRNAs to administer general anesthesia in a dental office.

AGENDA ITEM 20: PUBLIC COMMENT ON ITEMS NOT ON THE AGENDA

No Public comments received.

AGENDA ITEM 21: BOARD MEMBER COMMENTS ON ITEMS NOT ON THE AGENDA

No Board Member comments received

AGENDA ITEM 22: ADJOURNMENT



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DENTAL BOARD OF CALIFORNIA MEETING MINUTES
MAY 11-12, 2017

Wyndham Anaheim Garden Grove
12021 Harbor Boulevard
Garden Grove, CA 92840-4001
(714) 867-555 (Hotel) or (916) 263-2300 (Board Office)

Members Present:

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

Members Absent:

Kathleen King, Public Member

Thursday, May 11, 2017

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

AGENDA ITEM 1: CALL TO ORDER/ROLL CALL/ESTABLISHMENT OF QUORUM

President Witcher called the meeting to order. The roll was called by staff with all members present with the exception of Kathleen King, Public Member and Fran Burton, Public Member and a quorum was established. Ms. Burton joined the meeting at the start of closed session.

President Witcher stated the Board was going into Closed Session and that the Board would return to Open Session at 11:00 a.m.

BOARD TO CLOSED SESSION

RETURN TO FULL BOARD OPEN SESSION at 11:00 a.m.

AGENDA ITEM 2: NEW BOARD MEMBER INTRODUCTION AND WELCOME

President Whitcher introduced Ms. Abigail Medina and welcomed her to the Board. Ms. Medina stated she is a mother of 5 children and that she sits on the board of the San Bernardino Unified School District. During her term as a Vice President, San Bernardino schools have surpassed both county and state averages for high school graduation.

AGENDA ITEM 3: ELECTION OF BOARD SECRETARY

With the departure of Dr. Debra Woo, who served as Secretary for the Board, it is necessary to elect a new Secretary. Ms. Burton nominated Ms. Yvette Chappell-Ingram for the Secretary position and Ms. Chappell-Ingram accepted the nomination. President Whitcher then asked for any other nominations and none were received.

M/C (Burton) to elect Ms. Chappell-Ingram to the position of Secretary.

Aye: Whitcher, Stewart, Burton, Chan, Chappell-Ingram, Forsythe, Lai, Le, McKenzie, Medina, Morrow.

The motion was passed unanimously.

AGENDA ITEM 4: BOARD PRESIDENT WELCOME AND REPORT

President Whitcher welcomed members of the audience. He reported that he had attended the April 23rd CDA Cares Event in San Mateo and the CDA Presents Conference on May 5, 2017 in Anaheim. He congratulated CDA on a job well done for its public outreach. He also attended the May 6th Dental Hygiene Committee Meeting. He stated Ms. Karen Fischer, Executive Officer, would not be in attendance for this meeting; but she provided a link to the California Department of Public Health Report: Status of Oral Health in California, Oral Disease Burden and Prevention 2017 for board member information. The report highlights the need for surveillance and evaluation of the overall oral health program in California.

AGENDA ITEM 5: APPROVAL OF THE FEBRUARY 23-24, 2017 AND THE APRIL 6, 2017 BOARD MEETING MINUTES

President Whitcher recommended that the February 23-24, 2017 minutes be tabled for future approval due to edits and corrections that need to be made.

M/S/C (Le/Stewart) to table February 23-24, 2017 meeting minutes until next meeting.

Aye: Whitcher, Stewart, Burton, Chan, Chappell-Ingram, Forsythe, Lai, Le, McKenzie, Medina, Morrow

The motion to table February 23-24, 2017 minutes passed unanimously.

M/S/C (Le/Forsythe) for April 6, 2017 minutes to be approved.

**Aye: Witcher, Stewart, Burton, Chappell-Ingram, Forsythe, Le, Medina, Morrow;
Abstain: Chan, Lai, McKenzie**

The motion to approve April 6, 2017 minutes passed.

CONVENE JOINT MEETING OF THE DENTAL BOARD OF CALIFORNIA AND THE DENTAL ASSISTING COUNCIL

RETURN TO FULL BOARD OPEN SESSION

COMMITTEE MEETINGS – SEE ATTACHED AGENDAS

- Legislative and Regulatory Committee Meeting
See attached Legislative and Regulatory Committee minutes.

RECESS AND RECONVENE

RETURN TO FULL BOARD OPEN SESSION

- Substance Use Awareness Committee Meeting
See attached Prescription Drug Abuse Committee minutes.
- Anesthesia Committee Meeting
See attached Anesthesia Committee minutes.

RETURN TO FULL BOARD OPEN SESSION

RECESS

Friday, May 12, 2017

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

AGENDA ITEM 6: CALL TO ORDER/ROLL CALL/ESTABLISHMENT OF QUORUM

President Witcher called the meeting to order. The roll was called and all members were present with the exception of Kathleen King, Public Member and a quorum was established.

AGENDA ITEM 7: EXECUTIVE OFFICER'S REPORT

Ms. Sarah Wallace, Assistant Executive Officer gave the report.

A. Staffing Update – Vacancies and New Hires

Mr. Alvarez has accepted the Enforcement Chief position. He has been the Supervising Investigator I in our Sacramento office. The Administration Unit has one

vacancy for the Legislative and Regulatory analyst, which is in the process of being filled. The Licensing and Examination Unit has 2.5 positions available and we are in the process of filling and the Dental Assisting Program has one vacancy. The Enforcement Complaint and Compliance Unit has two vacancies and the Investigative Analysis Unit has one vacancy. The Sacramento and Orange field offices each have one vacancy.

B. Dental Assisting Council Member recruitment

Emma Ramos, Chair of the Dental Assisting Council (DAC) has resigned as of April 24, 2017. A recruitment notice will be posted on the Board's website.

C. Board Committee Assignments

There have been a few changes to the composition of committees due to the departure of three board members. Fran Burton has replaced Mr. Afriat as the Chair of Enforcement Committee and Dr. Stewart will remain as Vice Chair; Dr. Le has replaced Dr. Woo as Chair of the Examination Committee and Dr. Morrow will serve as Vice Chair. Ms. Medina has requested membership on the Access to Care and the Legislative and Regulatory Committees.

Ms. Wallace also stated there have been three re-appointments this year to the Board and congratulated Drs. Lai and Stewart, and Ms. Burton.

D. Letter from the American Dental Association (ADA) and the American Dental Education Association (ADEA) to Dr. Tracy Montez from Office of Professional Examination Services (OPES) requesting OPES to consider evaluating remaining two clinical examinations since OPES is in the process of evaluating the ADEX clinical examination and has already reviewed WREB examination.

The response from OPES is it is unable to review additional exams at this time. Dr. Morrow stated that all examinations that are taken to receive a license in another State are being accepted by the Board for licensure through credentialing. Dr. Le stated that the other examinations are accepted after 5 years of practicing. Dr. Morrow stated that the Board could review and make changes to the required practice time.

Dr. Le would be interested to find out if the ADA or the ADEA have any plans to review California's Portfolio Pathway to Licensure Program.

E. Anthony Lum, Interim Executive Office for the Dental Hygiene Committee of California (DHCC), was invited to report on its recent activities. They are starting its Sunset Review process. DHCC has one vacant Probation Monitor position and is looking to fill it quickly. Staff is overseeing the Dental Hygiene Education Programs by enhancing communication with each individual program. Mr. Lum and DHCC staff attended an outreach event, sponsored by the Health Occupation Student Association, with high school students looking to get into the healthcare profession. The Board may want to consider participating in the future.

AGENDA ITEM 8: BUDGET REPORT

- A. Ms. Wallace provided the third quarter expenditure summary for FY 2016-17 which included expenditures through 3/31/2017. For the State Dentistry Fund \$8.4 million dollars or 66% of its appropriation has been expended. Without fee increases, these funds are heading towards insolvency in FY 2018-19.

- B. Ms. Wallace provided the third quarter expenditure summary for FY 2016-17 which included expenditures through 3/31/2017. And for the State Dental Assisting Fund \$1.6 million dollars or 64% of its total appropriation has been expended. Without fee increases, these funds are heading towards insolvency in FY 2018-19.

- C. Sunset Review Issue # 5: Discussion and Possible Action regarding Combining of State Dentistry Fund and State Dental Assisting Fund. Board staff has researched the feasibility of merging the funds and has consulted with DCA's Budget Office and its suggestion is that the two funds be merged since the Dental Assisting Fund does not support its share of the overhead cost. Merging the funds would take a statutory change; and could be considered during the sunset review process which will take place in 2018. Board members asked if after merging the funds would there be line items for Dental Assisting expenses. Ms. Burton asked for clarification that this would be part of the Sunset Review process.

M/S/C (Chan/Forsythe) to accept staff's request to merge the two funds.

Aye: Dr. Whitcher, Dr. Stewart, Ms. Chappell-Ingram, Ms. Burton, Dr. Chan, Ms. Forsythe, Dr. Lai, Dr. Le, Ms. McKenzie, Ms. Medina and Dr. Morrow

Public Comment:

Ms. Shelly Sorenson, Reedley College, supports separate line items for dental assisting and dentistry, in order to track dental assisting expenditures.

The motion passed unanimously.

AGENDA ITEM 9: DISCUSSION AND POSSIBLE ACTION REGARDING AMENDMENTS TO THE BOARD'S PROPOSED RULEMAKING TO AMEND CALIFORNIA CODE OF REGULATIONS, TITLE 16, SECTIONS 1021 AND 1022 RELEVANT TO A FEE INCREASE

At its August 2016 meeting, the Dental Board of California (Board) adopted amendments to its proposed rulemaking to amend California Code of Regulations, Title 16, Sections 1021 and 1022 relative to fee increases. Board staff submitted the final rulemaking package to the Office of Administrative Law (OAL) on April 13, 2017. An OAL attorney contacted Board staff regarding some concerns relating to the consistency of the language throughout the rulemaking process. Board staff reviewed the rulemaking again and found some technical errors that need to be corrected and noticed for 15-day public comment. Board staff presented the following proposed modifications to the Board:

- Amend Section 1021(r) to correct the Oral Conscious Sedation Permit Renewal fee from \$136 to \$168. The Board had voted to modify the fee to \$168 as part of the initial modified text. However, staff inadvertently noticed the modified text reflecting the incorrect fee of \$136. This modification corrects this error.
- Include the proposed addition of Section 1021(ab) relating to the \$50 license certification fee. The proposed language initially included this proposed fee; however, the text was inadvertently deleted on the noticed modified text. This modification corrects this error.
- Makes technical amendments to correct the lettering of the subdivisions.

M/S/C (Burton/Morrow) to modify the text as recommended and direct staff to take all steps necessary to complete the rulemaking process, including preparing the second modified text for a 15-day public comment period, which includes the amendments accepted by the board at this meeting. If after the second 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1021 and 1022 relevant to the dentistry and dental assisting fee increase as noticed in the second modified text.

Aye: Dr. Witcher, Dr. Stewart, Ms. Chappell-Ingram, Ms. Burton, Dr. Chan, Ms. Forsythe, Dr. Lai, Dr. Le, Ms. McKenzie, Ms. Medina, Dr. Morrow. The motion passed unanimously.

AGENDA ITEM 10: REVIEW OF DENTAL LICENSURE AND PERMIT STATISTICS

Ms. Wallace stated that there is a breakdown of DDS License Status, Dental Licenses issued via Pathway, Active Licensees by County. Also provides information on how many applications have been received, how many approved, number of licenses issued and number of applications cancelled/withdrawn.

AGENDA ITEM 11: LICENSING, CERTIFICATIONS, AND PERMITS COMMITTEE REPORT ON CLOSED SESSION

Dr. Lai gave report. The Committee looked at six applications for issuance of new licenses to replace cancelled licenses.

- DDS Candidate J.F. - Approve issuance of a new license to replace a cancelled license upon successful passage of the California Dentistry Law and Ethics Exam.
- DDS Candidate E.I. - Approve issuance of a new license to replace a cancelled license upon successful passage of the WREB and California Dentistry Law and Ethics Exam.

- DDS Candidate S.M. - Approve issuance of a new license to replace a cancelled license upon successful passage of the California Dentistry Law and Ethics Exam.
- DDS Candidate B.R. - Approve issuance of a new license to replace a cancelled license upon successful passage of the California Dentistry Law and Ethics Exam and completion of application.
- RDA Candidate H.M. - Approve issuance of a new license to replace a cancelled license upon successful passage of the RDA Law and Ethics Exam.
- RDA Candidate C.P. - Approve issuance of a new license to replace a cancelled license upon successful passage of the RDA Law and Ethics Exam.

M/S/C (Morrow/Chan) to accept Dr. Lai's report.

Aye: Aye: Dr. Whitcher, Dr. Stewart, Ms. Chappell-Ingram, Ms. Burton, Dr. Chan, Ms. Forsythe, Dr. Lai, Dr. Le, Ms. McKenzie, Ms. Medina, Dr. Morrow

The motion was passed unanimously.

AGENDA ITEM 12: REVIEW OF ENFORCEMENT STATISTICS AND TRENDS

Mr. Alvarez gave the report of the Enforcement Division statistics for the third quarter (January 1, 2017 to March 31, 2017) of FY 2016-2017. The total number of complaints received during the third quarter was 803. The total number of complaint cases closed during 3Q was 534. Comparing this 3rd quarter to the last, the number of cases aged one to two years has decreased by 6% (from 401 to 346) and the number of cases aged over three years has decreased by 1% (from 55 to 45). Mr. Alvarez brought to the Board's attention that the majority of complaint allegations are Incompetence/Negligence.

Dr. Whitcher stated the case load per investigator is double that of other boards in DCA but sees the hiring of staff is making a dent in numbers. Dr Chan asked how long it has been since a newsletter was put out regarding disciplinary and investigation cases. He feels the newsletter is a deterrent since it is a public document. Mr. Alvarez stated that Hot Sheets are posted monthly on website as a summary of all-discipline cases. Dr. Whitcher stated a newsletter is on the wish list.

Public Comment: Dr. Allen Kay, past board member, stated that newsletter being mailed out to practitioners was a strong deterrent to practitioners and a resource for Enforcement information.

AGENDA ITEM 13: REVIEW OF FISCAL YEAR 2016-17 SECOND QUARTER PERFORMANCE MEASURES FROM THE DEPARTMENT OF CONSUMER AFFAIRS

This data was gathered for the second quarter of FY 2016-2017 and is available on the website at http://www.dca.ca.gov/about_dca/cpei/index.shtml. This data is provided to ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets. There was 794 complaints and convictions received with a monthly

average of 265. There were 802 complaints closed or assigned to an investigator with a monthly average of 267. The average number of days from complaint receipt to the date the complaint was closed or assigned to an investigator was 4 days, with the target being 10 days. The number of closed investigations during the 2nd quarter was 788 with the monthly average being 263. The average number of days to complete the entire enforcement process for cases not transmitted to the Attorney General (AG) is 191 days with a target average of 270 days. The monthly average of cases closed after transmission to the Attorney General for formal disciplinary action is 9 which includes formal discipline, and closures without formal discipline (e.g.: withdrawals, dismissals.) The average number of days to close cases after transmission for the Attorney General for formal disciplinary action is 1170 while the target is 540 days. Mr. Alvarez stated they are working with the AG to decrease this number. The number of new probation cases during this quarter is 16. And the number of days to complete probation intake time is 7 days, while the target number of days is 10.

AGENDA ITEM 14: UPDATE ON PROPOSED CHANGES TO MINIMUM STANDARDS FOR INFECTION CONTROL (CAL. CODE OF REGS., TITLE 16, SECTION 1005)

The Board is responsible to review the infection control guidelines on an annual basis. In February 2017, a subcommittee (Dr. Le and Noël Kelsch, Dental Hygiene Committee of CA [DHCC]) met to discuss the Centers for Disease Controls' Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care which was released in October 2016. Since that meeting, AB 1277 was introduced to require the Board, consistent with and in addition to the Federal Centers for Disease Control and Prevention recommendations for procedural water quality, 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. Because AB 1277 provides additional authority for the scope of the Board's minimum standards for infection, the initiation of the proposed amendments consistent with the revised CDC guidelines, and the addition of the requirements set forth in AB 1277 will be presented to the Board at a future meeting once the new bill is set to become law.

Public Comment:

Mr. Lum, DHCC and Brianna Pitman, CDA agree on staff recommendation to hold off on drafting of proposed language to see if AB 1277 is enacted.

RECESS AND RECONVENE

AGENDA ITEM 15: SUBSTANCE USE AWARENESS COMMITTEE REPORT

Dr. Stewart gave report. December 1, 2016 Prescription Drug Abuse minutes were approved. Mr. Alvarez reported on the Diversion Program Report and Statistics and gave update on the implementation of SB 482 relative to the CURES 2.0 system. Mr. Alvarez also gave an update of the registration and usage statistics for the CURES system. Dr. Witcher provided an update for raising awareness of the crisis of Opioid Usage. The Board discussed steps that they could take to raise awareness of this crisis: 1) Work with staff to create a policy statement that can be utilized to raise awareness by the Dental Profession to actively become part of the solution to this

challenge; 2) Work with staff to create a survey tool to be sent to practitioner so the Board can understand their best practices of pain medicine management so goals could be established to identify helpful tips and information. The Board also discussed the utilization of the DBC website to establish links as a resource for licensees in response to this crisis.

Dr. Lai asked if there is any funds to recycle unused opioids medication and if there is maybe a funding program by drug companies to recycle the unused opioid medication. The Mental Health County offices are spearheading that type of program. Information can be put on the website. An incentive program might be good since some patients feel they have paid for prescription and even though they did not use all, they are choosing to retain unused drugs.

AGENDA ITEM 16: ANESTHESIA COMMITTEE REPORT

Dr. Morrow gave a report. The February 23, 2017 Anesthesia Committee minutes were approved. The Draft Courtesy Reporting form was presented and went back to staff for changes and edits. The General Anesthesia and Conscious Sedation Evaluation Statistics were reviewed. Evaluators for General Anesthesia are an issue that needs to be discussed and the numbers of evaluators need to be increased. There was a robust discussion regarding legislation. Ms. Burton gave report regarding AB 224, SB 392 and SB 501. Positions were not taken but letters will be sent to authors for clarification of implementation. There was a discussion regarding the proposed legislative language by CANA.

Public Comment:

Gary Cooper, CalAOMS, requested that the Board respond to the question, "who will complete the study of the effect that the current bills would have on access to care and the safety of pediatric anesthesia."

AGENDA ITEM 17: LEGISLATIVE AND REGULATORY COMMITTEE REPORT

Ms. Burton gave a report. The February 23, 2017 Legislative and Regulatory Committee minutes were approved. Discussion regarding AB 701, AB 1277, and SB 27 was robust. No positions were taken on AB 224, SB 392, and SB 501; however letters will be sent to authors for clarification of implementation procedure.

AGENDA ITEM 18: PUBLIC COMMENT ON ITEMS NOT ON THE AGENDA

None

AGENDA ITEM 19: BOARD MEMBER COMMENTS ON ITEMS NOT ON THE AGENDA

None

AGENDA ITEM 20: ADJOURNMENT



MEMORANDUM

DATE	July 18, 2017
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	Agenda Item 5: Discussion and Possible Action Regarding 2018 and 2019 Meeting Dates

Background:

The Board will need to set the 2018 and 2019 meeting schedule in order for Board members to plan accordingly and enable staff ample time to negotiate contracts for future meeting space locations. A 2018 and 2019 calendar is attached for your reference.

Pursuant to Business and Professions Code, Section 1607, the Board shall meet regularly once each year in San Francisco and once each year in Los Angeles and at such other times and places as the Board may designate, for the purpose of transacting its business. Historically, the Board meets quarterly.

Staff has taken into account holidays, association meetings and legislative and legal deadlines. As such, the following are dates for your consideration:

2018	
February 8-9, 2018	May 17-18, 2018
February 1-2, 2018	May 10-11, 2018
August 16-17, 2018	December 6-7, 2018
August 23-24, 2018	November 29-30, 2018
2019	
February 7-8, 2019	May 16-17, 2019
February 21-22, 2019	May 9-10-2019
August 15-16, 2019	November 21-22,2019
August 8-9, 2019	November 14-15,2019

Action Requested:

Review and Discuss board meeting dates for Years 2018 and 2019.

January 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 New Year's Day	2	3	4	5	6
7	8	9	10	11	12	13
14	15 M L King Day	16	17	18 Medical Board Quarterly Meeting	19 Medical Board Quarterly Meeting	20
21	22	23	24	25	26	27
28	29	30	31			

February 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2 Groundhog Day	3
4	5	6	7	8	9	10
11	12	13	14 Valentine's Day	15	16 Chinese New Year	17
18	19 Presidents' Day	20	21	22	23	24
25	26	27	28			

March 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9 CANA Region Five State Assoc Meeting	10 CANA Region Five State Assoc Meeting
11 CANA Region Five State Assoc Meeting	12	13	14	15	16	17 St. Patrick's Day
18	19	20 Spring Begins	21	22	23	24
25 Palm Sunday	26	27	28	29	30 Good Friday	31

April 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 Easter Sunday	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19 Medical Board Quarterly Meeting	20 Medical Board Quarterly Meeting CADAT/CDAJ Joint	21 CADAT/CDAJ Joint Annual Conference
22	23	24	25	26 CSA Annual Meeting	27 CSA Annual Meeting	28 CSA Annual Meeting
29 CSA Annual Meeting	30					

May 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 May Day	2	3 CDA Presents	4 CDA Presents	5 DHCC Committee Meeting
6 DHCC Committee Meeting	7	8	9	10	11	12
13 Mother's Day	14	15	16	17	18	19 Armed Forces Day
20	21 Victoria Day	22	23	24	25	26
27	28 Memorial Day	29	30	31		

June 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9 DHCC Committee Meeting
10 DHCC Committee Meeting	11	12	13	14 Flag Day	15	16
17 Father's Day	18	19	20	21 Summer Begins	22	23
24	25	26	27	28	29	30

July 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 Canada Day	2	3	4 Independence Day	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26 Medical Board Quarterly Meeting San Francisco	27 Medical Board Quarterly Meeting San Francisco	28
29	30	31				

August 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			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	

September 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 Labor Day	4	5	6	7	8
9 Rosh Hashanah Grandparent's Day	10	11	12	13	14	15
16	17	18 Yom Kippur	19	20	21	22 Autumn Begins
23	24	25	26	27	28	29
30	31					

October 2018

	1	2	3	4	5	
	8	9	10	11	12	
	Columbus Day					
	15	16	17	18	19	
				Medical Board Quarterly Meeting San Diego Area	Medical Board Quarterly Meeting San Diego Area	
	22	23	24	25	26	
	29	30	31			
			Halloween			

November 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
Veterans Day	Veterans Day (Observed)					DHCC Committee Meeting
18	19	20	21	22	23	24
DHCC Committee Meeting				Thanksgiving Day	Day after Thanksgiving	
25	26	27	28	29	30	

December 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
Hanukkah						
9	10	11	12	13	14	15
16	17	18	19	20	21	22
					Winter Begins	
23	24	25	26	27	28	29
		Christmas				
30	31					
	New Year's Eve					

January 2019						
		1 New Year's Day	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21 ML King Day	22	23	24	25	26
27	28	29	30	31		

February 2019

February 2019						
					1	2 Groundhog Day
3	4	5 Chinese New Year	6	7	8	9
10	11	12 Lincoln's B-Day	13	14 Valentine's Day	15	16
17	18 Presidents' Day	19	20	21	22	23
24	25	26	27	28		

March 2019

March 2019						
					1	2
3	4	5 Mardi Gras	6 Ash Wednesday	7	8	9
10 Daylight Saving	11	12	13	14	15	16
17 St. Patrick's Day	18	19	20 Vernal equinox	21	22	23
24	25	26	27	28	29	30
31						

	1 April Fool's Day	2	3	4	5	6
7	8	9	10	11	12	13
14	15 Taxes Due	16	17	18	19 Good Friday	20 Passover
21 Easter	22 Earth Day	23	24 Admin Assist Day	25	26	27
28	29	30				

			1	2	3	4
5 Cinco de Mayo	6 Ramadan begins	7	8	9	10	11
12 Mother's Day	13	14	15	16	17	18 Armed Forces Day
19	20 Victoria Day (Canada)	21	22	23	24	25
26	27 Memorial Day	28	29	30	31	

						1
2	3	4	5 End of Ramadan	6	7	8
9 Pentecost	10	11	12	13	14 Flag Day	15
16 Father's Day	17	18	19	20	21 June Solstice	22
23	24	25	26	27	28	29
30						

July 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4 Independence Day	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28 Parents' Day	29	30	31			

August 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19 Aviation Day	20	21	22	23	24
25	26	27	28	29	30	31

September 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 Labor Day	3	4	5	6	7
8 Grandparents Day	9	10	11 Patriot Day	12	13	14
15	16	17 Constitution Day	18	19	20	21
22	23 Autumnal equinox	24	25	26	27	28
29	30 Rosh Hashanah					

October 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9 Yom Kippur	10	11	12
13	14 Columbus Day	15	16 Boss's Day	17	18	19
20	21	22	23	24 United Nations Day	25	26
27	28	29	30	31 Halloween		

November 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3 Daylight Saving	4	5	6	7	8	9
10	11 Veterans Day	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28 Thanksgiving	29	30

December 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7 Pearl Harbor
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22 Hanukkah begins Dec. Solstice	23	24 Christmas Eve	25 Christmas Day	26 Kwanzaa begins Boxing Day (UK)	27	28
29	30	31 New Year's Eve				



MEMORANDUM

DATE	August 25, 2017
TO	Members of the Dental Board of California
FROM	Zachary Raske, Budget Analyst Dental Board of California
SUBJECT	Agenda Item 6: Budget Report

Background:

The Board manages two separate funds: 1) Dentistry Fund, and 2) Dental Assisting Fund. The funds are not comingled. The following is intended to provide a summary of expenses for the fourth quarter of Fiscal Year (FY) 2016-17 for the Dentistry and Dental Assisting funds.

A. State Dentistry Fund

Fourth Quarter Expenditure Summary for Fiscal Year 2016-17

The fourth quarter expenditures are based upon the budget report released by the Department of Consumer Affairs (DCA) in July 2017. This report reflects actual expenditures through June 30, 2017. The Board spent roughly \$11 million or 85% of its total Dentistry Fund appropriation for FY 2016-17. Of that amount, approximately \$5.7 million of the expenditures were for Personnel Services and \$5.3 million were for Operating Expense & Equipment (OE&E) for this fiscal year.

For comparison purposes, last year at this time the Board spent roughly \$11 million or 98% of its FY 2015-16 Dentistry Fund appropriations. Approximately 49% of the expenditures were Personnel Services and approximately 51% of the expenditures were OE&E.

Fund Title	Appropriation	Total Expenditures Through 6-30-17
Dentistry Fund	\$12,993,000	\$11,029,018

Attachment 1 displays year-to-date expenditures for the Dentistry Fund.

Analysis of Fund Condition

Attachment 1a displays an analysis of the State Dentistry Fund’s condition including expenditures for the BreEze system. Without fee increases, the State Dentistry Fund is heading towards insolvency for FY 2018-19. Months in reserve are decreasing and will go negative in FY 2018-19.

B. State Dental Assisting Fund

Fourth Quarter Expenditure Summary for Fiscal Year 2016-17

The fourth quarter expenditures are based upon the budget report released by the Department of Consumer Affairs (DCA) in July 2017. This report reflects actual expenditures through June 30, 2017. The Board spent roughly \$2.1 million or 80% of its total Dental Assisting Fund appropriation for FY 2016-17. Of that amount, approximately \$742,931 of the expenditures was for Personnel Services and \$1.3 million were for OE&E for this fiscal year.

For comparison purposes, last year at this time the Board spent roughly \$2.0 million or 100% of its FY 2015-16 Dental Assisting Fund appropriations. Approximately 31% of the expenditures were Personnel Services and approximately 59% of the expenditures were OE&E.

Fund Title	Appropriation	Total Expenditures Through 6-30-17
Dental Assisting Fund	\$2,632,000	\$2,114,945

Attachment 2 displays year-to-date expenditures for the Dental Assisting Fund.

Analysis of Fund Condition

Attachment 2a displays the Dental Assisting Fund’s condition including expenditures for the BreEze system. Without fee increases, the State Dental Assisting Fund is heading towards insolvency for FY 2018-19. Months in reserve are decreasing and will go negative in FY 2018-19.

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 - FUND 0741
BUDGET REPORT
FY 2016-17 EXPENDITURE PROJECTION**

FM 12

OBJECT DESCRIPTION	FY 2015-16		FY 2016-17				
	ACTUAL	PRIOR YEAR	BUDGET	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES	EXPENDITURES	STONE	EXPENDITURES			
(MONTH 13)	6/30/2016	2016-17	6/30/2017	SPENT	TO YEAR END	BALANCE	
PERSONNEL SERVICES							
Salary & Wages (Staff)	3,281,479	3,281,479	4,331,000	3,508,370	81%	3,508,370	822,630
Statutory Exempt (EO)	108,581	108,581	96,000	114,087	119%	114,087	(18,087)
Temp Help (Expert Examiners)	0	0	40,000	0	0%	0	40,000
Temp Help Reg (907)	142,959	138,544	199,000	38,396	19%	42,000	157,000
Temp Help (Exam Proctors)	0	0	45,000	0	0%	0	45,000
BL 12-03 Blanket	64,215	64,215	0	51,028		53,000	(53,000)
Board Member Per Diem (901, 920)	16,100	16,100	46,314	17,300	37%	18,000	28,314
Committee Members (911)	4,200	3,400	58,686	2,500	4%	3,100	55,586
Overtime	37,330	35,963	25,000	13,755	55%	15,500	9,500
Staff Benefits	1,804,708	1,804,708	2,364,000	1,989,883	84%	1,989,883	374,117
TOTALS, PERSONNEL SVC	5,459,572	5,452,990	7,205,000	5,735,319	80%	5,743,940	1,461,060
OPERATING EXPENSE AND EQUIPMENT							
General Expense	90,116	86,571	58,000	106,946	184%	117,000	(59,000)
Fingerprint Reports	15,894	14,375	26,000	15,027	58%	16,600	9,400
Minor Equipment	3,699	3,699	6,000	26,418	440%	26,418	(20,418)
Printing	80,185	74,710	42,000	84,227	201%	92,000	(50,000)
Communication	29,473	28,224	33,000	29,948	91%	33,000	0
Postage	62,527	54,094	59,000	39,697	67%	46,000	13,000
Insurance	8,056	8,056	2,000	11,115	556%	11,115	(9,115)
Travel In State	153,609	143,200	109,000	117,981	108%	127,000	(18,000)
Travel, Out-of-State	263	263	0	1,922		1,922	(1,922)
Training	6,594	5,964	7,000	4,216	60%	4,600	2,400
Facilities Operations	413,542	412,853	361,000	418,818	116%	418,818	(57,818)
C & P Services - Interdept.	7,886	7,886	47,000	12,835	27%	12,835	34,165
C & P Services - External	275,983	275,983	193,000	505,530	262%	505,530	(312,530)
DEPARTMENTAL SERVICES:							
OIS Pro Rata	1,081,773	1,091,000	1,205,000	1,205,000	100%	1,205,000	0
Admin/Exec	795,161	796,000	841,000	841,000	100%	841,000	0
Interagency Services	0	0	1,000	0	0%	1,000	0
IA w/ OPES	61,551	61,551	0	0	0%	0	0
DOI-ProRata Internal	21,629	22,000	23,000	23,000	100%	23,000	0
Public Affairs Office	51,000	51,000	148,000	148,000	100%	148,000	0
PPRD	0	0	7,000	7,000	100%	7,000	0
INTERAGENCY SERVICES:							
Consolidated Data Center	32,856	29,396	18,000	17,745	99%	19,000	(1,000)
DP Maintenance & Supply	21,802	21,802	11,000	12,211	111%	13,300	(2,300)
Central Admin Svc-ProRata	607,194	607,194	0	0		0	0
EXAMS EXPENSES:							
Exam Supplies	0	0	43,291	0	0%	0	43,291
Exam Freight	0	0	166	0	0%	0	166
Exam Site Rental	0	0	68,586	0	0%	0	68,586
C/P Svcs-External Expert Administration	77,774	76,774	6,709	0	0%	0	6,709
C/P Svcs-External Expert Examiners	0	0	238,248	0	0%	0	238,248
C/P Svcs-External Subject Matter	46,171	45,352	0	105,116		105,116	(105,116)
Other Items of Expense	7,707	7,491	0	12,154		12,500	(12,500)
Tort Pymts-Punitive	56,427	56,427	0	0		0	0
ENFORCEMENT:							
Attorney General	1,056,537	1,056,501	1,578,000	982,574	62%	990,000	588,000
Office Admin. Hearings	227,114	225,853	407,000	244,057	60%	250,000	157,000
Court Reporters	11,215	9,215	0	11,800		14,000	(14,000)
Evidence/Witness Fees	371,666	302,058	244,000	241,611	99%	297,000	(53,000)
DOI - Investigative	0	0	0	0	0%	0	0
Vehicle Operations	51,529	43,846	5,000	44,220	884%	52,000	(47,000)
Major Equipment	0	0	0	23,531		23,531	(23,531)
TOTALS, OE&E	5,726,933	5,619,338	5,788,000	5,293,699	91%	5,414,285	373,715
TOTAL EXPENSE	11,186,505	11,072,328	12,993,000	11,029,018	171%	11,158,225	1,834,775
Sched. Reimb. - Fingerprints	(15,365)	(15,863)	(53,000)	(16,366)	31%	(53,000)	0
Sched. Reimb. - Other	(8,000)	(8,000)	(214,000)	(7,756)	4%	(214,000)	0
Unsched. Reimb. - External/Private	(25,313)	(25,313)	0	0		0	0
Probation Monitoring Fee - Variable	(115,886)	(115,886)	0	(102,020)		0	0
Unsched. - DOI ICR Civil Case Only	0	0	0	(1,450)		0	0
Unsched. - Investigative Cost Recovery	(362,177)	(362,177)	0	(497,832)		0	0
NET APPROPRIATION	10,659,764	10,545,089	12,726,000	10,403,594	82%	10,891,225	1,834,775
SURPLUS/(DEFICIT):							14.4%

