



**DENTAL BOARD OF CALIFORNIA**

**NOTICE OF TELECONFERENCE MEETING**

**February 10-11, 2022**

Board Members

Alan Felsenfeld, MA, DDS, President  
James Yu, DDS, MS, Vice President  
Sonia Molina, DMD, MPH, Secretary  
Steven Chan, DDS  
Lilia Larin, DDS  
Meredith McKenzie, Esq., Public Member  
Angelita Medina, Public Member  
Mark Mendoza, Public Member  
Alicia Montell, DDS  
Steven Morrow, DDS, MS  
Rosalinda Olague, RDA, BA  
Joanne Pacheco, RDH, MAOB

**Action may be taken on any item listed on the agenda.**

**The Dental Board of California (Board) will meet by teleconference at:**

**9:00 a.m., Thursday, February 10, and 9:00 a.m., Friday, February 11, 2022**

In accordance with Government Code section 11133 and Governor Gavin Newsom's Executive Order N-1-22, this meeting will be held by teleconference with no physical public location.

**Important Notice to the Public: The Board will hold this meeting via WebEx Events. Instructions to connect to the meeting can be found [HERE](#).**

To participate in the WebEx Events meeting on Thursday, February 10, 2022, please log on to this website the day of the meeting:

**<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m627e1a09a95f39f34f8d3d40850df691>**

**Event number: 2490 823 8709**

**Event password: DBC02102022 (32202102 from phones)**

To participate in the WebEx Events meeting on Friday, February 11, 2022, please log on to this website the day of the meeting:

**<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=md40ad0c871c2039a84009496137dd0d3>**

Dental Board of California Meeting Agenda  
February 10-11, 2022

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**Event number: 2495 320 5731**  
**Event password: DBC02112022 (32202112 from phones)**

Due to potential technical difficulties, please consider submitting written comments by February 4, 2022, to dentalboard@dca.ca.gov for consideration.

**AGENDA**

**9:00 a.m., Thursday, February 10, 2022**

1. Call to Order/Roll Call/Establishment of a Quorum
2. Public Comment on Items Not on the Agenda  
*Note: The Board may not discuss or take action on any matter raised during this Public Comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11125 and 11125.7(a).)*
3. Discussion and Possible Action on November 18-19, 2021 Board Meeting Minutes
4. Board President Report **[31]**
5. Interim Executive Officer Report **[32]**
  - a. Personnel Update
  - b. Update on Director of Department of Consumer Affairs (DCA) Waiver Orders and Governor Executive Orders
  - c. Update on Board Strategic Plan
  - d. Update on COVID-19 Vaccination and Testing Requirements
  - e. Update Regarding Request for Executive Officer Salary Level Increase
6. Report on Department of Consumer Affairs (DCA) Activities **[33]**
7. Budget Report **[34-38]**
8. Report on the January 28, 2022 Meeting of the Dental Assisting Council (DAC) **[39]**
9. Discussion and Possible Action Regarding Appointment of DAC Members **[40-41]**
10. Enforcement
  - a. Update on “Attorney General’s Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies, Business and Professions Code Section 312.2, January 1, 2022” **[42-96]**
  - b. Review of Statistics and Trends **[97-111]**
11. Examinations
  - a. Report from Commission on Dental Competency Assessment and Western Regional Examining Board (CDCA-WREB) **[112]**
  - b. Presentation on Central Regional Dental Testing Service Examination – *Central Regional Dental Testing Service, Inc. (CRDTS)* **[113]**

12. Licensing, Certifications, and Permits
  - a. Review of Dental Licensure and Permit Statistics **[114-126]**
  - b. General Anesthesia and Conscious Sedation Permit Evaluations Statistics **[127-133]**
  
13. Update on Pending Regulatory Packages **[134-137]**
  - a. Diversion Evaluation Committee Membership (California Code of Regulations (CCR), Title 16, Section 1020.4)
  - b. Dentistry Law & Ethics Examination Scoring (CCR, Title 16, Section 1031)
  - c. Continuing Education Requirements (CCR, Title 16, Sections 1016, 1016.2, and 1017)
  - d. Telehealth Notification (CCR, Title 16, Section 1065)
  - e. Dental Assisting Comprehensive Rulemaking (CCR, Title 16, Sections 1067-1081.3)
  - f. Radiographic Decision Making and Interim Therapeutic Restoration Course Requirements (CCR, Title 16, Section 1071.1)
  - g. Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (CCR, Title 16, Sections 1044.6 – 1044.8)
  - h. Mobile and Portable Dental Unit Registration Requirements (CCR, Title 16, Section 1049)
  - i. Minimum Standards for Infection Control (CCR, Title 16, Section 1005)
  - j. Senate Bill (SB) 501 Anesthesia and Sedation (CCR, Title 16, Sections 1021, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, 1043.8, 1043.8.1, 1043.9.1, 1043.9.2, 1044, 1044.1, 1044.2, 1044.3, 1044.4, 1044.5, 1070.8)
  
14. Discussion and Possible Action to Consider: **[138-160]**
  - a. Comments Received During the 45-Day Public Comment Period Relative to Amendments to CCR, Title 16, Sections 1016 and 1017, and Adoption of CCR, Title 16, Section 1016.2 for Continuing Education
  - b. Adoption of Amendments CCR, Title 16, Sections 1016 and 1017, and Adoption of CCR, Title 16, Section 1016.2 for Continuing Education
  
15. Discussion and Consideration of Proposed Regulation to Amend CCR, Title 16, Section 1031 Related to the California Dentistry Law and Ethics Examination **[161]**
  
16. Recess Open Session Until February 11, 2022, at 9:00 a.m.  

**CLOSED SESSION (WILL NOT BE WEBCAST)**
  
17. Convene Closed Session
  
18. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions
  
19. Pursuant to Government Code Section 11126(c)(2), the Board Will Meet in Closed Session to Deliberate and Vote on Application(s) for Issuance of New License(s) to Replace Cancelled License(s)

20. Pursuant to Government Code Section 11126(a)(1), the Board will meet in Closed Session to Conduct Interviews, Discuss, and May Take Action on Possible Appointment of Executive Officer
21. Adjourn Closed Session

**9:00 a.m., Friday, February 11, 2022**

22. Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum
23. President’s Report on Closed Session Items: **[164]**
- a. Actions Taken on Application(s) for Issuance of New License(s) to Replace Cancelled License(s)
  - b. Executive Officer Recruitment and Selection Process – Action Taken to Appoint or Employ an Executive Officer
24. Discussion and Possible Action Regarding Approval of California Northstate University (CNU), College of Dental Medicine **[165-173]**
25. Substance Use Awareness
- a. Presentation Regarding Board’s Diversion Program **[174]**
  - b. Diversion Program Report and Statistics **[175]**
  - c. Controlled Substance Utilization Review and Evaluation System (CURES) Report **[176]**
  - d. Update on New Electronic Prescribing Laws **[177-193]**
26. Anesthesia and Sedation
- a. Update Regarding Board Implementation of SB 501 (Glazer, Chapter 929, Statutes of 2018) **[194-196]**
  - b. Discussion and Possible Action on Supplemental Report to the California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards as Required by SB 501 (Glazer, Chapter 929, Statutes of 2018) and Business and Professions Code Section 1601.4, subdivision (a)(2) **[197-202]**
27. Presentation and Possible Discussion on Permitting of Certified Registered Nurse Anesthetists to Administer General Anesthesia in Dental Health Care Settings – *California Association of Nurse Anesthetists (CANA)* **[203-212]**
28. Report on January 12, 2022 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee (Committee) and Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permits **[213-214]**
29. Legislation – Update, Discussion, and Possible Action on: **[215-247]**
- a. 2022 Tentative Legislative Calendar – Information Only
  - b. [Assembly Bill \(AB\) 2](#) (Fong, 2021) Regulations: legislative review: regulatory
  - c. [AB 29](#) (Cooper, 2021) State bodies: meetings
  - d. [AB 54](#) (Kiley, 2021) COVID-19 emergency order violation: license revocation
  - e. [AB 225](#) (Gray, 2021) Department of Consumer Affairs: boards: veterans: military spouses: licenses

- f. [AB 562](#) (Low, 2021) Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: health care providers: mental health services
- g. [AB 646](#) (Low, 2021) Department of Consumer Affairs: boards: expunged convictions
- h. [AB 657](#) (Cooper, 2021) State civil service system: personal services contracts: professionals
- i. [AB 885](#) (Quirk, 2021) Bagley-Keene Open Meeting Act: teleconferencing.
- j. [AB 1026](#) (Smith, 2021) Business licenses: veterans
- k. [AB 1102](#) (Low, 2021) Telephone medical advice services
- l. [AB 1236](#) (Ting, 2021) Healing arts: licensees: data collection
- m. [AB 1386](#) (Cunningham, 2021) License fees: military partners and spouses
- n. [AB 1498](#) (Low, 2021) Members of boards within the Department of Consumer Affairs: per diem
- o. [Senate Bill \(SB\) 49](#) (Umberg, 2021) Income taxes: credits: California Fair Fees Tax Credit
- p. [SB 652](#) (Bates, 2021) Dentistry: use of sedation: training
- q. [SB 731](#) (Durazo, 2021) Criminal records: relief
- r. [SB 772](#) (Ochoa Bogh, 2021) Professions and vocations: citations: minor violations
- s. SB 889 (Ochoa Bogh, 2022) Nurse anesthetists

30. Discussion and Possible Action Regarding Legislative Proposal to Amend Business and Professions Code Sections 1750.2, 1750.4, and 1752.1 to Specify Time Limits for Acceptance of Course Certifications for Orthodontic Assistant (OA) Permit and Dental Sedation Assistant (DSA) Permit Applications and Clarify Board-Approved Course Requirements for Registered Dental Assistant (RDA) Applicants **[248-253]**

31. Discussion of Prospective Legislative Proposals **[254]**

*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.*

32. Adjournment

This agenda can be found on the Dental Board of California website at [dbc.ca.gov](http://dbc.ca.gov). The time and order of agenda items are subject to change at the discretion of the Board President and may be taken out of order. Items scheduled for a particular day may be moved to an earlier or later day to facilitate the effective transaction of business. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit [thedcapage.wordpress.com/webcasts/](http://thedcapage.wordpress.com/webcasts/). The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may,

at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

This meeting is being held via WebEx Events. The meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting Sarah Wallace, Interim Executive Officer, at Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (877) 729-7789



**DENTAL BOARD OF CALIFORNIA  
MEETING MINUTES  
November 18-19, 2021**

NOTE: In accordance with Government Code Section 11133, the Dental Board of California (Board) met on November 18-19, 2021, via teleconference/WebEx Events, and no public locations or teleconference locations were provided.

**Members Present:**

Joanne Pacheco, RDH, MAOB, President  
Rosalinda Olague, RDA, BA, Vice President  
Alan Felsenfeld, DDS, MA, Secretary  
Fran Burton, MSW, Public Member  
Steven Chan, DDS  
Lilia Larin, DDS  
Meredith McKenzie, Esq., Public Member  
Angelita Medina, Public Member  
Mark Mendoza, Public Member  
Sonia Molina, DMD, MPH  
Alicia Montell, DDS  
Steven Morrow, DDS, MS  
Thomas Stewart, DDS  
James Yu, DDS, MS

**Members Absent:**

None

**Staff Present:**

Karen M. Fischer, MPA, Executive Officer  
Sarah Wallace, Assistant Executive Officer  
Carlos Alvarez, Chief of Enforcement Field Offices  
Bernal Vaba, Chief of Regulatory Compliance and Discipline  
Tina Vallery, Chief of Administration and Licensing  
Jessica Olney, Anesthesia Unit Manager  
Wilbert Rumbaoa, Administrative Services Unit Manager  
Kayla Surprenant, Dentistry Licensing and Examination Unit Manager  
Emilia Zuloaga, Complaint and Compliance Unit Manager  
Daniel Rangel, Supervising Special Investigator I  
Mirela Taran, Administrative Analyst  
Tara Welch, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)

**1:00 p.m., Thursday, November 18, 2021**

**Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum**

The Board President, Ms. Joanne Pacheco, called the meeting to order at 1:12 p.m. The Board Secretary, Dr. Alan Felsenfeld, called the roll; 14 Board Members were present, and a quorum was established.

**Agenda Item 2: Public Comment on Items Not on the Agenda**

Dr. Maura Tusso voiced her intention on mailing out a correction action plan that will showcase her proposal to reinstate her California dentist license.

**Agenda Item 3: Discussion and Possible Action on August 19-20, 2021 Board Meeting Minutes**

Board Member, Dr. Steven Morrow, requested an amendment to the meeting minutes on page 6, Agenda Item 18, first paragraph, second line, to strike and replace “statue” with “statute.” Board Member, Dr. James Yu, questioned as to why his name is listed as absent in the recording of the votes for the motion in place on Agenda Item 25(b), on page 14 of the meeting minutes. Board staff have noted that Dr. Yu’s WebEx connection dropped off during that portion of the discussion; therefore, he was noted as absent.

Motion/Second/Call (M/S/C) (Medina/Chan) to approve the August 19-20, 2021 meeting minutes as revised.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. There were no public comments made on this item.

**Agenda Item 4: Board President Report**

President Pacheco reported that she continues to meet with the Board’s Executive Officer on a weekly basis to discuss Board business, as well as attend meetings pertinent to Board business. As this was her last meeting as Board President, President Pacheco stated that she is thankful for the privilege of serving as the Board President and is proud of the work accomplished during the pandemic. She verbalized that the members of the Board individually, as well as collectively, are dedicated to the legislative mandate that protection of the public shall be its highest priority.

There were no public comments made on this item.



#### Agenda Item 5: Executive Officer Report

Ms. Karen Fischer, Executive Officer, provided an update on the Board's staff vacancies, Subject Member Expert (SME) training, and COVID-19 vaccination and testing requirements. The Board received resignations from Dental Assisting Council Members Ms. Michele Jawad and Ms. Melinda Cazares. Both Members were unable to continue with their positions due to their jobs. A recruitment notice has been posted on the Board's website with the application deadline being December 15, 2021.

Ms. Fischer advised that the Board was saying goodbye to three Board members: Dr. Ross Lai; Dr. Thomas Stewart; and Ms. Fran Burton. Ms. Burton served as Board President three times, was Vice President in 2013, and held the position as Chair of the Legislative & Regulatory Committee during her entire term. Dr. Lai was Chair of the Licensing, Certification, and Permits Committee, and Dr. Stewart served as Board President twice.

In addition, Board President Pacheco was recognized for serving as Board President in 2021. President Pacheco was Board Secretary in 2021; she was the first dental hygienist to serve as Board President.

Board Member, Dr. Alicia Montell, asked whether the 16% staff vacancy was of the norm. Ms. Fischer replied that historically the Board tends to have a 10-17% staff vacancy rate, and the Board is never fully staffed.

Board Members, Dr. Lilia Larin, Dr. Morrow, Dr. James Yu, Dr. Montell, and Dr. Rosalinda Olague, expressed their gratitude for the outgoing Board Members and President Pacheco. Dr. Stewart and Ms. Burton expressed their gratitude toward their colleagues and team.

The Board received public comment. Anthony Lum, Executive Officer of the Dental Hygiene Board of California (DHBC), stated that he appreciated the communication he has had with the outgoing Board Members and will miss the discussions that have occurred over the past years.

Dr. Tuso asked whether sworn peace officers are licensed under the State of California and whether they would be mandated reporters under that licensure. Ms. Fischer replied that Board staff would be happy to answer questions by email.

Dr. Bruce Whitcher thanked all outgoing Board Members and agreed with Dr. Morrow that Ms. Burton ought to be given a honorable dental degree of some sort.

Dr. Lai verbalized that it was an honor to be on the Board for eight years and expressed his appreciation for the Board Members. He stated that it was a great learning experience and thanked Ms. Fischer and Board staff for their time with him.

Ms. Susan McLearn, California Dental Hygienists' Association (CDHA), noted that she is very proud of President Pacheco for her careful consideration with which she presented issues, her leadership and expertise, and the selflessness with which she fulfilled her office.

#### Agenda Item 6: Report on Department of Consumer Affairs (DCA) Activities

Ms. Brianna Miller, Board and Bureau Relations Manager, provided a departmental update. She recognized the outgoing Board Members and Ms. Fischer. She expressed appreciation for all Board Members, Committee Members, and staff who continue to serve through the pandemic that has affected all of us in many ways. To combat the spread of COVID-19, California has implemented an enhanced safety measure for State employees and workers in public settings. State workers must show proof of COVID-19 vaccination or be subject to weekly testing. As the law stands today, remote meetings are allowed until January 31, 2022; DCA continues to encourage utilizing remote meetings as there are numerous benefits. Furthermore, DCA has been made aware of various scam alerts; information regarding these scams have been shared on the DCA website and social media. Ms. Miller emphasized that 2021 is a mandatory sexual harassment prevention training year. As a result, all employees and Board Members are required to complete training during the year. Board Members can access this training through DCA's training portal, Learning Management System (LMS).

The Board received public comment. Dr. Tuso stated that she is curious as to what is the DCA and Board plan regarding protecting the public's interest in terms of fraud.

#### Agenda Item 7: Budget Report

##### Agenda Item 7(a): Presentation from DCA on Need for Potential Fee Increase

Mr. Matt Nishimine, Research Data Specialist I, provided a report on the State Dentistry Fund, which the Board manages, for fiscal year (FY) 2020-21. Mr. Nishimine recognized Ms. Fischer for her service and leadership. He mentioned that as the administrators of the Fund, Board Members and the Executive Officer have a fiduciary responsibility for ensuring spending does not exceed the annual budget limit and that the Fund remains solvent. Mr. Nishimine reported that savings can primarily be attributed to the high vacancy rate and that travel costs dropped nearly to zero as travel was curtailed last year. He noted that there is enough room within the Board's statutory authority to eliminate its structural imbalance. If the Board were to raise various fees to the statutory maximum, its structural imbalance could be dissipated.

Board Member, Dr. Steven Chan, expressed that the assumption is that if the Board is fully funded, the revenue would still exceed the expenditures due to the fact that it is not expended. He asked what happens to the gap of the unexpended revenue in terms of whether it goes into reserves to help smooth out the shortfall in the future. Mr. Nishimine replied that any unspent money remains in the Fund. Ms. Wallace added that the Board typically shoots for the 3-6 months in reserve based on work with the Budget Office. She stated that historically, the Board has underspent every year in the appropriation, which has helped push out the need to raise an increase.

Ms. Wallace mentioned that Board staff is working through a workload and revenue analysis assuming certain fees are increased to statutory caps that are currently in place. The Board will most likely need to do a fee study over the course of the next year; at the moment, the Board is in a good position.

Board Member, Ms. Angelita Medina, thanked Mr. Nishimine for his presentation. Dr. Larin inquired about the merger of the dental assisting fund and main fund. Ms. Wallace responded that the combination of the dental assisting fund and the State Dentistry Fund has not impacted the Board's revenue or its potential for structural imbalance. Mr. Nishimine stated that the dental assisting fund will be abolished and will be transferred into the Dentistry Fund at the end of the current FY. He conveyed that in the immediate future, the Board is very healthy. Dr. Larin asked whether there is any money owed to the Board from the State and if so, whether it will be repaid. Mr. Nishimine replied that it will be repaid in the future with interest (approximately \$25, 000 for every 12-month period). Ms. Wallace asked whether the general loan must be repaid before the Board can implement those fee increases if the Board did move forward with the regulatory proposal later this year to increase the cap. Mr. Nishimine replied that if the Board had a statutory fee increase, the general loan would have to be returned.

The Board received public comment. Dr. Witcher stated there was some discussion regarding increases at the Attorney General's Office (AG's Office) and Office of Administrative Hearings (OAH). A couple of years ago, it was not combined with C/P services (external); it was its own line item. Dr. Witcher stated it might be helpful to have a separate line item available in the budget report if that is something the Board is going to have future interest in regard to its cost. Dr. Witcher further stated that the licensing population does increase over time, and he is not certain whether the Board wants to rely on that increase; it would be interesting to predict whether that is going to affect the Board's income enough over the year to make much of a difference.

#### Agenda Item 8: Report on Dental Hygiene Board of California (DHBC) Activities

Dr. Timothy Martinez, President of the DHBC, provided a verbal report on their activities.

The Board received public comment. Dr. Tusso asked why she was the sole licensee whose license was acted upon and revoked in regard to a particular fraud case. Dr. Tusso was advised that her comments did not pertain to the agenda item.

#### Agenda Item 9: Discussion and Possible Action to Update the Board's Strategic Plan

Ms. Fischer provided the report, which is available in the meeting materials. Ms. Fischer requested an amendment to goal 1.3 of the Strategic Plan to include the following verbiage: "Identify and partner with stakeholders to examine problems and challenges in dental assisting, determine whether there is a workforce shortage, and work toward removing barriers to licensure for RDA/RDAEF and expand access to care."

Dr. Montell inquired whether goals 1.3 and 1.4 are specifically referencing RDAs and RDAEFs and whether the Board will include unlicensed dental assistants in goal 1.3. Ms. Fischer responded that the Board could add unlicensed dental assistants to this objective and recommended to strike “RDA/RDAEF” and replace those terms with “dental assisting community.”

Dr. Morrow questioned whether goal 3.1 fit into the purpose, duties, and responsibilities of the Board. He asked what are the action items that the Board might be involved with in promoting outreach to underserved communities. Ms. Fischer indicated the management team would be working with the DCA Office of Strategic Planning, Leadership and Individual Development (SOLID), to request whether action items can be defined. Staff will not move forward with implementing these objectives without first informing the Board what the plan is.

Dr. Larin noted the Access to Care Committee is not active because there was not much the Board can do without funding for the programs to outreach to underserved communities. She asked whether the Board will examine if it has enough funds to implement free clinics/healthcare events and support access to care to underserved communities to be able to perform goal 3.1. Dr. Felsenfeld noted, in relation to goal 3.1, that if the Board can provide good oral health to people that otherwise do not have access to it, that is protecting the public and is within the Board’s overall mission. He mentioned that this goal is a broad reach, overall objective to the plan and would allow the Board to look at specific objectives to see if the Board can do more things, if possible. Dr. Montell agreed with Dr. Felsenfeld’s comments.

President Pacheco suggested that the Board use the term “support” in lieu of “implement” in goal 3.1. Ms. Burton noted that the Board will not be able to raise private funds to address the issue of funding in goal 3.1. Ms. Fischer listed topics that were discussed that are not required to be in the Strategic Plan.

(M/S/C) (Chan/Molina) to accept the Strategic Plan as amended.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: Olague.

Recusals: None.

The motion passed. The Board received public comment. Ms. Melodi Randolph, Dental Assisting Educator’s Group (DAEG) representative, disagreed with the underlying premise that the extreme shortage of dental assistants is due to barriers to licensure, as stated in goals 1.3 and 1.4. DAEG does, however, agree that the pass rate of the RDA exam is unacceptable and are in support of trying to figure out the issues around these pass rates. Ms. Randolph verbalized that there are many strategies that can be

implemented to help alleviate the shortage, such as encouraging more course providers and making the application process for course providers less cumbersome.

Agenda Item 10: Discussion and Possible Action Regarding Executive Officer (EO) Salary Level Increase

Ms. Fischer provided the report, which is available in the meeting materials.

Ms. Burton commented that most Board Members were not around when the Board last attempted to adjust the EO salary level, and she feels very strongly that there is an inequity among boards, particularly in regard to Board responsibilities and the amount of discipline within the Boards. Ms. Burton encouraged Board members to support a salary level increase. Board Member, Dr. Sonia Molina, suggested research be conducted on the salary levels of other EOs and how they compare in terms of level of responsibility. Ms. Fischer suggested that the Board move forward to put the salary level information together and report back at the February meeting and show how the staff levels have increased, at the same time the Board recruits to fill the EO position. It would be up to the Board to decide to if they would want to wait to hire to fill the permanent position until this decision is made. Dr. Chan commented that it is inconceivable that there have been no changes to the EO compensation in two decades, and a low EO salary will affect the pool of people looking at applying for the EO position.

(M/S/C) (Burton/Chan) to approve moving forward to request an EO salary level increase and direct staff to work with OHR to draft the Exempt Position Request (EPR) for Board discussion and possible action at the February 10-11, 2022 meeting.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: Olague.

Recusals: None.

The motion passed. The Board received public comment. Dr. Witcher stated the salary scale for EOs across state government probably is available on the California Department of Human Resources (CalHR) website. He agreed with Dr. Chan's comments that the private sector EO salary is substantially higher than the public sector EO salary. Dr. Tuso asked when Ms. Fischer will be retiring. Ms. Fischer replied that she will be retiring by the end of the year. Mr. Lum agreed with prior comments that it is time to move the EO salary to its appropriate scale.

Agenda Item 11: EO Recruitment and Selection Process

Agenda Item 11(a-b): Presentation, Discussion, and Possible Action Regarding Process for Recruitment and Selection of the Executive Officer

Ms. Olivia Trejo, DCA, Office of Human Resources, provided a verbal report on the EO recruitment and selection process. Ms. Trejo congratulated Ms. Fischer on her

upcoming retirement. Ms. Trejo stated that the EO selection and recruitment process will require two Board Members who have the time and interest to participate in the selection process. The Board will select two of its members to be part of the Selection Committee to assist with the entire recruitment activities. Ms. Trejo noted that the salary shown on the announcement located in the meeting materials is the current EO salary. Ms. Trejo explained the recruitment is typically advertised for 30 days and is advertised on the CalHR platform and can also be advertised externally.

(M/S/C) (Medina/Yu) to delegate to the Office of Human Resources the authority to advertise the position of Executive Officer and coordinate and set interviews of candidates for the position.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: Olague.

Recusals: None.

The motion passed. There were no public comments made on this item.

Agenda Item 11(c): Discussion and Possible Action on Appointment of EO Selection Committee

Ms. Fischer provided the report, which is available in the meeting materials.

Ms. Burton mentioned that when the Board was searching for an EO in 2009, she saw the importance of an intimate relationship between the Board President and the EO. She suggested that the two-person Selection Committee be comprised of two former presidents. Dr. Molina verbalized that as there are new Members of the Board, she believed those new Members should interview the new EO. Ms. Fischer replied that the Selection Committee will be conducting the initial interviews. However, the full Board ultimately makes the final decision, and each individual Board Member will be allowed to weigh in on the selection of the EO. Ms. Burton indicated that she has heard Board Members express a lack of the understanding of Board Member roles compared to that of the EO in addition to the EO's authority over staff.

(M/S/C) (Burton/Chan) to appoint Dr. Morrow and President Pacheco to the Selection Committee for the Executive Officer appointment.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: Olague.

Recusals: None.

The motion passed. There were no public comments made on this item.

Agenda Item 11(d): Review and Possible Action on Revised EO Duty Statement and Recruitment Announcement

Ms. Fischer provided the report, which is available in the meeting materials.

Ms. Trejo clarified that the recruitment flyer will be decided with the Selection Committee.

(M/S/C) (Felsenfeld/Yu) to adopt the EO duty statement.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: Olague.

Recusals: None.

The motion passed. There were no public comments made on this item.

Dr. Chan expressed that he participated in a number of EO searches for nonprofits, as well as for profit companies, and has seen no more than two pages for the statement of qualifications. Dr. Morrow suggested that the Board consider rewording the number of pages so as not to exceed more than three pages.

(M/S/C) (Morrow/Burton) to approve the recruitment announcement with the statement of qualifications not to exceed three pages.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: Olague.

Recusals: None.

The motion passed. There were no public comments made on this item.

Agenda Item 12: Recess Open Session

President Pacheco recessed the Open Session at 4:32 p.m.

Agenda Item 13: Convene Closed Session

At 4:45 p.m., the Board convened Closed Session.

Agenda Item 14: Pursuant to Government Code Section 11126(a)(1), the Board Will Meet in Closed Session to Discuss and Take Possible Action on Selection Process and Appointment of “Acting” or “Interim” EO

The Board convened in Closed Session to discuss and take possible action on the appointment of an Interim EO.

Agenda Item 15: Pursuant to Government Code Section 11126(c)(2), the Board Will Meet in Closed Session to Deliberate and Vote on Applications for Issuance of New License(s) to Replace Cancelled License(s)

The Board convened in Closed Session to discuss Applications for Issuance of New License(s) to Replace Cancelled License(s).

Agenda Item 16: Pursuant to Government Code Section 1126(c)(3), the Board Will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions

The Board convened in Closed Session to discuss disciplinary matters.

Agenda Item 17: Adjourn Closed Session

President Pacheco adjourned Closed Session at 5:52 p.m.

**9:00 a.m. Friday, November 19, 2021**

Agenda Item 18: Reconvene Open Session– Call to Order/Roll Call/Establishment of a Quorum

President Pacheco called the meeting to order at 9:05 a.m. Secretary Felsenfeld called the roll; 13 Board Members were present, and a quorum was established. Ms. Burton joined the meeting at 9:06 a.m.

Agenda Item 19: President’s Report on Closed Session Items

President Pacheco provided a verbal report to the Board regarding closed session items. She noted that the Board voted to appoint an Interim EO effective upon the retirement date of the current EO. An announcement regarding who the appointed person is will be made after approval is received from the director of DCA. She reported the Board approved the Issuance of New License(s) to Replace Cancelled License(s) applications for the following candidates:

1. SC
2. JG
3. RS

There were no public comments made on this item.



Agenda Item 20: Dental Assisting Council (DAC) Meeting Report

Ms. Jeri Fowler, Vice Chair of the DAC, provided a verbal report on the November 18, 2021 DAC meeting.

(M/S/C) (McKenzie/Larin) to approve the RDAEF Occupational Analysis.

Ayes: Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: Burton.

Recusals: None.

The motion passed. The Board received public comment. Dr. Huong Le inquired whether there is any plan to encourage EF1s to become EF2s.

Agenda Item 21: Discussion and Possible Action on Draft Report to the California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards as Required by Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) and Business and Professions Code Section 1601.4, subdivision (a)(2)

Dr. Felsenfeld provided the report, which is available in the meeting materials. The Anesthesia Committee met on September 30, 2021. A quorum was established, and the previous meeting minutes were approved. There was only one item of business before the Committee. As required by SB 501, the Board was tasked with providing a report to the Legislature by January 1, 2022. The draft report was reviewed by the Committee and found to have formatting and syntax issues. However, there were no substantive changes to the report. A motion to accept the suggested changes and send it to staff to complete and move it to the full Board was made, seconded, and approved.

Dr. Chan commented that as a past member of this Committee, this report represents a lot of work, discovery, and digestion.

(M/S/C) (Chan/Yu) to approve the *Report to California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards* as reviewed by the Board and submit the final report to the California State Legislature before the January 1, 2022 deadline.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. The Board received public comment. Bryan Huong, dentist and anesthesiologist, stated that it was interesting that adverse events were not separated by anesthesia provider and believed it should be examined. Dr. Witcher, speaking as an individual licensee, expanded on his comments that he had submitted to the Anesthesia Committee months ago. He relayed that he had a discussion with stakeholders and other interested parties, and they were frustrated by the lack of clinical data details of the adverse outcomes. Dr. Witcher noted that as a licensing Board report, most of the information included is reporting data collected for enforcement actions and was never intended as a clinical research document. Gary Cooper, representing California Association of Oral & Maxillofacial Surgeons (CALAOMS), noted that the American Association of Oral and Maxillofacial Surgeons (AAOMS) letter delineated three concerns they had regarding the following: lack of provider specificity; absence of information on patient sedation level; and omission of AAOMS anesthesia standards.

Agenda Item 22: Discussion and Possible Action to Consider Changes to Previously Proposed Text and Reauthorization of a Regular Rulemaking to Amend Title 16, California Code of Regulations Sections 1021, 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, 1043.8, 1044, 1044.1, 1044.2, 1044.3, and 1044.5, 1070.8, Adopt sections 1017.1, 1043.8.1, 1043.9, 1043.9.1, 1043.9.2, and Repeal section 1044.4 (SB 501 Anesthesia and Sedation) and a Regular Rulemaking to Amend Title 16, California Code of Regulations Sections 1016 and 1017, and Adopt Section 1016.2 (Consolidated Continuing Education)

Ms. Sarah Wallace, Assistant Executive Officer, presented the agenda item. At its May 2021 meeting, the Board consolidated amendments to California Code of Regulations (CCR) sections 1016, 1016.2, and 1017 into a single rulemaking (consolidated package) and voted to initiate a rulemaking to make amendments related to SB 501 (Glazer, Chapter 929, Stats. of 2018). Amendments to CCR section 1017 in the consolidated package included amendments to subdivisions (v) and (w) relating to SB 501 to enact continued competency requirements for licensees with general anesthesia and moderate sedation permits with pediatric endorsements.

Since the May 2021 meeting, Board staff have worked with Board Regulatory Legal Counsel to develop and obtain approval of the initial rulemaking documents required to accompany proposed language for the consolidated package for submission to the Office of Administrative Law (OAL) for publication and 45-day public comment. During that review, counsel determined that a clarity issue existed as a result of the inclusion of certain SB 501 related amendments to CCR section 1017 in the consolidated package.

Ms. Wallace explained the clarity issue. Subdivision (v) in CCR section 1017 refers to CCR section 1043.8.1, which would create new requirements for renewal of pediatric general anesthesia and moderate sedation permits contained in the SB 501 rulemaking package. However, those requirements in CCR section 1043.8.1 are currently being submitted in the SB 501 package, so it makes more sense to locate that section 1017 subdivision in the SB 501 package. Otherwise, there will be cross-references to

sections in the proposals for both packages that do not currently exist in law or regulation, thus creating a clarity problem. Moving these provisions of CCR section 1017 back into the SB 501 package would remove the clarity issue by having all new proposed sections that refer to one another in the same regulatory package.

To resolve this clarity issue, the Board was requested to authorize: (1) the addition of previously approved text for subdivisions (v) and (w) of CCR section 1017 from the consolidated package into the SB 501 rulemaking package; (2) the creation of a new section 1017.1 in the SB 501 package to include former subdivisions (v) and (w) as new subdivisions (a) and (b) of section 1017.1; (3) the amendment of CCR section 1043.8 in the SB 501 package to include a reference to new section 1017.1; and (4) amend Form PE-1 to add a reference to section 1017.1, which currently refers only to section 1017. The consolidated proposed language of the SB 501 rulemaking package and the language of the consolidated package were enclosed in the meeting materials for the Board's review and consideration. The meeting materials were also made available to the public on the Board's website.

Motion/Second/Call (M/S/C) (Chan/Molina) to approve consolidation of the text and the changes to the proposed text as provided in the meeting materials, and reauthorize a regular rulemaking as follows: Direct staff to submit this text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.

Ayes: Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: Burton.

Recusals: None.

The motion passed. There were no public comments made on this item.

Agenda Item 23: Discussion and Possible Action Regarding Board Implementation of SB 501 (Glazer, Chapter 929, Statutes of 2018) and Legislative Proposal to Add Section 1646.12 to Article 2.75, Amend Section 1646.10 of Article 2.7, Section 1646.11 of Article 2.75, Section 1647.9.5 of Article 2.8, Section 1647.10 of Article 2.84, Section 1647.17.15 of Article 2.85, Section 1647.35 of Article 2.87, and Section 1724 of Article 6, and Repeal Section 1646.13 of Article 2.75, Section 1647.12 of Article 2.84, and Section 1647.36 of Article 2.87, of Chapter 4 of Division 2 of the Business and Profession Code

Ms. Wallace provided the report, which is available in the meeting materials. Ms. Wallace explained that Board staff is working closely with DCA on the related SB 501 rulemaking to move that package through the approval process and subsequent

BreEZe implementation. However, there are a number of factors, described in detail in the meeting materials, that affect the timeline for approval of the rulemaking file, BreEZe implementation, and Board issuance of the new SB 501 sedation and general anesthesia related permits. Ms. Wallace also noted the chart in the meeting materials that show the number of old permits that will begin to expire beginning on January 1, 2022. Ms. Wallace explained that Board staff have prepared a legislative proposal to address the gap between the expiration of the old sedation and general anesthesia permits and the implementation of the new permits enacted under SB 501.

Ms. Wallace explained the two legislative proposal options to the Board to ensure the Board can issue and renew the old permits until the Board can implement the provisions of the regulatory proposal. Option 1 would extend issuance and renewal of the old permits until a time uncertain but upon completion of the rulemaking package and implementation of the BreEZe component. Option 2 would extend issuance and renewal of the old permits until January 1, 2024 and would provide a time certain for implementation. Ms. Wallace further explained that the SB 501 rulemaking will continue to move through the process through early 2022, but the BreEZe component is unknown. These implementation concerns were reported in the fiscal impact analysis when SB 501 was moving through the legislative process. The Board will need to contract with an outside vendor to implement the BreEZe component. While Ms. Wallace is confident the Board will implement the SB 501 permits as soon as possible, any unknown technical problems experienced during the BreEZe testing could delay implementation of the permits. To accommodate any unintended delays, Board staff recommended Option 1. Ms. Wallace also described additional issues with the SB 501 statutes, and the legislative proposals would resolve those issues, as well. Ms. Wallace also noted the legislative proposal selected by the Board should be submitted as urgency legislation.

Dr. Chan stated that there are many moving parts moving at different rates, and if the Board can accomplish some of those parts before January 1, 2024 (Option 2), the Board has less risk of untoward events by not having permit holders. Dr. Chan also stated SB 501 represented a good evolution on sedation practice and thanked staff and stakeholders for moving this forward for the safety of the public.

Dr. Felsenfeld asked for clarification whether the Board was moving forward with the amended Agenda Item 23, sent out on November 15, 2021, which included the blue text. Ms. Wallace confirmed that the amended Option 1 distributed on November 15, 2021, replaced the version previously posted in the meeting materials.

Ms. Welch reiterated that although amended Option 1 does not contain urgency text, amended Option 1 is intended to be submitted as urgency legislation, so that if the Legislature agrees with the proposal, the bill would be enacted as soon as possible on the basis of protection of the health and safety of consumers.

(M/S/C) (Chan/Felsenfeld) to approve Option 1, as updated, to be submitted as urgency legislation regarding general anesthesia and sedation permit extension.

Ayes: Chan Felsenfeld, Larin, McKenzie, Medina, Molina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: Burton, Mendoza.

Recusals: None.

The motion passed. The Board received public comment. Dr. Witcher, representing himself as an individual, stated that if the Board is going to do a statutory cleanup, it would be wise to look at the lack of provision for continuing education for the pediatric minimal sedation permit. As the liaison between the CDA's Government Affairs Council and the Board, Dr. Witcher stated that the CDA strongly supports Option 1.

Brian Huong, California Dental Society of Anesthesiology (CDSA) representative, stated that since the Board is going to clean up SB 501, they do not think that Pediatric Advanced Life Support (PALS) training is the best course for the airway management training. Second, if there is a separate anesthesia provider, CDSA does not feel there should be a need for the dentist to also be PALS certified. Third, they do not feel it is necessary to have PALS for oral moderate sedation for kids as it seems to be a barrier to care. And fourth, they do not feel that precordial stethoscope is necessary for intubated general anesthesia as the MD [Doctor of Medicine] counterparts do not use it. Mr. Huong requested that for the next agenda, CDSA can collaborate to create a course approved by the Board in lieu of PALS for airway training.

*\*The Board moved to Agenda Item 26.*

#### Agenda Item 24: Enforcement - Review of Statistics and Trends

Carlos Alvarez, Chief of Enforcement Field Offices, provided the report, which is available in the meeting materials.

Dr. Chan asked what happens when a complaint comes to the Board and what the processes are that can lead up to disciplinary action. In addition, he asked how the public goes through resolution on that and whether it is appropriate for the Board to track if there is going to be or if there is an uptick of cases. Mr. Alvarez responded that with any complaint, whether mailed, emailed, or referred, the Board opens a file, and if there is no authority to release records, the Board reaches out to the patient. Once the Board has all necessary documents, the file moves forward to a dental consultant for review. If a case is closed, the patient is notified; if the case moves forward because the consultant has identified a possible violation, the case is further investigated and moved to a dental expert for review. If violations are found, the case is moved forward to the AG's Office. Dr. Chan noted a shift in the dental marketplace because the marketplace is no longer performing peer review. As a result, Dr. Chan wondered if there is an uptick

in complaints being reported to the Board. Mr. Alvarez advised the Board has ways to collect that data.

Dr. Morrow noted that as of September, there are 216 cases pending at the AG's Office. He asked whether this number of cases pending is normal. Mr. Alvarez advised this case number is normal and noted it may take months or years to adjudicate a case. The AG's Office controls the schedule on those cases.

The Board received public comment. Dr. Witcher referenced the December 4, 2020 enforcement report. To answer Dr. Morrow's question, Dr. Witcher stated that as of October 31, 2020, the Board had a total of 112 cases pending at the AG's Office. There now is double that, which illustrates that cases tend to pile up at the AG's Office. Examining the statistics from December 4, 2020, on page 4, as of October 31, 2020, there were 414 open cases for investigation in the Investigative Analysis Unit (IAU), which went up to 1,217 around the same time this year. Dr. Witcher also noted the case aging for IAU open cases. As of October 31, 2020, the cases that are 2-3 years old were 22%. As of September 30, 2021, that number had gone up 83%, which indicates that cases are aging in the 2-3 year category. Furthermore, there were more investigations closed last year, about 450, to 225 at the same time this year.

At 11:59 a.m., the Board recessed for lunch.

At 12:45 p.m., the Board reconvened. Secretary Felsenfeld called roll; 13 members were present. Ms. Burton was absent.

#### Agenda Item 25: Substance Use Awareness

##### Agenda Item 25(a): Diversion Program Report and Statistics

Mr. Bernal Vaba, Chief of Regulatory Compliance and Discipline, provided the report, which is available in the meeting materials. Mr. Vaba mentioned that the next Diversion Evaluation Committee Meeting is scheduled for January 5, 2022.

There were no public comments made on this item.

##### Agenda Item 25(b): Controlled Substance Utilization Review and Evaluation System (CURES) Report

Mr. Alvarez provided the report, which is available in the meeting materials.

Dr. Morrow inquired whether the 35,099 currently active licensed dentists are all physically located and practicing in California. If they are not, he inquired how many of them have a license in California, but their primary practice is in another state. Mr. Alvarez replied that the number provided is the total number of licensees in California. Dr. Morrow stated that in the future, it would be beneficial to identify the difference in those numbers.

There were no public comments made on this item.

Agenda Item 25(c): New Prescribing Laws Taking Effect January 1, 2022

Mr. Alvarez provided the report, which is available in the meeting materials.

Dr. Chan inquired whether an out-of-state pharmacy can recognize a California license to dispense. Mr. Alvarez replied that a licensee who is licensed in California but is out-of-state is still required to follow all of the requirements of CURES and report to CURES. Dr. Chan asked whether a licensee that is in California, but their patient and pharmacy is out-of-state, would have the ability to dispense out-of-state. Mr. Alvarez replied that if the pharmacy is out of California, there is no need to report to CURES. Dr. Chan inquired whether a paper script would be acceptable if the out-of-state pharmacist does not require an electronic e-script. Mr. Alvarez noted that paper, telephone, or fax script will be sufficient, but it would depend on the laws and regulations of other states.

Dr. Larin asked whether an electronic e-script can go directly to CURES. Mr. Alvarez replied that the licensee has to review CURES before writing the prescription, and whoever releases the prescription is responsible to report it to CURES. Dr. Larin inquired who will be enforcing this law. Mr. Alvarez replied that the pharmacy or pharmacist could report this to the Board of Pharmacy, who would refer the matter to the Board, or the pharmacy of the pharmacist can contact the Board directly to file a complaint. The pharmacy is not obligated to report to the Board.

Dr. Chan asked how the Board would handle the vendor using the national practitioner data bank number when registering their product in the software instead of the California license. Mr. Alvarez replied when it comes to the vendor, the Board has no control on the applications or apps that dentists are using.

There were no public comments made on this item.

\*Agenda Item 26: Examinations

Agenda Item 26(a): Report from Commission on Dental Competency Assessment and Western Regional Examining Board (CDCA-WREB)

Dr. William Pappas, President of ADEX, Dr. Guy Champagne, Vice President of ADEX, Ms. Shayna Overfelt, Director of School Programs for CDCA-WREB, and Dr. Bruce Horn, Director of Dental Examinations for WREB, provided a verbal report on their activities.

Dr. Morrow stated that presently in California, only three dental schools offer the ADEX exam. The goal of having every dental school in the U.S. offer the CDCA-WREB examination by 2023 is very optimistic. Dr. Morrow asked whether the current WREB policy on onsite retakes will be carried on to the CDCA-WREB exam and if so, whether an explanation for the policy and how it works can be provided. Dr. Pappas responded that this policy will not be continued. Dr. Champagne added that retakes at any given school after an initial exam typically includes one to two retakes scheduled. Their goal is

to give the retakes at the original school throughout the process, until graduation if possible.

Dr. Morrow read the WREB exam retake policy from the WREB website and verbalized that he did not understand the rationale regarding a retake of a failed section without recording that section was failed and subsequently retaken and passed. Dr. Pappas noted the ADEX exam does not do that; they have candidates who will pursue remediation between the initial examination they take to correct the exam candidate's errors/deficiencies and then retake examination. Dr. Morrow inquired whether the retake onsite policy will continue with the ADEX examination. Dr. Pappas replied that the ADEX exam does not have this policy, never has had this policy, and will not adopt this policy. Dr. Champagne stated that ADEX never had a provision where a student can retake a section during the same exam session; the candidate can only retake the section after remediation.

Dr. Morrow inquired whether the submission of a report to a licensing agency regarding an applicant's history from the examination process, specifically if they have failed a section of the exam and have to retake it, would be reported to the licensing agency. Dr. Morrow further inquired whether a candidate's history from the exam process will be noted in the report to licensing agencies. Dr. Champagne responded that it is noted within the context of how the failure occurred, so every attempt is in the transcript and no attempts can be removed. The outcome of all attempts are in the transcript. The transcript will also tell the licensing board whether that attempt was taken in school or after graduation, so the licensing authority knows every attempt, every location of the attempt, and the conditions of the attempt.

Dr. Morrow asked what the percent of pass rates historically are for the ADEX examination on the first attempt and which section is failed most often and has to be retaken. Dr. Champagne replied that the pass rate per section each varies. The most difficult psychomotor section seems to be endodontics. Ms. Overfelt indicated that there are only eight dental schools in the U.S. that do not offer ADEX. With the merger of CDCA-WREB, there are hopes that those eight schools will transition.

There were no public comments made on this item.

At 10:33 a.m., the Board recessed for a break.

At 10:45 a.m., the Board reconvened.

\*Agenda Item 26(b): Presentation from DCA, Office of Professional Examination Services (OPES) Regarding Use of Dentist Licensing Examinations

Dr. Heider Lincer, Ph.D., DCA Chief of OPES, and Dr. Tracy Montez, Ph.D., DCA Division Chief of Programs and Policy Review, provided the report, which is available in the meeting materials.



Dr. Morrow commented regarding the prioritization of different exams. In regard to the Portfolio exam, Dr. Morrow stated that he was involved with the conception and implementation of this exam. The Portfolio exam can only be taken by graduates from dental schools located in California, which limits the number of potential licensees. The Portfolio exam also is not being widely utilized by schools in California, and is accepted in a limited number of states. Dr. Morrow has met with deans from different schools to discuss what changes can be made to implement a better utilization, although there has been no effective communication with the deans. As result of the limited number of candidates that can take the exam, there are a limited number of states that will accept the exam. The two exams OPES is suggesting the Board look at puts the DLOSCE as being the other choice. The potential number of possible licensees is significantly greater from the DLOSCE, than it is for the Portfolio, because it is given at multiple testing centers, such as prometric, and does not have to be taken at a dental school. It is a computerized exam and can be administered as significantly less cost.

Dr. Morrow moved to have OPES review the DLOSCE and report to the Board as to whether it meets the state's requirements for licensing examinations. Dr. Larin seconded the motion. This motion is reflected under Agenda Item 26(b).

Dr. Lincer responded that she is concerned with reviewing the Portfolio exam as it is currently in limited use and has not been reviewed for a long time. Dr. Morrow noted there are very few states that accept the Portfolio exam, so the portability of the Portfolio exam is very limited. Ms. Fischer commented the Board may need to decide whether it is appropriate to have OPES review the DLOSCE before it is accepted in statute.

Dr. Montell asked for an explanation of the timeline for reviews of all three exams. Ms. Wallace stated that the earliest for review to begin would be FY 2022/2023, beginning in July, and would take 12-18 months to complete one exam review, while OPES continues to perform other exam activities for the Board. Dr. Lincer pointed out that the DLOSCE does not measure psychomotor skills, which the other exams do, and could change the definition of minimum competence across the different examinations.

Dr. Montez reiterated OPES's suggestion that to be compliant with Business and Professions Code section 139, it would be a better use of the Board's resources to first review the INBDE and the Portfolio examinations. As those reviews occur along with the other work with the Board, there is an expectation that there will be additional data for the DLOSCE in which the Board can use to revisit the examination. The Board should first meet the initial mandates of the first two exams and then look at other options.

Dr. Morrow indicated that dental school deans are strongly in favor of pursuing the possibility of the DLOSCE being accepted for licensure in California. To Dr. Morrow, an establishment of the DLOSCE meeting state requirements would precede putting the acceptance of that exam into statute.

Dr. Montell inquired whether reviewing the DLOSCE before obtaining additional data would have any detrimental effect on the review itself. Dr. Lincer responded that they have concerns because the exam is fairly new as it was recently implemented in 2020. Not a lot of states are accepting the exam; so there will not be a lot of data, such as the number of candidates and pass rates. The occupational analysis, examination development, and subject matter experts will be available, but OPES will not have as much data as they usually do and that they like to have. Dr. Morrow noted he believed the Board probably has an equal amount of data related to the implementation of both the Portfolio exam and the DLOSCE.

Dr. Larin stated that she is concerned that psychomotor skills is not included in DLOSCE, which was why she accepted review of it; she thinks that is an important part of any exam. But she would like to review the DLOSCE before it goes into regulation.

Dr. Morrow stated his high concern for dentists to have well-developed psychomotor skills upon graduation from their dental education. With the implementation of the Commission on Dental Accreditation (CODA), which sets very rigorous standards as far as assessment of students' psychomotor skills in the process of competency examinations, there is evidence to support that upon graduation, CODA has required that the dental schools that are approved by CODA have graduated students that meet that level of psychomotor skills necessary to enter into the unsupervised practice of dentistry. In that respect, Dr. Morrow asked the dentist Board Members who graduated from a CODA-approved dental school if they thought and felt that upon graduation, they had sufficient psychomotor skills to enter into the unsupervised practice of dentistry, which is CODA's definition of competency. If they did, then do those skills need to be tested again, or is it acceptable to say clinical judgment should be more the focus of the licensing examination than psychomotor skills. If the Board Members do not think they had sufficient psychomotor skills, then they would have an issue with their dental school.

