



**DENTAL BOARD OF CALIFORNIA**

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



**DENTAL BOARD OF CALIFORNIA**

**NOTICE OF TELECONFERENCE MEETING  
February 9-10, 2023**

Board Members

- Alan Felsenfeld, MA, DDS, President
- Joanne Pacheco, RDH, MAOB, Vice President
- Lilia Larin, DDS, Secretary
- Steven Chan, DDS
- Joni Forge, DDS
- Meredith McKenzie, Esq., Public Member
- Angelita Medina, MHS, Public Member
- Sonia Molina, DMD, MPH
- Rosalinda Olague, RDA, BA
- Yogita Thakur, DDS, MS
- James Yu, DDS, MS

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

**The Dental Board of California (Board) will meet by teleconference approximately at 12:30 p.m., on Thursday, February 9, 2023, and 9:00 a.m., on Friday, February 10, 2023, with the following location available for Board and public member participation<sup>1</sup>:**

Department of Consumer Affairs  
1747 N. Market Blvd., Hearing Room #186  
Sacramento, CA 95834

For technical difficulties, call the Dental Board of California Office at:  
(916) 263-2300 or (877) 729-7789

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

To participate in the WebEx Events meeting on Thursday, February 9, 2023, please log on to this website the day of the meeting:

**<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m94bb6f1408a80631bd71a9d61af77224>**

<sup>1</sup> Face masks may or may not be required at the location depending upon state and local laws and business preferences on the date of the meeting.

**Event number: 2499 920 1072**  
**Event password: DBC02092023 (32202092 from phones)**

To participate in the WebEx Events meeting on Friday, February 10, 2023, please log on to this website the day of the meeting:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m0860479186cfb57c9710834231feb8e>

**Event number: 2491 143 8842**  
**Event password: DBC02102023 (32202102 from phones)**

Due to potential technical difficulties, please consider submitting written comments by February 3, 2023, to dentalboard@dca.ca.gov for consideration.

## **AGENDA**

**12:30 p.m., Thursday, February 9, 2023**

1. Call to Order/Roll Call/Establishment of a Quorum
2. Public Comment on Items Not on the Agenda **[6]**  
*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 17-18, 2022 Board Meeting Minutes **[7-32]**
4. Board President Report **[33]**
5. Executive Officer Report **[34]**
  - a. Introduction of Board Staff
6. Update on Board Member Committee Assignments 2023 **[35-36]**
7. Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters **[37]**
8. Budget Report
9. 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, 2023” **[38-92]**
- b. Review of Statistics and Trends **[93-101]**

10. Examinations

- a. Dentistry Law and Ethics Examination **[102]**

11. Licensing, Certifications, and Permits

- a. Review of Dental Licensure and Permit Statistics **[103-117]**

12. Substance Use Awareness **[118-125]**

- a. Diversion Program Report and Statistics
- b. Controlled Substance Utilization Review and Evaluation System Report

13. Anesthesia and Sedation **[126-151]**

- a. General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics
- b. Update Regarding Board Implementation of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018)
- c. Discussion and Possible Action Regarding Appointment of General Anesthesia and Medical General Anesthesia Permit Evaluators

14. Recess Open Session Until February 10, 2023, at 9:00 a.m.

**CLOSED SESSION (WILL NOT BE WEBCAST)**

15. Convene Closed Session

16. Pursuant to Government Code Section 11126(e)(1) and (2)(A), the Board will Confer with and Receive Advice from Legal Counsel and Deliberate Regarding *Sulitzer, et al. v. Tippins, et al.*, United States District Court, Central District of California, Western Division, Case No. 2:19-cv-08902-GW-MAA

17. 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

18. Adjourn Closed Session

**9:00 a.m., Friday, February 10, 2023**

19. Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

20. President’s Report on Closed Session Items **[152]**

21. Dental Assisting Council Meeting Report **[153]**

## 22. Legislative Proposals

- a. Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1635.5 Regarding Licensure by Credential Requirements **[154-164]**
- b. Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Sections 1701.5 and 1804 Regarding Fictitious Name Permits and Dental Corporation Name **[165-175]**
- c. Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1750 Regarding Unlicensed Dental Assistant Course Requirements **[176-180]**
- d. Discussion and Possible Action on Legislative Proposal to Modify Statutes Related to General Anesthesia and Sedation Permits **[181-197]**
- e. Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1700 Regarding Display of License **[198-201]**
- f. Discussion and Possible Action on Legislative Proposal to Repeal Business and Professions Code Section 1607 Regarding Frequency and Location of Board Meetings **[202-204]**

## 23. Update, Discussion, and Possible Action on Proposed Regulations

- a. Status Update on Pending Regulations **[205-207]**
- b. Discussion and Possible Action to Initiate a Rulemaking and Amend California Code of Regulations, Title 16, Section 1018, Disciplinary Guidelines

## 24. Update, Discussion, and Possible Action on 2023/2024 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Dental Profession

- a. 2023 Tentative Legislative Calendar – Information Only **[208-212]**
- b. Legislation of Interest **[213-219]**
  - i. [SB 73](#) (Seyarto, 2023) Employment policy: voluntary veterans' preference

## 25. Discussion of Prospective Legislative Proposals **[220]**

*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.*

## 26. 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.

In accordance with Government Code section 11133(b)(2)(A), the teleconference locations from which Board members may participate in the meeting may not be identified in the notice and agenda of the meeting.

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 their 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 location is accessible to the physically disabled. This meeting also is being held via WebEx Events and is accessible to the physical disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting Tracy Montez, 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



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## MEMORANDUM

<b>DATE</b>	January 13, 2023
<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 2.:</b> Public Comment on Items Not on the Agenda

### Notes



**DENTAL BOARD OF CALIFORNIA  
MEETING MINUTES  
November 17-18, 2022**

The Dental Board of California (Board) met by teleconference/WebEx Events on November 17-18, 2022, with the following location available for Board and public member participation:

Department of Consumer Affairs  
1747 N. Market Blvd., Hearing Room #186  
Sacramento, CA 95834

**Members Present:**

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

**Staff Present:**

Tracy A. Montez, Ph.D., Executive Officer  
Jessica Olney, Anesthesia Unit Manager  
Paige Ragali, Licensing and Examination Unit Manager  
Wilbert Rumbaoa, Administrative Services Unit Manager  
Ryan Blonien, Supervising Investigator  
David Bruggeman, Legislative and Regulatory Specialist  
Mirela Taran, Administrative Analyst  
Joseph Tippins, Investigator  
Bernal Vaba, Special Investigator  
Melissa Gear, Deputy Director, Board and Bureau Relations, Department of Consumer Affairs (DCA)  
Sarah Irani, Moderator, SOLID, DCA  
Karen Munoz, Manager, Budget Office, DCA  
Kristy Schieldge, Regulatory Counsel, Attorney IV, Legal Affairs Division, DCA  
Jennifer Tompkins, Analyst, Budget Office, DCA  
Cesar Victoria, Office of Public Affairs, DCA

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Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

**11:00 a.m., Thursday, November 17, 2022**

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

The Board President, Dr. Alan Felsenfeld, called the meeting to order at 11:25 a.m. The Board Secretary, Dr. Sonia Molina, called the roll; 12 Board Members were present, and a quorum was established.\*

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

Ms. Melodi Randolph, representing California Association of Dental Assisting Teachers (CADAT), requested that future agendas allow for a joint meeting between the Board and the Dental Assisting Council (DAC), as conducted in the past. She mentioned that auxiliary education training and utilization is a huge issue presently and in the coming years, which will facilitate a plethora of items to come forward to the Board. Therefore, CADAT would like to see a discussion between the DAC and the Board on these items.