**DENTAL ASSISTING PROGRAM - FUND 3142
BUDGET REPORT
FY 2016-17 EXPENDITURE PROJECTION**

FM 12

OBJECT DESCRIPTION	FY 2015-16		FY 2016-17				
	ACTUAL	PRIOR YEAR	BUDGET	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES	EXPENDITURES	STONE	EXPENDITURES			
(MONTH 13)	6/30/2016	2016-17	6/30/2017	SPENT	YEAR END	BALANCE	
PERSONNEL SERVICES							
Salary & Wages (Staff)	390,798	390,798	525,000	404,432	77%	404,432	120,568
Temp Help Reg (907)	0	0	0	33,448		35,000	(35,000)
Board Member Per Diem (901, 920)	4,200	3,200	0	2,600		3,400	(3,400)
Overtime	3,466	1,922	0	10,016		12,000	(12,000)
Staff Benefits	257,393	257,393	315,000	291,895	93%	291,895	23,105
TOTALS, PERSONNEL SVC	655,857	653,313	840,000	742,391	88%	746,727	93,273
OPERATING EXPENSE AND EQUIPMENT							
General Expense	8,400	7,042	36,000	8,473	24%	10,000	26,000
Fingerprint Reports	54	54	8,000	27	0%	27	7,973
Minor Equipment	6,369	6,369	0	0		0	0
Printing	5,573	5,573	20,000	3,893	19%	4,200	15,800
Communication	30	30	13,000	0	0%	30	12,970
Postage	14,689	16,659	37,000	0	0%	14,000	23,000
Insurance	0	0	0	11		11	(11)
Travel In State	43,566	39,647	49,000	31,384	64%	34,000	15,000
Training	0	0	4,000	36	1%	36	3,964
Facilities Operations	82,391	82,327	64,000	45,669	71%	50,000	14,000
Utilities	0	0	1,000	0	0%	0	1,000
C & P Services - Interdept.	0	0	288,000	0	0%	0	288,000
C & P Services - External	0	0	27,000	29,000	107%	29,000	(2,000)
DEPARTMENTAL SERVICES:							
OIS ProRata	579,091	586,000	680,000	680,000	100%	680,000	0
Admin/Exec	134,858	135,000	138,000	138,000	100%	138,000	0
Interagency Services	0	0	73,000	0	0%	0	73,000
IA w/ OPES	0	0	0	39,728		39,728	(39,728)
DOI-ProRata Internal	3,933	4,000	4,000	4,000	100%	4,000	0
Communications ProRata	9,000	9,000	17,000	17,000	100%	17,000	0
PPRD ProRata	0	0	1,000	1,000	100%	1,000	0
INTERAGENCY SERVICES:							
Consolidated Data Center	0	0	3,000	0	0%	0	3,000
DP Maintenance & Supply	909	909	1,000	0	0%	1,000	0
Statewide ProRata	91,663	91,663	0	0		0	0
EXAMS EXPENSES:							
Exam Supplies	15,232	15,232	3,708	13,832	373%	13,832	(10,124)
Exam Site Rental - State Owned	37,685	37,685	0	56,756		56,756	(56,756)
Exam Site Rental - Non State Owned	37,550	42,560	69,939	30,000	43%	30,000	39,939
C/P Svcs-External Expert Administration	2,983	2,983	30,877	200	1%	200	30,677
C/P Svcs-External Expert Examiners	0	0	47,476	0	0%	0	47,476
C/P Svcs-External Subject Matter	209,934	204,934	0	131,891		150,000	(150,000)
Other Items of Expense	0	0	0	5,610		5,610	(5,610)
ENFORCEMENT:							
Attorney General	120,885	113,670	173,000	135,961	79%	145,000	28,000
Office Admin. Hearings	0	0	3,000	0	0%	0	3,000
Court Reporters	0	0	0	83		200	(200)
Evidence/Witness Fees	5,019	4,619	0	0		5,000	(5,000)
Major Equipment	568	568	0	0	0%	0	0
TOTALS, OE&E	1,410,382	1,406,524	1,792,000	1,372,554	77%	1,428,630	363,370
TOTAL EXPENSE	2,066,239	2,059,837	2,632,000	2,114,945	165%	2,175,357	456,643
Sched. Reimb. - Fingerprints	(948)	(948)	(13,000)	(1,323)	10%	(1,323)	(11,677)
Sched. Reimb. - Other	(705)	(705)	(3,000)	(705)	24%	(705)	(2,295)
NET APPROPRIATION	2,064,586	2,058,184	2,616,000	2,112,917	81%	2,173,329	442,671
SURPLUS/(DEFICIT):							16.9%



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**

August 10, 2017

Upon Conclusion of Agenda Item 6

Crowne Plaza
1177 Airport Boulevard
Burlingame, CA 94010
(650) 342-9200 (Hotel) or (916) 263-2300 (Board Office)

Members of the Board:

Bruce L. Whitcher, DDS, President
Thomas Stewart, DDS, Vice President
Yvette Chappell-Ingram, Public Member, Secretary

Fran Burton, MSW, Public Member
Steven Chan, DDS
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

Members of the Dental Assisting Council:

Anne Contreras, RDA, Vice Chair

Pamela Davis-Washington, RDA
Tamara McNealy, RDA
Jennifer Rodriguez, RDAEF

Judith Forsythe, RDA
Ross Lai, DDS

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 May 11, 2017 Joint Meeting of the Dental Board of California and the Dental Assisting Council Meeting Minutes
3. Update on Dental Assisting Program and Course Applications
4. 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
5. 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)
6. Discussion and Possible Action regarding Assembly Bill 1707 (Low) Registered Dental Assistant Practical Examination
7. Discussion and Possible Action regarding alternative method to measure Registered Dental Assistant competency for licensure as presented by Office of Professional Examination Services
8. Update regarding the Combining of the Registered Dental Assistant (RDA) Law and Ethics and General Written Examinations
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 OF CALIFORNIA
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**JOINT MEETING OF THE DENTAL BOARD OF CALIFORNIA
AND THE DENTAL ASSISTING COUNCIL MEETING MINUTES
May 11, 2017**

Wyndham Anaheim Garden Grove
12021 Harbor Boulevard
Garden Grove, CA 92840-4001
(714) 867-555 (Hotel) or (916) 263-2300 (Board Office)

Members of the Board

Members Present:

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

Members Absent:

Kathleen King, Public Member

Members of the Dental Assisting Council

Members Present:

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

Members Absent:

None

AGENDA ITEM JNC 1: CALL TO ORDER/ROLL CALL/ESTABLISHMENT OF QUORUM

Dr. Witcher, President called the meeting to order at 11:15 a.m. The roll was called by the Dental Board Secretary and the Council Vice Chair. All members of Dental Board of California and the Dental Assisting Council were present with the exception of Board member Kathleen King, Public Member and a quorum was established.

AGENDA ITEM JNC 2: APPROVAL OF THE FEBRUARY 23, 2017 JOINT MEETING OF THE DENTAL BOARD OF CALIFORNIA AND THE DENTAL ASSISTING COUNCIL MEETING MINUTES

Ms. Contreras asked if there were any comments or questions regarding minutes of the February 23, 2017 Joint meeting of the Dental Board and the Dental Assisting Council.

M/S/C: (Morrow/Contreras) to approve the February 23, 2017 meeting minutes.

Aye: Whitcher, Stewart, Burton, Chan, Chappell-Ingram, Forsythe, Lai, Le, Medina, Morrow, Contreras, Davis-Washington, McNealy, Rodriguez; Nay: None; Abstain: McKenzie

The motion to approve the February 23, 2017 Joint meeting minutes was passed.

AGENDA ITEM JNC 3: UPDATE ON DENTAL ASSISTING EXAMINATION STATISTICS

Sarah Wallace, Assistant Executive Officer, provided an overview of the dental assisting examination statistics included in the meeting materials. There was no action on this item.

AGENDA ITEM JNC 4: UPDATE ON DENTAL ASSISTING LICENSING STATISTICS

Ms. Wallace provided an overview of the dental assisting licensing statistics included in the meeting materials. There was no action on this item.

AGENDA ITEM JNC 5: UPDATE REGARDING THE REVIEW OF THE REGISTERED DENTAL ASSISTANT (RDA) PRACTICAL EXAMINATION

Ms. Wallace stated that a special Board Meeting was held on April 6, 2017 and the Board voted to suspend the RDA Practical Exam until July 1, 2017. Staff was directed to pursue urgent 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 practical examination suspended until such time as the Board and OPES identify reasonable alternatives to measure competency and not create a barrier to RDA licensure. Dr. Whitcher stated that in February 2016, the Legislative Counsel Bureau opined that the Board had the authority to suspend.

Ms. Wallace reported that the next step is to contract with OPES to develop alternatives.

M/S/C (Burton/Morrow) to 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 future.

Aye: Whitcher, Stewart, Burton, Chan, Chappell-Ingram, Forsythe, Lai, Le, McKenzie, Medina, Morrow, Contreras, Davis-Washington, McNealy, Rodriguez; Nay: None; Abstain: None

The motion was passed unanimously.

AGENDA ITEM JNC 6: ASSEMBLY BILL 1732 (ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS) BUREAU OF REAL ESTATE

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, had been selected as the vehicle to carry the Board's requested urgency amendments. The amendments were not reflected in the published version of the bill; however staff is tracking this bill in anticipation of the requested language being published soon.

Dr. Morrow asked what eligibility requirements are being applied to applicants who had previously failed the RDA Practical exam. Ms. Wallace stated the RDA Written exam, Law and Ethics exam and a completed application are still required.

Melodi Randolph, Dental Assisting Educators, asked if educators would be surveyed when options are developed.

Judith Forsythe, RDA, stated that she does not feel the option to leave the dentist to evaluate the skills/abilities of the dental assistants in their offices is a viable option. She feels it will create an inequality in skills. She also stated that she would like the Board to consider a practical exam as a viable option.

Zena Delling, J and Z Dental Rentals and Clinical Seminars, asked how long it would take if a new practical exam is the option the Board and OPES agree to pursue. Ms. Wallace stated it could take 1-2 years to complete the process since legislation would need to be introduced and content and criteria would need to be developed.

AGENDA ITEM JNC 7: UPDATE REGARDING THE COMBINING OF THE REGISTERED DENTAL ASSISTANT (RDA) LAW AND ETHICS AND GENERAL WRITTEN EXAMINATIONS

Ms. Wallace reported at the December 2016 meeting, the Board and Council discussed combining the Registered Dental Assistant 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 time, Board staff anticipates the one combined examination will be launched in May 2018.

AGENDA ITEM JNC 8: UPDATE ON 2017 DENTAL ASSISTING COUNCIL REGULATORY WORKSHOPS

Ms. Wallace stated 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.

AGENDA ITEM JNC 9: PUBLIC COMMENT ON ITEMS NOT ON THE AGENDA

There were no public comments.

AGENDA ITEM JNC 10: FUTURE AGENDA ITEMS

No future items were brought forward.

AGENDA ITEM JNC 11: BOARD AND COUNCIL MEMBER COMMENTS ON ITEMS NOT ON THE AGENDA

There were no Board or Council member comments.

AGENDA ITEM JNC 12: ADJOURNMENT

The meeting adjourned at 12:10 p.m.



MEMORANDUM

DATE	July 18, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Laura Fisher Educational Program Coordinator
SUBJECT	Agenda Item 3: Update on Dental Assisting Program and Course Application Statistics

In an effort to meet the requirements of CCR, Title 16, Section 1070(a)(2), the Board has started off the year approving DA program and course curriculum applications. The re-evaluation of programs and courses may include a site visit or may require written documentation that ensures compliance with all regulations. Additionally, the Board will soon begin recruiting and training additional subject matter experts (SME's) in the dental assisting program and course evaluation process.

Table 1 identifies the total number of DA Program/Course curriculum applications that have been approved in 2017 to date. Table 2 lists the number of DA Programs and Course site visits conducted in 2017 to date. Table 3 lists the DA Program and Course applications that are currently being reviewed or have been approved since the last board meeting. Table 4 identifies approved DA program or course providers by name and type of program.

Table 1										
Total DA Program and Course Applications Approved in 2017 to date										
	RDA Programs	RDAEF Programs	Radiation Safety Course	Coronal Polish Course	Pit and Fissure Sealants	Ultrasonic Scaler	Infection Control	Orthodontic Assistant	Dental Sedation Assistant	Grand Total
Course Totals	1	0	0	2	0	2	1	5	0	11

Table 2											
Total DA Program and Course Site Visits/Re-evaluations conducted in 2017											
	RDA Programs		RDAEF	Radiation Safety	Coronal Polish	Pit and Fissure Sealants	Ultrasonic Scaler	Infection Control	Orthodontic Assistant	Dental Sedation Assistant	Grand Total
	Provisional	Full									
Site Visit Totals	0	1	0	0	0	0	0	0	0	0	1

Table 3**DA Program & Course Applications Approved and Received Since Last Board Meeting**

Program or Course Title	Approved	Denied	Received/ Currently Processing	Incomplete Application Received
RDA Program/Curriculum	1	0	2	0
RDAEF/Program/Curriculum	0	0	1	0
Radiation Safety	0	0	1	0
Coronal Polish	2	0	1	0
Pit and Fissure	0	0	2	0
Ultrasonic Scaler	2	0	1	0
Infection Control	1	0	1	0
OA Permit	5	0	2	0
DSA Permit	0	0	0	0
Total Applications	11	0	11	0

Table 4**Dental Assisting Programs/Courses Approved Since Last Board Meeting**

Provider	Approval Date	RDA Program	RDAEF Program	X-Ray	CP	P/F	US	IC	DSA	OA
Western Dental & Orthodontics - Fresno	2/08/2017									X
Western Dental & Orthodontics - Lodi	2/08/2017									X
Cerritos College	2/11/2017									X
Cerritos College	2/11/2017						X			
San Joaquin Valley College - Hesperia	3/12/2017	X								
Dr. Thomas Boone	3/29/2017						X			
American Dental Academy	4/20/2017							X		

Table 4

Dental Assisting Programs/Courses Approved Since Last Board Meeting

Provider	Approval Date	RDA Program	RDAEF Program	X-Ray	CP	P/F	US	IC	DSA	OA
Dental Assisting Training Academy	4/27/2017									X
Dental Educators	6/12/2017				X					
Touni Orthodontics	6/18/2017									X
OC Dental Specialists	7/14/2017				X					
INDIVIDUAL PROGRAM/COURSE TOTALS		1			2		2	1		5
TOTAL APPROVALS = 11										



MEMORANDUM

DATE	July 18, 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 4: 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 June 2016 to June 2017.

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

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Passed	% Failed
RDA	2919	1798	1121	62%	38%
RDA Law & Ethics	3347	2163	1184	65%	35%
RDAEF	162	96	66	59%	41%
Orthodontic Assistant	411	191	220	46%	54%
Dental Sedation Assistant	2	2	0	100%	0%

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

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

Clinical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – January	15	67%	33%
RDAEF – May	56	73%	27%
RDAEF – July	23	61%	39%
RDAEF – October	103	90%	10%
RDAEF – January	3	67%	33%
RDAEF – June	43	74%	26%
Total	243	79%	21%

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – January	15	67%	33%
RDAEF – May	56	73%	27%
RDAEF – July	23	87%	13%
RDAEF – October	103	90%	10%
RDAEF – January	11	100%	0%
RDAEF – June	46	72%	28%
Total	254	82%	18%

Action Requested:

No action requested at this time.

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
4D College - Victorville (914)	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass			0											0
fail			1											1
Allan Hancock (508)	100%	100%	100%	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	95%	97%
pass	1	11	2	1			2						19	36
fail	0	0	0	0			0						1	1
American Career - Anaheim (896)	50%	25%	0%	100%	N/A	0%	25%	0%	0%	0%	100%	33%	63%	38%
pass	1	1	0	1		0	1	0	0	0	1	2	10	17
fail	1	3	1	0		5	3	1	1	3	0	4	6	28
American Career - Long Beach (997)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	50%
pass												0	1	1
fail												1	0	1
American Career - Los Angeles (867)	50%	0%	67%	60%	N/A	100%	67%	17%	0%	0%	100%	33%	64%	52%
pass	1	0	2	3		2	2	1	0	0	1	1	9	22
fail	1	1	1	2		0	1	5	1	1	0	2	5	20
American Career - Ontario (905)	50%	50%	33%	50%	100%	67%	25%	100%	0%	N/A	N/A	60%	45%	48%
pass	1	1	2	2	1	2	1	1	0			3	5	19
fail	1	1	4	2	0	1	3	0	1			2	6	21
Anthem College (503)	0%	N/A	100%	100%	N/A	100%	N/A	0%	0%	N/A	N/A	0%	N/A	56%
pass	0		1	3		1		0	0			0		5
fail	1		0	0		0		1	1			1		4
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)	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	0%	N/A	33%	50%	22%
pass						0		0		0		1	1	2
fail						2		1		1		2	1	7
Blake Austin College (897)	33%	N/A	50%	0%	0%	100%	N/A	100%	0%	N/A	100%	83%	100%	67%
pass	1		1	0	0	2		2	0		2	5	1	14
fail	2		1	1	1	0		0	1		0	1	0	7
Brightwood - Bakersfield (884) formerly Kaplan	33%	75%	100%	100%	0%	0%	0%	100%	100%	50%	0%	40%	58%	53%
pass	1	3	2	1	0	0	0	1	1	1	0	2	7	19
fail	2	1	0	0	1	1	2	0	0	1	1	3	5	17

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Brightwood - Clovis (885) formerly Kaplan	67%	60%	60%	67%	N/A	33%	N/A	33%	50%	0%	100%	63%	77%	62%
pass	2	3	3	4		1		1	1	0	1	5	10	31
fail	1	2	2	2		2		2	1	1	0	3	3	19
Brightwood - Modesto (499)/(890) formerly Kaplan	67%	71%	75%	N/A	63%	33%	75%	38%	0%	0%	0%	38%	53%	53%
pass	4	5	3		5	1	6	3	0	0	0	5	10	42
fail	2	2	1		3	2	2	5	1	1	2	8	9	38
Brightwood - Palm Springs (901) formerly Kaplan	0%	N/A	67%	67%	N/A	N/A	0%	33%	0%	100%	N/A	33%	50%	45%
pass	0		2	2			0	1	0	1		1	3	10
fail	1		1	1			1	2	1	0		2	3	12
Brightwood - Riverside (898) formerly Kaplan	N/A	N/A	100%	100%	50%	100%	67%	100%	N/A	N/A	N/A	50%	0%	67%
pass			1	3	1	1	2	1				1	0	10
fail			0	0	1	0	1	0				1	2	5
Brightwood - Sacramento (888) formerly Kaplan	0%	N/A	100%	100%	50%	33%	100%	25%	0%	0%	N/A	60%	40%	47%
pass	0		1	3	1	1	1	1	0	0		3	4	15
fail	1		0	0	1	2	0	3	1	1		2	6	17
Brightwood - San Diego (899) formerly Kaplan	0%	33%	0%	100%	75%	100%	0%	100%	N/A	N/A	N/A	0%	29%	42%
pass	0	1	0	1	3	1	0	2				0	2	10
fail	2	2	1	0	1	0	2	0				1	5	14
Brightwood - Stockton (611) formerly Kaplan	N/A	N/A	100%	0%	100%	0%	0%	100%	N/A	N/A	N/A	0%	100%	36%
pass			1	0	1	0	0	1				0	1	4
fail			0	3	0	1	2	0				1	0	7
Brightwood - Vista (900) formerly Kaplan	67%	0%	0%	0%	100%	100%	67%	100%	N/A	N/A	N/A	67%	58%	62%
pass	2	0	0	0	2	3	2	1				6	7	23
fail	1	1	1	2	0	0	1	0				3	5	14
Butte County ROP (605)	100%	100%	100%	N/A	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	93%	97%
pass	1	10	8		1		1						13	34
fail	0	0	0		0		0						1	1
Cabrillo College (001)	0%	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	N/A	N/A	N/A	0%
pass	0						0		0					0
fail	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	N/A	N/A
pass														0
fail														0
Carrington - Antioch (886)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	67%

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	pass					1							1	0	2
	fail					0							0	1	1
Carrington - Citrus Heights (882)	67%	67%	100%	83%	78%	83%	83%	86%	N/A	100%	N/A	89%	69%	80%	
	pass	2	2	3	5	7	5	5	6		1		8	9	53
	fail	1	1	0	1	2	1	1	1		0		1	4	13
Carrington - Pleasant Hill (868)	67%	100%	83%	33%	40%	83%	33%	67%	N/A	100%	100%	55%	58%	64%	
	pass	2	3	5	1	2	5	1	2		1	2	6	7	37
	fail	1	0	1	2	3	1	2	1		0	0	5	5	21
Carrington - Pomona (908)	0%	100%	100%	N/A	N/A	N/A	50%	N/A	N/A	N/A	N/A	100%	N/A	75%	
	pass	0	1	2			1					2		6	
	fail	1	0	0			1					0		2	
Carrington - Sacramento (436)	80%	88%	60%	60%	50%	57%	86%	89%	N/A	75%	0%	42%	73%	68%	
	pass	4	7	3	3	3	4	6	8		3	0	5	19	65
	fail	1	1	2	2	3	3	1	1		1	1	7	7	30
Carrington - San Jose (876)	67%	100%	N/A	50%	100%	100%	67%	50%	N/A	0%	N/A	71%	40%	65%	
	pass	2	4		1	3	3	2	2		0		5	4	26
	fail	1	0		1	0	0	1	2		1		2	6	14
Carrington - San Leandro (609)	60%	N/A	40%	50%	N/A	25%	33%	100%	0%	N/A	100%	33%	50%	46%	
	pass	3		2	2		1	2	2	0		1	1	8	22
	fail	2		3	2		3	4	0	2		0	2	8	26
Carrington - Stockton (902)	100%	100%	N/A	100%	100%	0%	50%	N/A	100%	N/A	N/A	64%	60%	68%	
	pass	1	3		3	2	0	2		1		7	9	28	
	fail	0	0		0	0	1	2		0		4	6	13	
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	100%	N/A	N/A	0%	N/A	N/A	N/A	100%	50%	58%	
	pass	1		1		1		0				2	2	7	
	fail	0		1		0		2				0	2	5	
Chabot College (513)	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	
Chaffey College (514)	100%	100%	50%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	75%	85%	
	pass	1	2	1				1				3	3	11	
	fail	0	0	1				0				0	1	2	

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Charter College - Canyon Country (401)	N/A	N/A	100%	N/A	50%	50%	33%	100%	100%	N/A	N/A	100%	75%	72%
pass			1		1	1	1	1	1			4	3	13
fail			0		1	1	2	0	0			0	1	5
Citrus College (515)	N/A	100%	100%	100%	100%	100%	50%	100%	N/A	50%	N/A	100%	0%	75%
pass		1	1	1	1	1	1	3		1		2	0	12
fail		0	0	0	0	0	1	0		1		0	2	4
City College of San Francisco (534)	N/A	N/A	100%	100%	50%	100%	100%	100%	N/A	N/A	100%	N/A	100%	93%
pass			1	1	1	6	1	2			1		1	14
fail			0	0	1	0	0	0			0		0	1
College of Alameda (506)	100%	100%	N/A	100%	100%	67%	0%	0%	0%	0%	N/A	100%	50%	65%
pass	2	2		4	1	2	0	0	0	0		2	2	15
fail	0	0		0	0	1	1	2	1	1		0	2	8
College of Marin (523)	N/A	100%	71%	100%	100%	67%	100%	N/A	100%	N/A	100%	N/A	N/A	87%
pass		4	5	3	2	2	1		2		1			20
fail		0	2	0	0	1	0		0		0			3
College of the Redwoods (838)	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
pass	3	4	2	5	1							1	2	18
fail	0	0	0	0	0							0	0	0
College of San Mateo (536)	100%	N/A	100%	100%	0%	100%	100%	50%	100%	N/A	N/A	N/A	50%	78%
pass	2		1	1	0	2	5	1	1				1	14
fail	0		0	0	2	0	0	1	0				1	4
Concorde Career - Garden Grove (425)	57%	17%	67%	100%	100%	75%	33%	0%	0%	0%	100%	67%	69%	54%
pass	4	1	2	4	1	3	2	0	0	0	1	2	9	29
fail	3	5	1	0	0	1	4	1	4	1	0	1	4	25
Concorde Career - North Hollywood (435)	100%	100%	0%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	50%	38%	62%
pass	1	2	0	2	1	1		1				2	3	13
fail	0	0	1	0	0	0		0				2	5	8
Concorde Career - San Bernardino (430)	60%	83%	100%	75%	33%	50%	50%	57%	100%	N/A	N/A	67%	53%	63%
pass	3	5	4	3	1	3	1	4	1			18	10	53
fail	2	1	0	1	2	3	1	3	0			9	9	31
Concorde Career - San Diego (421)	33%	50%	25%	60%	33%	60%	20%	100%	100%	N/A	N/A	40%	67%	52%
pass	1	2	1	3	2	3	1	2	1			2	12	30
fail	2	2	3	2	4	2	4	0	0			3	6	28
Contra Costa (745)	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%

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	pass						2								2
	fail						0								0
Cypress College (518)		N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	100%	100%
	pass		1	1						1			1	2	6
	fail		0	0						0			0	0	0
Diablo Valley College (516)		N/A	100%	75%	75%	100%	100%	N/A	100%	N/A	N/A	N/A	100%	N/A	88%
	pass		1	3	3	3	3		1				1		15
	fail		0	1	1	0	0		0				0		2
East Los Angeles Occupational Center (855)		N/A	N/A	N/A	N/A	N/A	33%	N/A	33%	N/A	N/A	N/A	N/A	N/A	33%
	pass						1		1						2
	fail						2		2						4
Eden Area ROP (608) (856)		N/A	100%	0%	100%	50%	N/A	N/A	N/A	0%	0%	N/A	100%	0%	50%
	pass		1	0	1	1				0	0		2	0	5
	fail		0	1	0	1				1	1		0	1	5
Everest - Alhambra (406)		N/A	0%	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	100%	100%	91%
	pass		0			1	1		3				3	2	10
	fail		1			0	0		0				0	0	1
Everest - Anaheim (403)/(600)		N/A	50%	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%	100%	0%	43%
	pass		1					0				0	2	0	3
	fail		1					1				1	0	1	4
Everest - City of Industry (875)		N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	N/A	N/A	0%	100%	50%	60%
	pass							0	4			0	1	1	6
	fail							2	0			1	0	1	4
Everest - Gardena (870)		100%	N/A	100%	N/A	N/A	100%	N/A	N/A	0%	N/A	N/A	50%	50%	67%
	pass	1		1			2			0			1	1	6
	fail	0		0			0			1			1	1	3
Everest - Los Angeles (410)		0%	50%	N/A	0%	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%	67%	36%
	pass	0	1		0			0					0	4	5
	fail	1	1		2			1					2	2	9
Everest - Ontario (501)		0%	0%	N/A	N/A	33%	N/A	N/A	N/A	N/A	N/A	0%	N/A	50%	30%
	pass	0	0			1						0		2	3
	fail	1	1			2						1		2	7
Everest - Reseda (404)		N/A	50%	N/A	0%	100%	0%	0%	N/A	0%	67%	0%	N/A	0%	29%
	pass		1		0	1	0	0		0	2	0		0	4
	fail		1		1	0	1	1		1	1	1		3	10

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Everest - San Bernardino (881)	100%	0%	0%	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	33%	45%
pass	2	0	0	0	1							1	1	5
fail	0	1	1	2	0							0	2	6
Everest - San Francisco (407)	50%	N/A	N/A	N/A	N/A	50%	N/A	N/A	N/A	N/A	N/A	N/A	75%	63%
pass	1					1							3	5
fail	1					1							1	3
Everest - San Jose (408)	N/A	100%	100%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	83%
pass		1	1	0								3		5
fail		0	0	1								0		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	100%	N/A	N/A
pass												2		2
fail												0		0
Foothill College (517)	100%	N/A	100%	N/A	N/A	100%	100%	100%	100%	N/A	N/A	N/A	100%	100%
pass	1		1			4	1	1	1				3	12
fail	0		0			0	0	0	0				0	0
Galen - Fresno (413)	N/A	50%	0%	N/A	N/A	0%	100%	N/A	N/A	N/A	N/A	50%	83%	57%
pass		1	0			0	1					1	5	8
fail		1	2			1	0					1	1	6
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	100%	N/A
pass													1	1
fail													0	0
Grossmont Community College - El Cajon (519)	67%	67%	N/A	N/A	0%	40%	50%	67%	N/A	67%	N/A	67%	68%	62%
pass	2	4			0	2	2	2		2		6	13	33
fail	1	2			1	3	2	1		1		3	6	20
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)	N/A	100%	N/A	N/A	N/A	50%	N/A	N/A	N/A	N/A	N/A	N/A	0%	50%

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	pass		1			1							0	2	
	fail		0			1							1	2	
Heald - Hayward (889)		0%	N/A	100%	67%	50%	N/A	N/A	N/A	N/A	N/A	N/A	50%	56%	60%
	pass	0		3	2	1							1	5	12
	fail	1		0	1	1							1	4	8
Heald - Roseville (911)		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
Heald - Salida (910)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	67%	50%
	pass												0	2	2
	fail												1	1	2
Heald - Stockton (887)		100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	75%	83%
	pass	1											1	3	5
	fail	0											0	1	1
Milan Institute - Indio (906)		N/A	0%	100%	0%	100%	50%	N/A	0%	0%	N/A	N/A	29%	25%	30%
	pass		0	1	0	1	1		0	0			2	1	6
	fail		1	0	1	0	1		2	1			5	3	14
Milan Institute - Visalia (907)		N/A	N/A	0%	0%	100%	50%	100%	N/A	100%	N/A	N/A	0%	45%	40%
	pass			0	0	2	1	1		1			0	5	10
	fail			2	3	0	1	0		0			3	6	15
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	67%	N/A	75%	67%	100%	0%	N/A	100%	N/A	50%	100%	70%
	pass	1		4		3	2	1	0		1		1	1	14
	fail	0		2		1	1	0	1		0		1	0	6
Moreno Valley College (903)		N/A	100%	100%	100%	N/A	100%	100%	N/A	N/A	0%	N/A	N/A	100%	92%
	pass		1	1	2		1	1			0		6	12	
	fail		0	0	0		0	0			1		0	1	
Mt. Diablo/Loma Vista (500)		N/A	100%	100%	100%	83%	50%	N/A	100%	100%	N/A	N/A	67%	100%	81%
	pass		4	2	1	5	2		1	1			4	2	22
	fail		0	0	0	1	2		0	0			2	0	5
National Education Center (604)		N/A	71%	60%	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	61%
	pass		5	3	3										11
	fail		2	2	3										7

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

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	50%	N/A	0%	0%	100%	N/A	0%	0%	50%	N/A	0%	50%	25%	29%
pass	1		0	0	1		0	0	1		0	1	1	5
fail	1		1	1	0		2	1	1		1	1	3	12
North-West - Pomona (420)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	0%	0%	100%	50%
pass						1					0	0	1	2
fail						0					1	1	0	2
North-West - West Covina (419)	50%	100%	N/A	100%	50%	0%	N/A	100%	N/A	N/A	N/A	67%	83%	71%
pass	1	1		1	1	0		1				2	5	12
fail	1	0		0	1	1		0				1	1	5
Orange Coast (528)	100%	N/A	N/A	100%	50%	0%	100%	67%	N/A	N/A	N/A	33%	93%	79%
pass	1			2	1	0	2	2				1	13	22
fail	0			0	1	1	0	1				2	1	6
Palomar College (721)	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	95%
pass		14	4										1	19
fail		0	0										1	1
Pasadena City College (529)	100%	100%	100%	N/A	0%	N/A	100%	N/A	N/A	N/A	N/A	75%	67%	76%
pass	5	1	1		0		1					3	2	13
fail	0	0	0		2		0					1	1	4
Pima - Chula Vista (871)	50%	100%	100%	N/A	0%	100%	75%	17%	0%	0%	100%	N/A	58%	53%
pass	1	1	1		0	2	3	1	0	0	1		7	17
fail	1	0	0		1	0	1	5	1	1	0		5	15
Reedley College (530)	50%	63%	67%	86%	50%	N/A	0%	100%	N/A	N/A	N/A	100%	59%	63%
pass	1	5	2	6	1		0	1				1	16	33
fail	1	3	1	1	1		1	0				0	11	19
Riverside County Office of Education (921)	100%	80%	0%	100%	67%	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	75%
pass	1	4	0	1	2			3				1		12
fail	0	1	2	0	1			0				0		4
Riverside County ROP (498)	50%	80%	0%	100%	67%	0%	75%	100%	100%	N/A	N/A	50%	100%	75%
pass	1	4	0	1	2	0	3	6	2			1	4	24
fail	1	1	2	0	1	1	1	0	0			1	0	8
Sacramento City College (532)	100%	100%	92%	67%	100%	N/A	100%	N/A	N/A	100%	N/A	N/A	100%	92%

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

	pass	1	2	11	2	1		1		1		3	22		
	fail	0	0	1	1	0		0		0		0	2		
San Bernardino Cty ROP - Hesperia (454)		50%	75%	100%	75%	33%	100%	100%	0%	N/A	100%	N/A	78%	38%	62%
	pass	1	3	3	3	1	1	1	0		1		7	5	26
	fail	1	1	0	1	2	0	0	1		0		2	8	16
San Bernardino Cty ROP - Morongo USD (913)		N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	0%	N/A	67%
	pass				1			1					0		2
	fail				0			0					1		1
San Diego Mesa (533)		N/A	100%	100%	100%	60%	50%	50%	100%	N/A	0%	N/A	100%	100%	76%
	pass		1	1	1	3	1	1	1		0		1	6	16
	fail		0	0	0	2	1	1	0		1		0	0	5
SJVC - Bakersfield (601)		N/A	100%	0%	N/A	N/A	33%	N/A	N/A	N/A	N/A	N/A	75%	75%	64%
	pass		2	0			1						3	3	9
	fail		0	1			2						1	1	5
SJVC - Fresno (602)		50%	100%	50%	0%	67%	40%	100%	0%	50%	N/A	N/A	60%	50%	43%
	pass	1	1	1	0	2	2	1	0	2			3	2	15
	fail	1	0	1	3	1	3	0	5	2			2	2	20
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)		50%	N/A	N/A	N/A	80%	N/A	100%	100%	N/A	N/A	N/A	100%	86%	88%
	pass	1				4		1	6				3	6	21
	fail	1				1		0	0				0	1	3
SJVC - Visalia (446)		100%	100%	0%	100%	80%	100%	67%	33%	100%	0%	100%	71%	64%	70%
	pass	2	1	0	1	4	4	2	1	1	0	1	5	9	31
	fail	0	0	1	0	1	0	1	2	0	1	0	2	5	13
San Jose City College (535)		100%	100%	100%	100%	100%	80%	50%	N/A	N/A	N/A	N/A	55%	79%	76%
	pass	3	1	2	1	3	8	2					6	11	37
	fail	0	0	0	0	0	2	2					5	3	12
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)		N/A	100%	N/A	100%	86%	100%	100%	N/A	N/A	N/A	N/A	100%	0%	92%
	pass		2		11	6	1	2					1	0	23
	fail		0		0	1	0	0					0	1	2