Ms. Fischer advised the Board the agenda item asks the Board in what order they want OPES to review the examinations. The Board has a statutory obligation to review the Portfolio exam because it is an exam the Board accepts. The question is not whether the DLOSCE will be reviewed, but whether the DLOSCE should be reviewed after the Portfolio exam.

The Board received public comment. David Waldschmidt, Director of the Joint Commission on National Dental Examinations (JCNDE) and Senior Director of the ADA's Department of Testing Services (DTS). He encouraged the Board to consider the DLOSCE as soon as possible. He stated that the JCNDE feels that psychomotor skills are extremely important. Psychomotor skills are not directly measured by the DLOSCE; however, it predicts them far better than existing clinical measures. Mr. Waldschmidt stated that when you look at the standards, it indicates that evidence of the validity of a given interpretation of test scores for specified use is a necessary condition for the justifiable use of an examination. Mr. Waldschmidt provided statistics regarding

candidates and clinical performance. He encouraged everyone to compare the validity of existing exams to the DLOSCE, which will help everyone understand the importance this examination holds for dentistry and the public.

Dr. Pappas asked the Board to reconsider Dr. Morrow's question and think in terms of people they went to school with and whether they possessed the necessary psychomotor skills.

\*Agenda Item 26(c): Discussion and Possible Action of Prioritization of Examination Reviews to be Conducted by DCA, OPES

Discussion on this item is reflected under Agenda item 26(b), above.

(M/S/C) (Morrow/Larin) to have OPES review and report on the DLOSCE meeting state requirements for dental licensure.

Ayes: Chan, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Olague, Pacheco.

Nays: Felsenfeld, Stewart, Yu.

Abstentions: Burton.

Absent: None.

Recusals: None.

The motion passed. Public comments on this item are reflected under Agenda Item 26(b), above.

*The Board returned to Agenda item 24.*

Agenda Item 27: Licensing, Certifications, and Permits

Agenda Item 27(a): Review of Dental Licensure and Permit Statistics

Ms. Kayla Surprenant, Licensing and Examination Unit Manager, provided the report, which is available in the meeting materials.

There were no public comments made on this item.

Agenda Item 27(b): General Anesthesia and Conscious Sedation Permit Evaluations Statistics

Jessica Olney, Anesthesia Unit Manager, provided the report, which is available in the meeting materials.

There were no public comments made on this item.

Agenda Item 28: Legislation – Update, Discussion, and Possible Action on:

Agenda Item 28(a): 2022 Tentative Legislative Calendar – Information Only

Ms. Burton provided an overview of the 2022 Tentative Legislative Calendar, which is available in the meeting materials.

There were no public comments made on this item.

Agenda Item 28(b): End of Year Legislative Summary Report

Ms. Burton provided the report, which is available in the meeting materials. Ms. Burton mentioned that prior to coming on the Board, this type of report did not exist. She verbalized that she takes a lot of pride that the Board is at a point where it has the ability to track legislation.

M/S/C) (Burton/Yu) to adopt the attached *Legislative Summary for End of 2021 Legislative Session* and direct staff to post the report on the Board's web site.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. There were no public comments made on this item.

Agenda Item 28(c): Discussion on Prospective Legislative Proposals

Ms. Burton provided the report, which is available in the meeting materials.

Dr. Morrow mentioned that Assembly Bill (AB) 526 provides that the educational requirements for dentists and registered dental hygienists to be qualified to provide vaccinations will also be counted as continuing education towards license renewal.

Dr. Chan mentioned that the courses that were offered for the emergency authorization for dentists to give vaccinations were done by the Centers for Disease Control and Prevention (CDC). He asked how that works with identifying CDC as a provider of a continuing education in California. Ms. Wallace replied that she anticipates that this topic will be covered at the February Board meeting.

There were no stakeholder proposals presented to the Board and no public comments made on this item.

Agenda Item 29: Update on Pending Regulatory Packages

Wilbert Rumbaoa, Administrative Services Unit Manager, provided the report, which is available in the meeting materials. Mr. Rumbaoa reported that the Board is working on 10 regulation packages. Board staff have been working with the DCA Legal Affairs Division and DCA Director's Office in conjunction with OAL.

The packages are in several different phases of review. Mr. Rumbaoa stated that it is the Board's intention to move more packages by the February meeting.

DRAFT - Dental Board of California  
November 18-19, 2021 Meeting Minutes

There were no public comments made on this item.

Agenda 30: Election of 2022 Board Officers

Ms. Fischer facilitated the election.

Ms. Fischer opened the floor for nominations for the position of Secretary. Dr. Larin nominated Dr. Sonia Molina. Dr. Molina accepted the nomination. There were no additional nominations.

Vote for Dr. Molina as Secretary:

Ayes: Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Molina, Morrow, Montell, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: Burton.

Absent: Mendoza.

Recusals: None.

The vote passed. Dr. Molina was elected Secretary.

Ms. Fischer opened the floor for nominations for the position of Vice President. President Pacheco nominated Dr. James Yu. Dr. Yu accepted the nomination. In addition, Dr. Molina nominated Dr. Lilia Larin. Dr. Larin accepted the nomination.

Vote for Dr. Yu as Vice President:

Ayes: Burton, Chan, Felsenfeld, McKenzie, Montell, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: Molina.

Abstentions: Larin, Medina.

Absent: Mendoza.

Recusals: None.

The vote passed. Dr. Yu was elected as Vice President.

Ms. Fischer opened the floor for nominations for the position of President. Ms. McKenzie nominated Dr. Felsenfeld. Dr. Felsenfeld accepted the nomination. In addition, Dr. Stewart nominated Dr. Chan. Dr. Chan accepted the nomination.

Vote for Dr. Felsenfeld as President:

Ayes: Burton, Felsenfeld, Larin, McKenzie, Medina, Molina, Montell, Morrow.

Nays: Chan, Olague, Pacheco.

Abstentions: Stewart, Yu.

Absent: Mendoza.

Recusals: None.

The vote passed. Dr. Felsenfeld was elected President.

Agenda Item 31: Executive Officer Closing Remarks

Ms. Fischer provided closing remarks at her last meeting as EO.

Ms. Fischer mentioned that on September 1, 2021, she notified the Board Members that she would be retiring. She served as the Board's EO for 9 years and reiterated that she had no words to express the gratitude that she received while employed with the Board.

Board Members thanked Ms. Fischer for her dedication and work for the Board.

The Board received public comment. Mary McCune, Dr. Whitcher, and Mr. Lum expressed their gratefulness for being able to work alongside Ms. Fischer and honored her for the work that she has carried out at the Board.

Agenda Item 32: Adjournment

President Pacheco adjourned the meeting at 2:04 p.m.

*\*Agenda items for this meeting were taken out of order. The order of business conducted herein follows the publicly noticed Board meeting Agenda.*



## MEMORANDUM

<b>DATE</b>	January 28, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 4: Board President Report</b>

Background:

Dr. Alan Felsenfeld, President of the Dental Board of California, will provide a verbal report.

Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	January 31, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 5: Interim Executive Officer Report</b>

Background:

Ms. Sarah Wallace, Interim Executive Officer of the Dental Board of California, will provide a verbal report on:

- A. Personnel Update
- B. Update on Director of Department of Consumer Affairs (DCA) Waiver Orders and Governor Executive Orders
- C. Update on Board Strategic Plan
- D. Update on COVID-19 Vaccination and Testing Requirements
- E. Update Regarding Request for Executive Officer Salary Level Increase

Action Requested:

No action requested.





## MEMORANDUM

<b>DATE</b>	January 20, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 6:</b> Report on Department of Consumer Affairs (DCA) Activities

Background:

Ms. Brianna Miller, Board and Bureau Relations Manager of the Department of Consumer Affairs, will provide a verbal report.

Action Requested:

No action requested.



# MEMORANDUM

<b>DATE</b>	January 14, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Sarah Wallace, Interim Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 7: Budget Report</b>

**Background:**

The Dental Board of California (Board) administers the State Dentistry Fund (Fund), which derives revenues (primarily) through licensing-related fees to fund the Board’s administrative, licensing, and enforcement activities.

The Board receives a proposed annual budget appropriation upon the release of the Governor’s Budget (January 10<sup>th</sup>), which is finalized upon enactment of the Budget Act. The Board is statutorily required to remain within its appropriation spending limit and to ensure the Fund’s ongoing solvency.

**2022-23 Governor’s Budget Summary:**

The following chart provides an overview of the newly released Governor’s Budget for the Dental Board of California.

2022-23 Governor’s Budget		
Fund	Revenue	Expenditures*
State Dentistry Fund	\$18,540,000	\$18,856,000

\* \$283,000 (net) reimbursements – probation monitoring and fingerprints

**Analysis of Fund Condition Statement (see Attachment 1A):**

The attached fund condition statement (FCS) is based on the 2022-23 Governor’s Budget and 2021-22 Fiscal Month 5 Revenue and Expenditure projections. It has been updated with 2020-21 prior-year actual revenues and expenditures, which resulted in a fund balance reserve of \$12.5 million (9.7 months). Other adjustments have also been included.

Agenda Item 7: Budget Report  
 Dental Board of California Meeting  
 February 10-11, 2022

**Revenues** – The Board began 2021-22 with a fund balance of \$14.1 million and collected approximately \$18.7 million in revenues with \$3.2 million from initial license fees and \$14.9 million from license renewals.

For 2021-22 (current year), the Board projects revenues of \$18.52 million and currently anticipates revenues to remain relatively stable in the future. Approximately \$3 million is projected from initial license fees and \$14.9 million from renewal fees.

The Board notes, Chapter 929, Statutes of 2018 (SB 501), created additional anesthesia permit and certificate types and fees. The Board is currently in the process of promulgating regulations to implement SB 501, and as a result, any revenues are not included in the FCS at this time.

**Expenditures** – The Board’s 2021-22 current year appropriation is \$18.8 million. The FCS projects ongoing expenditures with a three percent (growth factor) increase per year. The FCS shows the Board fully expending its appropriation ongoing. To the extent the Board does not fully expend its appropriation, any savings remains in the Fund for future use.

Overall expenditures are projected to rise approximately \$1,300,000. Personal services and Attorney General make up the largest part of the increase. Personal Services have increased just under \$500,000 primarily due to the 4.55% GSI increase beginning July 1, 2021, and the Attorney General costs have increased \$230,000.

The Board notes, future legislation or other events could require the Board to request additional resources through the annual budget process, which would increase cost pressure on the Fund.

**General Fund Loan** – Item 1111-011-0741, Budget Act of 2020, authorizes a \$5 million loan transfer from the Fund to the General Fund (GF). The loan is required to be repaid with interest in the event the Board needs the funds, or if the GF no longer needs the funds.

The interest accrued is estimated at \$25,000 per year. The FCS currently indicates repayment in 2023-24, which includes approximately \$75,000 of interest income.

The Board notes, the \$5 million repayment will be coordinated as part of any future regulatory and/or statutory fee increase proposals.

**Dental Assistant Fund (disposition)** – Chapter 865, Statutes of 2019 (AB 1519) abolished the Dental Assistant Fund, effective July 1, 2022, and any remaining funds shall be deposited into the Fund.

The current projected balance of \$2.9 million has remained in the Dental Assistant Fund since 2020 to ensure any financial obligations are paid and the remaining balance will be transferred to the Fund, no later than July 1, 2022.

**Fund Balance Reserve** – The fund balance reserve reports the amount of funds remaining in the Fund at the end of any given fiscal year. Typically, 3 to 6 months is considered sufficient.

The fund balance reserve is currently stable but does show a declining balance in future years due to a structural imbalance, and the Fund is projected to become insolvent in 2026-27.

**Structural Imbalance** – A structural imbalance occurs when projected revenues are less than anticipated expenditures.

The Fund is not projected to have a structural imbalance for CY 2021-22 due to better than expected revenues and lower than anticipated expenditures. However, future year's budgets are projected to be imbalanced.

**Action Required (future)** – The Board will continue to monitor the Fund and work with the DCA Budget Office to ensure solvency.

As previously noted, the Board had significant 2020-21 prior-year savings of approximately \$2.1 million related to vacant positions, and those savings are projected to continue for 2021-22. However, the Board is actively recruiting to fill these positions and any savings will likely be reduced in the future.

The Board further notes, most (all) existing license fee types currently being assessed are set below their statutory maximums and may be increased through regulations, which could eliminate the existing structural imbalance. Regulatory fee change proposals typically take 18 to 24 months to promulgate.

Board staff will be working with the DCA Budget Office to identify possible actions to reduce or eliminate the structural imbalance to ensure the Board remains solvent and able to fully meet its licensing and enforcement mandates.

Board staff will present the findings and recommendations at future board meetings to allow for public input and Board Member consideration.

Department of Consumer Affairs  
 Expenditure Projection Report  
 Dental Board of California

Fiscal Year: 2021 – 2022, FM 5  
 Prepared Date:1/13/2022

PERSONAL SERVICES

Description Item	PY Budget	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5100 PERMANENT POSITIONS	\$5,928,000	\$4,717,037	\$6,507,000	\$2,133,988	\$5,120,357	\$1,386,643
5100 TEMPORARY POSITIONS	\$284,000	\$48,134	\$284,000	\$5,000	\$52,301	\$231,699
5105-5108 PER DIEM, OVERTIME, & LUMP SUM	\$130,000	\$124,882	\$130,000	\$25,688	\$98,536	\$31,464
5150 STAFF BENEFITS	\$3,367,000	\$2,718,488	\$3,585,000	\$1,164,908	\$2,832,616	\$752,384
<b>PERSONAL SERVICES</b>	<b>\$9,709,000</b>	<b>\$7,608,542</b>	<b>\$10,506,000</b>	<b>\$3,329,584</b>	<b>\$8,103,810</b>	<b>\$2,402,190</b>

OPERATING EXPENSES & EQUIPMENT

Description Item	PY Budget	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5301 GENERAL EXPENSE	\$172,000	\$116,396	\$172,000	\$16,703	\$81,496	\$90,504
5302 PRINTING	\$79,000	\$176,644	\$79,000	\$147,717	\$141,064	-\$62,064
5304 COMMUNICATIONS	\$49,000	\$43,843	\$49,000	\$21,177	\$43,915	\$5,085
5306 POSTAGE	\$72,000	\$18,850	\$72,000	\$0	\$18,850	\$53,150
5308 INSURANCE	\$2,000	\$9,457	\$2,000	\$0	\$9,457	-\$7,457
53202-204 IN STATE TRAVEL	\$159,000	\$5,379	\$159,000	\$20,614	\$41,229	\$117,771
5322 TRAINING	\$12,000	\$19,586	\$12,000	\$2,686	\$14,100	-\$2,100
5324 FACILITIES	\$827,000	\$684,553	\$827,000	\$847,207	\$891,170	-\$64,170
5326 UTILITIES	\$1,000	\$0	\$1,000	\$0	\$0	\$1,000
53402-53403 C/P SERVICES (INTERNAL)	\$2,564,000	\$2,303,068	\$2,564,000	\$846,848	\$2,534,354	\$29,646
53404-53405 C/P SERVICES (EXTERNAL)	\$869,000	\$786,171	\$869,000	\$617,773	\$771,636	\$97,364
5342 DEPARTMENT PRORATA	\$2,955,000	\$2,820,346	\$3,195,000	\$1,597,500	\$3,195,000	\$0
5342 DEPARTMENTAL SERVICES	\$74,000	\$228,521	\$66,000	\$50,622	\$183,926	-\$117,926
5344 CONSOLIDATED DATA CENTERS	\$28,000	\$61,543	\$28,000	\$5,596	\$61,543	-\$33,543
5346 INFORMATION TECHNOLOGY	\$32,000	\$6,778	\$32,000	\$8,541	\$256,778	-\$224,778
5362-5368 EQUIPMENT	\$77,000	\$29,737	\$133,000	\$155,739	\$172,537	-\$39,537
5390 OTHER ITEMS OF EXPENSE	\$5,000	\$19,133	\$5,000	\$11,739	\$22,682	-\$17,682
54 SPECIAL ITEMS OF EXPENSE	\$0	\$5,157	\$0	\$0	\$5,157	-\$5,157
<b>OPERATING EXPENSES &amp; EQUIPMENT</b>	<b>\$7,977,000</b>	<b>\$7,335,160</b>	<b>\$8,265,000</b>	<b>\$4,350,462</b>	<b>\$8,444,892</b>	<b>-\$179,892</b>
REIMBURSEMENTS	-\$283,000	-\$635,000	-\$283,000	-\$121,779	-\$283,000	\$0
<b>OVERALL TOTALS</b>	<b>\$17,686,000</b>	<b>\$14,943,702</b>	<b>\$18,488,000</b>	<b>\$7,558,267</b>	<b>\$16,265,702</b>	<b>\$2,222,298</b>

**0741 - State Dentistry Fund  
Analysis of Fund Condition**

Prepared 1.13.2022

**Based on FM5 2021-22**

	PY 2020-21	CY 2021-22	Governor's Budget BY 2022-23	BY + 1 2023-24
<b>BEGINNING BALANCE</b>	\$ 14,318	\$ 12,447	\$ 13,679	\$ 13,704
Prior Year Adjustment	-\$138	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 14,180	\$ 12,447	\$ 13,679	\$ 13,704
<b>REVENUES AND TRANSFERS</b>				
Revenues:				
4121200 Delinquent fees	\$ 314	\$ 290	\$ 285	\$ 285
4127400 Renewal fees	\$ 14,934	\$ 15,278	\$ 14,903	\$ 14,903
4129200 Other regulatory fees	\$ 151	\$ 145	\$ 144	\$ 144
4129400 Other regulatory licenses and permits	\$ 3,184	\$ 3,070	\$ 2,966	\$ 2,966
4143500 Miscellaneous services to the public	\$ -	\$ 48	\$ 48	\$ 48
4163000 Income from surplus money investments	\$ 75	\$ 117	\$ 177	\$ 150
4171400 Escheat of unclaimed checks and warrants	\$ 12	\$ 14	\$ 15	\$ 15
4172500 Miscellaneous revenues	\$ -	\$ 3	\$ 2	\$ 2
4173500 Settlements and Judgements	\$ 7	\$ -	\$ -	\$ -
Total Revenues	\$ 18,677	\$ 18,965	\$ 18,540	\$ 18,513
Transfers to Other Funds				
T00001 Loan from the State Dentistry Fund (0741) to the General Fund (0001) per Item 1111-011-0741, Budget Act of 2020	\$ -5,000	\$ -	\$ -	\$ -
Revenue Transfer from the State Dental Assistant Fund (3142) to the State Dentistry Fund (0741) per Business and Professions Code Section 205.2			\$ 2,877	
Total Revenues, Transfers, and Other Adjustments	\$ 13,677	\$ 18,965	\$ 21,417	\$ 18,513
Total Resources	\$ 27,857	\$ 31,412	\$ 35,096	\$ 32,217
<b>EXPENDITURES</b>				
Disbursements:				
1111 Department of Consumer Affairs Program Expenditures (State Operations)	\$ 14,309	\$ 16,266	\$ 19,139	\$ 19,713
8880 Financial Information System of California (State Operations)	\$ -	\$ -	\$ -2	\$ -2
9892 Supplemental Pension Payments (State Operations) Statewide	\$ 318	\$ 318	\$ 318	\$ 318
Total Expenditures and Expenditure Adjustments	\$ 15,410	\$ 17,733	\$ 21,392	\$ 22,056
<b>FUND BALANCE</b>				
Reserve for economic uncertainties	\$ 12,447	\$ 13,679	\$ 13,704	\$ 10,161
<b>Months in Reserve</b>	9.7	9.3	7.7	5.5

NOTES:

- A ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ON-GOING.
- B ASSUMES APPROPRIATION GROWTH OF 3% PER YEAR BEGINNING IN BY+1.
- C ASSUMES INTEREST RATE AT 1.5% FOR INCOME FROM SURPLUS MONEY AND INVESTMENTS



## MEMORANDUM

<b>DATE</b>	January 19, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 8:</b> Report on the January 28, 2022 Meeting of the Dental Assisting Council (DAC)

Background:

Ms. Jeri Fowler, Chair of the Dental Assisting Council (Council), will provide a verbal report on the January 28, 2022 meeting of the Council.

Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	February 2, 2022
<b>TO</b>	Members of the Dental Board of California (Board)
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 9:</b> Discussion and Possible Action Regarding Appointment of Dental Assisting Council (DAC) Members

### Background

Pursuant to Business and Professions Code (BPC) section 1742, the DAC considers all matters relating to dental assistants in California and makes appropriate recommendations to the Board and the standing Committees of the Board. The DAC meets quarterly in conjunction with the Board meetings and at other times as deemed necessary. The DAC is comprised of the Registered Dental Assistant (RDA) Member of the Board, another Member of the Board, and five RDAs, representing as broad a range of dental assisting experience and education as possible. (BPC, § 1742, subd. (b)(1).)

DAC Members are appointed by the Board and serve at the Board's pleasure. Pursuant to BPC section 1742, subdivision (b)(2), the Board shall consider, in its appointments of the five RDA members, recommendations submitted by any incorporated, nonprofit professional society, association, or entity whose membership is comprised of RDAs within the state. Two of those Members shall be employed as faculty members of an RDA educational program approved by the Board, and shall have been so employed for at least the prior five years. Three of those Members, which shall include one RDAEF, shall be employed clinically in private dental practice or public safety net or dental health care clinics. All five of those Members shall have possessed a current and active RDA or RDAEF license for at least the prior five years, and shall not be employed by a current Member of the Board.

### DAC Member Resignations

At the November 2021 Board meeting, a report was provided regarding the resignation of the following DAC Members, who were appointed as RDAs employed clinically in private dental practice or public safety net or dental health care clinics:

1. Melinda Cazares, RDA – notified the Board of her resignation in August 2021.



2. Michele Jawad, RDA, M.A.ED – notified the Board of her resignation in October 2021.

#### DAC Member Recruitment

A recruitment notice was posted on the Board's website to fill the DAC's two open positions for RDA members employed clinically in private dental practice or public safety net or dental health care clinic. The application deadline was Wednesday, December 15, 2021.

Board Members Joanne Pacheco, RDH, MAOB, and Rosalinda Olague, RDA, BA, were appointed to a subcommittee to review the applications, conduct telephone interviews, and bring recommendations to fill these vacancies to the Board at a future meeting.

The Board received 37 applications. The subcommittee reviewed the applications and determined 17 of the applicants met the qualifications to be interviewed for the vacancies. The subcommittee is expected to complete the applicant interviews on Monday, February 7, 2022, and will bring the recommendation for the final candidates to be considered at the Board meeting on February 10, 2022. Additional meeting materials for this agenda item that contain the subcommittee's recommendations and applications of the final candidates will be provided at the Board meeting.

#### Action Requested

The Board is asked to consider the Subcommittee's recommendations and appoint two candidates to fill the open DAC Member positions for RDA members employed clinically in private dental practice or public safety net or dental health care clinic.



## MEMORANDUM

<b>DATE</b>	January 24, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 10(a):</b> Update on “Attorney General’s Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies, Business and Professions Code Section 312.2, January 1, 2022”

Background:

Carl Sonne, Senior Assistant Deputy Attorney General, will be providing an update and presentation on the Attorney General's Annual Report. He will be available to answer questions. The Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies Business and Professions Code Section 312.2 January 1, 2022 is attached. Please refer to page 22 of the attachment for the report on the Dental Board of California.

Action:

No action requested.



**Attorney General's Annual Report**  
**on**  
**Accusations Prosecuted for Department of**  
**Consumer Affairs Client Agencies**

**Business and Professions Code Section 312.2**

**January 1, 2022**

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# **Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies**

**January 1, 2022**

## **EXECUTIVE SUMMARY**

This is the fifth annual report by the Office of the Attorney General pursuant to Business and Professions Code section 312.2, which became effective on January 1, 2016, requiring annual reports to be filed by January 1 each year. This report is based on data from Fiscal Year 2020-21. It provides information concerning accusation referrals received and adjudicated for each Department of Consumer Affairs client agency represented by the Licensing Section and the Health Quality Enforcement Section of the Office of the Attorney General.

In Fiscal Year 2020-21, approximately half of the legal work performed by the Licensing Section and Health Quality Enforcement Section was for the prosecution of accusations, which are the focus of this report. During the fiscal year, 2,965 accusation referrals were received from the Department of Consumer Affairs client agencies. All matters were adjudicated, except that 7 percent of accusation referrals to the Office of the Attorney General were rejected, and 8 percent required further investigation.

The Office of the Attorney General adjudicated 2,861 accusation referrals during the year. The accusations adjudicated were referred to this office in Fiscal Year 2020-21 or in a prior fiscal year. Multiple adjudications can occur when more than one licensee is included within one matter, each with different adjudication dates and types, or when a client agency exercises its discretion to reject an original adjudication. Approximately 58 percent of the total adjudications were by stipulated settlement, 23 percent by default, 16 percent by administrative hearing<sup>1</sup>, and 3 percent resulted from withdrawal of accusations by the agencies.

## **BACKGROUND**

### [Licensing Section and Health Quality Enforcement Section](#)

The Licensing Section and the Health Quality Enforcement Section of the Office of the Attorney General's Civil Law Division specialize in California professional and vocational licensing law. The two sections represent 36 Department of Consumer Affairs licensing oversight agencies that issue multiple types of professional and vocational licenses. They provide legal representation to these agencies in many kinds of licensing matters to protect California consumers and enhance the quality of the professions and vocations. Liaison deputies also regularly consult with agency staff to advise them on jurisdictional, legal, and programmatic issues. Each section's legal staff also provide training

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<sup>1</sup> This report's information is provided against the backdrop of the COVID-19 pandemic in Fiscal Year 2020-21.

for the Department of Consumer Affairs Division of Investigation, agency investigators, and agency staff.

Both sections prosecute licensing matters, including accusations (license discipline), which comprise about 52 percent of their combined caseload. The balance of prosecution matters consists of:

- statements of issues—appeal hearings when a license application has been denied;
- interim suspension petitions—hearings before the Office of Administrative Hearings for immediate suspension of a license;
- injunction proceedings—brought in superior court to stop unlicensed practice;
- post-discipline matters—when a licensee petitions for reduction of penalty or reinstatement of a revoked license;
- citations—appeal hearings when a citation and/or fine has been issued;
- Penal Code section 23 petitions—seeking a license restriction during the pendency of a criminal proceeding;
- subpoena enforcement actions—to obtain records needed for the investigation of complaints;
- judicial review proceedings—superior court review of final administrative decisions;
- appeals—usually from superior court review proceedings;
- civil litigation related to license discipline—defending agencies in civil lawsuits brought in state or federal courts; and
- third-party subpoenas—to obtain records in litigation from non-party client agencies.

Business and Professions Code section 312.2 requests data only for the prosecution of accusation matters by the two sections. Accusations are the primary component of the enforcement program for each licensing agency. The legal services in other types of licensing matters handled by the sections are not included in this report, except where accusations are combined with petitions to revoke probation.

### Department of Consumer Affairs Client Agencies

The 36 Department of Consumer Affairs agencies represented by the Licensing Section and the Health Quality Enforcement Section each have different licensing laws, programs, and processes unique to their practice areas. A few agencies issue only one type of license, but most issue multiple license types. As a result, agencies differ in how they refer accusation matters to the Office of the Attorney General. Some agencies refer one matter for each licensee, while others refer multiple licensees involved in the same or related acts for which discipline will be sought in a single accusation. Nearly half of client agencies represented by the Licensing Section file a single accusation naming all licensees involved in the events underlying the disciplinary action. None of the agencies represented by the Health Quality Enforcement Section file a single accusation against multiple licensees. Instead, a separate accusation is filed against each licensee. When multiple licensees are involved in the same events, the accusations may be consolidated for hearing. Any agency may also refer additional investigations to this office for prosecution while an initial accusation matter is pending, and these subsequent investigations are counted as additional *accusation referrals* in this report.

There are also other differences in how client agencies respond to and participate in legal matters. Some agencies have higher default rates, and some have higher rates of representation by counsel in their accusation matters. The applicable burden of proof varies based on the type of professional,



vocational, or business license. Generally, when there are specific educational and testing requirements to obtain a license, disciplinary charges must be proved by clear and convincing evidence to a reasonable certainty. Most accusation matters brought by Department of Consumer Affairs licensing agencies are subject to this burden of proof, but a few license types are subject to a lower burden of proof, i.e., preponderance of evidence. Generally, these are licenses that permit operation of a business at a specific location, such as an automotive repair dealership or pharmacy.

Only about a dozen Department of Consumer Affairs agencies are required to file their accusations within a prescribed statute of limitations, which generally ranges from one to five years, but may be longer in specific circumstances. Beginning on July 1, 2019, six Department of Consumer Affairs agencies were required to order disciplined licensees to provide patients a probation disclosure prior to their first visit concerning their probationary order in either all or specific circumstances. *Effective January 1, 2022*, all Department of Consumer Affairs client agencies are entitled to recover their costs of investigation and prosecution from respondents. The data included in this report are consistent with each client's licensing programs and practices to the extent possible. But as a result of variances among agencies, data are not typically comparable to each other in any meaningful way.

### Investigation Process

Agencies also differ in how they investigate their cases. Most commonly, agencies investigate using their own staff, including inspectors, sworn and unsworn investigators, investigator assistants, or analysts. Certain kinds of cases must be referred to the Department of Consumer Affairs Division of Investigation, consistent with Complaint Prioritization Guidelines developed pursuant to Business and Professions Code section 328. Medical Board cases are excluded from the requirements of section 328. All agencies strive to investigate complaints efficiently and rely on the Attorney General's staff for counsel, as needed.

### Administrative Adjudication Process

If the investigation reveals evidence that a licensee has violated the agency's practice act, the agency refers the matter to the Office of the Attorney General to initiate a legal proceeding to revoke, suspend, limit, or condition the license, which is called an *accusation*. (Gov. Code, § 11503.)

Upon receipt, a deputy attorney general reviews the transmitted evidence to determine its sufficiency to meet the requisite burden of proof and for any jurisdictional issues. If the evidence is insufficient and circumstances suggest additional avenues for evidentiary development, the deputy may request further investigation from the agency. When evidence is insufficient and further investigation is not recommended, or legal issues prevent prosecution, the Office of the Attorney General declines prosecution, and the case is rejected.

Based on sufficient evidentiary support, a deputy attorney general prepares an accusation to initiate the agency's adjudicative proceeding. In some cases, when the accusation is being prepared, a deputy attorney general may request supplemental investigation. The accusation pleading is sent to the agency for signature by the executive director, executive officer, or other designated *complainant* for the agency. The accusation is *filed* when the complainant signs it. When charged in an accusation, a respondent has a right to an adjudicative hearing under the California Administrative Procedure Act (Gov. Code, §11500 et seq.). Once served with the accusation, the respondent must file a *notice of defense* within fifteen days, or is in default. Once the notice of defense has been received, a hearing

is scheduled with the Office of Administrative Hearings. If no notice of defense is received, then a default is prepared for presentation to the client agency.

The deputy attorney general prosecutes the accusation case before the Office of Administrative Hearings. Upon conclusion of the hearing, the case is submitted to the administrative law judge who presided over the hearing. The administrative law judge prepares a proposed decision and sends it to the agency for its board or committee's voting and decision. Of course, a stipulated settlement, which can include a public reprimand, probation, stipulated license surrender, or revocation, can occur at any time and is the most common method of adjudication of accusation matters.

The agency itself, through the board or committee, makes its decision in each accusation case. The agency can accept or reject a settlement, and if rejected, the proceedings will continue. After an administrative hearing, the agency can accept the proposed decision issued by the administrative law judge, in which case it becomes final. However, the agency may opt to reduce the penalty or reject the proposed decision and order the hearing transcript. After review of the transcript and the evidence, the agency can then adopt the proposed decision or issue its own decision. Most cases are resolved when the agency accepts a stipulated settlement or proposed decision. But if not, additional proceedings ensue, which take more time.

Even after an agency's decision is issued, it may not be final. A respondent may exercise the right to petition for reconsideration and, if granted by the agency, the decision will be reconsidered. This can also happen if an agency decides a case based upon the default of a respondent for failure to file a timely notice of defense or failure to appear at a duly noticed hearing. Upon petition by the respondent, the agency can vacate the default decision and additional proceedings are conducted. Each of these types of *post-submission* events will lengthen the processing of a case and require further adjudication.

Once the agency's decision is final, it is still subject to judicial review in administrative mandamus and appellate proceedings. In very few cases, judicial review under Civil Procedure Code section 1094.5 results in remand to the agency to conduct further administrative proceedings or reconsider its decision. In these cases, the final decision of the agency may be delayed by months or even years.

## MEASURES REPORTED

The text of Business and Professions Code section 312.2 is set forth in its entirety in the attached appendix. We provide the following interpretation of terms and description of the manner in which data were gathered for each of the reporting metrics in subdivisions (a)(1)--(a)(7) and (b)(1)--(b)(6).

(a)(1) The number of accusation matters referred to the Attorney General.
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*Accusation matter* means an investigation of one or more complaints that an agency has referred to the Office of the Attorney General. This office will review evidence and, if appropriate, prosecute the matter through the disciplinary process as an accusation.

Accusation matters are counted by each investigation report received that bears a distinct investigation number. Some agencies request that more than one respondent be named and prosecuted in a single accusation, in which case the investigation number is counted as an accusation matter for each respondent. Multiple investigations may be referred during the time that the Office of

the Attorney General is prosecuting the agency's initial accusation referral, which can span different fiscal years. Each investigation received during the reporting period is counted for each respondent to which it pertains.

(a)(2) The number of accusation matters rejected for filing by the Attorney General.

*Rejected for filing* describes the determination, made by a deputy attorney general with a supervisor's approval, that an accusation should not be filed. An accusation can be rejected for many reasons, including: (1) the evidence submitted is insufficient to meet the burden of proof to sustain a cause for discipline under the agency's applicable practice act; (2) the events in question are not within the statute of limitations; and (3) disciplinary action is not supported by law or public policy. When prosecution is declined, the investigative file is returned to the client agency and the case is closed in the Office of the Attorney General.

A rejection for filing during the reporting period is counted once for each respondent to which the rejection pertains, without regard to the number of investigations referred to the Office of the Attorney General for consideration.

(a)(3) The number of accusation matters for which further investigation was requested by the Attorney General.

*Further investigation requested* describes an instance in which a deputy attorney general determines that the evidence in the investigation is insufficient to meet the burden of proof, but that there are avenues available to augment the evidence and support a cause for discipline under the agency's applicable practice act. With supervisory approval, the deputy may request further investigation from the agency, the Division of Investigation, or internally at the Office of the Attorney General. When further investigation is requested in a matter handled by the Licensing Section, the file remains open pending receipt of supplemental investigation and is documented accordingly. In the Health Quality Enforcement Section, the file is returned to the client agency and the matter is closed. The file is reopened if the matter is rereferred to the Office of the Attorney General with additional evidence.

Each request for further investigation made during the reporting period is counted in each matter, and is not necessarily associated with the number of referrals received in the matter, or the number of respondents to which the further investigation may pertain. There may be only one request for further investigation in a matter that contains more than one respondent or more than one investigation. There may also be more than one further investigation request made pertaining to a single respondent in a matter with only one referral.

(a)(4) The number of accusation matters for which further investigation was received by the Attorney General.

*Further investigation received* describes the additional investigation received as a result of further investigation requested, as described above. Very rarely will an agency refer a matter back to the Office of the Attorney General with an *additional* investigation and request reconsideration of a previous decision not to prosecute (i.e., rejection). If the matter is accepted for prosecution, this is also recorded as further investigation received. Additional investigation received is distinguished from a

*new* referral of an accusation matter from a client agency, which is counted in subdivision (a)(1), but is not counted in (a)(4).

Each supplemental investigation received during the reporting period is counted in each matter and is not necessarily associated with the number of referrals received in the matter or the number of respondents to which the further investigation may pertain.

(a)(5) The number of accusations filed by each constituent entity.

*Accusation* means the initial accusation filed in a matter to initiate proceedings to revoke or suspend a license against one or more respondents, and any subsequent amended accusation filed in the matter. Accusations may be amended during the pendency of a case for a variety of reasons, most commonly because the client agency refers an additional investigation of a new complaint and the accusation is amended to add new causes for discipline based on the new investigation. *Filed* means the accusation or amended accusation is signed by the agency's designee, known as the complainant, who is usually the executive officer or executive director of the agency. The accusation is filed on the date the document is signed.

Each accusation or amended accusation filed during the reporting period is counted and reported under subdivision (a)(5).

(a)(6) The number of accusations a constituent entity withdraws.

On occasion, the complainant *withdraws* the accusation after it has been filed, terminating the prosecution of the accusation matter. A common reason for an accusation to be withdrawn is the death of the respondent against whom the accusation is filed. In other cases, the evidentiary basis for the matter may change during litigation, or evidence received from a respondent in the course of discovery may lead to re-evaluation of the merits of the case.

The withdrawal of an accusation is counted separately for each respondent named in the accusation.

(a)(7) The number of accusation matters adjudicated by the Attorney General.

*Adjudication* means that the work of the Office of the Attorney General has been completed and the case will be brought before the agency's decision maker for its final decision. There are four types of adjudicative events: (1) a default decision and order is prepared and sent to the agency because a respondent did not file a notice of defense or failed to appear at a duly noticed administrative hearing; (2) a stipulated settlement is signed by a respondent and sent to the agency, which considers the acceptance of the disposition of the matter for that respondent; (3) the submission of the case at the conclusion of an administrative hearing to an administrative law judge to prepare a proposed decision, and the decision is sent to the agency for its consideration; and (4) withdrawal of an accusation by the complainant, which terminates the matter. An adjudicative event for each respondent named in an accusation is necessary before the matter is fully adjudicated. Every adjudicative event that occurs during the reporting period is counted.

Multiple adjudicative events can also occur in cases with only a single respondent. This happens when an agency does not accept a stipulated settlement, does not adopt a proposed decision submitted by an administrative law judge, grants reconsideration of its decision, or when a superior court judge remands the matter to the agency for further consideration.

(b)(1) The average number of days from the Attorney General receiving an accusation referral to when an accusation is filed by the constituent entity.

The date that each accusation referral is received in the Office of the Attorney General is documented. The calculation of the average reported for subdivision (b)(1) begins on the date of receipt of the first accusation referral in each matter and ends on the date the complainant signs the initial accusation. Amended accusations received after the client agency's initial referral are not included in the average.

(b)(2) The average number of days to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received by the Attorney General from a constituent entity or the Division of Investigation.

*Prepare an accusation* in subdivision (b)(2) is different from *filing an accusation* in subdivision (b)(1). An accusation is *prepared* (i.e., the preparation is based on a deputy attorney general's familiarization with the technical subject matter issues, thorough review of the evidence and expert reports to determine chargeable causes for discipline, then drafting, and supervisorial review of the accusation) by the assigned deputy and then sent to the complainant at the agency to be reviewed, approved, and signed.

*Rereferred* means the date when supplemental investigation has been received by the Office of the Attorney General in response to a request for further investigation, or, in rare cases, following rejection of an accusation matter.

The calculation of the average reported for subdivision (b)(2) begins on the date each initial accusation referral was received in the Office of the Attorney General – including time for initial review of the matter, request for further investigation, further investigation conducted, receipt of the supplemental investigation by the Office of the Attorney General from the agency, re-review by the deputy, and the deputy preparing the accusation – and ends on the date the deputy sends the prepared accusation to the complainant for review and filing in each matter. The average may also include the review of additional referrals received while further investigation is being conducted on the initial referral.

Notably, the matters that required further investigation before preparation of an accusation reported in subdivision (b)(2) are included in the average number of days to file accusations reported in subdivision (b)(1). As a consequence, delays in *preparing* accusations for cases that required further investigation generally will increase the average number of days to *file* the agency's accusations (reported in subdivision (b)(1)).

(b)(3) The average number of days from an agency filing an accusation to the Attorney General transmitting a stipulated settlement to the constituent entity.

Settlements are negotiated according to authorization provided by the complainant based on the agency's published disciplinary guidelines. A stipulated settlement is provided to the agency's decision maker who decides whether to accept the settlement as its disposition of the case against the respondent.

The calculation of the average reported for subdivision (b)(3) begins on the date of filing for the initial accusation in each matter, and ends on the date the stipulated settlement for each respondent is sent to the agency for its consideration.

(b)(4) The average number of days from an agency filing an accusation to the Attorney General transmitting a default decision to the constituent entity.

If a respondent fails to send a notice of defense to the assigned deputy attorney general or agency within 15 days after service of the accusation, or fails to appear at a duly noticed administrative hearing on the accusation, the respondent is in default. The agency can opt to present the case to an administrative law judge without participation by the respondent, who has defaulted. However, most often the agency requests that the deputy prepare a default decision and order for the agency's decision maker to consider issuing as its final decision against the respondent. Many agencies have delegated authority to their executive officers to adopt default decisions as a matter of course, without consideration by the board itself.

The calculation of the average reported for subdivision (b)(4) begins on the date each initial accusation in a matter is filed, and ends on the date of transmission of the default decision and order to the agency for each respondent.

(b)(5) The average number of days from an agency filing an accusation to the Attorney General requesting a hearing date from the Office of Administrative Hearings.

After a notice of defense has been received from each respondent named in an accusation, the deputy attorney general assigned to the matter is responsible for coordinating with opposing counsel, unrepresented respondents, prosecution witnesses, and the Office of Administrative Hearings to determine a hearing date when everyone is available. The deputy attorney general prepares a request to set the hearing based on this coordination and sends it to the Office of Administrative Hearings to calendar the hearing.

The calculation of the average reported for subdivision (b)(5) begins on the date the initial accusation in each matter is filed, and ends on the date the request to set a hearing is sent to the Office of Administrative Hearings. Infrequently, a request to set a hearing is done more than once in a case, usually because a continuance has been granted. Only the first request to set a hearing in a case is included in calculating the average.

(b)(6) The average number of days from the Attorney General's receipt of a hearing date from the Office of Administrative Hearings to the commencement of a hearing.

When the Office of Administrative Hearings receives the request to set hearing sent by the deputy attorney general, the hearing date is set on its calendar and the parties are informed of the hearing date. Unless an intervening motion for a continuance is granted by an administrative law judge, the hearing will commence on that date and, depending on the length of the hearing and intervening factors, may conclude on the same day or at a later date.

The calculation of the average reported for subdivision (b)(6) begins on the date the deputy attorney general receives notice from the Office of Administrative Hearings that the hearing date has been set, and ends on the date the hearing actually commences. When motions to continue hearings are granted, the commencement of hearings are delayed, and the average number of days will increase as a consequence.

## METHODOLOGY

### Case Management System

This report is based on data entered by legal professionals in ProLaw, the case management system of the Office of the Attorney General. Each matter received from a client by the Licensing Section and the Health Quality Enforcement Section is opened in this system. Rules for data entry have been created by the sections and are managed by the Case Management Section of the Office of the Attorney General, which dictates the definitions, dating, entry, and documentation for each data point. Section-specific protocols, business processes, and uniform standards across all professionals responsible for data entry ensure the consistency, veracity, and quality of the reported data. The data entered have been verified to comply with established standards. The data markers in administrative cases have been used to generate the counts and averages in this report. Every effort has been made to report data in a transparent, accurate, and verifiable manner. The Office of the Attorney General continues to improve its technology, systems, and protocols, and to integrate these improvements into its business routines and operations.

### Data Presentation

The information required to be reported by Business and Professions Code section 312.2 has been organized separately for each constituent entity in the Department of Consumer Affairs represented by the Licensing Section and the Health Quality Enforcement Section of the Office of the Attorney General.

Each entry includes the number and types of licenses issued by the agency, which were taken from the 2020 Annual Report of the California Department of Consumer Affairs containing data from Fiscal Year 2019–20, or otherwise verified by the licensing agency. The report can be found online at: [https://www.dca.ca.gov/publications/2020\\_annrpt.pdf](https://www.dca.ca.gov/publications/2020_annrpt.pdf).

Each client agency is unique and cannot easily be compared to others. The following Department of Consumer Affairs website contains links for further information: [http://www.dca.ca.gov/about\\_dca/entities.shtml](http://www.dca.ca.gov/about_dca/entities.shtml).

Any applicable statute of limitations has been included for each client agency's entry, as well as the frequency of agency accusations naming more than one respondent.

Table 1 on the entry for each agency provides the *counts* for various aspects of accusation matters as requested under subdivision (a) of Business and Professions Code section 312.2, such as the number of accusation referrals received and the number of accusations filed (subds. (a)(1) and (a)(5)).

Table 2 provides metrics required under Business and Professions Code subdivision (b) of section 312.2, which are based on accusation matters adjudicated during the year as reported under subdivision (a)(7). We have included the mean, median, standard deviation, and number of values in the data set. The average expresses the central or typical value in a set of data, which is most commonly known as the arithmetic mean. The central value in an ordered set of data is the median. Compared to the median, the mean is more sensitive to extreme values, or *outliers*, and the number of values, or *sample size*. When the mean and median are nearly equivalent, that is a likely indicator that there are few extreme values in the data set. However, when there is a large difference between the mean and median, it is likely that extreme values are skewing the data. The standard deviation (SD) for a data set reflects dispersion. A low SD indicates that data points tend to be close to the mean, while a high SD indicates that data points are spread out over a wider range of values.

The individual client agency entries that follow have been organized in alphabetical order for convenience.



## California Board of Accountancy

The California Board of Accountancy regulated 108,168 licensees in Fiscal Year 2019–20, with six license types. Most complaints received by the board are investigated by the board’s own investigators, who are either certified public accountants or analysts. Some investigations are assisted by the Office of Attorney General and the Board’s Enforcement Advisory Committee through the taking of testimony under oath of licensees under investigation. There were multiple respondents in about 26 percent of the board’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2020–21. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	59
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	2
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	46
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	47

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	137	125	55	42
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	142	142	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	184	143	147	36
(4) from the filing of an accusation to when a default decision is sent to the agency.	64	66	20	7
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	127	127	77	2
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	202	202	62	2

## California Acupuncture Board

The California Acupuncture Board regulated 12,247 licensees in Fiscal Year 2019–20, with one license type — Licensed Acupuncturist. Complaints received by the Board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	8
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	8
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	11

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	138	72	165	11
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	600	600	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	248	238	109	8
(4) from the filing of an accusation to when a default decision is sent to the agency.	314	314	138	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	116	56	120	4
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	174	174	0	1

## California Architects Board

The California Architects Board regulated 21,934 licensees in Fiscal Year 2019–20, with one license type — Architect. Most complaints received by the board are investigated by the Board’s own staff and architect consultants and, when appropriate, referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. The statute of limitations to file an accusation is generally five years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	6
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	7
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	5

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	95	86	33	5
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	187	187	0	1
(4) from the filing of an accusation to when a default decision is sent to the agency.	48	48	15	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	110	110	0	1
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	238	238	0	1

## California State Athletic Commission

The California State Athletic Commission regulated 2,338 licensees in Fiscal Year 2019–20 with eight license types. The commission referred three other matters to the Office of the Attorney General in Fiscal Year 2020–21, but did not refer any accusation matters. There is no statute of limitations within which to file accusations for this agency.

There were no accusation prosecution data for this agency in Fiscal Year 2020–21.

## Bureau of Automotive Repair

The Bureau of Automotive Repair regulated 70,891 licensees in Fiscal Year 2019–20, with nine license types. Complaints and other matters are investigated by the bureau’s own program representatives. There were multiple respondents in approximately 33 percent of the bureau’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2020–21. The statute of limitations to file an accusation is generally three years from the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	262
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	180
(6) accusations withdrawn.	6
(7) accusation matters adjudicated by the Attorney General.	350

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	146	115	118	262
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	283	226	210	3
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	350	307	210	180
(4) from the filing of an accusation to when a default decision is sent to the agency.	126	61	186	88
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	117	102	90	76
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	223	176	154	63

## Board of Barbering and Cosmetology

The Board of Barbering and Cosmetology regulated 620,227 licensees in Fiscal Year 2019–20 with 12 license types. The board receives consumer complaints and routinely inspects establishments for health and safety. The board’s cases are investigated by the board’s own inspectors or other staff, and when appropriate, may also be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. Approximately 8 percent of the board’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2020–21 had multiple respondents. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	15
(2) accusation matters rejected for filing by the Attorney General.	3
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	25
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	54

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	88	87	50	49
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	89	89	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	230	223	124	25
(4) from the filing of an accusation to when a default decision is sent to the agency.	83	57	68	14
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	140	109	125	18
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	120	126	58	11

## Board of Behavioral Sciences

The Board of Behavioral Sciences regulated 120,680 licensees in Fiscal Year 2019–20 with seven license types. Most complaints received by the board are investigated by the board’s own investigators or staff, or referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	57
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	60
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	73

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	72	65	45	70
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	160	160	59	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	178	153	109	49
(4) from the filing of an accusation to when a default decision is sent to the agency.	69	44	58	14
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	112	94	84	23
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	172	136	143	6

## Cemetery and Funeral Bureau

The Cemetery and Funeral Bureau regulated 13,093 licensees in Fiscal Year 2019–20 with 12 license types. Most complaints received by the bureau are investigated by the bureau’s field representatives or staff or referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. Approximately 63 percent of the bureau’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2020–21 had multiple respondents. The statute of limitations to file an accusation is generally three years from the act or omission for cemetery licensees and two years for funeral licensees charged in the accusation.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	17
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	11
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	10

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	178	181	91	8
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	290	165	194	7
(4) from the filing of an accusation to when a default decision is sent to the agency.	164	161	66	3
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	182	168	132	3
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	0	0	0	0



## Board of Chiropractic Examiners

The Board of Chiropractic Examiners regulated 12,771 licensees in Fiscal Year 2019–20 with one license type — Doctor of Chiropractic. It also authorizes satellite offices, chiropractic corporations, and referral services. Most complaints received by the board are investigated by the board’s own investigators or staff, or referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. There is no statute of limitations within which to file accusations for this agency. Effective July 1, 2019, all licensees subject to an order of probation issued on or after July 1, 2019 must provide a probation disclosure to their patients or their patients’ guardians or health care surrogates prior to their first visit.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	41
(2) accusation matters rejected for filing by the Attorney General.	2
(3) accusation matters for which further investigation was requested by the Attorney General.	6
(4) accusation matters for which further investigation was received by the Attorney General.	7
(5) accusations filed.	32
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	26

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	116	88	110	26
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	193	142	74	3
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	292	230	226	21
(4) from the filing of an accusation to when a default decision is sent to the agency.	59	48	22	3
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	164	118	132	10
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	308	308	104	2

## Contractors State License Board

The Contractors State License Board regulated 306,147 licensees in Fiscal Year 2019–20 with two license types and many classifications, including General Contractor. Most complaints received by the board are investigated by the board’s own enforcement representatives, some of whom are sworn investigators. Approximately 28 percent of the board’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2020–21 had multiple respondents, including licensees affiliated with respondents that are entities. The statute of limitations to file an accusation is generally four years from an act or omission charged in the accusation.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	220
(2) accusation matters rejected for filing by the Attorney General.	2
(3) accusation matters for which further investigation was requested by the Attorney General.	7
(4) accusation matters for which further investigation was received by the Attorney General.	11
(5) accusations filed.	168
(6) accusations withdrawn.	7
(7) accusation matters adjudicated by the Attorney General.	355

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	174	117	155	286
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	315	254	246	16
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	351	307	233	124
(4) from the filing of an accusation to when a default decision is sent to the agency.	123	63	158	126
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	141	128	71	69
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	202	158	109	72

## Court Reporters Board of California

The Court Reporters Board of California regulated 6,085 licensees in Fiscal Year 2019–20, with one license type — Certified Shorthand Reporter. Most complaints received by the board are investigated by the board’s own staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	4
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	4
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	4

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	102	101	17	4
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	196	196	138	2
(4) from the filing of an accusation to when a default decision is sent to the agency.	72	72	30	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	0	0	0	0
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	0	0	0	0

## Dental Board of California

The Dental Board of California regulated 195,495 licensees in Fiscal Year 2019–20, with 16 license types. Most complaints received by the board are investigated by the board’s own staff or investigators, some of whom are sworn investigators. They may also be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	118
(2) accusation matters rejected for filing by the Attorney General.	2
(3) accusation matters for which further investigation was requested by the Attorney General.	8
(4) accusation matters for which further investigation was received by the Attorney General.	6
(5) accusations filed.	97
(6) accusations withdrawn.	4
(7) accusation matters adjudicated by the Attorney General.	65

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	92	54	91	62
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	158	104	94	3
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	327	309	204	44
(4) from the filing of an accusation to when a default decision is sent to the agency.	51	42	17	7
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	187	144	158	21
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	278	225	121	9

## Dental Hygiene Board of California

The Dental Hygiene Board of California regulated 18,671 licensees in Fiscal Year 2019–20, with four license types. Most complaints received by the board are investigated by board staff: an enforcement analyst and a non-sworn special investigator. However, some complaints require assistance from Dental Board Investigators, who are sworn officers and have jurisdiction over a dental office. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	3
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	8
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	11

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	79	85	41	8
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	264	264	74	6
(4) from the filing of an accusation to when a default decision is sent to the agency.	69	69	43	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	114	120	46	4
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	216	216	0	1

## Bureau of Household Goods and Services

The Bureau of Household Goods and Services regulated 43,491 licensees in Fiscal Year 2019–20 with 16 license types. Most complaints received by the bureau are investigated by the bureau’s own investigators or staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

There were no accusation prosecution data for this agency in Fiscal Year 2020–21.