**Agenda Item 3: Discussion and Possible Action on August 25-26, 2022 and October 13, 2022 Board Meeting Minutes**

President Felsenfeld requested an amendment to the August 25-26, 2022 meeting minutes on page 23, Agenda Item 22(d), seventh paragraph, first line, to strike and replace "Mr." with "Dr."

Motion/Second/Call (M/S/C) (Morrow/Medina) to approve the August 25-26, 2022 meeting minutes as revised.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Molina took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Yu/Larin) to approve the October 13, 2022 meeting minutes with no changes.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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President Felsenfeld called for the vote on the motion. Secretary Molina took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

#### Agenda Item 4: Board President Report

President Felsenfeld reported that he and Board Vice President, Dr. James Yu attended the October 11, 2022 DCA Board Leadership meeting. President Felsenfeld noted that he had spent a fair amount of time working through the negotiations and the facilitation of the hiring of Dr. Tracy Montez to take on the roll as the Board's Executive Officer.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

#### Agenda Item 5: Executive Officer Report

Dr. Montez noted that she had been with the Board for almost four months as Acting Assistant Executive Officer, Interim Executive Officer, and now Executive Officer. She expressed that Board staff is now processing applications within a two-week timeframe and are caught up on complaints that are received. She voiced that the Board is going to start the Enlightened Enforcement Project with DCA in the next two weeks to address backlogs of enforcement cases. Dr. Montez introduced and acknowledged new Board staff.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

#### Agenda Item 6: Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Melissa Gear provided a departmental update. She welcomed all the new Board members and new Board staff and introduced Yvonne Dorantes as the current Assistant Deputy Director of Board and Bureau Relations. She provided an update on the DCA Diversity, Equity, and Inclusion (DEI) Steering Committee, which was created to guide the department in its equity, strategy, initiatives, and action plans. The DEI Steering Committee held its first official kickoff meeting on November 9, 2022. In accordance with Governor Gavin Newsom's executive order, strategic plans in effect as of July 2023

and beyond must be developed or updated to more effectively advance equity and drive outcomes that increase opportunities for all. In response, DCA is revising its strategic planning processes to incorporate more inclusive public engagement, data analysis, and embedding diversity, equity, and inclusion into the strategic planning process. Ms. Gear provided an update on the Our Promise Campaign, in-person meeting guidelines, COVID-19 safety measures, and updated DCA travel guidelines. She commented that DCA will partner with the State Controller's Office (SCO) to share information with consumers and certain licensees about the unclaimed property program. Certain DCA licensees will benefit from this partnership as it will educate them about their responsibility to report unclaimed property and assist with compliance.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

#### Agenda Item 7: Budget Report

Karen Munoz and Jennifer Tompkins provided a report on the State Dentistry Fund, which the Board manages, for fiscal year (FY) 2022-23.

Secretary Molina noted that the Board has had quite a few vacancies that have been filled, which would reflect on the Board's budget in terms of the cushion that it has thus far and that would be decreasing over time. She inquired whether the Board had any plans on how it would address that.

Ms. Munoz replied that if the Board filled all its positions, the budget year item for \$19.7 million included the Board extending to its full budget. Normally, if a board becomes in danger of exceeding its appropriations, the DCA Budget Office (BO) would have a conversation with that board. Historically, there had been some reversion in the Board's appropriation annually. As the Board filled positions more aggressively this year, the BO would adjust the Board's current year projections, but its budget year in ongoing is expected to be expendable.

Board Member Angelita Medina noted that in FY 21/22, the Board had 8.6 months in reserve, and the projection for FY 25/26 is 5.7. She anticipated that there was a reason for that and asked whether there is a norm or a standard.

Ms. Munoz replied that a healthy fund has about three to six months in reserve. Most boards and bureaus have a 24 month that they can exceed, but the healthy reserve balance is around three months. Regarding Secretary Molina's inquiry to how the months in reserve would go from 8.6 to 5.7 in five years, she indicated that if the Board spent more than what it was bringing in, the months in reserve would decline. As BO identifies on a fund condition statement that Board revenues are going to remain static, but the expenditures are going to increase on that three percent, a natural decline in the fund condition would be seen. However, when BO does actuals or start projecting for the current year, that would decrease the Board's actual appropriation amount to what is spent in the current year. When actuals include any additional reimbursements

brought in and any savings or reversions that the Board found in that year, that might affect the months in the reserve and cause them to go up or change in out years.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

#### Agenda Item 8: Enforcement - Review of Statistics and Trends

Ryan Blonien provided the report, which is available in the meeting materials. Mr. Blonien voiced that they have dedicated a considerable amount of effort since the last Board meeting to onboarding new employees, including an inspector. He noted that with the addition of new staff, the Board is starting to move cases and would hopefully improve numbers.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

#### Agenda Item 9: Examinations

##### Agenda Item 9.a.: Report on Commission on Dental Competency Assessment, Western Regional Examining Board, and The Council of Interstate Testing Agencies (CDCA-WREB-CITA)

Paige Ragali provided a verbal report on CDCA-WREB-CITA updates. She vocalized that on October 13, 2022, Board staff met with Shayna Overfelt, Director of School Programs for CDCA-WREB-CITA, to clarify upcoming changes and ensure Board staff were aware of the impacts on their current processes. During the meeting, the following information and timeframe was clarified. As of December 31, 2022, WREB would no longer be offered as an examination for licensure. As the Board accepts successful WREB examinations within the 5 years preceding the date of the application, this currently does not impact the Board's processes, and the Board would continue to accept applications for licensure by WREB, as long as all eligibility requirements were met. The merger for CDCA-WREB-CITA had been completed, and the individual websites for each were being merged into one centralized website. CDCA-WREB-CITA representatives would notify Board staff once this had been finalized. Due to the new changes, Board staff would no longer need to verify applicants' eligibility to sit for the licensure exams, and schools would now be able to verify eligibility for each applicant. CDCA-WREB-CITA began to administer the exam at De La Salle University School of Dentistry with the first date scheduled in June of 2023. Ms. Overfelt advised that CDCA-WREB-CITA would like to continue to present at future Board meetings regarding updates and any other concerns or questions Board members or staff have.