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Shasta/Trinity ROP (455)	N/A	33%	100%	100%	100%	N/A	N/A	0%	N/A	100%	N/A	100%	N/A	70%
pass		1	2	1	1			0		1		1		7
fail		2	0	0	0			1		0		0		3
Simi Valley Adult School (866)	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												1	1	2
fail												0	0	0
Southern California ROC - Torrance (612)	0%	100%	100%	N/A	50%	100%	N/A	100%	0%	N/A	N/A	100%	100%	77%
pass	0	1	1		1	2		1	0			2	2	10
fail	1	0	0		1	0		0	1			0	0	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)	100%	N/A	N/A	N/A	0%	N/A	0%	0%	0%	100%	N/A	100%	0%	30%
pass	1				0		0	0	0	1		1	0	3
fail	0				1		2	1	1	0		0	2	7
UEI - Anaheim (916)	N/A	N/A	N/A	0%	N/A	0%	N/A	0%	N/A	100%	N/A	0%	50%	33%
pass				0		0		0		1		0	2	3
fail				1		1		1		0		1	2	6
UEI - Bakersfield (926)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	50%	50%
pass												1	3	4
fail												1	3	4
UEI - Chula Vista (879)	0%	0%	33%	100%	33%	67%	50%	33%	0%	100%	N/A	29%	67%	46%
pass	0	0	1	2	1	2	1	1	0	1		2	8	19
fail	2	1	2	0	2	1	1	2	2	0		5	4	22
UEI - El Monte (909)	N/A	N/A	N/A	N/A	100%	0%	0%	N/A	0%	N/A	N/A	67%	0%	27%
pass					1	0	0		0			2	0	3
fail					0	1	1		1			1	4	8
UEI - Encino (453)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	71%	64%
pass												2	5	7
fail												2	2	4
UEI - Fresno (927)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	N/A	80%	0%	42%
pass									1	0		4	0	5
fail									0	1		1	5	7
UEI - Gardena (915)	50%	67%	N/A	N/A	N/A	67%	0%	N/A	N/A	N/A	N/A	60%	100%	60%

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

	pass	1	2				2	0				3	1	9	
	fail	1	1				1	1				2	0	6	
UEI - Huntington Park (448)		N/A	100%	50%	0%	0%	50%	67%	60%	0%	N/A	0%	13%	38%	36%
	pass		1	1	0	0	1	2	3	0		0	1	5	14
	fail		0	1	2	1	1	1	2	1		1	7	8	25
UEI - Los Angeles (449)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	100%	50%
	pass									0			1	1	
	fail									1			0	1	
UEI - Ontario (450)		N/A	N/A	N/A	N/A	0%	100%	N/A	100%	N/A	100%	100%	0%	71%	60%
	pass					0	1		1		1	1	0	5	9
	fail					1	0		0		0	0	3	2	6
UEI - Riverside (917)		50%	100%	50%	100%	60%	33%	67%	0%	100%	N/A	N/A	0%	30%	43%
	pass	1	3	1	1	3	1	2	0	1			0	3	16
	fail	1	0	1	0	2	2	1	3	0			4	7	21
UEI - San Diego (451)		N/A	N/A	N/A	0%	100%	100%	N/A	N/A	0%	N/A	N/A	N/A	100%	67%
	pass				0	1	1			0			2	4	
	fail				1	0	0			1			0	2	
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	50%	57%	56%
	pass												1	4	5
	fail												1	3	4
UEI - Stockton (925)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	50%
	pass												2	2	
	fail												2	2	
UEI - Van Nuys (453)		N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A	50%	N/A	N/A	N/A	80%
	pass						2		1		1			4	
	fail						0		0		1			1	
Unitek - Concord (994)		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	100%
	pass												2	2	
	fail												0	0	
Unitek - San Jose (995)		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												3	3	
	fail												0	0	
NATIONAL (ADA)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	44%	67%	58%
	pass									1			4	6	11
	fail									0			5	3	8

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

WORK EXPERIENCE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	36%	18%	45%	60%	61%	57%
pass										9	3	10	77	159	258
fail										16	14	12	51	102	195
PERCENT PASS	62%	77%	68%	69%	65%	63%	55%	59%		39%	39%	51%	59%	62%	62%
TOTAL PASS	80	152	117	113	106	114	83	93		31	24	24	282	579	1,798
TOTAL FAIL	49	45	54	50	57	66	69	65		49	37	23	198	359	1,121

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
4D College - Victorville (914)	N/A	100%	0%	100%	100%	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	67%
pass		1	0	2	1				0					4
fail		0	1	0	0				1					2
Allan Hancock (508)	100%	91%	75%	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	95%	92%
pass	1	10	3	1			2						18	35
fail	0	1	1	0			0						1	3
American Career - Anaheim (896)	N/A	33%	100%	0%	100%	0%	100%	100%	100%	100%	N/A	67%	50%	58%
pass		1	1	0	1	0	2	1	2	1		4	6	19
fail		2	0	2	0	2	0	0	0	0		2	6	14
American Career - Long Beach (997)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	50%
pass												0	1	1
fail												1	0	1
American Career - Los Angeles (867)	0%	0%	0%	60%	67%	40%	100%	50%	50%	50%	67%	50%	57%	50%
pass	0	0	0	3	2	2	2	2	1	1	2	4	4	23
fail	1	3	1	2	1	3	0	2	1	1	1	4	3	23
American Career - Ontario (905)	0%	50%	100%	50%	0%	0%	25%	50%	0%	50%	0%	57%	63%	45%
pass	0	2	4	1	0	0	1	1	0	1	0	4	5	19
fail	2	2	0	1	1	2	3	1	1	1	3	3	3	23
Anthem College (503)	N/A	100%	N/A	67%	N/A	N/A	N/A	100%	N/A	100%	N/A	N/A	100%	88%
pass		1		2				2		1			1	7
fail		0		1				0		0			0	1
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	50%	0%	67%	0%	67%	100%	N/A	N/A	N/A	100%	57%
pass	0			1	0	2	0	2	2				1	8
fail	1			1	1	1	1	1	0				0	6
Blake Austin College (897)	67%	0%	67%	33%	100%	75%	N/A	100%	100%	33%	50%	60%	50%	65%
pass	2	0	2	1	3	3		2	3	1	1	3	1	22
fail	1	1	1	2	0	1		0	0	2	1	2	1	12
Brightwood - Bakersfield (884) formerly Kaplan	0%	50%	50%	50%	0%	100%	80%	100%	100%	100%	40%	83%	45%	60%
pass	0	1	2	1	0	1	4	2	3	1	2	5	5	27
fail	1	1	2	1	2	0	1	0	0	0	3	1	6	18

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
Brightwood - Clovis (885) formerly Kaplan	0%	25%	63%	25%	100%	100%	N/A	50%	100%	100%	83%	80%	90%	72%
pass	0	1	5	1	10	1		2	1	4	5	4	9	43
fail	3	3	3	3	0	0		2	0	0	1	1	1	17
Brightwood - Modesto (499)/(890) formerly Kaplan	43%	50%	30%	75%	50%	50%	86%	67%	50%	80%	67%	50%	67%	58%
pass	3	2	3	3	4	2	6	4	2	8	2	5	8	52
fail	4	2	7	1	4	2	1	2	2	2	1	5	4	37
Brightwood - Palm Springs (901) formerly Kaplan	0%	0%	N/A	50%	33%	100%	50%	0%	75%	0%	50%	33%	100%	44%
pass	0	0		2	1	2	1	0	3	0	1	1	1	12
fail	2	1		2	2	0	1	2	1	1	1	2	0	15
Brightwood - Riverside (898) formerly Kaplan	0%	N/A	50%	100%	0%	50%	100%	N/A	75%	N/A	100%	100%	50%	65%
pass	0		1	3	0	1	3		3		1	1	2	15
fail	1		1	0	2	1	0		1		0	0	2	8
Brightwood - Sacramento (888) formerly Kaplan	N/A	0%	N/A	N/A	33%	100%	50%	N/A	100%	N/A	67%	50%	50%	57%
pass		0			1	3	2		2		2	2	4	16
fail		1			2	0	2		0		1	2	4	12
Brightwood - San Diego (899) formerly Kaplan	N/A	N/A	0%	N/A	N/A	100%	0%	100%	67%	100%	100%	33%	80%	65%
pass			0			1	0	2	2	1	2	1	4	13
fail			1			0	2	0	1	0	0	2	1	7
Brightwood - Stockton (611) formerly Kaplan	N/A	100%	N/A	0%	100%	100%	N/A	N/A	100%	100%	N/A	100%	N/A	88%
pass		1		0	1	1			1	2		1		7
fail		0		1	0	0			0	0		0		1
Brightwood - Vista (900) formerly Kaplan	100%	100%	N/A	100%	50%	75%	100%	100%	100%	100%	N/A	83%	85%	87%
pass	1	2		1	1	3	2	1	4	2		5	11	33
fail	0	0		0	1	1	0	0	0	0		1	2	5
Butte County ROP (605)	100%	67%	57%	100%	100%	N/A	100%	N/A	100%	N/A	100%	N/A	100%	86%
pass	1	6	4	3	4		1		3		1		13	36
fail	0	3	3	0	0		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
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	N/A
pass														0
fail														0

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
Carrington - Antioch (886)	N/A	N/A	N/A	N/A	0%	N/A	100%	N/A	N/A	100%	N/A	N/A	100%	83%
pass					0		2			1			2	5
fail					1		0			0			0	1
Carrington - Citrus Heights (882)	33%	83%	50%	43%	50%	56%	83%	50%	75%	67%	75%	77%	100%	67%
pass	1	5	3	3	3	5	5	4	6	2	3	10	9	59
fail	2	1	3	4	3	4	1	4	2	1	1	3	0	29
Carrington - Pleasant Hill (868)	50%	71%	71%	50%	67%	100%	50%	0%	33%	89%	100%	71%	71%	70%
pass	1	5	5	1	4	3	2	0	1	8	2	5	5	42
fail	1	2	2	1	2	0	2	1	2	1	0	2	2	18
Carrington - Pomona (908)	N/A	100%	0%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	0%	100%	67%
pass		1	0					2				0	1	4
fail		0	1					0				1	0	2
Carrington - Sacramento (436)	60%	75%	40%	71%	22%	43%	100%	44%	88%	50%	100%	60%	67%	64%
pass	3	9	2	5	2	3	8	4	7	3	7	6	16	75
fail	2	3	3	2	7	4	0	5	1	3	0	4	8	42
Carrington - San Jose (876)	57%	75%	67%	33%	33%	100%	50%	67%	33%	60%	100%	71%	90%	68%
pass	4	3	2	1	1	5	1	2	1	3	2	5	9	39
fail	3	1	1	2	2	0	1	1	2	2	0	2	1	18
Carrington - San Leandro (609)	50%	50%	50%	20%	50%	0%	50%	50%	67%	75%	100%	56%	67%	55%
pass	2	2	3	1	1	0	3	1	2	3	1	5	10	34
fail	2	2	3	4	1	1	3	1	1	1	0	4	5	28
Carrington - Stockton (902)	0%	33%	67%	100%	100%	50%	67%	100%	0%	67%	N/A	56%	73%	60%
pass	0	2	2	2	1	2	2	2	0	2		9	11	35
fail	1	4	1	0	0	2	1	0	2	1		7	4	23
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	0%	N/A	N/A
pass														0
fail														0
Cerritos College (511)	N/A	N/A	100%	N/A	100%	N/A	N/A	100%	100%	N/A	0%	100%	100%	83%
pass			1		1			2	1		0	3	2	10
fail			0		0			0	0		2	0	0	2
Chabot College - Hayward (513)	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

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Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
Chaffey College (514)	50%	33%	100%	0%	100%	N/A	100%	N/A	N/A	100%	100%	100%	83%	74%
pass	1	1	1	0	1		1			1	1	2	5	14
fail	1	2	0	1	0		0			0	0	0	1	5
Charter College - Canyon Country (401)	N/A	N/A	N/A	100%	0%	100%	100%	100%	N/A	50%	0%	80%	50%	63%
pass				1	0	1	1	2		1	0	4	2	12
fail				0	1	0	0	0		1	2	1	2	7
Citrus College (515)	N/A	100%	100%	N/A	100%	N/A	75%	67%	100%	100%	75%	100%	100%	87%
pass		1	3		1		3	2	3	1	3	2	1	20
fail		0	0		0		1	1	0	0	1	0	0	3
City College of San Francisco (534)	N/A	0%	50%	100%	100%	100%	67%	100%	100%	50%	0%	N/A	50%	73%
pass		0	1	1	4	2	2	3	1	1	0		1	16
fail		1	1	0	0	0	1	0	0	1	1		1	6
College of Alameda (506)	N/A	100%	100%	83%	100%	50%	N/A	50%	N/A	100%	N/A	50%	50%	73%
pass		3	1	5	1	1		1		1		1	2	16
fail		0	0	1	0	1		1		0		1	2	6
College of Marin (523)	100%	100%	50%	100%	67%	100%	N/A	N/A	0%	100%	N/A	N/A	100%	78%
pass	1	4	2	5	2	2			0	1			1	18
fail	0	0	2	0	1	0			2	0			0	5
College of the Redwoods (838)	67%	100%	100%	80%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	90%
pass	2	5	2	4	2								4	19
fail	1	0	0	1	0								0	2
College of San Mateo (536)	N/A	100%	100%	100%	0%	100%	100%	N/A	100%	100%	0%	N/A	100%	88%
pass		1	1	1	0	3	4		1	2	0		1	14
fail		0	0	0	0	0	0		0	0	2		0	2
Concorde Career - Garden Grove (425)	43%	25%	100%	43%	100%	100%	100%	100%	60%	67%	0%	33%	83%	61%
pass	3	2	1	3	2	6	3	1	3	2	0	2	10	38
fail	4	6	0	4	0	0	0	0	2	1	1	4	2	24
Concorde Career - North Hollywood (435)	0%	50%	0%	N/A	50%	75%	N/A	100%	100%	N/A	0%	33%	80%	61%
pass	0	1	0		1	3		1	2		0	1	8	17
fail	1	1	1		1	1		0	0		2	2	2	11
Concorde Career - San Bernardino (430)	40%	67%	30%	33%	50%	100%	100%	86%	40%	86%	0%	77%	50%	61%
pass	2	2	3	1	3	4	2	6	2	6	0	17	10	58
fail	3	1	7	2	3	0	0	1	3	1	1	5	10	37

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Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
Concorde Career - San Diego (421)	50%	60%	25%	60%	N/A	20%	0%	50%	20%	80%	100%	100%	43%	49%
pass	1	3	1	3		1	0	7	1	4	2	4	6	33
fail	1	2	3	2		4	2	7	4	1	0	0	8	34
Contra Costa (745)	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						2								2
Cypress College (518)	N/A	N/A	100%	100%	N/A	N/A	100%	N/A	100%	N/A	N/A	N/A	100%	100%
pass			1	1			1		1				2	6
fail			0	0			0		0				0	0
Diablo Valley College (516)	N/A	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
pass		1	2	6	2	3		1						15
fail		0	0	0	0	0		0						0
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)	100%	N/A	0%	0%	50%	67%	N/A	N/A	N/A	N/A	N/A	100%	0%	50%
pass	2		0	0	1	2						1	0	6
fail	0		2	1	1	1						0	1	6
Everest - Alhambra (406)	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A	N/A	N/A	N/A	33%	100%	75%
pass					1		1					1	3	6
fail					0		0					2	0	2
Everest - Anaheim (403)/(600)	0%	0%	0%	0%	100%	0%	100%	N/A	N/A	100%	N/A	100%	50%	47%
pass	0	0	0	0	1	0	1			2		1	2	7
fail	1	1	2	1	0	1	0			0		0	2	8
Everest - City of Industry (875)	N/A	N/A	N/A	N/A	N/A	N/A	0%	67%	0%	N/A	N/A	100%	50%	50%
pass							0	2	0			1	1	4
fail							1	1	1			0	1	4
Everest - Gardena (870)	100%	0%	50%	N/A	0%	100%	100%	N/A	N/A	N/A	N/A	N/A	100%	60%
pass	1	0	1		0	1	1						2	6
fail	0	2	1		1	0	0						0	4
Everest - Los Angeles (410)	0%	100%	50%	N/A	N/A	100%	N/A	N/A	0%	N/A	N/A	0%	33%	43%
pass	0	1	1			2			0			0	2	6
fail	1	0	1			0			1			1	4	8

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Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
Everest - Ontario (501)	100%	N/A	100%	0%	0%	100%	100%	N/A	0%	N/A	0%	N/A	100%	60%
pass	1		1	0	0	1	1		0		0		2	6
fail	0		0	1	1	0	0		1		1		0	4
Everest - Reseda (404)	0%	100%	N/A	100%	N/A	67%	N/A	100%	100%	0%	100%	100%	100%	77%
pass	0	2		1		2		1	1	0	1	1	1	10
fail	1	0		0		1		0	0	1	0	0	0	3
Everest - San Bernardino (881)	50%	N/A	0%	N/A	100%	N/A	0%	N/A	100%	N/A	0%	N/A	67%	45%
pass	1		0		1		0		1		0		2	5
fail	1		2		0		1		0		1		1	6
Everest - San Francisco (407)	0%	0%	0%	0%	N/A	N/A	N/A	N/A	100%	N/A	50%	N/A	50%	38%
pass	0	0	0	0					1		1		3	5
fail	1	1	1	1					0		1		3	8
Everest - San Jose (408)	100%	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	83%
pass	1			0							2	2		5
fail	0			1							0	0		1
Everest - Torrance (409)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	100%	N/A	1
pass									0			1		1
fail									1			0		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	100%	N/A	N/A
pass												1		1
fail												0		0
Foothill College (517)	100%	100%	80%	100%	75%	N/A	100%	N/A	N/A	0%	100%	100%	100%	86%
pass	1	3	4	1	3		1			0	1	2	2	18
fail	0	0	1	0	1		0			1	0	0	0	3
Galen - Fresno (413)	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	0%	80%	75%
pass					1	1						0	4	6
fail					0	0						1	1	2
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

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Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
Grossmont Community College - El Cajon (519)	60%	N/A	N/A	N/A	100%	71%	50%	100%	100%	100%	75%	77%	78%	76%
pass	3				1	5	1	1	1	2	3	10	7	34
fail	2				0	2	1	0	0	0	1	3	2	11
Hacienda La Puente (776)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	0%	N/A	0%	N/A	50%
pass							1		1	0		0		2
fail							0		0	1		1		2
Heald - Concord (891)	0%	100%	N/A	N/A	0%	0%	N/A	N/A	100%	N/A	N/A	N/A	33%	38%
pass	0	1			0	0			1				1	3
fail	1	0			1	1			0				2	5
Heald - Hayward (889)	N/A	75%	50%	0%	0%	N/A	100%	0%	0%	100%	N/A	75%	67%	57%
pass		3	1	0	0		1	0	0	3		3	2	13
fail		1	1	2	1		0	2	1	0		1	1	10
Heald - Roseville (911)	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%	50%	N/A	N/A	N/A	N/A	20%
pass					0			0	1					1
fail					1			2	1					4
Heald - Salida (910)	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	100%	83%
pass	1								1			1	2	5
fail	1								0			0	0	1
Heald - Stockton (887)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	100%	N/A	75%	63%
pass	1								0	0	1		3	5
fail	0								1	1	0		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)	100%	0%	50%	N/A	100%	0%	67%	0%	100%	100%	50%	67%	67%	58%
pass	1	0	2		1	0	2	0	1	1	1	2	4	15
fail	0	1	2		0	1	1	2	0	0	1	1	2	11
Milan Institute - Visalia (907)	N/A	0%	0%	100%	N/A	100%	50%	0%	100%	N/A	100%	50%	67%	64%
pass		0	0	2		4	1	0	1		1	1	6	16
fail		2	1	0		0	1	1	0		0	1	3	9
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

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Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
Monterey Peninsula (527)	N/A	N/A	N/A	71%	33%	67%	50%	50%	50%	50%	N/A	N/A	100%	61%
pass				5	1	2	1	1	1	1			2	14
fail				2	2	1	1	1	1	1			0	9
Moreno Valley College (903)	N/A	0%	100%	100%	N/A	100%	100%	N/A	N/A	0%	N/A	100%	83%	79%
pass		0	1	2		1	1			0		1	5	11
fail		1	0	0		0	0			1		0	1	3
Mt. Diablo/Loma Vista (500)	N/A	100%	100%	0%	33%	50%	N/A	100%	100%	100%	100%	80%	100%	78%
pass		3	2	0	1	3		1	2	2	2	4	5	25
fail		0	0	1	2	3		0	0	0	0	1	0	7
National Education Center (604)	N/A	43%	63%	63%	N/A	N/A	N/A	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)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	67%
pass	1												1	2
fail	0												1	1
North Orange County ROP (495) formerly Valley Career College	100%	N/A	N/A	0%	100%	100%	0%	N/A	100%	N/A	50%	100%	75%	69%
pass	1			0	1	1	0		1		1	1	3	9
fail	0			1	0	0	1		0		1	0	1	4
North-West - Pomona (420)	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	67%
pass			0			1						1		2
fail			1			0						0		1
North-West - West Covina (419)	100%	0%	100%	0%	0%	100%	100%	100%	0%	N/A	0%	75%	40%	48%
pass	1	0	1	0	0	1	1	1	0		0	3	2	10
fail	0	1	0	2	1	0	0	0	2		1	1	3	11
Orange Coast (528)	100%	N/A	N/A	100%	100%	0%	50%	100%	100%	100%	N/A	67%	92%	87%
pass	1			3	1	0	1	2	2	2		2	12	26
fail	0			0	0	1	1	0	0	0		1	1	4
Palomar College (721)	N/A	87%	100%	N/A	0%	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	88%
pass		13	3		0		1						4	21
fail		2	0		1		0						0	3
Pasadena City College (529)	100%	75%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	93%
pass	2	3	1								3	1	3	13
fail	0	1	0								0	0	0	1

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Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
Pima - Chula Vista (871)	67%	0%	0%	25%	0%	40%	40%	N/A	100%	N/A	N/A	29%	60%	42%
pass	2	0	0	1	0	2	2		2			2	9	20
fail	1	2	2	3	3	3	3		0			5	6	28
Reedley College (530)	N/A	100%	50%	86%	N/A	0%	N/A	N/A	50%	N/A	50%	40%	83%	73%
pass		5	3	6		0			1		1	2	19	37
fail		0	3	1		1			1		1	3	4	14
Riverside County Office of Education - Indio (921)	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	100%
pass	1							3				1		5
fail	0							0				0		0
Riverside ROP - Riverside (498)	100%	67%	40%	100%	100%	N/A	100%	100%	100%	0%	N/A	50%	67%	78%
pass	1	2	2	1	3		3	8	3	0		1	4	28
fail	0	1	3	0	0		0	0	0	1		1	2	8
Sacramento City College (532)	0%	71%	73%	100%	N/A	100%	100%	N/A	0%	N/A	N/A	50%	100%	70%
pass	0	5	8	2		1	2		0			1	4	23
fail	2	2	3	0		0	0		2			1	0	10
San Bernardino Cty ROP - Hesperia (454)	50%	60%	89%	50%	33%	50%	50%	N/A	100%	100%	N/A	73%	56%	64%
pass	1	3	8	1	1	1	1		1	1		8	10	36
fail	1	2	1	1	2	1	1		0	0		3	8	20
San Bernardino Cty ROP - Morongo USD (913)	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	0%	67%	67%
pass			1			1						0	2	4
fail			0			0						1	1	2
San Diego Mesa (533)	N/A	100%	100%	100%	100%	100%	33%	N/A	N/A	100%	N/A	100%	100%	91%
pass		1	2	1	3	1	1			1		1	9	20
fail		0	0	0	0	0	2			0		0	0	2
SJVC - Bakersfield (601)	N/A	0%	100%	N/A	N/A	50%	N/A	N/A	100%	N/A	N/A	50%	80%	67%
pass		0	3			1			1			1	4	10
fail		2	0			1			0			1	1	5
SJVC - Fresno (602)	50%	N/A	0%	N/A	N/A	100%	29%	100%	100%	50%	60%	63%	75%	62%
pass	1		0			1	2	3	4	1	3	5	3	23
fail	1		1			0	5	0	0	1	2	3	1	14
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

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Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
SJVC - Temecula (919)	100%	N/A	100%	50%	50%	100%	100%	100%	86%	100%	100%	80%	80%	87%
pass	1		1	1	1	2	1	5	6	3	4	4	4	33
fail	0		0	1	1	0	0	0	1	0	0	1	1	5
SJVC - Visalia (446)	67%	100%	0%	50%	100%	50%	40%	67%	50%	67%	100%	88%	90%	73%
pass	2	4	0	2	3	1	2	2	2	2	1	7	9	37
fail	1	0	1	2	0	1	3	1	2	1	0	1	1	14
San Jose City College (535)	80%	100%	80%	100%	50%	67%	0%	33%	50%	100%	50%	88%	60%	68%
pass	4	1	4	1	3	6	0	1	1	6	2	7	9	45
fail	1	0	1	0	3	3	1	2	1	0	2	1	6	21
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%	100%	100%	90%	83%	67%	50%	N/A	100%	0%	N/A	100%	N/A	82%
pass	1	2	1	9	5	2	1		1	0		1		23
fail	0	0	0	1	1	1	1		0	1		0		5
Shasta/Trinity ROP (455)	N/A	75%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	67%	N/A	78%
pass		3			1						1	2		7
fail		1			0						0	1		2
Simi Valley Adult School (866)	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	2
fail													0	0
Southern California ROC - Torrance (612)	100%	N/A	N/A	50%	0%	N/A	100%	50%	100%	100%	N/A	N/A	100%	86%
pass	1			1	0		3	1	1	2			3	12
fail	0			1	0		0	1	0	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
The Valley School of Dental Assisting (920)	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
Tri Cities ROP (877)	N/A	100%	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	N/A	100%	50%	71%
pass		2			0			1				1	1	5
fail		0			1			0				0	1	2

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total	
UEI - Anaheim (916)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	25%	20%	
pass						0						1	1		
fail						1						3	4		
UEI - Bakersfield (926)	0%	0%	0%	0%	0%	0%	0%	0%	0%	N/A	0%	0%	22%	18%	
pass												0	2		
fail												2	7		
UEI - Chula Vista (879)	0%	0%	33%	100%	33%	67%	50%	60%	67%	N/A	50%	80%	67%	58%	
pass	0	0	1	1	1	2	1	3	2		1	4	6	22	
fail	1	1	2	0	2	1	1	2	1		1	1	3	16	
UEI - El Monte (909)	N/A	N/A	N/A	100%	N/A	33%	0%	N/A	33%	N/A	N/A	75%	33%	42%	
pass					1		1	0		1	0		3	2	
fail					0		2	1		2	1		1	4	
UEI - Fresno (927)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	50%	67%	43%	54%	
pass									1		1	2	3	7	
fail									0		1	1	4	6	
UEI - Gardena (915)	0%	0%	N/A	0%	N/A	67%	N/A	N/A	100%	100%	50%	100%	50%	50%	
pass	0	0		0		2			1	1	2	1	1	8	
fail	1	2		1		1			0	0	2	0	1	8	
UEI - Huntington Park (448)	25%	N/A	0%	100%	0%	67%	0%	N/A	0%	67%	50%	45%	71%	46%	
pass	1		0	1	0	2	0		0	2	1	5	5	17	
fail	3		1	0	2	1	1		2	1	1	6	2	20	
UEI - Los Angeles (449)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	
pass							1							1	
fail							0							0	
UEI - Ontario (450)	50%	100%	N/A	N/A	N/A	0%	N/A	100%	0%	100%	67%	67%	67%	65%	
pass	1	2				0		1	0	1	2	2	6	15	
fail	1	0				1		0	1	0	1	1	3	8	
UEI - Riverside (917)	0%	33%	0%	33%	63%	100%	60%	0%	50%	75%	100%	29%	29%	45%	
pass	0	2	0	1	5	2	3	0	1	3	2	2	2	23	
fail	2	4	2	2	3	0	2	1	1	1	0	5	5	28	
UEI - San Diego (451)	N/A	N/A	N/A	0%	N/A	67%	N/A	N/A	N/A	0%	0%	100%	0%	38%	
pass					0		2				0	0	1	0	3
fail					1		1				1	1	0	1	5

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
UEI - San Marcos (918)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	33%	57%	45%
pass										0		1	4	5
fail										1		2	3	6
UEI - Stockton (925)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	25%	25%
pass													1	1
fail													3	3
UEI - Van Nuys (453)	N/A	N/A	N/A	N/A	N/A	67%	100%	100%	100%	100%	0%	57%	57%	67%
pass						2	1	1	2	2	0	4	4	16
fail						1	0	0	0	0	1	3	3	8
Unitek - Concord (994)	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													2	2
fail													0	0
Unitek - Sacramento (924)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	50%
pass												0	2	2
fail												2	0	2
Unitek - San Jose (995)	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													3	3
fail													0	0
West Wood College (922)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	50%
pass			1									0		1
fail			0									1		1
NATIONAL (ADA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	0%	50%	50%	88%	63%
pass									2	0	1	2	7	12
fail									2	1	1	2	1	7
WORK EXPERIENCE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	57%	59%	N/A	67%	61%	62%
pass									32	41		93	151	317
fail									24	29		46	95	194
PERCENT PASS	51%	64%	58%	62%	59%	66%	67%	68%	65%	68%	63%	65%	67%	65%
TOTAL PASS	65	143	120	118	101	127	106	100	145	144	79	324	591	2,163
TOTAL FAIL	62	80	87	72	69	65	52	48	79	67	47	171	285	1,184

RDAEF CLINICAL PRACTICAL EXAMINATION SCHOOL STATISTICS

	Jan-16	May-16	Jul-16	Oct-16	Jan-17	Jun-17	Total
Expanded Functions Dental Assistants Association (004)							
Amalgam and Composite	50%	81%	N/A	83%	100%	82%	81%
pass	2	21		24	3	9	59
fail	2	5		5	0	2	14
Cord Retraction & Final Impression	50%	81%	N/A	83%	100%	60%	77%
Pass	2	21		24	1	6	54
Fail	2	5		5	0	4	16
J Production (005)							
Amalgam and Composite	100%	N/A	N/A	100%	N/A	94%	99%
pass	1			55		17	73
fail	0			0		1	1
Cord Retraction & Final Impression	100%	N/A	N/A	100%	N/A	100%	100%
pass	1			55		18	74
fail	0			0		0	0
Loma Linda University (007)							
Amalgam and Composite	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass							0
fail							0
Cord Retraction & Final Impression	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass							0
fail							0
University of California, Los Angeles (002)							
Amalgam and Composite	100%	65%	50%	71%	100%	33%	62%
pass	2	17	1	12	2	4	38
fail	0	9	1	5	0	8	23
Cord Retraction & Final Impression	100%	65%	0%	71%	100%	70%	67%
pass	2	17	0	12	1	7	39
fail	0	9	2	5	0	3	19

RDAEF CLINICAL PRACTICAL EXAMINATION SCHOOL STATISTICS

University of the Pacific (006)							
Amalgam and Composite	63%	75%	90%	100%	100%	N/A	85%
pass	5	3	19	2	6		35
fail	3	1	2	0	0		6
Cord Retraction & Final Impression	63%	75%	67%	100%	0%	N/A	67%
pass	5	3	14	2	0		24
fail	3	1	7	0	1		12
Howard Healthcare Academy (009)							
Amalgam and Composite						60%	60%
pass						3	3
fail						2	2
Cord Retraction & Final Impression						20%	20%
pass						1	1
fail						4	4
AMALGAM AND COMPOSITE							
TOTAL PASS	10	41	20	93	11	33	208
TOTAL FAIL	5	15	3	10	0	13	46
CORD RETRACTION & FINAL							
TOTAL PASS	10	41	14	93	2	32	192
TOTAL FAIL	5	15	9	10	1	11	51

*January 2016 Exam had 1 RDAEF2 Candidate

*May 2016 Exam had 0 RDAEF2 Candidates

*January 2017 Exam had 0 RDAEF2 Candidates

RDAEF WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jun-17	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
Expanded Functions Dental Assistants Association (004)	71%	N/A	N/A	67%	0%	33%	0%	50%	0%	100%	N/A	N/A	40%	47%
pass	5			2	0	2	0	2	0	1			2	14
fail	2			1	1	4	1	2	2	0			3	16
J Production (005)	0%	50%	N/A	72%	75%	71%	33%	N/A	N/A	100%	N/A	100%	67%	69%
pass	0	1		13	12	5	1			1		1	12	46
fail	1	1		5	4	2	2			0		0	6	21
Loma Linda University (007)	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
University of California, Los Angeles (001)	50%	50%	N/A	50%	N/A	N/A	0%	33%	67%	67%	N/A	N/A	78%	52%
pass	1	1		1			0	1	2	2			7	15
fail	1	1		1			5	2	1	1			2	14
University of California, San Francisco (002)	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													2	2
fail													0	0
University of the Pacific (006)	83%	89%	0%	60%	33%	25%	N/A	N/A	100%	0%	N/A	0%	N/A	56%
pass	5	8	0	3	1	1			1	0		0		19
fail	1	1	2	2	2	3			0	1		3		15
PERCENT PASS	69%	77%	0%	68%	65%	47%	11%	43%	50%	67%	0%	25%	68%	59%
TOTAL PASS	11	10	0	19	13	8	1	3	3	4	0	1	23	96
TOTAL FAIL	5	3	2	9	7	9	8	4	3	2	0	3	11	66

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
American Canyon Orthodontics (092)	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%	N/A
pass													2	2
fail													0	0
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	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												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	0%	100%	100%	N/A	75%
pass										0	1	2		3
fail										1	0	0		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	100%	N/A	N/A	N/A	N/A	100%
pass									1					1
fail									0					0
Cameron Mashouf, DDS (066)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%
pass											1			1
fail											0			0
Dental Career Institute (006)	100%	33%	0%	75%	33%	83%	20%	100%	100%	0%	100%	N/A	50%	59%
pass	1	1	0	3	1	5	1	3	2	0	1		1	19
fail	0	2	1	1	2	1	4	0	0	1	0		1	13
Dental Pros (007)	75%	33%	0%	0%	0%	67%	0%	50%	100%	20%	100%	0%	50%	38%
pass	3	1	0	0	0	2	0	1	2	1	2	0	1	13
fail	1	2	2	3	1	1	4	1	0	4	0	1	1	21
Dental Specialties Institute Inc. (015)	0%	67%	0%	0%	33%	40%	0%	67%	80%	0%	50%	0%	50%	35%
pass	0	2	0	0	1	2	0	2	4	0	1	0	1	13
fail	3	1	1	1	2	3	2	1	1	3	1	4	1	24
Diablo Orthodontic Specialities (096)	N/A	33%	0%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass		1	0	1	1									3
fail		2	1	0	0									3
Downey Adult School (004)	N/A	N/A	N/A	0%	N/A	0%	N/A	0%	N/A	100%	0%	N/A	N/A	17%
pass				0		0		0		1	0			1
fail				2		1		1		0	1			5
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	100%	N/A