## Landscape Architects Technical Committee

The Landscape Architects Technical Committee regulated 3,729 licensees in Fiscal Year 2019–20, with one license type — Landscape Architect. Most complaints received by the committee are investigated by the committee's own enforcement staff, and some are reviewed by the committee's subject matter experts. When appropriate, complaints may be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

There were no accusation prosecution data for this agency in Fiscal Year 2020–21.

## Licensed Midwives Program (Medical Board of California)

The Medical Board of California regulated 460 licensees in Fiscal Year 2019–20, with one license type — Licensed Midwife. Complaints received by the Midwives Program are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. There is no specific statute of limitations within which to file accusations for this program. However, because licensed midwives are within the jurisdiction of the Medical Board of California, accusations are filed within the same limitations period pertaining to the Medical Board, which is generally three years from the discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	3
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	2
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	2

Table 2 are based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	105	105	0	2
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	775	775	0	2
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	0	0	0	0
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0



## Medical Board of California

The Medical Board of California regulated 167,727 licenses, registrations, and permits of nine types in Fiscal Year 2019–20 (excluding Licensed Midwives, data for which is set forth on the preceding page). Data for Physicians and Surgeons, Research Psychoanalysts, and Polysomnographic Program are consolidated below. Complaints received by the Board are investigated by its in-house Complaint Investigation Office or by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	616
(2) accusation matters rejected for filing by the Attorney General.	124
(3) accusation matters for which further investigation was requested by the Attorney General.	87
(4) accusation matters for which further investigation was received by the Attorney General.	354
(5) accusations filed.	472
(6) accusations withdrawn.	19
(7) accusation matters adjudicated by the Attorney General.	379

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	91	69	84	369
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	167	135	122	23
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	324	283	204	271
(4) from the filing of an accusation to when a default decision is sent to the agency.	103	52	113	26
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	181	119	191	135
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	211	174	148	61

## Naturopathic Medicine Committee

The Naturopathic Medicine Committee regulated 1,172 licensees in Fiscal Year 2019–20, with one type of license — Naturopathic Doctor. Complaints received by the Board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. The Committee did not refer any accusation matters in Fiscal Year 2020–21. There is no statute of limitations within which to file accusations for this agency.

There was no accusation prosecution data for this agency in Fiscal Year 2020–21.

## California Board of Occupational Therapy

The Board of Occupational Therapy regulated 18,308 licensees in Fiscal Year 2019–20, with two license types. Most complaints received by the board are investigated by the board’s own investigators or staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	14
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	17
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	15

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	104	82	57	14
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	175	137	118	7
(4) from the filing of an accusation to when a default decision is sent to the agency.	65	30	75	5
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	102	82	41	3
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	149	149	2	2

## California State Board of Optometry

The Board of Optometry includes the Dispensing Optician Committee. The board regulated 31,937 licensees in Fiscal Year 2019–20, with 11 types of licenses, including those for Optometrist and Registered Dispensing Optician. Most complaints received by the board are investigated by the board’s own staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. The board does not employ its own investigators. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	3
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	1
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	6

Table 2 are based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	128	130	34	6
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	69	69	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	241	257	54	3
(4) from the filing of an accusation to when a default decision is sent to the agency.	154	154	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	63	63	0	1
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	69	69	0	1

## Osteopathic Medical Board of California

The Osteopathic Medical Board of California regulated 13,212 licenses and registrations in Fiscal Year 2019–20, with two types of licenses — Osteopathic Physician and Surgeon, and Postgraduate Training License. Complaints received by the Board are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	17
(2) accusation matters rejected for filing by the Attorney General.	3
(3) accusation matters for which further investigation was requested by the Attorney General.	5
(4) accusation matters for which further investigation was received by the Attorney General.	4
(5) accusations filed.	10
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	10

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	100	86	70	10
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	136	136	88	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	272	275	129	9
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	184	171	140	5
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	235	235	0	1

## California State Board of Pharmacy

The Board of Pharmacy regulated 141,741 licensees in Fiscal Year 2019–20, with 32 license types. The board receives consumer complaints and routinely inspects pharmacies for compliance. Most complaints received by the board are investigated by the board’s own inspectors, who are licensed pharmacists themselves. There were multiple respondents in about 43 percent of the board’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2020–21. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	352
(2) accusation matters rejected for filing by the Attorney General.	3
(3) accusation matters for which further investigation was requested by the Attorney General.	13
(4) accusation matters for which further investigation was received by the Attorney General.	19
(5) accusations filed.	200
(6) accusations withdrawn.	5
(7) accusation matters adjudicated by the Attorney General.	305

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	178	128	165	216
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	270	217	215	16
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	362	315	252	199
(4) from the filing of an accusation to when a default decision is sent to the agency.	107	60	130	68
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	118	99	71	63
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	163	144	90	30

## Physical Therapy Board of California

The Physical Therapy Board of California regulated 41,986 licensees in Fiscal Year 2019–20, with two license types — Physical Therapist and Physical Therapist Assistant. Complaints received by the Board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	33
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	7
(4) accusation matters for which further investigation was received by the Attorney General.	9
(5) accusations filed.	33
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	22

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	101	76	68	22
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	256	279	102	13
(4) from the filing of an accusation to when a default decision is sent to the agency.	64	67	23	3
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	98	92	75	10
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	257	222	143	6

## Physician Assistant Board

The Physician Assistant Board regulated 13,927 licensees in Fiscal Year 2019–20, with one license type — Physician Assistant. Complaints received by the Board are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. There is no statute of limitations within which to file accusations for this agency. The Board followed the Medical Board of California’s limitations period, generally three years from discovery of the act or omission charged in the accusation, until December 2019.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	25
(2) accusation matters rejected for filing by the Attorney General.	6
(3) accusation matters for which further investigation was requested by the Attorney General.	7
(4) accusation matters for which further investigation was received by the Attorney General.	9
(5) accusations filed.	23
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	21

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	84	60	93	20
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	304	304	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	317	269	232	16
(4) from the filing of an accusation to when a default decision is sent to the agency.	86	85	14	3
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	230	91	242	7
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	570	570	248	2



## Podiatric Medical Board

The Podiatric Medical Board regulated 2,563 licensees in Fiscal Year 2019–20 with three license types, including Doctor of Podiatric Medicine. Complaints received by the Board are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. The statute of limitations generally requires accusations to be filed within three years after the discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	13
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	3
(5) accusations filed.	15
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	8

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	76	46	75	8
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	382	350	265	7
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	137	85	101	5
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

## Bureau for Private Postsecondary Education

The Bureau for Private Postsecondary Education issues three types of approvals that authorize private postsecondary institutions to operate. It regulated 1,047 licensees in Fiscal Year 2019–20. The bureau does not employ investigators and most complaints are investigated by the board’s own staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	11
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	2
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	11
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	16

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	107	88	57	15
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	83	83	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	193	149	124	7
(4) from the filing of an accusation to when a default decision is sent to the agency.	89	49	89	7
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	178	178	0	1
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	153	153	0	1

## Board for Professional Engineers, Land Surveyors, and Geologists

The Board for Professional Engineers, Land Surveyors, and Geologists regulated 177,602 licensees in Fiscal Year 2019–20 with 27 license types. The board does not employ investigators and most complaints are investigated by the board’s own staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	23
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	28
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	31

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	90	85	49	30
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	248	215	172	20
(4) from the filing of an accusation to when a default decision is sent to the agency.	120	43	178	6
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	160	74	178	10
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	177	146	68	3

## Professional Fiduciaries Bureau

The Professional Fiduciaries Bureau regulated 766 licensees in Fiscal Year 2019–20, with one license type — Professional Fiduciary. Complaints received by the bureau are investigated by the bureau’s own staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	0
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	0
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	3

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	120	101	34	3
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	330	269	203	3
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	0	0	0	0
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	0	0	0	0

## California Board of Psychology

The California Board of Psychology regulated 23,441 licensees in Fiscal Year 2019–20, with three license types — Psychologist, Psychological Assistant, and Registered Psychologist. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	52
(2) accusation matters rejected for filing by the Attorney General.	3
(3) accusation matters for which further investigation was requested by the Attorney General.	4
(4) accusation matters for which further investigation was received by the Attorney General.	7
(5) accusations filed.	42
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	40

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	96	95	68	38
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	162	126	60	3
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	227	226	124	32
(4) from the filing of an accusation to when a default decision is sent to the agency.	212	159	93	3
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	134	99	116	13
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	156	156	38	2

## Bureau of Real Estate Appraisers

The Bureau of Real Estate Appraisers regulated 10,353 licensees in Fiscal Year 2019–20, with six license types. Most complaints received by the bureau involved violations of the Uniform Standards of Professional Appraisal Practice and are investigated by the bureau’s own staff of investigators who each hold a certified appraiser license. Federal law directs the resolution of administrative actions within one year after a complaint is filed with the bureau.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	3
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	4
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	4

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	61	44	38	4
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	44	44	0	1
(4) from the filing of an accusation to when a default decision is sent to the agency.	24	24	1	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	17	17	0	1
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	189	189	0	1

## Board of Registered Nursing

The Board of Registered Nursing regulated 557,964 licensees in Fiscal Year 2019–20, with 10 license types. Most complaints received by the board are investigated by the board’s own staff of investigators, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	647
(2) accusation matters rejected for filing by the Attorney General.	49
(3) accusation matters for which further investigation was requested by the Attorney General.	62
(4) accusation matters for which further investigation was received by the Attorney General.	48
(5) accusations filed.	597
(6) accusations withdrawn.	41
(7) accusation matters adjudicated by the Attorney General.	735

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	98	75	87	719
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	186	137	149	46
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	213	198	121	427
(4) from the filing of an accusation to when a default decision is sent to the agency.	63	44	60	150
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	108	88	72	211
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	201	175	109	110

## Respiratory Care Board of California

The Respiratory Care Board of California regulated 23,588 licensees in Fiscal Year 2019–20, with one license type — Respiratory Care Practitioner. Complaints received by the Board are investigated by Board staff. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	29
(2) accusation matters rejected for filing by the Attorney General.	2
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	30
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	31

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	72	72	49	31
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	127	127	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	172	182	79	19
(4) from the filing of an accusation to when a default decision is sent to the agency.	62	66	13	7
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	87	60	50	9
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	331	184	310	5



## Bureau of Security and Investigative Services

The Bureau of Security and Investigative Services regulated 412,071 licensees in Fiscal Year 2019–20 with 23 license types. Most complaints received by the bureau are investigated by the bureau’s own staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. About 6 percent of the bureau’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2020–21 had multiple respondents. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	29
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	3
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	17
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	21

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	130	102	84	20
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	262	262	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	512	512	232	2
(4) from the filing of an accusation to when a default decision is sent to the agency.	135	118	74	13
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	262	182	219	4
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	130	148	36	6

## Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board regulated 35,171 licensees in Fiscal Year 2019–20 with 12 license types, including Speech and Language Pathologist, Audiologist, Dispensing Audiologist, Speech Language Pathology Assistant, and Hearing Aid Dispenser. Complaints received by the Board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There is no generally applicable statute of limitations within which to file accusations for this agency, with the exception of certain kinds of violations for which an accusation must be filed within three or four years from the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	10
(2) accusation matters rejected for filing by the Attorney General.	2
(3) accusation matters for which further investigation was requested by the Attorney General.	3
(4) accusation matters for which further investigation was received by the Attorney General.	3
(5) accusations filed.	9
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	3

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	203	79	219	3
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	144	144	94	2
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	0	0	0	0
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	264	264	0	1

## Structural Pest Control Board

The Structural Pest Control Board regulated 28,945 licensees in Fiscal Year 2019–20, with five license types. Most complaints received by the board are investigated by the board’s own staff of investigators, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There were multiple respondents in about 22 percent of the board’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2020–21. The statute of limitations requires a complaint to be received by the board within two years from an alleged act or omission, and generally the accusation must be filed within 18 months after the board’s receipt of the complaint.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	24
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	20
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	39

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	77	89	49	27
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	205	242	109	16
(4) from the filing of an accusation to when a default decision is sent to the agency.	113	82	104	14
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	120	70	90	7
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	222	218	17	3

## Veterinary Medical Board

The Veterinary Medical Board regulated 36,093 licensees in Fiscal Year 2019–20, with seven license types. The board receives consumer complaints and routinely inspects veterinary hospital premises for compliance. The board’s cases are investigated by the board’s own inspectors or other staff and, when appropriate, may also be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There were multiple respondents in about 12 percent of the board’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2020–21. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	23
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	10
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	18

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	176	88	150	17
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	563	563	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	445	274	364	12
(4) from the filing of an accusation to when a default decision is sent to the agency.	42	42	7	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	318	202	231	3
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	281	193	137	3

## Board of Vocational Nursing and Psychiatric Technicians

The Board of Vocational Nursing and Psychiatric Technicians regulated 139,409 licensees in Fiscal Year 2019–20 with two license types — Vocational Nurse and Psychiatric Technician. Most complaints received by the board are investigated by the board’s own staff or investigators, and are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2020–21.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	228
(2) accusation matters rejected for filing by the Attorney General.	8
(3) accusation matters for which further investigation was requested by the Attorney General.	11
(4) accusation matters for which further investigation was received by the Attorney General.	13
(5) accusations filed.	192
(6) accusations withdrawn.	3
(7) accusation matters adjudicated by the Attorney General.	216

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	88	71	81	213
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	231	217	163	7
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	210	203	132	79
(4) from the filing of an accusation to when a default decision is sent to the agency.	68	47	62	73
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	90	67	63	64
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	165	147	84	57

## CONCLUSION

Over time, this report will reveal trends and correlations that can be used to drive beneficial changes in business processes. We anticipate that this report will facilitate collaboration among the Office of the Attorney General, Office of Administrative Hearings, and Department of Consumer Affairs, all of which join in responsibility for protection of the public through efficiency in adjudicating accusation matters.

This Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies is also available on the Attorney General's website at:  
<http://oag.ca.gov/publications>.

If you have any questions regarding this report, or if you would like additional information, please contact Jonathan L. Wolff, Chief Assistant Attorney General, at (415) 510-3749.

## APPENDIX

Business and Professions Code section 312.2 states:

- (a) The Attorney General shall submit a report to the department, the Governor, and the appropriate policy committees of the Legislature on or before January 1, 2018, and on or before January 1 of each subsequent year that includes, at a minimum, all of the following for the previous fiscal year for each constituent entity within the department represented by the Licensing Section and Health Quality Enforcement Section of the Office of the Attorney General:
  - (1) The number of accusation matters referred to the Attorney General.
  - (2) The number of accusation matters rejected for filing by the Attorney General.
  - (3) The number of accusation matters for which further investigation was requested by the Attorney General.
  - (4) The number of accusation matters for which further investigation was received by the Attorney General.
  - (5) The number of accusations filed by each constituent entity.
  - (6) The number of accusations a constituent entity withdraws.
  - (7) The number of accusation matters adjudicated by the Attorney General.
  
- (b) The Attorney General shall also report all of the following for accusation matters adjudicated within the previous fiscal year for each constituent entity of the department represented by the Licensing Section and Health Quality Enforcement Section:
  - (1) The average number of days from the Attorney General receiving an accusation referral to when an accusation is filed by the constituent entity.
  - (2) The average number of days to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received by the Attorney General from a constituent entity or the Division of Investigation.
  - (3) The average number of days from an agency filing an accusation to the Attorney General transmitting a stipulated settlement to the constituent entity.
  - (4) The average number of days from an agency filing an accusation to the Attorney General transmitting a default decision to the constituent entity.
  - (5) The average number of days from an agency filing an accusation to the Attorney General requesting a hearing date from the Office of Administrative Hearings.

- (6) The average number of days from the Attorney General's receipt of a hearing date from the Office of Administrative Hearings to the commencement of a hearing.
- (c) A report to be submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.





## MEMORANDUM

<b>DATE</b>	January 14, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Carlos Alvarez, Enforcement Chief Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 10(b):</b> Enforcement – Review of Statistics and Trends

The following are the Enforcement Division statistics:

### **Complaint & Compliance Unit (CCU):**

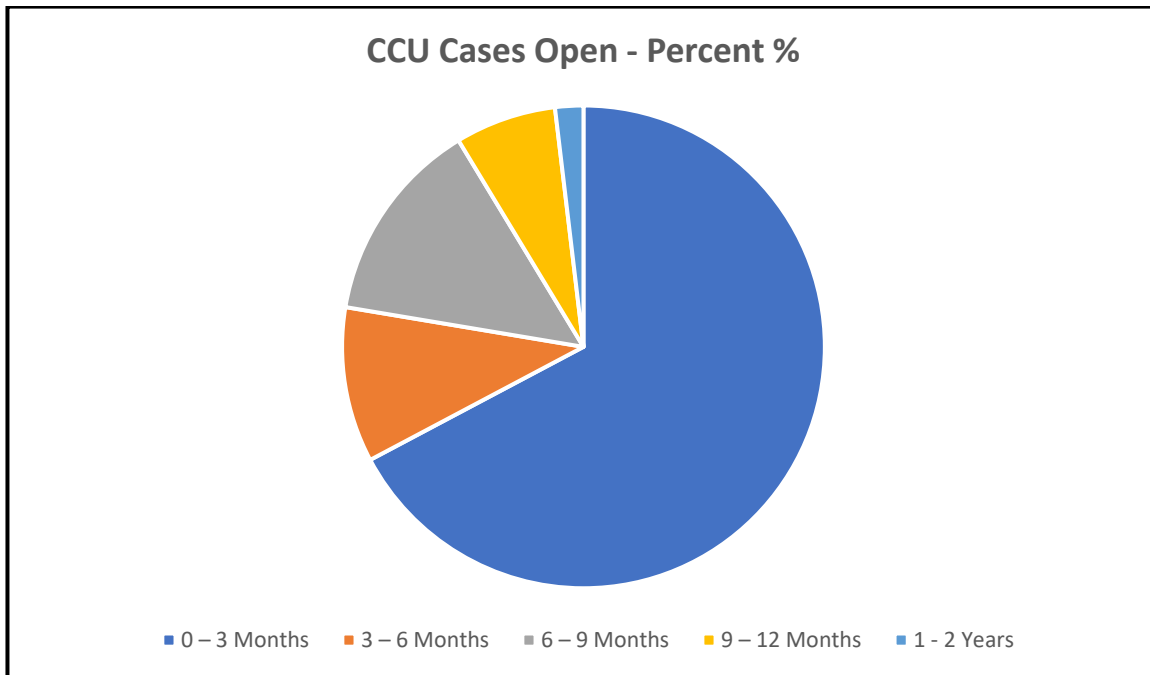
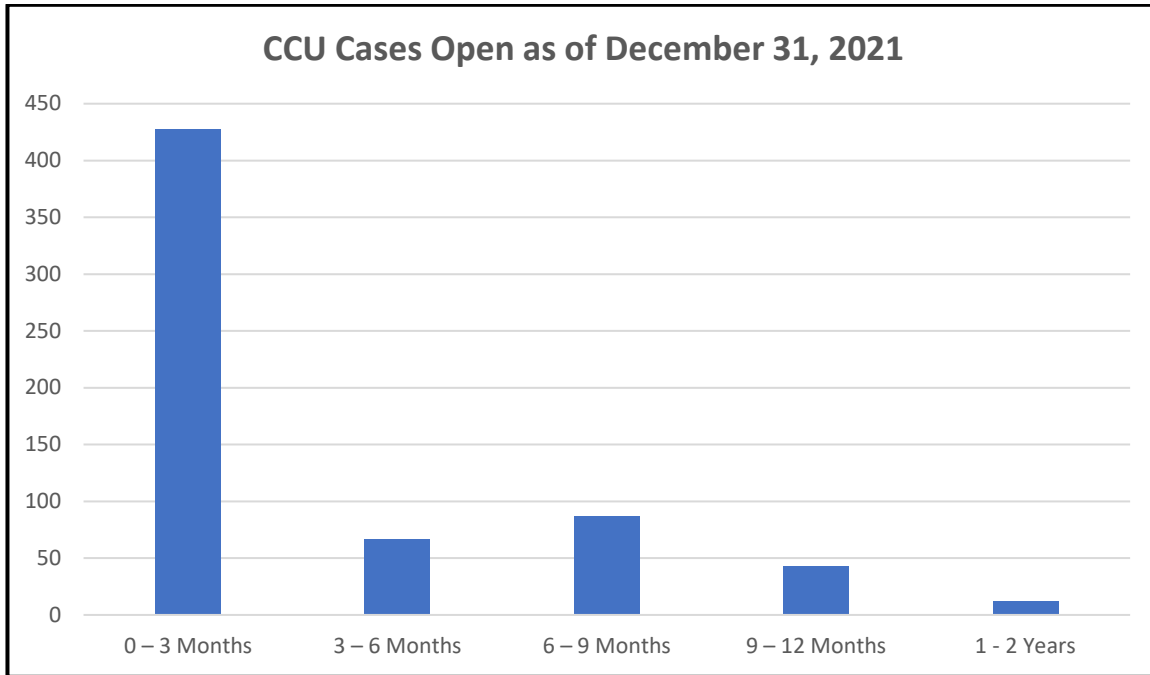
#### **Number of Complaint Cases Received between October 1, 2021 and December 31, 2021:**

Between October 1, 2021 and December 31, 2021, CCU received **967** complaints. During this time. The monthly average of complaints received was **322**.

#### **Number of Complaint Cases Open:**

As of December 31, 2021, there are **635** complaint cases open in CCU. A breakdown of the case aging is as follows:

<b>Complaint &amp; Compliance Cases Open</b>		
<b>Complaint Age</b>	<b># As of December 31, 2021</b>	<b>Percent (%)</b>
0 – 3 Months	427	67.24%
3 – 6 Months	66	10.39%
6 – 9 Months	87	13.7%
9 – 12 Months	43	6.77%
1 – 2 Years	12	1.9%
<b>Total</b>	<b>635</b>	<b>100%</b>



**Number of Complaint Cases Closed:**

Between October 1, 2021 and December 31, 2021, a total of **1,003** complaint cases were closed in CCU. The monthly average of complaints closed during this time was **334**.

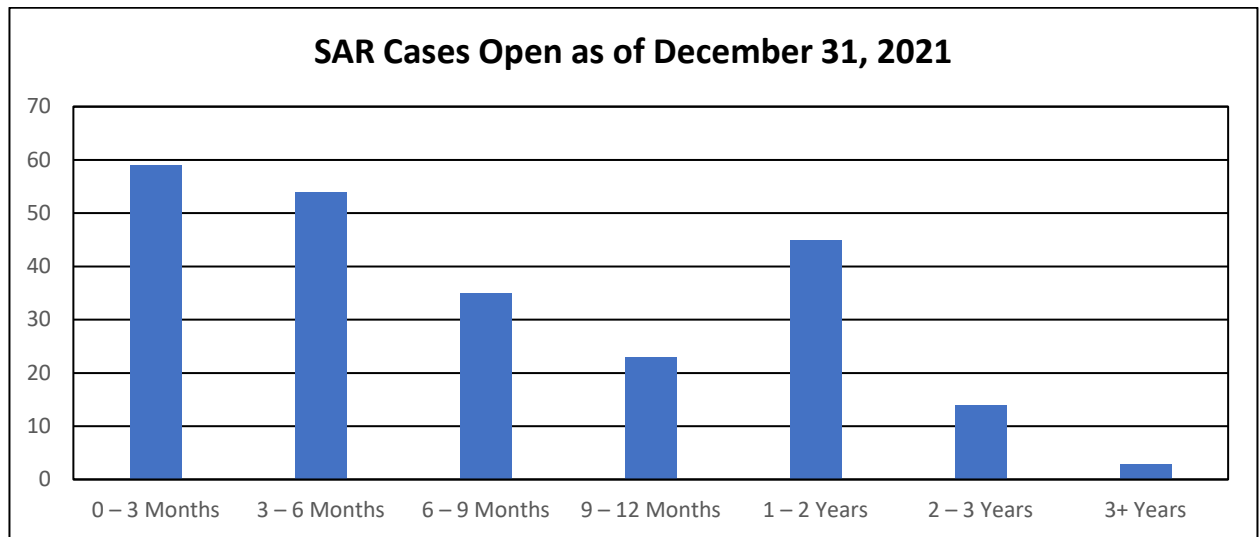
**Investigative Analysis Unit (IAU):**

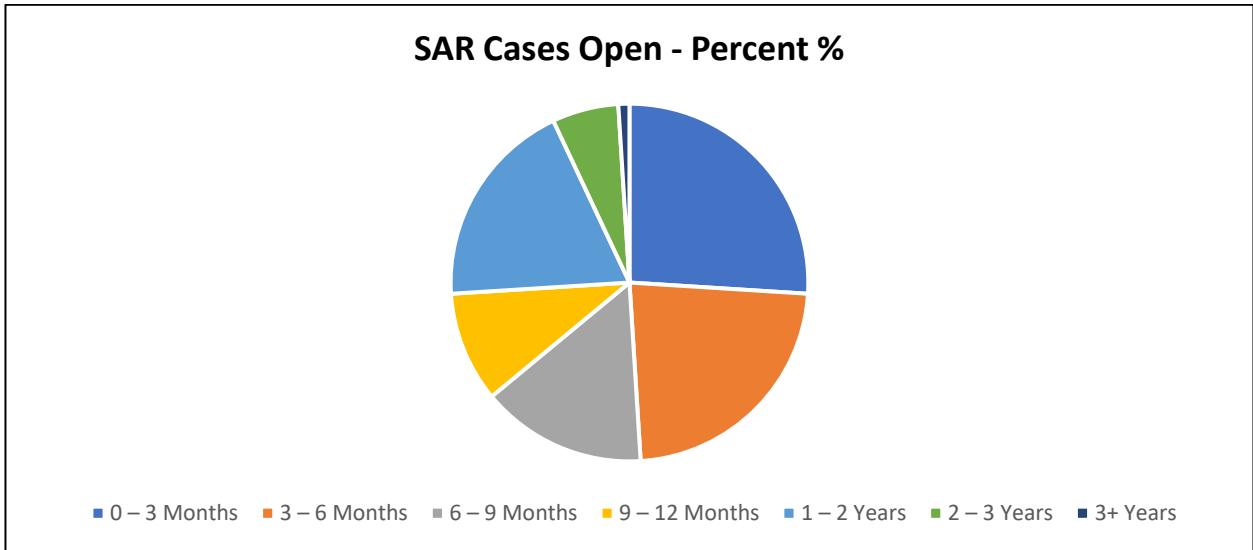
**Number of Subsequent Arrest Report (SAR) Cases Open in the IAU:**

As of December 31, 2021, there are **233** SAR cases are open in the IAU. A breakdown of the case aging is as follows:

<b>SARS Cases Open</b>		
<b>SAR Age</b>	<b># As of December 31, 2021</b>	<b>Percent (%)</b>
0 – 3 Months	59	26%
3 – 6 Months	54	23%
6 – 9 Months	35	15%
9 – 12 Months	23	10%
1 – 2 Years	45	19%
2 – 3 Years	14	6%
3+ Years	3	1%
<b>Total</b>	<b>233</b>	<b>100%</b>

**\*SARS are classified as investigative cases once all records requested are received and have been recommended for investigation by either Supervising Investigator or Enforcement Chief**





**Number of SAR Cases Closed:**

Between October 1, 2021 and December 31, 2021, a total of **66** SAR cases were closed in the Investigative Analysis Unit.

**Enforcement Units:**

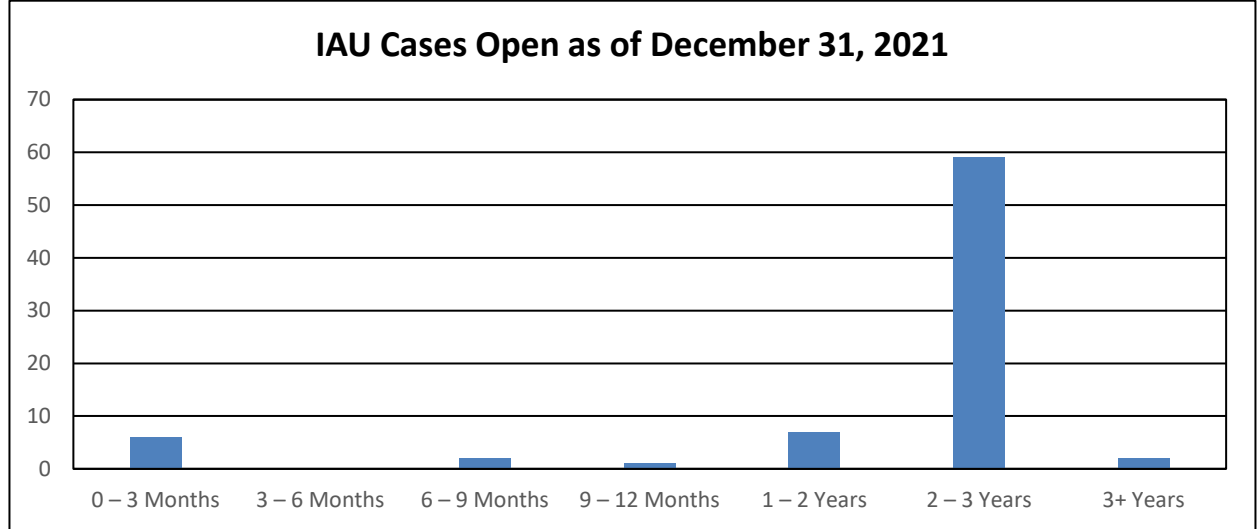
As of December 31, 2021, there **1,050** investigative cases open in the Board's Enforcement Units. A breakdown of the cases is as follows:

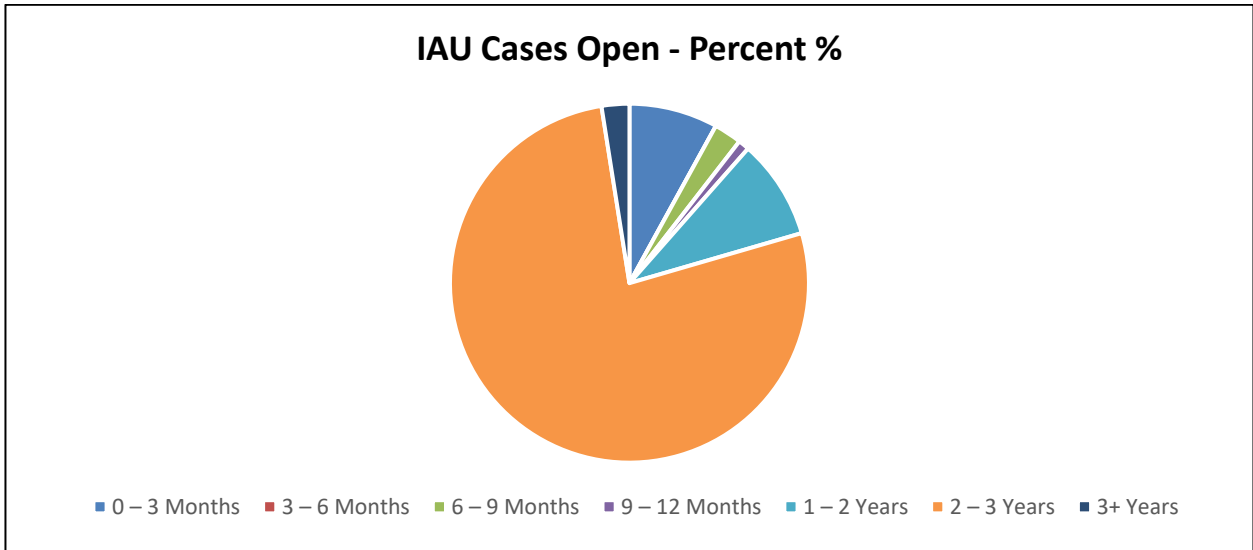
<b>Enforcement Cases Open</b>	
<b>Enforcement Units</b>	<b># As of December 31, 2021</b>
IAU (Non-Sworn)	77
Orange Field Office (OFO) (Non-Sworn)	54
Sacramento Field Office (SFO) (Sworn)	122
Orange Field Office (OFO) (Sworn)	139
Pending Assignment	658
<b>Total</b>	<b>1,050</b>

**Number of Investigative Cases Open IAU (Non-Sworn):**

As of December 31, 2021, there are **77** investigative cases open in the IAU. A breakdown of the cases is as follows:

<b>IAU Cases Open</b>		
<b>Investigation Age</b>	<b># As of December 31, 2021</b>	<b>Percent (%)</b>
0 – 3 Months	6	8%
3 – 6 Months	0	0%
6 – 9 Months	2	2.5%
9 – 12 Months	1	1%
1 – 2 Years	7	9%
2 – 3 Years	59	77%
3+ Years	2	2.5%
<b>Total</b>	<b>77</b>	<b>100%</b>

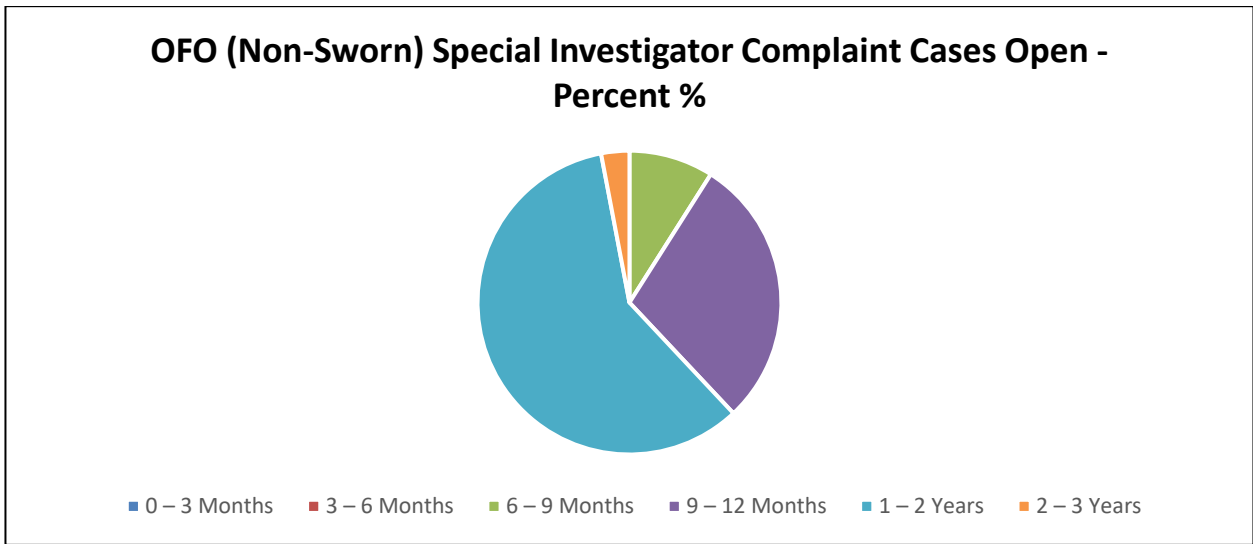
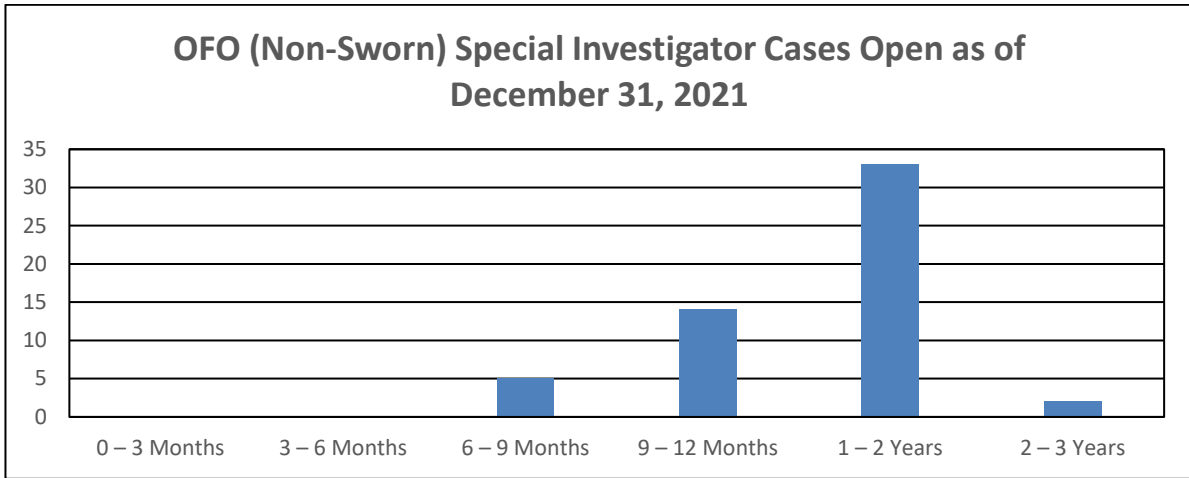




**Number of Investigative Cases Open in the OFO (Non-Sworn) Special Investigators Complaint Cases:**

As of December 31, 2021, there are **54** investigative cases open in the OFO (Non-Sworn). A breakdown of the case aging is as follows:

<b>Orange Field Office (Non-Sworn) Special Investigator Complaint Cases Open</b>		
<b>Investigation Age</b>	<b># As of December 31, 2021</b>	<b>Percent (%)</b>
0 – 3 Months	0	0%
3 – 6 Months	0	0%
6 – 9 Months	5	9%
9 – 12 Months	14	29%
1 – 2 Years	33	59%
2 – 3 Years	2	3%
<b>Total</b>	<b>54</b>	<b>100%</b>

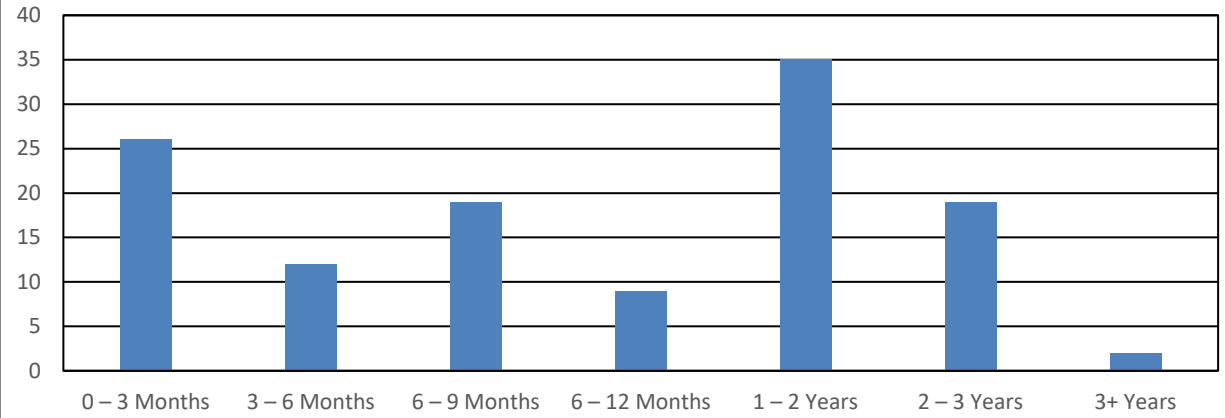


**Number of Investigative Cases Open in the SFO (Sworn):**

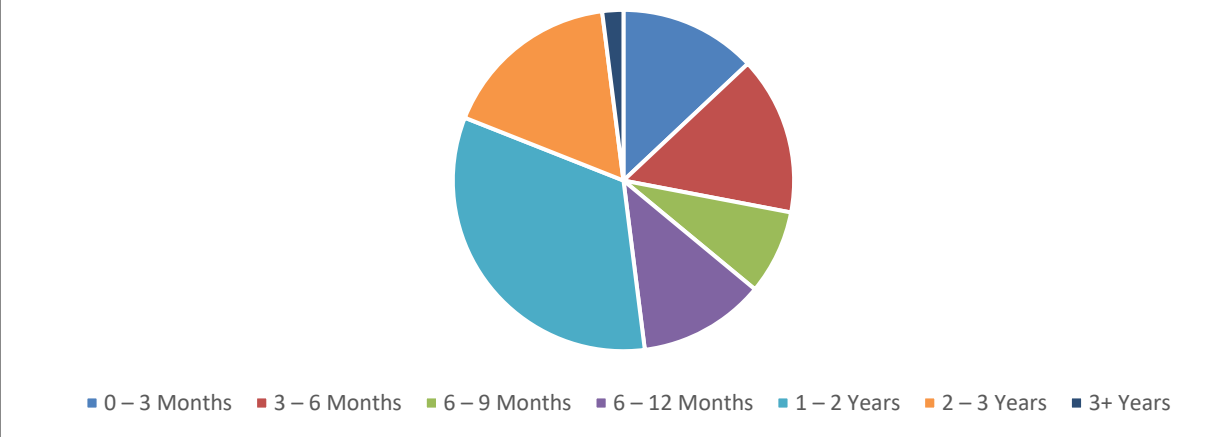
As of December 31, 2021, there are **122** investigative cases open in the SFO (Sworn). A breakdown of the case aging is as follows:

<b>Sacramento Field Office (Sworn) Cases Open</b>		
<b>Investigation Age</b>	<b># As of December 31, 2021</b>	<b>Percent (%)</b>
0 – 3 Months	26	21%
3 – 6 Months	12	10%
6 – 9 Months	19	15%
9 – 12 Months	9	7%
1 – 2 Years	35	29%
2 – 3 Years	19	16%
3+ Years	2	2%
<b>Total</b>	<b>122</b>	<b>100%</b>

**Number of SFO (Sworn) Cases Open as of December 31, 2021**



**SFO (Sworn) Cases Open - Percent %**

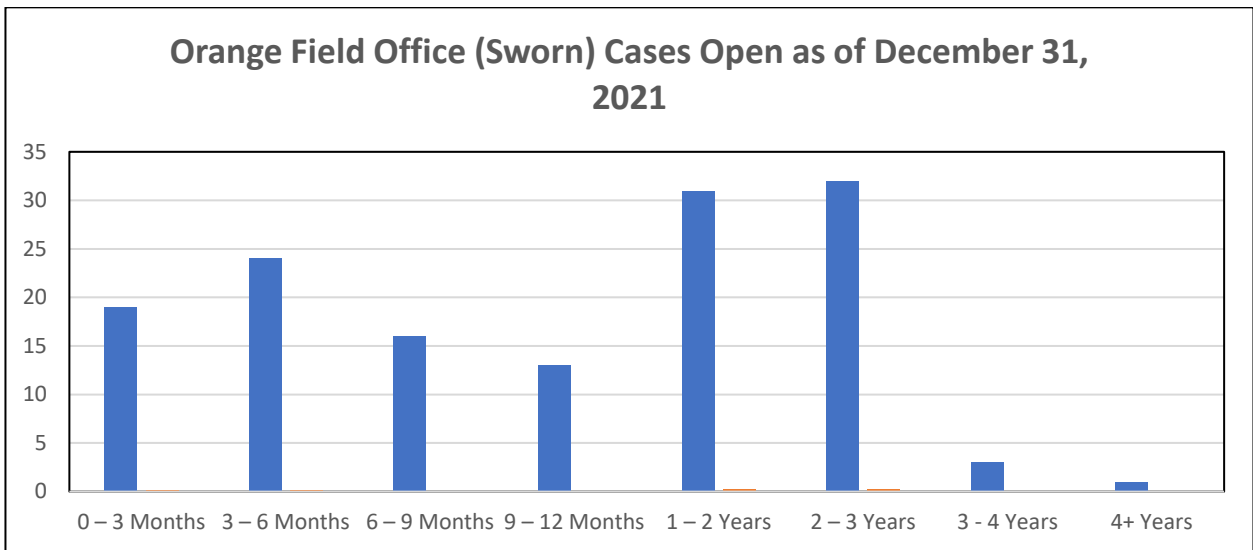




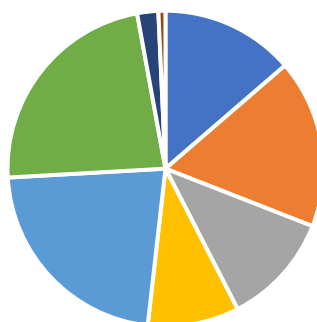
**Number of Investigative Cases Open in the OFO (Sworn):**

As of December 31, 2021, there are **139** investigative cases open with the Sworn investigators, in the Orange Field Office. A breakdown of the case aging is as follows:

<b>Orange Field Office (Sworn) Cases Open</b>		
<b>Investigation Age</b>	<b># As of December 31, 2021</b>	<b>Percent (%)</b>
0 – 3 Months	19	14%
3 – 6 Months	24	17%
6 – 9 Months	16	12%
9 – 12 Months	13	9%
1 – 2 Years	31	22%
2 – 3 Years	32	23%
3 - 4 Years	3	2%
4+ Years	1	1%
<b>Total</b>	<b>139</b>	<b>100%</b>



### Orange Field Office (Sworn) Open Cases- Percent



■ 0 - 3 Months   
 ■ 3 - 6 Months   
 ■ 6 - 9 Months   
 ■ 9 - 12 Months  
■ 1 - 2 Years   
 ■ 2 - 3 Years   
 ■ 3 - 4 Years   
 ■ 4+ Years

### Number of Investigation Cases Closed:

Between October 1 and December 31, 2021, a total of 190 investigative cases were closed in IAU, the Sacramento Field Office and the Orange Field Office.

### Number of Inspection Cases Open:

As of December 31, 2021, there are **127** Inspection Cases open in the Sacramento and Orange Field Offices. A breakdown is as follows:

Field Office	Number of Cases
SFO	29
OFO	98
<b>Total</b>	<b>127</b>

### Number of Inspection Cases Closed:

Between October 1, 2021 and December 31, 2021, a total of **35** inspection cases were closed in the Sacramento Field Office and the Orange Field Office.

### Administrative and Disciplinary Action

As of December 31, 2021, there are **225** open cases in the Board's Discipline Coordination Unit.

There is **1** case in which a WRIT has been filed to appeal the final decision.

There are **2** cases in which a Petition for Reinstatement has been submitted and is pending response from the licensee.

There are **4** cases in which a Petition for Reinstatement has been submitted and is pending referral to the Attorney General's Office.

There is **1** citation case pending an Administrative Hearing.

The above-mentioned cases have not been referred to the Office of the Attorney General (AG) for disciplinary action, therefore they are not counted in the total pending cases at the AG.

**Accusations:**

Between October 1, 2021 and December 31, 2021, there were **24** accusations filed with the AG.

**Cases Assigned to the Office of the Attorney General:**

Between October 1, 2021 and December 31, 2021, there were **47** cases transmitted to the AG.

As of December 31, 2021, there are **217** cases pending at the AG.

**Citations:**

Between October 1, 2021 and December 31, 2021, there were **15** citations issued.