Board Member Steven Morrow inquired whether the curriculum integrated format of the of the WREB-ADEX exam will be continued at schools or whether it will be discontinued. Ms. Ragali replied that Board staff did not have information on that matter but would look into it and provide an update.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 10: Licensing, Certifications, and Permits

Agenda Item 10.a.: Review of Dental Licensure and Permit Statistics

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

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 11: Substance Use Awareness

Agenda Item 11.a.: Diversion Program Report and Statistics

Bernal Vaba provided the report, which is available in the meeting materials. He noted that the next Diversion Evaluation Committee (DEC) meeting was scheduled for January 4, 2023.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 11.b.: Controlled Substance Utilization Review and Evaluation System Report

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

President Felsenfeld asked whether Mr. Blonien was suggesting that the Board would not get any more participants. Mr. Blonien replied that was correct and added that there are a number of providers who are getting out of prescribing controlled substances altogether.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 12.: Report on October 26, 2022 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee

Ms. Ragali provided the report, which is available in the meeting materials. A brief background on the Elective Facial Cosmetic Surgery Permit and Committee was provided.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 13: Discussion and Possible Action on Proposed Regulations

Agenda Item 13.a.: Discussion and Possible Action to Consider Comments Received During the 45-Day Comment Period and Proposed Responses Thereto for the Board's Rulemaking to Adopt California Code of Regulations (CCR), Title 16, Section 1066 Related to Dentists Initiating and Administering Vaccines

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David Bruggeman gave the report on this item, which is available in the meeting materials. This item concerns regulations related to the passage of AB 526, which was signed into law in October 2021. This rulemaking would make permanent the emergency regulations approved by the Board at its March 2022 meeting and filed with the Secretary of State's office on June 23, 2022. The emergency regulations will expire February 22, 2023.

Board staff prepared and filed a regular rulemaking package, which was noticed by the Office of Administrative Law on September 2, 2022. That began a 45-day comment period, which concluded October 18, 2022. There were no requests for a public hearing, but there were public comments submitted. The Board received a total of three public comments. The comments and proposed Board responses are in the meeting materials and included below.

**Comment 1:** Email dated September 2, 2022 from Dr. Betty Fong

**Comment Summary** – The commenter urged the Board to not adopt the regulations. The commenter considered the benefits of allowing dentists to administer vaccines to not outweigh the risks and there are “alternatives that are more effective”. The commenter believed that dentists should not be involved in the “unending and overbearing regulatory demands of on our health and relying on the CDC, which has shown poor decision-making in the covid pandemic.”

### **Staff Recommended Response**

Reject Comment. Dentists are currently authorized to independently prescribe and administer vaccines based on Business and Professions Code section 1625.6, and whether or not the Board adopts regulations will not change that authorization. Further, refusing to adopt regulations would only serve to create confusion and compliance issues for those dentists who choose to provide such services to the public. Regulations are the only legally prescribed method under the laws of this state (California Administrative Procedure Act) for setting the minimum training, recordkeeping and reporting requirements referenced in this proposal for all dentists that choose to administer vaccines.

**Comment 2** – Email dated September 6, 2022, from Dr. Wai Chan.

**Comment Summary** – The commenter applauded the Board's response to AB 526 by considering making changes to its regulations. The commenter raised a concern that the language of the proposed rule had not taken into consideration dentists who are volunteering their services in the Medical Reserve Corps (MRC) and retirees. The commenter thought the reporting and record keeping requirements would have undue burden on retired dentists and employee dentists who volunteer the vaccination services as a community service. The commenter would like volunteer dentists to be exempted from the vaccine recordkeeping requirements if the vaccinations are done in

public health facilities or sponsored by educational, public safety, and public health organizations and that the sponsored facilities/organizations are responsible for the reporting and record keeping.

### **Staff Recommended Response**

Reject Comment. The Board has no jurisdiction to require the organizations mentioned in this comment to report on or maintain vaccination records or to make the recommended exemption as suggested. BPC section 1625.6(b) requires the dentist to comply with all state and federal recordkeeping and reporting requirements and contains no exemptions. The Board's current regulatory proposal is consistent with that mandate. The Board notes, however, that this proposal does not prohibit a dentist from making whatever arrangements they deem necessary with any organization to assist them with meeting the proposed regulations in Section 1066 (d), (e), and (f) covering vaccine reporting and recordkeeping requirements.

**Comment 3** – Email dated September 8, 2022, from Dr. Antonio Bistrain.

**Comment Summary** – The commenter urged the Board to hold off on issuing regulations until lawsuits contesting the liability of vaccine administration are settled as the outcome of those suits could present a negative impact to all dentists due to increases in liability insurance.

### **Staff Recommended Response**

Reject Comment. As noted in the response to Comment 1, holding off on regulations would not affect the ability of dentists to administer vaccinations and refusing to adopt regulations would only serve to create confusion and compliance concerns within the regulated community. In addition, vaccine administration is a service that dentists may or may not choose to provide to patients.

Staff requested that the Board review the comments and either approve the proposed Board responses drafted by staff or provide revised responses.

President Felsenfeld began the Board discussion by noting that dentists are not required to provide vaccines under the law and the proposed regulations, but those dentists who would provide vaccines would be required to follow the law and the regulations.

Board Member Lilia Larin raised a concern that it was not clear in the regulations that dentists could make arrangement for other parties to handle the necessary vaccine paperwork at a volunteer vaccination event. It is included in the proposed Board response to Comment 2. In response, Kristy Schieldge noted that while arrangements can be made with other parties, it remained the responsibility of the dentist to ensure that the notification and documentation requirements in the regulations are met. Board

Member Larin expressed concern that the obligations on the dentist may discourage some from providing vaccines.

President Felsenfeld asked about how vaccine administration is done by pharmacists. Ms. Schieldge noted that they are under the same obligations as dentists are in these regulations. Board Member Larin expressed concern about scenarios outside of the dental office and believed this would be confusing for dentists.

Dr. Montez noted that the issue may be cleared up through messaging with licensees. Ms. Schieldge noted that these obligations are found in federal law, and the Board does not have authority to change the language with respect to federal obligations.

Board Member Yogita Thakur expressed similar concerns about the ability of dentists to adequately comply with recordkeeping requirements in volunteer settings. Ms. Schieldge noted that these requirements are based in federal law, and that the health care organizations or facilities running volunteer vaccine events would be subject to these same federal requirements. The records must be maintained in a readily retrievable format to ensure compliance with federal laws governing vaccine administration. However, the Board only has jurisdiction to regulate the activity of dentists, and not the organizations or facilities that would be administering the volunteer events.