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
pass													1	1
fail													0	0
Dr. Christopher C. Cruz (081)	N/A	N/A	0%	0%	N/A	100%	N/A	N/A	N/A	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. Efstatios 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	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass							1							1
fail							0							0
Dr. Jeffrey Kwong (083)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	N/A	50%
pass											0	1		1
fail											1	0		1
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	N/A	0%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass			0			1								1
fail			1			0								1
Dr. Kurt Stromberg (014)	N/A	100%	0%	0%	0%	100%	N/A	N/A	N/A	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	100%	N/A	N/A	N/A	N/A	100%
pass									2					2
fail									0					0
Dr. Michael Payne/Cao (005)	N/A	0%	N/A	0%	N/A	0%	N/A	0%	0%	N/A	N/A	N/A	100%	14%
pass		0		0		0		0	0				1	1
fail		1		2		1		1	1				0	6
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	0%	N/A	100%	N/A	33%
pass										0		1		1
fail										2		0		2

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
Elite Orthodontics (031)	N/A	100%	N/A	0%	N/A	67%	100%	N/A	N/A	100%	N/A	N/A	100%	80%
pass		2		0		2	1			1			2	8
fail		0		1		1	0			0			0	2
Expanded Functions Dental Assistant Assoc (001)	20%	27%	40%	22%	36%	50%	78%	78%	20%	17%	100%	50%	60%	43%
pass	2	3	4	2	4	6	7	7	1	1	1	5	3	46
fail	8	8	6	7	7	6	2	2	4	5	0	5	2	62
Garrett Orthodontics (017)	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
Hamid Barkhovdar, DDS (124)	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	67%	50%	67%
pass		1	1							1	0	4	1	8
fail		0	0							0	1	2	1	4
Howard Healthcare Academy, LLC (084)	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	N/A	0%	60%
pass		1	1							1	0		0	3
fail		0	0							0	1		1	2
Image Orthodontics (114)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%
pass											0			0
fail											1			1
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	0%	50%	33%	N/A	100%	N/A	100%	N/A	N/A	N/A	56%
pass				0	1	1		2		1				5
fail				1	1	2		0		0				4
M. John Redmond, DDS (024)	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
Melanie Parker, DDS (049)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	67%
pass						2						0		2
fail						0						1		1
Orthoworks Dental Group, Dr. David Shen (043)	N/A	N/A	N/A	N/A	100%	N/A	N/A	0%	N/A	0%	N/A	N/A	N/A	33%

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
pass					1			0		0				1
fail					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%	N/A	100%	100%	N/A	0%	67%	75%	N/A	100%	N/A	N/A	59%
pass		0		2	2		0	2	3		1			10
fail		1		0	0		4	1	1		0			7
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	50%	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%	100%	N/A	N/A	33%
pass		1			0					0	1			2
fail		1			1					2	0			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)	0%	50%	50%	N/A	0%	N/A	N/A	N/A	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)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	50%
pass	1										0			1
fail	0										1			1
Toth and Torossian Partnership (110)	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									1					1
fail									0					0
Tri-Valley Orthodontics (101)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	0%	100%	N/A	75%
pass					1						0	2		3
fail					0						1	0		1
Tsai & Snowden Esthetic Partners Dental Group (106)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	100%
pass									2	2				4
fail									0	0				0
Valley School of Dental Assisting (027)	67%	100%	N/A	N/A	N/A	100%	N/A	50%	0%	0%	N/A	50%	75%	55%
pass	2	1				3		1	0	0		2	3	12
fail	1	0				0		1	2	3		2	1	10
Western Dental Services - Bakersfield (053)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	50%	0%	N/A
pass									0	0	0	1	0	1
fail									2	1	1	1	1	6

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
Western Dental Services - Banning (078)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	N/A
pass											0	0	0	0
fail											1	1	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	0%	N/A	N/A	0%	0%
pass										0			0	0
fail										2			1	3
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	0%	N/A	N/A	0%	100%	N/A	N/A	N/A	N/A	33%
pass					0			0	1					1
fail					1			1	0					2
Western Dental Services - Oxnard (103)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%
pass											0			0
fail											1			1
Western Dental Services - Redwood City (076)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	N/A	N/A	N/A	50%
pass									1	0				1
fail									0	1				1
Western Dental Services - Riverside (057)	N/A	N/A	N/A	N/A	N/A	0%	N/A	100%	0%	N/A	N/A	N/A	N/A	33%
pass						0		1	0					1
fail						1		0	1					2
Western Dental Services - N. Sacramento (020)	100%	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%
pass	1													1
fail	0													0
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	0%	N/A	50%	N/A	33%
pass										0		1		1
fail										1		1		2
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	100%	0%	0%	N/A
pass											2	0	0	2

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Total
fail											0	1	1	2
Western Dental Services - Santa Clara (054)	N/A	N/A	N/A	100%	33%	N/A	N/A	0%	0%	0%	N/A	N/A	N/A	29%
pass				1	1			0	0	0				2
fail				0	2			1	1	1				5
Western Dental Services - Tracy (063)	100%	N/A	0%	N/A	50%	N/A	N/A	N/A	0%	N/A	N/A	100%	N/A	50%
pass	1		0		1				0			1		3
fail	0		1		1				1			0		3
Zhi Meng, DDS (044)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%
pass										0				0
fail										2				2
PERCENT PASS	44%	47%	32%	31%	41%	60%	38%	63%	59%	25%	50%	51%	57%	46%
TOTAL PASS	11	17	8	9	14	26	10	19	20	10	11	20	16	191
TOTAL FAIL	14	19	17	20	20	17	16	11	14	30	11	19	12	220

DSA WRITTEN EXAMINATION SCHOOL STATISTICS

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



MEMORANDUM

DATE	July 7, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Laura Fisher, Educational Program Coordinator Dental Board of California
SUBJECT	Agenda Item 5: Dental Assisting Licensing Statistics

A: The following table provides current license status statistics by license type as of **July 6, 2017**

License Type	Registered Dental Assistant (RDA)	Registered Dental Assistant in Extended Functions (RDAEF)
Current & Active	29,580	1,371
Current & Inactive	4,534	75
Delinquent	11,185	232
Total Population (Current & Delinquent)	45,299	1,678
Total Cancelled Since Implementation	42,015	270

The following table provides current permit status statistics by permit type as of **July 6, 2017**

Permit Type	Orthodontic Assistant (OA)	Dental Sedation Assistant (DSA)	Total Permits
Current & Active	669	27	696
Current & Inactive	8	2	10
Delinquent	61	10	71
Total Population (Current & Delinquent)	738	39	777
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 July 6, 2017

County	RDA	Population	Population per RDA
Alameda	1,253	1,645,359	1,313
Alpine	0	1,151	N/A
Amador	53	38,382	724
Butte	264	226,404	858
Calaveras	65	45,168	695
Colusa	24	22,043	918
Contra Costa	1,367	1,139,513	834
Del Norte	30	27,124	904
El Dorado	226	185,062	819
Fresno	793	995,975	1,256
Glenn	52	28,731	553
Humboldt	181	136,953	757
Imperial	84	188,334	2,242
Inyo	10	18,619	1,862
Kern	576	895,112	1,554
Kings	128	149,537	1,168
Lake	59	64,945	1,101
Lassen	43	30,918	719
Los Angeles	4,557	10,241,278	2,247
Madera	133	156,492	1,177
Marin	188	263,604	1,402
Mariposa	14	18,148	1,296
Mendocino	93	89,134	958
Merced	192	274,665	1,431
Modoc	6	9,580	1,597
Mono	6	13,713	2,286
Monterey	390	442,365	1,134
Napa	148	142,408	962
Nevada	86	98,828	1,149
Orange	1,808	3,194,024	1,767

County	RDA	Population	Population per RDA
Placer	520	382,837	736
Plumas	21	19,819	944
Riverside	1,899	2,384,783	1,256
Sacramento	1,657	1,514,770	914
San Benito	86	56,854	661
San Bernardino	1,458	2,160,256	1,482
San Diego	2,540	3,316,192	1,306
San Francisco	446	874,228	1,960
San Joaquin	745	746,868	1,003
San Luis Obispo	224	280,101	1,250
San Mateo	688	770,203	1,119
Santa Barbara	325	450,663	1,387
Santa Clara	1,652	1,938,180	1,173
Santa Cruz	221	276,603	1,252
Shasta	216	178,605	827
Sierra	4	3,207	802
Siskiyou	28	44,688	1,596
Solano	605	436,023	721
Sonoma	714	505,120	707
Stanislaus	572	548,057	958
Sutter	106	96,956	915
Tehama	64	63,995	1,000
Trinity	7	13,628	1,947
Tulare	409	471,842	1,154
Tuolumne	83	54,707	659
Ventura	533	857,386	1,609
Yolo	200	218,896	1,094
Yuba	92	74,577	811
Out of State/Country	307		
TOTAL	29,580	39,523,613	

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

*The counties with the highest Population per RDA are:

1. Mono County (1:2,286)
2. Los Angeles County (1:2,247)
3. Imperial County (1:2,242)
4. San Francisco County (1:1,960)
5. Trinity County (1:1,947)

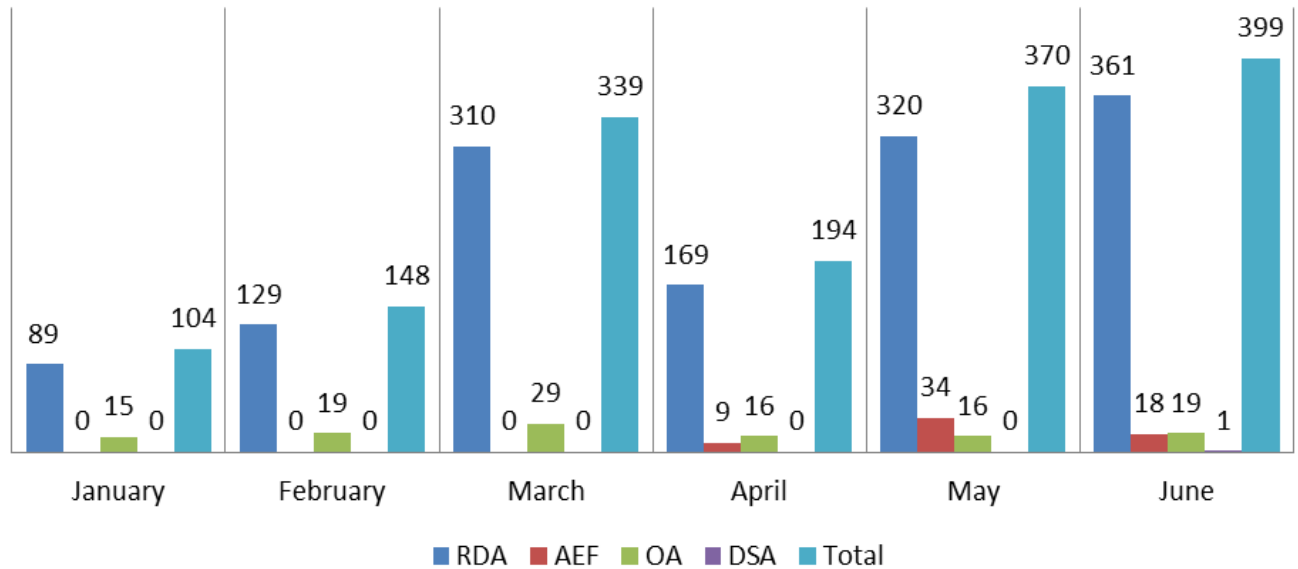
The counties with the lowest Population per RDA are:

1. Alpine County (No RDAs)
2. Glenn County (1:553)
3. Tuolumne County (1:659)
4. San Benito County (1:661)
5. Calaveras County (1:695)

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

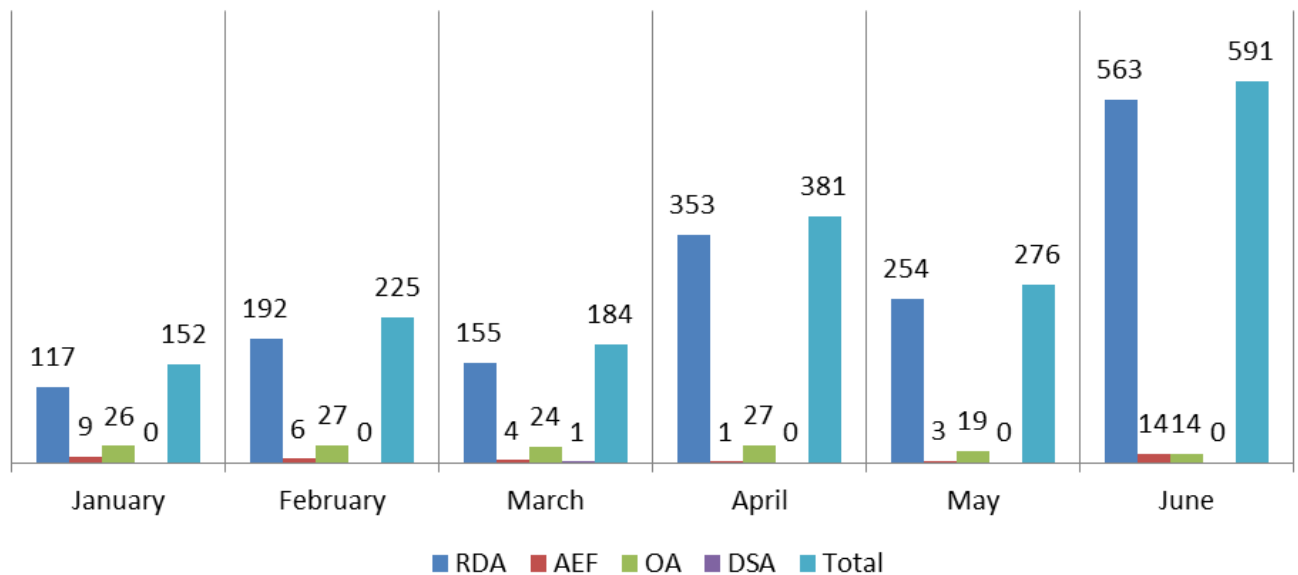
Dental Assistant Applications Received by Month (2017)													Total Apps: 1554
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	89	129	310	169	320	361							1378
RDAEF	0	0	0	9	34	18							61
OA	15	19	29	16	16	19							114
DSA	0	0	0	0	0	1							1
Total	104	148	339	194	370	399							1554
Dental Assistant Applications Approved by Month (2017)													% of All Apps: 131.3
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	117	192	155	353	254	563							1634
RDAEF	9	6	4	1	3	14							37
OA	26	27	24	27	19	14							77
DSA	0	0	1	0	0	0							1
Total	152	225	184	381	276	591							1809
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	371	271	686							1807
RDAEF	9	6	4	1	3	14							37
OA	26	27	24	0	0	0							77
DSA	0	0	1	0	0	0							1
Total	153	234	189	372	274	700							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	0	0	0							1
RDAEF	0	0	0	0	0	0							0
OA	5	0	0	0	0	0							5
DSA	0	0	0	0	0	0							0
Total	5	1	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	0	12	0							88
RDAEF	0	0	1	0	0	0							1
OA	2	1	0	0	0	0							3
DSA	0	0	0	0	0	0							0
Total	42	26	12	0	12	0							92
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	15	42	20							77
RDAEF	0	0	0	0	0	0							0
OA	0	0	0	0	0	0							0
DSA	0	0	0	0	0	0							0
Total	0	0	0	15	42	20							77

Dental Assisting Applications Received in 2017

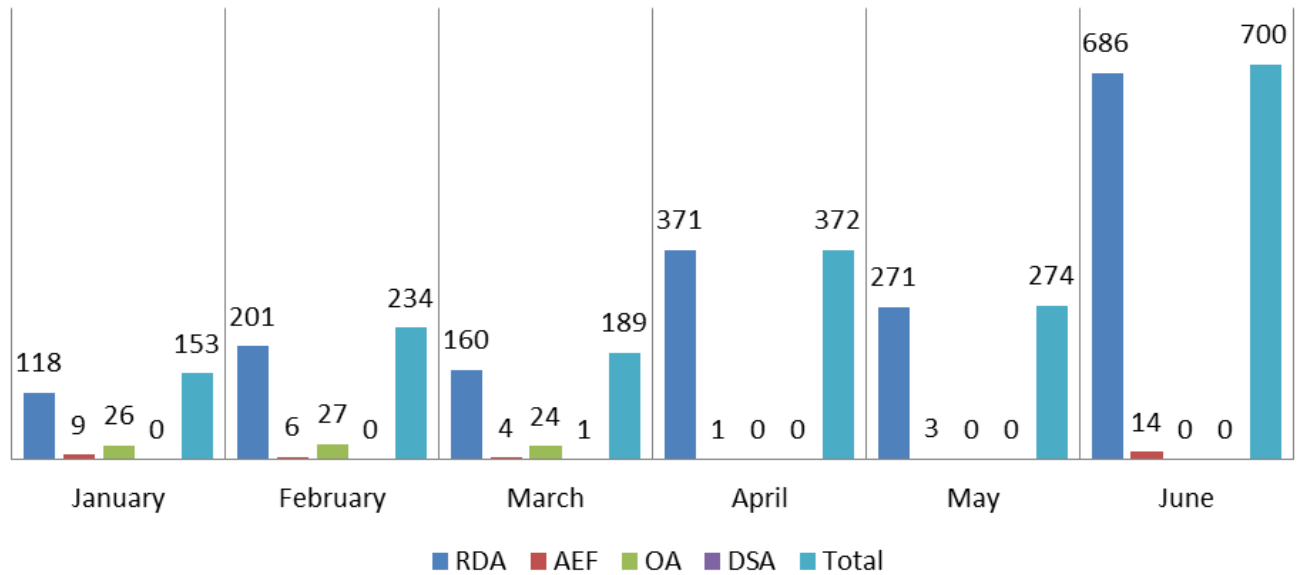


*January, February, March, April and May have zero applications received for Dental Sedation Assistant (DSA).

Dental Assisting Applications Approved in 2017

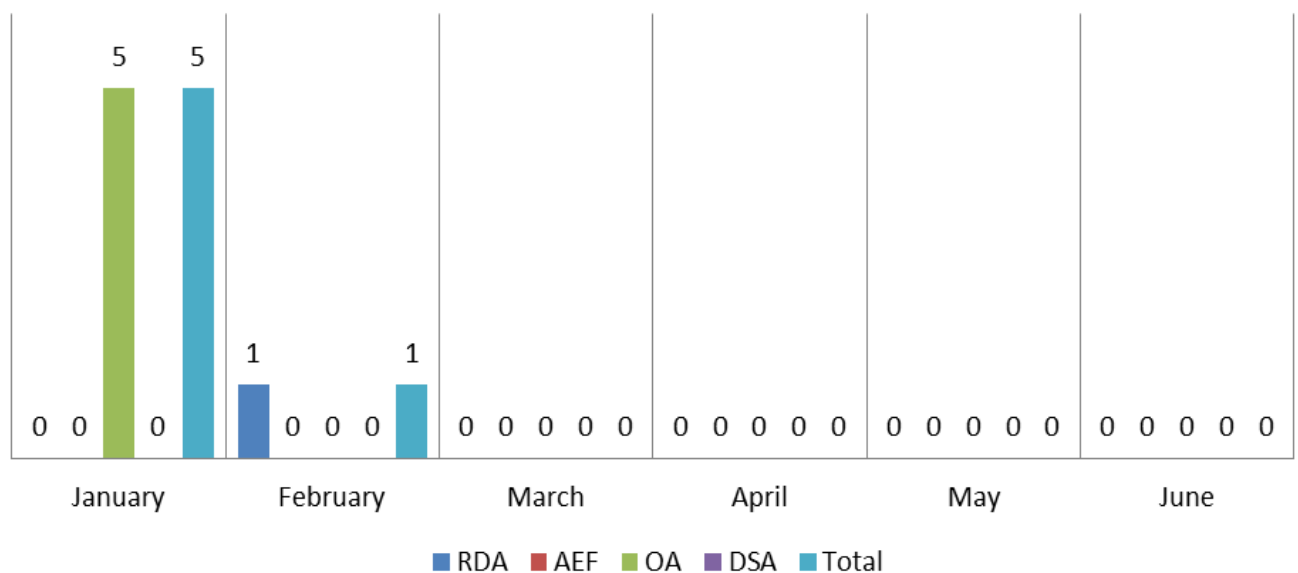


Dental Assisting Licenses Issued in 2017

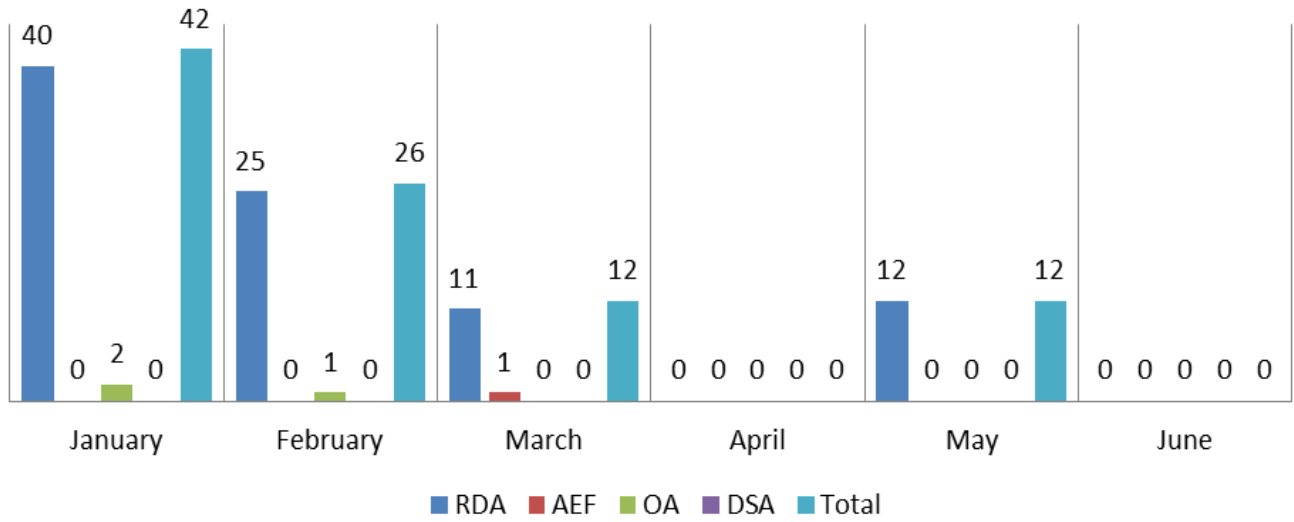


*Licenses issued in excess mainly due to suspension of RDA Practical exam from April, 2017 to June, 2017

Cancelled Dental Assisting Applications in 2017



Withdrawn Dental Assisting Applications in 2017



**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
AUGUST 10 - AUGUST 11, 2017 BOARD MEETING**

BILL NUMBER: Assembly Bill 1707

AUTHOR: Low

SPONSOR: Dental Board of California (Board)

VERSION: Enrolled 07/21/2017

INTRODUCED: 03/02/2017

BILL STATUS: 07/21/2017 – Enrolled

BILL LOCATION: Senate

SUBJECT: Registered Dental Assistants:
Practical Examination

**RELATED
BILLS:**

SUMMARY

The Dental Practice Act provides for the licensure and regulation of registered dental assistants (RDA) by the Board. This act authorizes the Board to license a RDA if a person meets certain requirements which includes a written and practical exam. The Board, in consultation with the Office of Professional Examination Services (OPES), is required by law to conduct a review to determine (by the end of the 2016-2017 fiscal year) whether a practical examination is necessary to determine the competency of a RDA. If a review concludes that the practical examination is unnecessary or does not accurately measure the competency of RDAs the Board is authorized by law to vote to suspend the examination. On April 6, 2017, after reviewing the OPES report, the Board voted to suspend the administration of the examination. Under existing law, the suspension of the practical examination commences on the date the board votes to suspend the practical examination and continues until July 1, 2017.

This bill would extend the suspension date until January 1, 2020, or until the Board determines an alternative way to measure competency, whichever occurs first. Furthermore, this bill would declare that it is to take effect immediately as an urgency statute.

ANALYSIS

Between April 6, 2017 and July 1, 2017, and in agreement with the February 1, 2016 Legislative Counsel opinion, the Board has issued licenses to RDAs who have completed all licensure requirements, absent the practical examination. The Department of Consumer Affairs, Legal Unit has determined that unless the date of the suspension can be extended to January 1, 2020, after July 1, 2017 the Board does not have the authority to issues RDA licensure without a practical examination; in essence, creating a barrier to licensure for registered dental assistants.

The California Dental Association opined that AB 1707 would allow the Board and OPES to identify a replacement mechanism to measure competency of RDA applicants seeking licensure and avoid an unnecessary delay in licensing.

REGISTERED SUPPORT/OPPOSITION

Support

Dental Board of California (Sponsor)
California Dental Association

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ **OPPOSE:**_____ **NEUTRAL:**_____ **WATCH:**_____

AMENDED IN SENATE JUNE 22, 2017

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 1707

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

March 2, 2017

~~An act to amend Sections 2531 and 2531.75 of the Business and Professions Code, relating to healing arts. An act to amend Section 1752.1 of the Business and Professions Code, relating to healing arts, and declaring the urgency thereof, to take effect immediately.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 1707, as amended, ~~Committee on Business and Professions Low. Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.~~ *Registered dental assistants: practical examination.*

Existing law, the Dental Practice Act, provides for the licensure and regulation of registered dental assistants by the Dental Board of California. The act authorizes the board to license a person as a registered dental assistant if he or she meets certain requirements, including a written and practical examination. Existing law requires the Dental Board of California, in consultation with the Office of Professional Examination Services, to conduct a review to determine on or before July 1, 2017, whether a practical examination is necessary to demonstrate the competency of registered dental assistants. Existing law authorizes the board to vote to suspend the practical examination if the review concludes that the practical examination is unnecessary or does not accurately measure the competency of registered dental

assistants. Under existing law, the suspension of the practical examination commences on the date the board votes to suspend the practical examination and continues until July 1, 2017. If the board votes to suspend the practical examination, the board is required to post a notice on its Internet Web site.

This bill would instead extend that suspension date until January 1, 2020, or until the board determines an alternative way to measure competency, whichever occurs first. The bill would also require the board to post an updated suspension date notice.

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

~~Existing law, the Speech-Language Pathologists and Audiologists and Hearing Aid Dispensers Licensure Act, provides for the licensure and regulation of speech-language pathologists, audiologists, and hearing aid dispensers by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. The act authorizes the board to appoint an executive officer. Existing law repeals these provisions on January 1, 2018, and subjects the board to review by the appropriate policy committees of the Legislature.~~

~~This bill would extend, until January 1, 2022, the operation of the provisions establishing the board and authorizing it to appoint an executive officer.~~

Vote: ~~majority~~^{2/3}. 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 1752.1 of the Business and Professions
- 2 Code is amended to read:
- 3 1752.1. (a) The board may license as a registered dental
- 4 assistant a person who files an application and submits written
- 5 evidence, satisfactory to the board, of one of the following
- 6 eligibility requirements:
- 7 (1) Graduation from an educational program in registered dental
- 8 assisting approved by the board, and satisfactory performance on
- 9 a written and practical examination administered by the board.
- 10 (2) For individuals applying prior to January 1, 2010, evidence
- 11 of completion of satisfactory work experience of at least 12 months
- 12 as a dental assistant in California or another state and satisfactory

1 performance on a written and practical examination administered
2 by the board.

3 (3) For individuals applying on or after January 1, 2010,
4 evidence of completion of satisfactory work experience of at least
5 15 months as a dental assistant in California or another state and
6 satisfactory performance on a written and practical examination
7 administered by the board.

8 (b) For purposes of this section, “satisfactory work experience”
9 means performance of the duties specified in Section 1750.1 in a
10 competent manner as determined by the employing dentist, who
11 shall certify to such satisfactory work experience in the application.

12 (c) The board shall give credit toward the work experience
13 referred to in this section to persons who have graduated from a
14 dental assisting program in a postsecondary institution approved
15 by the Department of Education or in a secondary institution,
16 regional occupational center, or regional occupational program,
17 that are not, however, approved by the board pursuant to
18 subdivision (a). The credit shall equal the total weeks spent in
19 classroom training and internship on a week-for-week basis. The
20 board, in cooperation with the Superintendent of Public Instruction,
21 shall establish the minimum criteria for the curriculum of
22 nonboard-approved programs. Additionally, the board shall notify
23 those programs only if the program’s curriculum does not meet
24 established minimum criteria, as established for board-approved
25 registered dental assistant programs, except any requirement that
26 the program be given in a postsecondary institution. Graduates of
27 programs not meeting established minimum criteria shall not
28 qualify for satisfactory work experience as defined by this section.

29 (d) In addition to the requirements specified in subdivision (a),
30 each applicant for registered dental assistant licensure on or after
31 July 1, 2002, shall provide evidence of having successfully
32 completed board-approved courses in radiation safety and coronal
33 polishing as a condition of licensure. The length and content of
34 the courses shall be governed by applicable board regulations.

35 (e) In addition to the requirements specified in subdivisions (a)
36 and (d), individuals applying for registered dental assistant
37 licensure on or after January 1, 2010, shall demonstrate satisfactory
38 performance on a written examination in law and ethics
39 administered by the board and shall provide written evidence of

1 successful completion within five years prior to application of all
2 of the following:

- 3 (1) A board-approved course in the Dental Practice Act.
- 4 (2) A board-approved course in infection control.
- 5 (3) A course in basic life support offered by an instructor
6 approved by the American Red Cross or the American Heart
7 Association, or any other course approved by the board as
8 equivalent.

9 (f) A registered dental assistant may apply for an orthodontic
10 assistant permit or a dental sedation assistant permit, or both, by
11 submitting written evidence of the following:

- 12 (1) Successful completion of a board-approved orthodontic
13 assistant or dental sedation assistant course, as applicable.
- 14 (2) Passage of a written examination administered by the board
15 that shall encompass the knowledge, skills, and abilities necessary
16 to competently perform the duties of the particular permit.

17 (g) A registered dental assistant with permits in either
18 orthodontic assisting or dental sedation assisting shall be referred
19 to as an “RDA with orthodontic assistant permit,” or “RDA with
20 dental sedation assistant permit,” as applicable. These terms shall
21 be used for reference purposes only and do not create additional
22 categories of licensure.

23 (h) Completion of the continuing education requirements
24 established by the board pursuant to Section 1645 by a registered
25 dental assistant who also holds a permit as an orthodontic assistant
26 or dental sedation assistant shall fulfill the continuing education
27 requirements for the permit or permits.

28 (i) The board shall, in consultation with the Office of
29 Professional Examination Services, conduct a review to determine
30 whether a practical examination is necessary to demonstrate
31 competency of registered dental assistants, and if so, how this
32 examination should be developed and administered. The board
33 shall submit its review and determination to the appropriate policy
34 committees of the Legislature on or before July 1, 2017.

35 (j) Notwithstanding any other law, if the review conducted by
36 the Office of Professional Examination Services pursuant to
37 subdivision (i) concludes that the practical examination is
38 unnecessary or does not accurately measure the competency of
39 registered dental assistants, the board may vote to suspend the
40 practical examination. The suspension of the practical examination

1 shall commence on the date the board votes to suspend the practical
2 examination and shall remain suspended until ~~July January 1,~~
3 ~~2017, 2020, or until the board determines an alternative way to~~
4 ~~measure competency, whichever occurs first,~~ at which date the
5 practical examination shall be reinstated. If the board votes to
6 suspend the practical examination, the board shall post a notice
7 on its Internet Web site stating that the practical examination has
8 been suspended, until ~~July January 1, 2017, 2020, or until the~~
9 ~~board determines an alternative way to measure competency,~~
10 ~~whichever occurs first.~~

11 *SEC. 2. This act is an urgency statute necessary for the*
12 *immediate preservation of the public peace, health, or safety within*
13 *the meaning of Article IV of the California Constitution and shall*
14 *go into immediate effect. The facts constituting the necessity are:*

15 *Since Section 1752.1 of the Business and Professions Code*
16 *reinstates the registered dental assistant practical examination*
17 *requirement as of July 1, 2017, and the Dental Board of California*
18 *has deemed the examination to not accurately measure the*
19 *competency of registered dental assistants and can no longer*
20 *administer the registered dental assistant practical examination*
21 *in its current form, it is therefore necessary that this act take effect*
22 *immediately in order for the Dental Board of California to have*
23 *adequate time to identify reasonable alternatives to measure*
24 *competency to protect the public and not unnecessarily create a*
25 *barrier to registered dental assistant licensure in California.*

26 ~~SECTION 1. Section 2531 of the Business and Professions~~
27 ~~Code is amended to read:~~

28 ~~2531. (a) There is in the Department of Consumer Affairs the~~
29 ~~Speech-Language Pathology and Audiology and Hearing Aid~~
30 ~~Dispensers Board in which the enforcement and administration of~~
31 ~~this chapter are vested. The Speech-Language Pathology and~~
32 ~~Audiology and Hearing Aid Dispensers Board shall consist of nine~~
33 ~~members, three of whom shall be public members.~~

34 ~~(b) This section shall remain in effect only until January 1, 2022,~~
35 ~~and as of that date is repealed, unless a later enacted statute, that~~
36 ~~is enacted before January 1, 2022, deletes or extends that date.~~
37 ~~Notwithstanding any other law, the repeal of this section renders~~
38 ~~the board subject to review by the appropriate policy committees~~
39 ~~of the Legislature.~~

1 ~~SEC. 2.—Section 2531.75 of the Business and Professions Code~~
2 ~~is amended to read:~~
3 ~~2531.75.—(a) The board may appoint a person exempt from~~
4 ~~civil service who shall be designated as an executive officer and~~
5 ~~who shall exercise the powers and perform the duties delegated~~
6 ~~by the board and vested in him or her by this chapter.~~
7 ~~(b) This section shall remain in effect only until January 1, 2022,~~
8 ~~and as of that date is repealed, unless a later enacted statute, that~~
9 ~~is enacted before January 1, 2022, deletes or extends that date.~~



MEMORANDUM

DATE	August 1, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	Agenda Item 7: Discussion and Possible Action regarding alternative method to measure Registered Dental Assistant competency for licensure as presented by Office of Professional Examination Services


Background:

Attached is the memo received from the Office of Professional Examination Services (OPES) stating their findings and recommendation regarding alternatives for assessing the competency of Registered Dental Assistant candidates to perform the clinical procedures necessary for licensure.



OFFICE OF PROFESSIONAL EXAMINATION SERVICES
 2420 Del Paso Road, Suite 265, Sacramento, CA 95834
 P (916) 575-7240 F (916) 575-7291

MEMORANDUM

DATE	July 31, 2017
TO	Karen Fischer, Executive Officer Dental Board of California
FROM	 Heidi Lincer, Ph.D., Chief Office of Professional Examination Services
SUBJECT	Alternatives for Assessing the Competency of Registered Dental Assistant (RDA) Candidates to Perform the Clinical Procedures Necessary for Licensure

The Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct a comprehensive review of options to evaluate the competency of RDA candidates to perform the clinical procedures necessary for licensure.