**Number of Probation Cases Open:**

As of December 31, 2021, there are **141** probationer cases being monitored. Of those, **132** are active probationers and **9** are tolling. A breakdown of the probation cases is as follows:

<b>Field Office</b>	<b>Active Probationers</b>	<b>Tolling Probationers</b>
Investigative Analysis Unit	17	1
Sacramento Field Office	20	5
Orange Field Office	88	3
DCU-Referred to AG	7	0
<b>Total</b>	<b>132</b>	<b>9</b>

<b>Enforcement Statistics for Fiscal Years 2018-2021</b>			
	FY 2018/19	FY 2019/20	FY 2020/21
<b>COMPLAINTS</b>			
Intake			
Received	3566	3301	3718
Closed without Referral for Investigation	9	7	0
Referred to INV	3568	3264	3778
Pending (close of FY)	12	40	28
Conviction / Arrest			
CONV Received	800	665	586
CONV Closed Without Referral for Investigation	0	1	0
CONV Referred to INV	751	686	576
CONV Pending (close of FY)	56	13	35
Source of Complaint	<b>4330</b>	<b>3992</b>	<b>3760</b>
Public	2565	2254	2770
Licensee/Professional Groups	456	337	229
Governmental Agencies	847	702	212
Internal	274	270	142
Other	33	36	16
Anonymous	155	393	391
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	3	7	6
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	3	5	9
Average Time at Intake (from receipt of complaint / conviction to closure for referral for investigation)	3	5	9
<b>INVESTIGATION</b>			
Desk Investigations			
Opened	3361	3914	3441
Closed	3992	3467	3617
Average days to close (from assignment to investigation closure)	145	61	86
Pending (close of FY)	790	1239	1044
Non-Sworn Investigation			
Opened	366	120	288
Closed	549	96	182
Average days to close (from assignment to investigation closure)	270	251	307
Pending (close of FY)	146	172	279
Sworn Investigation			
Opened	622	356	478
Closed	671	424	500
Average days to close (from assignment to investigation closure)	378	378	363
Pending (close of FY)	565	552	584
All investigations			
Opened	4374	3950	4354
Closed	4795	3836	3977

Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	205	150	154
Average days for investigation closures (from start investigation to investigation closure)	200	135	131
Average days for investigation when referring for prosecution (from start investigation to referral prosecution)	565	603	539
Average days from receipt of complaint to investigation closure	202	124	142
Pending (close of FY)	1887	2249	2677
<b>CITATION AND FINE</b>			
Citations Issued	259	206	72
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	221	70	301
Amount of Fines Assessed	231,450	102,900	42,450
Amount of Fines Reduced, Withdrawn, Dismissed	67,000	18,000	0
Amount Collected	89,750	64,225	21,650
<b>CRIMINAL ACTION</b>			
Referred for Criminal Prosecution	12	4	6
<b>ACCUSATION</b>			
Accusations Filed	80	60	96
Accusations Declined	0	0	1
Accusations Withdrawn	5	1	6
Accusations Dismissed	0	0	0
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	86	55.37	70.5
<b>INTERIM ACTION</b>			
ISO & TRO Issued	2	2	6
PC 23 Orders Issued	2	1	3
Other Suspension/Restriction Orders Issued	0	0	0
Referred for Diversion	1	0	0
Petition to Compel Examination Ordered	2	1	2
<b>DISCIPLINE</b>			
AG Cases Initiated (cases referred to the AG in that year)	152	83	209
AG Cases Pending Pre-Accusation (close of FY)	46	25	44
AG Cases Pending Post-Accusation (close of FY)	50	27	82
<b>DISCIPLINARY OUTCOMES</b>			
Revocation	13	15	21
Surrender	14	11	19
Suspension only	0	0	3
Probation with Suspension	0	0	0
Probation only	44	21	38
Public Reprimand / Public Reprimand / Public Letter of Reprimand	24	16	7
Other	1	0	16
<b>DISCIPLINARY ACTIONS</b>			

Proposed Decision	22	14	21
Default Decision	14	12	8
Stipulations	49	51	31
Average Days to Complete After Accusation (from Accusation filed to closure of the case)	375	370	387
Average Days from Closure of Investigation to Imposing Formal Discipline	533	544	555
Average Days to Impose Discipline (from complaint receipt to final outcome)	1184	1104	1080
<b>PROBATION</b>			
Probations Completed	31	24	35
Probationers Pending (close of FY)	187	225	171
Probationers Tolled	39	26	16
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	7	13	18
<b>SUBSEQUENT DISCIPLINE</b>			
Probations Revoked	4	4	13
Probationers License Surrendered	1	2	9
Additional Probation Only	0	0	3
Suspension Only Added	0	0	0
Other Conditions Added Only	0	0	0
Other Probation Outcome	0	0	0
<b>SUBSTANCE ABUSING LICENSEES</b>			
Probationers Subject to Drug Testing	33	35	25
Drug Tests Ordered	394	368	319
Positive Drug Tests	30	24	71
<b>PETITIONS</b>			
Petition for Termination or Modification Granted	5	4	4
Petition for Termination or Modification Denied	2	0	1
Petition for Reinstatement Granted	2	3	1
Petition for Reinstatement Denied	1	4	0
<b>DIVERSION</b>			
New Participants	6	1	3
Successful Completions	2	3	2
Participants (close of FY)	18	15	12
Terminations	2	3	1
Terminations for Public Threat	0	0	0
Drug Tests Ordered	727	498	415
Positive Drug Tests	0	0	1

<b>Table 10. Enforcement Aging</b>					
	FY 2018/19	FY 2019/20	FY 2020/21	Cases Closed	Average %
<b>Investigations (Average %)</b>					
Closed Within:					
90 Days	1,895	2051	2603	6549	52
91 - 180 Days	1118	1080	601	2799	22
181 - 1 Year	1002	313	190	1505	12
1 - 2 Years	467	228	364	1059	8
2 - 3 Years	256	145	190	591	5
Over 3 Years	57	19	29	105	1
Total Investigation Cases Closed	4795	3836	3977	12608	100%
<b>Attorney General Cases (Average %)</b>					
Closed Within:					
0 - 1 Year	5	27	42	97	28
1 - 2 Years	22	21	33	92	26
2 - 3 Years	17	41	11	100	29
3 - 4 Years	47	4	6	59	17
Over 4 Years	*	*	*		
Total Attorney General Cases Closed	116	93	92	185	100%



## MEMORANDUM

<b>DATE</b>	January 31, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 11(a):</b> Report from Commission on Dental Competency Assessment and Western Regional Examining Board (CDCA-WREB)

Background:

Representatives from CDCA-WREB will be available to provide a verbal update of the examination.

Action Requested:

No action requested.





## MEMORANDUM

<b>DATE</b>	February 2, 2022
<b>TO</b>	Members of the Dental Board of California (Board)
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 11(b):</b> Presentation on Central Regional Dental Testing Service Examination – <i>Central Regional Dental Testing Service, Inc. (CRDTS)</i>

### Background

CRDTS is a testing service comprised of State Boards of Dentistry to develop and administer competency examinations for the practice of dentistry and dental hygiene. Current CRDTS members include the State Boards of Alabama, Arkansas, Georgia, Hawaii, Illinois, Kansas, Minnesota, Missouri, Nebraska, New Mexico, North Dakota, South Carolina, South Dakota, Texas, Washington, West Virginia, Wisconsin, and Wyoming. The Dental Hygiene Board of California is also a CRDTS member. Richael “Sheli” Cobler, Executive Director of CRDTS, requested to provide a presentation to the Board regarding the CRDTS dental examination.

### Action Requested

No action requested.



# MEMORANDUM

<b>DATE</b>	January 10, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Nguyet Tran, Licensing Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 12(a):</b> Review of Dental Licensure and Permit Statistics

## Dental License Application Statistics

The following are monthly dental license application statistics by pathway for fiscal year 2018/19, 2019/20, 2020/21, and 2021/22 as of December 31, 2021.

Dental Applications Received by Month													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 18/19	134	64	32	30	32	33	41	30	31	71	142	278	<b>918</b>
WREB 19/20	110	61	24	25	55	132	30	11	18	35	103	185	<b>789</b>
WREB 20/21	140	156	99	66	29	20	28	27	26	78	158	217	<b>1,044</b>
WREB 21/22	138	85	75	22	28	27	-	-	-	-	-	-	<b>375</b>
Residency 18/19	55	15	7	5	5	4	4	3	7	11	10	20	<b>146</b>
Residency 19/20	64	8	7	4	3	10	11	6	8	11	13	33	<b>178</b>
Residency 20/21	42	15	8	5	2	2	5	7	4	8	20	29	<b>147</b>
Residency 21/22	93	23	12	5	1	6	-	-	-	-	-	-	<b>140</b>
Credential 18/19	22	17	18	16	14	8	18	13	23	13	13	22	<b>197</b>
Credential 19/20	16	9	6	21	14	15	16	18	22	21	20	28	<b>206</b>
Credential 20/21	15	19	22	27	16	16	18	13	16	19	20	22	<b>223</b>
Credential 21/22	45	51	44	20	8	17	-	-	-	-	-	-	<b>185</b>
Portfolio 18/19	3	0	0	0	0	0	0	0	0	0	0	4	<b>7</b>
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	3	1	<b>4</b>
Portfolio 21/22	0	0	0	0	0	1	-	-	-	-	-	-	<b>1</b>
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<b>N/A</b>
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1	17	<b>19</b>
ADEX 20/21	22	28	9	16	4	5	9	3	17	41	112	87	<b>353</b>
ADEX 21/22	82	34	17	11	5	9	-	-	-	-	-	-	<b>158</b>

Agenda Item 12(a): Review of Dental Licensure and Permit Statistics  
 Dental Board of California Meeting  
 February 10-11, 2022

Dental Applications Approved by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 18/19	208	120	71	38	31	36	39	25	19	31	55	163	836
WREB 19/20	250	121	52	32	32	156	32	8	11	5	8	46	753
WREB 20/21	135	199	140	100	37	61	38	41	16	14	14	150	945
WREB 21/22	367	128	98	29	12	48	-	-	-	-	-	-	682
Residency 18/19	39	48	8	3	5	4	5	4	5	1	8	6	136
Residency 19/20	46	35	11	8	4	9	4	5	4	1	1	9	137
Residency 20/21	25	49	16	8	5	4	3	4	1	3	2	5	125
Residency 21/22	110	54	27	12	6	7	-	-	-	-	-	-	216
Credential 18/19	21	19	17	12	9	16	10	12	15	10	20	13	174
Credential 19/20	16	13	11	10	7	18	13	10	14	14	12	13	151
Credential 20/21	9	25	25	20	16	14	24	10	23	22	16	16	220
Credential 21/22	36	60	38	20	9	19	-	-	-	-	-	-	182
Portfolio 18/19	4	1	0	0	0	0	0	0	0	0	0	0	5
Portfolio 19/20	3	1	0	0	0	0	0	0	0	0	0	0	4
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	4	4
Portfolio 21/22	0	0	0	0	0	0	-	-	-	-	-	-	0
ADEX 18/19	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
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	1
ADEX 20/21	2	24	17	19	10	6	6	4	2	7	10	93	200
ADEX 21/22	189	79	43	21	4	7	-	-	-	-	-	-	343
Dental Licenses Issued by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 18/19	222	146	80	43	30	41	40	33	19	28	51	155	888
WREB 19/20	246	123	52	40	31	140	39	20	12	8	13	45	769
WREB 20/21	133	190	140	90	41	59	39	38	23	21	16	115	905
WREB 21/22	198	71	48	35	14	42	-	-	-	-	-	-	408
Residency 18/19	38	55	8	4	5	4	8	5	6	2	8	5	148
Residency 19/20	42	39	9	8	3	5	9	2	5	0	2	9	133
Residency 20/21	27	49	16	9	6	3	3	2	2	5	1	7	130
Residency 21/22	51	30	15	12	6	5	-	-	-	-	-	-	119
Credential 18/19	22	16	19	9	10	12	18	13	15	11	17	14	176
Credential 19/20	15	15	11	12	7	13	16	8	11	12	17	16	153
Credential 20/21	9	22	24	22	19	11	20	11	20	20	17	16	211
Credential 21/22	8	16	22	19	10	19	-	-	-	-	-	-	94
Portfolio 18/19	3	2	0	0	0	0	0	0	0	0	0	0	5
Portfolio 19/20	3	1	0	0	0	0	0	0	0	0	0	0	4
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	4	4

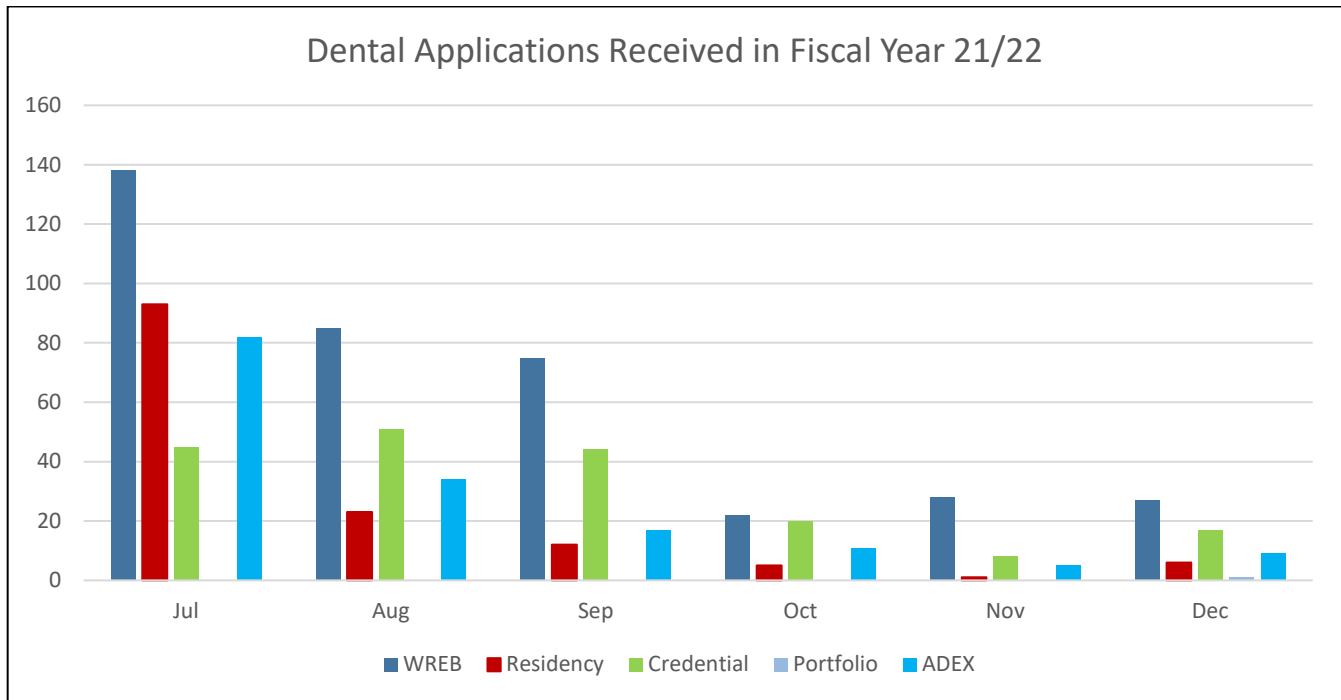
Portfolio 21/22	0	0	0	0	0	0	-	-	-	-	-	-	0
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	1
ADEX 20/21	2	25	17	17	10	5	4	3	4	7	11	75	180
ADEX 21/22	107	40	22	23	6	7	-	-	-	-	-	-	205
<b>Cancelled Dental Applications by Month</b>													
	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Totals</b>
WREB 18/19	16	12	68	5	4	13	3	2	6	5	12	7	153
WREB 19/20	23	6	1	2	2	129	4	5	1	6	22	41	242
WREB 20/21	38	31	3	2	2	0	1	1	0	1	3	0	82
WREB 21/22	1	1	0	0	1	2	-	-	-	-	-	-	5
Residency 18/19	9	9	10	1	0	1	0	0	0	1	0	1	32
Residency 19/20	12	3	1	1	0	17	3	1	1	4	3	5	51
Residency 20/21	8	0	0	0	2	0	1	0	0	0	1	1	13
Residency 21/22	0	0	0	0	0	1	-	-	-	-	-	-	1
Credential 18/19	0	0	12	0	1	0	0	2	0	0	2	0	17
Credential 19/20	1	1	2	0	0	4	1	0	0	0	0	0	9
Credential 20/21	0	2	1	1	0	0	1	0	0	0	1	0	6
Credential 21/22	2	0	0	2	1	0	-	-	-	-	-	-	5
Portfolio 18/19	0	0	2	0	0	0	0	0	0	0	0	0	2
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 21/22	0	0	0	0	0	0	-	-	-	-	-	-	0
ADEX 18/19	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
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	2	3
ADEX 20/21	8	2	0	0	0	0	0	0	1	0	0	1	12
ADEX 21/22	0	0	0	0	0	0	-	-	-	-	-	-	0
<b>Withdrawn Dental Applications by Month</b>													
	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Totals</b>
WREB 18/19	22	1	7	1	0	1	2	1	3	4	0	4	46
WREB 19/20	4	1	3	0	2	35	0	2	0	0	1	2	50
WREB 20/21	8	17	30	20	8	6	6	13	8	35	28	45	224
WREB 21/22	34	11	12	78	7	13	-	-	-	-	-	-	155
Residency 18/19	8	2	2	0	1	1	0	0	1	0	1	0	16
Residency 19/20	1	0	0	0	0	9	0	0	1	0	1	0	12
Residency 20/21	1	4	2	3	2	0	2	1	1	0	5	7	28
Residency 21/22	13	5	0	24	2	3	-	-	-	-	-	-	47
Credential 18/19	0	1	0	0	0	1	1	0	0	0	1	2	6

Credential 19/20	1	1	0	0	1	1	0	0	0	0	0	0	4
Credential 20/21	1	4	2	3	0	0	0	0	3	0	0	5	18
Credential 21/22	5	2	1	1	2	0	-	-	-	-	-	-	11
Portfolio 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	1	1
Portfolio 21/22	0	0	0	0	0	0	-	-	-	-	-	-	0
ADEX 18/19	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
ADEX 19/20	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
ADEX 20/21	2	4	5	2	0	1	0	4	2	10	23	26	79
ADEX 21/22	16	2	5	17	0	2	-	-	-	-	-	-	42
<b>Denied Dental Applications by Month</b>													
	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Totals</b>
WREB 18/19	0	0	0	0	0	0	0	0	1	0	0	0	1
WREB 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
WREB 20/21	1	0	0	0	0	0	0	2	0	0	0	0	3
WREB 21/22	0	0	0	0	0	0	-	-	-	-	-	-	0
Residency 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 21/22	0	0	0	0	0	0	-	-	-	-	-	-	0
Credential 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential 20/21	2	0	0	1	0	0	1	0	0	0	0	0	4
Credential 21/22	0	0	0	0	0	0	-	-	-	-	-	-	0
Portfolio 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 21/22	0	0	0	0	0	0	-	-	-	-	-	-	0
ADEX 18/19	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
ADEX 19/20	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
ADEX 20/21	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0	0	0	0
ADEX 21/22	0	0	0	0	0	0	-	-	-	-	-	-	0

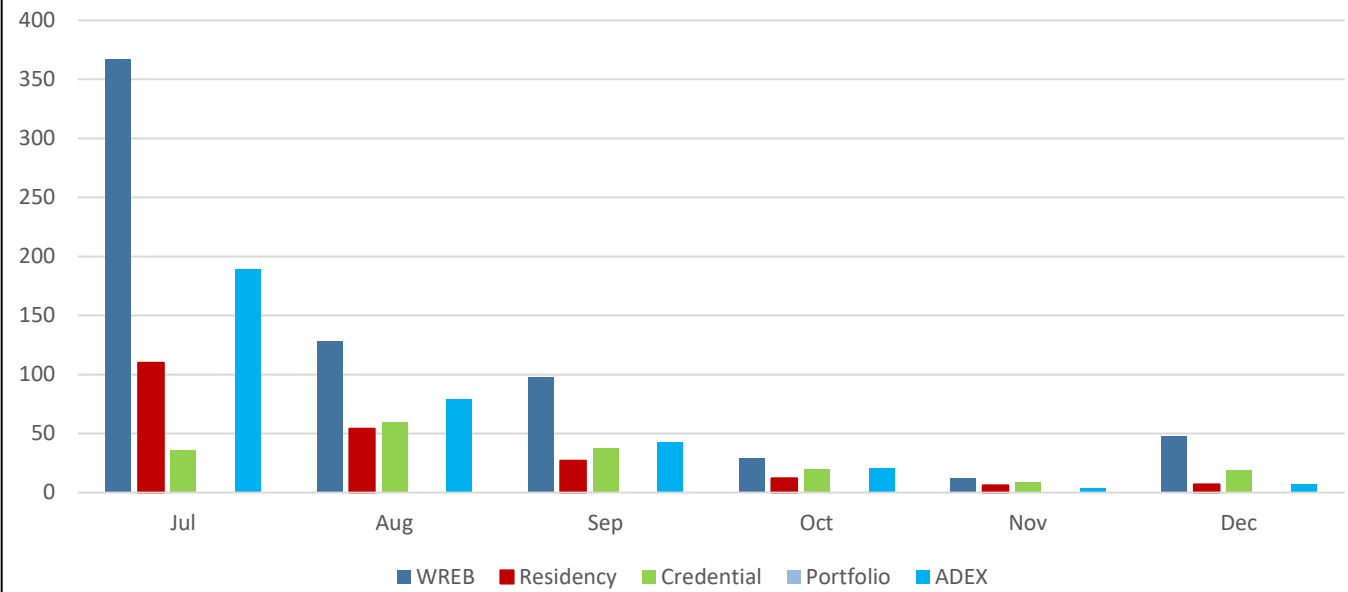
Application Definitions	
<b>Received</b>	Application submitted in physical form or digitally through Breeze system.
<b>Approved</b>	Application for eligibility of licensure processed with all required documentation.
<b>License Issued</b>	Application processed with required documentation and paid prorated fee for initial license.
<b>Cancelled</b>	Board requests staff to remove application (i.e. duplicate).
<b>Withdrawn</b>	Applicant requests Board to remove application
<b>Denied</b>	The Board denies an application on the on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline; in accordance with Business and Professions Code, Division 1.5, Chapter 2, Denial of Licenses.

### Dental License Application Statistic Graphs

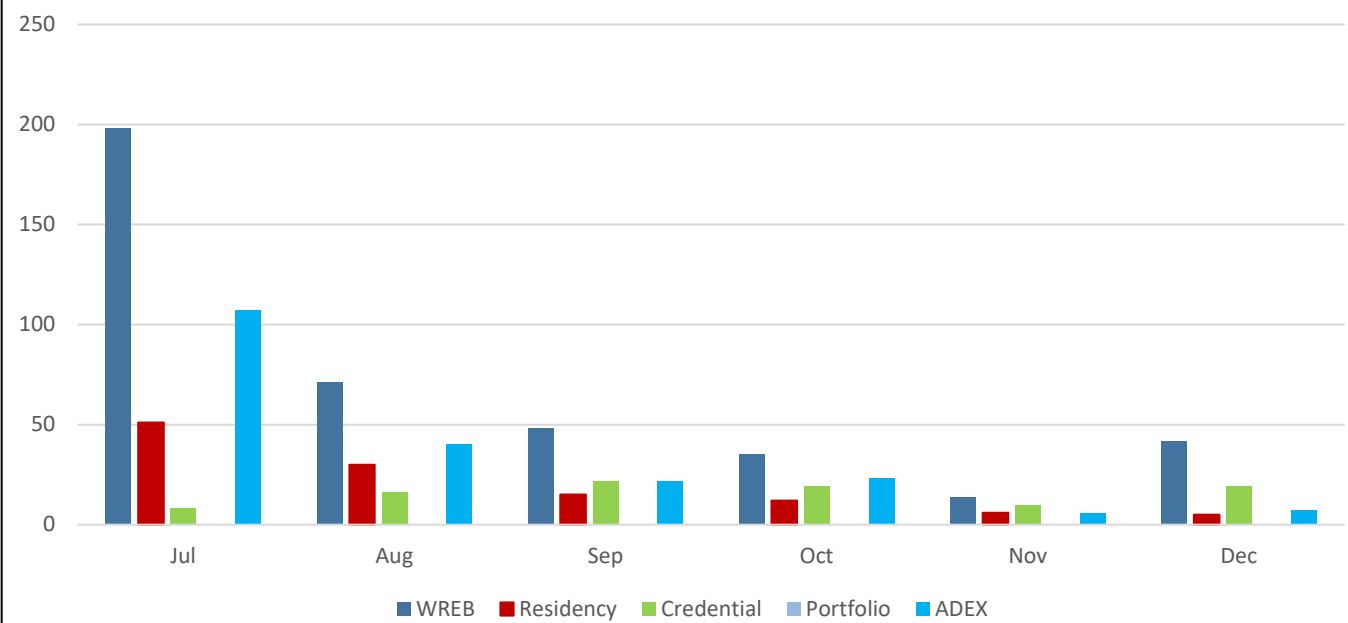
The following graphs represent monthly dental license application statistics by pathway for fiscal year 2021/22 as of December 31, 2021.



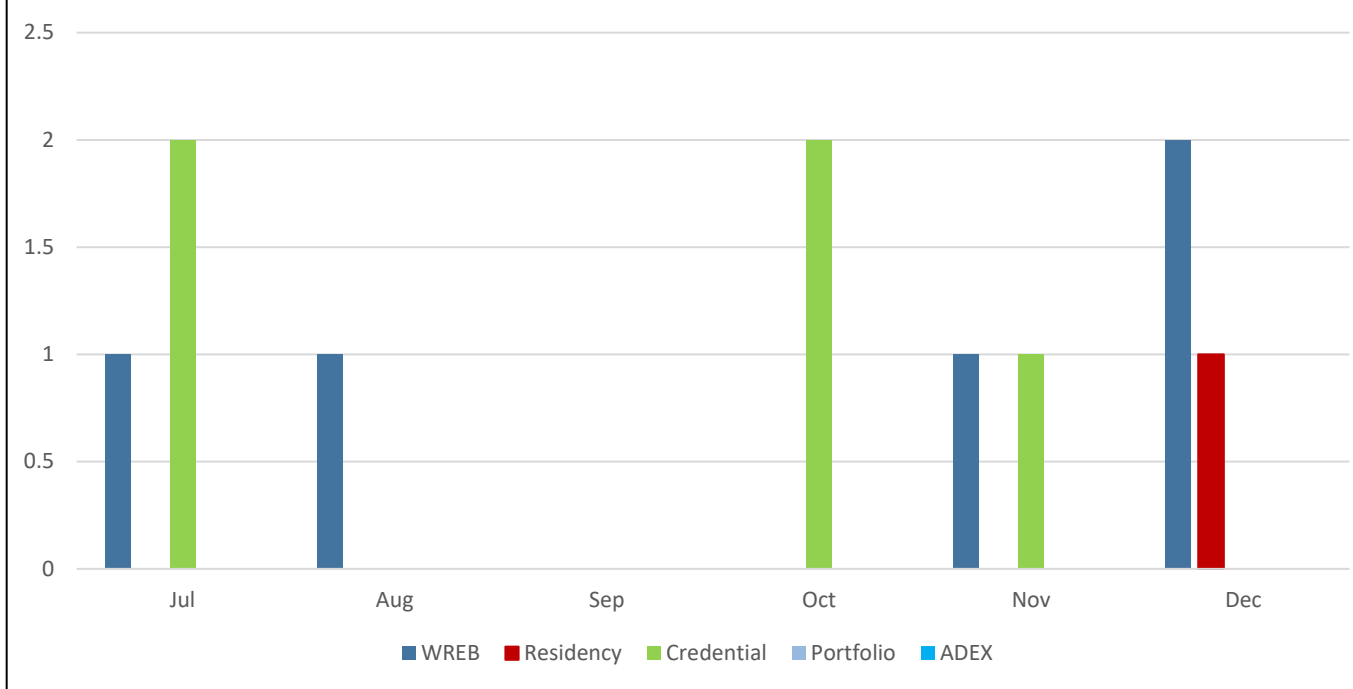
### Dental Applications Approved in Fiscal Year 21/22



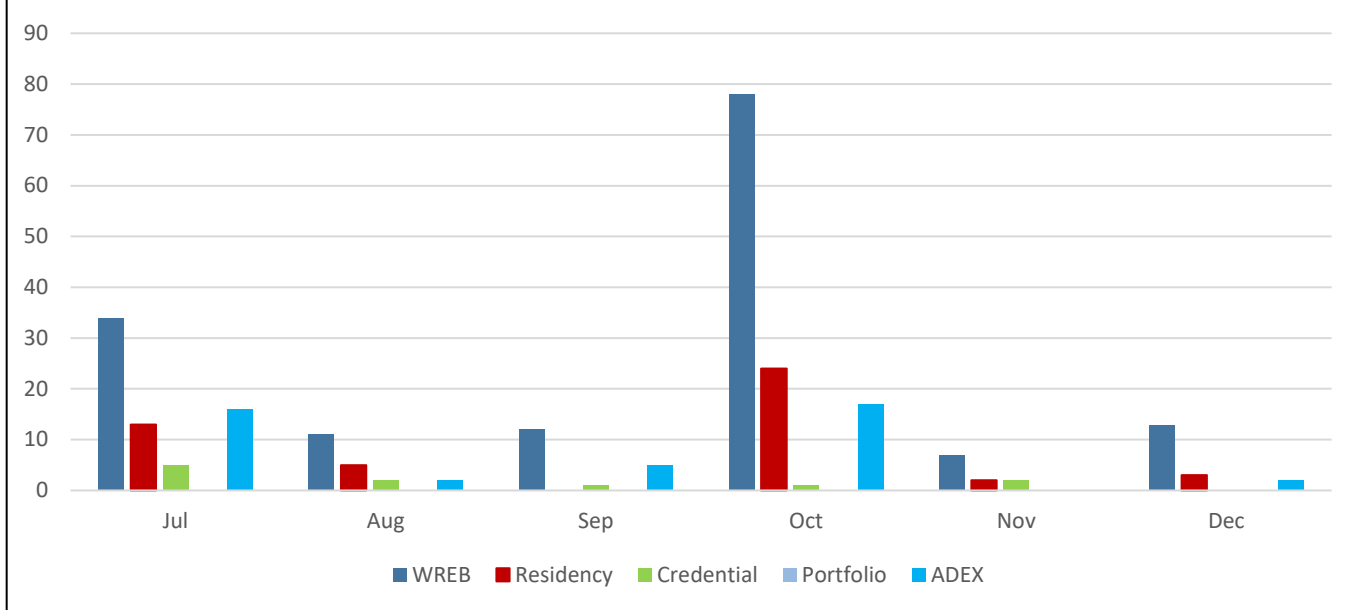
### Dental Licenses Issued in Fiscal Year 21/22



Cancelled Dental Applications in Fiscal Year 21/22



Withdrawn Dental Applications in Fiscal Year 21/22





## Dental Law and Ethics Written Examination Statistics

License Type		DDS			
Exam Title		Dental Law and Ethics Examination			
Licensure Pathway		WREB	LBR	PORT	ADEX
2018/19	# of 1 <sup>st</sup> Time Candidates	806	135	4	N/A
	Pass %	89.33%	94.07%	100.00%	N/A
2019/20	# of 1 <sup>st</sup> Time Candidates	698	105	N/A	5
	Pass %	94.13%	95.24%	N/A	100.00%
2020/21	# of 1 <sup>st</sup> Time Candidates	824	89	4	232
	Pass %	86.89%	91.01%	50.00%	82.33%
2021/22	# of 1 <sup>st</sup> Time Candidates	164	43	0	98
	Pass %	81.10%	76.74%	N/A	85.71%
Date of Last Occupational Analysis: 2018					
Name of Developer: Office of Professional Examination Services					
Target OA Date: 2025					

## Dental License and Permits Statistics

The following table provides statistics on dental licenses issued by pathway to licensure by fiscal year 2018/19, 2019/20, 2020/21, and 2021/22 as of December 31, 2021.

Dental Licenses Issued via Pathway	Total Issued in 18/19	Total Issued in 19/20	Total Issued in 20/21	Total Issued in 21/22	Total Issued to Date	Date Pathway Implemented
WREB Exam	888	769	905	408	11,869	January 1, 2006
Licensure by Residency	148	133	130	119	2,175	January 1, 2007
Licensure by Credential	176	153	211	86	3,327	July 1, 2002
(LBC Clinic Contract)	10	9	14	10	48	July 1, 2002
(LBC Faculty Contract)	7	5	6	0	16	July 1, 2002

Portfolio	5	4	4	0	79	November 5, 2014
ADEX	N/A	1	180	205	386	November 15, 2019
<b>Total</b>	<b>1,217</b>	<b>1,060</b>	<b>1,430</b>	<b>625</b>	<b>17,900</b>	

The following table provides statistics on dental license and permit status statistics by fiscal year 2018/19, 2019/20, 2020/21, and 2021/22 as of December 31, 2021.

License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Dental License	Active	34,921	34,586	34,922	35,155
	Inactive	1,826	1,784	1,751	1,751
	Retired/Reduced Fee	1,682	1,274	1,297	1,299
	Disabled	108	106	98	96
	Delinquent	5,405	5,445	5,540	5,541
	Cancelled	16,756	17,602	18,720	19,155
License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Additional Office Permit	Active	2,527	2,717	2,750	2,698
	Delinquent	870	890	992	1,050
	Cancelled	6,667	6,926	7,181	7,302
License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Conscious Sedation	Active	531	535	543	585
	Delinquent	41	38	43	48
	Cancelled	515	552	586	590
License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Continuing Education Registered Provider Permit	Active	945	901	854	831
	Delinquent	803	810	744	729
	Cancelled	2,059	2,185	2,344	2,406
License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Elective Facial Cosmetic Surgery Permit	Active	29	29	30	30
	Delinquent	4	5	5	5
	Cancelled	1	1	2	2
License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Extramural Facility Registration*	Active	182	186	203	48
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A	N/A
License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Fictitious Name Permit	Active	6,790	7,099	7,250	7,138
	Delinquent	1,695	1,706	1,782	1,982
	Cancelled	6,343	6,802	7,361	7,591
License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
General Anesthesia Permit	Active	881	897	918	930
	Delinquent	31	22	31	32
	Cancelled	973	1,008	1,042	1,050

Agenda Item 12(a): Review of Dental Licensure and Permit Statistics  
Dental Board of California Meeting  
February 10-11, 2022

License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Mobile Dental Clinic Permit	Active	40	45	55	52
	Delinquent	47	43	29	33
	Cancelled	43	52	78	81
License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Medical General Anesthesia	Active	86	111	136	148
	Delinquent	29	27	30	30
	Cancelled	189	203	211	216
License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Oral Conscious Sedation Certification (Adult Only 1,188; Adult & Minors 1,216)	Active	2,420	2,402	2,391	2,404
	Delinquent	661	647	638	629
	Cancelled	804	930	1,096	1,153
License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Oral and Maxillofacial Surgery Permit	Active	92	96	93	94
	Delinquent	5	4	10	9
	Cancelled	21	22	22	25
License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Referral Service Registration*	Active	156	157	159	6
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	1	1
License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Special Permit	Active	40	37	35	34
	Delinquent	11	9	9	8
	Cancelled	175	184	190	194
Status Definitions					
<b>Active</b>	Current and can practice without restrictions ( <i>BPC §1625</i> )				
<b>Inactive</b>	Current but cannot practice, continuing education not required ( <i>CCR §1017.2</i> )				
<b>Retired/Reduced Fee</b>	Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions ( <i>BPC §1716.1a</i> )				
<b>Disabled</b>	Current with disability but cannot practice ( <i>BPC §1716.1b</i> )				
<b>Delinquent</b>	Renewal fee not paid within one month after expiration date ( <i>BPC §163.5</i> )				
<b>Cancelled</b>	Renewal fee not paid 5 years after its expiration and may not be renewed ( <i>BPC §1718.3a</i> ) Total number of licenses / permits cancelled to date.				



The following table provides statistics on population (Pop.), current & active dental licenses by County, and population (Pop.) per dental license by County in 2019, 2020, and 2021 as of December 31, 2021.

County	DDS per County in 2019/20	Pop. in 2019/20	Pop. per DDS in 2019/20	DDS per County in 2020/21	Pop. in 2020/21	Pop. per DDS in 2020/21	DDS per County in 2021/22	Pop. in 2021/22	Pop. per DDS in 2021/22
Alameda	1,458	1,645,359	1,128	1,497	1,670,834	1,116	1,510	1,682,353	1,114
Alpine	1	1,151	1,151	1	1,142	1,142	1	1,204	1,204
Amador	22	38,382	1,744	23	37,676	1,638	22	40,474	1,839
Butte	141	226,404	1,605	126	210,291	1,668	128	211,632	1,653
Calaveras	16	45,168	2,823	18	45,023	2,501	18	45,292	2,516
Colusa	5	22,043	4,408	6	21,902	3,650	5	21,839	4,367
Contra Costa	1,093	1,139,513	1,042	1,123	1,153,561	1,027	1,102	1,165,927	1,058
Del Norte	11	27,124	2,465	15	27,298	1,819	14	27,743	1,981
El Dorado	161	185,062	1,149	161	193,227	1,200	159	191,185	1,202
Fresno	597	995,975	1,668	622	1,023,358	1,645	615	1,008,654	1,640
Glenn	9	28,731	3,192	10	29,400	2,940	6	28,917	4,819
Humboldt	69	136,953	1,984	68	133,302	1,960	66	136,463	2,067
Imperial	39	188,334	4,829	38	188,777	4,967	39	179,702	4,607
Inyo	12	18,619	1,551	9	18,584	2,064	8	19,016	2,377
Kern	336	895,112	2,664	350	917,553	2,621	351	909,235	2,590
Kings	64	149,537	2,336	64	153,608	2,400	54	152,486	2,823
Lake	46	64,945	1,411	45	64,040	1,423	25	68,163	2,726
Lassen	24	30,918	1,288	24	28,833	1,201	24	32,730	1,363
Los Angeles	8,342	10,241,278	1,227	8,502	10,172,951	1,196	8,496	10,014,009	1,178
Madera	53	156,492	2,952	43	158,147	3,677	45	156,255	3,472
Marin	312	263,604	844	304	260,831	857	305	262,321	860
Mariposa	7	18,148	2,592	7	18,067	2,581	7	17,131	2,447
Mendocino	56	89,134	1,591	52	87,946	1,691	55	91,601	1,665
Merced	90	274,665	3,051	91	283,521	3,115	89	281,202	3,159

County	DDS per County in 2019/20	Pop. in 2019/20	Pop. per DDS in 2019/20	DDS per County in 2020/21	Pop. in 2020/21	Pop. per DDS in 2020/21	DDS per County in 2021/22	Pop. in 2021/22	Pop. per DDS in 2021/22
Modoc	4	9,580	2,395	5	9,570	1,914	5	8,700	1,740
Mono	3	13,713	4,571	3	13,464	4,488	4	13,195	3,298
Monterey	268	442,365	1,650	259	441,143	1,703	265	439,035	1,656
Napa	112	142,408	1,271	113	139,088	1,230	112	138,019	1,232
Nevada	87	98,828	1,135	77	98,114	1,274	77	102,241	1,327
Orange	3,890	3,194,024	821	4,005	3,194,332	797	4,024	3,186,989	791
Placer	463	382,837	826	471	403,711	857	469	404,739	862
Plumas	14	19,819	1415	15	18,260	1,217	14	19,790	1,413
Riverside	1,058	2,384,783	2,254	1,111	2,442,304	2,198	1,120	2,418,185	2,159
Sacramento	1,116	1,514,770	1,431	1,159	1,555,365	1,341	1,175	1,585,055	1,348
San Benito	21	56,854	2,707	23	62,353	2,711	24	64,209	2,675
San Bernardino	1,340	2,160,256	1,612	1,381	2,180,537	1,578	1,395	2,181,654	1,563
San Diego	2,748	3,316,192	1,206	2,779	3,343,355	1,203	2,778	3,298,634	1,187
San Francisco	1,237	874,228	706	1,225	897,806	732	1,211	873,965	721
San Joaquin	373	746,868	2,002	371	773,632	2,085	372	779,233	2,094
San Luis Obispo	233	280,101	1,202	225	277,259	1,232	208	282,424	1,357
San Mateo	873	770,203	882	858	773,244	901	854	764,442	895
Santa Barbara	320	450,663	1,408	324	451,840	1,394	318	448,229	1,409
Santa Clara	2,273	1,938,180	852	2,292	1,961,969	856	2,294	1,936,259	844
Santa Cruz	180	276,603	1,536	170	271,233	1,595	166	270,861	1,631
Shasta	113	178,605	1,580	115	178,045	1,548	113	182,155	1,611
Sierra	1	3,207	3,207	1	3,201	3,201	0	3,236	0
Siskiyou	23	44,688	1,942	24	44,461	1,852	22	44,076	2,003
Solano	278	436,023	1,568	287	440,224	1,533	289	453,491	1,569
Sonoma	397	505,120	1,272	393	492,980	1,254	393	488,863	1,243
Stanislaus	279	548,057	1,964	273	557,709	2,042	273	552,878	2,025
Sutter	52	96,956	1,864	56	100,750	1,799	54	99,633	1,845

County	DDS per County in 2019/20	Pop. in 2019/20	Pop. per DDS in 2019/20	DDS per County in 2020/21	Pop. in 2020/21	Pop. per DDS in 2020/21	DDS per County in 2021/22	Pop. in 2021/22	Pop. per DDS in 2021/22
Tehama	28	63,995	2,285	29	65,129	2,245	31	65,829	2,123
Trinity	3	13,628	4,542	4	13,548	3,387	4	16,112	4,028
Tulare	213	471,842	2,215	227	479,977	2,114	217	473,117	2,180
Tuolumne	48	54,707	1,139	47	54,917	1,168	48	55,620	1,158
Ventura	663	857,386	1,293	666	842,886	1,265	668	843,843	1,263
Yolo	114	218,896	1,920	114	221,705	1,944	118	216,403	1,833
Yuba	11	74,577	6,779	7	78,887	11,269	6	81,575	13,595
Out of State/Country	2,565	N/A	N/A	2,614	N/A	N/A	2,459	N/A	N/A
<b>Total</b>	<b>34,365</b>	<b>39,523,613</b>	<b>N/A</b>	<b>34,922</b>	<b>39,782,870</b>	<b>N/A</b>	<b>34,724</b>	<b>39,538,223</b>	<b>N/A</b>

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

*The counties with the highest Population per DDS are:	Yuba County (1:13,595)	*The counties with the lowest Population per DDS are:	San Francisco County (1:721)
	Imperial County (1:4,607)		Orange County (1:791)
	Colusa County (1:4,367)		Santa Clara County (1:844)
	Trinity (1:4,028)		Marin County (1:860)
	Madera County (1:3,472)		Placer County (1:862)

Action Requested:  
None.



## MEMORANDUM

<b>DATE</b>	January 3, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	John Tran, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 12(b):</b> General Anesthesia and Conscious Sedation Permit Evaluations Statistics

Background:

Newly approved general anesthesia and conscious sedation permit holders are subject to an on-site inspection and evaluation. New permit holders must schedule and conduct their on-site inspection and evaluation within one-year issuances of their permit. If the permit holder passes their initial on-site inspection and evaluation, they will not have to schedule another one until five years later which is required for the continual active status and good standing of their permit.

The following statistical overview is provided for Fiscal Year 2021-2022 for on-site inspections and evaluations administered by the Board:

### 2021 - 2022 Statistical Overviews of the On-Site Inspections and Evaluations Administered by the Board

#### General Anesthesia Evaluations

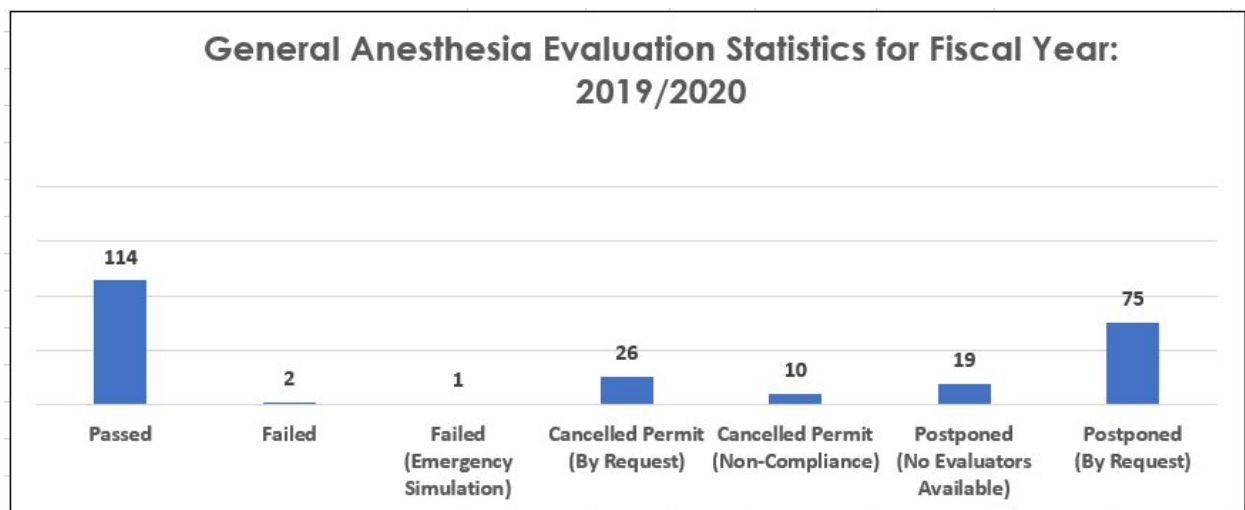
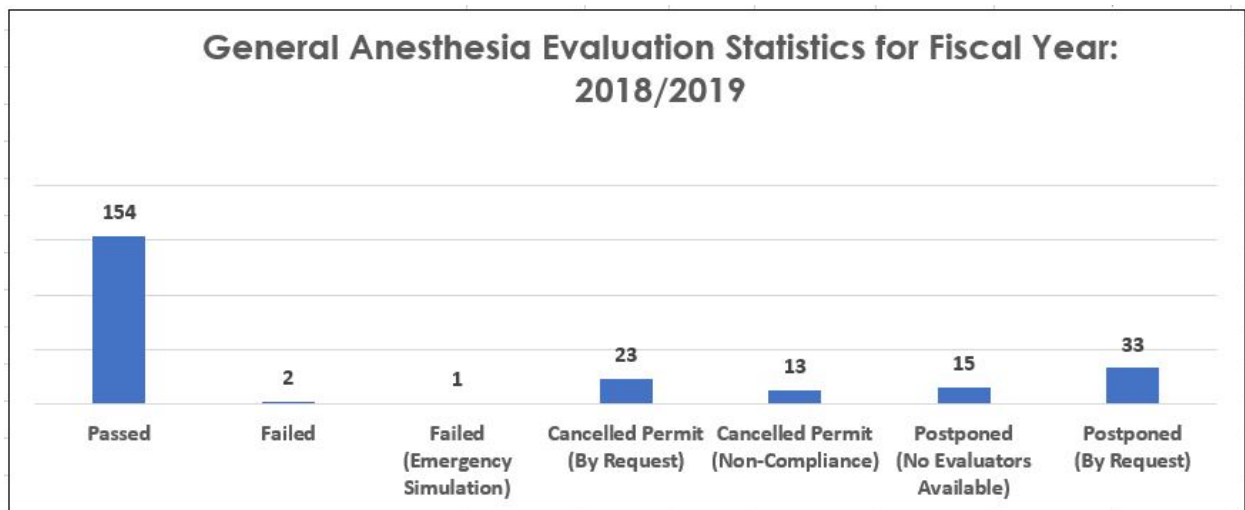
	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
<b>Oct 2021</b>	15	0	0	1	0	1	2
<b>Nov 2021</b>	5	0	0	1	0	4	5
<b>Dec 2021*</b>	11	0	0	0	0	1	3
<b>Total</b>	<b>31</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>10</b>

\*Approximate number of evaluations scheduled for December 2021.

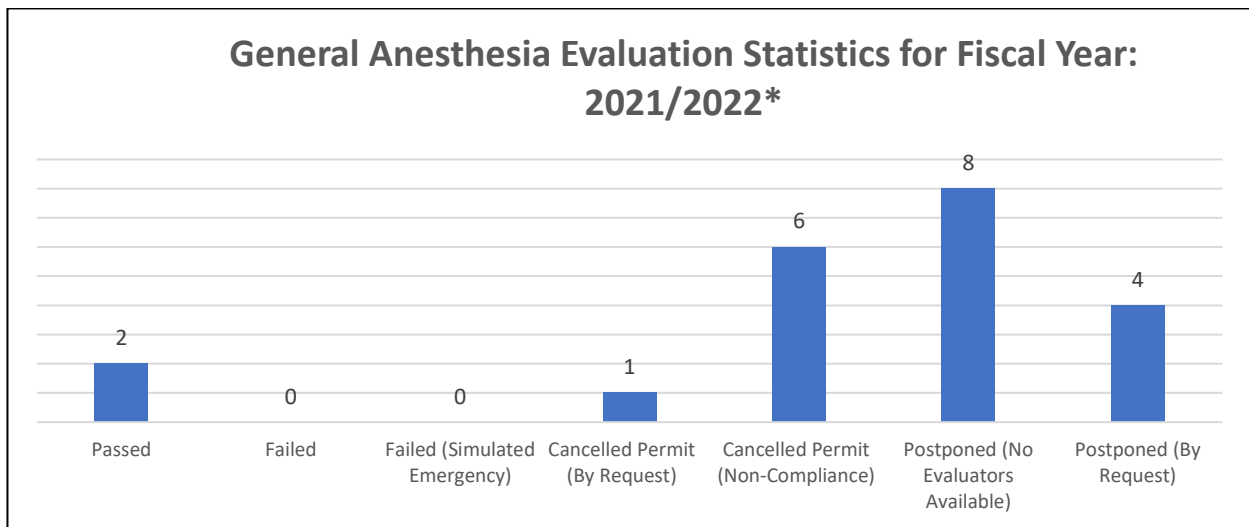
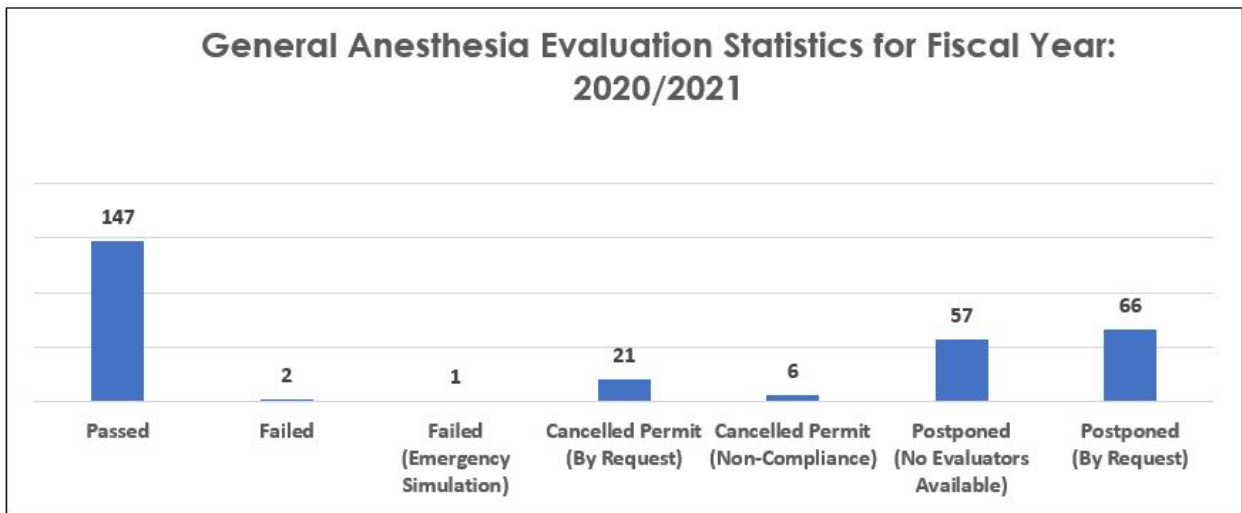
**General Anesthesia Evaluation Statistics for Fiscal Years 18/19, 19/20, 20/21, and 21/22.**

	18/19	19/20	20/21	21/22*
<b>Passed Evaluation</b> – Permit holder met all required components of the on-site evaluation	154	114	147	75
<b>Failed Evaluation</b> – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	2	2	2	0
<b>Failed Simulated Emergency</b> – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	1	1	1	0
<b>Cancelled Permit by Request</b> – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	23	26	21	4
<b>Cancelled Permit for Non-Compliance</b> – Permit holder did not complete evaluation by requested time frame	13	10	6	0
<b>Postponed (No Evaluators Available)</b> – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	15	19	57	18
<b>Postponed (By Request)</b> – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issues	33	75	66	20

\* Approximate number of evaluations scheduled for fiscal year 21/22.