Board Member Joanne Pacheco asked about the vaccine registry requirements. Ms. Schieldge advised that the proposed regulations are consistent with the underlying statute that requires the information to be entered into the California Department of Public Health's registry (the agency responsible for implementation of vaccine administration in this state) and the specific requirements of the California Department of Public Health, which maintains the vaccine registry. Board Member Rosalinda Olague noted that an organization she volunteers with does receive requests for patient records from health care provider volunteers who administered vaccine at events, and the foundation is obligated to provide those patient records to those providers. Board Member Yu noted that it is important to keep records for volunteer work.

President Felsenfeld summarized the overarching issue as making federal requirements specific to California dentists. Ms. Schieldge concurred, indicating the language is intended to parallel federal requirements and regulations for other California medical providers.

(M/S/C) (Morrow/Forge) to direct staff to proceed as recommended to reject the comments as specified and provide the responses to the comments as indicated in the staff recommended responses.

President Felsenfeld requested public comment before the Board acted on the motion. There was no public comment on this item.

President Felsenfeld called for the vote on the motion. Secretary Molina took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, Medina, Molina, Morrow, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstain: McKenzie.

Absent: None.

Recusals: None.

The motion passed:

Agenda Item 13.b.: Discussion and Consideration of Proposed Regulation to Adopt CCR, Title 16, Section 1066 Related to Dentists Initiating and Administering Vaccines

Mr. Bruggeman presented on this item and asked the Board to consider and approve a motion to direct Board staff to complete work on this rulemaking package and file it with the Office of Administrative Law.

(M/S/C) (Felsenfeld/Pacheco) to direct staff to take all steps necessary to complete the rulemaking process including the filing of the final rulemaking package with the Office of Administrative Law, authorize the Executive Officer to make any non-substantive changes to the proposed regulation and the rulemaking documents, and adopt the proposed regulations as described in the notice for 16 CCR section 1066.

President Felsenfeld requested public comment before the Board acted on the motion. There was no public comment on this item.

President Felsenfeld called for the vote on the motion. Secretary Molina took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstain: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 13.c.: Discussion and Possible Action to Consider Changes to Previously Proposed Text and Reauthorization of a Regular Rulemaking to Adopt Text at CCR, Title 16, Section 1006 to Implement AB 107 (Temporary Licensure for Military Spouses and Partners)

Mr. Bruggeman gave the report on this item, which is available in the meeting materials. Provisions of AB 107 (Chapter 693, Statutes of 2021) that will go into effect on July 1,

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2023, permit qualified military spouses and partners to apply for temporary licensure while they go through the process for permanent licensure. The temporary licenses would be valid for 12 months or until the Board approves or rejects an application for regular licensure. The Board had approved regulatory language to implement the law at its August 25-26, 2022 meeting. Board staff determined that changes were necessary to the language in order to:

- Better reflect the process for applying for permits or licenses with the Board and (if applicable) taking the relevant examination;
- Clarify that temporary licensure is intended for any license, permit, or other authority granted by the Board for an individual to engage in a profession regulated by the Board; and
- Clarify that temporary licensure for permits that require the possession of a dental license from the Board or physician and surgeon license from the Medical Board is conditional on the applicant applying for or obtaining that underlying license.

The specific changes to the proposed regulatory text are summarized below.

1. Add a definition of “license” to section 1006(a) to make the regulations specific to the types of licenses and permits issued by the Board for dentists and dental auxiliaries.
2. Add a definition of “affiliated permit” to section 1006(a) to cover the surgical and sedation and anesthesia permits issued by the Board.
3. Add a definition of “successfully complete” to section 1006(a) to ensure that applicants for temporary dentist licenses taking the California Law and Ethics Examination achieve a criterion-referenced passing score.
4. Revise section 1006(b)(6) to describe the process for submitting fingerprints to the Board for a criminal history records (background) check.
5. Revise section 1006(b)(7) to note that applicants for temporary licensure as dentists will be the only applicants for temporary licensure to take the California Law and Ethics Exam. The process for applicants to take the exam is outlined in the new language. Applicants would only take the exam once the Board has determined that their application meets preliminary requirements for temporary licensure so that dental applicants may be prescreened for eligibility for this license prior to incurring costs to take the Board’s law and ethics examination. Since the law and ethics portion of the Registered Dental Assistant (RDA) examination is not severable from the Board’s written examination, the prior approved text requiring RDAs to take the law and ethics examination portion of the RDA examination was dropped from this proposal.

6. Add new section 1006(c) to describe the process a dentist applicant must follow to take the California Law and Ethics examination.
7. Add new section 1006(d) to describe the process an applicant must follow to submit fingerprints to the Board.
8. Add new section 1006(e) to note the conditions required for the Board to grant the temporary license to an applicant and any possible grounds for denial.
9. Add new section 1006(f) to state that applicants seeking a temporary license to practice under an “affiliated permit” as defined in this section that requires a dentist license or a physicians and surgeon’s license prior to issuance of the permit will not receive that affiliated permit until they have received a temporary dental license from the Board or have obtained a license from the Medical Board of California, as applicable.
10. Re-letter previous section 1006(c) to 1006(g) and revise the effective date of the regulations to account for the possibility that the regulations are not approved soon enough to have an effective date of July 1, 2023.

Ms. Schieldge requested that the following additional non-substantive edits be made:

- At the end of subsection (a)(8), add the words “of the Code” to clarify that the sections are of the Business and Professions Code.
- In subsection (b)(7), change the word “examinations” to “examination”, as there is only one California law and ethics exam that will be required of applicants for temporary licensure.
- At the end of subsection (f)(1), add the words “of the Code” for the same reasons the change is being made to subsection (a)(8).
- End subsection (f)(2) at the end of the first sentence. All of the remaining text will become new subsection (g), and what was subsection (g) will be re-lettered as subsection (h).

President Felsenfeld indicated that any non-substantive changes would be accepted by the Board through language in the motion it eventually takes on this language that delegates authority to the Executive Officer to make non-substantive changes to the text.

Board Member Steven Chan asked about continuing education requirements, and Ms. Schieldge noted that continuing education coursework would not be required for the temporary licenses, but that those seeking temporary licensure would have a comparable license from another jurisdiction. Board Member Chan asked for clarification about affiliated permits. Ms. Schieldge noted that if the applicant cannot demonstrate that their license or permit in another jurisdiction covers the same scope as the California equivalent, then they would not qualify for temporary licensure.