OPES' April 6, 2017 report, "Review of the Registered Dental Assistant Practical Examination," identified several issues with the current practical examination, along with recommendations associated with each of the issues. The report concluded that:

- s The Board has a history of struggling with defining and measuring the level of minimum competence for the RDA procedures assessed in the RDA Practicals Examination;s
- s Addressing each issue and implementing the suggested changes to improve the RDA Practical Examination will require a great deal of time, ongoing funding,s commitment, and ongoing resources from the Board; ands
- s Implementing the recommendations to develop a practical examination that is in compliance with professional guidelines and technical standards will take from 1½s to 2 years.s

Given the amount of time and fiscal and staffing resources needed to enact these changes to the RDA Practical Examination, OPES recommended that the Board consider other alternatives for assessing candidate competency to perform the clinical procedures necessary for RDA licensure.

The purpose of this memo is to present options and recommendations based on OPES' analysis of RDA licensure requirements nationally with a goal of practical alternatives that would provide an appropriate level of public protection.

RDA Licensure Requirements Nationally

OPES analyzed the RDA licensure requirements across the country as part of its review of options for California RDA licensure (OPES can provide this information to the Board, if requested). The following is a compilation of significant findings:

Overview

- Seventeen states do not license dental assistants.
- Only California and Michigan require candidates to take a state practical examination.
- Only California requires candidates to take three examinations (i.e., a practical, a general written, and a law and ethics written).

Written Examinations

- Six states, including California, require passing a law and ethics examination – open book for one state.
- Ten states allow candidates to opt out of taking a state examination by completing courses from either the Dental Assisting National Board (DANB) or courses from a Commission on Dental Accreditation (CODA)-accredited program.
- Two states optionally require passing a law and ethics examination, depending on whether the candidate completed courses from DANB or a CODA-accredited program, or certification of work experience from the supervising dentist.

Meeting Eligibility Requirements for Clinical Skills

- In six states, eligibility is met through certification of work experience from the supervising dentist.
- In fifteen states, eligibility can be met through either certification of work experience from the supervising dentist or through the candidate completing state courses, DANB certifications, or a CODA-accredited program.
- In twelve states, eligibility is met through certification of work experience from the supervising dentist plus completion of specific state courses, DANB certifications, or courses from a CODA-accredited program.
- In sixteen states, eligibility is met by completing state courses, DANB certifications, or courses from a CODA-accredited program.

In summary, direct training from the supervising dentist and/or from certified programs (state-based, DANB, and CODA) are primary components of RDA licensure programs. Written examination requirements are used infrequently and vary in content between practice-related knowledge and state-specific regulations. Practical examinations are not used except in two states, one of which is California.

As previously indicated, forty-three states require completion of approved courses (state-based, DANB, or CODA) as part of the eligibility requirements for RDA licensure (the other six only require on-the-job training with the supervising dentist). The required course work for RDA training and education is approached several ways in other states:

- The most common model is the completion of DANB Certified Dental Assistant courses or Dental Assistant courses from a CODA-accredited program as either

the entire requirement for the candidate's education or as the foundation for the candidate's education.

- In states where certified programs serve as an educational foundation, completion of Expanded Functions courses from a CODA-accredited program and the DANB Certified Restorative Functions Dental Assistant (CRFDA) programs are common pathways.
- For 15 states, candidates are required to complete course work only for the specific function(s) they will be performing (e.g., coronal polishing).

Overview of RDA Training in California

The Board specifies the minimum curriculum and training requirements for California RDA licensure educational programs. These approved programs are provided by regional occupational programs (ROP), community colleges, universities, and for-profit schools at varying costs to the student. In addition, individuals can also meet eligibility requirements through certification of fifteen months of satisfactory work experience from the supervising dentist.

The California licensing model is based on the understanding that the theory and knowledge to perform RDA clinical skills can be successfully acquired through educational programs. In the schools, students gain training and practice of these skills working on a typodont. However, it is only through repeated practice in the "real world" environment of the dental office under the guidance and instruction of the supervising dentist that RDAs achieve mastery of the clinical skills.

As part of the 2016 RDA OA, OPES asked respondents to identify the primary sources where they gained their experience to become an RDA, including performing clinical skills. The results showed that training came from the supervising dentist (58.6% of respondents), a private career school (30.9% of respondents), direct training from an experienced RDA/RDA Extended Functions (EF) on the job (28.8% of respondents), a community college program (26.6% of respondents), and/or an ROP (19.4% of respondents).

In summary, the acquisition of clinical skills may be accomplished in an educational program, but there is a clear need for on-the-job training from the supervising dentist as well as from the more experienced RDAs/RDAEF's for mastery of these skills to occur. These findings are consistent with RDA licensure models across the country.

Assessing RDA Clinical Skills without a Practical Examination

OPES recommends that the supervising dentist provide verification of a candidate's ability to perform the RDA clinical procedures. This recommendation is based on OPES' analysis of other states' requirements with consideration for the Board's current licensing model. Requiring this component is also supported by current law:

- The supervising dentist is already responsible for determining the competency of the dental assistant to perform the basic supportive dental procedures (Business and Professions Code section 1750(b)).
- Except as provided in Business and Professions Code section 1777, the supervising dentist is also responsible for determining whether each authorized

procedure performed by an RDA should be performed under general or direct supervision (Business and Professions Code section 1752.4(c)).

The verification of clinical skills by the supervising dentist is approached several ways in other states:

- *On-the-job training from the supervising dentist* - when ready, the supervising dentist submits an affidavit that the candidate has demonstrated sufficient competency and will be employed at the dentist's practice.
- *On-the-job training from the supervising dentist and/or through the candidate completing prescribed courses* - the supervising dentist personally observes and verifies the skills of the candidate on five or more patients (depending on the clinical skill being demonstrated) and submits an affidavit attesting to candidate competency to the Board.

Using an Outside Testing Agency to Develop and Administer a Practical Examination

Developing and administering a practical examination program is just one activity out of many activities and programs related to the Board's primary mission. Yet, managing the examination program for the RDA Practical Examination takes up an inordinate amount of staff time and Board resources compared to the other activities and programs in the Board's scope of responsibilities.

An alternative approach is for the Board to seek an outside testing agency that already delivers a dental-related practical examination to "adopt" the California RDA Practical Examination. The costs associated with this approach could be minimal for the Board if the testing agency agrees to recoup its costs through candidate fees for administration of the examination. Depending on the type of contractual agreement, the Board may not have control of various aspects of the examination. If this approach was able to be implemented, the Board would still incur the costs associated with processing candidates for the practical examination. In addition, the candidates themselves would most likely incur increased costs to take the examination.

If this option is of interest, OPES can assist the Board with contacting regional testing agencies to determine if this is a viable alternative. However, OPES still believes that the use of a practical examination is not the most valid and efficacious choice for assessing RDA clinical skills. As such, the Board would need to provide a rationale for the necessity of the practical examination for public protection, as this option is likely to be perceived as an artificial barrier to licensure, especially in light of RDA requirements across the country. As part of its Section 139 responsibilities, OPES would also need to review the respective practical examination to ensure that it is developed in accordance with the California 2016 RDA OA and meets professional guidelines and technical standards. This would be an additional expense for the Board.

Components Not Recommended for Assessing Candidate Competency

Objective Structured Clinical Examination (OSCE)

According to The National Dental Examining Board of Canada's *Objective Structured Clinical Examination - 2017 Protocol*, the OSCE is a station-type examination for dentists in Canada. Candidates move through stations where they review information

such as case histories, dental charts, photographs, radiographs, casts, models, and videos and then answer extended match-type questions. There may also be examination stations that include the review of clinical information in order to write an acceptable prescription for medication.

At the request of the Board during the May 11, 2017 board meeting, OPES evaluated whether an OSCE could be a possible option for RDA licensure. Given that the scope of practice and allowable duties of an RDA are limited, the design and measurement of an OSCE for RDAs would also be somewhat limited. RDAs perform their scope of practice under the supervision of a licensed dentist. RDAs do not perform preliminary evaluations of a patient's oral health or formulate a diagnosis, and they do not prescribe medication or formulate treatment plans.

The type of clinical problem-solving and decision-making based on charts, photographs, casts, models, and videos, as well as how to measure this type of clinical problem-solving and decision-making, would need to be severely constrained to remain within the RDA scope of practice. For these reasons, OPES does not recommend the OSCE format for assessing RDA clinical skills.

OPES-Developed and Board-Administered Practical Examination

To ensure that a new practical examination meets acceptable psychometric standards takes time and extensive attention by testing specialists. Maintaining the standardization of each administration and the uniform application of scoring between raters within and across administrations presents an ongoing challenge. In addition, there is the added complexity of determining minimum competence for skills that are only fully mastered after licensure and practiced under supervision. As such, the decision to use a practical examination should not be made without careful consideration of alternative options.

OPES conservatively estimates that it would cost over \$220,000 to develop and administer the first year of a new practical examination. These figures do not include equipment, facility rental costs, staff, or travel, which are ongoing expenses that will accrue for each administration (see Attachment A for a fuller explanation of costs). In addition, psychometric staff would need to attend, train, monitor, and evaluate the administration and results of each administration to ensure the development of a reliable, valid, and legally defensible examination. For these reasons, OPES does not recommend an OPES-developed and Board-administered practical examination.

Conclusion

After careful consideration of numerous variables, OPES recommends that the Board develop a licensing model that includes a combination of dentist verification and certified course work, which would be consistent with the training, education, and testing of RDAs across the country. A critical component of this proposed model, requiring the supervising dentist to determine when the candidate is ready to practice as an RDA, is already mandated by California law.

OPES believes that an affidavit from the supervising dentist is appropriate for verifying candidate competency to perform RDA procedures, thereby taking the place of a practical examination. This requirement should be implemented for candidates who receive training through satisfactory work experience as well as candidates who receive training through approved course work. The Board's recent decision to combine the written and law and ethics examinations will further streamline the licensure process for RDAs. The written examination is still a critical assessment tool in the licensure process.

The approach for assessing RDA competency to practice as outlined above is congruent with the results of the 2016 RDA OA and with the California Dental Practice Act. By adopting OPES' recommendations, the Board will reduce the barriers to licensure for RDA candidates, increase the likelihood of reciprocity with other states, and ease the transition of RDAs trained in the military to working in civilian dental practices.

OPES also recommends that the Board continue to review its RDA licensure pathways to evaluate the necessity of the unlicensed dental assistant model, and to consider accepting additional educational training, such as DANB-certified programs.

Furthermore, by taking these recent actions (i.e., suspending the practical examination after the review and streamlining the written examination), the Board is demonstrating a commitment to fair, valid, and legally defensible examinations.

If you have questions about this memo, please contact me at 916-575-7240.

cc: Tracy Montez, Ph.D., Chief
Division of Programs and Policy Review

Attachment A: Costs Related to Practical Examination Developed by OPES and Administered by the Board

Based on the findings listed in OPES' April 6, 2017 report, an OPES-developed and Board-administered practical examination will require a complete reworking. The Board would initially need to contract with OPES to establish the criteria for minimum acceptable competence, develop new scoring materials, and create new examiner orientation/training materials for examiner calibration. An estimate of five to seven workshops would be required to perform this work. The cost for these activities would include approximately \$40,000 for OPES' work plus licensee travel costs and per diem and an estimated \$60,000-\$84,000 for ten licensees to attend five to seven workshops.

Prior to each administration, examiner orientation, training, and calibration sessions will need to be conducted to verify the examiners' ability to reliably apply the scoring criteria. Following each administration, data analysis must be conducted to ensure that the scoring and other examination procedures are conducted in compliance with professional guidelines and technical standards. Psychometric staff should attend each practical examination to conduct and evaluate rater training and rater performance. Attendance by OPES staff would cost approximately \$42,000 (for 18 administrations, as now) plus travel costs (estimated at \$23,400 for the 18 administrations).

It should be noted that the costs for the RDA Practical Examination extend beyond the development and oversight contracts with OPES. There are identified issues with the test administration that need to be addressed. Not standardizing the administration to reduce error variance was a primary factor related to problems with the practical examination.

Specifically, OPES recommends that the Board correct tooth #8; provide a standardized typodont to each candidate; and administer the RDA Practical Examination in comparable testing site locations in northern and southern California. In addition, OPES strongly recommends the Board identify a means of standardizing the equipment available for each candidate, including the Board providing each candidate with the required materials. OPES estimates an initial cost of \$20,000 for 120 typodonts with related maintenance costs as they need to be replaced. The cost for the test sites and upkeep of the armamentaria will vary by administration.

In addition to these costs, the Board will also incur costs for each administration (i.e., processing candidate applications, checking eligibility, scheduling candidates, recruiting and vetting raters). Additionally, there are costs for travel to and from the test site for examination setup as well as staffing during the examination to ensure the administration runs smoothly. Post-administration costs include staff time to track, monitor, and maintain examiner qualifications; record candidate scores and passing rates; maintain digital candidate records; and track and monitor first-time versus repeat candidate statistics by school.



MEMORANDUM

DATE	July 28, 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 8: 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 were held on February 3-4, 2017 and August 4-5, 2017. During these workshops 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. The examination plan is now available on the Board's web site at http://www.dbc.ca.gov/formspubs/rda_law_ethics_combined.pdf.

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
AUGUST 10, 2017**

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

Crowne Plaza
1177 Airport Boulevard
Burlingame, CA 94010
(650) 342-9200 (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 May 11, 2017 Substance Use Awareness 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
6. Update Regarding the June 28, 2017 Statewide Prescription Opioid Misuse and Overdose Prevention Workgroup Meeting
7. Discussion and Possible Action on Mission Statement Pertaining to Raising Awareness in the California Dental Profession of Opioid Use and Abuse Among Patients.
8. 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)).
9. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
10. 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)).
11. 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

**SUBSTANCE USE AWARENESS COMMITTEE MEETING MINUTES
MAY 11, 2017**

Wyndham Anaheim Garden Grove
12021 Harbor Boulevard
Garden Grove, CA 92840-4001
(714) 867-555 (Hotel) or (916) 263-2300 (Board Office)

Members Present:

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

Members Absent:

None

AGENDA ITEM SUA 1: CALL TO ORDER/ROLL CALL/ESTABLISHMENT OF QUORUM

Dr. Stewart, Chair called the meeting to order at 1:45 p.m. The roll was called and a quorum was established.

AGENDA ITEM SUA 2: APPROVAL OF THE DECEMBER 1, 2016 PRESCRIPTION DRUG ABUSE COMMITTEE MEETING MINUTES

M/S/C (Witcher/Chappell-Ingram) to approve the December 1, 2016 Prescription Drug Abuse Committee Meeting Minutes, as amended to reflect a name correction.

Aye: Stewart, Witcher, Chappell-Ingram

The motion passed unanimously.

AGENDA ITEM SUA 3: DIVERSION PROGRAM REPORT AND STATISTICS

Carlos Alvarez, Enforcement Chief, presented the Diversion Program statistics for the Second Quarter of FY 2016-17. He reported there was one self-referral, one probation referral, and four cases closed. There were 19 active participants as of March 31, 2017. The Board is currently recruiting for one public member and one dental auxiliary position on the Northern Diversion Evaluation Committee (DEC) and two dentist positions, one physician position, and one dental auxiliary position for Southern DEC. Mr. Alvarez reported the next DEC meeting is scheduled for June 1, 2017 in Northern California.

AGENDA ITEM SUA 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)

Mr. Alvarez stated this bill provides that a health care practitioner who fails to consult the CURES database for review of 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 is required to be referred to the appropriate

state professional licensing board solely for administrative sanctions. Health care practitioners should consult CURES database when first prescribing or once every four months thereafter, if the substance is a continued component of the treatment. This bill becomes operative 6 months after the Department of Justice certifies that the CURES database is ready for statewide use. Since there is a staffing shortage, there is no timeframe at this point of when the system will be updated and operative.

AGENDA ITEM SUA 5: UPDATE REGARDING CONTROLLED SUBSTANCE UTILIZATION REVIEW AND EVALUATION SYSTEM(CURES 2.0) REGISTRATION AND USAGE STATISTICS. INFORMATION ONLY

Mr. Alvarez presented the statistics for the usage and registration in Cures 2.0.

AGENDA ITEM SUA 6: UPDATE REGARDING THE STATEWIDE PRESCRIPTION OPIOID MISUSE AND OVERDOSE PREVENTION WORKGROUP MEETING OF APRIL 26, 2017

In 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.

Dr. Stewart thanked the California Dental Association for the its dedication to making online training available to educators of dentists.

The next Statewide Prescription Opioid Misuse and Overdose Prevention Workgroup Meeting is June 28, 2017.

There will be a California Opioid Summit "Getting to Zero overdose deaths through collective impact", on November 8-9, 2017. Topics include: Enforcement, Trends and Effective Strategies, Discipline and Regional Breakout sessions, and parent coalition convening. One can register on line at www.sandiegorxabusetaskforce.org.

AGENDA ITEM SUA 7: DISCUSSION AND POSSIBLE ACTION TO ESTABLISH GOALS FOR RAISING AWARENESS IN THE CALIFORNIA DENTAL PROFESSION OF OPIOID USE AND ABUSE AMONG PATIENTS

Dr. Witcher stated dentists have a unique position to screen for substance abuse and provide consultations for patients but believes this is not the practice. He felt that it is

not due to lack of willingness on the dentist part, but due to the lack of education in identification of drug abuse and addiction and the use of a Prescription Drug Monitoring Programs (PDMP's). Dr. Whitcher stated that the Board would like to acknowledge the epidemic of opioid abuse and actively participate in a solution for this situation.

M/S/C (Whitcher/Chappell/Ingram) to direct staff to develop a survey to poll licensees regarding their prescribing practices and addiction management.

Aye: Dr. Stewart, Chappell-Ingram, Dr. Whitcher; Nay: None; Abstain: None

Ms. Wallace advised that before a survey is developed, that first a policy statement should be developed.

The motion passed unanimously.

Dr. Stewart introduced a policy statement "the Board recognizes the Opioid use and abuse epidemic nationally and believes the dental profession in California should be involved in a solution." Committee members shared concerns that the mission statement needed further development.

M/S/C (Whitcher/Chappell-Ingram) to direct staff to further development of policy statement.

Aye: Dr. Stewart, Chappell-Ingram, Dr. Whitcher; Nay: None; Abstain: None

The motion passed unanimously.

Public Comment:

Anthony Lum, Interim Executive Officer of the Dental Hygienist Committee of California, asked if in the future a policy statement should be developed about cannabis.

Dr. Whitcher agreed this item could be agenzized for a future meeting.

AGENDA ITEM SUA 8: DISCUSSION AND POSSIBLE ACTION TO ESTABLISH PRESCRIPTION DRUG AWARENESS RESOURCE LINKS ON THE DENTAL BOARD WEBSITE

Dr. Stewart, Chair, reported that at the December 2, 2016 meeting, the Board accepted the Prescription Drug Abuse Committee's (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.

Ms. Wallace recommended a policy statement be developed prior to adding web postings to provide a clear direction of what to provide on a website.

Public Comment:

Ms. McCune, CDA, stated they have some resources available to providers on CDA's website.

Dr. Stewart felt that we have a place to start and that it would be good to utilize the Board's website for resources. Ms. Chappell-Ingram noted that for us to become resource we need to make sure we have enough staff to maintain website.

AGENDA ITEM SUA 9: PUBLIC COMMENT ON ITEMS NOT ON THE AGENDA

There was no public comment.

AGENDA ITEM SUA 10: FUTURE AGENDA ITEMS

There was no public comment.

AGENDA ITEM SUA 11: COMMITTEE MEMBER COMMENTS ON ITEMS NOT ON THE AGENDA

There was no committee comment.

AGENDA ITEM SUA 12: ADJOURNMENT

The meeting adjourned at 2:15 p.m.



MEMORANDUM

DATE	July 11, 2017
TO	Substance Use Awareness Committee Members
FROM	Chrystal Williams, Diversion Program Manager
SUBJECT	Agenda Item 3: Diversion Program Report and Statistics

The Diversion Evaluation Committee (DEC) program statistics for quarter ending June 30, 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	April	May	June
Self-Referral	0	0	1
Enforcement Referral	0	0	0
Probation Referral	0	0	0
Closed Cases	0	0	0
Active Participants	18	17	18

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

The next DEC meeting is scheduled for September 7, 2017, in Northern California.

ACTION REQUESTED:

No action requested.



MEMORANDUM

DATE	July 18, 2017
TO	Substance Use Awareness Committee Members Dental Board of California
FROM	Ryan Blonien Supervising Investigator
SUBJECT	Agenda Item 4: Implementation of Senate Bill 482

Background:

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.

Senate Bill 482 established 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 by that board. The legislation also stated that the section is not operative until six months after the Department of Justice certifies that the CURES database is ready for statewide use and that the department has adequate staff.

Current Status:

A representative of the Department of Justice stated as of July 13, 2017, the department is not adequately staffed and a certification date has not yet been determined. Therefore, the enforcement action mandated in SB 482 has not yet been triggered due to the lack of staffing.



MEMORANDUM

DATE	July 18, 2017
TO	Substance Use Awareness Committee Members Dental Board of California
FROM	Ryan Blonien Supervising Investigator
SUBJECT	Agenda Item 5: Update Regarding CURES 2.0 Registration and Usage Statistic

Background:

The Controlled Substance Utilization Review and Evaluation System (Cures) 2.0 is a database of Schedule II, III, and IV controlled substance and prescriptions dispensed in California. The goal of the CURES 2.0 system is the reduction of prescription drug abuse and diversion without affecting the legitimate medical practice or patient care.

Prescribers were required to submit an application before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later. Registration requirements are not based on dispensing, prescribing, or administering activities but, rather, on possession of a Drug Enforcement Administration Controlled Substance Registration Certificate and valid California licensure as a Dentist, or other prescribing medical provider.

The Dental Board of California currently has 34,015 active licensed dentists. The Drug Enforcement Administration has 24,633 California dentists licensed to prescribe.

Current Status:

The CURES registration statistics for the Dental Board of California are:

May 2017 7,766 Registered DDS/DMD
 June 2017 7,823 Registered DDS/DMD
 July 2017 7,882 Registered DDS/DMD

The CURES usage statistics for the Dental Board of California are:

May 2017 990 Uses
 June 2017 1,037 Uses
 July 2017 784 Uses



MEMORANDUM

DATE	July 7, 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 June 28, 2017

Background:

On June 28, 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.

A new educational resource for opioid prescribers in California has been developed by the Partnership for Drug Free Kids with the support from a grant from the Food and Drug Administration (FDA). The website is called “Search and Rescue” and it connects prescribers (especially family physicians) with free resources that can help identify at risk patients in their practices, prescribe responsibly and refer patients who are misusing prescription opioids to evidence based treatment. The website www.searchandrescueusa.org contains background and the causes and effects of today’s opioid epidemic, and links to leading resources and tools. It includes:

- A link to each state’s Prescription Drug Monitoring Program
- The Opioid Risk Tool, an evidence based screener that can help identify at risk patients
- The CDC’s guidelines on prescribing opioids for chronic pain
- Information on alternatives to opioids for management of chronic pain
- Information on Medication Assisted Treatment
- Substance Abuse and Mental Health Services Administration treatment locator, listing accredited local treatment programs

The Statewide Prescription Opioid Misuse and Overdose Prevention Workgroup is recommending a name change for the workgroup. The name that is currently being recommended is “State Wide Opioid Safety Workgroup” (SOS). The opioid epidemic is a public health crisis and it’s the opioid that is being misused. The workgroup wants to increase the awareness and educate healthcare professionals and users of the particular serious risk of the abuse of all Opioids.

Additional resources were introduced to assist the health care providers:

Substance Abuse and Mental Health Services Administration website offers substance abuse treatment locators throughout the United States. If a Physician suspects that a patient has a substance abuse issue, they can be referred to a National helpline at 1-800-662-HELP and or refer them to the website. The service locators are confidential and anonymous for those seeking treatment facilities for substance abuse / addiction and or mental health issues.

The next scheduled Statewide Prescription Opioid Misuse and Overdose Prevention Workgroup meeting will be on Wednesday, August 23, 2017.



MEMORANDUM

DATE	July 29, 2017
TO	Members of the Substance Use Awareness Committee Dental Board of California
FROM	Karen Fischer, Executive Officer Dental Board of California
SUBJECT	Agenda Item 7: Discussion and Possible Action of Mission Statement Pertaining to 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.

At the May 2017 meeting, the Substance Use Awareness Committee (Committee) identified that there is substantial information related to opioid prescribing available to dentists from professional organizations; and that California dentists who are authorized to prescribe, order, administer, furnish or dispense controlled substances are required to register in the Controlled Substance Utilization Review and Evaluation System (CURES), and to consult CURES prior to prescribing.

The Committee considered recommending the Board adopt a policy statement recognizing the epidemic of opioid use and abuse throughout the country; and to encourage the dental profession and consumers in California to acknowledge the epidemic and to actively participate in finding solutions to this challenging issue.

The Committee began discussing broad policy statements and deferred the discussion to the August meeting; asking staff to assist with developing a more robust policy statement for consideration.

Following is a draft statement for discussion:

“The Dental Board of California (Board) recognizes that the widespread use and abuse of opioids in the country has risen to an epidemic level. The Board believes that educating both licensees and consumers on this important issue coincides with our mission of public protection. The Board therefore encourages its licensees to learn more about this epidemic and its tragic effects on individuals and their families; and to understand best prescribing practices and patient education methods that can be used when prescribing opioids. The following links to educational resources are provided to assist both consumers and licensees in this effort.”

At the December 2016, the Board unanimously approved the Committee recommendation to establish a communication plan relating to opioid use and abuse via a webpage dedicated to prescription drug resources, this policy statement would precede those resource links.

Action Requested:

Recommend that the Board adopt the proposed policy statement.



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
AUGUST 10, 2017**

Upon Conclusion of the Meeting of the Substance Use Awareness Committee

Crowne Plaza
1177 Airport Boulevard
Burlingame, CA 94010
(650) 342-9200 (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 May 11, 2017 Legislative and Regulatory Meeting Minutes
3. 2017 Tentative Legislative Calendar – Information Only
4. Discussion and Possible Action on the Following Legislation:
 - A. AB 40 (Santiago): CURES Database: Health Information Technology System
 - B. AB 710 (Wood): Department of Consumer Affairs: Boards: Meetings

- C. AB 1277 (Daly) Dentistry: Dental Board of California: Regulations
 - D. SB 641 (Lara): Controlled Substance Utilization Review and Evaluation System: Privacy
 - E. SB 762 (Hernandez): Healing Arts Licensee: License Activation Fee: Waiver
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

**LEGISLATIVE AND REGULATORY COMMITTEE MEETING MINUTES
MAY 11, 2017**

Wyndham Anaheim Garden Grove
12021 Harbor Boulevard
Garden Grove, CA 92840-4001
(714) 867-555 (Hotel) or (916) 263-2300 (Board Office)

Members Present:

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

Members Absent:

None

AGENDA ITEM LEG 1: CALL TO ORDER/ROLL CALL/ESTABLISHMENT OF QUORUM

Fran Burton, Chair, called the meeting to order at 12:15 p.m. The roll was called and a quorum was established.

AGENDA ITEM LEG 2: APPROVAL OF THE FEBRUARY 23, 2017 LEGISLATIVE AND REGULATORY MEETING MINUTES

M/S/C (Morrow/Chan) to approve the February 23, 2017 Legislative and Regulatory Meeting Minutes.

Aye: Burton, Morrow, Chan; Abstain: Medina; Nay: None

The motion passed.

AGENDA ITEM LEG 3: 2017 TENTATIVE LEGISLATIVE CALENDAR – INFORMATION ONLY

Ms. Burton pointed out two important upcoming dates on the calendar May 12th is the last day for policy committees to hear and report to the floor non-fiscal bills; and, May 19th is the last day for policy committees to meet prior to June 5.

AGENDA ITEM LEG 4: Discussions and Possible Actions on the Following Legislation

Sarah Wallace, Assistant Executive Officer, presented the following bills to the committee. Chair Burton recommended to the Committee that the Board not take any action on these bills.

- A. AB 703 (Flora) Professions and Vocations: Licenses: Fee Waivers
The bill is a fee waiver for applicants/licenseses who serve or are married to one who serves in the armed forces that hold an active and unrestricted license in another state. The Board does not expect a significant impact for this bill.
- B. AB 1277 (Daly) Dentistry: Dental Board of California: Regulations
This bill is in response to the infection control issues in Orange County and would require the Board to amend its minimum standards for infection control regulations. This bill would require water and/or other methods of irrigation to be sterile or contain recognized disinfecting or antibacterial properties when performing dental procedures that expose dental pulp. Also this bill would allow the Board to promulgate emergency regulations.

Dr. Morrow stated that this might be a duplication of California Code of Regulations (CCR) §1005(b)(18) which states “ Sterile coolants /irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/ irrigants must be delivered using a sterile delivery system.”

Ms. Briana Pittman, California Dental Association, stated it was approached by Assembly Member Daly. CDA reviewed the regulation but felt that a pulpotomy was not directly cited in the specific text and so was not covered by that regulation.

Dr. Chan stated he is not opposed to this legislation, but asked where it stated that pulpotomy procedure was not included in CCR § 1005(b)(18) and felt that legislation should be evidence based.

Michael Santiago, DBC Legal Counsel, stated that the regulation was very broad. He also brought to the Committee’s attention that if they wanted to develop and change the existing regulation without the approval of the Office of Administrative Law they would only be able to address the water/ irrigation system and not make it a comprehensive regulation amendment.

Dr. Paul Reggiardo, California Society of Pediatric Dentistry, along with the American Academy of Pediatric Dentistry, stated they were not aware of any definitive study comparing pulpotomy to other procedures that are evidence-based. He stated that they found the same irrigant was being used at the facility with all soft tissue procedures but there was only a problem after pulp procedures.

C. SB 27 (Morrell) Professions and Vocations: Licenses: Military Service

Ms. Wallace stated this bill would provide a fee waiver for applicants who serve or are married to one who serves in the armed forces. The Board does not expect a significant impact for this bill.

The Committee did not take action on any of these bills. Board Staff will watch these bills and report back on their progress.

AGENDA ITEM LEG 5: UPDATE ON PENDING REGULATORY PACKAGES

Ms. Wallace provided a verbal summary of the information provided in the meeting materials.

AGENDA ITEM LEG 6: DISCUSSION OF PROSPECTIVE LEGISLATIVE PROPOSALS

There were no proposals submitted.

AGENDA ITEM LEG 7: PUBLIC COMMENT ON ITEMS NOT ON THE AGENDA

There was no public comment.

AGENDA ITEM LEG 8: FUTURE AGENDA ITEMS

There was no public comment.

AGENDA ITEM LEG 9: COMMITTEE MEMBER COMMENTS ON ITEMS NOT ON THE AGENDA

There were no comments from committee members.

AGENDA ITEM LEG 10: ADJOURNMENT

The meeting adjourned at 12:35 p.m.



MEMORANDUM

DATE	July 26, 2017
TO	Members of the Legislative and Regulatory Committee
FROM	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 3: 2017 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 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)).

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
AUGUST 10 - AUGUST 11, 2017 BOARD MEETING**

BILL NUMBER: Assembly Bill 40

AUTHOR: Santiago

SPONSOR: California Chapter of
the American
College of
Emergency
Physicians

VERSION: Amended 07/10/2017

INTRODUCED: 12/05/2016

BILL STATUS: 07/10/2017 – From Com.
Chair on JUD with Author’s
amendments: Amend, and re-
referred to Committee. Read
second time, amended, and
re-referred to Com. on JUD.

BILL LOCATION: Senate

SUBJECT: CURES Database: Health
Information Technology
System

**RELATED
BILLS:** SB 641

SUMMARY

Existing law requires the Department of Justice (DOJ) to maintain the Controlled Substances Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, III, and IV controlled substances by a health care practitioner authorized to prescribe, order, dispense, or furnish these substances.

This bill would require the DOJ to make the CURES (a DOJ managed database) more readily available to prescribing health care practitioners, through a Web site or software system. Additionally, this bill would authorize entities that operate a Health Information Technology System (Health IT System) to submit queries to CURES if they can certify their system complies with patient privacy and information security requirements of law (state and federal) and pay a reasonable system maintenance fee. The DOJ would be prohibited from accessing patient-identifiable information in an entity’s Health IT System. However, if the entity or their system does not comply with the provisions of this bill, the DOJ has the authority to prohibit integration or terminate the Health IT System’s ability to retrieve information the CURES database.

ANALYSIS

CURES provides information to identify if a person is “doctor shopping” (when a patient, often a prescription-drug addict, visits multiple doctors to obtain multiple prescriptions for drugs, or uses multiple pharmacies to obtain prescription drugs). Information tracked in CURES contains the patient name, prescriber name, pharmacy name, drug name, amount and dosage, and is available to law enforcement agencies, regulatory bodies, prescribers, dispensers, and qualified researchers.

Since 2009, more than 8,000 doctors and pharmacists have signed up to use CURES, which has records of more than 100 million prescriptions. The system has also been successful in alerting law enforcement and licensed medical professionals to signs of illegal drug diversions.

According to the California Chapter of the American College of Emergency Physicians (California ACEP) currently, only after the emergency physician sees the patient and considers whether opioids may be warranted, will the emergency physician manually query the CURES database. California ACEP believes that providing physicians with access to CURES information early on will reduce the time needed to manually obtain the information and provide the treating emergency physician with a comprehensive history as they decide the best course of treatment for the patient.

However, according to the California Dental Association (CDA), the broad authority granted to DOJ in AB 40 is concerning because it diminishes the privacy protections applicable to confidential medical information, and has the potential to create unfair advantages for certain Health IT Systems over others. CDA supports the efficiency the bill seeks to bring but cites the memorandum of understanding (MOU) process as being concerning, and the ability for DOJ to audit any participating Health IT System, at any time, limited only to the terms of the privately-contracted MOU. According to CDA, this essentially creates a means by which DOJ bypasses the state and federal requirements regarding law enforcement access to confidential medical information, by giving them the authority to comb through the entire Health IT System, records included, under their “audit” authority. However, this current amendment no longer requires entities to comply with a MOU or other agreement setting forth terms and conditions nor does it authorize the DOJ to conduct audits of any Healthy IT System integrated with the CURES database. Therefore, it is likely possible that because the CDA supported the efficiency of this bill barring any other concerns, it may register support for AB 40.

REGISTERED SUPPORT/OPPOSITION

Support

California Chapter of the American College of Emergency Physicians (Sponsor)

California Academy of Family Physicians

California Access Coalition

California Health+ Advocates

California Pharmacists Association

County Health Executives Association of California

Health Officers Association of California
Medical Board of California (Support in Concept)

Oppose

California Dental Association
California Medical Association

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ OPPOSE:_____ NEUTRAL:_____ WATCH:_____

ANALYSIS

CURES provides information to identify if a person is “doctor shopping” (when a patient, often a prescription-drug addict, visits multiple doctors to obtain multiple prescriptions for drugs, or uses multiple pharmacies to obtain prescription drugs). Information tracked in CURES contains the patient name, prescriber name, pharmacy name, drug name, amount and dosage, and is available to law enforcement agencies, regulatory bodies, prescribers, dispensers, and qualified researchers.