\* Approximate number of evaluations scheduled for fiscal year 2021/2022.

### Conscious Sedation Evaluations

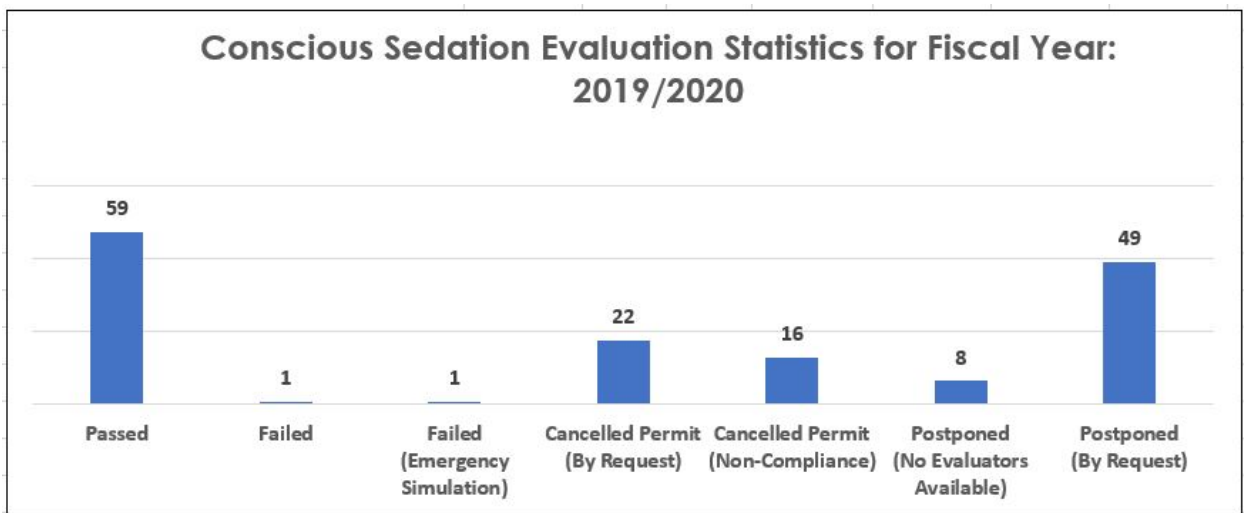
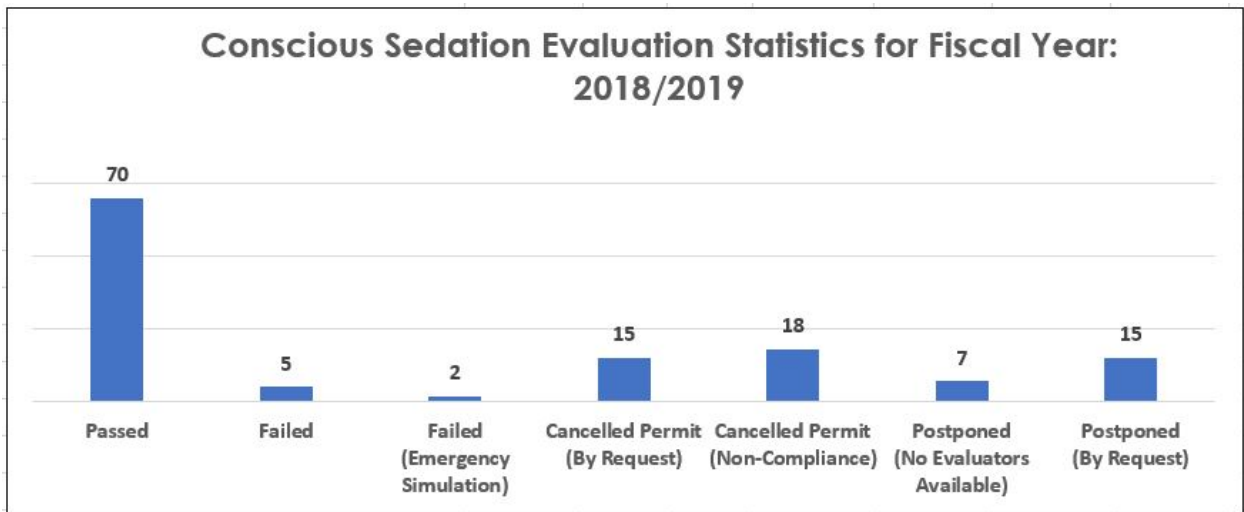
	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
<b>Oct 2021</b>	6	0	1	1	0	2	2
<b>Nov 2021</b>	4	0	0	1	0	1	2
<b>Dec 2021*</b>	6	0	0	0	3	1	2
<b>Total</b>	<b>16</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>6</b>

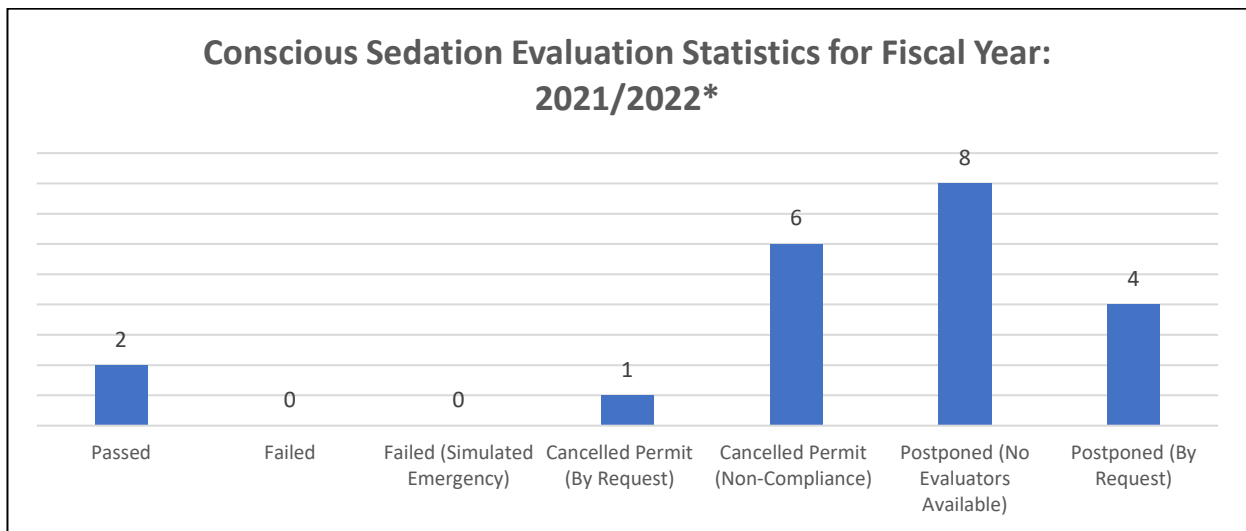
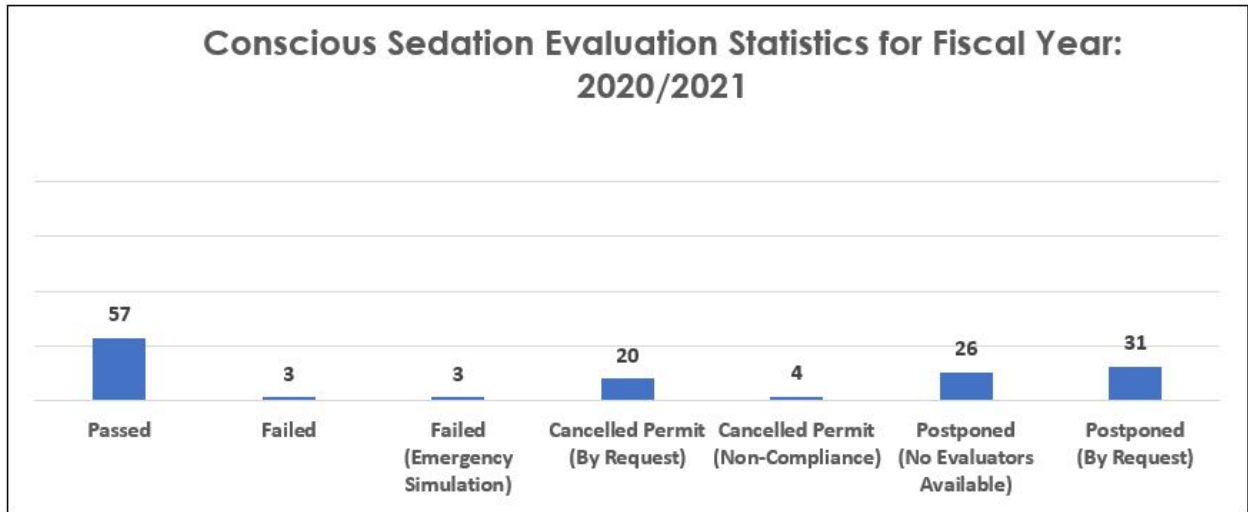
\* Approximate number of evaluations scheduled for September 2021.

**Conscious Sedation Evaluation Statistics for Fiscal Years 18/19, 19/20, 20/21, and 21/22.**

	18/19	19/20	20/21	21/22*
<b>Passed Evaluation</b> – Permit holder met all required components of the on-site evaluation	70	59	57	23
<b>Failed Evaluation</b> – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	5	1	3	1
<b>Failed Simulated Emergency</b> – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	2	1	3	2
<b>Cancelled Permit by Request</b> – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	15	22	20	4
<b>Cancelled Permit for Non-Compliance</b> – Permit holder did not complete evaluation by requested time frame	18	16	4	6
<b>Postponed (No Evaluators Available)</b> – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	7	8	26	15
<b>Postponed (By Request)</b> – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issues	15	49	31	9

\* Approximate number of evaluations scheduled for fiscal year 21/22.





\* Approximate number of evaluations scheduled for fiscal year 2021/2022.

#### Medical General Anesthesia Evaluations

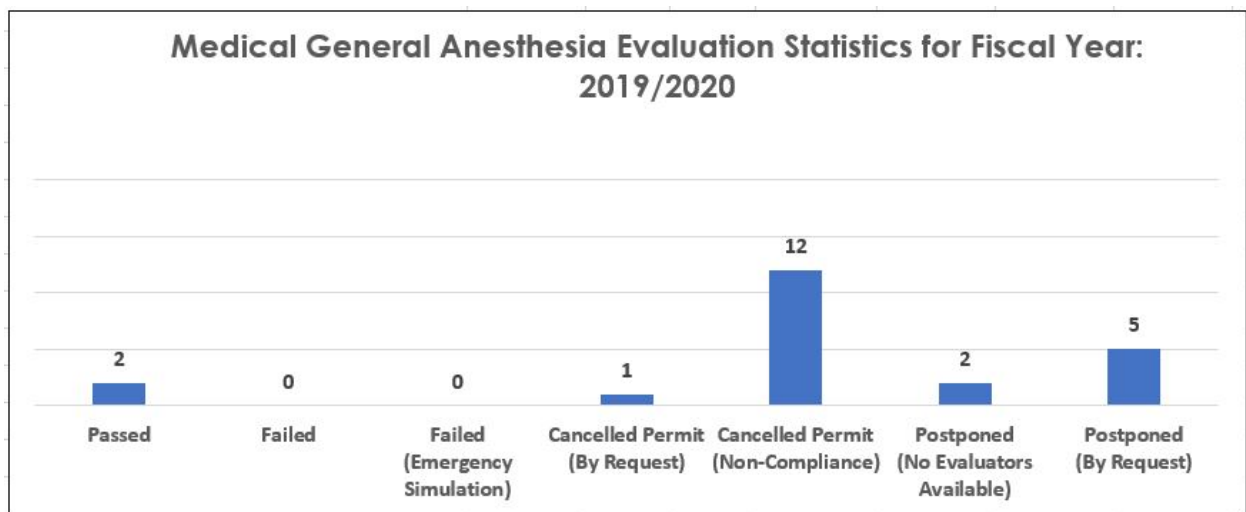
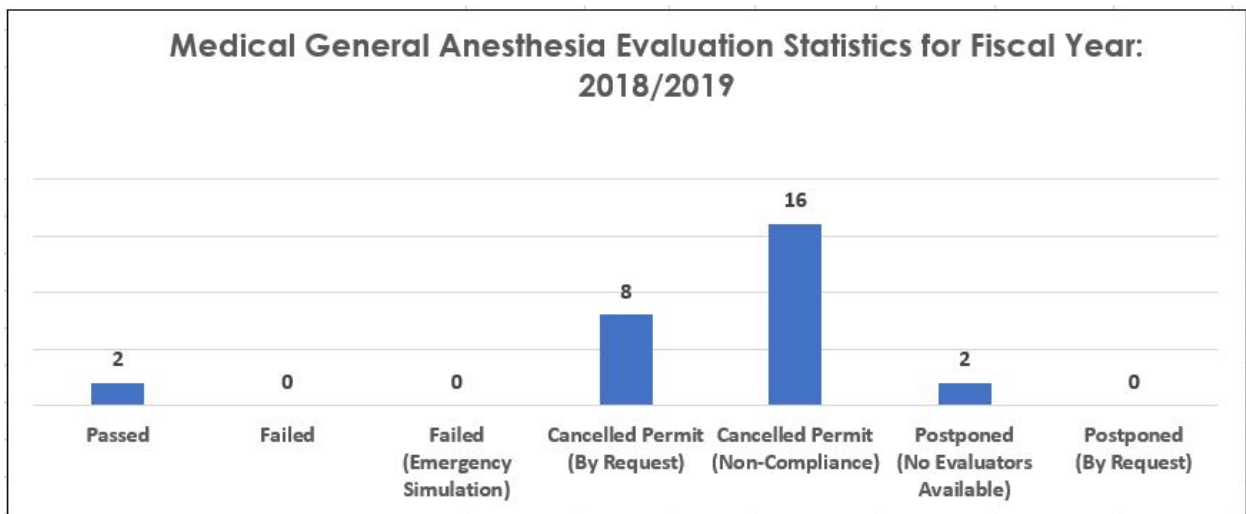
	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Oct 2021	1	0	0	0	0	3	0
Nov 2021	0	0	0	0	0	1	2
Dec 2021*	0	0	0	0	3	1	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>2</b>

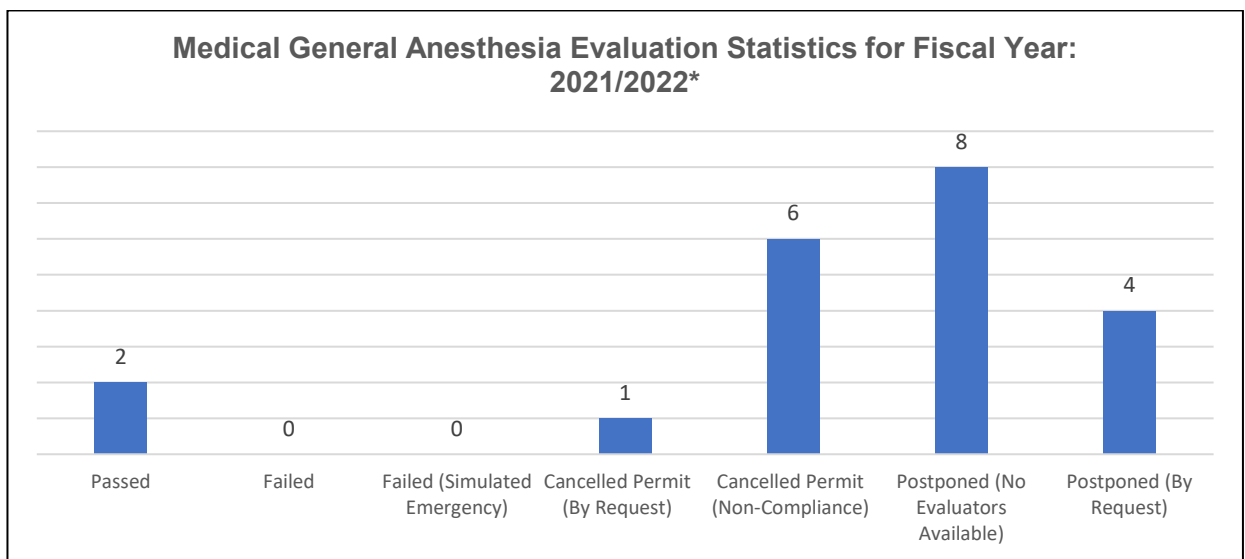
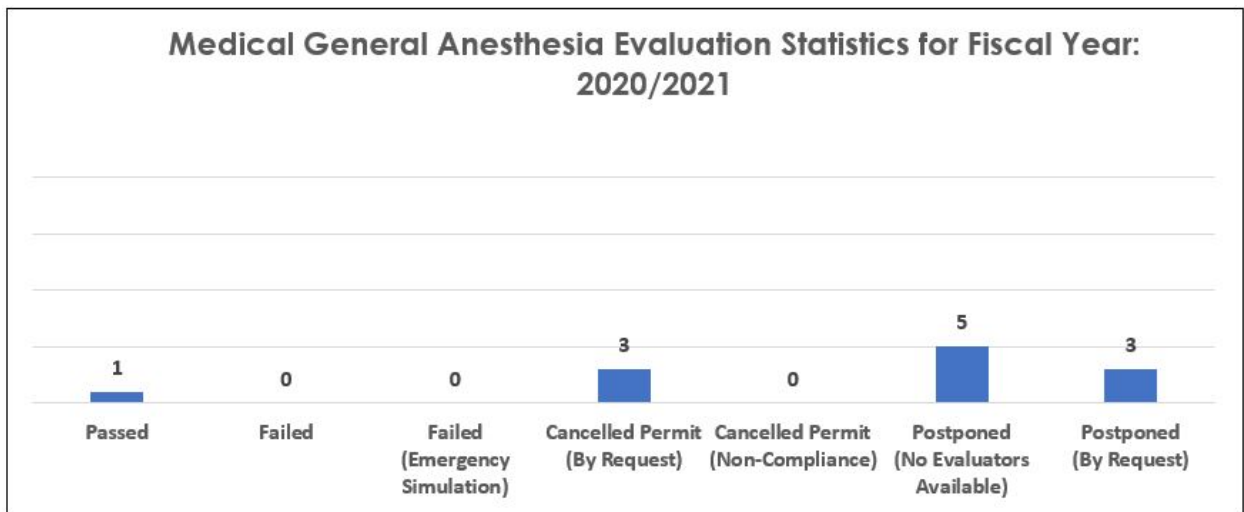
\* Approximate number of evaluations scheduled for September 2021.

**Medical General Anesthesia Evaluation Statistics for Fiscal Years 18/19, 19/20, 20/21, and 21/22.**

	18/19	19/20	20/21	21/22*
<b>Passed Evaluation</b> – Permit holder met all required components of the on-site evaluation	2	2	1	2
<b>Failed Evaluation</b> – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	0	0	0	0
<b>Failed Simulated Emergency</b> – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	0	0	0	0
<b>Cancelled Permit by Request</b> – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	8	1	3	1
<b>Cancelled Permit for Non-Compliance</b> – Permit holder did not complete evaluation by requested time frame	16	12	0	6
<b>Postponed (No Evaluators Available)</b> – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	2	2	5	8
<b>Postponed (By Request)</b> – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issue	0	5	3	4

\* Approximate number of evaluations scheduled for fiscal year 21/22.





\* Approximate number of evaluations scheduled for fiscal year 2021/2022.

#### Current Evaluators per Region

Region	GA	CS	MGA
Northern California	126	63	17
Southern California	154	90	18

#### Action Requested:

No action requested; data provided is informational only.



## MEMORANDUM

<b>DATE</b>	February 2, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 13: Update on Pending Regulatory Packages</b>

Background Information:

Please see the attached table summarizing the current status of each of the Dental Board of California's pending regulatory proposals.

Action Requested:

No action requested.

<b>Rulemaking File</b>	<b>Board Approved Language</b>	<b>Initial Rulemaking Package Assembly Progress</b>	<b>Formal DCA Review</b>	<b>DCA Director Review</b>	<b>Agency Review</b>	<b>OAL Notice Filed</b>	<b>OAL Final Rulemaking Filed</b>	<b>Submitted to Secretary of State/Effective Date</b>
Diversion Evaluation Committee Membership (16 CCR 1020.4)	X	X	X	X	X	X	X	SOS: 7/13/21 Effective: 10/1/2021
Dentistry Law & Ethics Examination Scoring (16 CCR 1031)	X	X	X	X	X	X	In Progress	
Continuing Education Requirements (16 CCR 1016, 1016.2, 1017)	X	X	X	X	X	X		
Telehealth Notification (16 CCR 1065)	X	In Progress						
Dental Assisting Comprehensive Rulemaking (16 CCR 1067-1081.3)	X	In Progress						

<b>Rulemaking File</b>	<b>Board Approved Language</b>	<b>Initial Rulemaking Package Assembly Progress</b>	<b>Formal DCA Review</b>	<b>DCA Director Review</b>	<b>Agency Review</b>	<b>OAL Notice Filed</b>	<b>OAL Final Rulemaking Filed</b>	<b>Submitted to Secretary of State/Effective Date</b>
Radiographic Decision Making and Interim Therapeutic Restoration Course Requirements (16 CCR 1071.1)	X	In Progress						
Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (16 CCR 1044.6-1044.8)	X	In Progress						
Mobile and Portable Dental Unit Registration Requirements (16 CCR 1049)	X	In Progress						



<b>Rulemaking File</b>	<b>Board Approved Language</b>	<b>Initial Rulemaking Package Assembly Progress</b>	<b>Formal DCA Review</b>	<b>DCA Director Review</b>	<b>Agency Review</b>	<b>OAL Notice Filed</b>	<b>OAL Final Rulemaking Filed</b>	<b>Submitted to Secretary of State/Effective Date</b>
Minimum Standards for Infection Control (16 CCR 1005)	X	In Progress						
SB 501 Anesthesia and Sedation Requirements (16 CCR 1021 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, 1043.8, 1043.8.1, 1044, 1044.1, 1044.2, 1044.3, 1044.4, 1044.5, 1043.9.1, 1043.9.2, 1070.8)	X	X	X	X	X	X		



# MEMORANDUM

<b>DATE</b>	January 31, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Jessica Olney, Board Staff Services Manager I Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 14(a) and (b):</b> Discussion and Possible Action to Consider: <ul style="list-style-type: none"> <li>a. Comments Received During the 45-Day Public Comment Period Relative to Amendments to CCR, Title 16, Sections 1016 and 1017, and Adoption of CCR, Title 16, Section 1016.2 for Continuing Education</li> <li>b. Adoption of Amendments CCR, Title 16, Sections 1016 and 1017, and Adoption of CCR, Title 16, Section 1016.2 for Continuing Education</li> </ul>

## Background Information:

At the November 19, 2021 meeting the Board approved proposed language for the implementation of California Code of Regulations (CCR) Title 16, Division 10, sections 1016, 1016.2, and 1017 regarding continuing education requirements for renewal, and directed staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing if necessary, and authorizing the Executive Officer to make any non-substantive changes to the rulemaking package.

During the 45-day comment period, the Board received public comments on proposed sections 1016, 1016.2, and 1017. Staff has prepared the following summary of the comments and proposed responses thereto for the Board's approval.

## Proposed Text Modifications

Board staff have also identified a few text changes that need to be made to clarify the proposal, as follows:

(1) Amend subsection (e) of Section 1016 to specify when the Board considers an Infection Control or Dental Practice Act course to be “significantly changed” and what would trigger the requirement that a course provider submit a new course content outline to the Board. The text would be modified to state:

Agenda Item 14(a) and (b)  
 Dental Board of California Meeting  
 February 10-11, 2022

If a provider wishes to make any significant changes to which includes altering the course content of a previously approved mandatory course in Infection Control and the California Dental Practice Act, the provider shall submit a new course content outline to the Board.

(2) Amend Section 1016.2 related to requirements for basic life support courses to revise the title and add relevant code sections to specify the titles of the types of dental auxiliaries intended to be covered by the proposal. The term “dental auxiliaries” refers to persons qualified by training and experience to perform dental work under the direction and supervision of a dentist. However, this term broadly refers to all types of persons working under the supervision of a dentist and includes dental assistants and all other auxiliaries licensed by the Board or the Dental Hygiene Board in the practice acts governing both boards (see e.g., Business and Professions Code section 1684.5). The proposed modifications would make it clear that this proposal is applicable only to specified categories of individuals under the jurisdiction of the Dental Board and provides the corresponding legal citations that refer to those specific types of dental auxiliaries, including: dental assistants, registered dental assistants, orthodontic assistants, and dental sedation assistants. The text would be modified to state:

**Section 1016.2. Requirements for Basic Life Support Courses for Dental Assistants and Licensure of Dental Auxiliaries Registered Dental Assistants, Orthodontic Assistants, and Dental Sedation Assistants**

(a) For the purpose of Code sections 1750(c)(3), 1750.2(a)(3), 1750.4(a)(3) and 1752.1(e)(3), and for the purpose of licensure renewal, the following are deemed to be equivalent basic life support (BLS) courses to the American Heart Association (AHA) or the American Red Cross (ARC):

Board staff recommends these modifications be made to avoid confusion in the regulated community regarding the meaning and applicability of these provisions.

Staff Recommendation:

Staff recommends the Board consider and approve the response drafted to address public comments received during the 45-day comment period on the Board’s proposed regulation amending continuing education requirements.

Additionally, staff recommends the Board consider and approve the proposed modified text and direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulation as described in the modified text notice for sections 1016, 1016.2, and 1017.

Proposed Motion Language:

Approve the proposed amended regulatory text for sections 1016, 1016.2, and 1017, approve the responses drafted to address public comments received during the 45-day comment period on the Board's proposed regulation amending required continuing education, and direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulations as described in the modified text notice for Title 16 CCR sections 1016, 1016.2, and 1017.

Pros: If the Board approves the addressed comments and amended regulatory language for sections 1016, 1016.2, and 1017, the proposal will move forward in the regulatory process.

Cons: If the proposed comments and amended regulatory language is not approved for sections 1016, 1016.2, and 1017, the proposal will not move forward in the regulatory process.

Documents Included for Reference for Sections 1016, 1016.2, and 1017:

1. Responses to Comments
2. Letter A
3. Letter B
4. Proposed Modified Text



For

**Summary of Comments to Proposed Title 16, Division 10,  
Article 4, California Code of Regulations  
Sections 1016, 1016.2, and 1017**

**A. November 19, 2021 email from Daniel Loveland, DMD**

**Comment A**

**Comment Summary:**

This comment opposes the requirement of mandatory continuing education courses in drug addiction as required for the renewal of a dental license. Dr. Loveland feels that the additional requirement will not affect the decisions of doctors who have already been trained on prescription drugs, how to prescribe, and the dangers or abuse and addiction. Dr. Loveland states that "They are already well informed and will decide to abuse medications however they want, no amount of CE is going to help that." Dr. Loveland states that licensees such as himself who do not abuse medications should not be forced to take mandatory continuing education courses on this subject. Dr. Loveland also states that the Dental Board of California could dissuade dentist from abusing drugs by having stricter penalties.

**Proposed Response:**

The Board has considered the comment and has decided to make no revisions to the text based thereon.

Senate Bill (SB) 1109 (Bates, Chapter 693, Statutes of 2018) amended BPC section 1645, effective January 1, 2019, adds the risks of addiction associated with the use of Schedule II drugs, as an authorized continuing education subject matter area for a dentist licensed by Board.

The Board proposes to amend Section 1016 Article 4 of Chapter 1 of Division 10 of Title 16 of the California Code of Regulations, to include mandatory coursework of a Board approved course in the responsibilities and requirements of prescribing Schedule II opioids as mandated by SB 1109. This proposal aims to reduce the incidence of opioid addiction and overdose by increasing awareness and education among prescribers and patients, including minor athletes and their parents. Education is a key component in understanding the very addictive nature of Schedule II controlled substances. It is necessary to warn healthcare professionals who prescribe opioid medications they can be addictive and cause drug overdoses if not used carefully.

## **B. December 2, 2021 email from Pricilla Espinoza Vale, RDAEF2**

### **Comment B**

#### **Comment Summary:**

This comment neither opposes nor agrees with the proposed language. The email from Ms. Espinoza Vale is an inquiry into whether the proposed language would “help with the debt loan” for Continuing Education courses taken.

#### **Proposed Response:**

The Board has considered the comment, but the question pertains to an issue that is neither covered by the subject of the proposed rulemaking nor under the Board’s authority to address by way of a rulemaking. The Board believes that the proposed text is sufficiently clear to advise the public of the subject matter, which includes only a proposed requirement to include mandatory Board-approved coursework in the responsibilities and requirements of prescribing Schedule II opioids as mandated by SB 1109. The Board, therefore, has decided to not make any revisions in response to this comment.

**From:** [REDACTED]  
**To:** [Rumbaoa, Wilbert@DCA](mailto:Rumbaoa,Wilbert@DCA)  
**Subject:** Re: Posting of Consolidated Continuing Education Rulemaking Materials  
**Date:** Friday, November 19, 2021 11:04:27 PM  
**Attachments:** [image001.png](#)

---

[EXTERNAL]: [REDACTED]

**CAUTION:** THIS EMAIL ORIGINATED OUTSIDE THE DEPARTMENT OF CONSUMER AFFAIRS!

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**NEVER:** provide credentials on websites via a clicked link in an Email.

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In regards to **Consolidated Continuing Education, California Code of Regulations, Title 16, Division 10, Sections 1016, 1016.2, and 1017**, I feel that making mandatory specific CE courses on drug addiction is not going to affect the decisions of doctors who have already been trained for years on prescription drugs, how to prescribe, and the dangers of abuse and addiction. They are already well informed and will decide to abuse medications however they want, no amount of CE is going to help that. Those of us that have no part in abusing medications should not be forced to take mandatory CE courses on the subject. It's not productive for us as providers in expanding our knowledge or skills in ways that would be beneficial to our patients. Please do not force these CE courses on all dentists.

Your best course of action to dissuade dentists from abusing these drugs is to have strict penalties.

Thank you,  
**Daniel Loveland, DMD**

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**From:** Dental Board of California Licensees <DBC-LICENSEES@SUBSCRIBE.DCALISTS.CA.GOV> on behalf of Dental Board of California <000000159a3af33a-dmarc-request@SUBSCRIBE.DCALISTS.CA.GOV>  
**Date:** Friday, November 12, 2021 at 1:46 PM  
**To:** DBC-LICENSEES@SUBSCRIBE.DCALISTS.CA.GOV <DBC-LICENSEES@SUBSCRIBE.DCALISTS.CA.GOV>  
**Subject:** Posting of Consolidated Continuing Education Rulemaking Materials

This email serves as a notice of the posting of the Dental Board of California's Consolidated Continuing Education, California Code of Regulations, Title 16, Division 10, Section 1016, 1016.2, and 1017 rulemaking materials. The materials were posted on Friday, November 12, 2021 on the following webpage: [https://urldefense.proofpoint.com/v2/url?u=https-3A www.dbc.ca.gov\\_about-5Fus\\_lawsregs\\_proposed-5Fregulations.shtml&d=DwIFaQ&c=LHIwbLRMLqgNuqr1uGLfTA&r=A-JB7KZUCnQDOgik-klzww08Oe8zAghCJ4fJ3wwaPtU&m=-S5AbL\\_CMf5odyo\\_zeXzcdMam4YtTcpgvWcWrAoulgw&s=aJG9597BfHZ9IHZ88TjSHlu7zWbQRsFDD6MU7CtKKis&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A%20www.dbc.ca.gov_about-5Fus_lawsregs_proposed-5Fregulations.shtml&d=DwIFaQ&c=LHIwbLRMLqgNuqr1uGLfTA&r=A-JB7KZUCnQDOgik-klzww08Oe8zAghCJ4fJ3wwaPtU&m=-S5AbL_CMf5odyo_zeXzcdMam4YtTcpgvWcWrAoulgw&s=aJG9597BfHZ9IHZ88TjSHlu7zWbQRsFDD6MU7CtKKis&e=) .

Any interested person, or his/her authorized representative, may submit written comments relevant to the proposed regulatory action to the Board. Comments may also be submitted by facsimile (FAX) at (916) 263-2140 or by e-mail to Wilbert.Rumbaoa@dca.ca.gov. The written comment period closes at 5:00 p.m. on Monday, December 27, 2021. The Board will consider only comments received at the Board's office by that time.

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Unsubscribe from the DBC-LICENSEES List:

<http://subscribe.dcalists.ca.gov/cgi-bin/wa?SUBED1=DBC-LICENSEES&A=1>



-----Original Message-----

From: Espinoza Pricilla [REDACTED]  
Sent: Thursday, December 2, 2021 8:30 AM  
To: Rumbaoa, Wilbert@DCA <Wilbert.Rumbaoa@dca.ca.gov>  
Subject: Consolidated Continuing

[EXTERNAL] [REDACTED]

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DO NOT: click links or open attachments unless you know the content is safe.  
NEVER: provide credentials on websites via a clicked link in an Email.

.....

Hello My Name is Pricilla Espinoza Vale i`m a RDAEF2 and i will like to have more info about this, is this gonna help with the debt loan for Continuing Edu e.i : like the EF2 Loan ??  
Thanks in advance

Pricilla E

Sent from my iPhone

**TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS  
DIVISION 10. DENTAL BOARD OF CALIFORNIA**

**MODIFIED TEXT**

Proposed amendments to the regulatory language are shown in single underline for new text and single ~~strike through~~ for deleted text.

Modifications to the proposed regulatory language are shown in double underline for new text and ~~double strike through~~ for deleted text.

**Amend Section 1016 Article 4 of Chapter 1 of Division 10 of Title 16 of the California Code of Regulations as follows:**

**§ 1016. Continuing Education Courses and Providers**

(a) Definition of Terms:

(1) Course of Study Defined. “Course of study” means an orderly learning experience in an area of study pertaining to dental and medical health, preventive dental services, diagnosis and treatment planning, clinical procedures, basic health sciences, dental practice management and administration, communication, ethics, patient management or the Dental Practice Act and other laws specifically related to dental practice.

(2) Coursework Defined. The term “Coursework” used herein refers to materials presented or used for continuing education and shall be designed and delivered in a manner that serves to directly enhance the licensee's knowledge, skill and competence in the provision of service to patients or the community.

(b) Courses of study for continuing education credit shall include:

(1) Mandatory courses required by the Board for license renewal ~~to~~ shall include a Board-approved course in Infection Control, a Board-approved course in the California Dental Practice Act, and completion of certification in Basic Life Support, and a Board-approved course on the responsibilities and requirements of prescribing Schedule II opioids.

(A) At a minimum, course content for a Board-approved course in Infection Control shall include all content of Section 1005 and the application of the regulations in the dental environment.

(B) At a minimum, course content for the Dental Practice Act [Division 2, Chapter 4 of the Code (beginning with §1600)] shall instruct on acts in violation of the Dental Practice Act and attending regulations, and other

statutory mandates relating to the dental practice. This includes utilization and scope of practice for auxiliaries and dentists; laws governing the prescribing of drugs; professional ethics, citations, fines, revocation and suspension of a license, and license renewal; and the mandatory reporter obligations set forth in the Child Abuse and Neglect Reporting Act (Penal Code Section 11164 et seq.) and the Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code Section 15600 et seq.) and the clinical signs to look for in identifying abuse.

(C) The mandatory requirement for certification in Basic Life Support shall be met by completion of ~~either~~:

(i) An American Heart Association (AHA) or American Red Cross (ARC) course in Basic Life Support (BLS) or,

(ii) A BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE), or,

(iii) A BLS course taught by a provider approved by the American Safety and Health Institute (ASHI).

For the purposes of this section, a Basic Life Support course shall include all of the following:

1. Instruction in both adult and pediatric CPR, including 2-rescuer scenarios;
2. Instruction in foreign-body airway obstruction;
3. Instruction in relief of choking for adults, child and infant;
4. Instruction in the use of automated external defibrillation with CPR; and;
5. A live, in-person skills practice session, a skills test and a written examination;

The course provider shall ensure that the course meets the required criteria.

(D) At a minimum, course content for a Board-approved course on the responsibilities and requirements of prescribing Schedule II opioid drugs shall include the practices for pain management in dentistry, regulatory

requirements for prescribers and dispensers, and dental office procedures for managing vulnerable or substance use disorder patients.

- (2) Courses in the actual delivery of dental services to the patient or the community, such as:
- (A) Courses in preventive services, diagnostic protocols and procedures (including physical evaluation, radiography, dental photography) comprehensive treatment planning, charting of the oral conditions, informed consent protocols and recordkeeping.
  - (B) Courses dealing primarily with nutrition and nutrition counseling of the patient.
  - (C) Courses in esthetic, corrective and restorative oral health diagnosis and treatment.
  - (D) Courses in dentistry's role in individual and community health emergencies, disasters, and disaster recovery.
  - (E) Courses that pertain to the legal requirement governing the licensee in the areas of auxiliary employment and delegation of responsibilities; the Health Insurance Portability and Accountability Act (HIPAA); actual delivery of care.
  - (F) Courses pertaining to federal, state and local regulations, guidelines or statutes regarding workplace safety, fire and emergency, environmental safety, waste disposal and management, general office safety, sexual harassment prevention, and all training requirements set forth by the California Division of Occupational Safety and Health (Cal-DOSH) including the Bloodborne Pathogens Standard.
  - (G) Courses pertaining to the administration of general anesthesia, conscious sedation, oral conscious sedation or medical emergencies.
  - (H) Courses pertaining to the evaluation, selection, use and care of dental instruments, sterilization equipment, operatory equipment, and personal protective attire.
  - (I) Courses in dependency issues and substance abuse such as alcohol and drug use as it relates to patient safety, professional misconduct, ethical considerations or malpractice.
  - (J) Courses in behavioral sciences, behavior guidance, and patient management in the delivery of care to all populations including special

needs, pediatric and sedation patients when oriented specifically to the clinical care of the patient.

(K) Courses in the selection, incorporation, and use of current and emerging technologies.

(L) Courses in cultural competencies such as bilingual dental terminology, cross-cultural communication, provision of public health dentistry, and the dental professional's role in provision of care in non-traditional settings when oriented specifically to the needs of the dental patient and will serve to enhance the patient experience.

(M) Courses in dentistry's role in individual and community health programs.

(N) Courses pertaining to the legal and ethical aspects of the insurance industry, to include management of third party payer issues, dental billing practices, patient and provider appeals of payment disputes and patient management of billing matters.

(3) Courses in the following areas are considered to be primarily of benefit to the licensee and shall be limited to a maximum of 20% of a licensee's total required course unit credits for each license or permit renewal period:

(A) Courses to improve recall and scheduling systems, production flow, communication systems and data management.

(B) Courses in organization and management of the dental practice including business planning and operations, office computerization and design, ergonomics, and the improvement of practice administration and office operations.

(C) Courses in leadership development and team development.

(D) Coursework in teaching methodology and curricula development.

(E) Coursework in peer evaluation and case studies that include reviewing clinical evaluation procedures, reviewing diagnostic methods, studying radiographic data, study models and treatment planning procedures.

(F) Courses in human resource management and employee benefits.

(4) Courses considered to be of direct benefit to the licensee or outside the scope of dental practice in California include the following, and shall not be recognized for continuing education credit:

(A) Courses in money management, the licensee's personal finances or personal business matters such as financial planning, or estate planning, and personal investments.

(B) Courses in general physical fitness, weight management or the licensee's personal health.

(C) Presentations by political or public figures or other persons that do not deal primarily with dental practice or issues impacting the dental profession

(D) Courses designed to make the licensee a better business person or designed to improve licensee personal profitability, including motivation and marketing.

(E) Courses pertaining to the purchase or sale of a dental practice, business or office; courses in transfer of practice ownership, acquisition of partners and associates, practice valuation, practice transitions, or retirement.

(F) Courses pertaining to the provision of elective facial cosmetic surgery as defined by the Dental Practice Act in Section 1638.1, unless the licensee has a special permit obtained from the Board to perform such procedures pursuant to Section 1638.1 of the Code.

(5) Completion of a course does not constitute authorization for the attendee to perform any services that he or she is not legally authorized to perform based on his or her license or permit type.

(c) Registered Provider Application and Renewal

(1) An applicant for registration as a provider shall submit an "Application for Continuing Education Provider (Rev. 05/09)" that is hereby incorporated by reference. The application shall be accompanied by the fee required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that he or she will only offer courses and issue certificates for courses that meet the requirements in this section.

(2) To renew its registration, a provider shall submit a "Continuing Education Registered Provider Permit Renewal Application (12/15/08)" that is hereby incorporated by reference. The application shall be accompanied by the fee required by section 1021 and a biennial report listing each of the course titles offered, the 11-digit registration number issued to each course, the number of units issued for each course, the dates of all courses offered, the name and qualifications of each instructor, a summary of the content of each course of

study, and a sample of the provider's written certification issued to participants during the last renewal period.

(d) Standards for Registration as an Approved Provider

(1) Each course of study shall be conducted on the same educational standards of scholarship and teaching as that required of a true university discipline and shall be supported by those facilities and educational resources necessary to comply with this requirement. Every instructor or presenter of a continuing education course shall possess education or experience for at least two years in the subject area being taught. Each course of study shall clearly state educational objectives that can realistically be accomplished within the framework of the course. Teaching methods for each course of study shall be described (e.g., lecture, seminar, audiovisual, clinical, simulation, etc.) on all provider reports.

(2) The topic of instruction and course content shall conform to this section.

(3) An opportunity to enroll in such courses of study shall be made available to all dental licensees.

(e) Enforcement, Provider Records Retention and Availability of Provider Records

(1) (A) The board may not grant prior approval to individual courses unless a course is required as a mandatory license renewal course. The minimum course content of all mandatory continuing education courses for all registered providers is set out in subsections (b)(1)(A-~~GD~~). Providers shall be expected to adhere to these minimum course content requirements or risk registered provider status.

~~(B) Beginning January 1, 2006, all~~ All registered providers shall submit their course content outlines for Infection Control and California Dental Practice Act to the board staff for review and approval. If a provider wishes to make any significant changes to which includes altering the course content of a previously approved mandatory course in Infection Control and the California Dental Practice Act, the provider shall submit a new course content outline to the Board. A provider may not offer the mandatory significantly changed course until the Board approves the new course outline. All new applicants for provider status shall submit course content outlines for mandatory education courses in Infection Control and California Dental Practice Act to the board staff for review and approval at the time of application and prior to instruction of mandatory education courses.

(2) Providers must possess and maintain the following:

- (A) Speaker curriculum vitae;
- (B) Course content outline;
- (C) Educational objectives or outcomes;
- (D) Teaching methods utilized;
- (E) Evidence of registration numbers and units issued to each course;
- (F) Attendance records and rosters

(3) The board may randomly audit a provider for any course submitted for credit by a licensee in addition to any course for which a complaint is received. If an audit is conducted, the provider shall submit to the Board the following information and documentation:

- (A) Speaker curriculum vitae;
- (B) Course content outline;
- (C) Educational objectives or outcomes;
- (D) Teaching methods utilized;
- (E) Evidence of registration numbers and units issued to each course; and
- (F) Attendance records and rosters.

(4) All provider records described in this article shall be retained for a period of no less than three provider renewal periods.

#### (f) Withdrawal of Provider Registration

(1) The board retains the right and authority to audit or monitor courses given by any provider. The board may withdraw or place restrictions on a provider's registration if the provider has disseminated any false or misleading information in connection with the continuing education program, fails to comply with regulations, misrepresents the course offered, makes any false statement on its application or otherwise violates any provision of the Dental Practice Act or the regulations adopted thereunder.

(2) Any provider whose registration is withdrawn or restricted shall be granted a hearing before the executive officer or his or her designee prior to the effective date of such action. The provider shall be given at least ten days notice of the grounds for the proposed action and the time and place of such hearing.



(g) Provider Issuance of Units of Credit for Attendance

One unit of credit shall be granted for every hour of contact instruction and may be issued in half-hour increments. Such increments shall be represented by the use of a decimal point in between the first two numbers of the 11-digit registration number of the course. This credit shall apply to either academic or clinical instruction. Eight units shall be the maximum continuing education credits granted in one day.

(h) Additional Provider Responsibilities

(1) A provider shall furnish a written certification of course completion to each licensee certifying that the licensee has met the attendance requirements of the course. Such certification shall not be issued until completion of the course and shall contain the following:

(A) The licensee's, name and license or permit number, the provider's name, the 11-digit course registration number in the upper left hand corner of the certificate, date or dates attended, the number of units earned, and a place for the licensee to sign and date verifying attendance.

(B) An authorizing signature of the provider or the providing entity and a statement that reads: "All of the information contained on this certificate is truthful and accurate."

(C) A statement on each certification that reads: "Completion of this course does not constitute authorization for the attendee to perform any services that he or she is not legally authorized to perform based on his or her license or permit type."

(2) If an individual whose license or permit has been cancelled, revoked, or voluntarily surrendered attends and completes a continuing education course, the provider or attendee may document on the certificate of course completion the license or permit number the individual held before the license or permit was cancelled, revoked, or voluntarily surrendered.

(3) When two or more registered providers co-sponsor a course, only one provider number shall be used for that course and that provider must assume full responsibility for compliance with the requirements of this article.

(4) Only Board-approved providers whose course content outlines for Infection Control and California Dental Practice Act have been submitted and approved by the Board may issue continuing education certifications to participants of these courses.

(5) The instructor of a course who holds a current and active license or permit to practice issued by the Board may receive continuing education credit for up to 20% of their total required units per renewal period for the course or courses they teach for a provider other than themselves.

(6) Upon request, a provider shall issue a duplicate certification to a licensee whose name appears on the provider's original roster of course attendees. A provider may not issue a duplicate certification to a licensee whose name is not on the original roster of course attendees. The provider, not the licensee shall clearly mark on the certificate the word "duplicate."

(7) Providers shall place the following statement on all certifications, course advertisements, brochures and other publications relating to all course offerings: "This course meets the Dental Board of California's requirements for \_(number of)\_ units of continuing education."

(i) Out of State Courses and Courses Offered by Other Authorized and Non-Authorized Providers

(1) Notwithstanding subdivision (b) of Section 1016, licensees who attend continuing education courses given by providers approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE) and who obtain a certification of attendance from the provider or sponsor shall be given credit towards his or her total continuing education requirement for renewal of his or her license with the exception of mandatory continuing education courses, if the course meets the requirements of continuing education set forth in this section.

(b) A licensee who attends a course or program that meets all content requirements for continuing education pursuant to these regulations, but was presented outside California by a provider not approved by the Board, may petition the Board for consideration of the course by submitting information on course content, course duration and evidence from the provider of course completion.

When the necessary requirements have been fulfilled, the board may issue a written certificate of course completion for the approved number of units, which the licensee may then use for documentation of continuing education credits.

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code.  
Reference: Section 1645, Business and Professions Code.

**Adopt Section 1016.2 of Division 10 of Title 16 of the California Code of Regulations to read as follows:**

**Section 1016.2. Requirements for Basic Life Support Courses for Dental Assistants and Licensure of ~~Dental Auxiliaries~~ Registered Dental Assistants, Orthodontic Assistants, and Dental Sedation Assistants**

(a) For the purpose of Code sections 1750(c)(3), 1750.2(a)(3), 1750.4(a)(3) and 1752.1(e)(3), and for the purpose of licensure renewal, the following are deemed to be equivalent basic life support (BLS) courses to the American Heart Association (AHA) or the American Red Cross (ARC):

(1) A BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).

(2) A BLS course taught by a provider approved by the American Safety and Health Institute (ASHI).

(b) For the purposes of this section, a Basic Life Support course shall include all of the following:

(1) Instruction in both adult and pediatric cardiopulmonary resuscitation (CPR), including 2-rescuer scenarios;

(2) Instruction in foreign-body airway obstruction;

(3) Instruction in relief of choking for adults, children and infants;

(4) Instruction in the use of automated external defibrillation with CPR; and;

(5) A live, in-person skills practice session, a skills test, and a written examination.

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code. Reference: Sections 1645, 1750, 1750.2, 1750.4 and 1752.1, Business and Professions Code.

**Amend Section 1017 Article 4 of Chapter 1 of Division 10 of Title 16 of the California Code of Regulations as follows:**

**§ 1017. Continuing Education Units Required for Renewal of License or Permit.**

(a) As a condition of renewal, all licensees are required to complete continuing education as follows:

(1) Two units of continuing education in Infection Control specific to California regulations as defined in Section 1016(b)(1)(A).

(2) Two units of continuing education in the California Dental Practice Act and its related regulations as defined in Section 1016(b)(1)(B).

(3) A maximum of four units of a course in Basic Life Support as specified in Section 1016(b)(1)(C).

(4) Only dentists shall be required to complete two units of continuing education on the subjects set forth in 1016(b)(1)(D).

(b) Mandatory continuing education units count toward the total units required to renew a license or permit; however, failure to complete the mandatory courses will result in non-renewal of a license or permit. ~~Any continuing education units accumulated before April 8, 2010 that meet the requirements in effect on the date the units were accumulated will be accepted by the Board for license or permit renewals taking place on or after April 8, 2010.~~

(c) All licensees shall accumulate the continuing education units equal to the number of units indicated below during the biennial license or permit renewal period assigned by the Board on each license or permit. All licensees shall verify to the Board that he or she who has been issued a license or permit to practice for a period less than two years shall begin accumulating continuing education credits within the next biennial renewal period occurring after the issuance of a new license or permit to practice.

(1) Dentists: 50 units.