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(M/S/C) (Felsenfeld/McKenzie) to rescind the Board's prior August 25, 2022 motion and approve the proposed revised regulatory text with the revised text for Section 1006 in Attachment 2 and submit the 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 text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as described in the text notice for 16 CCR section 1006.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Sherry Becker from the California Dental Assistant Association asked for confirmation that these regulations applied to RDAs and received it.

President Felsenfeld called for the vote on the motion. Secretary Molina took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstain: None.

Absent: None.

Recusals: None.

The motion passed.

#### Agenda Item 14: Update and Discussion on Proposed Regulations not Requiring Board Action

Mr. Bruggeman provided the report, which is available in the meeting materials. Mr. Bruggeman mentioned that besides the two packages discussed at this meeting, there are seven other packages that the Board has in various stages of activity. Of those seven, the main one that moved since the last meeting was the consolidated continuing education (CE) package, which was filed with the Office Administrative Law (OAL) and approved by the Secretary of State on September 7, 2022. Those regulations, which are specific to changes relating to how volunteer hours are credited for CE as well as the new requirement for a mandatory course in the consequences of prescribing Schedule II opioids, would go into effect on January 1, 2023. The other packages described in the memorandum were still in process, and there had not been a forward motion since the August Board meeting.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 15: Recess Open Session Until November 18, 2022, at 9:00 a.m.

President Felsenfeld announced that in accordance with Government Code section 11126.3, subdivision (d), in addition to the items on the agenda to be discussed during closed session, the Board also would discuss in closed session pending litigation regarding EEOC Charge No. 555-2021-00227 and recessed Open Session at 2:48 p.m.

Agenda Item 16: Convene Closed Session

At 3:12 p.m., the Board convened Closed Session.

Agenda Item 17: Pursuant to Government Code Section 11126(e)(1) and (2)(A), the Board will Confer with and Receive Advice from Legal Counsel and Deliberate Regarding *Sulitzer, et al. v. Tippins et al.*, United States District Court, Central District of California, Western Division, Case No. 2:19-cv-08902-GW-MAA

The Board convened in Closed Session to discuss a pending litigation matter.

Pursuant to Government Code section 11126.3, subdivision (d), the Board additionally discussed pending litigation regarding EEOC Charge No. 555-2021-00227.

Item 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

The Board convened in Closed Session to discuss disciplinary matters.

Agenda Item 19: Adjourn Closed Session

President Felsenfeld adjourned Closed Session at 4:11 p.m.

**9:00 a.m., Friday, November 18, 2022**

Agenda Item 20: Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

President Felsenfeld called the meeting to order at 9:03 a.m. Secretary Molina called the roll; 12 Board Members were present, and a quorum was established.

Agenda Item 21: President's Report on Closed Session Items

President Felsenfeld provided a verbal report to the Board regarding closed session items. He reported the Board met in closed session to discuss two pending litigation matters and one pending disciplinary matter.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 22: Anesthesia

Agenda Item 22.a.: General Anesthesia and Conscious Sedation Permit Evaluations Statistics

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

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 22.b.: Update Regarding Board Implementation of SB 501 (Glazer, Chapter 929, Statutes of 2018)

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

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 22.c.: Discussion and Possible Action Regarding Appointment of General Anesthesia and Moderate Sedation Evaluators

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

(M/S/C) (Chan/Yu) to appoint the existing general anesthesia evaluators, who meet the qualifications of CCR, title 16, section 1043.2 for moderate sedation inspection and evaluation, as evaluators for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Dr. Guy Acheson, general dentist, voiced that he had serious concerns about access to care because of the cancellation of all the existing moderate sedation evaluators during this transition period. He stated that Dr. Bruce Witcher, previous Board member, shepherded the whole office evaluation program from the very beginning and virtually at every meeting, was bemoaning the lack of evaluators and the difficulty in getting cases scheduled because of the lack of evaluators. Dr. Acheson continued that being that the previous moderate sedation evaluations usually required a team of two, one being general anesthesia and the other being moderate sedation, there would now have to be moderate sedation teams that are both general anesthesia permit holders. He verbalized that he did not see how the mechanics of this would work over this transition period and saw it as being a problem getting moderate sedation permittees permitted. Dr. Acheson indicated that he did not conceptually understand why existing moderate sedation evaluators could not continue this program for a while, as there was nothing about the requirements for moderate sedation that exceeds any moderate sedation evaluator that was a conscious sedation evaluator, meaning IV sedation. It was his understanding that the new moderate sedation permit included people that use just oral sedation to a moderate level and were not part of the conscious sedation evaluation pool. He believed

access to care was a problem and did not see a reasonable way that the Board could expand its general anesthesia pool and stay on track.

President Felsenfeld called for the vote on the motion. Secretary Molina took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Chan) to appoint Dr. Jay Fedorowicz as an evaluator for the general anesthesia onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Molina took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 22.d.: Discussion and Possible Action on Legislative Proposal to Add Business and Professions Code (BPC) Sections 1647.35 and 1647.36 and Amend BPC Sections 1647.35 and 1647.36 Related to Pediatric Minimal Sedation Permit  
Ms. Olney provided the report, which is available in the meeting materials.

(M/S/C) (Felsenfeld/Morrow) to include in the Board's Sunset Review Report a recommendation to the California State Legislature to add BPC sections 1647.35 and 1647.36 and amend sections 1647.35 and 1647.36, to include continuing education requirements and establish the expiration date of the PMS permit.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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President Felsenfeld called for the vote on the motion. Secretary Molina took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 23: Legislation – Update, Discussion, and Possible Action on:

Agenda Item 23.a.: 2023 Tentative Legislative Calendar – Information Only

Mr. Bruggeman provided an overview of the 2023 Tentative Legislative Calendar, which is available in the meeting materials. Mr. Bruggeman stated that the Governor had called a special session of the Legislature on December 5, 2022. The legislative business that would concern the Board would commence in earnest at the beginning of January of 2023. The Board's opportunities to make comments on legislation working through the Legislature would come most likely at its February and May Board meetings, as bills are introduced and moved through their houses of origin. From the first half of the year into the summer, any bills that are passed and go into the additional house, the Board would have already been in a position to weigh in on those bills through votes and letters of support or opposition depending on the Board's stance and make its input known to the relevant bodies at that time. The Legislature was scheduled to run until the middle of September of 2023, at which point any legislation that had not passed by then could conceivably carry over into the next year.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 23.b.: 2021-2022 End of Session Legislative Summary Report

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

(M/S/C) (Medina/Larin) to adopt the attached Legislative Summary for End of 2021-2022 Legislative Session and direct staff to post the report on the Board's web site.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Molina took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 24: Discussion and Possible Action on Legislative Proposal to Amend BPC Sections 1752.1, 1752.4, and 1907 and Repeal BPC Section 1752.6 Related to Registered Dental Hygienist Application Requirements to Obtain a Registered Dental Assistant License and Permitted Duties

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

Tara Welch asked for confirmation from Mr. Lum, given the concerns raised he raised on behalf of the Dental Hygiene Board of California (DHBC) at the DAC meeting, that the Board had successfully addressed their concerns in the legislative proposal before the Board today. Mr. Lum replied that everything had been addressed, the amendments they had proposed were accepted, and he thanked the Board for the opportunity to collaborate with Mr. Bruggeman and Board staff in amending this language.