Since 2009, more than 8,000 doctors and pharmacists have signed up to use CURES, which has records of more than 100 million prescriptions. The system has also been successful in alerting law enforcement and licensed medical professionals to signs of illegal drug diversions.

According to the California Chapter of the American College of Emergency Physicians (California ACEP) currently, only after the emergency physician sees the patient and considers whether opioids may be warranted, will the emergency physician manually query the CURES database. California ACEP believes that providing physicians with access to CURES information early on will reduce the time needed to manually obtain the information and provide the treating emergency physician with a comprehensive history as they decide the best course of treatment for the patient.

However, according to the California Dental Association (CDA), the broad authority granted to DOJ in AB 40 is concerning because it diminishes the privacy protections applicable to confidential medical information, and has the potential to create unfair advantages for certain Health IT Systems over others. CDA supports the efficiency the bill seeks to bring but cites the memorandum of understanding (MOU) process as being concerning, and the ability for DOJ to audit any participating Health IT System, at any time, limited only to the terms of the privately-contracted MOU. According to CDA, this essentially creates a means by which DOJ bypasses the state and federal requirements regarding law enforcement access to confidential medical information, by giving them the authority to comb through the entire Health IT System, records included, under their “audit” authority. However, this current amendment no longer requires entities to comply with a MOU or other agreement setting forth terms and conditions nor does it authorize the DOJ to conduct audits of any Healthy IT System integrated with the CURES database. Therefore, it is likely possible that because the CDA supported the efficiency of this bill barring any other concerns, it may register support for AB 40.

REGISTERED SUPPORT/OPPOSITION

Support

California Chapter of the American College of Emergency Physicians (Sponsor)

California Academy of Family Physicians

California Access Coalition

California Health+ Advocates

California Pharmacists Association

County Health Executives Association of California

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
AUGUST 10 - AUGUST 11, 2017 BOARD MEETING**

BILL NUMBER: Assembly Bill 40

AUTHOR: Santiago

SPONSOR: California Chapter of
the American
College of
Emergency
Physicians

VERSION: Amended 07/10/2017

INTRODUCED: 12/05/2016

BILL STATUS: 07/10/2017 – From Com.
Chair on JUD with Author’s
amendments: Amend, and re-
referred to Committee. Read
second time, amended, and
re-referred to Com. on JUD.

BILL LOCATION: Senate

SUBJECT: CURES Database: Health
Information Technology
System

**RELATED
BILLS:** SB 641

SUMMARY

Existing law requires the Department of Justice (DOJ) to maintain the Controlled Substances Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, III, and IV controlled substances by a health care practitioner authorized to prescribe, order, dispense, or furnish these substances.

This bill would require the DOJ to make the CURES (a DOJ managed database) more readily available to prescribing health care practitioners, through a Web site or software system. Additionally, this bill would authorize entities that operate a Health Information Technology System (Health IT System) to submit queries to CURES if they can certify their system complies with patient privacy and information security requirements of law (state and federal) and pay a reasonable system maintenance fee. The DOJ would be prohibited from accessing patient-identifiable information in an entity’s Health IT System. However, if the entity or their system does not comply with the provisions of this bill, the DOJ has the authority to prohibit integration or terminate the Health IT System’s ability to retrieve information the CURES database.

ANALYSIS

CURES provides information to identify if a person is “doctor shopping” (when a patient, often a prescription-drug addict, visits multiple doctors to obtain multiple prescriptions for drugs, or uses multiple pharmacies to obtain prescription drugs). Information tracked in CURES contains the patient name, prescriber name, pharmacy name, drug name, amount and dosage, and is available to law enforcement agencies, regulatory bodies, prescribers, dispensers, and qualified researchers.

Since 2009, more than 8,000 doctors and pharmacists have signed up to use CURES, which has records of more than 100 million prescriptions. The system has also been successful in alerting law enforcement and licensed medical professionals to signs of illegal drug diversions.

According to the California Chapter of the American College of Emergency Physicians (California ACEP) currently, only after the emergency physician sees the patient and considers whether opioids may be warranted, will the emergency physician manually query the CURES database. California ACEP believes that providing physicians with access to CURES information early on will reduce the time needed to manually obtain the information and provide the treating emergency physician with a comprehensive history as they decide the best course of treatment for the patient.

However, according to the California Dental Association (CDA), the broad authority granted to DOJ in AB 40 is concerning because it diminishes the privacy protections applicable to confidential medical information, and has the potential to create unfair advantages for certain Health IT Systems over others. CDA supports the efficiency the bill seeks to bring but cites the memorandum of understanding (MOU) process as being concerning, and the ability for DOJ to audit any participating Health IT System, at any time, limited only to the terms of the privately-contracted MOU. According to CDA, this essentially creates a means by which DOJ bypasses the state and federal requirements regarding law enforcement access to confidential medical information, by giving them the authority to comb through the entire Health IT System, records included, under their “audit” authority. However, this current amendment no longer requires entities to comply with a MOU or other agreement setting forth terms and conditions nor does it authorize the DOJ to conduct audits of any Healthy IT System integrated with the CURES database. Therefore, it is likely possible that because the CDA supported the efficiency of this bill barring any other concerns, it may register support for AB 40.

REGISTERED SUPPORT/OPPOSITION

Support

California Chapter of the American College of Emergency Physicians (Sponsor)

California Academy of Family Physicians

California Access Coalition

California Health+ Advocates

California Pharmacists Association

County Health Executives Association of California

Health Officers Association of California
Medical Board of California (Support in Concept)

Oppose

California Dental Association
California Medical Association

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ OPPOSE:_____ NEUTRAL:_____ WATCH:_____

AMENDED IN SENATE JULY 10, 2017

AMENDED IN SENATE JULY 5, 2017

AMENDED IN ASSEMBLY MAY 26, 2017

AMENDED IN ASSEMBLY APRIL 19, 2017

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 40

Introduced by Assembly Member Santiago

December 5, 2016

An act to amend Section 11165.1 of the Health and Safety Code, relating to controlled substances, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 40, as amended, Santiago. CURES database: health information technology system.

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance.

This bill would require the Department of Justice to make the electronic history of controlled substances dispensed to an individual under a health care practitioner's care, based on data contained in the CURES database, available to the ~~practitioner~~ *practitioner, or a*

pharmacist, as specified, through either an online Internet Web portal or an authorized health information technology system, as defined. The bill would authorize an entity that operates a health information technology system to establish an integration with and submit queries to the CURES database if the entity can certify, among other requirements, that the data received from the CURES database will not be used for any purpose other than delivering the data to an authorized health care practitioner or performing data processing activities necessary to enable delivery, and that the system meets applicable patient privacy and information security requirements of state and federal law. The bill would also require an entity operating a health information technology system that is requesting to establish an integration with the CURES database to pay a reasonable system maintenance fee and be subject to enforcement mechanisms, as specified. fee. The bill would prohibit the department from accessing patient-identifiable information in an entity's health information technology system. The bill would authorize the department to prohibit integration or terminate a health information technology system's ability to retrieve information in the CURES database if the health information technology system or the entity operating the health information technology system does not comply with specified provision of the bill.

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

Vote: $\frac{2}{3}$. 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 11165.1 of the Health and Safety Code,
- 2 as amended by Section 2 of Chapter 708 of the Statutes of 2016,
- 3 is amended to read:
- 4 11165.1. (a) (1) (A) (i) A health care practitioner authorized
- 5 to prescribe, order, administer, furnish, or dispense Schedule II,
- 6 Schedule III, or Schedule IV controlled substances pursuant to
- 7 Section 11150 shall, before July 1, 2016, or upon receipt of a
- 8 federal Drug Enforcement Administration (DEA) registration,
- 9 whichever occurs later, submit an application developed by the
- 10 department to obtain approval to access information regarding the
- 11 controlled substance history of a patient through an online Internet
- 12 Web portal that is maintained by the department, or through an

1 authorized health information technology system. Upon approval,
2 the department shall release to that practitioner, through an online
3 Internet Web portal or an authorized health information technology
4 system, the electronic history of controlled substances dispensed
5 to an individual under his or her care based on data contained in
6 the CURES Prescription Drug Monitoring Program (PDMP).

7 (ii) A pharmacist shall, before July 1, 2016, or upon licensure,
8 whichever occurs later, submit an application developed by the
9 department to obtain approval to access information online
10 regarding the controlled substance history of a patient that is stored
11 on the Internet and maintained within the ~~department~~. *department,*
12 *or through an authorized health information technology system.*
13 Upon approval, the department shall release to that pharmacist the
14 electronic history of controlled substances dispensed to an
15 individual under his or her care based on data contained in the
16 CURES PDMP.

17 (B) An application may be denied, or a subscriber may be
18 suspended, for reasons which include, but are not limited to, the
19 following:

20 (i) Materially falsifying an application to access information
21 contained in the CURES database.

22 (ii) Failing to maintain effective controls for access to the patient
23 activity report.

24 (iii) Having his or her federal DEA registration suspended or
25 revoked.

26 (iv) Violating a law governing controlled substances or any
27 other law for which the possession or use of a controlled substance
28 is an element of the crime.

29 (v) Accessing information for a reason other than to diagnose
30 or treat his or her patients, or to document compliance with the
31 law.

32 (C) An authorized subscriber shall notify the department within
33 30 days of any changes to the subscriber account.

34 (D) An entity that operates a health information technology
35 system may establish an integration with and submit queries to the
36 CURES database on either a user-initiated basis or an automated
37 basis if the entity can certify all of the following:

38 (i) The health information technology system is authorized to
39 query the CURES database on behalf of an authorized health care
40 practitioner *or pharmacist* on either a user-initiated basis, an

1 automated basis, or both, for purposes of delivering patient data
2 from the CURES database to assist an authorized health care
3 practitioner *or pharmacist* to evaluate the need for medical or
4 pharmaceutical treatment or provide medical or pharmaceutical
5 treatment to a patient for whom a health care practitioner *or*
6 *pharmacist* is providing or has provided care.

7 ~~(ii) The entity will not use or disclose data received from the~~
8 ~~CURES database for any purpose other than delivering the data~~
9 ~~to an authorized health care practitioner or performing data~~
10 ~~processing activities that may be necessary to enable this delivery.~~

11 ~~(iii)~~

12 (ii) The health information technology system will authenticate
13 the identity of an authorized health care practitioner *or pharmacist*
14 initiating queries to the CURES database on either a user-initiated
15 basis or an automated basis and, at the time of the query to the
16 CURES database, the health information technology system
17 submits the following data regarding the query to CURES:

18 (I) The date of the query.

19 (II) The time of the query.

20 (III) The first and last name of the patient queried.

21 (IV) The date of birth of the patient queried.

22 (V) The identification of the CURES user for whom the system
23 is making the query.

24 ~~(iv)~~

25 (iii) The health information technology system meets applicable
26 patient privacy and information security requirements of state and
27 federal law.

28 ~~(E) The department may, in its discretion, determine whether~~
29 ~~to establish a direct system integration between one or more health~~
30 ~~information technology systems and the CURES database, or~~
31 ~~whether to develop a gateway system to which multiple health~~
32 ~~information technology systems can establish an integration for~~
33 ~~purposes of accessing the CURES database. The CURES database~~
34 ~~shall not permit access to patient-identifiable information in an~~
35 ~~entity's health information technology system.~~

36 (E) *The department shall develop a programming interface or*
37 *other method of system integration to allow health information*
38 *technology systems that meet the requirements in subparagraph*
39 *(D) to retrieve information in the CURES database on behalf of*
40 *an authorized health care practitioner or pharmacist.*

1 (F) *The department shall not access patient-identifiable*
2 *information in an entity's health information technology system.*

3 ~~(F)~~

4 (G) *An entity that operates a health information technology*
5 *system that is requesting to establish an integration with the*
6 *CURES database shall: shall pay a reasonable fee to cover the*
7 *cost of establishing and maintaining integration with the CURES*
8 *database.*

9 ~~(i) Pay a reasonable fee to cover the cost of establishing and~~
10 ~~maintaining integration with the CURES database.~~

11 ~~(ii) Be subject to enforcement mechanisms for failure to comply~~
12 ~~with oversight or audit activities by the department, up to and~~
13 ~~including termination of access to the CURES database.~~

14 (H) *The department may prohibit integration or terminate a*
15 *health information technology system's ability to retrieve*
16 *information in the CURES database if the health information*
17 *technology system fails to meet the requirements of subparagraph*
18 *(D), or the entity operating the health information technology*
19 *system does not fulfill its obligation under subparagraph (G).*

20 (2) *A health care practitioner authorized to prescribe, order,*
21 *administer, furnish, or dispense Schedule II, Schedule III, or*
22 *Schedule IV controlled substances pursuant to Section 11150 or*
23 *a pharmacist shall be deemed to have complied with paragraph*
24 *(1) if the licensed health care practitioner or pharmacist has been*
25 *approved to access the CURES database through the process*
26 *developed pursuant to subdivision (a) of Section 209 of the*
27 *Business and Professions Code.*

28 (b) *A request for, or release of, a controlled substance history*
29 *pursuant to this section shall be made in accordance with guidelines*
30 *developed by the department.*

31 (c) *In order to prevent the inappropriate, improper, or illegal*
32 *use of Schedule II, Schedule III, or Schedule IV controlled*
33 *substances, the department may initiate the referral of the history*
34 *of controlled substances dispensed to an individual based on data*
35 *contained in CURES to licensed health care practitioners,*
36 *pharmacists, or both, providing care or services to the individual.*
37 ~~An authorized health care practitioner may use a health information~~
38 ~~technology system, either on a user-initiated basis or an automated~~
39 ~~basis, to initiate the referral of the history of controlled substances~~

1 dispensed to an individual based on data contained in CURES to
2 other licensed health care practitioners, pharmacists, or both.

3 (d) The history of controlled substances dispensed to an
4 individual based on data contained in CURES that is received by
5 a practitioner or pharmacist from the department pursuant to this
6 section is medical information subject to the provisions of the
7 Confidentiality of Medical Information Act contained in Part 2.6
8 (commencing with Section 56) of Division 1 of the Civil Code.

9 (e) Information concerning a patient's controlled substance
10 history provided to a practitioner or pharmacist pursuant to this
11 section shall include prescriptions for controlled substances listed
12 in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code
13 of Federal Regulations.

14 (f) A health care practitioner, pharmacist, and any person acting
15 on behalf of a health care practitioner or pharmacist, when acting
16 with reasonable care and in good faith, is not subject to civil or
17 administrative liability arising from any false, incomplete,
18 inaccurate, or misattributed information submitted to, reported by,
19 or relied upon in the CURES database or for any resulting failure
20 of the CURES database to accurately or timely report that
21 information.

22 (g) For purposes of this section, the following terms have the
23 following meanings:

24 (1) "Automated basis" means using predefined criteria
25 established or approved by a health care practitioner *or pharmacist*
26 to trigger an automated query to the CURES database, which can
27 be attributed to a specific health care practitioner ~~by an audit trail~~
28 ~~in the health information technology system.~~ *or pharmacist.*

29 (2) "Department" means the Department of Justice.

30 (3) "Health information technology system" means an
31 information processing application using hardware and software
32 for the storage, retrieval, sharing of or use of patient data for
33 communication, decisionmaking, coordination of care, or the
34 quality, safety, or efficiency of the practice of medicine or delivery
35 of health care services, including, but not limited to, electronic
36 medical record applications, health information exchange systems,
37 or other interoperable clinical or health care information system.

38 (4) "User-initiated basis" means an authorized health care
39 practitioner *or pharmacist* has taken an action to initiate the query
40 to the CURES database, such as clicking a button, issuing a voice

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
AUGUST 10 - AUGUST 11, 2017 BOARD MEETING**

BILL NUMBER: Assembly Bill 710

AUTHOR: Wood

SPONSOR: Dental Board of
California (Board)

VERSION: Amended 04/27/2017

INTRODUCED: 02/15/2017

BILL STATUS: 06/19/2017 – In Senate Com.
On B., P. & E.D.: Set, first
hearing. Hearing canceled at
the request of author with no
other hearing date scheduled.

BILL LOCATION: Senate

SUBJECT: Department of Consumer
Affairs: Boards: Meetings.

**RELATED
BILLS:**

SUMMARY

Existing law provides for the licensure and regulation of various professions and vocations within the Department of Consumer Affairs (DCA). Currently, these boards are required by law to meet at least 3 times each calendar year, and at least once in both Northern and Southern California per year. Existing law authorizes the Director of the DCA to exempt a board from these meeting requirements upon a showing of good cause that the board is unable to meet at least three times per year

This bill would require a board to meet once every other year in rural California.

ANALYSIS

The author noted that "...far too many times, board meetings do not take place in the rural parts of California. A board that meets in Santa Rosa, California would satisfy the northern California requirement, but there are still hundreds of miles north of Santa Rosa. If the board did not have any other planned meetings in northern California, a person from Crescent City, California would have to travel over 300 miles and over five hours to attend the board's meeting in Santa Rosa. [This bill] requires boards within DCA to meet at least once every other year in rural California. This will ensure that our rural communities have a fair opportunity to have their voices heard at board meetings."

The Assembly Committee on Appropriations Legislative Bill Analysis surmised that the fiscal effect of this bill would likely be minor and absorbable for most boards and committees within the DCA. The cost to the Dental Board of California would likely be minor and absorbable.

REGISTERED SUPPORT/OPPOSITION

To date, there is no registered support or opposition on file.

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ OPPOSE:_____ NEUTRAL:_____ WATCH:_____

AMENDED IN ASSEMBLY APRIL 27, 2017

AMENDED IN ASSEMBLY MARCH 27, 2017

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 710

Introduced by Assembly Member Wood

February 15, 2017

An act to amend Section 101.7 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 710, as amended, Wood. Department of Consumer Affairs: boards: meetings.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law generally requires these boards to meet at least 3 times each calendar year, and at least once in northern California and once in southern California per calendar year.

This bill would require a board to meet once every other calendar year in rural ~~northern~~ California.

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 101.7 of the Business and Professions
- 2 Code is amended to read:
- 3 101.7. (a) Notwithstanding any other provision of law, boards
- 4 shall meet at least three times each calendar year. Boards shall

1 meet at least once each calendar year in northern California, once
2 every other calendar year in rural ~~northern~~ California, and once
3 each calendar year in southern California in order to facilitate
4 participation by the public and its licensees.

5 (b) The director at his or her discretion may exempt any board
6 from the requirement in subdivision (a) upon a showing of good
7 cause that the board is not able to meet at least three times in a
8 calendar year.

9 (c) The director may call for a special meeting of the board
10 when a board is not fulfilling its duties.

11 (d) An agency within the department that is required to provide
12 a written notice pursuant to subdivision (a) of Section 11125 of
13 the Government Code, may provide that notice by regular mail,
14 email, or by both regular mail and email. An agency shall give a
15 person who requests a notice the option of receiving the notice by
16 regular mail, email, or by both regular mail and email. The agency
17 shall comply with the requester's chosen form or forms of notice.

18 (e) An agency that plans to Web cast a meeting shall include in
19 the meeting notice required pursuant to subdivision (a) of Section
20 11125 of the Government Code a statement of the board's intent
21 to Web cast the meeting. An agency may Web cast a meeting even
22 if the agency fails to include that statement of intent in the notice.

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
AUGUST 10 - AUGUST 11, 2017 BOARD MEETING**

BILL NUMBER: Assembly Bill 1277

AUTHOR: Daly

SPONSOR:

VERSION: Amended 06/12/2017

INTRODUCED: 02/15/2017

BILL STATUS: 07/20/2017 – From Consent Calendar. Ordered to third reading.

BILL LOCATION: Senate

SUBJECT: Dentistry: Dental Board of California: Regulations.

**RELATED
BILLS:** AB 224,
SB 392, SB 501

SUMMARY

The Dental Practice Act provides for the licensure and regulation of persons engaged in the practice of dentistry the Dental Board of California (Board). The Administrative Procedure Act (APA) 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. The APA 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 requires the Board to amend regulations, by December 31, 2018 on infection control standards to ensure safety of the water used in dental procedures and provides emergency regulation authority for this purpose.

ANALYSIS

This bill is author-sponsored. It emerged in response to an incident in Orange County where dozens of children became ill after receiving a certain dental procedure at an Anaheim pediatric dental clinic. Their illness was caused a bacterium found in the water system.

According to the Assembly Appropriations Legislative Bill Analysis, the cost for the Board to amend and add enforcement codes regulations is minor (within the range of \$1,000 to the State Dentistry Fund), absorbable, and consistent with current relevant Board subcommittee discussion.

REGISTERED SUPPORT/OPPOSITION

Support

California Dental Association
Health Officers Association of California
Orange County Water District

Oppose

To date, there is no registered opposition on file.

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ OPPOSE:_____ NEUTRAL:_____ WATCH:_____

AMENDED IN SENATE JUNE 12, 2017

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 add Section 1601.6 to the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

AB 1277, as amended, Daly. Dentistry: Dental Board of 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. 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 to amend regulations on the minimum standards for infection control to require *procedure* 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. (a) Consistent with and in addition to the federal
4 Centers for Disease Control and Prevention recommendations for
5 ~~procedural~~ *procedure* water quality, the board shall amend the
6 regulations on the minimum standards for infection control (Section
7 1005 of Title 16 of the California Code of Regulations) to require
8 *procedure* water or other methods used for irrigation to be sterile
9 or contain recognized disinfecting or antibacterial properties when
10 performing dental procedures that expose dental pulp.

11 (b) Until December 31, 2018, the adoption and readoption of a
12 regulation by the board consistent with this section shall be deemed
13 to be an emergency necessary for the immediate preservation of
14 the public peace, health and safety, or general welfare for purposes
15 of Sections 11346.1 and 11346.9 of the Government Code and the
16 board is hereby exempted from the requirement that it describe
17 facts showing the need for immediate action and from review of
18 the emergency regulations by the Office of Administrative Law.

19 (c) The board shall adopt final regulations consistent with this
20 section on or before December 31, 2018.

21 _____

22 _____

23 **CORRECTIONS:** _____

24 **Heading—Last amended date.** _____

25 _____

O

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
AUGUST 10 - AUGUST 11, 2017 BOARD MEETING**

BILL NUMBER: Senate Bill 641

AUTHOR: Lara

SPONSOR:

VERSION: Amended 04/20/2017

INTRODUCED: 02/17/2017

BILL STATUS: 07/11/2017 – Set for first hearing at the Com. on PUB. S. canceled at the request of the author and no further hearing date set.

BILL LOCATION: Assembly

SUBJECT: Controlled Substance Utilization Review and Evaluation System: Privacy.

**RELATED
BILLS:** AB 40

SUMMARY

Existing law requires the Department of Justice (DOJ) to maintain the Controlled Substances Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, III, and IV controlled substances by practitioners authorized to prescribe or dispense these controlled substances. Under existing law, information obtained from CURES may only be provided to appropriate public agencies for disciplinary, civil, or criminal purposes and to other agencies/entities, as determined by the DOJ, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Moreover, existing law allows data obtained from CURES to be provided to entities for statistical or research purposes, as approved by the DOJ.

This bill would prohibit the release of data obtained from CURES to a law enforcement agency except pursuant to a warrant based on probable cause. However, the United State Drug Enforcement Agency is excluded from the warrant requirement.

ANALYSIS

SB 641 establishes a structure for disclosure of confidential data from CURES to law enforcement. Prescription information, when in a person's medical record, has the protections of the Confidential Medical Information Act. However, on most instances, law enforcement may access it with a warrant. This bill seeks to align the requirements for law enforcement access medical information in CURES with the disclosure requirements for medical information in medical records. Without this protection, DOJ can change the standard without a public process.

This bill requires that a valid court order or warrant based on probable cause be obtained by a federal, state, or local law enforcement agency in order for DOJ to provide CURES data to the law enforcement agency. Additionally, law enforcement seeking a court order or warrant, to obtain information within CURES, must be engaged in an open and active investigation regarding a person involved in prescription drug abuse or diversion of prescription controlled substances. The author of this bill has stated, "SB 641 upholds California's longstanding history of protecting patient and consumer privacy without compromising the crucial benefits of this important public health tool."

However, organizations in opposition have stated that SB641 is a step too far because it severely limits law enforcement's access to CURES data by requiring an incredibly narrow warrant requirement. Stating further that, doctors do not have an expectation of privacy in oversight of their professional activities and there is nothing that would justify this special protection. Their belief is that SB 641 hampers law enforcement's ability to identify and stop criminal activities, such as doctors who sell prescriptions for cash, and by restricting public safety officials use of this key tool those efforts will be set back. Additionally, they noted that regulatory boards will also lose an important source of information as they often find out about this type of illegal activity only once law enforcement is involved. However, these organizations in oppositions have proposed that SB 641 should instead, require a regulatory process on the issue or simply codify the DOJ's current policies that require a warrant to obtain a patient's, but not a doctor's information.

REGISTERED SUPPORT/OPPOSITION

Support

California Medical Association (Sponsor)
American Academy of Pediatrics
American Civil Liberties Union
American College of Physicians, California Chapters
California Academy of Family Physicians
California Academy of Preventative Medicine
California Dental Association
California Health Advocates
County Behavioral Health Directors Association of California
Electronic Frontier Foundation
Osteopathic Physicians and Surgeons of California

Oppose

Association for Los Angeles Deputy Sheriffs
Association for Deputy District Attorneys
California Association of Code Enforcement Officers
California College and University Police Chiefs Association
California Narcotic Officers Association

California Police Chiefs Association
California State Board of Pharmacy
California State Sheriffs' Association
California Teamsters Public Affairs Council
Center for Public Interest Law, University of San Diego School of Law
Consumer Attorneys of California
Consumer Watchdog
Los Angeles County District Attorney
Los Angeles County Probation Officers Union AFSCME Local 685
Los Angeles County Professional Peace Officers Association
Shatterproof
Troy and Alana Pack Foundation

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ OPPOSE:_____ NEUTRAL:_____ WATCH:_____

AMENDED IN SENATE APRIL 20, 2017
AMENDED IN SENATE MARCH 28, 2017

SENATE BILL

No. 641

Introduced by Senator Lara

February 17, 2017

An act to amend Section 11165 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

SB 641, as amended, Lara. Controlled Substance Utilization Review and Evaluation System: privacy.

Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances. Existing law requires the operation of CURES to comply with all applicable federal and state privacy and security laws and regulations. Under existing law, data obtained from CURES may only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the department, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Existing law allows data obtained from CURES to be provided to public or private entities for statistical or research purposes, as approved by the department.

This bill would prohibit the release of data obtained from CURES to a law enforcement agency except pursuant to a ~~valid court order~~, *warrant based on probable cause*, 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 11165 of the Health and Safety Code is
2 amended to read:
3 11165. (a) To assist health care practitioners in their efforts
4 to ensure appropriate prescribing, ordering, administering,
5 furnishing, and dispensing of controlled substances, law
6 enforcement and regulatory agencies in their efforts to control the
7 diversion and resultant abuse of Schedule II, Schedule III, and
8 Schedule IV controlled substances, and for statistical analysis,
9 education, and research, the Department of Justice shall, contingent
10 upon the availability of adequate funds in the CURES Fund,
11 maintain the Controlled Substance Utilization Review and
12 Evaluation System (CURES) for the electronic monitoring of, and
13 Internet access to information regarding, the prescribing and
14 dispensing of Schedule II, Schedule III, and Schedule IV controlled
15 substances by all practitioners authorized to prescribe, order,
16 administer, furnish, or dispense these controlled substances.
17 (b) The Department of Justice may seek and use grant funds to
18 pay the costs incurred by the operation and maintenance of
19 CURES. The department shall annually report to the Legislature
20 and make available to the public the amount and source of funds
21 it receives for support of CURES.
22 (c) (1) The operation of CURES shall comply with all
23 applicable federal and state privacy and security laws and
24 regulations.
25 (2) (A) CURES shall operate under existing provisions of law
26 to safeguard the privacy and confidentiality of patients. Data
27 obtained from CURES shall only be provided to appropriate state,
28 local, and federal public agencies for disciplinary, civil, or criminal
29 purposes and to other agencies or entities, as determined by the
30 Department of Justice, for the purpose of educating practitioners
31 and others in lieu of disciplinary, civil, or criminal actions. Data
32 may be provided to public or private entities, as approved by the
33 Department of Justice, for educational, peer review, statistical, or
34 research purposes, provided that patient information, including
35 any information that may identify the patient, is not compromised.

1 Further, data disclosed to any individual or agency as described
2 in this subdivision shall not be disclosed, sold, or transferred to
3 any third party, unless authorized by, or pursuant to, state and
4 federal privacy and security laws and regulations.

5 (B) The Department of Justice shall only provide data obtained
6 from CURES to a federal, state, or local law enforcement agency
7 pursuant to a ~~valid court order or~~ warrant based on probable cause
8 and issued at the request of a federal, state, or local law
9 enforcement agency engaged in an open and active *criminal*
10 investigation regarding prescription drug abuse or diversion of
11 prescription of controlled substances involving the individual to
12 whom the requested information pertains.

13 (C) The Department of Justice shall establish policies,
14 procedures, and regulations regarding the use, access, evaluation,
15 management, implementation, operation, storage, disclosure, and
16 security of the information within CURES, consistent with Section
17 11165.1.

18 (D) Notwithstanding subparagraph (A), a regulatory board
19 whose licensees do not prescribe, order, administer, furnish, or
20 dispense controlled substances shall not be provided data obtained
21 from CURES.

22 (3) In accordance with federal and state privacy laws and
23 regulations, a health care practitioner may provide a patient with
24 a copy of the patient's CURES patient activity report as long as
25 no additional CURES data is provided and keep a copy of the
26 report in the patient's medical record in compliance with
27 subdivision (d) of Section 11165.1.

28 (d) For each prescription for a Schedule II, Schedule III, or
29 Schedule IV controlled substance, as defined in the controlled
30 substances schedules in federal law and regulations, specifically
31 Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21
32 of the Code of Federal Regulations, the dispensing pharmacy,
33 clinic, or other dispenser shall report the following information to
34 the Department of Justice as soon as reasonably possible, but not
35 more than seven days after the date a controlled substance is
36 dispensed, in a format specified by the Department of Justice:

37 (1) Full name, address, and, if available, telephone number of
38 the ultimate user or research subject, or contact information as
39 determined by the Secretary of the United States Department of

1 Health and Human Services, and the gender, and date of birth of
2 the ultimate user.

3 (2) The prescriber's category of licensure, license number,
4 national provider identifier (NPI) number, if applicable, the federal
5 controlled substance registration number, and the state medical
6 license number of any prescriber using the federal controlled
7 substance registration number of a government-exempt facility.

8 (3) Pharmacy prescription number, license number, NPI number,
9 and federal controlled substance registration number.

10 (4) National Drug Code (NDC) number of the controlled
11 substance dispensed.

12 (5) Quantity of the controlled substance dispensed.

13 (6) International Statistical Classification of Diseases, 10th
14 revision (ICD-10) Code, if available.

15 (7) Number of refills ordered.

16 (8) Whether the drug was dispensed as a refill of a prescription
17 or as a first-time request.

18 (9) Date of origin of the prescription.

19 (10) Date of dispensing of the prescription.

20 (e) The Department of Justice may invite stakeholders to assist,
21 advise, and make recommendations on the establishment of rules
22 and regulations necessary to ensure the proper administration and
23 enforcement of the CURES database. All prescriber and dispenser
24 invitees shall be licensed by one of the boards or committees
25 identified in subdivision (d) of Section 208 of the Business and
26 Professions Code, in active practice in California, and a regular
27 user of CURES.

28 (f) The Department of Justice shall, prior to upgrading CURES,
29 consult with prescribers licensed by one of the boards or
30 committees identified in subdivision (d) of Section 208 of the
31 Business and Professions Code, one or more of the boards or
32 committees identified in subdivision (d) of Section 208 of the
33 Business and Professions Code, and any other stakeholder
34 identified by the department, for the purpose of identifying
35 desirable capabilities and upgrades to the CURES Prescription
36 Drug Monitoring Program (PDMP).

- 1 (g) The Department of Justice may establish a process to educate
- 2 authorized subscribers of the CURES PDMP on how to access and
- 3 use the CURES PDMP.

O

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
AUGUST 10 - AUGUST 11, 2017 BOARD MEETING**

BILL NUMBER: Senate Bill 762

AUTHOR: Hernandez

SPONSOR:

VERSION: Amended 04/17/2017

INTRODUCED: 02/17/2017

BILL STATUS: 06/15/2017 – Referred to Com. on B & P with no other hearing date scheduled.

BILL LOCATION: Assembly

SUBJECT: Healing arts licensee: license activation fee: waiver.

RELATED BILLS:

SUMMARY

Currently, 20 boards and committees within the Department of Consumer Affairs (DCA) license health care professionals. Licensed professionals may be issued an inactive license, provided the current license is in good standing and the licensee pays the normal license renewal fee but they cannot practice their profession. An inactive licensee holder can restore the license to an active license, provided they meet certain requirements and pay a renewal fee. However, current law authorizes a fee, to restore an inactive license to an active license, for a physician to be waived if the restoration of an active license is solely to provide voluntary service to medically underserved populations.

SB 762 would waive the license renewal fee required when a healing arts licensee with an inactive license seeks to restore an active license for the purpose of providing voluntary medical service.

ANALYSIS

This bill is author-sponsored. It emerged to ease the strain on the health care system due to the coverage expansions from the Affordable Care Act by providing the opportunity for all health care professionals to deliver volunteer services under their licenses.

According to the Senate Appropriations Committee Legislative Bill Analysis, SB 762 would implement a one-time cost of \$360,000 for the DCA to modify the information technology (IT) system used by most healing arts boards for licensing. The reduction of license renewal fees is dependent upon the number of inactive licensees on each board or committee and the proportion of those licensees who seek to restore their license to provide unpaid care. For example, based on the current inactive licensee population,

and assuming that 10% of those licensees seek a fee waiver, revenue losses would be \$100,000 per year (Dental Board Fund) for the Dental Board of California (Board).

REGISTERED SUPPORT/OPPOSITION

To date, there is no registered support or opposition on file.

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ OPPOSE:_____ NEUTRAL:_____ WATCH:_____

AMENDED IN SENATE APRIL 17, 2017

SENATE BILL

No. 762

Introduced by Senator Hernandez

February 17, 2017

An act to amend Section 704 of the Business and Professions Code, relating to ~~workforce development~~: *healing arts*.

LEGISLATIVE COUNSEL'S DIGEST

SB 762, as amended, Hernandez. ~~Health care workforce development~~. *Healing arts licensee: license activation fee: waiver.*

Existing law requires a healing arts board, as defined, to issue, upon application and payment of the normal renewal fee, an inactive license or certificate to a current holder of an active license or certificate whose license or certificate is not suspended, revoked, or otherwise punitively restricted by the board. Existing law requires the holder of an inactive license or certificate to, among other things, pay the renewal fee in order to restore his or her license or certificate to an active status. Existing law requires the renewal fee to be waived for a physician and surgeon who certifies to the Medical Board of California that license restoration is for the sole purpose of providing voluntary, unpaid service to a public agency, not-for-profit agency, institution, or corporation that provides medical services to indigent patients in medically underserved or critical-need population areas of the state.