(2) Registered dental hygienists: 25 units.

(3) Registered dental assistants: 25 units.

(4) Dental Sedation Assistant Permit Holders: 25 units.

(5) Orthodontic Assistant Permit Holders: 25 units.

(6) Registered dental hygienists in extended functions: 25 units.

(7) Registered dental assistants in extended functions: 25 units.

(8) Registered dental hygienists in alternative practice: 35 units.

(d) Each dentist licensee who holds a general anesthesia permit shall complete, as a condition of permit renewal, continuing education requirements pursuant to Section

1646.5 of the ~~Business and Professions~~ Code at least once every two years, and either

(1) an advanced cardiac life support course which is approved by the American Heart Association and which includes an examination on the materials presented in the course or (2) 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 course entitled "2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association December 13, 2005 which is incorporated herein by reference.

(e) Each dentist licensee who holds a ~~conscious~~ moderate sedation permit shall complete at least once every two years a minimum of 15 total units of coursework related to the administration of ~~conscious~~ moderate sedation and to medical emergencies, as a condition of permit renewal, in continuing education requirements pursuant to Section 1647.5 of the ~~of the Business and Professions~~ Code. Refusal to execute the required assurance shall result in non-renewal of the permit.

~~(f) Each dentist licensee who holds an oral conscious sedation permit for minors, as a condition of permit renewal, shall complete at least once every two years a minimum of 7 total units of coursework related to the subject area in continuing education requirements pursuant to Section 1647.13 of the Business and Professions Code.~~

~~(f)(g)~~ Each dentist licensee who holds an oral conscious sedation permit for adults, as a condition of permit renewal, shall complete at least once every two years a minimum of 7 total units of coursework related to the subject area in continuing education requirements pursuant to Section 1647.21 of the ~~of the Business and Professions~~ Code.

~~(g)(h)~~ Notwithstanding any other provisions of this ~~section~~, tape recorded courses, home study materials, video courses, and computer courses are considered correspondence courses, and will be accepted for credit up to, but not exceeding, 50% of the licensee's total required units.

~~(h)(i)~~ In the event that a portion of a licensee's units have been obtained through non-live instruction, as described in ~~Section~~ subsection (g) (h) above, all remaining units shall be obtained through live interactive course study with the option to obtain 100% of the total required units by way of interactive instruction courses. Such courses are defined as live lecture, live telephone conferencing, live video conferencing, live workshop demonstration, or live classroom study.

~~(i)(j)~~ Licensees who provide direct patient care as an unpaid volunteer at a free public health care event or non-profit community health clinic shall be issued continuing education credit of one unit per hour of providing unpaid volunteer dental

services to patients, for up to three units of their total continuing education unit requirements for license renewal. Units of credit may be issued in half hour increments.

(j) Licensees who participate in the following activities shall be issued continuing education credit for up to 20% of their total continuing education unit requirements for license renewal:

(1) Participation in any Dental Board of California or Western Regional Examination Board (WREB) administered examination including attendance at calibration training, examiner orientation sessions, and examinations.

(2) Participation in any site visit or evaluation relating to issuance and maintenance of a general anesthesia, conscious sedation or oral conscious sedation permit.

(3) Participation in any calibration training and site evaluation training session relating to general anesthesia, conscious sedation or oral conscious sedation permits.

(4) Participation in any site visit or evaluation of an approved dental auxiliary program or dental auxiliary course.

(k) The Board shall issue to participants in the activities listed in ~~subdivision~~ subsection (j) a certificate that contains the date, time, location, authorizing signature, 11-digit course registration number, and number of units conferred for each activity consistent with all certificate requirements herein required for the purposes of records retention and auditing.

(l) The license or permit of any person who fails to accumulate the continuing education units set forth in this section or to assure the ~~B~~board that he or she will accumulate such units, shall not be renewed until such time as the licensee complies with those requirements.

(m) A licensee who has not practiced in California for more than one year because the licensee is disabled need not comply with the continuing education requirements of this article during the renewal period within which such disability falls. Such licensee shall certify in writing that he or she is eligible for waiver of the continuing education requirements. A licensee who ceases to be eligible for such waiver shall notify the Board of such and shall comply with the continuing education requirements for subsequent renewal periods.

(n) A licensee shall retain, for a period of three renewal periods, the certificates of course completion issued to him or her at the time he or she attended a continuing education course and shall forward such certifications to the Board only upon

request by the Board for audit purposes. A licensee who fails to retain a certification shall contact the provider and obtain a duplicate certification.

(o) Any licensee who furnishes false or misleading information to the Board regarding his or her continuing education units may be subject to disciplinary action. The Board may audit a licensee continuing education records as it deems necessary to ensure that the continuing education requirements are met.

(p) A licensee who also holds a ~~special~~ permit for general anesthesia, moderate conscious sedation, or oral conscious sedation of a minor or of an adult, may apply the continuing education units required in the specific subject areas to their dental license renewal requirements.

(q) A registered dental assistant or registered dental assistant in extended functions who holds a permit as an orthodontic assistant or a dental sedation assistant shall not be required to complete additional continuing education requirements beyond that which is required for licensure renewal in order to renew either permit.

(r) Pertaining to licensees holding more than one license or permit, the license or permit that requires the largest number of continuing education units for renewal shall equal the licensee's full renewal requirement. Dual licensure, or licensure with permit, shall not require duplication of continuing education requirements.

(s) Current and active licensees enrolled in a full-time educational program in the field of dentistry, including dental school program, residency program, postdoctoral specialty program, dental hygiene school program, dental hygiene in alternative practice program, or registered dental assisting in extended functions program approved by the Board or the ADA Commission on Dental Accreditation shall be granted continuing education credits for completed curriculum during that renewal period. In the event of audit, licensees shall be required to present school transcripts to the Board as evidence of enrollment and course completion.

(t) Current and active dental sedation assistant and orthodontic assistant permit holders enrolled in a full-time dental hygiene school program, dental assisting program, or registered dental assisting in extended functions program approved by the Board or the ADA Commission on Dental Accreditation shall be granted continuing education credits for completed curriculum during that renewal period. In the event of audit, assisting permit holders shall be required to present school transcripts to the committee or Board as evidence of enrollment and course completion.

(u) Continuing education for retired dentists in only uncompensated practice shall include mandatory courses described at Section 1016(b)(1) and courses directly related to the delivery of dental services to patients described at Section 1016(b)(2) and shall be no less than 30 units.

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code.  
Reference: Sections 1645, 1646.5, and 1647.5, Business and Professions Code.





## MEMORANDUM

<b>DATE</b>	February 3, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Sarah Wallace, Interim Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 15:</b> Discussion and Consideration of Proposed Regulation to Amend CCR, Title 16, Section 1031 Related to the California Dentistry Law and Ethics Examination

### Background Information:

At its February, 2019 meeting, the Board approved regulatory language to amend California Code of Regulations, Title 16, Section 1031 related to the passing score of the California Dentistry Law and Ethics Examination to allow for the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) to use a criterion-referenced passing score to make the Board’s California Dentistry Law and Ethics Examination legally defensible. At its August 2020 meeting, the Board approved revised regulatory language. The final rulemaking was submitted to the Office of Administrative Law (OAL) on December 7, 2021.

On January 21, 2022, OAL advised staff of a clarity issue with the Board’s rulemaking text. The Initial Statement of Reasons referenced the Board would be utilizing the modified Angoff standard setting method. However the proposed language did not specify that methodology when defining the term “criterion-referenced passing score”.

### Proposed Text Modifications

Board staff have consulted with Board Regulatory Legal Counsel and the OAL reviewing Attorney and recommend the definition contained in subdivision (c) be amended to define “criterion-referenced passing score” as “a passing score for the examination established by the modified Angoff standard setting method. This method includes the use of licensees representing the practice of dentistry and a test development specialist and determines through evaluation and rating of each exam question that the passing score represents entry level competence to practice in the profession as specified in subsections (a) and (b).”

### Staff Recommendation:

Staff recommends the Board consider and approve the modified text to address OAL’s concern regarding the clarity of the Board’s proposed language.

Agenda Item 15: Discussion and Consideration of Proposed Regulation to Amend CCR, Title 16, Section 1031 Related to the California Dentistry Law and Ethics Examination  
 Dental Board of California Meeting  
 February 10-11, 2022

Proposed Motion Language:

Approve the proposed amended regulatory text for section 1031 and direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulations as described in the modified text notice for Title 16 CCR section 1031.

Document Included for Reference for Sections 1031:

1. Proposed Modified Text

**TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS  
DIVISION 10. DENTAL BOARD OF CALIFORNIA**

**MODIFIED TEXT**

Proposed amendments to the regulatory language are shown in single underline for new text and single ~~strike through~~ for deleted text.

Modifications to the proposed regulatory language are shown in double underline for new text and ~~double strike through~~ for deleted text.

Amend Sections 1031 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

**§ 1031. Supplemental Examinations in California Law and Ethics.**

Prior to issuance of a license, an applicant shall achieve a criterion-referenced passing score on the ~~successfully complete~~ supplemental written examinations in California law and ethics.

- (a) The examination on California law shall test the applicant's knowledge of California law as it relates to the practice of dentistry.
- (b) The examination on ethics shall test the applicant's ability to recognize and apply ethical principles as they relate to the practice of dentistry.
- (c) ~~A candidate shall be deemed to have passed the examinations if his/her score is at least 75% in each examination. As used in this section, "criterion-referenced passing score" is a specified point in a distribution of scores at or above which candidates have achieved entry level competence.~~ passing score for the examination established by the modified Angoff standard setting method. This method includes the use of licensees representing the practice of dentistry and a test development specialist and determines through evaluation and rating of each exam question that the passing score represents entry level competence to practice in the profession as specified in subsections (a) and (b).

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~439,~~ 1630, 1632, and 1634.1, Business and Professions Code.



## MEMORANDUM

<b>DATE</b>	January 31, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 23: President's Report on Closed Session Items</b>

Background:

Dr. Alan Felsenfeld, President of the Dental Board of California, will provide a verbal report on closed session items.

Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	February 3, 2022
<b>TO</b>	Members of the Dental Board of California (Board)
<b>FROM</b>	Sarah Wallace, Interim Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 24:</b> Discussion and Possible Action Regarding Approval of California Northstate University, College of Dental Medicine

### Background

At its May 2021 meeting, the Board received an update from Kevin M. Keating, DDS, MS, Dean and a Professor at California Northstate University (CNU), College of Dental Medicine (CDM) located in Elk Grove, California. At that meeting, Dr. Keating reported that CNU CDM will become California's seventh dental school and he provided an update on the school's accreditation process with the Commission on Dental Accreditation (CODA).

On August 31, 2021, CNU CDM received a letter from CODA advising the school of its approved initial accreditation. On September 30, 2021, CNU CDM received a letter from the Bureau for Private Postsecondary Education approving the addition of the Doctor of Dental Medicine program, effective September 30, 2021.

### Board Regulations Governing Approval of Dental Schools

California Code of Regulations (CCR), title 16, section 1024 establishes the Board's intent to approve only those dental schools that continuously maintain a high quality standard of instruction and provides regulatory requirements for Board approval. Continuation of Board approval of a dental school is contingent upon compliance with the regulatory requirements. A new school for the study of dentistry in California shall apply for provisional approval in its first academic year. It shall apply for final approval when its program is in full operation with classes studying in the curriculum of each of the academic years. (CCR, tit. 16, § 1024, subs. (a).) The Board may, in lieu of conducting its own independent investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own. (CCR, tit. 16, § 1024, subs. (b).) CCR, title 16, section 1024.1 provides the institutional standards required for Board approval.

Agenda Item 24: Discussion and Possible Action Regarding Approval of California Northstate University (CNU), College of Dental Medicine  
 Dental Board of California Meeting  
 February 10-11, 2022

### Review of CNU CDM Documentation for Board Approval

As required by CCR, title 16, section 1024.1, CNU CDM has submitted its institutional standards documentation to the Board. In addition, CODA has approved CNU CDM for initial accreditation, and the Bureau for Private Postsecondary Education has approved the addition of the Doctor of Dental Medicine program. The CNU CDM documentation has demonstrated sufficient compliance with the institutional standards requirements in CCR, title 16, section 1024.1, and, pursuant to CCR, title 16, section 1024, subsection (b), the Board may rely on the findings of CODA and BPPE in lieu of conducting its own independent investigation.

In accordance with CCR, title 16, section 1024, subsection (a), Board staff recommends that since CNU CDM is in its first academic year, the Board should grant provisional approval of CNU CDM. Following Board approval, CNU CDM would be required to apply for final Board approval when CNU CDM is in full operation with classes studying in the curriculum of each of the academic years, pursuant to CCR, title 16, section 1024, subsection (a).

Dr. Keating and his colleagues will be available at the Board meeting to provide an update and answer questions.

### Action Requested

The Board is asked to review the CNU CDM documentation, CODA initial accreditation letter and findings, and Bureau for Private Postsecondary Education program approval letter and findings for Board approval of CNU CDM. Board staff recommends the Board grant provisional approval of the California Northstate University, College of Dental Medicine.

### Attachments:

1. Letter Addressed to California Northstate University, Elk Grove, California Predoctoral Dental Education Program Regarding CODA Initial Accreditation, Dated August 31, 2021
2. Letter Addressed to California Northstate University, Elk Grove, California Regarding Bureau for Private Postsecondary Education Approval of Doctor of Dental Medicine Program, Dated September 30, 2021



Commission on Dental Accreditation

Via Email Transmission: [acheung@cnsu.edu](mailto:acheung@cnsu.edu)

August 31, 2021

Dr. Alvin Cheung  
CEO  
California Northstate University  
9700 West Taron Drive  
Elk Grove, CA 95757

RE: California Northstate University, Elk Grove, California  
Predoctoral Dental Education Program  
Status: Initial Accreditation

Dear Dr. Cheung,

In accordance with the Commission's April 2, 2020 directive, the initial accreditation site visit was postponed from 2020 due to the COVID-19 pandemic. At its August 5, 2021 meeting, the Commission on Dental Accreditation (CODA) considered the site visit report of the developing predoctoral dental education program. The Commission also considered the institution's response to the site visit report.

Following consideration of the report, the Commission adopted a resolution granting the educational program the accreditation classification of "initial accreditation." No additional information is requested at this time from the program. The Commission's definitions of its accreditation classifications are linked below.

In accordance with Commission policy, once a program is granted "initial accreditation" status, a site visit will be in the second year of programs that are four or more years in duration and again prior to the first class of students graduating. The next site evaluation of the program has been scheduled for Fall 2023, based on the program's reported enrollment date of its first class. Additionally, as you are aware, virtual site visits will require an on-site visit, as dictated by the Commission. The on-site visit to the educational program will occur within a period not to exceed 18 months following the conduct of a virtual site visit unless cause exists to conduct the visit earlier, subject to CODA's site visit schedule and ongoing health, safety, and/or travel concerns and/or restrictions. Additional information related to these site visits will be forwarded to you at a later date. The classification of "initial accreditation" will be terminated at the end of two years following the projected enrollment date if students have not been enrolled.

### **General Information**

The findings of the Commission on Dental Accreditation are noted in the attached Commission approved site visit report. Oral comments made by site visit team members during the course of the site visit are not to be construed as official site visit findings unless documented within the site visit report and may not be publicized. Further, publication of site visit team members' names and/or contact information is prohibited.

One copy of this report has also been sent to the chief administrative officer and program director copied on this letter. The Commission requests that a copy of this report be forwarded to the chairpersons and appropriate faculty.

The Commission expects institutions to keep the Commission informed as soon as possible of anticipated changes in any approved educational program offered, particularly in the areas of administration, enrollment, faculty, facilities and curriculum. The Commission's policy and guidelines for reporting program changes are linked below. Guidelines for specific program changes, including reporting enrollment changes, adding sites where educational activity occurs, and developing a teach-out report are found on the Commission's website.

***Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security related to compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Commission's statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission's website at <http://www.ada.org/en/coda/policies-and-guidelines/hipaa/>. Programs that fail to comply with CODA's policy will be assessed an administrative fee of \$4000.***

In accord with Federal regulation, the Commission is providing written notice of its decision to grant the educational program the status of "initial accreditation" to the Secretary of the United States Department of Education as well as the appropriate accrediting and state licensing/authorizing agencies. Notice to the public is provided through the Commission's listing of accredited programs.

The Commission has authorized use of the following statement by institutions or programs that wish to announce their programmatic accreditation by the Commission. Programs that wish to advertise the specific programmatic accreditation status granted by the Commission may include that information as indicated in italics below (see text inside square brackets); that portion of the statement is optional but, if used, must be complete and current.

The program in dental education is accredited by the Commission on Dental Accreditation [*and has been granted the accreditation status of "initial accreditation"*]. The Commission is a specialized accrediting body recognized by



Dr. Alvin Cheung  
August 31, 2021  
Page 3

the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611. The Commission's web address is:  
<http://www.ada.org/en/coda>.

The Commission wishes to thank you and the faculty and staff for their cooperation during the site visit. If this office can be of any assistance to you or members of your staff, please contact me at 312-440-2721 or [hermand@ada.org](mailto:hermand@ada.org).

Sincerely,



Dawn Herman, MBA, BSN  
Manager, Predoctoral Dental Education  
Commission on Dental Accreditation

DH/ew

Web Links: [CODA Accreditation Status Definitions](#)  
[Guidelines for Reporting Program Changes in Accredited Programs](#)  
[Electronic Submission Guidelines for General Correspondence](#)

Attachment: Formal Report of the Site Visit

cc: Dr. Kevin Keating, dean, College of Dental Medicine, California Northstate University, [kevin.keating@cnsu.edu](mailto:kevin.keating@cnsu.edu)  
Dr. Rosemary Wu, associate dean, Academic Affairs, College of Dental Medicine, California Northstate University, [rosemary.wu@cnsu.edu](mailto:rosemary.wu@cnsu.edu)  
Mr. Herman Bounds, Jr., director, Accreditation Division, U.S. Department of Education (via CODA website)  
State Board of Dentistry (via CODA website)  
Institutional Accreditors (via CODA website)  
Dr. Jeffery Hicks, chair, CODA  
Dr. Sherin Took, director, CODA



**Bureau for Private Postsecondary Education**  
1747 N. Market Blvd. Ste 225 Sacramento, CA 95834  
P.O. Box 980818, West Sacramento, CA 95798-0818  
P (916) 574-8900 F (916) 263-1897 [www.bppe.ca.gov](http://www.bppe.ca.gov)



September 30, 2021

Spencer Short  
California Northstate University  
9700 West Taron Drive  
Elk Grove, CA 95757

RE: Application for Change in Educational Objectives – Application #33051  
Institution Code: 41462826

Dear Mr. Short:

The Bureau for Private Postsecondary Education (Bureau) completed the review of your application for change in educational objectives, received on February 24, 2020. The review included your application and supporting documentation. The Bureau determined that your request complies with the minimum standards contained in the California Education Code and the California Code of Regulations.

Approval to add the following programs have been granted effective September 30, 2021:

- Doctor or Dental Medicine- 240 Credit Hours

This approval is coterminous with the institution's term of accreditation granted by WASC Senior College and University Commission (WSCUC) and the Commission on Dental Accreditation (CODA).

Enclosed for your records is the Approved Educational Program List for your institution. Please post this approval information in a prominent location so prospective students and other interested parties are aware of your approval to operate.

Your institution is required to maintain compliance with the Education Code and Regulations of the Bureau. The institution is subject to review by the Bureau staff at any time for the purpose of monitoring compliance with the provisions of the California Private Postsecondary Education Act of 2009. Any failure to maintain compliance could affect your institution's approval status and could result in disciplinary action by the Bureau.

If you require additional assistance on this matter, please contact Ashley Piper at [Ashley.Piper@DCA.ca.gov](mailto:Ashley.Piper@DCA.ca.gov) or (916) 574-8928.

Sincerely,

WAYNE BRENNER, Manager  
Licensing Unit

Enclosures



# Approved Educational Program List

*In accordance with the provisions of California Education Code 94866 or 94890, the Bureau for Private Postsecondary Education approves:*

## *California Northstate University, LLC*

*9700 West Taron Drive  
 Elk Grove, CA 95757*

*School Code #: 41462826  
 Site Type: Main*

*to offer the following program(s)/course(s):*

<u>Program Name</u>	<u>Program Approved</u>	<u>Program Type</u>
Bachelor of Science in Health Sciences	09/14/2015	Degree
Bachelor of Science in Health Sciences (Hybrid - up to 49% )	06/30/2020	Degree
Doctor of Dental Medicine	09/30/2021	Degree
Doctor of Medicine (MD)	07/07/2014	Degree
Doctor of Medicine (MD) (Hybrid - up to 49% )	06/30/2020	Degree
Doctor of Pharmacy (PharmD)	07/07/2014	Degree
Doctor of Pharmacy (PharmD) (Hybrid - up to 49% )	06/30/2020	Degree

*The program list above represents all currently approved educational programs for this institution. The Main, Branch, or Satellite locations of this institution may offer any subset of this list.*

**Robert Bayles, Education Administrator**

This document is valid if all fees are current. Subject to earlier termination in accordance with the law.

**Approved Program List**

**School Name: California Northstate University, LLC**

**School Code: 41462826 (Institution Code: 41462826.....Site Type: Main)**

<u>Program Name</u>	<u>Program Approved</u>	<u>Program Type</u>
Doctor of Psychology (PsyD)	06/12/2018	Degree
Doctor of Psychology (PsyD) (Hybrid - up to 49%)	06/30/2020	Degree
Master of Healthcare Administration	12/07/2020	Degree
Masters of Pharmaceutical Sciences (MPS)	08/23/2018	Degree
Masters of Pharmaceutical Sciences (MPS) (Hybrid - up to 49%)	06/30/2020	Degree
Pre-Medical Post-Baccalaureate (Hybrid - up to 49%)	06/30/2020	Degree
PharmD Postgraduate Enhancement Certificate Program (16-20 Units)	09/21/2021	Non-Degree
Pre-Medical Post-Baccalaureate (Hybrid - up to 49%)	08/23/2018	Non-Degree

**Degree Programs: 13**

**Non-Degree (Vocational) Programs/Courses: 2**

**Total Programs/Courses: 15**

*The program list above represents all currently approved educational programs for this institution. The Main, Branch, or Satellite locations of this institution may offer any subset of this list.*



**Robert Bayles, Education Administrator**

This document is valid if all fees are current. Subject to earlier termination in accordance with the law.



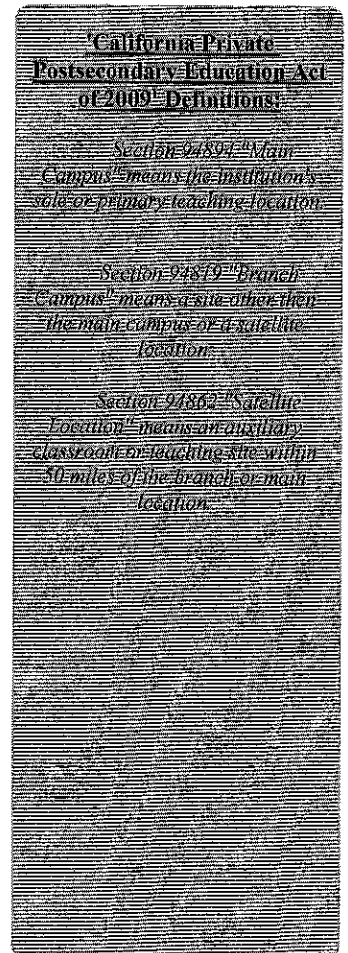
# Approved Branch/Satellite Location List

*In accordance with the provisions of California Education Code 94900 and/or 94915, the Bureau for Private Postsecondary Education currently approves the following sites/locations:*

**Institution's Main Location:**  
**California Northstate University, LLC**  
 9700 West Taron Drive  
 Elk Grove, CA 95757  
 School Code #41462826

**Branch and Satellite Locations of School Code #41462826:**

**(Branch) California Northstate University**  
 2910 Prospect Park Drive Rancho Cordova, CA 95670  
 School Code: #39222904



**Number of Approved Branch Locations: 1**  
**Number of Approved Satellite Locations: 0**

*Leeza Rifredi*

**Leeza Rifredi, Manager**

This document is valid if all fees are current. Subject to earlier termination in accordance with the law.



## MEMORANDUM

<b>DATE</b>	January 24, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 25(a):</b> Presentation Regarding Board's Diversion Program

Background:

Virginia Matthews, Maximus representative, and Dr. Curtis Vixie, Co-Chair of the Diversion Evaluation Committee (DEC), will provide a presentation to the Board regarding the Dental Board's Diversion Program.

Action Requested:

No action requested.



# MEMORANDUM

<b>DATE</b>	January 13, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Bernal Vaba, Chief of Regulatory Compliance and Discipline Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 25(b):</b> Diversion Program Report and Statistics

Background:

The Diversion Evaluation Committee (DEC) program statistics for the ending quarter of December 31, 2021, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for informational purposes only.

These statistics were derived from reports received from MAXIMUS.

Diversion	FY 2021/2022							YTD Totals	FY 20/21	FY 19/20	FY 18/19
	Quarter 1			Quarter 2							
	Jul	Aug	Sep	Oct	Nov	Dec					
New Participants	0	1	1	0	0	0	2	3	1	6	
Total Participants (Close of Qtr/FY)	9	9	9	7	7	7	11	12	15	18	
<i>Self-Referral</i>	4	4	4	4	3	3	5	5	3	4	
<i>Enforcement Referral</i>	1	1	1	1	0	0	1	2	5	6	
<i>Probation Referral</i>	3	3	3	4	4	4	5	5	7	8	
Total Completed Cases	1	1	1	0	0	0	3	3	6	4	
<i>Successful Completions</i>	0	0	0	0	0	0	0	2	3	2	
<i>Terminations</i>	1	1	1	1	0	0	4	1	3	2	
<i>Terminations for Public Threat</i>	0	0	0	0	0	0	0	0	0	0	
Drug Tests Ordered	44	28	31	34	26	30	193	415	498	727	
Positive Drug Tests	1	0	1	0	0	0	2	1	0	0	
<i>Prescription Positive Tests</i>	3	1	0	3	0	0	7	4	0	0	

Of the seven (7) participants, there were three (3) self-referrals and four (4) probation referrals.



## MEMORANDUM

<b>DATE</b>	January 14, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Carlos Alvarez, Enforcement Chief Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 25(c):</b> Controlled Substance Utilization Review and Evaluation System (CURES) Report

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 apply 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 31,155 active licensed dentists as of December 31, 2021.

The CURES registration statistics for the Dental Board of California as of December 31, 2021 are:

<b>Month:</b>	<b>Year:</b>	<b>Number of Registered DDS/DMD Users:</b>
December	2020	16,129
January	2021	16,209
February	2021	16,253
March	2021	16,294
April	2021	16,332
May	2021	16,338
June	2021	16,422
July	2021	16,458

Agenda Item 25(c): Controlled Substance Utilization Review and Evaluation System (CURES) Report  
 Dental Board of California Meeting  
 February 10-11, 2022



<b>Month:</b>	<b>Year:</b>	<b>Number of Registered DDS/DMD Users:</b>
August	2021	16,497
September	2021	16,552
October	2021	16,600
November	2021	16,639
December	2021	16,734

The CURES usage statistics for the Dental Board of California as of December 2021 are:

***Search Statistics\*:***

January	2021	15,225
February	2021	15,878
March	2021	16,322
April	2021	15,542
May	2021	17,402
June	2021	18,993
July	2021	18,408
August	2021	18,231
September	2021	16,735
October	2021	16,837
November	2021	16,424
December	2021	15,443

Statistics indicate the combined total number of Web Application and Information Exchange Web Services.

***Times System was Accessed:***

October	2020	3,545
November	2020	3,438
December	2020	3,511
January	2021	3,734
February	2021	3,656
March	2021	4,407
April	2021	4,000
May	2021	3,639
June	2021	3,896
July	2021	3,700
August	2021	3,862
September	2021	3,634
October	2021	3,665
November	2021	3,350
December	2021	3,634

**Help Desk Statistics:**

October	2020	107
November	2020	110
December	2020	112
January	2021	241*
February	2021	162*
March	2021	127*
April	2021	173*
May	2021	152*
June	2021	168*
July	2021	175*
August	2021	191*
September	2021	163*
October	2021	152*
November	2021	189*
December	2021	276*

\*Statistics indicate the combined total number of phone and email help desk inquiries.

The number of prescriptions filled by schedule for the months of October, November, and December 2021 are:

**Number of Prescriptions Filled by Schedule – October – December 2021**

	October	November	December
Schedule II	1,307,542	1,302,763	1,230,005
Schedule III	240,008	236,731	222,862
Schedule IV	1,182,952	1,175,995	1,093,940
Schedule V	137,763	144,461	146,776
R*	8,493	3,091	2,525
Over-the-Counter Product	73,939	69,709	65,825
<b>Total:</b>	<b>2,950,697*</b>	<b>2,932,750*</b>	<b>2,761,933*</b>

\*R=Not classified under the Controlled Substances Act; includes all other prescription drugs.

\*1. Each component of a compound is submitted as a separate prescription record. The number of distinct prescriptions rolls compound prescriptions into a single count.

\*2. The number of distinct prescriptions and the number of prescriptions filled by schedule will not be equal because a compound can consist of multiple drugs with varying schedules.

Action Requested:

None.

	October 2021	November 2021	December 2021
<b>Clinical Roles</b>			
Prescribers	181,797	182,393	183,022
Pharmacists	48,628	48,789	48,939
<b>Clinical Roles</b>	<b>230,425</b>	<b>231,191</b>	<b>231,961</b>
<b>License Type</b>			
Doctor of Dental Surgery/Dental Medicine	16,600	16,639	16,734
Doctor of Optometry	693	694	695
Doctor of Podiatric Medicine	1,584	1,589	1,591
Doctor of Veterinary Medicine	3,438	3,451	3,456
Medical Doctor	117,961	118,208	118,453
Naturopathic Doctor	460	461	463
Osteopathic Doctor	8,506	8,564	8,605
Physician Assistant	12,190	12,270	12,346
Registered Nurse Practitioner/Nurse Midwife	19,627	19,773	19,932
(Out of State) Prescribers	738	744	747
Pharmacists	47,912	48,070	48,201
(Out of State) Pharmacists	716	728	738
<b>Breakdown by license type</b>	<b>230,425</b>	<b>231,191</b>	<b>231,961</b>
<b>Other Roles</b>			
LEAs	1,587	1,591	1,599
Delegates	2,551	2,525	2,529
DOJ Admin	26	27	29
DOJ Analyst	86	86	85
Regulatory Board	211	214	215
<b>Other Roles</b>	<b>4,461</b>	<b>4,443</b>	<b>4,457</b>
<b>Total Registered Users</b>	<b>234,886</b>	<b>235,634</b>	<b>236,418</b>

Clinical Roles = Breakdown by license type

Clinical Roles + Other Roles = Total Registered Users

Stats are from the 1st of the month to the last day of the month

# Search Statistics

October 2021

	Web Application	IEWS	Totals
<b>Clinical Roles</b>			
Prescribers	937,670	5,219,367	6,157,037
Pharmacists	963,839	2,819,936	3,783,802
<b>Clinical Roles</b>	<b>1,901,509</b>	<b>8,039,303</b>	<b>9,940,839</b>
<b>License Type</b>			
Doctor of Dental Surgery/Dental Medicine	4,796	12,041	16,837
Doctor of Optometry	0	2,859	2,859
Doctor of Podiatric Medicine	3,309	27,190	30,499
Doctor of Veterinary Medicine	25	0	25
Medical Doctor	568,258	4,199,893	4,768,151
Naturopathic Doctor	702	27	729
Osteopathic Doctor	83,485	375,591	459,076
Physician Assistant	109,378	274,157	383,535
Registered Nurse Practitioner/Nurse Midwife	163,861	324,617	488,478
(Out of State) Prescribers	3,856	2,992	6,848
Pharmacists	957,624	2,810,376	3,768,000
(Out of State) Pharmacists	6,215	9,587	15,802
<b>License Type</b>	<b>1,901,509</b>	<b>8,039,330</b>	<b>9,940,839</b>
<b>Other Roles</b>			
LEAs	225	0	225
DOJ Administrators	157	0	157
DOJ Analysts	136	0	136
Regulatory Board	955	0	955
<b>Other Roles</b>	<b>1,473</b>	<b>0</b>	<b>1,473</b>
<b>Total Search Counts</b>			<b>9,942,312</b>
Delegate Initiated Searches	20,928	0	20,928

Note:

Search Counts is defined as searches performed in the system without generating the report.

Clinical Roles = License Type

Total Search Count = Clinical Roles + Other Roles



# Search Statistics

November 2021

		Web Application	IEWS	Totals
<b>Clinical Roles</b>				
	Prescribers	937,725	5,015,552	5,953,277
	Pharmacists	966,836	2,810,097	3,776,933
	<b>Clinical Roles</b>	<b>1,904,561</b>	<b>7,825,649</b>	<b>9,730,210</b>
<b>License Type</b>				
	Doctor of Dental Surgery/Dental Medicine	4,789	11,635	16,424
	Doctor of Optometry	0	2,605	2,605
	Doctor of Podiatric Medicine	2,835	28,759	31,594
	Doctor of Veterinary Medicine	42	0	42
	Medical Doctor	566,172	4,022,537	4,588,709
	Naturopathic Doctor	718	16	734
	Osteopathic Doctor	79,181	359,689	438,870
	Physician Assistant	109,236	270,888	380,124
	Registered Nurse Practitioner/Nurse Midwife	170,550	316,125	486,675
	(Out of State) Prescribers	4,202	3,298	7,500
	Pharmacists	959,979	2,799,793	3,759,772
	(Out of State) Pharmacists	6,857	10,304	17,161
	<b>License Type</b>	<b>1,904,561</b>	<b>7,825,649</b>	<b>9,730,210</b>
<b>Other Roles</b>				
	LEAs	205	0	205
	DOJ Administrators	57	0	57
	DOJ Analysts	33	0	33
	Regulatory Board	1,247	0	1,247
	<b>Other Roles</b>	<b>1,542</b>	<b>0</b>	<b>1,542</b>
<b>Total Search Counts</b>				<b>9,731,752</b>
	Delegate Initiated Searches	20,456	0	20,456

Note:

Search Counts is defined as searches performed in the system without generating the report.

Clinical Roles = License Type

Total Search Count = Clinical Roles + Other Roles



# Search Statistics

December 2021

	Web Application	IEWS	Totals
<b>Clinical Roles</b>			
Prescribers	948,618	5,061,846	6,010,464
Pharmacists	1,024,701	2,856,366	3,881,067
<b>Clinical Roles</b>	<b>1,973,319</b>	<b>7,918,212</b>	<b>9,891,531</b>
<b>License Type</b>			
Doctor of Dental Surgery/Dental Medicine	4,705	10,738	15,443
Doctor of Optometry	0	2,504	2,504
Doctor of Podiatric Medicine	2,496	26,268	28,764
Doctor of Veterinary Medicine	55	0	55
Medical Doctor	564,295	4,046,029	4,610,324
Naturopathic Doctor	689	34	723
Osteopathic Doctor	82,558	364,395	446,953
Physician Assistant	113,899	284,425	398,324
Registered Nurse Practitioner/Nurse Midwife	175,963	324,706	500,669
(Out of State) Prescribers	3,958	2,747	6,705
Pharmacists	1,017,756	2,845,220	3,862,976
(Out of State) Pharmacists	6,945	11,146	18,091
<b>License Type</b>	<b>1,973,319</b>	<b>7,918,212</b>	<b>9,891,531</b>
<b>Other Roles</b>			
LEAs	172	0	172
DOJ Administrators	134	0	134
DOJ Analysts	226	0	226
Regulatory Board	1,865	0	1,865
<b>Other Roles</b>	<b>2,397</b>	<b>0</b>	<b>2,397</b>
<b>Total Search Counts</b>			<b>9,893,928</b>
Delegate Initiated Searches	19,575	0	19,575

Note:

Search Counts is defined as searches performed in the system without generating the report.

Clinical Roles = License Type

Total Search Count = Clinical Roles + Other Roles



		October 2021	November 2021	December 2021
<b>Clinical Roles</b>				
	Prescribers	464,231	451,404	455,329
	Pharmacists	389,403	379,279	393,786
	<b>Clinical Roles</b>	<b>853,634</b>	<b>830,683</b>	<b>849,115</b>
<b>License Type</b>				
	Doctor of Dental Surgery/Dental Medicine	3,665	3,350	3,634
	Doctor of Optometry	20	29	36
	Doctor of Podiatric Medicine	1,497	1,180	1,119
	Doctor of Veterinary Medicine	189	234	206
	Medical Doctor	290,810	283,205	283,949
	Naturopathic Doctor	389	325	373
	Osteopathic Doctor	42,449	40,943	42,827
	Physician Assistant	48,581	47,688	47,399
	Registered Nurse Practitioner/Nurse Midwife	74,425	72,190	73,563
	(Out of State) Prescribers	2,206	2,260	2,223
	Pharmacists	386,373	376,228	390,746
	(Out of State) Pharmacists	3,030	3,051	3,040
	<b>License Type</b>	<b>853,634</b>	<b>830,683</b>	<b>849,115</b>
<b>Other Roles</b>				
	LEAs	362	328	304
	Delegates	7,459	7,585	7,246
	DOJ Administrators	301	230	260
	DOJ Analysts	961	957	952
	Regulatory Board	380	348	362
	<b>Other Roles</b>	<b>9,463</b>	<b>9,448</b>	<b>9,124</b>
<b>Total Times System was Accessed</b>		<b>863,097</b>	<b>840,131</b>	<b>858,239</b>

Clinical Roles = License Type

Total Times = Clinical Roles + Other Roles



		October		November		December	
		Phone	E-mail	Phone	E-mail	Phone	E-mail
<b>Clinical Roles</b>							
	Prescribers	2,111	1,008	2,275	1,411	2,605	1,211
	Pharmacists	631	237	690	421	789	2,433
	<b>Clinical Roles</b>	<b>2,742</b>	<b>1,245</b>	<b>2,965</b>	<b>1,832</b>	<b>3,394</b>	<b>3,644</b>
<b>License Type</b>							
	Doctor of Dental Surgery/Dental Medicine	101	51	106	83	195	81
	Doctor of Optometry	4	0	2	2	12	6
	Doctor of Podiatric Medicine	14	12	19	9	17	8
	Doctor of Veterinary Medicine	18	26	34	25	31	25
	Medical Doctor	1,360	656	1,429	857	1,616	750
	Naturopathic Doctor	7	4	2	5	5	8
	Osteopathic Doctor	95	40	103	85	129	58
	Physician Assistant	171	63	182	114	199	79
	Registered Nurse Practitioner/Nurse Midwife	341	156	398	231	401	196
	Pharmacists	631	237	690	421	789	2,433
	(Out of State) Pharmacists	0	0	0	0	0	0
	<b>License Type</b>		<b>1,245</b>	<b>2,965</b>	<b>1,832</b>	<b>3,394</b>	<b>3,644</b>
<b>Other Roles</b>							
	LEAs	10	28	14	26	7	38
	Delegates	60	19	36	16	52	18
	DOJ Administrators	0	0	0	0	0	0
	DOJ Analysts	0	0	0	0	0	0
	Regulatory Board	2	8	4	7	1	1
	<b>Other Roles</b>	<b>72</b>	<b>55</b>	<b>54</b>	<b>49</b>	<b>60</b>	<b>57</b>
<b>Totals</b>		<b>2,814</b>	<b>1,300</b>	<b>3,019</b>	<b>1,881</b>	<b>3,545</b>	<b>3,701</b>

Note:

Clinical Roles = License Type

Total Calls = Clinical Roles + Other Roles

	October 2021	November 2021	December 2021
<b>Number of Distinct Prescriptions</b>	<b>2,949,191</b>	<b>2,931,254</b>	
Schedule II	1,307,542	1,302,763	1,230,005
Schedule III	240,008	236,731	222,862
Schedule IV	1,182,952	1,175,995	1,093,940
Schedule V	137,763	144,461	146,776
R	8,493	3,091	2,525
Over-the-counter product	73,939	69,709	65,825
<b>TOTAL</b>	<b>2,950,697</b>	<b>2,932,750</b>	<b>2,761,933</b>

**NOTE:**

1. Each component of a compound is submitted as a separate prescription record. The number of distinct prescriptions rolls compound prescriptions into a single count
2. The number of distinct prescriptions and the number of prescriptions filled by schedule will not be equal because a compound can consist of multiple drugs with varying schedules
3. R = Not classified under the Controlled Substances Act; includes all other prescription drugs





2021 Statistics

Registered Users		2021
<b>By Month</b>		
January		227,678
February		228,257
March		228,939
April		229,625
May		230,328
June		231,015
July		231,793
August		232,911
September		234,002
October		234,886
November		235,634
December		236,418
<b>Total New Users in 2021</b>		<b>8,740</b>

*Note:*

*Stats are from the 1st of the month to the last day of the month  
Reports for the month are generated on the 1st of the following month*



2021 Statistics

Number of Search Counts				
			2021	
		App PAR Searches	IEWS PAR Searches	Totals
<b>By Month</b>				
	January	1,835,920	6,994,917	<b>8,830,837</b>
	February	1,799,068	6,650,352	<b>8,449,420</b>
	March	2,087,843	7,624,194	<b>9,712,037</b>
	April	1,974,361	7,851,156	<b>9,825,517</b>
	May	1,866,627	7,635,448	<b>9,502,075</b>
	June	2,031,496	7,056,109	<b>9,087,605</b>
	July	1,960,097	7,805,971	<b>9,766,068</b>
	August	1,967,276	8,075,089	<b>10,042,365</b>
	September	1,913,499	7,933,698	<b>9,847,197</b>
	October	1,902,982	8,039,330	<b>9,942,312</b>
	November	1,906,103	7,825,649	<b>9,731,752</b>
	December	1,975,716	7,918,212	<b>9,893,928</b>
<b>Total Search Counts</b>		<b>23,220,988</b>	<b>91,410,125</b>	<b>114,631,113</b>

*Note:*

*Stats are from the 1st of the month to the last day of the month*

*Reports for the month are generated on the 1st of the following month*



2021 Statistics

Times System was Accessed	
	<b>2021</b>
<b>By Month</b>	
January	849,387
February	826,238
March	950,346
April	897,021
May	843,724
June	910,268
July	875,810
August	883,091
September	852,802
October	863,097
November	840,131
December	858,239
<b>Total Times System was Accessed</b>	<b>10,450,154</b>

*Note:  
Stats are from the 1st of the month to the last day of the month  
Reports for the month are generated on the 1st of the following month*



2021 Statistics

Number of CURES Help Desk Requests

2021

By Month		Phone	Email
January		3,575	1,787
February		2,360	1,461
March		3,892	1,919
April		3,994	1,829
May		3,102	1,423
June		3,865	1,813
July		3,341	1,833
August		3,561	1,840
September		3,263	1,735
October		2,814	1,300
November		3,019	1,881
December		3,454	3,701
<b>Totals</b>		<b>40,240</b>	<b>22,522</b>

Note:

Stats are from the 1st of the month to the last day of the month  
Reports for the month are generated on the 1st of the following month



## 2021 Statistics

	2021
<b>Number of Distinct Prescriptions</b>	<b>35,009,203</b>
<b>Number of Prescriptions Filled by Schedule</b>	
Schedule II	14,503,696
Schedule III	3,750,974
Schedule IV	13,268,100
Schedule V	1,455,731
R	96,627
Over-the-counter product	3,461,398
<b>Total</b>	<b>36,536,526</b>

Note:

*Reports for the month are generated on the 1st of the following month*

1. Each component of a compound is submitted as a separate prescription record. The number of distinct prescriptions rolls compound prescriptions into a single count.
2. The number of distinct prescriptions and the number of prescriptions filled by schedule will not be equal because a compound can consist of multiple drugs with varying schedules.
3. R = Not classified under the Controlled Substances Act; includes all other prescription drugs



## MEMORANDUM

<b>DATE</b>	January 5, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Carlos Alvarez, Chief of Enforcement Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 25(d): Update on New Electronic Prescribing Laws</b>

### Background:

Existing law provides for the regulation of health care practitioners and requires prescription drugs to be ordered and dispensed in accordance with the Pharmacy Law. The Pharmacy Law provides that a prescription is an oral, written, or electronic data transmission order and requires electronic data transmission prescriptions to be transmitted and processed in accordance with specified requirements.

Beginning January 1, 2022, most prescriptions issued by a licensed healthcare practitioner to a California pharmacy must be submitted electronically. This includes prescriptions issued by out-of-state physicians to be filled in a California pharmacy. Healthcare practitioners who fail to meet the requirements of [AB 2789](#), may be subject to disciplinary action. The law provides certain exemptions, including if transmission of the prescription is temporarily unavailable because of technological or electrical failure; if the prescription is dispensed by a pharmacy located outside California; or if the prescription is issued to a patient who has a terminal illness pursuant to Section 11159.2 of the Health and Safety Code. The complete list of exemptions is included within Business and Professions Code section 688.

In addition to the electronic transmission requirements for most prescriptions, there are additional new requirements for controlled substance prescriptions. Under this law, a healthcare practitioner who does not issue a controlled substance prescription as an electronic data transmission prescription due to technological or electrical failure shall document the reason in the patient's medical record as soon as practicable, and within 72 hours of the end of the technological or electrical failure.

Although most prescriptions will be issued electronically, it is recommended that all licensed prescribers have paper prescription forms available that meet the requirements of [AB 149](#) should a technological or electrical failure prevent a prescription from being



issued electronically. A list of the approved security prescription printers is available on the State Attorney General's website.

In order to ensure that dentists licensed by the Dental Board of California (Board) were apprised of the new requirements that would be taking effect on January 1, 2022, the Board posted the following alerts on its website:

- AB 2789 Bulletin: New Prescribing Laws take effect January 1, 2022.
- On December 13, 2021, the Board's website was updated with the new AB 2789 Bulletin, New Prescribing Laws take effect January 1, 2022.
- In addition, sent out an E-Blast to all Dental Board licensees, sent on 9/7/2021 then thereafter every two weeks. The last E-Blast sent out on 12/29/2021.

The regulation includes control and non-control prescriptions. Schedule II-V controlled substance dispensations shall be reported as soon as reasonably possible, but not more than one working day after the date a controlled substance is released to the patient or patient's representative, regardless of whether the prescription was ordered on paper, e-prescribing, or any other means (fax, phone, etc.). Pharmacists are the licensees most commonly thought of as dispensers. The remaining licensees of DCA are primarily considered prescribers.

Action Requested:

None.



## MEMORANDUM

<b>DATE</b>	February 2, 2022
<b>TO</b>	Members of the Dental Board of California (Board)
<b>FROM</b>	Jessica Olney, Board Staff Services Manager I Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 26(a):</b> Update Regarding Board Implementation of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018)

### Background

On September 29, 2018, Governor Brown signed SB 501. Although some provisions of the bill became effective on January 1, 2019, provisions governing the use of minimal, moderate, and deep sedation and general anesthesia became effective on January 1, 2022, and impact General Anesthesia (GA), Medical General Anesthesia (MGA), Conscious Sedation (CS), and Oral Conscious Sedation (OCS) for Minors permit holders in California.

SB 501 repealed Business and Professions Code (BPC) sections 1646-1646.10 (General Anesthesia), 1647-1647.9.5 (Conscious Sedation), and 1647.10-1647.17.5 (Oral Conscious Sedation for Pediatric Patients), and added BPC sections 1601.8, 1646-1646.13 (Deep Sedation and General Anesthesia), 1647-1647.12 (Moderate Sedation), and 1647.30-1647.36 (Pediatric Minimal Sedation). As a result, significant updates to the current anesthesia and sedation permit program need to be implemented. These changes require new pediatric endorsement and patient monitoring requirements when administering anesthesia or sedation to a minor patient, and the new Pediatric Minimal Sedation (PMS) permit will be required to administer or order the administration of pediatric minimal sedation on a patient under the age of 13.

### Regulations to Implement SB 501

In 2020, the Board worked with subject matter experts to develop draft regulations, which are needed to implement required changes. The proposed regulatory language was approved by the Board on November 19, 2021. Board staff prepared the initial rulemaking documents and submitted the necessary materials to the Office of Administrative Law for publication in the California Regulatory Notice Register, which initiated a 45-day public

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comment period on the proposed regulations on December 31, 2021. Board staff will continue to update the Board as the rulemaking file moves through the review process.

Permit Renewals

In accordance with SB 501, GA, MGA, CS, and OCS for Minors permit holders who renewed by December 31, 2021, would be issued a permit valid for two years from the scheduled expiration date. Board staff worked with the Department of Consumer Affairs (DCA), Office of Information Services (OIS) to reconfigure the BreEZe system to allow permit holders whose permits would expire in 2022 to renew and continue to practice under the existing terms of the permit, until it expires. Thus, GA, MGA, CS, and OCS for Minors permits that expire on or before December 31, 2022, were able to be renewed if the renewal application was submitted and the permit issued by December 31, 2021.

The Board notified permit holders via email and mail of this additional flexibility in renewing permits, and in December 2021, the Board provided additional reminders to permit holders via email, mail, and via telephone, encouraging them to renew by December 31, 2021.

Board staff identified 1,414 permit holders who were eligible to renew, and as of January 3, 2022, 77.5% of eligible permit holders renewed successfully. The chart below indicates the number of permit holders identified in each permit category who were eligible to renew, and the number of permit holders who did not renew by December 31, 2021.

	Permit holders eligible to renew by 12/31/2021	% of Renewals completed by 12/31/2021	Permit holders who did not renew by 12/31/2021
<b>GA</b>	466	86%	63
<b>MGA</b>	85	71%	24
<b>CS</b>	285	82%	49
<b>OCS for Minors</b>	578	70%	171
<b>Total</b>	<b>1,414</b>	<b>77.5%</b>	<b>307</b>

BreEZe Implementation of SB 501 Permits

As discussed at the Board’s November 19, 2021 meeting, to implement the new SB 501 permits, BreEZe must be configured to incorporate the statutory and regulatory requirements to issue or renew those permits. In December 2021, OIS sent out a solicitation for bids to secure an external vendor to configure the existing and new BreEZe transactions that will be required to implement the new SB 501 permits and renewals. The external vendor will configure a simplified version of BreEZe that can be developed concurrently with the SB 501 regulations approval process. The configuration of this “bare-bones” system is contingent upon OIS being able to select an external vendor to perform the BreEZe development.