President Felsenfeld requested public comment on this item.

Ms. Randolph, representing CADAT, noted that they recognize the need for cleanup language, as it has been confusing for years on what a hygienist would have to do to become an RDA. She voiced there are a couple of things in this specific language that would have direct negative repercussions on dental assistants. CADAT knows that there is going to be a couple of bills coming forward, one sponsored by the California Dental Association (CDA), and one sponsored by another organization in this next legislative cycle that are going to address regulatory language having to do with utilization of dental auxiliaries.

Ms. Randolph stated that they have an issue with removing the term “board-approved” from the two-hour course in the Dental Practice Act (DPA) and eight-hour course in infection control (IC) in BPC section 1752.1, subdivision (d)(3) and (4). As that is a huge change to dental assistants, this change would indicate that dental assistants would no longer have to take a board-approved course in IC. Ms. Randolph indicated that the specific board-approved course in IC has didactic and lab requirements; therefore, taking out the words “board-approved” would mean that an unlicensed dental assistant could take any course in IC that would have nothing having to do with specific didactic or lab requirements. Ms. Randolph stated the other issue they saw was in taking away the requirement to prove to the Board that they have completed the pit and fissure sealants certification requirement. This is problematic due to the fact that there are many unlicensed dental assistants or licensed dental assistants engaging in illegal



functions. She expressed that CADAT strongly suggested that the Board keep RDAs having to prove that they have taken the pit and fissure sealant course when they renew their license, and they oppose striking BPC section 1752.6.

Ms. Shari Becker, California Dental Assistants Association (CDAA), concurred with the comments made by Ms. Randolph and expressed concern with some of the requirements coming to the Board for proof of courses being put back onto the supervising dentists for documentation. CDAA feels that should be part of the Board's responsibility.

Ms. Zena Delling concurred with Ms. Randolph and Ms. Becker on this matter and asked if a hygienist who has their RDA license will be practicing RDA functions. She stated that would be a concern of hers because she is uncertain whether they would be qualified to do their duties if they are not practicing RDA functions.

Ms. Welch clarified that with respect to the concern about removing the requirement for a board-approved course, the Board is removing "board-approved" in section 1752.1, subdivision (d)(3) (4), and "board-approved" would be applied under subdivision (d), line four, to all courses listed under subdivision (d); DPA and IC would be included in that list. With respect to deleting section 1752.6, Ms. Welch reported that that is an old requirement that was intended to address requirements as of January 1, 2010, trying to get RDAs who were registered prior to that date to submit pit and fissure sealant course completion prior to their first expiration of a renewal. As this is an old requirement, those RDAs who were previously registered before January 1, 2010, were required to submit their proof of pit and fissure sealant on their renewal.

Ms. Randolph stated that RDAs who become licensed on and after January 1, have to show proof that they have taken the pit and fissure sealant course. RDAs licensed prior to 2010 are not required to do sealants; RDAs who obtain their license after 2010 have to show proof to the Board that they completed the pit and fissure sealant course on their second license renewal as part of their CEs. She stated that this is a current law that is relevant.

Ms. Welch replied that she would either want to look further into this issue or not repeal it momentarily. If the Board was inclined to approve this legislative proposal, she requested that the Board not include a repeal of section 1752.6; Legal Counsel could look into it and bring this issue back to the Board at a later meeting if it was necessary to repeal. She noted one other issue that was brought up with respect to putting responsibility on the supervising dentist for ensuring completion of courses. At this time, Board staff is tasked with reviewing course certificates and issuing subsequent registrations that identify the course certificates that the RDAs have completed. The Board is not currently authorized to charge for these services and is not reimbursed for this time. Board staff believe a supervising dentist is better situated to review these course certificates and ensure that the dental assistant has completed the courses as

required under the statute prior to authorizing that employee to perform services on patients.

Ms. Randolph thanked Ms. Welch for her clarification.

(M/S/C) (Olague/Forge) to include, in the Board's next Sunset Review Report, a recommendation to amend Business and Professions Code sections 1752.1, 1752.4, and 1907 as written in the attached text, without repealing section 1752.6, to clarify the application requirements of an RDH to obtain an RDA license and educational requirements to perform additional RDA duties.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Dr. Acheson commented on the shifting the responsibility for an RDA to show proof of having completed a course or any requirement to the supervising dentists as opposed to the Board. He shared he had personal knowledge of many dentists who are not following those guidelines or exhibiting that level of organizational management of their staff and had great concern about this unless the Board has a way to verify that the dentist is accomplishing this. However, that would just create twice as much work as if the Board simply required the submission of a course completion certificate.

Ms. Becker, CDAA representative, agreed with previous comments and wanted confirmation that the repealed section was not being added in the motion. President Felsenfeld replied that the motion did not include repeal.

Ms. Randolph, CADAT representative, agreed with the previous comment about dentist supervision. She saw many instances where dentists were not following through and ensuring that the assistants are licensed appropriately.

Ms. Delling agreed with Dr. Acheson's comments and stated it was refreshing to hear that a doctor understood the fight of educators. Ms. Delling also agreed with Ms. Randolph regarding this situation.

Ms. Welch commented that section 1752.6 currently requires an RDA on or after January 1, 2010, to provide evidence of successful completion of board-approved course in the application of pit and fissure sealants prior to the first expiration of his or her license renewal. BPC section 1752.4, subdivision (b), states that an RDA may only perform the following additional duties if he or she has completed a board-approved RDA education program in those duties, and subdivision (b)(4), lists the application of pit and fissure sealants. She believed that additional board-approved course in pit and fissure sealants is covered under section 1752.4, subdivision (b)(4). Ms. Welch stated that by now, anyone who had been registered since January 1, 2010, as a dental assistant should have completed the pit and fissure sealant course, as the only way they can continue to do pit and fissure sealants is by complying with section 1752.4,

subdivision (b)(4). That is the course requirement that section 1752.6 was intended to convey – everyone who had registered before 2010 had to complete that course now, but anyone who has been issued a registration since then has already had to come into compliance with section 1752.6, as that was their first renewal after the passage of that law. Now, section 1752.4, subdivision (b)(4), applies to everyone else who is registering and wanting to perform additional duties of pit and fissure sealants. With respect to Dr. Acheson's concern about the Board having a way to verify a dentist is ensuring compliance with course completion, Ms. Welch indicated that a dentist who is not complying with the law could have their dental assistants perform these procedures regardless of whether or not they completed the required courses. She further clarified that the Board verifies whether or not dentists and their employees are properly complying with the law through inspections. Therefore, having these dental assistants submit their course certificates and review them does not serve any better purpose than the supervising dentists reviewing them because they are either going to comply with the law or they are not. The only way the Board is going to know later that there was non-compliance is when a complaint is filed or there is a random inspection.