This bill would require the renewal fee to be waived for any healing arts licensee who certifies to his or her respective board that license restoration is for the sole purpose of providing voluntary, unpaid service to a public agency, not-for-profit agency, institution, or corporation that provides medical services to indigent patients in medically underserved or critical-need population areas of the state.

~~The federal Workforce Innovation and Opportunity Act of 2014 provides for workforce investment activities, including activities in which states may participate. Existing law contains various programs for job training and employment investment, including work incentive programs, as specified, and establishes local workforce investment boards to perform duties related to the implementation and coordination of local workforce investment activities. Existing law requires local workforce investment boards to spend a minimum percentage of specified funds for adults and dislocated workers on federally identified workforce training programs and allows the boards to leverage specified funds to meet the funding requirements, as specified.~~

~~This bill would state the intent of the Legislature to enact legislation relating to health care workforce development.~~

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

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

1 ~~SECTION 1. Section 704 of the Business and Professions Code~~
2 ~~is amended to read:~~

3 704. In order for the holder of an inactive license or certificate
4 issued pursuant to this article to restore his or her license or
5 certificate to an active status, the holder of an inactive license or
6 certificate shall comply with ~~all~~ *both* the following:

7 (a) Pay the renewal fee; provided, that the renewal fee shall be
8 waived for a ~~physician and surgeon~~ *healing arts licensee* who
9 certifies to the ~~Medical Board of California~~ *board* that license
10 restoration is for the sole purpose of providing voluntary, unpaid
11 service to a public agency, not-for-profit agency, institution, or
12 corporation ~~which~~ *that* provides medical services to indigent
13 patients in medically underserved or critical-need population areas
14 of the state.

15 (b) If the board requires completion of continuing education for
16 renewers of an active license or certificate, complete continuing
17 education equivalent to that required for a single license renewal
18 period.

19 ~~SECTION 1. It is the intent of the Legislature to enact~~
20 ~~legislation relating to health care workforce development.~~

O



MEMORANDUM

DATE	July 19, 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 presenting proposed language at the August meeting for the Board's consideration.

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 regulation was approved and became effective on July 1, 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. Board staff is presenting the proposed language at the August meeting for the Board's consideration to initiate the rulemaking.

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. (EFDA).

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. As reported at the May 2017 Board meeting, the OAL found consistency issues with the proposal. The OAL issued a disapproval of the package

and the corrections that were made at the May meeting are going through the approval process. Board staff anticipate the OAL to approve the file sometime in August.

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, as 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 presenting the revised language at the August meeting for the Board's consideration.

Action Requested:

No action requested.



MEMORANDUM

DATE	July 19, 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 presenting proposed language at the August meeting for the Board's consideration.

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 regulation was approved and became effective on July 1, 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. Board staff is presenting the proposed language at the August meeting for the Board's consideration to initiate the rulemaking.

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. (EFDA).

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. As reported at the May 2017 Board meeting, the OAL found consistency issues with the proposal. The OAL issued a disapproval of the package

and the corrections that were made at the May meeting are going through the approval process. Board staff anticipate the OAL to approve the file sometime in August.

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 presenting the revised language at the August meeting for the Board's consideration.

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

ANESTHESIA COMMITTEE AGENDA
AUGUST 10, 2017

Upon Conclusion of the Meeting of the Legislative/Regulatory Committee Meeting

Crowne Plaza
1177 Airport Boulevard
Burlingame, CA 94010
(650) 342-9200 (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 May 11, 2017 Anesthesia Committee Meeting Minutes
3. General Anesthesia and Conscious Sedation Evaluation Statistics

4. 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 Dental Patients
 - C. SB 501 (Glazer) Dentistry: Anesthesia and Sedation: Report
5. 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)).
6. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
7. 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)).
8. Adjournment



ANESTHESIA COMMITTEE MEETING MINUTES MAY 11, 2017

Members Present:

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

Members Absent:

None

AGENDA ITEM ANE 1: CALL TO ORDER/ROLL CALL/ESTABLISHMENT OF QUORUM

Steven Morrow, Chair called the meeting to order at 2:20 p.m. The roll was called and a quorum was established.

AGENDA ITEM ANE 2: APPROVAL OF THE FEBRUARY 23, 2017 ANESTHESIA COMMITTEE MEETING MINUTES

M/S/C (Chan/Lai) to approve the February 23, 2017 Anesthesia Committee Meeting minutes.

Aye: Morrow, Burton, Chan, Lai, Le; Abstain: Whitcher, McKenzie

The motion to approve minutes with minor changes was passed.

AGENDA ITEM ANE 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)

Dr. Whitcher reported effective January 1, 2017, that 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 such time regulations can be promulgated. Board staff has drafted a "courtesy" reporting form that could be used until such time.

Dr. Morrow, Chair, and other Board members provided suggestions to make the "courtesy" form user friendly and clear. There was a discussion regarding if the responsible person needs to file within the required seven days of death or within seven days of discovery of death related to sedation. Dr. Whitcher stated that it would be within seven days of discovery. Michael Santiago, Legal Counsel, suggested removing

the certification clause because at this time the form is only recommended and not required until regulations are adopted.

Public Comment:

Ms. Briana Pittman, California Dental Association, asked for clarification of who would be responsible for completing form and when it would be used. Dr. Witcher did clarify that when a form is received the records are requested so more information would be provided by information in records. Also once regulations are developed there will be further clarity as to information required.

AGENDA ITEM ANE 4: GENERAL ANESTHESIA AND CONSCIOUS SEDATION EVALUATION STATISTICS

Dr. Morrow provided a summary of the statistics that was included in the meeting materials. It was shared that there is a great need for additional conscious/moderate sedation evaluators throughout California and the Board is actively recruiting for its evaluation program.

Dr. Witcher noted Medical General Anesthesia evaluations are much lower because it is hard to get medical evaluators due to requirements.

AGENDA ITEM ANE 5: DISCUSSION AND POSSIBLE ACTION ON THE FOLLOWING LEGISLATION

Ms. Burton, Chair of the Legislative/Regulatory Committee, recommended taking no action on the bills. Ms. Wallace stated if all three of these bills were to pass; it would require the Board staff to complete four additional reports. Ms. Wallace stated that December 2016 recommendation, that was included in the release of the Pediatric Anesthesia Report, was to study the possible effects of changes to requirement of General Anesthesia and Conscious Sedation before implementing changes. Ms. Wallace feels there is an opportunity to write a letter to author asking how some of the provisions would be implemented.

A. AB 224 (Thurmond) Dentistry: Anesthesia and Sedation

Ms. Wallace stated the author took recommendations from December 2016 meeting and is implementing them into statute. Chair Burton summarized and stated a letter will be sent to author to ask for clarification on the three issue. Staff is concerned that there is three issues that need to be addressed : 1) The timeline of these reports, 2) Clarification on how these bills are to be implemented, 3) BreEZE modification are estimated to take 2-3 years before implementation.

Public Comment:

Dr. Alan Felsenfeld, California Dental Association, stated it is opposed to this bill due to it not being evidence based and it feels there could be an access to care issue because of the requirement to have two additional persons in room.

Gary Cooper, California Association of Oral and Maxillofacial Surgeons (CaAOMS), is opposed to this bill. They want legislation that is based on a valid study regarding

how adding another anesthesia assistant in the room improves patient safety and how adding more training requirements affects access to care.

Dr. Larry Moore, CalAOMS, expressed opposition unless the bill is heavily amended. It feels there is confusion in the language and the level of training for a dental assistant to monitor patients under the age of 7. This bill requires dentists to have completed at least 52 cases to establish competency for children under the age of 7; therefore, creating a crisis to access to care.

Ms. Karen Carp, California Association of Nurse Anesthetists, expressed opposition unless amended. They are concerned with the requirement that CRNAs will be required to be a supervised.

Mr. Michael Mashni, California Society of Dentist Anesthesiologists (CSDA), stated it is opposed to this bill. CSDA does not feel that a Dental Sedation Assistant is qualified to fulfill the requirement to have two persons in the room for patients between the ages of 7 to 13 even if they were trained in advanced life support for pediatrics. CSDA feels that advanced life support does not qualify for someone to deal with emergency anesthesia or sedation situations. Also they feel having three persons in the room for children under the age of 7 gives no more security and only adds to operating cost and will cause some access to care issues.

Dr. Paula Whiteman, American Academy of Pediatrics (AAP), stated it is opposed to this bill. AAP appreciates for children under the age of 7 that the Board's recommendation is for there to be a dedicated patient monitor.

Laura Purcell, California Society of Periodontist, stated it's opposed to the bill as currently written.

A. SB 392 (Bates)

Ms. Wallace stated this bill is introducing a new responsibility for the Board. It requires the Board to create by January 2019 a Pediatric Life Support and Airway Management course to the AAP/AAPD guidelines or guidelines developed by the dental board to protect the public, consistent with GC1601.2. This requirement would have to be addressed in regulation and the regulation process takes 18-24 months at minimum. Having a course by January 2019 would not be feasible in accordance with the regulation process. Staff is seeking further clarification to the purpose of the course.

Public Comment:

Mr. Jeffrey Elo, President of CalAOMS, stated it appreciates the Board's recommendation to complete analysis of any policy changes as related to access to care before it is enacted. Policy changes must be evidence-based.

Dr. Alan Felsenfeld, CDA, is in support of this bill. It supports creating one or more courses that address Pediatric Life Support, Airway Management and Emergency Responses to Anesthetics Problems. It also feels the Board should be setting criteria and monitoring these courses, but not necessarily developing the course.

Dr. Larry Moore, CalAOMS, it is in support of this bill. They agree that the Anesthesia Team model is the correct model.

- B. SB 501 (Glazer) Dentistry: Anesthesia and Sedation: Report
Ms. Wallace stated that SB 501 again same issues as AB 224 regarding implementation of permits and the timeframe for filing the report.

Public Comment:

Dr. Larry Moore, CalAOMS, stated it is in support of this bill. The bill eliminates the archaic language and replaces with language suggested by the American Society of Anesthesiologist. The level of Anesthesia is important, including the number of persons and the education of those persons who will be providing the care.

Dr. Alan Felsenfeld, CDA, is in support of this bill. This bill is grounded in increasing the standard for training and ensure competency of those who will be administering anesthesia to those most vulnerable, children.

Mr. Michael Mashni, CSDA , is opposed to this bill. It does not feel Dental Assistant are qualified to meet additional person requirement.

Dr. Paula Whiteman, AAP, is opposed to this bill. It does not feel Dental Assistant is qualified to be second anesthesia provider.

AGENDA ITEM ANE 6: DISCUSSION AND POSSIBLE ACTION REGARDING PROPOSED LEGISLATIVE LANGUAGE SUBMITTED BY CALIFORNIA ASSOCIATION OF NURSE ANESTHETISTS (CANA)

CANA is asking the Board for support to enable CRNAs the ability to get GA permits.

Ms. Burton expressed a concern that part of GA permit is onsite inspection and if CRNAs go to different dental offices how would they conduct site visits.

No action was taken.

AGENDA ITEM ANE 7: PUBLIC COMMENT ON ITEMS NOT ON THE AGENDA

No public comment received on items not on agenda.

AGENDA ITEM ANE 8: FUTURE AGENDA ITEMS

No future agenda items submitted.

AGENDA ITEM ANE 9: COMMITTEE MEMBER COMMENTS ON ITEMS NOT ON THE AGENDA

No committee comments received for items not on the agenda.

AGENDA ITEM ANE 10: ADJOURNMENT

Meeting adjourned at 3:00 p.m.



MEMORANDUM

DATE	July 18, 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 3: 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
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
Mar 2017	15	1	1	2	3	4
April 2017	12	2	2	1	3	2
May 2017	14	1	4	1	1	2
June 2017	18	0	0	0	2	0
July 2017*	16	0	0	0	1	0
Aug 2017	16	0	0	0	1	0
Total	187	4	12	15	30	24

*Approximate schedule for July, and August 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
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
Mar 2017	9	0	0	0	1	1
April 2017	6	1	0	1	2	2
May 2017	5		1	1	1	1
June 2017	5	1	0	0	2	0
July 2017*	9	0	0	0	0	1
Aug 2017*	7	0	0	0	1	0
Total	69	10	10	12	23	16

*Approximate schedule for July and August 2017 as all results have not been received.

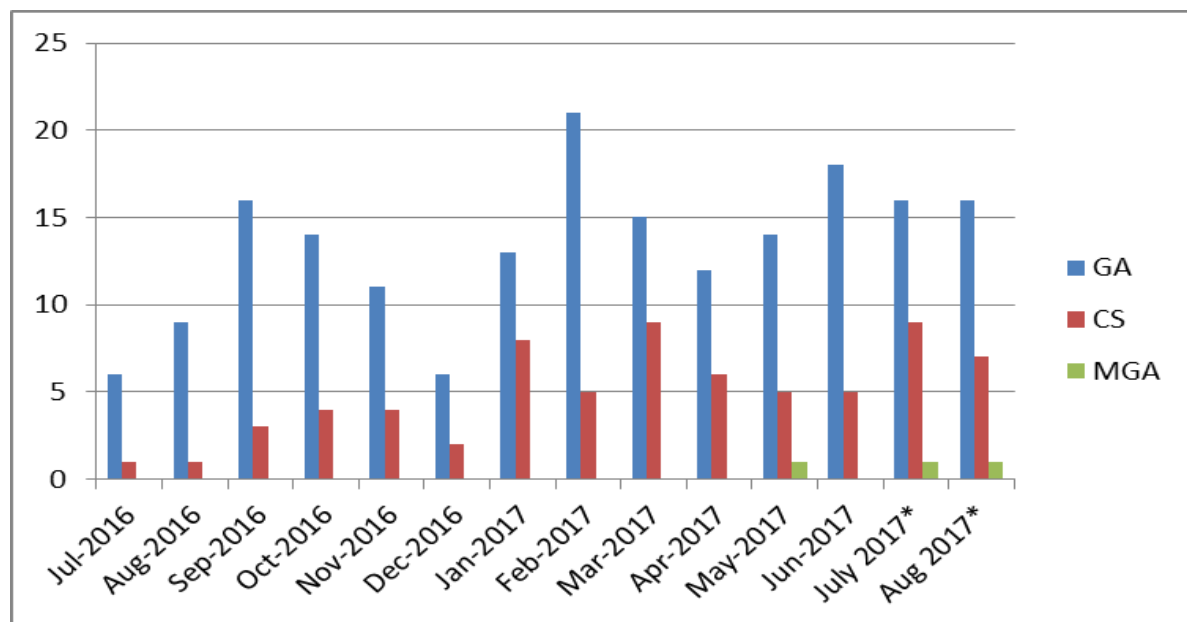
There is a great need for conscious sedation evaluators throughout California. Several evaluations have been postponed recently due to a lack of available evaluators. The Board is actively recruiting for the evaluation program.

Medical General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
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	0	0	0	1	0	1
May 2017	1	0	0	0	0	1
June 2017	0	0	0	1	0	0
July 2017*	1	0	0	0	0	0
Aug 2017*	1	0	0	0	0	0
Total	3	0	1	8	0	4

*Approximate schedule for July and August 2017 as all results have not been received.

Completed evaluations per month



Current Evaluators per Region

Region	GA	CS	MGA
Northern California	136	67	9
Southern California	168	92	10

Action Requested:

No action requested, informational only.

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
AUGUST 10 - AUGUST 11, 2017 BOARD MEETING**

BILL NUMBER: Assembly Bill 224

AUTHOR: Thurmond

SPONSOR: American Academy
of Pediatrics,
California

VERSION: Amended 05/30/2017

INTRODUCED: 01/26/2017

BILL STATUS: 07/10/2017 – In Senate Com.
On B., P. & E.D: Set, first
hearing. Testimony taken.
Further hearing to be set.

BILL LOCATION: Senate

SUBJECT: Dentistry: anesthesia and
sedation.

**RELATED
BILLS:** SB 392,
SB 501

SUMMARY

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, on or before January 1, 2019, would require the board to contract with a nonprofit research organization for the purpose of obtaining high-quality pediatric sedation and anesthesia-related data.

This bill, on and after January 1, 2019, would redefine general anesthesia for these purposes. The bill 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 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, 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 an operating dentist, an assistant, and a dedicated monitor, as defined, to be present during procedures on children under 7 years of age, and would require the dedicated monitor to have certain advanced life support and airway management training, as specified. The bill would make these provisions operative on January 1, 2019.

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” and, on and after January 1, 2020, would define “moderate sedation” as 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 under 7 years of age that there be at least 2 support staff persons in addition to the practicing dentist present at all times during the procedure, with one staff person member serving as a dedicated patient monitor. The bill would make these provisions operative on January 1, 2020.

This 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. The bill would make these provisions operative on January 1, 2020.

By placing new requirements on dentists and other practitioners, this bill would expand the scope of an existing crime for violations of the Dental Practice Act, and would, therefore, impose a state-mandated local program.

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

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

ANALYSIS

AB 224 has been withdrawn by the Author at the Senate Business, Professions and Economic Development.

REGISTERED SUPPORT/OPPOSITION

Support

American Academy of Pediatrics, California
California Society of Dentist Anesthesiologists
Happy Bear Surgery Center
Pediatric Dental Initiative Surgery Center
Several Individuals

Oppose

California Dental Association
California Association of Oral and Maxillofacial Surgeons

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ **OPPOSE:**_____ **NEUTRAL:**_____ **WATCH:**_____

AMENDED IN ASSEMBLY MAY 30, 2017
AMENDED IN ASSEMBLY MAY 17, 2017
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, 1647.7, 1647.11, 1647.12, 1647.19, 1682, 1724, and 1750.5 of, to amend the heading of Article 2.7 (commencing with Section 1646) and Article 2.8 (commencing with Section 1647) 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, on or before January 1, 2019, would require the board to contract with a nonprofit research organization for the purpose of obtaining high-quality pediatric sedation and anesthesia-related data.

~~This bill~~ *bill, on and after January 1, 2019, would redefine general anesthesia for these purposes and additionally purposes. The bill 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~~ 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, 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 an operating dentist, an assistant, and a dedicated monitor, as defined, to be present during procedures on children under 7 years of age, and would require the dedicated monitor to have certain advanced life support and airway management training, as specified. *The bill would make these provisions operative on January 1, 2019.*

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 sedation~~ *and, on and after January 1, 2020, would define “moderate sedation” as 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 under 7 years of age that there be at least 2 support staff persons in addition to the practicing dentist present at all times during the procedure, with one staff person member serving as a dedicated patient monitor. *The bill would make these provisions operative on January 1, 2020.*

~~The~~

This 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 bill would make these provisions operative on January 1, 2020.*

By placing new requirements on dentists and other practitioners, this bill would expand the scope of an existing crime for violations of the Dental Practice Act, ~~the bill would~~ and would, therefore, 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 data about outcomes and complications related to
6 pediatric dental sedation and anesthesia. It is the intent of this
7 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

1 airway, and spontaneous ventilation may be inadequate.
2 Cardiovascular function is usually maintained.

3 (b) (1) (A) “General anesthesia” ~~means as used in this article,~~
4 *means a controlled state of depressed consciousness or*
5 *unconsciousness, accompanied by partial or complete loss of*
6 *protective reflexes, produced by a pharmacologic or*
7 *nonpharmacologic method, or a combination thereof.*

8 (B) *This paragraph shall become inoperative on January 1,*
9 *2019.*

10 (2) *On and after January 1, 2019, “general anesthesia” means*
11 *a drug-induced loss of consciousness during which patients are*
12 *not arousable, even by painful stimulation. The ability to*
13 *independently maintain ventilatory function is often impaired.*
14 *Patients often require assistance in maintaining a patent airway,*
15 *and positive pressure ventilation may be required because of*
16 *depressed spontaneous ventilation or drug-induced depression of*
17 *neuromuscular function. Cardiovascular function may be impaired.*

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

20 1646.1. (a) A dentist shall not administer or order the
21 administration of deep sedation or general anesthesia on an
22 outpatient basis for dental patients unless the dentist either
23 possesses a current license in good standing to practice dentistry
24 in this state and holds a valid general anesthesia permit issued by
25 the board or possesses a current permit under Section 1638 or 1640
26 and holds a valid general anesthesia permit issued by the board.

27 (b) ~~A—~~*On and after January 1, 2019, a dentist shall not*
28 *administer or order the administration of deep sedation or general*
29 *anesthesia to patients under 13 years of age unless that dentist*
30 *holds a pediatric endorsement for the general anesthesia permit,*
31 *as required by the board, allowing the administration of deep*
32 *sedation or general anesthesia for patients 12 years of age or*
33 *younger.*

34 (c) A dentist shall not order the administration of general
35 anesthesia unless the dentist is physically within the dental office
36 at the time of the administration.

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

1 (e) ~~The~~ *On and after January 1, 2019, a dentist shall have*
 2 *completed a Commission on Dental Accreditation (CODA)*
 3 *accredited or equivalent residency training program that provides*
 4 *competency in the administration of deep sedation and general*
 5 *anesthesia in order to be eligible to perform deep sedation or*
 6 *general anesthesia on children under 13 years of age.* ~~For~~ *On and*
 7 *after January 1, 2019, for patients under seven years of age, the*
 8 *applicant shall provide proof of completion of at least 52 20 cases*
 9 *to establish competency, both at the time of initial application and*
 10 *at renewal.*

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

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

15 1646.2. (a) A dentist who desires to administer or order the
 16 ~~administration of deep sedation or general anesthesia~~ *anesthesia,*
 17 *or, on and after January 1, 2019, to administer or order the*
 18 *administration of deep sedation or general anesthesia, shall apply*
 19 *to the board on an application form prescribed by the board. The*
 20 ~~dentist must~~ *shall* submit an application fee and produce evidence
 21 showing that he or she has successfully completed a minimum of
 22 one year of advanced training in anesthesiology and related
 23 academic subjects approved by the board, or equivalent training
 24 or experience approved by the board, beyond the undergraduate
 25 school level.

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

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

30 1646.3. (a) ~~A physical evaluation and medical history shall~~
 31 ~~be taken before the administration of deep sedation or general~~
 32 ~~anesthesia.~~ *Any (1) Any dentist holding a permit shall maintain*
 33 *medical history, physical evaluation, and deep sedation and general*
 34 *anesthesia records as required by board regulations.*

35 (2) *On and after January 1, 2019, a physical evaluation and*
 36 *medical history shall be taken before the administration of deep*
 37 *sedation or general anesthesia. On and after January 1, 2019, any*
 38 *dentist holding a permit shall, in addition to the requirements in*
 39 *paragraph (1), maintain deep sedation records as required by*
 40 *board regulations.*

1 (b) ~~For~~ *On and after January 1, 2019, for patients 7 to 13 years*
2 *of age, inclusive, the dentist and at least two support staff shall be*
3 *present, unless there is a dedicated general anesthesia provider*
4 *present.* ~~The~~ *On and after January 1, 2019, the dentist and at least*
5 *one support staff member shall be trained in Pediatric Advanced*
6 *Life Support (PALS) and airway management, equivalent to the*
7 *American Academy of Pediatrics and American Academy of*
8 *Pediatric Dentistry (AAP-AAPD) Guidelines or as determined by*
9 *the board.* ~~That~~ *On and after January 1, 2019, that staff member*
10 *shall be dedicated to monitoring the patient throughout the*
11 *procedure.*

12 (c) ~~For~~ *On and after January 1, 2019, for children under seven*
13 *years of age, there shall be present during the procedure all of the*
14 *following:*

15 (1) An operating dentist.

16 (2) An assistant.

17 (3) A dedicated monitor. For purposes of this paragraph,
18 “dedicated monitor” means a person licensed under Division 2 of
19 this code whose license authorizes the person to monitor the
20 patient’s airway through recovery. The dedicated monitor shall be
21 trained in PALS and airway management, equivalent to the
22 AAP-AAPD Guidelines or as determined by the board.

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

25 1646.4. (a) (1) Prior to the issuance or renewal of a permit
26 for the use of ~~deep sedation or~~ general anesthesia, the board may,
27 at its discretion, require an onsite inspection and evaluation of the
28 licentiate and the facility, equipment, personnel, and procedures
29 utilized by the licentiate. *This subdivision shall not be construed*
30 *to require, as a condition of issuance or renewal of a permit, an*
31 *onsite inspection and evaluation by the board.* The permit of any
32 dentist who has failed an onsite inspection and evaluation shall be
33 automatically suspended 30 days after the date on which the board
34 notifies the dentist of the failure, unless within that time period
35 the dentist has retaken and passed an onsite inspection and
36 evaluation. Every dentist issued a permit under this article shall
37 have an onsite inspection and evaluation at least once every five
38 years. Refusal to submit to an inspection shall result in automatic
39 denial or revocation of the permit.

1 (2) *On and after January 1, 2019, paragraph (1) shall also*
 2 *apply to the issuance or renewal of a permit for the use of deep*
 3 *sedation.*

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

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

11 1646.5. (a) (1) A permittee shall be required to complete 24
 12 hours of approved courses of study related to ~~deep sedation or~~
 13 general anesthesia as a condition of renewal of a permit. Those
 14 courses of study shall be credited toward any continuing education
 15 required by the board pursuant to Section 1645.

16 (2) *This subdivision shall become inoperative on January 1,*
 17 *2019.*

18 (b) *On and after January 1, 2019, a permittee shall be required*
 19 *to complete 24 hours of approved courses of study related to deep*
 20 *sedation or general anesthesia as a condition of renewal of a*
 21 *permit. On and after January 1, 2019, those courses of study shall*
 22 *be credited toward any continuing education required by the board*
 23 *pursuant to Section 1645.*

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

26 1646.8. Nothing in this chapter shall be construed to authorize
 27 a dentist to administer or directly supervise the administration of
 28 general anesthesia or deep sedation for reasons other than dental
 29 treatment, as defined in Section 1625.

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

32 1646.9. (a) (1) Notwithstanding any other law, including, but
 33 not limited to, Section 1646.1, a physician and surgeon licensed
 34 pursuant to Chapter 5 (commencing with Section 2000) may
 35 administer ~~deep sedation or~~ general anesthesia in the office of a
 36 licensed dentist for dental patients, without regard to whether the
 37 dentist possesses a permit issued pursuant to this article, if both
 38 of the following conditions are met:

39 (†)

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

3 ~~(2)~~

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

7 (2) *This subdivision shall become inoperative on January 1,*
8 *2019.*

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

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

14 (B) Evidence satisfactory to the Medical Board of California
15 showing that the applicant has successfully completed a
16 postgraduate residency training program in anesthesiology that is
17 recognized by the American Council on Graduate Medical
18 Education, as set forth in Section 2079.

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

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

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

37 (3) The permit of a physician and surgeon who has failed an
38 onsite inspection and evaluation shall be automatically suspended
39 30 days after the date on which the board notifies the physician
40 and surgeon of the failure unless within that time period the

1 physician and surgeon has retaken and passed an onsite inspection
2 and evaluation. Every physician and surgeon issued a permit under
3 this article shall have an onsite inspection and evaluation at least
4 once every six years. Refusal to submit to an inspection shall result
5 in automatic denial or revocation of the permit.

6 *(4) This subdivision shall become inoperative on January 1,*
7 *2019.*

8 *(c) On and after January 1, 2019, notwithstanding any other*
9 *law, including, but not limited to, Section 1646.1, a physician and*
10 *surgeon licensed pursuant to Chapter 5 (commencing with Section*
11 *2000) may administer deep sedation or general anesthesia in the*
12 *office of a licensed dentist for dental patients, without regard to*
13 *whether the dentist possesses a permit issued pursuant to this*
14 *article, if both of the following conditions are met:*

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

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

20 *(d) (1) On and after January 1, 2019, a physician and surgeon*
21 *who desires to administer deep sedation or general anesthesia as*
22 *set forth in subdivision (c) shall apply to the Dental Board of*
23 *California on an application form prescribed by the board and*
24 *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*
29 *is 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) On and after January 1, 2019, prior to issuance or renewal*
38 *of a permit pursuant to this section, the Dental Board of California*
39 *may, at its discretion, require an onsite inspection and evaluation*
40 *of the facility, equipment, personnel, including, but not limited to,*

1 *the physician and surgeon, and procedures utilized. This*
2 *subdivision shall not be construed to require, as a condition of*
3 *issuance or renewal of a permit, an onsite inspection and*
4 *evaluation by the board. On and after January 1, 2019, at least*
5 *one of the persons evaluating the procedures utilized by the*
6 *physician and surgeon shall be a licensed physician and surgeon*
7 *expert in outpatient deep sedation or general anesthesia who has*
8 *been authorized or retained under contract by the Dental Board*
9 *of California for this purpose.*

10 (3) *On and after January 1, 2019, the permit of a physician and*
11 *surgeon who has failed an onsite inspection and evaluation shall*
12 *be automatically suspended 30 days after the date on which the*
13 *board notifies the physician and surgeon of the failure unless*
14 *within that time period the physician and surgeon has retaken and*
15 *passed an onsite inspection and evaluation. On and after January*
16 *1, 2019, every physician and surgeon issued a permit under this*
17 *article shall have an onsite inspection and evaluation at least once*
18 *every six years. Refusal to submit to an inspection shall result in*
19 *automatic denial or revocation of the permit.*

20 SEC. 11. The heading of Article 2.8 (commencing with Section
21 1647) of Chapter 4 of Division 2 of the Business and Professions
22 Code is amended to read:

23
24
25

Article 2.8. Use of Moderate Sedation

26 SEC. 12. Section 1647 of the Business and Professions Code
27 is amended to read:

28 1647. (a) The Legislature finds and declares that a
29 commendable patient safety record has been maintained in the past
30 by dentists and those other qualified providers of anesthesia
31 services who, pursuant to a dentist's authorization, administer
32 patient sedation, and that the increasing number of pharmaceuticals
33 and techniques used to administer them for patient sedation require
34 additional regulation to maintain patient safety in the future.

35 (b) The Legislature further finds and declares all of the
36 following:

37 (1) That previous laws enacted in 1980 contained separate and
38 distinct definitions for general anesthesia and the state of
39 consciousness.

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

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

7 (4) That in most instances, the level of sedation will result in a
8 predictable level of consciousness during the entire time of
9 sedation.

10 (c) The Legislature further finds and declares that the
11 educational standards presently required for deep sedation and
12 general anesthesia should be required when the degree of sedation
13 in the continuum of sedation is such that there is a reasonable
14 possibility that loss of consciousness may result, even if
15 unintended. However, achieving the degree of moderate sedation,
16 previously referred to as “conscious sedation,” where a margin of
17 safety exists wide enough to render unintended loss of
18 consciousness unlikely, requires educational standards appropriate
19 to the administration of the resulting predictable level of
20 consciousness.

21 SEC. 13. Section 1647.1 of the Business and Professions Code
22 is amended to read:

23 1647.1. (a) (1) (A) As used in this article, “moderate sedation”
24 means a ~~drug-induced~~ *minimally depressed level of consciousness*
25 *produced by a pharmacologic or nonpharmacologic method, or*
26 *a combination thereof, that retains the patient’s ability to maintain*
27 *independently and continuously an airway, and respond*
28 *appropriately to physical stimulation or verbal command.*

29 (B) “Moderate sedation” does not include the administration
30 of oral medications or the administration of a mixture of nitrous
31 oxide and oxygen, whether administered alone or in combination
32 with each other.

33 (C) This paragraph shall become inoperative on January 1,
34 2020.

35 (2) On and after January 1, 2020, as used in this article,
36 “moderate sedation” means a drug-induced depression of
37 consciousness during which a patient responds purposefully to
38 verbal commands, either alone or accompanied by light tactile
39 stimulation, no interventions are required to maintain a patient’s

1 airway, spontaneous ventilation is adequate, and cardiovascular
2 function is usually maintained.

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

8 (c) For the very young or patients with intellectual disabilities,
9 incapable of the usually expected verbal response, a minimally
10 depressed level of consciousness for that individual should be
11 maintained.

12 SEC. 14. Section 1647.2 of the Business and Professions Code
13 is amended to read:

14 1647.2. (a) A dentist shall not administer or order the
15 administration of moderate sedation on an outpatient basis for a
16 dental patient unless one of the following conditions is met:

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

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

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

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

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

33 SEC. 15. Section 1647.3 of the Business and Professions Code
34 is amended to read:

35 1647.3. (a) A dentist who desires to administer or to order the
36 administration of moderate sedation shall apply to the board on
37 an application form prescribed by the board. The dentist shall
38 submit an application fee and produce evidence showing that he
39 or she has successfully completed training in moderate sedation

1 that meets the requirements of subdivision ~~(e)~~: (c) or (d), as
 2 applicable.

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

5 (c) (1) Training in the administration of moderate sedation for
 6 ~~patients 13 years of age or older~~ shall be acceptable if it meets all
 7 of the following as approved by the board:

8 ~~(1)~~

9 (A) Consists of at least 60 hours of instruction.

10 ~~(2)~~

11 (B) Requires satisfactory completion of at least 20 cases of
 12 administration of moderate sedation for a variety of dental
 13 procedures.

14 ~~(3)~~

15 (C) Complies with the requirements of the Guidelines for
 16 Teaching Pain Control and Sedation to Dentists and Dental
 17 Students of the American Dental Association, including, but not
 18 limited to, certification of competence in rescuing patients from a
 19 deeper level of sedation than intended, and managing the airway,
 20 intravascular or intraosseous access, and reversal medications: *the*
 21 *Comprehensive Control of Anxiety and Pain in Dentistry of the*
 22 *American Dental Association.*

23 (2) *This subdivision shall become inoperative on January 1,*
 24 *2020.*

25 (d) *On and after January 1, 2020, training in the administration*
 26 *of moderate sedation for patients 13 years of age or older shall*
 27 *be acceptable if it meets all of the following as approved by the*
 28 *board:*

29 (1) *Consists of at least 60 hours of instruction.*

30 (2) *Requires satisfactory completion of at least 20 cases of*
 31 *administration of moderate sedation for a variety of dental*
 32 *procedures.*

33 (3) *Complies with the requirements of the Guidelines for*
 34 *Teaching Pain Control and Sedation to Dentists and Dental*
 35 *Students of the American Dental Association, including, but not*
 36 *limited to, certification of competence in rescuing patients from a*
 37 *deeper level of sedation than intended, and managing the airway,*
 38 *intravascular or intraosseous access, and reversal medications.*

39 ~~(d) Before~~

1 (e) *On and after January 1, 2020, before performing any*
2 *procedure involving moderate sedation of a patient under 13 years*
3 *of age, the dentist shall obtain a pediatric endorsement of his or*
4 *her moderate sedation permit. ~~To~~ *On and after January 1, 2020,*
5 *to be eligible for the pediatric moderate sedation permit, the dentist*
6 *shall have completed any of the following:**

7 (1) A moderate sedation course consisting of at least 60 hours
8 of didactic instruction and at least 20 clinical cases, as described
9 in subdivision ~~(e)~~, (d), but that is directed at treating pediatric
10 patients under 13 years of age.