Legislative Proposal to Extend Old CS and OCS for Minors Permits

At the November 19, 2021 meeting, the Board discussed SB 501 implementation date concerns and the gap in anesthesia and/or sedation administration to dental patients  
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between the effective date of the new MS and PMS permits and pediatric endorsement requirements on January 1, 2022, and the unknown effective date of the implementing regulations or BreEZe application and renewal updates for the new permits. To address these issues, the Board approved a legislative proposal for submission as emergency legislation to the California State Legislature. In addition, the legislative proposal would establish the maximum fee limitation for pediatric endorsement applications and renewals, renumber the section subdivisions to account for the new pediatric endorsement fee provisions, correct the existing CS permit renewal fee provision and instead provide for MS permit renewal fees, and establish the expiration date for pediatric endorsements using the same expiration provisions as licenses. Senator Patricia C. Bates has agreed to amend SB 652 to include this legislative proposal.

Action Requested

No action requested; data provided is informational only.



## MEMORANDUM

<b>DATE</b>	February 2, 2022
<b>TO</b>	Members of the Dental Board of California (Board)
<b>FROM</b>	John Tran, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 26(b):</b> Discussion and Possible Action on Supplemental Report to the California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards as Required by Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) and Business and Professions Code Section 1601.4, subdivision (a)(2)

### Background:

At the November 19, 2021 meeting ([Agenda Item 21](#)), the Board discussed, revised, and approved the Report to California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards (Report) and directed staff to submit the final Report to the California State Legislature before the January 1, 2022 statutory deadline. Board staff finalized and submitted the Report on December 22, 2021.

The Board received a letter from the American Association of Oral and Maxillofacial Surgeons (AAOMS) on November 17, 2021, expressing concerns that the draft Report had omitted provider specificity data, intended patient sedation level data, and AAOMS anesthesia guidelines. During the Board meeting, it was determined that due to the last-minute nature of the concerns raised by AAOMS, Board staff would review the concerns and potentially submit a supplemental report to the Legislature. Board staff worked with Board President, Dr. Alan Felsenfeld, MA, DDS, to review the AAOMS concerns and prepare the following responses and staff recommendations.

### Provider Specificity Data

AAOMS raised concern that the Report did not identify the provider type of the individual delivering the sedation/anesthesia or delve into the education and training received by the individual.

BPC section 1680, subdivision (z)(1), requires Board licensees to report to the Board within seven days any of the following: (A) the death of the licensee's patient during the performance of any dental or dental hygiene procedure; (B) the discovery of the death of a

**Agenda Item 26(b):** Discussion and Possible Action on Supplemental Report to the California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards as Required by Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) and Business and Professions Code Section 1601.4, subdivision (a)(2)  
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patient whose death is related to a dental or dental hygiene procedure performed by the licensee; or (C) except for a scheduled hospitalization, the removal to a hospital or emergency center for medical treatment of any patient to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, or any patient as a result of dental or dental hygiene treatment.

In accordance with BPC section 1680, subdivision (z)(2), in 2017, the Board created a Courtesy Form for Reporting Dental Patient Death or Hospitalization (Form), which was made available on the Board's website. The Form requires licensees to include the information statutorily required to be collected, including the category of the provider responsible for sedation oversight, the category of the provider delivering sedation, the category of provider monitoring the patient during sedation. BPC section 1680, subdivision (z)(3) defines the categories of provider as: General Dentist, Pediatric Dentist, Oral Surgeon, Dentist Anesthesiologist, Physician Anesthesiologist, Dental Assistant, Registered Dental Assistant, Dental Sedation Assistant, Registered Nurse, Certified Registered Nurse Anesthetist, or Other.

To address AAOMS's request for provider specificity data, Board staff have begun a comprehensive review of the death and hospitalization reports submitted to the Board to compile data on provider type for potential inclusion in a Supplemental Report. While reviewing the death and hospitalization reports, Board staff have found the submitted reports contain incomplete information on provider categories, which are specified in Business and Professions Code section 1680, subdivision (z)(3). It appears the individuals who completed and submitted the Forms or non-Form reports may not have understood the provider categories. To clarify the provider types for individuals submitting the death and hospitalization reports, Board staff updated the Form and posted it to the Board website on January 19, 2022. The Form can be found at [https://www.dbc.ca.gov/formspubs/form\\_courtesy\\_hospitalization.pdf](https://www.dbc.ca.gov/formspubs/form_courtesy_hospitalization.pdf).

Board staff continue to review the death and hospitalization reports to compile the provider type data. However, the Board has experienced significant staffing issues due to the emergence of the COVID-19 Omicron variant, which has delayed the review of the death and hospitalization reports. Board staff anticipate completing the report review and potentially submitting a Supplemental Report for the Board's review at its May 2022 meeting for the Board's review and discussion.

#### Patient Sedation Level Data

AAOMS also raised concern the Report did not include information identifying the intended level of sedation for each patient. BPC section 1680, subdivision (z)(2), requires the death and hospitalization reports submitted to the Board to include information on the planned depth of sedation of the patient. Board staff have begun a comprehensive review of the death and hospitalization reports submitted to the Board to compile data on the planned depth of sedation. As noted above, Board staff review of the reports has been delayed, but Board staff anticipate completing the report review and potentially submitting a Supplemental Report to the Board for its review and discussion at the May 2022 meeting.

**Agenda Item 26(b):** Discussion and Possible Action on Supplemental Report to the California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards as Required by Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) and Business and Professions Code Section 1601.4, subdivision (a)(2)  
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### AAOMS Guidelines

AAOMS raised concern that the Report did not include the AAOMS Parameters of Care and the AAOMS Office Anesthesia Evaluation in the list of relevant professional guidelines, recommendations, and best practices. These guidelines are not publicly available, so Board staff is unable to provide copies or website links for the Board's review.

BPC section 1601.4 requires the Board to review available data on all adverse events related to general anesthesia and deep sedation moderate, sedation, and minimal sedation in dentistry, and relevant professional guidelines, recommendations, or best practices for the provision of dental anesthesia and sedation care. The statute further requires the Board to report any findings relevant to inform dental anesthesia and sedation standards.

When developing the Report and reviewing the relevant professional guidelines, recommendations, and best practices, the Board looked at staffing, education, certification, and equipment used in the administration of anesthesia and sedation in dental offices. The Report referenced eight different professional organization guidelines relevant to dental anesthesia and sedation standards, which included the Practice Guidelines for Moderate Procedural Sedation and Analgesia developed by a task force of six organizations, including AAOMS. Although the AAOMS Parameters of Care and the AAOMS Office Anesthesia Evaluation requested by AAOMS to be included in the Report also provide standards regarding administration of anesthesia and sedation in dental offices, inclusion of these guidelines in the Report would not alter the information or produce a significant difference to the information already included in the Report. Accordingly, Board staff do not recommend including the additional AAOMS guidelines in a Supplemental Report.

### Actions Requested:

The Board is requested to take the following actions:

1. Discuss whether to include the AAOMS Parameters of Care and AAOMS Office Anesthesia Evaluation guidelines in the Supplemental Report; and
2. If approved for inclusion in the Supplemental Report, direct Board staff to include the AAOMS Parameters of Care and the AAOMS Office Anesthesia Evaluation guidelines in the draft Supplemental Report.



**VIA EMAIL: Karen.Fischer@dca.ca.gov**

November 17, 2021

Joanne Pacheco, RDH, MAOB  
Board President  
Dental Board of California  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815

Karen M. Fischer, MPA  
Executive Officer  
Dental Board of California  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815

Dear Mses. Pacheco and Fischer:

On behalf of the 9,000 members of the American Association of Oral and Maxillofacial Surgeons (AAOMS) – and the 747 members practicing in California – we thank you for the opportunity to provide comment to the committee on the *Report to the California State Legislature Regarding Finding Relevant to Inform Dental Anesthesia and Sedation Standards* as required by SB 501.

Anesthesia is at the core of OMS training and practice. OMS residency education standards require a dedicated 32-week resident rotation on medical and anesthesia service as well as an ongoing outpatient experience in all forms of anesthesia throughout four- to six-years of residency training. OMSs are trained in medical assessment and emergency management on par with our medical colleagues. Our training and ability to deliver treatment safely and affordably to patients via our team model of practice in our offices is unparalleled.

A review of claims data provided by FAIR Health for 2018, 2019 and 2020<sup>1</sup> show that OMSs are the dental specialists providing the overwhelming majority of deep sedation/general anesthesia and IV sedation services in the U.S. to patients who have private dental insurance. Because OMSs provide the majority of dental office-based anesthetic care in the country, we are uniquely qualified to offer informed opinion on this report.

We are gravely concerned by the omission of key data points necessary for any meaningful analysis and urge immediate revision. Failure to do so will lead to inaccurate conjecture on the state of dental anesthesia delivery and relative safety among provider classes. We are most concerned with the following points.

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<sup>1</sup> Statistics calculated by AAOMS using data from the U.S. Census Bureau and information provided by FAIR Health based on its privately insured dental claims data for calendar years 2018, 2019 and 2020. Of the total 6,240,366 moderate and deep sedation/general anesthesia (DS/GA) cases performed in this period, 79 percent – or 4,911,840 – were delivered by OMSs. In the 1- to 7-year-old age group, OMSs provided 44 percent (16,707) of the total DS/GA cases (38,257). In the 8- to 12-year-old age group, OMSs provided 81 percent (85,919) of the total DS/GA cases (105,791). For moderate sedation, in the 1- to 7-year-old age group, OMSs provided 34 percent (1,439) of the total moderate IV sedation procedures (4,244) and in the 8- to 12-year-old age group, provided 76 percent (10,378) of the total moderate IV sedation services (13,698).



### **Lack of provider type specificity**

While we appreciate the Board's efforts to delineate the data based on patient age group, ASA status and practice site, the report fails to properly identify the provider type of the individual delivering the sedation/anesthesia. While the level of permit held by the provider is quantified, it fails to delve further into the education and training received by the individual.

For example, although a general dentist, dentist anesthesiologist and oral and maxillofacial surgeon all may hold a deep sedation/general anesthesia permit, they practice in very different settings and have divergent educational backgrounds. Additionally, patients may be treated by the operator-anesthetist model or utilize a separate anesthesia provider. This information is critical in any after-action evaluation and certainly required by the state during investigations into adverse events.

Disclosing the type of provider involved in each incident will allow the state to accurately identify any repeat event and pinpoint areas for legislative or regulatory action. Without this information, the state will only be guessing at the root cause and possibly make decisions that negatively impact patient care without ample justification.

### **Absence of information on patient sedation level**

Similarly, the report fails to identify the intended level of sedation/anesthesia for each patient, focusing instead on only the level of permit held by the provider. A deep sedation/general anesthesia permit holder may choose to administer moderate sedation to a patient. A moderate sedation provider may provide inhalation analgesia.

In each incident – and based on our understanding of the data presented in this report – the matters would be reported under deep sedation/general anesthesia and moderate sedation, respectively, despite the incident actually involving an entirely different level of sedation on the continuum. This information must be included in any report to accurately determine and quantify how many incidents were associated with what levels of sedation.

### **Omission of AAOMS anesthesia standards**

As previously mentioned, OMSs deliver the majority of dental anesthetics in the nation, yet surprisingly AAOMS guidelines were conspicuously omitted from the list of “relevant professional guidelines, recommendations or best practices for the provision of dental anesthesia and sedation care.”

The AAOMS Parameters of Care<sup>2</sup> reflect the guidelines for treatment and outcome expectations for 11 designated areas of oral and maxillofacial surgery, including Anesthesia in Outpatient Facilities. It is updated regularly to reflect the latest scientific research, surgical technique and policy positions.

In addition, the AAOMS Office Anesthesia Evaluation<sup>3</sup> was designed to assure that each practicing AAOMS member maintained a properly equipped office and was prepared to use accepted techniques for managing emergencies and complications of anesthesia in the treatment of the OMS patient in the

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<sup>2</sup> <https://members.aaoms.org/PersonifyEbusiness/AAOMSStore/Product-Details/productId/1518255>.

<sup>3</sup> <https://members.aaoms.org/PersonifyEbusiness/AAOMSStore/Product-Details/productId/2076557>.

office or outpatient setting. This evaluation has long served as the gold standard model for state anesthesia evaluations.

Any discussion on anesthesia in the dental outpatient setting must include reference to these documents.

### **Recommendation**

These omissions must be rectified in any report forwarded to the legislature or released to the public. We urge the Board to revisit this report and include the aforementioned data points. There is precedent for this information as this same information was gathered and released via the 2016 Pediatric Anesthesia Study compiled by the Board (see Part 3).

We thank you for the opportunity to submit these thoughts and look forward to our continued collaboration on this and other issues affecting dentistry. Please contact Ms. Sandy Guenther of the AAOMS Governmental Affairs Department at 847-678-6200 or [sguenther@aaoms.org](mailto:sguenther@aaoms.org) for questions or additional information.



J. David Johnson, Jr., DDS

CC: Shama Currimbhoy, DDS, President, CALAOMS  
Pamela Congdon, CAE, IOM, Executive Director, CALAOMS  
Gary Cooper, Lobbyist, CALAOMS  
Karin K. Wittich, CAE, Executive Director, AAOMS  
Srini Varadarajan, Associate Executive Director, AAOMS



## MEMORANDUM

<b>DATE</b>	February 2, 2022
<b>TO</b>	Members of the Dental Board of California (Board)
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 27:</b> Presentation and Possible Discussion on Permitting of Certified Registered Nurse Anesthetists to Administer General Anesthesia in Dental Health Care Settings – <i>California Association of Nurse Anesthetists (CANA)</i>

### Background

A nurse anesthetist is a registered nurse, who is licensed by the Board of Registered Nursing (BRN) and has met standards for certification from BRN. Nurse anesthetists are subject to the Nurse Anesthetists Act (Business and Professions Code (BPC), Division 2, Chapter 6, Article 7 (commencing with section 2825)). The Board does not issue licenses, certifications, or permits to nurse anesthetists.

Pursuant to BPC section 2827, the utilization of a nurse anesthetist to provide anesthesia services in an acute care facility shall be approved by the acute care facility administration and the appropriate committee, and at the discretion of the physician, dentist, or podiatrist. If a general anesthetic agent is administered (presumably by the nurse anesthetist) in a dental office, the dentist shall hold a general anesthesia (GA) permit authorized by BPC, Division 2, Chapter 4, Article 2.7 (commencing with section 1646) or, commencing January 1, 2022, Article 2.75 (commencing with section 1646). (*Ibid.*)

As of January 1, 2022, for a dentist to administer or order the administration of deep sedation or general anesthesia on an outpatient basis for dental patients, the dentist must possess either a current license in good standing and a GA permit issued by the Board or an oral and maxillofacial surgery permit or special permit and a GA permit issued by the Board. (BPC, § 1646.1, subd. (a).) For dentists who were not issued or renewed a GA permit prior to January 1, 2022, to administer or order the administration of deep sedation or general anesthesia to patients under seven years of age, the dentist must possess a pediatric endorsement of their GA permit. (BPC, § 1646.1, subd. (b).) Prior to the issuance or renewal of a GA permit, the Board may, at its discretion, require an onsite inspection and evaluation of the licensee and the facility, equipment, personnel, and procedures utilized by the licensee; an onsite inspection and evaluation is required at least once every five years. (BPC, § 1646.4, subd. (a).)

Agenda Item 27: Presentation and Possible Action on Permitting of Certified Registered Nurse Anesthetists to Administer General Anesthesia in Dental Health Care Settings – *California Association of Nurse Anesthetists (CANA)* :  
 Dental Board of California Meeting  
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A dentist is required to be physically within the dental office at the time of ordering, and during the administration of, general anesthesia or deep sedation, and, for dentists who were not issued or renewed a GA permit prior to January 1, 2022, must satisfy additional requirements for administration of general anesthesia or deep sedation to patients under 13 years of age. (BPC, § 1646.1, subds. (c), (d).) A dentist holding a GA permit must maintain medical history, physical evaluation, deep sedation, and general anesthesia records, is required to complete specified courses to renew the permit, and is subject to discipline by the Board for violating the GA permit requirements. (BPC, §§ 1646.3, subd. (b), 1646.5, 1646.7.)

A physician and surgeon licensed by the Medical Board of California may administer deep sedation or general anesthesia in the office of a licensed dentist for dental patients, without regard to whether the dentist possesses a GA permit, if the physician and surgeon meets specified conditions, including holding a valid GA permit issued by the Board. If the physician and surgeon did not hold an active GA permit prior to January 1, 2022, the physician and surgeon may provide deep sedation or general anesthesia to a child under seven years of age with a Board-issued pediatric endorsement. (BPC, § 1646.9.) If the physician and surgeon fails an onsite inspection and evaluation by the Board, their GA permit is subject to automatic suspension, and refusal to submit to the inspection shall result in automatic denial or revocation of the GA permit. (BPC, § 1646.9, subd. (d).) The Board does not issue GA permits to any other healthcare professionals to administer or order the administration of general anesthesia or deep sedation to dental patients.

#### CANA Presentation

CANA representative, Melanie Rowe, CRNA, will provide a presentation on the permitting of Certified Registered Nurse Anesthetists (CRNAs) to administer general anesthesia in dental health care settings. CANA has provided the following information sheets:

1. CRNA Education and Training
2. CRNAs: Ensuring Safe Anesthesia Care
3. American Association of Nurse Anesthesiology Dental Office Sedation and Anesthesia Care Position Statement
4. Nurse Anesthesia Practice in California's 58 Counties
5. Dental Anesthesia Permits

#### Action Requested

The Board may wish to discuss CANA's presentation on the permitting of CRNA's to administer general anesthesia in dental health care settings.

Attachments: CANA Materials

# CRNA Education and Training

Certified Registered Nurse Anesthetists (CRNAs) are highly educated, advanced practice registered nurses who deliver anesthesia to patients in exactly the same way, for the same types of procedures and just as safely as anesthesiologists.



CRNAs have a minimum of **7 to 8½ years** of education and training specific to nursing and anesthesiology before they are licensed to practice anesthesia.



Baccalaureate prepared RN



Critical care nursing experience prior to entering nurse anesthesia program<sup>1</sup>



Classroom and clinical education and training



Master's or Doctoral Degree from a COA-accredited nurse anesthesia educational program<sup>2</sup>

By 2025, all anesthesia program graduates will earn doctoral degrees

Nurse anesthetists obtain an average of

**9,369**  
Clinical Hours



of training prior to becoming a CRNA.

## Constant Learners



CRNAs must pass a **National Certification Examination** for entry into practice and be recertified every 4 years so they are current on anesthesia techniques and technologies. They must also pass a Continued Professional Certification exam every **8 years**. Anesthesiologists are recertified **every 10 years**.



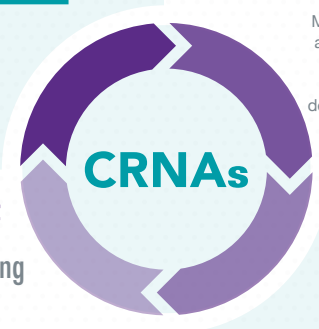
Minimum **60 hours** of approved continuing education and **40 hours** professional development activities every 4 years



Documentation of substantial anesthesia practice



Maintenance of current state licensure



CRNAs are qualified to administer **every type of anesthesia in any healthcare setting**, including pain management for acute or chronic pain.



Manage difficult cases



Use advanced monitoring equipment

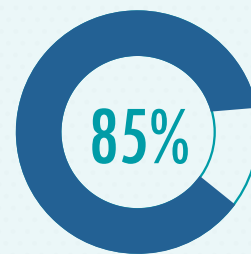


Interpret diagnostic information



Respond appropriately in any emergency situation

Research shows that CRNAs are



**less costly** to educate and train than anesthesiologists.<sup>3</sup>

As the demand for healthcare continues to grow, increasing the number of CRNAs will be key to containing costs while maintaining quality care.

<sup>1</sup> CRNAs are the only anesthesia professionals with this level of critical care experience prior to entering an educational program.

<sup>2</sup> Council on Accreditation of Nurse Anesthesia Educational Programs

<sup>3</sup> Update of Cost Effectiveness of Anesthesia Providers, Lewin Group Publications, May 2016

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# CRNAs: Ensuring Safe Anesthesia Care

## WHY SURGEONS AND OTHER HEALTHCARE PROVIDERS RELY ON CRNAs

Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses who collaborate with surgeons, obstetricians, anesthesiologists, dentists and other healthcare providers to deliver safe, high-quality and cost-effective anesthesia care to patients in virtually every healthcare setting.

### Access to Care



CRNAs practice in **all 50 states** and in the military, safely providing more than 49 million anesthetics each year.

### Patient Safety



A landmark study confirms that anesthesia care is equally safe regardless of whether it is provided by a CRNA working alone, an anesthesiologist working alone or a CRNA working with an anesthesiologist.\*



Anesthesia care is **nearly 50x safer** than it was in the 1980s.\*\*

This is due to **advancements in monitoring** technology, anesthetic drugs, provider education, and standards of care.

### Risk Management



CRNAs are **educated, trained** and experienced in providing anesthesia care for complicated medical procedures and handling emergency situations.



**As licensed professionals**, CRNAs are responsible and accountable for decisions made and actions taken in their professional practice.



**Case law shows that** surgeons and other healthcare providers face no increase in liability when working with a CRNA versus an anesthesiologist.

*For a surgeon (or other healthcare provider) to be liable for the acts of an anesthesia professional, the surgeon must control the actions of the CRNA or anesthesiologist and not merely supervise or direct them.*



*Courts apply the same standard to judge whether a surgeon is liable for the acts of a CRNA or an anesthesiologist.*

CRNA malpractice liability premiums are **33 percent lower** than 30 years ago, **68 percent lower** when adjusted for inflation. CRNAs carry insurance coverage for all the services they provide.



### Cost Savings

**Healthcare facilities that hire** anesthesiologists to supervise CRNAs in an effort to manage risk may more than triple the costs of anesthesia delivery without improving patient outcomes, lowering risk or reducing liability coverage costs.



\*RTI

\*\*Institute of Medicine

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## Dental Office Sedation and Anesthesia Care *Position Statement*

### **Position**

Dental sedation safe outcomes, as with all procedural sedation, are best achieved when provided by a healthcare professional, whose only responsibility is the sedation and monitoring of the patient, and a proceduralist whose specific focus is on the procedure.<sup>1</sup> Deep sedation and general anesthesia for dental procedures is safest when provided by a qualified, licensed anesthesia professional, who is not simultaneously engaged in the dental procedure.<sup>1-3</sup> When sedation or anesthesia services are required, the use of anesthesia professionals, with delineated responsibilities, allows each team member to focus on his or her role for best outcomes and patient safety.<sup>1,4-7</sup>

### **Background**

As an increasing number of patients of all ages and complexity seek sedation and anesthesia for dental procedures in office-based settings, it is important to keep patient safety central to the delivery of sedation and anesthesia services.<sup>3</sup> Sedation and anesthesia for dental procedures may be administered to children, individuals with special needs, or adults due to fear, anxiety, or procedural pain.<sup>8-10</sup> Sedation and anesthesia safety in an office-based setting is dependent on patient selection, sedation and anesthesia goals, techniques, vigilant patient monitoring, as well as the skills and competencies of the patient-centered care team.<sup>11</sup>

Quantifying the number of procedures that involve dental sedation or anesthesia, either with or without an anesthesia professional who is not the dentist, is difficult. When safety and monitoring guidelines are followed, office-based dental sedation and anesthesia has a record of safe outcomes although the facility should have appropriate equipment and medications, supporting clinicians to be adequately prepared to address adverse events, should they occur.<sup>9,12-14</sup> Challenges to the provision of safe sedation and anesthesia may increase with special populations, including but not limited to, pediatric patients, senior patients, obese patients with related airway issues, and patients with increasing health complexity. The complexity of care required emphasizes the importance of sedation and anesthesia provided by a qualified, licensed anesthesia professional, who is focused only on patient safety, monitoring, and vigilance.<sup>15,16</sup>

### **Monitoring and Patient Safety**

Sedation is a continuum that includes minimal sedation to general anesthesia.<sup>17</sup> Each patient has a unique response to medications utilized for sedation and anesthesia. Therefore, moderate sedation may quickly transition to deep sedation and general anesthesia, affecting spontaneous ventilation and oxygenation requiring immediate intervention.<sup>3,11,17</sup> When an anesthesia professional is available to continuously monitor the patient, he or she can focus on changes in the patient's condition and intervene as necessary in emergent situations. Equipment used to monitor the patient during sedation and anesthesia should be consistent with *AANA Standards for Office Based Anesthesia Practice* and other nationally recognized standards and guidelines.<sup>2,4,5,7</sup>

Dental offices providing sedation and/or anesthesia services should be prepared with appropriately trained staff and have requisite equipment to manage adverse events and

1 of 3

emergencies.<sup>4,9,14,18,19</sup> Many state dental laws contain substantial, important requirements regarding monitoring and equipment necessary for providing safe dental office sedation and anesthesia. All healthcare professionals who provide sedation or anesthesia services must be aware of the statutes, regulations, and standards (including accreditation standards, if applicable) that govern their licensure, facility and clinical practice.

Throughout the dental procedure, communication about patient status and airway management is of paramount importance as the dentist and anesthesia professional share the airway.<sup>18</sup> Techniques and drugs used for procedural sedation and anesthesia should promote rapid recovery. Clear discharge criteria and instructions should be in place to support the patient's safe transition home.<sup>18,20</sup>

### **CRNAs Working in Dental Settings**

CRNAs possess the education, training, and skills to provide safe, high-quality, and cost-effective care as members of the multidisciplinary patient-centered dental care team in all settings, including dental offices. CRNAs practice in accordance with their professional scope and standards of practice, federal, state, and local law, and facility policy to provide dental sedation and anesthesia services.<sup>21</sup>

Dentists and oral surgeons often work with CRNAs in hospitals and ambulatory surgical centers to provide dental procedures. CRNAs are safe and effective anesthesia professionals who can also improve patient safety in office-based dental practices. In many states, there are currently barriers for CRNAs to work in office-based dental practices. As the need for access to safe, cost-effective dental services is increasing, dentists, oral surgeons and CRNAs have opportunity to advocate for CRNA full scope of practice to provide dental sedation and anesthesia.

### **AANA Resources**

- [Office Based Anesthesia](#)
- [Patient-Driven Interdisciplinary Practice](#)
- [The Role of the CRNA on the Procedure Team](#)
- [Documenting Anesthesia Care](#)
- [Patient-Centered Perianesthesia Communication](#)
- [Promoting a Culture of Safety and Healthy Work Environment](#)

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2. Standards for Office Based Anesthesia Practice. Park Ridge, IL: American Association of Nurse Anesthetists; 2013.
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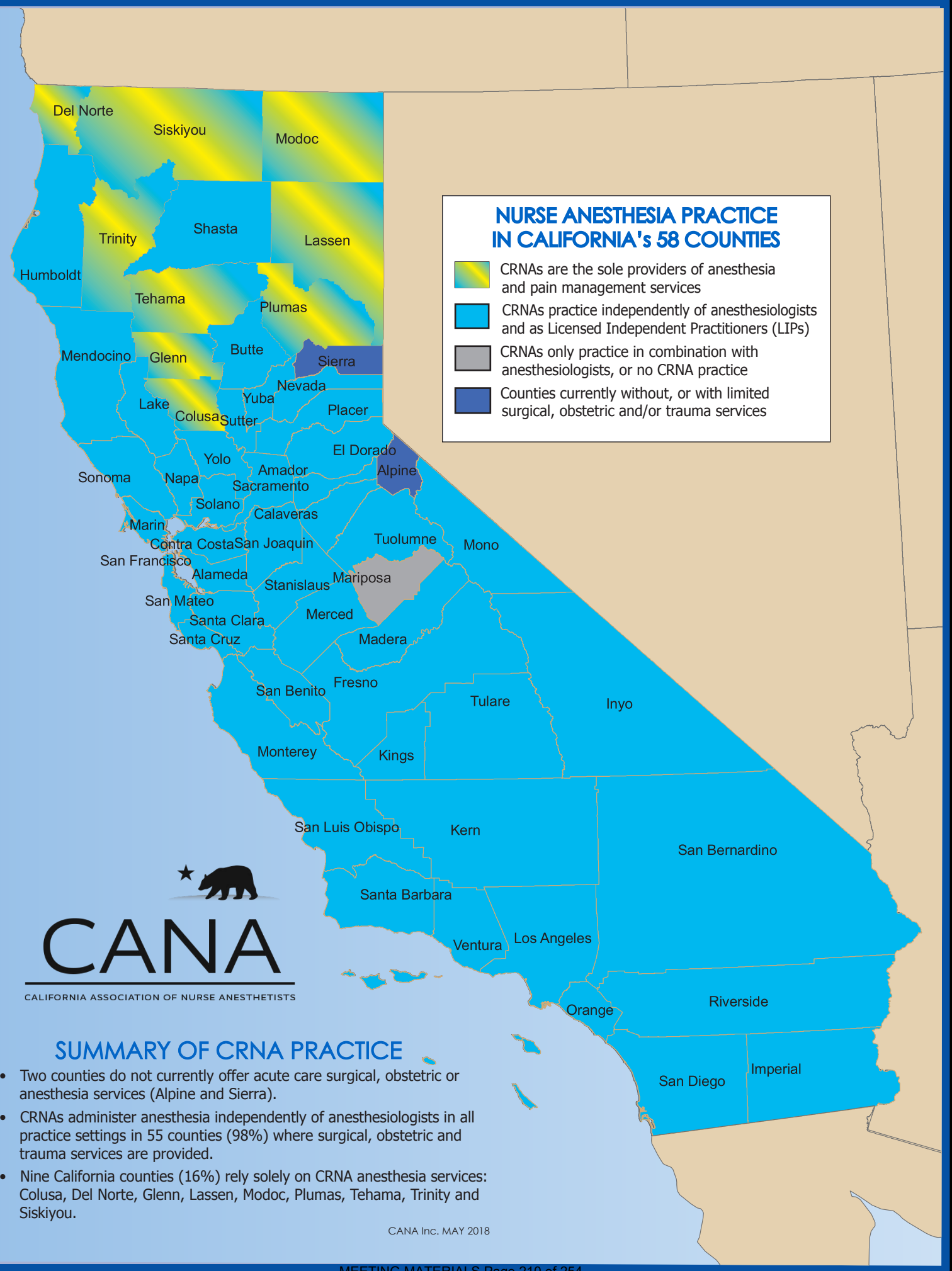
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Adopted by the AANA Board of Directors February 2017

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### NURSE ANESTHESIA PRACTICE IN CALIFORNIA'S 58 COUNTIES

- CRNAs are the sole providers of anesthesia and pain management services
- CRNAs practice independently of anesthesiologists and as Licensed Independent Practitioners (LIPs)
- CRNAs only practice in combination with anesthesiologists, or no CRNA practice
- Counties currently without, or with limited surgical, obstetric and/or trauma services



# CANANA

CALIFORNIA ASSOCIATION OF NURSE ANESTHETISTS

## SUMMARY OF CRNA PRACTICE

- Two counties do not currently offer acute care surgical, obstetric or anesthesia services (Alpine and Sierra).
- CRNAs administer anesthesia independently of anesthesiologists in all practice settings in 55 counties (98%) where surgical, obstetric and trauma services are provided.
- Nine California counties (16%) rely solely on CRNA anesthesia services: Colusa, Del Norte, Glenn, Lassen, Modoc, Plumas, Tehama, Trinity and Siskiyou.

CANA Inc. MAY 2018

# Dental Anesthesia Permits



"Certified Registered Nurse Anesthetists (CRNAs) possess the education, training, and skills to provide safe, high-quality, and cost-effective care as members of the patient-centered care team in all settings, including dental offices."

**By current law, if a general anesthetic agent is administered [by CRNAs] in a dental office, the dentist shall hold a permit authorized by Section 1646. (Nurse Practice Act 2827)**

The current restrictive permit requirements for dental anesthesia:

- Require the **dentist** to apply for an anesthesia permit when choosing CRNAs to administer anesthesia in their office. CRNAs have been practicing in dental offices for years despite this artificial barrier.
- Create an **anticompetitive disincentive** for dentists to use CRNAs
- **Reduce access** to dental care - this increases wait times for people who need to maintain their dental health

*CRNAs would like to apply for dental anesthesia permits with the same terms as physician applicants and provide solutions.*

## PROCESS to Obtain General Anesthesia Permit for a Licensed Dentist<sup>[1]</sup>:

1. Completion of an ADSA<sup>[2]</sup> approved residency program in anesthesia of not less than one calendar year
2. Completion of an ADA<sup>[3]</sup> accredited graduate program in oral and maxillofacial surgery
3. Fellowship in anesthesia approved by ADSA Permit Renewal:
4. Complete 24 units of continuing education in approved courses related to general anesthesia
5. Complete an advanced cardiac life support (ACLS) course
6. Prior to the issuance or renewal of a permit, the board may require an onsite inspection and evaluation of the licensee and the facility. Every dentist issued a permit shall have an onsite inspection and evaluation at least once every five years.

## PROPOSED PROCESS to Obtain General Anesthesia Permit for a CRNA:

1. CRNA independently applies for and maintains the dental anesthesia permit.

>> CRNAs graduate with a master's or doctorate degree from an accredited nurse anesthesia postgraduate program.<sup>[4]</sup> <<

>> CRNAs maintain 100+ units of continuing education in the specialty of anesthesia PLUS 4 core modules on recently emerging information and evidence-based knowledge. <<

>> CRNAs obtain ACLS<sup>[5]</sup> and PALS<sup>[6]</sup> certification as critical care nurses prior to becoming CRNAs and maintain those certifications as CRNAs. <<

>> CRNAs can manage and be responsible for the onsite inspections required of the DBC<sup>[7]</sup>, allowing the dentist to continue their schedule of seeing patients. <<



CRNAs provide the full range of anesthetic services required within a dental practice while facilitating a safe and patient-centered environment.



### + Experts in anesthesia care:

CRNAs are recognized airway experts and practice airway management everyday. The anesthesia education and training required to become a CRNA are more extensive than the education and training required of permitted dentists. CRNAs are experts in sedation and anesthesia delivery, pain management, advanced airway management, shared airway, hemodynamic and physiologic monitoring, and emergency management.



### + Cost Benefits:

The CRNA (not the dentist) would pay the \$500 application fee, the \$325 renewal fee every two years, and the \$2000 onsite inspection required every five years.

If a dentist wanted to add anesthesia services to their practice, they would have to stop providing dental services while they find the anesthesia cases to make them eligible for the permit.



### + Professional liability:

CRNAs are responsible for the patient care they provide and are able to obtain their own malpractice insurance coverage.

There are equivalent insurance premiums for dentists utilizing CRNAs and physicians for anesthesiology services.<sup>[8]</sup>



### + No supervision required:

California law does NOT require a physician and surgeon, or dentist to supervise a CRNA when the CRNA is administering anesthesia in any setting.<sup>[9]</sup>



### + Expanded patient care and services:

CRNAs can assist a dental practice in aspects such as staff education, policy and procedure development, and quality improvement initiatives.

Additional services include, but are not limited to, patient and caregiver education, pre-anesthesia assessment and evaluation, establishing an anesthetic plan, patient monitoring throughout the procedure, post-anesthesia care, and emergency management.

#### REFERENCES:

[1] Dental Board of California (DBC) -- [https://www.dbc.ca.gov/licensees/dds/permits/general\\_anesthesia.shtml](https://www.dbc.ca.gov/licensees/dds/permits/general_anesthesia.shtml)  
[2] American Dental Society of Anesthesiology (ADSA)  
[3] American Dental Association (ADA)  
[4] Council on Accreditation of Nurse Anesthesia Educational Programs

Advanced Cardiovascular Life Support (ACLS)  
[6] Pediatric Advanced Life Support (PALS)  
[7] Dental Board of California (DBC)  
[8] Effective Jan. 1, 2014, per the The Dentists Insurance Company (TDIC)  
[9] Court of Appeal ruling (A131049) & Nurse Anesthetist Act. (Business and Professions Code, section 2828)



## MEMORANDUM

<b>DATE</b>	January 31, 2022
<b>TO</b>	Members of the Dental Board of California (Board)
<b>FROM</b>	Paige Ragali, Program Coordinator Elective Facial Cosmetic Surgery Permit Program
<b>SUBJECT</b>	<b>Agenda Item 28:</b> Report on January 12, 2022 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee (Committee) and Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permits

### Background

The Committee met on January 12, 2022, via teleconference. All five members of the Committee were present at the meeting and a quorum was established. The Committee discussed the July 8, 2020 Meeting Minutes. Dr. Robert Gramins, DDS, Chair of the Committee, moved to adopt the July 8, 2020 Meeting Minutes, and Dr. Louis Gallia, DMD, MD, seconded the motion. The motion passed on a vote of 4-0. Dr. Andre Guerrero Fernandes, DDS, MD, was absent for the vote due to temporary technological issues.

Pursuant to Business and Professions Code (BPC) section 1638.1, subdivision (e)(1), the Committee shall make a recommendation to the Board on whether to issue or not issue a permit to the applicants. The permit may be unqualified, entitling the permit holder to perform any facial cosmetic surgical procedure authorized by the statute, or it may contain limitations if the Committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested to be permitted for all procedures authorized in statute.

In closed session, two EFCS permit applications were presented to the Committee. The Committee reviewed, discussed, and voted on one application, and held the second application pending receipt of additional information.

### Committee Recommendation

The Committee makes the following recommendation to the Board:

1. Applicant: Ian Lehrer, DDS, requested unlimited privileges for a permit issued under BPC section 1638.1, subdivision (c)(2)(A)(iii)(I) and (II), which would authorize the application to perform cosmetic contouring of the osteocartilaginous facial structure, which

Agenda Item 28: Report on January 12, 2022 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee (Committee) and Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permits :  
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may include, but is not limited to, rhinoplasty and otoplasty (Category I), and cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation (Category II).

**The Committee recommends the Board issue to this applicant a permit for unlimited Category II (cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation).**

**Action Requested**

Staff requests the Board consider and take action on the following:

1. Motion to accept the EFCS Credentialing Committee Report.
2. Motion to accept the EFCS Credentialing Committee recommendation and issue to Ian Lehrer, DDS, an EFCS Permit for unlimited Category II privileges



## MEMORANDUM

<b>DATE</b>	January 20, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 29(a):</b> 2022 Tentative Legislative Calendar – Information Only

Background:

The 2022 Tentative Legislative Calendars for both the Senate and Assembly are enclosed.

Action Requested:

No action requested.

## 2022 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE & THE OFFICE OF THE ASSEMBLY CHIEF CLERK  
Revised 10-21-2021

### DEADLINES

JANUARY						
S	M	T	W	TH	F	S
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FEBRUARY						
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APRIL						
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MAY						
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29	30	31				

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 3** Legislature **reconvenes** (J.R. 51(a)(4)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12 (a)).
- Jan. 14** Last day for **policy committees** to hear and report to fiscal Committees fiscal bills introduced in their house in 2021 (J.R. 61(b)(1)).
- Jan. 17** Martin Luther King, Jr. Day.
- Jan. 21** Last day for any committee to hear and report to the **Floor** bills introduced in their house in 2021 (J.R. 61(b)(2)).
- Jan. 21** Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31** Last day for each house to pass **bills introduced in 2021** in their house (Art. IV, Sec. 10(c)), (J.R. 61(b)(3)).

- Feb. 18** Last day for bills to be **introduced** (J.R. 61(b)(4)), (J.R. 54(a)).
- Feb. 21** Presidents' Day.

- Apr. 1** Cesar Chavez Day observed
- Apr. 7** **Spring Recess** begins upon adjournment of this day's session (J.R. 51(b)(1)).
- Apr. 18** Legislature reconvenes from **Spring Recess** (J.R. 51(b)(1)).
- Apr. 29** Last day for **policy committees** to hear and report to fiscal Committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).
- May 6** Last day for **policy committees** to hear and report to the floor **non-fiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 13** Last day for **policy committees** to meet prior to May 31 (J.R. 61(b)(7)).
- May 20** Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61 (b)(8)). Last day for **fiscal committees** to meet prior to May 31 (J.R. 61 (b)(9)).
- May 23-27** **Floor Session only**. No committee, other than conference or Rules, may meet for any purpose (J.R. 61(b)(10)).
- May 27** Last day for bills to be **passed out of the house of origin** (J.R. 61(b)(11)).
- May 30** Memorial Day.
- May 31** Committee meetings may resume (J.R. 61(b)(12)).

\*Holiday schedule subject to final approval by the Rules Committee



**2022 TENTATIVE LEGISLATIVE CALENDAR**

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE & THE OFFICE OF THE ASSEMBLY CHIEF CLERK  
Revised 10-21-2021

JUNE						
S	M	T	W	TH	F	S
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26	27	28	29	<u>30</u>		

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

**June 30** Last day for a legislative measure to qualify for the Nov. 8 General election ballot (Elec. Code Sec. 9040).

JULY						
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

**July 1** Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)). **Summer Recess** begins at the end of this day's session if Budget Bill has been passed (J.R. 51(b)(2)).

**July 4** Independence Day.

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

**Aug. 1** Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

**Aug. 12** Last day for **fiscal committees** to meet and report bills to the Floor (J.R. 61(b)(14)).

**Aug. 15 - 31 Floor Session only.** No committees, other than conference and Rules, may meet for any purpose (J.R. 61(b)(15)).

**Aug. 25** Last day to **amend** bills on the Floor (J.R. 61(b)(16)).

**Aug. 31** Last day for **each house to pass bills** (Art. IV, Sec. 10(c)), (J.R. 61(b)(17)).

**Final Recess** begins at end of this day's session (J.R. 51(b)(3)).

**IMPORTANT DATES OCCURRING DURING FINAL RECESS**

**2022**

**Sept. 30** Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).

**Nov. 8** General Election.

**Nov. 30** Adjournment Sine Die at midnight (Art. IV, Sec. 3(a)).

**Dec. 5** 12 m. convening of the 2023-24 Regular Session (Art. IV, Sec. 3(a)).

**2023**

**Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).

## 2022 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE  
Revised 10-21-21

### DEADLINES

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

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

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

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

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

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 3** Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 14** Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- Jan. 17** Martin Luther King, Jr. Day.
- Jan. 21** Last day for any committee to hear and report to the **floor** bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)).  
Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31** Last day for each house to pass bills introduced in that house in the odd-numbered year (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).
  
- Feb. 18** Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).
- Feb. 21** Presidents' Day.
  
- Apr. 1** Cesar Chavez Day observed.
- Apr. 7** **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Apr. 18** Legislature reconvenes from Spring Recess (J.R. 51(b)(1)).
- Apr. 29** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).
- May 6** Last day for **policy committees** to hear and report to the floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 13** Last day for **policy committees** to meet prior to May 31 (J.R. 61(b)(7)).
- May 20** Last day for **fiscal committees** to hear and report to the **floor** bills introduced in their house (J.R. 61 (b)(8)).  
Last day for **fiscal committees** to meet prior to May 31 (J.R. 61 (b)(9)).
- May 23 – 27** **Floor session only.** No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).
- May 27** Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).
- May 30** Memorial Day.
- May 31** Committee meetings may resume (J.R. 61(b)(12)).

\*Holiday schedule subject to final approval by Rules Committee.

## 2022 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE  
Revised 10-21-21

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

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

**June 30** Last day for a legislative measure to qualify for the Nov. 8 General Election ballot (Elections Code Sec. 9040).

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

**July 1** Last day for **policy committees** to meet and report bills (J.R. 61(b)(14)).

**Summer Recess** begins upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).

**July 4** Independence Day.

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

**Aug. 1** Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

**Aug. 12** Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).

**Aug. 15 – 31 Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(16)).

**Aug. 25** Last day to **amend** bills on the floor (J.R. 61(b)(17)).

**Aug. 31** Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(18)).

**Final Recess** begins upon adjournment (J.R. 51(b)(3)).

### IMPORTANT DATES OCCURRING DURING FINAL RECESS

#### 2022

Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).

Oct. 2 Bills enacted on or before this date take effect January 1, 2023. (Art. IV, Sec. 8(c)).

Nov. 8 General Election.

Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).

Dec. 5 2023-24 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

#### 2023

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

\*Holiday schedule subject to final approval by Rules Committee.



## MEMORANDUM

<b>DATE</b>	February 2, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 29(b)-(s):</b> Update, Discussion and Possible Action on Legislation

### Background:

The Dental Board of California (Board) has been tracking bills that impact the Board, the Department of Consumer Affairs, healing arts boards and their respective licensees, and all licensing boards. This memorandum includes information regarding each bill's status, location, date of introduction, date of last amendment, and a summary. The bills are listed in numerical order, with the Assembly Bills (AB XXX) first, followed by the Senate Bills (SB XXX).

Staff will be presenting updates on the following two (2) bills that may have a direct impact on the Board for discussion and possible action at the February meeting:

1. [SB 652](#) (Bates) Dentistry: use of sedation: training.
2. [SB 889](#) (Ochoa Bogh) Nurse anesthetists.

Board staff will present the two (2) bills previously listed and provide information regarding the impact each one has on the Board.

The following seven (7) bills have been identified by staff as being of potential interest to Board but do not require discussion at this time. Staff will continue to watch these bills and report on their progression at a future Board meeting. Information regarding each of these bill's status, location, date of introduction, date of last amendment, and a summary has been included in this memorandum. Please note staff will not be presenting these bills; should a Board member desire to discuss one of these bills they may present the bill at the meeting and provide arguments for the Board to take a position. Public comment on these bills will be taken as a group.

1. [AB 225](#) (Gray, Gallagher, Patterson: Coauthor Dodd) Department of Consumer Affairs: boards: veterans: military spouses: licenses.

Agenda Item 29 (b) – (s): Update on Pending Legislation  
 Dental Board of California Meeting  
 February 10-11, 2022

2. [AB 562](#) (Low and Flora; Coauthors Chen and Salas) Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: health care providers: mental health services.
3. [AB 646](#) (Low, Cunningham, Gipson, and Coauthor: Roth) Department of Consumer Affairs: boards: expunged convictions.
4. [AB 657](#) (Cooper) State civil service system: personal services contracts: professionals.
5. [AB 1102](#) (Low) Telephone medical advice services.
6. [SB 49](#) (Umberg) Income taxes: credits: California Fair Fees Tax Credit.
7. [SB 731](#) (Durazo, Bradford, and Coauthors) Criminal records: relief.

The following nine (9) bills have been tracked by the Board but have died in the legislature. This memorandum includes information on each of these bills, including date of introduction, date last amended, location, status and a summary. Please note that staff will not be presenting these bills; should a Board member desire to discuss one of these bills they may present the bill at the meeting. Public comment on these bills will be taken as a group.

1. [AB 2](#) (Fong) Regulations: legislative review: regulatory reform.
2. [AB 29](#) (Cooper; Coauthor: Rubio) State bodies: meetings.
3. [AB 54](#) (Kiley; Coauthor: Jones) COVID-19 emergency order violation: license revocation.
4. [AB 885](#) (Quirk) Bagley-Keene Open Meeting Act: teleconferencing.
5. [AB 1026](#) (Smith) Business licenses: veterans.
6. [AB 1236](#) (Ting) Healing arts: licensees: data collection.
7. [AB 1386](#) (Cunningham) License fees: military partners and spouses.
8. [AB 1498](#) (Low) Members of boards within the Department of Consumer Affairs: per diem.
9. [SB 772](#) (Ochoa Bogh; Coauthor: Borgeas) Professions and vocations: citations: minor violations.

If you would like additional information on any of these bills, the following web sites are excellent resources for viewing proposed legislation and finding additional information:

<https://leginfo.legislature.ca.gov/>

<https://www.senate.ca.gov/>

<https://www.assembly.ca.gov/>

Action Requested:

The Board may take one of the following actions regarding each bill:

- Support
- Support if Amended
- Oppose
- Watch
- Neutral
- No Action

[AB 2](#) (Fong) Regulations: legislative review: regulatory reform.

**Introduced:** December 7, 2020

**Last Amended:** n/a

**Disposition:** Failed

**Location:** Assembly

**Status:** January 31, 2022: Dead pursuant to Article IV, Section 10 of California Constitution

**Summary:**

This bill would require the Office of Administrative Law to submit to each house of the Legislature for review a copy of each major regulation that it submits to the Secretary of State. The bill would add another exception to those currently provided that specifies that a regulation does not become effective if the Legislature enacts a statute to override the regulation.

The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposing to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would require each state agency to, on or before January 1, 2023, review that agency's regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided, and report to the Legislature and Governor, as specified. The bill would repeal these provisions on January 1, 2024.

**Board Impact:** The Dental Board does not have major regulations, which are defined as regulations having an economic impact on California business enterprises exceeding \$50,000,000.

This bill would however require the Board to identify duplicative, overlapping, inconsistent, or out-of-date regulations, draft revised regulations, and provide a report to the Legislature.

**Recommended Board Position:** n/a

[AB 29](#) (Cooper; Coauthor: Rubio) State bodies: meetings

**Introduced:** December 7, 2020

**Last Amended:** n/a

**Disposition:** Failed

**Location:** Assembly

**Status:** January 31, 2022: Dead pursuant to Article IV, Section 10 of California Constitution

**Summary:**

Existing law requires the state body to provide notice of its meeting, including specified information and a specific agenda of the meeting, as provided, to any person who requests that notice in writing and to make that notice available on the internet at least 10 days in advance of the meeting.

The bill would require materials to be made available on the state body's internet website, and to any person who requests the writings or materials in writing, on the same day as the dissemination of the writings and materials to members of the state body or at least 72 hours in advance of the meeting, whichever is earlier.

**Board Impact:** The Board currently posts the agenda and meeting materials on our website about two weeks prior to the meeting.

This bill would require the agenda and all meeting materials be provided to the public and posted on our website the same day the materials are provided to board members or at least 72 hours before the meeting and prohibit the board from discussing or taking action on those materials unless these provisions were followed.

**Recommended Board Position:** n/a

[AB 54](#) (Kiley; Co-author Jones) COVID-19 emergency order violation: license revocation

**Introduced:** December 7, 2020

**Last Amended:** April 5, 2021

**Disposition:** Dead

**Location:** Assembly

**Status:** April 13, 2021, Failed to pass committee.

**Summary:** The bill would amend add Business and Professions Code section 464.5 to restrict the Department of Consumer Affairs or its Boards from revoking the license for failure to comply with COVID-19 emergency orders. The Department or a Board can only revoke a license if it can be proven that the failure to comply led to the transmission of COVID-19.

**Board Impact:** The April 2021 amendments excepted Division 2 Board from the provisions of the bill, so the Dental Board is no longer affected by the bill.