President Felsenfeld asked for clarification whether Ms. Welch was suggesting that the repeal of that last section was still appropriate. Ms. Welch replied that the repeal was appropriate because section 1752.4, subdivision (b)(4) maintains the requirement to complete a board-approved pit and fissure sealant course to perform that extra duty.

Ms. Randolph commented that section 1752.4, subdivision (b), states that RDAs can only perform the items listed in (1), (2), and (3) if they take an extra course in those duties. Therefore, an RDA who becomes an RDA after 2010 has to complete a sealant course as a requirement of their CE. Per section 1752.4, subdivision (b)(1), (2), and (3), RDAs have to complete a course if they want to do those duties. Ms. Randolph noted that section 1752.4, subdivision (b)(4), is forcing RDAs who become an RDA after 2010 to take a sealant course, and section 1752 is merely requiring them to prove that via their certification. She voiced that sealants is not an automatic duty of all RDAs when they become an RDA after 2010.

Ms. Welch replied that when she looked at section 1752.6, that requirement for CE was to be taken prior to the first expiration of the license. Ms. Randolph replied in which CE is required, which is their actual second renewal. Ms. Welch replied that is one time, and it is not an ongoing CE requirement. Ms. Randolph replied that when they show CE units the first time, it has to include a pit and fissure sealant certification. Ms. Welch asked whether under section 1752.4, they would already have to have taken the pit and fissure sealant course to perform that duty; if they are not performing that, why would the Board require them to take this course. Ms. Randolph replied that they are required to take the sealant course by their second license renewal, and section 1752 was simply saying that because they are required to do that, they have to show proof of that to the Board on their license.

Ms. Olney clarified that a dental assistant who is applying for a license is not required to submit proof of pit and fissure sealants. They can be issued a license without that certificate, and it is not required until their first renewal where they must complete CE, which is usually their second renewal. At that point, the BreEZe system is set up to look for that identifier on their license. She affirmed that the reason Board staff was asking to repeal section 1752.6 was due to the fact that the Board is not able to charge a fee for reviewing and making the amendments to the license. These are additional duties that are taken on by Board staff who have to review the certificates sent to the office and update the license so that it shows that the RDA has taken that pit and fissure sealant course.

Dr. Acheson commented that if at the second renewal, the certificate is required to be sent into the Board, that takes care of his concern regarding the dentist being required to verify that an assistant has completed the approved dental pit and fissure sealant course, as opposed to Board staff verifying it. However, if that certificate is not required to be sent to the Board and is the requirement of the supervising dentist, then he had significant problems with that, as an investigation by the Board is only generated by a complaint.

Ms. Becker was saddened to hear that the repeal for 1752.6 had been brought forth due to staff shortage and finances of the Board. She disclosed that if the Board need more money to do due diligence of the Board, then those fees need to be passed along somehow.

(M/S/C) (Olague/Forge) to amend the motion to include, in the Board's next Sunset Review Report, a recommendation to amend Business and Professions Code sections 1752.1, 1752.4, and 1907 and repeal section 1752.6 as written in the attached text to clarify the application requirements of an RDH to obtain an RDA license and educational requirements to perform additional RDA duties.

President Felsenfeld called for the vote to amend the motion. Secretary Molina took a roll call vote on the amendment.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The amendment passed.

(M/S/C) (Olague/Forge) to include, in the Board's next Sunset Review Report, a recommendation to amend Business and Professions Code sections 1752.1, 1752.4, and 1907 and repeal section 1752.6 as written in the attached text to clarify the

application requirements of an RDH to obtain an RDA license and educational requirements to perform additional RDA duties.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Molina took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

#### Agenda Item 25: Dental Assisting Council Meeting Report

Ms. Jeri Fowler, Chair of the DAC, provided a verbal report on the November 17, 2022 DAC meeting. Ms. Fowler advised the Board regarding DAC discussion of DAC meeting agenda items 2 through 9.

President Felsenfeld requested public comment on this item. The Board received public comment.

Ms. Allison Wagstaff, speaking on behalf of the California Dental Hygienists' Association (CDHA), commented on agenda item 6 of the November 17, 2022 DAC meeting. She thanked Ms. Fowler for acknowledging their letter of opposition and was heartened to hear that the DAC and the Board's highest priority is patient safety in considering the expansion of scope of duties to allow registered dental assistants in extended functions (RDAEFs) to administer local anesthesia and nitrous oxide oxygen sedation. As detailed in their letter of opposition with the California Dental Hygiene Educators' Association (CDHEA), registered dental hygienists (RDHs) undergo significant educational requirements both as program pre-requisites and during their RDH associates or bachelor's programs. She voiced that they are eager to hear the results of the Office of Professional Examination Services (OPES) report at the February DAC meeting.

At 10:30 a.m., the Board recessed for a break.

At 10:47 a.m., the Board reconvened.

#### Agenda Item 26: Report on Dental Hygiene Board of California Activities

Mr. Anthony Lum, Executive Officer of the DHBC, provided a verbal report on their activities.

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Board Member Morrow asked whether it was correct that the DHBC had decided to eliminate the need of a licensing examination involving a patient for licensure in California as a dental hygienist.

Mr. Lum responded that what they determined and voted to approve was to eliminate any clinical exam requirement for California graduates if they apply for the license within three years. Board Member Morrow asked if that is based on the fact that those schools are all approved by the Commission on Dental Accreditation (CODA). Mr. Lum replied that all the schools are CODA accredited and additionally teach on a competency-based level; therefore, the clinics are deemed that they teach at a high level to prevent the need for a clinical exam. Board Member Morrow commended the DHBC for taking that step and asked whether there were any other state hygiene boards doing the same. Mr. Lum replied that the DHBC has not had the time to do research on this issue.

President Felsenfeld requested public comment on this item. The Board received public comment.

Ms. Becker asked for clarification on whether Carrington College's Dental Hygiene program is CODA approved. Mr. Lum replied that Carrington College has two campuses, one in San Jose and one in Sacramento, which are both CODA accredited

#### Agenda Item 27: Discussion on Prospective Legislative Proposals

Mr. Bruggeman introduced the report, which is available in the meeting materials. There were no stakeholder proposals submitted to the Board.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

#### Agenda Item 28: Election of 2023 Board Officers

Dr. Montez facilitated the election. She opened the floor for nominations for the position of Board Secretary.