11 (2) A moderate sedation course, as described in subdivision ~~(e)~~,
12 (d), that is directed at treating patients 13 years of age or older, in
13 addition to at least 24 hours of didactic instruction in pediatric
14 moderate sedation and at least 10 clinical cases in pediatric
15 moderate sedation.

16 (3) A moderate sedation course that is directed at treating
17 patients 13 years of age or older, as described in subdivision ~~(e)~~,
18 (d), in addition to completion of an accredited pediatric dental
19 residency program. The pediatric moderate sedation permit holder
20 shall provide proof of completion of at least ~~52~~ 20 cases to establish
21 competency, both at the time of the initial application and at
22 renewal.

23 ~~(e) The~~

24 (f) *On and after January 1, 2020, the dentist and at least one*
25 *member of the support staff shall be trained in Pediatric Advanced*
26 *Life Support (PALS) and airway management, equivalent to the*
27 *American Academy of Pediatrics and the American Academy of*
28 *Pediatric Dentistry (AAP-AAPD) Guidelines, or as determined by*
29 *the board.*

30 ~~(f) For~~

31 (g) *On and after January 1, 2020, for a child under seven years*
32 *of age, there shall be at least two support staff persons, in addition*
33 *to the practicing dentist, present at all times during the procedure.*
34 ~~One~~ *On and after January 1, 2020, one staff member shall serve*
35 *as a dedicated patient monitor.*

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

38 1647.5. A permittee shall be required to complete 15 hours of
39 approved courses of study related to moderate sedation as a
40 condition of renewal of a permit. Those courses of study shall be

1 credited toward any continuing education required by the board
2 pursuant to Section 1645.

3 SEC. 17. Section 1647.6 of the Business and Professions Code
4 is amended to read:

5 1647.6. A physical evaluation and medical history shall be
6 taken before the administration of moderate sedation. Any dentist
7 holding a permit shall maintain records of the physical evaluation,
8 medical history, and moderate sedation procedures used as required
9 by board regulations.

10 SEC. 18. Section 1647.7 of the Business and Professions Code
11 is amended to read:

12 1647.7. (a) Prior to the issuance or renewal of a permit to
13 administer moderate sedation, the board may, at its discretion,
14 require an onsite inspection and evaluation of the licentiate and
15 the facility, equipment, personnel, and procedures utilized by the
16 licentiate. *This subdivision shall not be construed to require, as a*
17 *condition of issuance or renewal of a permit, an onsite inspection*
18 *and evaluation by the board.* The permit of any dentist who has
19 failed an onsite inspection and evaluation shall be automatically
20 suspended 30 days after the date on which the board notifies the
21 dentist of the failure unless, within that time period, the dentist
22 has retaken and passed an onsite inspection and evaluation. Every
23 dentist issued a permit under this article shall have an onsite
24 inspection and evaluation at least once in every six years. Refusal
25 to submit to an inspection shall result in automatic denial or
26 revocation of the permit.

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

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

37 SEC. 19. Section 1647.11 of the Business and Professions
38 Code is amended to read:

39 1647.11. (a) Notwithstanding subdivision (a) of Section
40 1647.2, a dentist may not administer oral conscious sedation on

1 an outpatient basis to a minor patient unless one of the following
2 conditions is met:

3 (1) The dentist possesses a current license in good standing to
4 practice dentistry in California and either holds a valid general
5 anesthesia permit, moderate sedation permit, or has been certified
6 by the board, pursuant to Section 1647.12, to administer oral
7 sedation to minor patients.

8 (2) The dentist possesses a current permit issued under Section
9 1638 or 1640 and either holds a valid general anesthesia permit,
10 moderate sedation permit, or possesses a certificate as a provider
11 of oral conscious sedation to minor patients in compliance with,
12 and pursuant to, this article.

13 (b) Certification as a provider of oral conscious sedation to
14 minor patients expires at the same time the license or permit of
15 the dentist expires unless renewed at the same time the dentist's
16 license or permit is renewed after its issuance, unless certification
17 is renewed as provided in this article.

18 (c) This article shall not apply to the administration of local
19 anesthesia or a mixture of nitrous oxide and oxygen or to the
20 administration, dispensing, or prescription of postoperative
21 medications.

22 SEC. 20. Section 1647.12 of the Business and Professions
23 Code is amended to read:

24 1647.12. A dentist who desires to administer, or order the
25 administration of, oral conscious sedation for minor patients, who
26 does not hold a general anesthesia permit, as provided in Sections
27 1646.1 and 1646.2, or a moderate sedation permit, as provided in
28 Sections 1647.2 and 1647.3, shall register his or her name with
29 the board on a board-prescribed registration form. The dentist shall
30 submit the registration fee and evidence showing that he or she
31 satisfies any of the following requirements:

32 (a) Satisfactory completion of a postgraduate program in oral
33 and maxillofacial surgery or pediatric dentistry approved by either
34 the Commission on Dental Accreditation or a comparable
35 organization approved by the board.

36 (b) Satisfactory completion of a periodontics or general practice
37 residency or other advanced education in a general dentistry
38 program approved by the board.

39 (c) Satisfactory completion of a board-approved educational
40 program on oral medications and sedation.

1 SEC. 21. Section 1647.19 of the Business and Professions
2 Code is amended to read:

3 1647.19. (a) Notwithstanding subdivision (a) of Section
4 1647.2, a dentist may not administer oral conscious sedation on
5 an outpatient basis to an adult patient unless the dentist possesses
6 a current license in good standing to practice dentistry in California,
7 and one of the following conditions is met:

8 (1) The dentist holds a valid general anesthesia permit, holds a
9 moderate sedation permit, has been certified by the board, pursuant
10 to Section 1647.20, to administer oral sedation to adult patients,
11 or has been certified by the board, pursuant to Section 1647.12, to
12 administer oral conscious sedation to minor patients.

13 (2) The dentist possesses a current permit issued under Section
14 1638 or 1640 and either holds a valid general anesthesia permit,
15 or moderate sedation permit, or possesses a certificate as a provider
16 of oral conscious sedation to adult patients in compliance with,
17 and pursuant to, this article.

18 (b) Certification as a provider of oral conscious sedation to adult
19 patients expires at the same time the license or permit of the dentist
20 expires unless renewed at the same time the dentist's license or
21 permit is renewed after its issuance, unless certification is renewed
22 as provided in this article.

23 (c) This article shall not apply to the administration of local
24 anesthesia or a mixture of nitrous oxide and oxygen, or to the
25 administration, dispensing, or prescription of postoperative
26 medications.

27 SEC. 22. Article 2.87 (commencing with Section 1647.30) is
28 added to Chapter 4 of Division 2 of the Business and Professions
29 Code, to read:

30

31 Article 2.87. Use of Pediatric Minimal Sedation

32

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

38 (b) The drugs and techniques used in minimal sedation shall
39 have a margin of safety wide enough to render unintended loss of
40 consciousness unlikely. Further, patients whose only response is

1 reflex withdrawal from painful stimuli shall not be considered to
2 be in a state of minimal sedation.

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

6 1647.31. (a) A dentist shall not administer or order the
7 administration of minimal sedation on an outpatient basis for
8 pediatric dental patients, defined as under 13 years of age, unless
9 one of the following conditions is met:

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

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

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

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

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

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

31 (c) Training in the administration of minimal sedation shall be
32 acceptable if it meets both of the following as approved by the
33 board:

34 (1) Consists of at least 24 hours of pediatric sedation instruction
35 in addition to one clinical case. The pediatric sedation instruction
36 shall include training in airway management and patient rescue
37 from moderate sedation.

38 (2) Includes completion of an accredited residency in pediatric
39 dentistry.

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

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

7 1647.33. (a) The application fee for a pediatric minimal
 8 sedation permit or renewal under this article shall not exceed the
 9 amount prescribed in Section 1724.

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

14 1647.34. A violation of any provision of this article constitutes
 15 unprofessional conduct and is grounds for the revocation or
 16 suspension of the dentist’s permit or license, or both, or the dentist
 17 may be reprimanded or placed on probation. The proceedings
 18 under this section shall be conducted in accordance with Chapter
 19 5 (commencing with Section 11500) of Part 1 of Division 3 of
 20 Title 2 of the Government Code, and the board shall have all the
 21 powers granted therein.

22 1647.35. *This article shall become operative on January 1,*
 23 *2020.*

24 SEC. 23. Section 1682 of the Business and Professions Code
 25 is amended to read:

26 1682. In addition to other acts constituting unprofessional
 27 conduct under this chapter, it is unprofessional conduct for:

28 (a) Any dentist performing dental procedures to have more than
 29 one patient undergoing moderate sedation or general anesthesia
 30 on an outpatient basis at any given time unless each patient is being
 31 continuously monitored on a one-to-one ratio while sedated by
 32 either the dentist or another licensed health professional authorized
 33 by law to administer moderate sedation or general anesthesia.

34 (b) Any dentist with patients recovering from moderate sedation
 35 or general anesthesia to fail to have the patients closely monitored
 36 by licensed health professionals experienced in the care and
 37 resuscitation of patients recovering from moderate sedation or
 38 general anesthesia. If one licensed professional is responsible for
 39 the recovery care of more than one patient at a time, all of the
 40 patients shall be physically in the same room to allow continuous

1 visual contact with all patients and the patient to recovery staff
2 ratio should not exceed three to one.

3 (c) Any dentist with patients who are undergoing moderate
4 sedation to fail to have these patients continuously monitored
5 during the dental procedure with a pulse oximeter or similar or
6 superior monitoring equipment required by the board.

7 (d) Any dentist with patients who are undergoing moderate
8 sedation to have dental office personnel directly involved with the
9 care of those patients who are not certified in basic cardiac life
10 support (CPR) and recertified biennially.

11 (e) (1) Any dentist to fail to obtain the written informed consent
12 of a patient prior to administering general anesthesia or moderate
13 sedation. In the case of a minor, the consent shall be obtained from
14 the child's parent or guardian.

15 (2) The written informed consent, in the case of a minor, shall
16 include, but not be limited to, the following information:

17 "The administration and monitoring of general anesthesia may
18 vary depending on the type of procedure, the type of practitioner,
19 the age and health of the patient, and the setting in which anesthesia
20 is provided. Risks may vary with each specific situation. You are
21 encouraged to explore all the options available for your child's
22 anesthesia for his or her dental treatment, and consult with your
23 dentist or pediatrician as needed."

24 (3) Nothing in this subdivision shall be construed to establish
25 the reasonable standard of care for administering or monitoring
26 oral conscious sedation, moderate sedation, or general anesthesia.

27 SEC. 24. Section 1724 of the Business and Professions Code
28 is amended to read:

29 1724. The amount of charges and fees for dentists licensed
30 pursuant to this chapter shall be established by the board as is
31 necessary for the purpose of carrying out the responsibilities
32 required by this chapter as it relates to dentists, subject to the
33 following limitations:

34 (a) The fee for an application for licensure qualifying pursuant
35 to paragraph (1) of subdivision (c) of Section 1632 shall not exceed
36 one thousand five hundred dollars (\$1,500). The fee for an
37 application for licensure qualifying pursuant to paragraph (2) of
38 subdivision (c) of Section 1632 shall not exceed one thousand
39 dollars (\$1,000).

- 1 (b) The fee for an application for licensure qualifying pursuant
2 to Section 1634.1 shall not exceed one thousand dollars (\$1,000).
- 3 (c) The fee for an application for licensure qualifying pursuant
4 to Section 1635.5 shall not exceed one thousand dollars (\$1,000).
- 5 (d) The fee for an initial license and for the renewal of a license
6 is five hundred twenty-five dollars (\$525). On and after January
7 1, 2016, the fee for an initial license shall not exceed six hundred
8 fifty dollars (\$650), and the fee for the renewal of a license shall
9 not exceed six hundred fifty dollars (\$650). On and after January
10 1, 2018, the fee for an initial license shall not exceed eight hundred
11 dollars (\$800), and the fee for the renewal of a license shall not
12 exceed eight hundred dollars (\$800).
- 13 (e) The fee for an application for a special permit shall not
14 exceed one thousand dollars (\$1,000), and the renewal fee for a
15 special permit shall not exceed six hundred dollars (\$600).
- 16 (f) The delinquency fee shall be 50 percent of the renewal fee
17 for such a license or permit in effect on the date of the renewal of
18 the license or permit.
- 19 (g) The penalty for late registration of change of place of
20 practice shall not exceed seventy-five dollars (\$75).
- 21 (h) The fee for an application for an additional office permit
22 shall not exceed seven hundred fifty dollars (\$750), and the fee
23 for the renewal of an additional office permit shall not exceed three
24 hundred seventy-five dollars (\$375).
- 25 (i) The fee for issuance of a replacement pocket license,
26 replacement wall certificate, or replacement engraved certificate
27 shall not exceed one hundred twenty-five dollars (\$125).
- 28 (j) The fee for a provider of continuing education shall not
29 exceed five hundred dollars (\$500) per year.
- 30 (k) The fee for application for a referral service permit and for
31 renewal of that permit shall not exceed twenty-five dollars (\$25).
- 32 (l) The fee for application for an extramural facility permit and
33 for the renewal of a permit shall not exceed twenty-five dollars
34 (\$25).
- 35 (m) The fee for an application for an elective facial cosmetic
36 surgery permit shall not exceed four thousand dollars (\$4,000),
37 and the fee for the renewal of an elective facial cosmetic surgery
38 permit shall not exceed eight hundred dollars (\$800).
- 39 (n) The fee for an application for an oral and maxillofacial
40 surgery permit shall not exceed one thousand dollars (\$1,000), and

1 the fee for the renewal of an oral and maxillofacial surgery permit
2 shall not exceed one thousand two hundred dollars (\$1,200).

3 (o) The fee for an application for a general anesthesia permit
4 shall not exceed one thousand dollars (\$1,000), and the fee for the
5 renewal of a general anesthesia permit shall not exceed six hundred
6 dollars (\$600).

7 (p) The fee for an onsite inspection and evaluation related to a
8 general anesthesia or conscious sedation permit shall not exceed
9 four thousand five hundred dollars (\$4,500).

10 (q) The fee for an application for a moderate sedation permit
11 shall not exceed one thousand dollars (\$1,000), and the fee for the
12 renewal of a moderate sedation permit shall not exceed six hundred
13 dollars (\$600).

14 (r) The fee for an application for an oral conscious sedation
15 permit shall not exceed one thousand dollars (\$1,000), and the fee
16 for the renewal of an oral conscious sedation permit shall not
17 exceed six hundred dollars (\$600).

18 (s) The fee for a certification of licensure shall not exceed one
19 hundred twenty-five dollars (\$125).

20 (t) The fee for an application for the law and ethics examination
21 shall not exceed two hundred fifty dollars (\$250).

22 The board shall report to the appropriate fiscal committees of
23 each house of the Legislature whenever the board increases any
24 fee pursuant to this section and shall specify the rationale and
25 justification for that increase.

26 SEC. 25. Section 1750.5 of the Business and Professions Code
27 is amended to read:

28 1750.5. A person holding a dental sedation assistant permit
29 pursuant to Section 1750.4 may perform the following duties under
30 the direct supervision of a licensed dentist or other licensed health
31 care professional authorized to administer conscious sedation or
32 general anesthesia in the dental office:

33 (a) All duties that a dental assistant is allowed to perform.

34 (b) Monitor patients undergoing moderate sedation or general
35 anesthesia utilizing data from noninvasive instrumentation such
36 as pulse oximeters, electrocardiograms, capnography, blood
37 pressure, pulse, and respiration rate monitoring devices. Evaluation
38 of the condition of a sedated patient shall remain the responsibility
39 of the dentist or other licensed health care professional authorized
40 to administer conscious sedation or general anesthesia, who shall

1 be at the patient’s chairside while conscious sedation or general
2 anesthesia is being administered.

3 (c) Drug identification and draw, limited to identification of
4 appropriate medications, ampule and vial preparation, and
5 withdrawing drugs of correct amount as verified by the supervising
6 licensed dentist.

7 (d) Add drugs, medications, and fluids to intravenous lines using
8 a syringe, provided that a supervising licensed dentist is present
9 at the patient’s chairside, limited to determining patency of
10 intravenous line, selection of injection port, syringe insertion into
11 injection port, occlusion of intravenous line and blood aspiration,
12 line release and injection of drugs for appropriate time interval.
13 The exception to this duty is that the initial dose of a drug or
14 medication shall be administered by the supervising licensed
15 dentist.

16 (e) Removal of intravenous lines.

17 (f) Any additional duties that the board may prescribe by
18 regulation.

19 (g) The duties listed in subdivisions (b) to (e), inclusive, may
20 not be performed in any setting other than a dental office or dental
21 clinic.

22 SEC. 26. No reimbursement is required by this act pursuant to
23 Section 6 of Article XIII B of the California Constitution because
24 the only costs that may be incurred by a local agency or school
25 district will be incurred because this act creates a new crime or
26 infraction, eliminates a crime or infraction, or changes the penalty
27 for a crime or infraction, within the meaning of Section 17556 of
28 the Government Code, or changes the definition of a crime within
29 the meaning of Section 6 of Article XIII B of the California
30 Constitution.

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**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
AUGUST 10 - AUGUST 11, 2017 BOARD MEETING**

BILL NUMBER: Senate Bill 392

AUTHOR: Bates

SPONSOR:

VERSION: Amended 05/26/2017

INTRODUCED: 02/15/2017

BILL STATUS: 06/12/2017 – Referred to
Com. on B & P.

BILL LOCATION: Assembly

SUBJECT: Dentistry: report: access to
care: pediatric dental patients.

**RELATED
BILLS:** AB 224,
SB 501

SUMMARY

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.

ANALYSIS

SB 392 has the missed the legislative deadline. It is Board staffs understanding that this bill will not be moving forward.

REGISTERED SUPPORT/OPPOSITION

Support

California Association of Oral and Maxillofacial Surgery
California Dental Association

Oppose

American Academy of Pediatrics, California

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ OPPOSE:_____ NEUTRAL:_____ WATCH:_____

AMENDED IN SENATE MAY 26, 2017

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 1645.2 to, and to add and repeal Section 1601.7 of, 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: continuing education: *patients*.

(1) The

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~~

1 ~~with Section 1601.2. The board shall have discretion, consistent~~
2 ~~with the guidelines, over the solicitation and subsequent acceptance~~
3 ~~of proposals from continuing education vendors to provide the~~
4 ~~course.~~

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**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
AUGUST 10 - AUGUST 11, 2017 BOARD MEETING**

BILL NUMBER: Senate Bill 501

AUTHOR: Glazer

SPONSOR:

VERSION: Amended 05/01/2017

INTRODUCED: 02/16/2017

BILL STATUS: 07/11/2017 – Passed by Assembly Business, Professions & Consumer Protection and re-referred to the Appropriations Committee with no hearing date set.

BILL LOCATION: Assembly

SUBJECT: Dentistry: anesthesia and sedation: report.

**RELATED
BILLS:** AB 224,
SB 392

SUMMARY

Senate Bill (SB) 501 would broadly enact recommendations from the Dental Board of California's (Board) Pediatric Anesthesia Study of 2016. Senator Jerry Hill requested an investigation of the present laws, regulations, and policies related to pediatric dental anesthesia to ensure patient safety. The Board recommended updating terminology, staffing requirements, educational requirements, and monitoring standards to further improve the safety of pediatric dental anesthesia and sedation.

Current law states that dentists are licensed and regulated by the Board. In order to administer general anesthesia (GA) to a dental patient, a licensed dentist must also have a GA permit from the Board. This requirement also applies to physicians who administer GA in a dental office. Dentists that administer drugs that result in conscious sedation are required to have either a GA permit or a conscious sedation permit from the Board.

This bill as amended will have various effects on current statutes and regulations in place as it relates to the administration of outpatient anesthesia and sedation by dentists. Aside from the workload required to update regulations, the requirements of SB 501 are not absorbable by the Board and will most likely require fee increases. The Board will be required to update statutes and regulations, solicit vendors, develop contracts to produce reports, increase fees, and hire staff by 2019.

SB 501 repeals provisions related to producing a pediatric anesthesia report to the Legislature. Additionally, the bill requires the Board to produce two new reports

(regarding pediatric deaths and access to care with the implementation of a second general anesthesia (GA) permitholder) for the Legislature as well as requiring the Board to conduct a review of pediatric morbidity and mortality.

This bill also repeals provisions related to oral conscious sedation for pediatric and adult patients. Additionally, this bill redefines the terms GA, deep sedation, moderate sedation (formerly known as conscious sedation), and minimal sedation. SB 501 extends the licensing criteria and outlines the permit requirements for dentists who wish to administer GA or deep sedation, and moderate sedation on an outpatient basis. This bill also outlines the requirements for dentists who wish to perform procedures on children under the age of 13. Moreover, this bill authorizes a current licensed physician and surgeon to administer deep sedation and GA in a licensed dentist's office, even if the dentist does not have a GA permit, if the surgeon or physician meets certain requirements. Furthermore, this bill requires a patient to submit to a physical examination and disclose medical history to the dentist before any deep sedation or GA may be administered.

SB 501 extends the licensing criteria and outlines the permit requirements to dentists who administer minimal sedation on an outpatient basis and who wish to perform procedures utilizing the administration of pediatric minimal sedation. Notably, any pediatric endorsements for the aforementioned permits will require a dentist to obtain specified training as outlined in the bill. Violations of any of the provisions would constitute unprofessional conduct and could result in the revocation or suspension of the dentist's permit or license.

ANALYSIS

Business and Professions Code (Code) Section (§) 1601.4, 1601.7, and 1616.1

Reports

SB 501 deletes provisions in law that requires the Board to submit a report to the Legislature, on or before January 1, 2017, in relation to the adequacy of patient protection in regards to pediatric anesthesia. However, the Board would be required to submit a report to the Legislature on pediatric deaths related to GA and deep sedation in dentistry at its 2020 sunset review. Additionally, on or before January 1, 2019, the Board would be required to submit a report to the Legislature that addresses the effects on access to care for pediatric dental patients related to the addition of requiring a second GA permitholder be present when the patient is seven years of age or younger during the administration of GA by a current GA permitholder. Furthermore, on or before January 1, 2019, the Board would be required to conduct a review of pediatric morbidity and mortality data since January 1, 2017 to improve safety.

The cost of the data collection, analysis, and review necessary to develop the reports cannot be absorbed by the Board due to the significant increase on costs and workload. Additionally, the Board lacks the authority to track the impact on access to care for pediatric dental patients and the Board would be required to contract out to a research entity to conduct the study and analysis.

Additionally, the request to complete a review of pediatric mobility and mortality data cannot be absorbed by the Board. The Board would likely need to contract out to a research authority to complete this review and this cost could not be absorbed. Additionally, this statute does not specify the type of data collected.

Code § 1646, 1647.1, and 1647.30 *GA, Deep Sedation, Moderate Sedation, and Minimal Sedation Definitions*

SB 501 repeals the provisions pertaining to the use of oral conscious sedation for both pediatric and adult patients. Additionally, the bill redefines the GA, deep sedation, moderate sedation (formerly known as conscious sedation), and minimal sedation.

The Board would be required to update regulations to define GA, deep sedation, moderate sedation, and minimal sedation consistent with this bill.

Code § 1646.1, 1646.3 *GA or deep sedation for Outpatient Basis Requirements*

SB 501 extends the licensing criteria to dentists who administer GA or deep sedation on an outpatient basis for dental patients. Dentists would be required to: (1) possess a GA permit issued by the Board; (2) possess a pediatric endorsement on their GA permit to administer GA or deep sedation to patients under seven; (3) physically be within the dental office at the time of ordering, and during administration of, GA or deep sedation; (4) have at least two support staff, in addition to the dentist, present during a procedure involving GA or deep sedation if the patient is between the ages of seven to 13 (the dentist must be certified in Pediatric Advanced Life Support [PALS] and at least one support staff must be trained in pediatric life support and airway management, this staff member will be dedicated to monitoring the patient throughout the procedure); and (5) have at least two people, in addition to the dentist, present during a procedure involving GA or deep sedation if the patient is under the age of seven (both people must be trained in pediatric life support and airway management, however one person must be dedicated to monitoring the patient throughout the procedure while the other person assist in the procedure as needed. Special requirements are necessary if a dedicated anesthesia provider is utilized). As a requirement of renewal of the GA permit, a permittee is also required to complete 24 hours of approved course in relation to GA or deep sedation. This bill prohibits dentists from administering deep sedation for reasons other than dental treatment. This bill also requires a patient undergo a physical examination and medical history before the administration deep sedation or GA. Any dentist that holds a GA permit will be required to maintain a patient's medical history, physical evaluation, deep sedation, and GA records as required by the Board's regulations.

SB 501 would require the Board to change the current permit title from "GA" to "deep sedation or GA". However, further clarification is needed to identify whether the title or name of the permit would need to be updated to identify the type of sedation/anesthesia provided (ex: GA permit vs. GA permit, under 13).

The Board would need to update regulations to define the requirements to obtain a permit for GA or deep sedation and how many staff members are required to be present depending upon the age of the patient. Additionally, it is unclear whether the current GA permit holders must reapply for new permits for the administration of GA to treat a patient under the age of seven, pursuant to § 1646.1(b) or if this is only a requirement for new applicants that apply as of January 1, 2019. Specifically, the requirement of a pediatric endorsement to treat patients under seven may be an issue for the GA permittees since the permits do not have that designation currently. Further clarification is needed to explain if existing GA permit holders will be grandfathered into the program. Additionally, with the pediatric endorsement, the Board would likely need to modify the current on-site inspection and evaluation programs. It is unclear whether permit holders will need to be evaluated separately in the administration of GA/deep sedation on adult, under 13, and under seven patients.

SB 501 bill does not explicitly state whether the Board or the GA permit holder would be responsible for maintaining proof that at least one support staff is trained in PALS and airway management (as required by this bill) to treat a patient between the ages of seven to 13. Currently, the Board does not have a license for dental auxiliaries that would capture this information.

SB 501 would require the Board to update regulations defining the rules and requirements regarding the need to perform a physical evaluation and medical history before the administration of GA or deep sedation and maintenance of those records.

Code § 1646.2 *Dentist Requirements to Administer GA or Deep Sedation Pediatric Endorsement*

This bill extends the licensing criteria to obtain a GA permit to administer GA and deep sedation. However, beginning January 1, 2019, SB 501 requires dentists who wish to have a pediatric endorsement on their GA permit to have: (1) completed a Commission on Dental Accreditation (CODA) accredited or equivalent residency training program providing competency in the administration of deep sedation and GA on children under seven years of age; (2) provided proof of successful completion of at least 20 cases of pediatric sedation to patients under seven years of age to establish competency, for both the initial application and renewal; and (3) provided proof of current and continuous certification in Advanced Cardiac Life Support (ACLS) and PALS for the duration of holding the permit. Dentists who would otherwise qualify for the endorsement but lack sufficient cases in pediatric sedation are allowed to provide deep sedation and GA to patients under seven under direct supervision of a GA permit holder that possess a pediatric endorsement.

This bill does not specify what is to be submitted as “proof of completion” of at least 20 cases of pediatric sedation to patients under seven years of age to establish competency.

Because of the pediatric endorsement, the Board may need to modify the current on-site inspection and evaluation programs. It is unclear whether permit holders will need

to be evaluated separately in the administration of GA/deep sedation on adult, under 13, and under seven patients. The Board would also be required to create three new permits for GA (adult, under 13, and under 7) and request numerous updates to the Breeze system. Currently, the Board does not track permit holders performing pediatric dentistry. If all GA permit holders are required to reapply for a permit, there will be an influx of applications for review. This would likely lead to an increased workload of GA permits.

Code § 1646.9 *Deep Sedation or GA License for Surgeon and Physician*

SB 501 authorizes a current licensed physician and surgeon to administer deep sedation (in addition to GA which is in the statute) in a licensed dentist's office for dental patients if the physician/surgeon could provide proof of their license to practice medicine in California (CA) and a valid GA permit issued by the Board. This bill would require physicians and surgeons to provide proof of the following before obtaining the GA permit: training that provides competency in the administration of deep sedation and GA on children, as well as submit current and continuous certification in ACLS and PALS for the duration of holding the permit.

The Board would be required to update regulations defining the rules and educational requirements to obtain a GA permit for surgeons and physicians.

Code § 1647.2 *Moderate Sedation for Outpatient Basis Requirements*

SB 501 extends the licensing criteria to dentists who administer moderate sedation on an outpatient basis for dental patients. Dentists would be required to: (1) possess a GA permit or possess a moderate sedation permit; (2) possess a pediatric endorsement on their moderate sedation permit to administer moderate sedation to patients under 13; (3) be physically present within the treatment facility while the patient is sedated; (4) have at least one other support staff present at all times during a procedure involving moderate sedation if a patient is between the ages of seven to 13 and that staff member must be trained in pediatric life support and airway management; and (5) have at least two support staff present, in addition to the dentist, at all times during a procedure involving moderate sedation if a patient is under seven with one staff member trained in pediatric life support and airway management and dedicated to monitoring the patient throughout the procedure.

The Board would be required to update regulations defining the rules and revise the educational requirement to obtain a moderate sedation permit, and for consistency, to change the designation from conscious sedation to moderate sedation.

Additionally, pursuant to § 1682(b) a dentist can allow a licensed health professional experienced in the care and resuscitation of patients recovering from conscious sedation or GA, to monitor a patient while recovering from sedation. Further clarification is needed to explain the where the dentist must be in the facility, while the patient is under moderate sedation, when it appears that § 1682(b) allows a licensed health professional experience to fill the dentist's role while a patient is recovering.

The Board would be required to update regulations regarding the number of staff members required to be present during moderate sedation. Additionally, it is unclear whether the current conscious sedation permit holders must reapply for new permits for the administration of GA to treat a patient under the age of seven, or if this is just for new applicants applying as of January 1, 2019. Specifically, the requirement of a pediatric endorsement to treat patients under seven may be an issue for the permittees since the permits do not have that designation because it was not initially required. Further clarification is needed to explain if existing permit holders will be grandfathered into the program. Moreover, in regards to the pediatric endorsement, the Board may need to modify the current on-site inspection and evaluation programs. It is unclear whether permit holders will need to be evaluated separately in the administration of moderate sedation on adult, under 13, and under seven patients.

The Board would also be required to create three new permits for moderate sedation (adult, under 13, and under 7) and request numerous updates to the Breeze system. As stated previously, the Board does not track permit holders performing pediatric dentistry. If all moderate sedation permit holders are required to reapply for a permit, there will be an influx of applications for review.

Code § 1647.3 *Moderate Sedation Permit Requirements for Dentists*

SB 501 requires dentists to apply for a moderate sedation permit from the board before performing and administering moderate sedation. This bill would include new training requirements in the administration of moderate sedation to comply with the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students of the ADA. Pediatric endorsements for moderate sedation would require the dentist to be trained in PALS and airway management and completion of moderate sedation courses. This bill would also require physical examination and medical history to be taken of the patient before administering moderate sedation. Any dentist that holds a GA permit would be required to maintain medical history, physical evaluations, and moderate sedation records as required by the Board's regulations.

The Board would be required to update regulations defining the rules and requirement regarding moderate sedation to remain consistent with this bill. The Board would also need to update regulations to define the new permit application process. There are approximately 515 Conscious Sedation permit holders in CA (which the Board assumes would be now defined as moderate sedation). This bill would change the permit process with several different pathways for permits, which includes submitting 20 cases for review by staff and SME for competency.

The Board would be required to update regulations defining the rules and requirements regarding the need to perform a physical evaluation and medical history before the administration of moderate sedation and maintenance of those records.

Code§ 1647.31 *Pediatric Minimal Sedation Licensing Permit Requirements*

This bill would extend the licensing criteria in regards to dentists who administer minimal sedation on an outpatient basis for dental patients under the age of 13, if they hold: a

valid pediatric minimal sedation permit, GA permit issued by the board, or a valid anesthesia permit issued by the Board that authorizes moderate sedation, deep sedation, or GA. However, the dentist who would administer minimal sedation must be physically present in the treatment facility while the patient is sedated.

In relation to § 1647.31, regarding who can administer minimal sedation, the Board would need to update regulations defining the rules and requirement which may be absorbable.

Code § 1647.32 *Pediatric Minimal Sedation Permit Requirements*

This bill would require dentists who wish to perform and administer pediatric minimal sedation to apply for a pediatric minimal sedation permit with the Board. Dentists would be required to include documentation that the equipment and drugs required by the Board are on the premises and training in the administration of pediatric minimal sedation. This training is to include: proof of 24 hours of pediatric minimal sedation (in addition to one clinical case) that covers training in airway management and patient rescue from moderate sedation, as well as provide completion of an accredited residency in pediatric dentistry. Dentists are limited to administering a single dose that is unlikely to produce a state of unintended moderate sedation. A minimum of one staff member, in addition to the dentist, must be present during the procedure as well as trained in the monitoring and resuscitation of pediatric patients.

SB 501 would require that to qualify for a pediatric minimal sedation permit a dentist must include completion of an accredited residency in pediatric dentistry but does not specify if this a program approved by CODA. Additionally, further clarification is needed to explain the training required for the additional staff member in monitoring and resuscitation of pediatric patients.

Code § 1647.33 *Request for Board to be Responsible for Pediatric Minimal Sedation Program*

It is the intent of the Legislature, and this bill, that the Board hire staff to administer the pediatric minimal sedation program and establish fees sufficient to the administration and enforcement costs incurred by the Board in carrying out this program.

This would require the Board to create a new permit issued by the Board. The Board would need to work with developers to create an additional license, make additions to Breeze, correspondence, certificates, and cashiering. The Board would also need to make changes to the current website and applications/forms.

Code § 1647.34 *Consequences of Violating the Provisions*

A violation of any provision of the provisions outlined in this bill constitutes unprofessional conducts and is grounds for the revocation or suspension of the dentist's permit or license, or both.

The only costs that may be incurred by a local agency relate to crimes and infractions.

Fiscal Impact

As noted in the Senate Appropriations Committee, this bill would result in changes to the current use and regulation of anesthesia and sedation by dentists. These include one-time costs of over \$5 million to prepare the reports, hire new staff to review permit applications, and obtain additional office space to house the new staff to achieve the requirements implemented by the bill. Additionally another \$1.1 million in ongoing costs would be required for additional staff and office space. An estimated \$3.6 million will be needed per year for additional site inspections at dental offices and clinics to ensure compliance with the requirements outlined in this bill.

REGISTERED SUPPORT/OPPOSITION

Support

California Association of Oral and Maxillofacial Surgery
California Dental Association

Oppose

American Academy of Pediatrics
California Society of Dentist Anesthesiologists
PDI Surgery Center

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT: _____ **OPPOSE:** _____ **NEUTRAL:** _____ **WATCH:** _____

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 permit holder 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 licentiate and
34 the facility, equipment, personnel, and procedures utilized by the
35 licentiate. 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:

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Article 2.87. Use of Pediatric Minimal Sedation

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.