**Recommended Board Position:** n/a

[AB 225](#) (Gray, Gallagher, Patterson, Co-author Dodd) Department of Consumer Affairs: boards: veterans: military spouses: licenses

**Introduced:** January 11, 2021

**Last Amended:** June 28, 2021

**Disposition:** Pending

**Location:** Senate

**Status:** June 28, 2021: Committee Hearing postponed.

**Summary:** The bill would amend Business and Professions Code section 115.6 to expand the pool of potential applicants for temporary licensure. As currently written the pool is restricted to licenses from certain Boards within the Department of Consumer Affairs and restricted to applicants who are the spouses or domestic partners of active duty service members stationed in California. The bill would expand the pool of applicants to include

military veterans and members of the military that are within 60 months of separation, or within 120 months of separation if they lived in California prior to entering service.

**Board Impact:** While the Dental Board is not covered under the current BPC section 115.6, it will be covered by the revisions to section 115.6 that take effect July 1, 2023 following the passage of AB 107 (Chapter 693, Statutes of 2021). Should AB 225 be passed as currently written, the potential applicants for temporary licensure could expand to include veterans that qualify under the bill.

**Recommended Board Position:** Watch

[AB 562](#) (Low and Flora, Co-authors Chen and Salas) Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: health care providers: mental health services

**Introduced:** February 11, 2021

**Last Amended:** April 8, 2021

**Disposition:** Pending

**Location:** Senate

**Status:** August 26, 2021: Held under suspension.

**Summary:** The proposed legislation adds a section to the Business and Professions Code establishing a mental health services program for frontline COVID-19 workers. Administered by the Department of Consumer Affairs, licensees of certain DCA Boards could apply for access to the program if they had provided 'direct and in-person care' to COVID-19 patients during the pandemic. This program would be started within three months of the effective date of the legislation (which is written as an urgent bill). Boards would notify their licensees and solicit applications for the program.

**Board Impact:** The April 8, 2021 amendments defined what DCA entities would be Boards under the bill. The list does not include the Dental Board.

**Recommended Board Position:** Watch

[AB 646](#) (Low, Cunningham, Gipson, and Coauthor: Roth) Department of Consumer Affairs: boards: expunged convictions.

**Introduced:** February 12, 2021

**Last Amended:** April 14, 2021

**Disposition:** Pending

**Location:** Senate

**Status:** January 31, 2022: Passed Assembly, waiting for Senate committee assignment/.

**Summary:** Existing law establishes the Department of Consumer Affairs, which is composed of various boards, and authorizes a board to suspend or revoke a license on the ground that the licensee has been convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law, the Medical Practice Act, provides for the licensure and regulation of



the practice of medicine by the Medical Board of California and requires the board to post certain historical information on current and former licensees, including felony and certain misdemeanor convictions. Existing law also requires the Medical Board of California, upon receipt of a certified copy of an expungement order from a current or former licensee, to post notification of the expungement order and the date thereof on its internet website.

This bill would require a board within the department that has posted on its internet website that a person's license was revoked because the person was convicted of a crime, within 90 days of receiving an expungement order for the underlying offense from the person, if the person reapplies for licensure or is relicensed, to post notification of the expungement order and the date thereof on the board's internet website. The bill would require the board, on receiving an expungement order, if the person is not currently licensed and does not reapply for licensure, to remove within the same period the initial posting on its internet website that the person's license was revoked, and information previously posted regarding arrests, charges, and convictions. The bill would authorize the board to charge a fee to the person, not to exceed the cost of administering the bill's provisions. The bill would require the fee to be deposited by the board into the appropriate fund and would make the fee available only upon appropriation by the Legislature.

**Board Impact:** This is a bill affecting boards at the Department of Consumer Affairs. The DCA License Search tool lists information about licensees which includes information about licenses revoked due to criminal convictions. AB 646 would require the Board to update or remove information about the revoked license and the criminal history if the Board receives an expungement order related to the conviction. If the individual does not currently have a license and does not apply for a license, the Board would need to remove the information about the license revocation within 90 days of receiving an expungement order. If the individual reapplies for a license or has been granted a new license, the Board would need to post notification of the expungement order and the date it was granted within 90 days of receiving an expungement order.

This bill would require changes to the DCA License Search tool as well changes to license modifiers and business rules in BreZE.

**Recommended Board Position:** Watch

[AB 657](#) (Cooper) State civil service system: personal services contracts: professionals

**Introduced:** February 12, 2021

**Last Amended:** June 15, 2021

**Disposition:** Pending

**Location:** Senate

**Status:** July 6, 2021: Failed to pass committee, reconsideration pending.

**Summary:** The bill would add Government Code section 19136, which would limit the amount of time a professional (defined to include licensed dentists) may work for a state agency under a personal services contract. Such contracts would typically be to hire an independent contractor for some project-based service.

The professionals are barred from working for more than 365 consecutive days, or for working more than 365 nonconsecutive days during a two-year period.

**Board Impact:** None, as the June 2021 amendments excepted the Department of Consumer Affairs and its Boards and Bureaus from its provisions. However, if a licensed dentist were under a professional services contract to another state agency, then their employment would be limited as described above.

**Recommended Board Position:** Watch

[AB 885](#) (Quirk) Bagley-Keene Open Meeting Act: teleconferencing

**Introduced:** February 17, 2021

**Last Amended:** March 24, 2021

**Disposition:** Dead

**Location:** Assembly

**Status:** January 31, 2022: Dead pursuant to Article IV, Section 10 of California Constitution

**Summary:** The Bagley-Keene Open Meeting Act (Bagley-Keene Act), requires, with specified exceptions, that all meetings of a state body, as defined, be open and public, and all persons be permitted to attend any meeting of a state body, except as provided. The Bagley-Keene Act, among other things, requires a state body that elects to conduct a meeting or proceeding by teleconference to make the portion of the meeting that is required to be open to the public audible to the public at the location specified in the notice of the meeting. The Bagley-Keene Act requires a state body that elects to conduct a meeting or proceeding by teleconference to post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and requires each teleconference location to be accessible to the public.

This bill would require a state body that elects to conduct a meeting or proceeding by teleconference to make the portion that is required to be open to the public both audibly and visually observable. The bill would require a state body that elects to conduct a meeting or proceeding by teleconference to post an agenda at the designated primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate. The bill would extend the above requirements of meetings of multimember advisory bodies that are held by teleconference to meetings of all multimember state bodies. The bill would require a multimember state body to provide a means by which the public may both audibly and visually remotely observe a meeting if a member of that body participates remotely. The bill would further require any body that is to adjourn and reconvene a meeting on the same day to communicate how a member of the public may both audibly and visually observe the meeting. The bill would also make non-substantive changes to those provisions.

**Board Impact:** This bill would require the Board to designate one primary physical meeting location when conducting teleconferences and post an agenda at that location. The location must also have the ability for a member of the public to view and listen to the

teleconference as well as make public comments if they choose to do so. At least one member of the state body will need to be present at the location specified.

With the requirement of designating one physical meeting location as proposed in AB 885, the Board may still need to rotate this physical location throughout California to accommodate the various geographic regions of the stakeholders.

**Recommended Board Position:** n/a

[AB 1026](#) (Smith) Business licenses: veterans.

**Introduced:** February 18, 2021

**Last Amended:** n/a

**Disposition:** Dead

**Location:** Assembly

**Status:** January 31, 2022: Dead pursuant to Article IV, Section 10 of California Constitution

**Summary:** This bill would require the department and any board within the department to grant a 50% fee reduction for an initial license to an applicant who provides satisfactory evidence the applicant has served as an active duty member of the United States Armed Forces or the California National Guard and was honorably discharged. This bill would authorize a board to adopt regulations necessary to administer these provisions.

**Board Impact:** This is a bill affecting boards at the Department of Consumer Affairs. AB 1026 would require the Board to grant a 50% fee reduction for initial licensure to honorably discharged veterans. The Board has received an average of 14 applications per year from honorably discharged veterans.

AB 1026 would require the Board to make changes to BreEZe including the application system, adding a modifier, and adding new fee codes. The Board's website would also need to be updated to inform veteran applicants about the fee reduction. Regulations would need to be drafted and submitted for this bill.

**Recommended Board Position:** n/a

[AB 1102](#) (Low) Telephone medical advice services.

**Introduced:** February 18, 2021

**Last Amended:** n/a

**Disposition:** Pending

**Location:** Senate

**Status:** July 12, 2021: Re-referred to Committee on Appropriations.

**Summary:** The bill would amend Business and Professions Code section 4999.2 which requires telephone medical advice services to comply with certain requirements. The bill would add a requirement that such services comply with all direction and requests for information from healing arts licensing boards. It would also add a requirement of health

care professionals providing advice from out-of-state locations. The bill would require those professionals to operate consistent with the laws governing their licenses.

**Board Impact:** The bill would allow the Board to contact telephone medical advice services directly rather than asking DCA to do so on their behalf. It should make it easier for Board staff to investigate any complaints concerning these services.

**Recommended Board Position:** Watch

[AB 1236](#) (Ting) Healing arts: data collection.

**Introduced:** February 19, 2021

**Last Amended:** April 29, 2021

**Disposition:** Dead

**Location:** Assembly

**Status:** February 1, 2022: Died on inactive file.

**Summary:** Existing law requires certain Boards to collect and report specific demographic data relating to their licensees in aggregate form to the Office of Statewide Health Planning and Development (OSHPD).

This bill would repeal those provisions and would, instead, require all boards that oversee healing arts licensees to request at the time of electronic application for a license and license renewal, or at least biennially, specified demographic information from its licensees and, if designated by the board, its registrants and to post the information on the internet websites that they each maintain. The bill would specify that licensees and registrants shall not be required to provide the requested information.

This bill would, commencing July 1, 2022, require each board, or the Department of Consumer Affairs on its behalf, to provide the information annually to the Office of Statewide Health Planning and Development. The bill would require these boards to maintain the confidentiality of the information they receive from licensees and registrants and to release information only in deidentified aggregate form, as specified.

**Board Impact:** This bill affects healing arts boards at the Department of Consumer Affairs. The Board currently requests certain demographic information in a biennial voluntary workforce survey at the time a licensee renews their license. AB 1236 proposes additional demographic information be requested including questions about a licensee's type of employer, titles of positions held, time spent in direct patient care, gender identity, future work intentions, job satisfaction ratings, and sexual orientation. The bill specifies that the demographic information must be requested, but that a licensee shall not be required to provide the information.

This bill would require updates to BreZE and the board's website. An aggregate report would need to be compiled and published annually.

**Recommended Board Position:** Watch

[AB 1386](#) (Cunningham) License fees: military partners and spouses

**Introduced:** February 19, 2021

**Last Amended:** April 28, 2021

**Disposition:** Dead

**Location:** Assembly

**Status:** January 31, 2022: Dead pursuant to Article IV, Section 10 of California Constitution.

**Summary:** Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law requires a board to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and provides evidence that they are married to or in a domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

This bill would prohibit a board from charging an initial application fee or an initial license issuance fee to an applicant who meets these expedited licensing requirements. The bill would also prohibit a board from charging an initial examination fee to an applicant who meets the expedited licensing requirements if the examination is administered by the board.

**Board Impact:** This bill affects boards at the Department of Consumer Affairs. AB 1386 would prohibit the Board from charging an initial license fee for future applications received from military spouses. The Board has received an average of four applications for initial licensure per year from military spouses.

AB 1386 would also require a change to a license modifier in BreEZe.

**Recommended Board Position:** n/a

[AB 1498](#) (Low) Members of boards within the Department of Consumer Affairs: per diem

**Introduced:** February 19, 2021

**Last Amended:** January 3, 2022.

**Disposition:** Dead

**Location:** Assembly

**Status:** January 31, 2022: Dead pursuant to Article IV, Section 10 of California Constitution.

**Summary:** The bill as introduced concerned amending the Insurance Code provisions around notice of termination, cancellation or a lapse in coverage for life and/or property insurance. The bill was amended to revise Business and Professions Code section 103. The bill would establish two options for how Boards would define a 'day that a [Board] member discharged official duties':

- Accumulation of eight hours that the member spent in the discharge of official duties.

- Day on which the member performed an official duty

Boards would determine which definition they would use, and members would be paid according to that definition.

**Board Impact:** The Board would be required to determine which definition they would use for the determination of per diem payments. Staff would need to revise the Board's Administrative Manual and may need to develop regulations to outline how the Board would choose their definition of a 'day that a member discharged official duties.'

**Recommended Board Position:** n/a

[SB 49](#) (Umberg) Income taxes: credits: California Fair Fees Tax Credit

**Introduced:** December 7, 2020

**Last Amended:** May 11, 2021

**Disposition:** Pending

**Location:** Assembly

**Status:** January 24, 2022: Passed Senate, awaiting committee assignment in Assembly.

**Summary:** The bill would revise sections of the Revenue and Taxation Code specific to the Personal Income Tax Law and the Corporation Tax Law. It would establish tax credits for qualified taxpayers that ceased business operations for certain periods of time in response to an emergency order. The credit would cover taxable years beginning on or after January 1, 2021 and before January 1, 2026.

Qualified taxpayers under the bill would have to be businesses that have a substantial in-person contact to conduct business, have average annual gross receipts of \$10 million or less for the three previous tax years, and ceased business operations for at least 30 consecutive days during the taxable year (or the year 2020).

**Board Impact:** The Board would not be directly affected by this legislation, but many of our licensees could qualify for the tax credit.

**Recommended Board Position:** Watch

[SB 652](#) (Bates) Dentistry: use of sedation: training.

**Introduced:** February 19, 2021

**Last Amended:** May 11, 2021

**Disposition:** Pending

**Location:** Assembly

**Status:** January 31, 2022: Passed Senate, awaiting committee assignment in Assembly.

**Summary:** Existing law, prescribes requirements for dentists and assisting personnel who administer or order the administration of general anesthesia, deep sedation, or moderate sedation. Additional requirements are specified if the patient is under 13 years of age.

This bill would require, if the patient is 13 years of age or older, that the operating dentist and at least 2 additional personnel be present throughout the procedure and that the dentist and one additional personnel maintain current certification in Advanced Cardiac Life Support (ACLS).

Existing law, commencing on January 1, 2022, requires a dentist who desires to administer or to order the administration of moderate sedation to apply to the board for a permit and produce evidence showing that they have successfully completed training in moderate sedation that meets specified requirements.

This bill would require a permitholder to maintain current and continuous certification in ACLS and airway management.

**Board Impact:** In its current form, SB 652 would extend the current requirements for dental patients under 13 years of age, specifically that an operating dentist and at least two additional personnel be present throughout a procedure involving deep sedation or general anesthesia, and that the dentist and one additional personnel maintain current certification in Advanced Cardiac Life Support (ACLS), to all patients regardless of age.

**Recommended Board Position:** This bill is the expected vehicle to carry the Board's proposed legislation to address the implementation gap between the effective date of SB 501 (Glazer, Chapter 929, Statutes of 2018) and the Board's implementation of the new permits. The language is anticipated to be amended in the Assembly. Staff recommends the Board take a "support" position once the amendments are made.

[SB 731](#) (Durazo, Bradford, and Coauthors) Criminal records: relief.

**Introduced:** February 19, 2021

**Last Amended:** September 2, 2021

**Disposition:** Pending

**Location:** Assembly

**Status:** February 2, 2022: Motion for reconsideration pending in Assembly.

**Summary:** Existing law authorizes a defendant who was sentenced to a county jail for the commission of a felony and who has met specified criteria to petition to withdraw their plea of guilty or nolo contendere and enter a plea of not guilty after the completion of their sentence, as specified. Existing law requires the court to dismiss the accusations or information against the defendant and release them from all penalties and disabilities resulting from the offense, except as specified.

This bill would make this relief available to a defendant who has been convicted of any felony.

Commencing July 1, 2022, existing law requires the Department of Justice, on a monthly basis, to review the records in the statewide criminal justice databases and identify persons who are eligible for specified automatic conviction and records of arrest relief without requiring the filing of a petition or motion. Under existing law, a person is eligible for arrest

record relief if they were arrested on or after January 1, 2021, and the arrest was for a misdemeanor and the charge was dismissed or criminal proceedings have not been initiated within one year after the arrest, or the arrest was for a felony punishable in the county jail and criminal proceedings have not been initiated within 3 years after the date of the arrest. Under existing law, a person is eligible for automatic conviction record relief if, on or after January 1, 2021, they were sentenced to probation, and completed it without revocation, or if they were convicted of an infraction or a misdemeanor, and other criteria are met, as specified.

This bill would generally make this arrest record relief available to a person who has been arrested for a felony, including a felony punishable in the state prison, as specified. The bill would additionally make this conviction record relief available for a defendant convicted of a felony for which they did not complete probation without revocation if the defendant appears to have completed all terms of incarceration, probation, mandatory supervision, post release supervision, and parole.

**Board Impact:** This bill affects boards at the Department of Consumer Affairs. SB 731 would allow a person convicted of a felony to petition to withdraw their guilty plea after the completion of their sentence and permit additional relief by way of deleting arrest records for the purpose of most criminal background checks. Some of the records that the Department of Justice (DOJ) would be prohibited from disclosing to the Board may be relevant to professional licensure.

**Recommended Board Position:** Watch

[SB 772](#) (Ochoa Bogh; Coauthor: Borgeas) Professions and vocations: citations: minor violations.

**Introduced:** February 19, 2021

**Last Amended:** n/a

**Disposition:** Dead

**Location:** Senate

**Status:** February 1, 2022. Returned to Secretary of State pursuant to Joint Rule 56

**Summary:** Existing law authorizes the State Board of Chiropractic Examiners, the Osteopathic Medical Board of California, and any board within the Department of Consumer Affairs to issue a citation to a licensee, which may contain an order of abatement or an order to pay an administrative fine assessed by the board.

This bill would prohibit the assessment of an administrative fine for a minor violation, and would specify that a violation shall be considered minor if it meets specified conditions, including that the violation did not pose a serious health or safety threat and there is no evidence that the violation was willful.

**Board Impact:** The Board issues administrative citations and fines for certain violations as outlined in California Code of Regulations 1023 through 1023.7.



The administrative citations are issued to ensure licensees comply with applicable statutes and regulations. Existing regulations allow for factors such as the nature and severity of the violation to be considered in a citation decision. A licensee can also contest a citation and request a hearing within 30 days of the issuance of a citation or assessment.

If administrative fines were prohibited as proposed in SB 772, it would minimize the incentive for licensees to comply with statutes and regulations relating to the practice of dentistry.

**Recommended Board Position:** n/a

[SB 889](#) (Ochoa Bogh) Nurse anesthetists

**Introduced:** January 31, 2022

**Last Amended:** n/a

**Disposition:** Pending

**Location:** Senate

**Status:** January 31, 2022: Introduced, awaiting committee assignment in the Senate.

**Summary:** The bill would amend provisions of the Business and Professions Code concerning the use of deep sedation and general anesthesia involving nurse anesthetists. It would modify the requirement in BPC Section 2827 that a dentist would have to have a sedation permit for a nurse anesthetist to administer general anesthetic. The bill would allow for a nurse anesthetist to administer deep sedation or a general anesthetic if it is done in compliance with Article 2.75. Use of Deep Sedation and General Anesthesia of the practice act. Language in the bill would allow a nurse anesthetist to administer deep sedation or a general anesthetic even if the dentist lacks the permit to do so.

**Board Impact:** The proposed legislation would appear to permit nurse anesthetists to administer deep sedation or a general anesthetic under a dentist's authorization assuming the dentist and nurse anesthetist are following Article 2.75. However, a preliminary review of the legislation indicates the bill lacks clarity about the responsibilities of any party administering the deep sedation or general anesthesia under the direction of a dentist, whether or not the dentist has a permit. As written, it is also unclear if allowing the nurse anesthetist to perform these procedures at the direction of a dentist without the sedation permit would meet the dental standard of care. Since the introduction of this bill is so close to the Board's meeting, staff will require additional time to fully analyze the impact this legislation would have to the Board.

**Recommended Board Position:** Watch

AMENDED IN SENATE MAY 11, 2021

AMENDED IN SENATE APRIL 12, 2021

**SENATE BILL**

**No. 652**

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**Introduced by Senator Bates**

February 19, 2021

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An act to ~~amend Sections 1646.1, 1647.2, and 1647.3~~ *amend, repeal, and add Section 1646.1* of the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

SB 652, as amended, Bates. Dentistry: use of sedation: training.

Existing law, the Dental Practice Act, establishes the Dental Board of California within the Department of Consumer Affairs and sets forth its powers and duties relating to the licensure and regulation of dentists. A violation of these provisions is a crime. Existing law, among other things, prescribes requirements for dentists and assisting personnel who administer or order the administration of general anesthesia and deep sedation.

Existing law, commencing on January 1, 2022, requires a dentist to possess either a current license in good standing and a general anesthesia permit issued by the board, or another specified permit and a general anesthesia permit issued by the board, in order to administer or order the administration of deep sedation or general anesthesia on an outpatient basis for dental patients.

Existing law specifies additional requirements if the patient is under 13 years of age, including that the operating dentist and at least 2 additional personnel be present throughout the procedure and that the dentist and one additional personnel maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or

other board-approved training, as specified. Existing law authorizes the board to approve training standards for general anesthesia and deep sedation, in lieu of PALS certification, if the training standard is an equivalent or higher level of training for dental anesthesia-related emergencies as compared to PALS.

~~This bill, beginning on July 1, 2023, would require, if the patient is 13 years of age or older, that the operating dentist and at least 2 additional personnel be present throughout the procedure and that the dentist and one additional personnel maintain current certification in Advanced Cardiac Life Support (ACLS).~~

~~Existing law, commencing on January 1, 2022, authorizes a dentist to administer or order the administration of moderate sedation on an outpatient basis for a dental patient if specified conditions are met. Existing law specifies additional requirements if the patient is under 13 years of age, including that there be at least 2 support personnel in addition to the operating dentist present at all times during the procedure and that the operating dentist and one personnel member maintain current certification in PALS and airway management or other board-approved training.~~

~~This bill would also require, if the patient is 13 years of age or older, that there be at least 2 support personnel in addition to the operating dentist present at all times during the procedure and that the operating dentist and one personnel member maintain current certification in ACLS and airway management.~~

~~Existing law, commencing on January 1, 2022, requires a dentist who desires to administer or to order the administration of moderate sedation to apply to the board for a permit and produce evidence showing that they have successfully completed training in moderate sedation that meets specified requirements.~~

~~This bill would require a permit holder to maintain current and continuous certification in ACLS and airway management.~~

Because a violation of these provisions would be a crime, this bill imposes 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.

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 1646.1 of the Business and Professions~~  
2     ~~Code, as added by Section 4 of Chapter 929 of the Statutes of~~  
3     ~~2018, is amended to read:~~

4     ~~1646.1. (a) A dentist shall possess either a current license in~~  
5     ~~good standing and a general anesthesia permit issued by the board~~  
6     ~~or a permit under Section 1638 or 1640 and a general anesthesia~~  
7     ~~permit issued by the board in order to administer or order the~~  
8     ~~administration of deep sedation or general anesthesia on an~~  
9     ~~outpatient basis for dental patients.~~

10    ~~(b) A dentist shall possess a pediatric endorsement of their~~  
11    ~~general anesthesia permit to administer or order the administration~~  
12    ~~of deep sedation or general anesthesia to patients under seven years~~  
13    ~~of age.~~

14    ~~(c) A dentist shall be physically within the dental office at the~~  
15    ~~time of ordering, and during the administration of, general~~  
16    ~~anesthesia or deep sedation.~~

17    ~~(d) The operating dentist and at least two additional personnel~~  
18    ~~shall be present throughout the procedure involving deep sedation~~  
19    ~~or general anesthesia.~~

20    ~~(e) If the operating dentist is the permitted anesthesia provider,~~  
21    ~~then both of the following shall apply:~~

22    ~~(1) The operating dentist and at least one of the additional~~  
23    ~~personnel shall maintain certification in one of the following:~~

24    ~~(A) If the patient is under 13 years of age, certification in~~  
25    ~~Pediatric Advanced Life Support (PALS) or other board-approved~~  
26    ~~training in pediatric life support and airway management, adopted~~  
27    ~~pursuant to Section 1601.8. The additional personnel who is~~  
28    ~~certified in Pediatric Advanced Life Support (PALS) and airway~~  
29    ~~management or other board-approved training in pediatric life~~  
30    ~~support and airway management shall be solely dedicated to~~  
31    ~~monitoring the patient and shall be trained to read and respond to~~  
32    ~~monitoring equipment including, but not limited to, pulse oximeter,~~  
33    ~~cardiac monitor, blood pressure, pulse, capnograph, and respiration~~  
34    ~~monitoring devices.~~

35    ~~(B) If the patient is 13 years of age or older, certification in~~  
36    ~~Advanced Cardiac Life Support (ACLS). The additional personnel~~  
37    ~~who is certified in ACLS and airway management shall be solely~~  
38    ~~dedicated to monitoring the patient and shall be trained to read~~

1 and respond to monitoring equipment including, but not limited  
2 to, pulse oximeter, cardiac monitor, blood pressure, pulse,  
3 capnograph, and respiration monitoring devices.

4 (2) The operating dentist shall be responsible for initiating and  
5 administering any necessary emergency response.

6 (f) If a dedicated permitted anesthesia provider is monitoring  
7 the patient and administering deep sedation or general anesthesia,  
8 both of the following shall apply:

9 (1) The anesthesia provider and the operating dentist, or one  
10 other trained personnel, shall be present throughout the procedure  
11 and shall maintain current certification in one of the following:

12 (A) If the patient is under 13 years of age, Pediatric Advanced  
13 Life Support (PALS) and airway management or other  
14 board-approved training in pediatric life support and airway  
15 management, adopted pursuant to Section 1601.8.

16 (B) If the patient is 13 years of age or older, Advanced Cardiac  
17 Life Support (ACLS).

18 (2) The anesthesia provider shall be responsible for initiating  
19 and administering any necessary emergency response and the  
20 operating dentist, or other trained and designated personnel, shall  
21 assist the anesthesia provider in emergency response.

22 (g) This article does not apply to the administration of local  
23 anesthesia, minimal sedation, or moderate sedation.

24 SEC. 2. Section 1647.2 of the Business and Professions Code,  
25 as added by Section 6 of Chapter 929 of the Statutes of 2018, is  
26 amended to read:

27 1647.2. (a) A dentist may administer or order the  
28 administration of moderate sedation on an outpatient basis for a  
29 dental patient if one of the following conditions is met:

30 (1) The dentist possesses a current license in good standing and  
31 either holds a valid general anesthesia permit or obtains a moderate  
32 sedation permit.

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

36 (b) A dentist shall obtain a pediatric endorsement on the  
37 moderate sedation permit prior to administering moderate sedation  
38 to a patient under 13 years of age.

1 ~~(e) (1) A dentist who orders the administration of moderate~~  
2 ~~sedation shall be physically present in the treatment facility while~~  
3 ~~the patient is sedated.~~

4 ~~(2) There shall be at least two support personnel in addition to~~  
5 ~~the operating dentist present at all times during the procedure~~  
6 ~~involving moderate sedation.~~

7 ~~(3) For patients under 13 years of age, the operating dentist and~~  
8 ~~one personnel member shall maintain current certification in~~  
9 ~~Pediatric Advanced Life Support (PALS) and airway management~~  
10 ~~or other board-approved training in pediatric life support and~~  
11 ~~airway management, adopted pursuant to Section 1601.8. The~~  
12 ~~personnel member with current certification in Pediatric Advanced~~  
13 ~~Life Support (PALS) and airway management or other~~  
14 ~~board-approved training in pediatric life support and airway~~  
15 ~~management shall be dedicated to monitoring the patient during~~  
16 ~~the procedure involving moderate sedation and may assist with~~  
17 ~~interruptible patient-related tasks of short duration, such as holding~~  
18 ~~an instrument.~~

19 ~~(4) For patients 13 years of age or older, the operating dentist~~  
20 ~~and one personnel member shall maintain current certification in~~  
21 ~~Advanced Cardiac Life Support (ACLS). The personnel member~~  
22 ~~with current certification in ACLS and airway management shall~~  
23 ~~be dedicated to monitoring the patient during the procedure~~  
24 ~~involving moderate sedation and may assist with interruptible~~  
25 ~~patient-related tasks of short duration, such as holding an~~  
26 ~~instrument.~~

27 ~~(d) A dentist with a moderate sedation permit or a moderate~~  
28 ~~sedation permit with a pediatric endorsement shall possess the~~  
29 ~~training, equipment, and supplies to rescue a patient from an~~  
30 ~~unintended deeper level of sedation.~~

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

33 ~~SEC. 3. Section 1647.3 of the Business and Professions Code,~~  
34 ~~as added by Section 6 of Chapter 929 of the Statutes of 2018, is~~  
35 ~~amended to read:~~

36 ~~1647.3. (a) A dentist who desires to administer or to order the~~  
37 ~~administration of moderate sedation shall apply to the board on~~  
38 ~~an application form prescribed by the board. The dentist shall~~  
39 ~~submit an application fee and produce evidence showing that they~~

- 1 ~~have successfully completed training in moderate sedation that~~  
2 ~~meets the requirements of subdivision (c).~~
- 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) Training in the administration of moderate sedation shall be~~  
6 ~~acceptable if it meets all of the following as approved by the board:~~
- 7 ~~(1) Consists of at least 60 hours of instruction.~~
- 8 ~~(2) Requires satisfactory completion of at least 20 cases of~~  
9 ~~administration of moderate sedation for a variety of dental~~  
10 ~~procedures.~~
- 11 ~~(3) Complies with the requirements of the Guidelines for~~  
12 ~~Teaching Pain Control and Sedation to Dentists and Dental~~  
13 ~~Students of the American Dental Association, including, but not~~  
14 ~~limited to, certification of competence in rescuing patients from a~~  
15 ~~deeper level of sedation than intended, and managing the airway,~~  
16 ~~intravascular or intraosseous access, and reversal medications.~~
- 17 ~~(d) A dentist may apply for a pediatric endorsement for a~~  
18 ~~moderate sedation permit by confirming all of the following:~~
- 19 ~~(1) Successful completion of residency in pediatric dentistry~~  
20 ~~accredited by the Commission on Dental Accreditation (CODA)~~  
21 ~~or the equivalent training in pediatric moderate sedation, as~~  
22 ~~determined by the board.~~
- 23 ~~(2) Successful completion of at least 20 cases of moderate~~  
24 ~~sedation to patients under 13 years of age to establish competency~~  
25 ~~in pediatric moderate sedation, both at the time of the initial~~  
26 ~~application and at renewal. The applicant or permitholder shall~~  
27 ~~maintain and shall provide proof of these cases upon request by~~  
28 ~~the board for up to three permit renewal periods.~~
- 29 ~~(3) In order to provide moderate sedation to children under~~  
30 ~~seven years of age, a dentist shall establish and maintain current~~  
31 ~~competency for this pediatric population by completing 20 cases~~  
32 ~~of moderate sedation for children under seven years of age in the~~  
33 ~~24-month period immediately preceding application for the~~  
34 ~~pediatric endorsement and for each permit renewal period.~~
- 35 ~~(4) Current certification in Pediatric Advanced Life Support~~  
36 ~~(PALS) and airway management or other board-approved training~~  
37 ~~in pediatric life support and airway management, adopted pursuant~~  
38 ~~to Section 1601.8.~~
- 39 ~~(e) A permitholder shall maintain current and continuous~~  
40 ~~certification in Pediatric Advanced Life Support (PALS) and~~

1 airway management or other board-approved training in pediatric  
2 life support and airway management, adopted pursuant to Section  
3 1601.8, for the duration of the permit.

4 ~~(f) A permitholder shall maintain current and continuous~~  
5 ~~certification in Advanced Cardiac Life Support (ACLS) and airway~~  
6 ~~management for the duration of the permit.~~

7 ~~(g) Applicants for a pediatric endorsement who otherwise qualify~~  
8 ~~for the pediatric endorsement but lack sufficient cases of moderate~~  
9 ~~sedation to patients under 13 years of age may administer moderate~~  
10 ~~sedation to patients under 13 years of age under the direct~~  
11 ~~supervision of a general anesthesia or moderate sedation~~  
12 ~~permitholder with a pediatric endorsement. The applicant may~~  
13 ~~count these cases toward the 20 required in order to qualify for the~~  
14 ~~applicant's pediatric endorsement.~~

15 ~~(h) Moderate sedation permit holders with a pediatric~~  
16 ~~endorsement seeking to provide moderate sedation to children~~  
17 ~~under seven years of age, but who lack sufficient cases of moderate~~  
18 ~~sedation to patients under seven years of age pursuant to paragraph~~  
19 ~~(3) of subdivision (d), may administer moderate sedation to patients~~  
20 ~~under seven years of age under the direct supervision of a~~  
21 ~~permitholder who meets those qualifications.~~

22 *SECTION 1. Section 1646.1 of the Business and Professions*  
23 *Code, as added by Section 4 of Chapter 929 of the Statutes of 2018,*  
24 *is amended to read:*

25 1646.1. (a) A dentist shall possess either a current license in  
26 good standing and a general anesthesia permit issued by the board  
27 or a permit under Section 1638 or 1640 and a general anesthesia  
28 permit issued by the board in order to administer or order the  
29 administration of deep sedation or general anesthesia on an  
30 outpatient basis for dental patients.

31 (b) A dentist shall possess a pediatric endorsement of their  
32 general anesthesia permit to administer or order the administration  
33 of deep sedation or general anesthesia to patients under seven years  
34 of age.

35 (c) A dentist shall be physically within the dental office at the  
36 time of ordering, and during the administration of, general  
37 anesthesia or deep sedation.

38 (d) For patients under 13 years of age, all of the following shall  
39 apply:



1 (1) The operating dentist and at least two additional personnel  
2 shall be present throughout the procedure involving deep sedation  
3 or general anesthesia.

4 (2) If the operating dentist is the permitted anesthesia provider,  
5 then both of the following shall apply:

6 (A) The operating dentist and at least one of the additional  
7 personnel shall maintain current certification in Pediatric Advanced  
8 Life Support (PALS) or other board-approved training in pediatric  
9 life support and airway management, adopted pursuant to Section  
10 1601.8. The additional personnel who is certified in Pediatric  
11 Advanced Life Support (PALS) and airway management or other  
12 board-approved training in pediatric life support and airway  
13 management shall be solely dedicated to monitoring the patient  
14 and shall be trained to read and respond to monitoring equipment  
15 including, but not limited to, pulse oximeter, cardiac monitor,  
16 blood pressure, pulse, capnograph, and respiration monitoring  
17 devices.

18 (B) The operating dentist shall be responsible for initiating and  
19 administering any necessary emergency response.

20 (3) If a dedicated permitted anesthesia provider is monitoring  
21 the patient and administering deep sedation or general anesthesia,  
22 both of the following shall apply:

23 (A) The anesthesia provider and the operating dentist, or one  
24 other trained personnel, shall be present throughout the procedure  
25 and shall maintain current certification in Pediatric Advanced Life  
26 Support (PALS) and airway management or other board-approved  
27 training in pediatric life support and airway management, adopted  
28 pursuant to Section 1601.8.

29 (B) The anesthesia provider shall be responsible for initiating  
30 and administering any necessary emergency response and the  
31 operating dentist, or other trained and designated personnel, shall  
32 assist the anesthesia provider in emergency response.

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

35 (f) *This section shall remain in effect only until July 1, 2023,*  
36 *and as of that date is repealed.*

37 *SEC. 2. Section 1646.1 is added to the Business and Professions*  
38 *Code, to read:*

39 *1646.1. (a) A dentist shall possess either a current license in*  
40 *good standing and a general anesthesia permit issued by the board*

1 or a permit under Section 1638 or 1640 and a general anesthesia  
2 permit issued by the board in order to administer or order the  
3 administration of deep sedation or general anesthesia on an  
4 outpatient basis for dental patients.

5 (b) A dentist shall possess a pediatric endorsement of their  
6 general anesthesia permit to administer or order the administration  
7 of deep sedation or general anesthesia to patients under seven  
8 years of age.

9 (c) A dentist shall be physically within the dental office at the  
10 time of ordering, and during the administration of, general  
11 anesthesia or deep sedation.

12 (d) The operating dentist and at least two additional personnel  
13 shall be present throughout the procedure involving deep sedation  
14 or general anesthesia.

15 (e) If the operating dentist is the permitted anesthesia provider,  
16 then both of the following shall apply:

17 (1) The operating dentist and at least one of the additional  
18 personnel shall maintain certification in one of the following:

19 (A) If the patient is under 13 years of age, certification in  
20 Pediatric Advanced Life Support (PALS) or other board-approved  
21 training in pediatric life support and airway management, adopted  
22 pursuant to Section 1601.8. The additional personnel who is  
23 certified in PALS and airway management or other board-approved  
24 training in pediatric life support and airway management shall  
25 be solely dedicated to monitoring the patient and shall be trained  
26 to read and respond to monitoring equipment including, but not  
27 limited to, pulse oximeter, cardiac monitor, blood pressure, pulse,  
28 capnograph, and respiration monitoring devices.

29 (B) If the patient is 13 years of age or older, certification in  
30 Advanced Cardiac Life Support (ACLS). The additional personnel  
31 who is certified in ACLS and airway management shall be solely  
32 dedicated to monitoring the patient and shall be trained to read  
33 and respond to monitoring equipment including, but not limited  
34 to, pulse oximeter, cardiac monitor, blood pressure, pulse,  
35 capnograph, and respiration monitoring devices.

36 (2) The operating dentist shall be responsible for initiating and  
37 administering any necessary emergency response.

38 (f) If a dedicated permitted anesthesia provider is monitoring  
39 the patient and administering deep sedation or general anesthesia,  
40 both of the following shall apply:

1 (1) The anesthesia provider and the operating dentist, or one  
2 other trained personnel, shall be present throughout the procedure  
3 and shall maintain current certification in one of the following:

4 (A) If the patient is under 13 years of age, PALS and airway  
5 management or other board-approved training in pediatric life  
6 support and airway management, adopted pursuant to Section  
7 1601.8.

8 (B) If the patient is 13 years of age or older, ACLS.

9 (2) The anesthesia provider shall be responsible for initiating  
10 and administering any necessary emergency response and the  
11 operating dentist, or other trained and designated personnel, shall  
12 assist the anesthesia provider in emergency response.

13 (g) This article does not apply to the administration of local  
14 anesthesia, minimal sedation, or moderate sedation.

15 (h) This section shall become operative on July 1, 2023.

16 ~~SEC. 4.~~

17 SEC. 3. No reimbursement is required by this act pursuant to  
18 Section 6 of Article XIII B of the California Constitution because  
19 the only costs that may be incurred by a local agency or school  
20 district will be incurred because this act creates a new crime or  
21 infraction, eliminates a crime or infraction, or changes the penalty  
22 for a crime or infraction, within the meaning of Section 17556 of  
23 the Government Code, or changes the definition of a crime within  
24 the meaning of Section 6 of Article XIII B of the California  
25 Constitution.

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**Introduced by Senator Ochoa Bogh**January 31, 2022

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An act to amend Section 2827 of, and to add Section 1646.14 to, the Business and Professions Code, relating to healing arts.

## LEGISLATIVE COUNSEL'S DIGEST

SB 889, as introduced, Ochoa Bogh. Nurse anesthetists.

Existing law, the Dental Practice Act, establishes the Dental Board of California in the Department of Consumer Affairs for the licensure and regulation of dentists. The act governs, among other things, the use of general anesthesia and deep sedation, as defined, for adult patients and patients under 13 years of age. The act requires a dentist to possess either a current license in good standing and a general anesthesia permit or a general anesthesia permit together with a maxillofacial surgery permit or a special permit to administer general anesthesia or deep sedation on an outpatient basis for dental patients.

Existing law, the Nurse Anesthetists Act, provides for the certification and regulation of nurse anesthetists by the Board of Registered Nursing, which is within the Department of Consumer Affairs. Under existing law, the utilization of a nurse anesthetist to provide anesthesia services is required to be approved by the acute care facility administration and the appropriate committee, and at the discretion of the physician, dentist, or podiatrist. If a general anesthetic agent is administered in a dental office, existing law requires the dentist to hold a permit authorized by the provisions governing a dentist's use of deep sedation and general anesthesia.

This bill would allow a nurse anesthetist to administer general anesthesia or deep sedation to dental patients if the nurse anesthetist receives a permit from the Dental Board of California. This bill would

require that a nurse anesthetist, in order to administer deep sedation or general anesthesia, apply to the board and provide, among other things, evidence that the nurse anesthetist has met specified educational requirements. This bill would authorize the board to require an onsite inspection and evaluation prior to the issuance or renewal of a permit, and would require that a nurse anesthetist who fails that inspection and evaluation have their permit suspended, as specified. This bill would authorize a nurse anesthetist to apply to the board for an endorsement to perform general anesthesia or deep sedation on a child under 7 years of age.

This bill would also require a nurse anesthetist that is providing general anesthesia or deep sedation in a dental office to do so in accordance with the provisions of the Dental Practice Act that govern the use of general anesthesia or deep sedation in a dental office and in accordance with specified provisions of the Nursing Practice Act. By expanding the scope of existing crimes under the Dental Practice Act and the Nurse Anesthetists Act, this bill would 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.

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 2827 of the Business and Professions  
 2 Code is amended to read:  
 3 2827. The utilization of a nurse anesthetist to provide anesthesia  
 4 services in an acute care facility shall be approved by the acute  
 5 care facility administration and the appropriate committee, and at  
 6 the discretion of the physician, dentist or podiatrist. ~~If a general  
 7 anesthetic agent is administered in a dental office, the dentist shall  
 8 hold a permit authorized by Article 2.7 (commencing with Section  
 9 1646) of Chapter 4 or, commencing January 1, 2022, Article 2.75  
 10 (commencing with Section 1646) of Chapter 4. General anesthesia  
 11 or deep sedation administered in a dental office by a nurse  
 12 anesthetist shall be in accordance with all of the following:~~

1 (a) Article 2.7 (commencing with Section 1646) of Chapter 4  
2 or, commencing January 1, 2022, Article 2.75 (commencing with  
3 Section 1646) of Chapter 4.

4 (b) Paragraph (2) of subdivision (b) of Section 2725.

5 SEC. 2. Section 1646.14 is added to the Business and  
6 Professions Code, to read:

7 1646.14. (a) Notwithstanding any other law, including, but  
8 not limited to, Sections 1646.1 and 1647.2, a certified registered  
9 nurse anesthetist licensed pursuant to Article 2 (commencing with  
10 Section 2725) of Chapter 6 and certified as a nurse anesthetist  
11 pursuant to Article 7 (commencing with Section 2825) of Chapter  
12 6 may administer general anesthesia or deep sedation in the office  
13 of a licensed dentist to dental patients without regard to whether  
14 the dentist possesses a permit issued pursuant to this article, if all  
15 of the following are met:

16 (1) The nurse anesthetist holds a valid general anesthesia permit  
17 issued by the Dental Board of California pursuant to subdivision

18 (b).

19 (2) The nurse anesthetist meets the requirements of subdivision  
20 (d) of Section 1646.1

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

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

26 (2) Evidence satisfactory to the board and the Board of  
27 Registered Nursing showing that the applicant has successfully  
28 completed an accredited program pursuant to subdivision (b) of  
29 Section 2826.

30 (3) Documentation demonstrating that all equipment and drugs  
31 required by the board are on the premises for use in any dental  
32 office in which the nurse anesthetist administers general anesthesia  
33 or deep sedation.

34 (c) Prior to issuance or renewal of a permit pursuant to this  
35 section, the board may, at its discretion, require an onsite inspection  
36 and evaluation of the facility, equipment, and personnel, including,  
37 but not limited to, the certified registered nurse anesthetist and  
38 procedures utilized. At least one of the people evaluating the  
39 procedures utilized by the nurse anesthetist shall be a certified  
40 registered nurse anesthetist expert in outpatient general anesthesia

1 or deep sedation who has been authorized or retained under contract  
2 by the board for this purpose.

3 (d) A nurse anesthetist who has failed an onsite inspection and  
4 evaluation shall have their permit suspended automatically for 30  
5 days after the date on which the board notifies the nurse anesthetist  
6 of the failure unless within that time period the nurse anesthetist  
7 has retaken and passed an onsite inspection and evaluation. A nurse  
8 anesthetist who is issued a permit under this article shall be subject  
9 to an onsite inspection and evaluation at least once every five years.  
10 Refusal to submit to an inspection shall result in automatic denial  
11 or revocation of the permit.

12 (e) A nurse anesthetist who additionally meets the requirements  
13 of paragraphs (2) and (3) of subdivision (c) of Section 1646.2 may  
14 apply to the board for a pediatric endorsement to provide general  
15 anesthesia or deep sedation to a child under seven years of age. A  
16 nurse anesthetist without sufficient cases to obtain a pediatric  
17 endorsement may qualify for the endorsement pursuant to the  
18 requirements of subdivision (d) of Section 1646.2.

19 SEC. 3. No reimbursement is required by this act pursuant to  
20 Section 6 of Article XIII B of the California Constitution because  
21 the only costs that may be incurred by a local agency or school  
22 district will be incurred because this act creates a new crime or  
23 infraction, eliminates a crime or infraction, or changes the penalty  
24 for a crime or infraction, within the meaning of Section 17556 of  
25 the Government Code, or changes the definition of a crime within  
26 the meaning of Section 6 of Article XIII B of the California  
27 Constitution.

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## MEMORANDUM

<b>DATE</b>	February 2, 2022
<b>TO</b>	Members of the Dental Board of California (Board)
<b>FROM</b>	Tina Vallery, Chief of Administration and Licensing Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 30:</b> Discussion and Possible Action Regarding Legislative Proposal to Amend Business and Professions Code Sections 1750.2, 1750.4, and 1752.1 to Specify Time Limits for Acceptance of Course Certifications for Orthodontic Assistant (OA) Permit and Dental Sedation Assistant (DSA) Permit Applications and Clarify Board-Approved Course Requirements for Registered Dental Assistant (RDA) Applicants

### Background

The Board licenses and regulates RDAs, registered dental assistants in extended functions (RDAEFs), OAs, and DSAs. Application requirements for each of these licenses and permits is found in Article 7 of Chapter 4 of Division 2 of the Business and Professions Code (BPC). Board staff have identified an inconsistency with the statutory application requirements that may pose a public protection concern.

Existing law, BPC section 1752.1, among other things, requires an applicant for an RDA license to provide written evidence of successful completion of all of the following within five years prior to the date of application to the Board: (1) a Board-approved course in the Dental Practice Act (DPA); (2) a Board-approved course in infection control; and (3) a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the Board as equivalent.

Existing law, BPC sections 1750.2 and 1750.4, among other things, require applicants for OA and DSA permits to provide evidence of: (1) successful completion of a two-hour Board-approved course in the DPA and an eight-hour Board-approved course in infection control; and (2) successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the Board as equivalent. However, there is no requirement for these courses to be completed within a specified time frame prior to the date of application.

Agenda Item 30: Discussion and Possible Action Regarding Legislative Proposal to Amend Business and Professions Code Sections 1750.2, 1750.4, and 1752.1 to Specify Time Limits for Acceptance of Course Certifications for Orthodontic Assistant (OA) Permit and Dental Sedation Assistant (DSA) Permit Applications and Clarify Board-Approved Course Requirements for Registered Dental Assistant (RDA) Applicants  
 Dental Board of California Meeting  
 February 10-11, 2022



### Legislative Proposal to Conform License/Permit Course Requirements

At the November 18, 2021 Dental Assisting Council (Council) meeting, Board staff recommended the Council consider whether a recommendation should be forwarded to the Board to amend BPC sections 1750.2 and 1750.4 to specify a time frame within which the DPA, infection control, and basic life support courses should be successfully completed prior to applying to the Board for an OA or DSA permit. Additionally, the Council was asked to consider whether BPC section 1752.1 should be amended to specify that it is a two-hour course in the DPA and an eight-hour course in infection control that is required for licensure as a RDA.

The Council agreed with the amendments outlined and have recommended to the Board a legislative proposal to amend BPC sections 1750.2, 1750.4, and 1752.1 to clarify the RDA, OA, and DSA course completion requirements for license and permit applications.

### Action Requested

The Board is asked to discuss and consider the above-described legislative proposal. If the Board approves of the legislative proposal, the Board is asked to include in the Board's next Sunset Review Report a recommendation to amend BPC sections 1750.2, 1750.4, and 1752.1 to clarify the RDA, OA, and DSA course completion requirements for license and permit applications.

Attachment: Legislative Proposal to Amend Business and Professions Code Sections 1750.2, 1750.4, and 1752.1

**LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE  
SECTIONS 1750.2, 1750.4, AND 1752.1**

Additions are indicated in *blue italic text*; deletions are indicated in ~~red strikethrough text~~.

**1750.2.** (a) The board may issue an orthodontic assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

- (1) Current, active, and valid licensure as a registered dental assistant or completion of at least 12 months of verifiable work experience as a dental assistant.
- (2) Successful completion *within five years prior to application* of a two-hour board-approved course in the Dental Practice Act and an eight-hour board-approved course in infection control.
- (3) Successful completion *within five years prior to application* of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.
- (4) Successful completion of a board-approved orthodontic assistant course, which may commence after the completion of six months of work experience as a dental assistant.
- (5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.3.

(b) A person who holds an orthodontic assistant permit pursuant to this section shall be subject to the same continuing education requirements for registered dental assistants as established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

**1750.4.** (a) The board may issue a dental sedation assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

- (1) Current, active, and valid licensure as a registered dental assistant or completion of at least 12 months of verifiable work experience as a dental assistant.

(2) Successful completion *within five years prior to application* of a two-hour board-approved course in the Dental Practice Act and an eight-hour board-approved course in infection control.

(3) Successful completion *within five years prior to application* of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(4) Successful completion of a board-approved dental sedation assistant course, which may commence after the completion of six months of work experience as a dental assistant.

(5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.5.

(b) A person who holds a permit pursuant to this section shall be subject to the continuing education requirements established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

**1752.1.** (a) The board may license as a registered dental assistant a person who files an application and submits written evidence, satisfactory to the board, of one of the following eligibility requirements:

(1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(2) For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(3) For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

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

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

(d) In addition to the requirements specified in subdivision (a), each applicant for registered dental assistant licensure shall provide evidence of having successfully completed board-approved courses in radiation safety and coronal polishing as a condition of licensure. The length and content of the courses shall be governed by applicable board regulations.

(e) In addition to the requirements specified in subdivisions (a) and (d), individuals applying for registered dental assistant licensure on or after January 1, 2010, shall demonstrate satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board and shall provide written evidence of successful completion within five years prior to application of all of the following:

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

(2) An *eight-hour* board-approved course in infection control.

(3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

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

(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.

(2) Passage of the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

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

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

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

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

(k) The Registered Dental Assistant Combined Written and Law and Ethics Examination required by this section shall comply with Section 139.



## MEMORANDUM

<b>DATE</b>	January 28, 2022
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 31:</b> Discussion of Prospective Legislative Proposals

Background Information:

Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future Board meeting.

Action Requested:

No action requested.