Board Member Chan nominated Board Member Larin to be 2023 Board Secretary. President Felsenfeld seconded the nomination. Board Member Larin accepted the nomination. There were no additional nominations for Board Secretary.

Dr. Montez called for the vote on the nomination of Board Member Larin to be 2023 Board Secretary. Mirela Taran took a roll call vote on the nomination.

Ayes: Chan, Felsenfeld, Forge, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: Larin.

Absent: None.

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Recusals: None.

The nomination passed. Board Member Larin was elected 2023 Board Secretary.

Dr. Montez opened the floor for nominations for the position of 2023 Board Vice President. Board Member Pacheco and Secretary Molina each accepted the nomination.

(M/S/C) (Felsenfeld/Chan) to approve this slate of two nominees for 2023 Board Vice President.

Dr. Montez called for the vote on the motion. Ms. Taran took a roll call vote on the motion.

Pacheco: Chan, McKenzie, Olague, Pacheco, Yu.

Molina: Forge, Larin, Medina, Molina.

Abstain: Felsenfeld, Morrow, Thakur.

No nominee was elected, as the Board needs a minimum of 7 votes to elect a nominee.

Dr. Montez called for a second vote on motion. Ms. Taran took a roll call vote on the motion.

Pacheco: Chan, Felsenfeld, McKenzie, Morrow, Olague, Pacheco, Thakur, Yu.

Molina: Forge, Larin, Medina, Molina.

The motion passed. Board Member Pacheco was elected as 2023 Board Vice President.

Dr. Montez opened the floor for nominations for the position of 2023 Board President. Board Member Meredith McKenzie nominated President Felsenfeld. Board Member Olague seconded the nomination. President Felsenfeld accepted the nomination. In addition, Board Member Pacheco nominated Vice President Yu. Vice President Yu declined the nomination.

(M/S/C) (McKenzie/Medina) to elect President Felsenfeld to be 2023 Board President. Mirela Taran took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. President Felsenfeld was elected 2023 Board President.

Agenda Item 29: Adjournment

President Felsenfeld adjourned the meeting at 11:12 a.m.

\*Due to audio connectivity issues, Board Member Thakur was not able to verbally state that she was present.





## MEMORANDUM

<b>DATE</b>	January 13, 2023
<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.:</b> Board President Report

### **Background**

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

### **Action Requested**

No action requested.



DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

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MEMORANDUM

<b>DATE</b>	January 13, 2023
<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.:</b> Executive Officer Report

**Background**

Dr. Tracy Montez, Executive Officer of the Dental Board of California, will provide a verbal report.

**Action Requested**

No action requested.



## MEMORANDUM

<b>DATE</b>	February 6, 2023
<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> Update on Board Member Committee Assignments 2023

### Background

Pursuant to Business and Professions Code (BPC) section 1601.1 and the Dental Board of California (Board) Administrative Policy and Procedure Manual, the Board shall be organized into standing committees pertaining to examinations, enforcement, and other subjects the Board deems appropriate.

Committees meet when they have issues to be considered and make recommendations to the full Board.

The Board President and/or Committee Chair, in consultation with the Executive Officer, may appoint a two-person subcommittee at any time as deemed necessary.

The statutory and standing committees are as follows:

- Diversion Evaluation Committees (Northern and Southern) (BPC section 1695.2)
- Elective Facial Cosmetic Surgery Permit Credentialing Committee (BPC section 1638.1)
- Enforcement Committee (BPC section 1601.1)
- Examination Committee (BPC section 1601.1)

Former specific needs committees are as follows:

- Access to Care Committee
- Anesthesia Committee
- Executive Committee
- Legislative and Regulatory Committee
- Licensing, Certification, and Permits Committee
- Substance Use Awareness Committee

Agenda Item 6: Update on Board Member Committee Assignments 2023  
Dental Board of California Meeting  
February 9-10, 2023

Page 1 of 2

## **Update**

Board President, Dr. Alan Felsenfeld and Executive Officer, Tracy Montez collaborated to establish committees for 2023. Members were given the opportunity to identify on which committees they would like to serve. Committee assignments will be posted on the Board's webpage.

For 2023, the following committees have been populated:

- Access to Care Committee – Dr. Larin (chair) and Dr. Thakur
- Anesthesia Committee – Dr. Felsenfeld (chair) and Dr. Chan
- Enforcement Committee – Ms. Pacheco (liaison to the Enlighten Enforcement Project)
- Licensing Examination, Certification and Permits Committee – Dr. Yu (chair) and Dr. Forge
- Legislative and Regulatory Committee – Ms. McKenzie (chair) and Dr. Molina
- Substance Use Awareness Committee – Ms. Olague (chair) and Ms. Medina
- Sunset Review Report Committee – Ms. Pacheco (chair) and Dr. Chan

## **Action Requested**

No action is requested.

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## MEMORANDUM

<b>DATE</b>	January 13, 2023
<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 7.:</b> Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

### **Background**

Ms. Judie Bucciarelli, Board and Bureau Relations of the Department of Consumer Affairs representative, will provide a verbal report.

### **Action Requested**

No action requested.

Agenda Item 7.: Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters  
Dental Board of California Meeting  
February 9-10, 2023



## MEMORANDUM

<b>DATE</b>	January 13, 2023
<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 9.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, 2023”

### **Background**

Carl Sonne, Senior Assistant Attorney General, will provide an update and presentation on 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, 2023. The Attorney General's Annual Report is attached. Please refer to page 22 of the attachment for the report on the Dental Board of California.

### **Action Requested**

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, 2023**

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

**January 1, 2023**

## **EXECUTIVE SUMMARY**

This is the sixth 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 2021-22. 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 2021-22, 59 percent 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, 2,882 accusation referrals were received from the Department of Consumer Affairs' client agencies. All matters were adjudicated. However, six percent of accusation referrals to the Office of the Attorney General were rejected, and 11 percent required further investigation.

The Office of the Attorney General adjudicated 2,372 accusation referrals during Fiscal Year 2021-22. The accusations adjudicated were referred to this office in Fiscal Year 2021-22 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. Alternatively, multiple adjudications may occur when a client agency exercises its discretion to reject an original adjudication. Fifty-five percent of the total adjudications were by stipulated settlement, 27 percent by default, 14 percent by administrative hearing, and 3 percent resulted from withdrawal of accusations by the agencies.<sup>1</sup>

## **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. The Licensing Section and the Health Quality Enforcement Section 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

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<sup>1</sup> This report's information is provided against the backdrop of the COVID-19 pandemic in Fiscal Years 19-20, 20-21, and 21-22.

programmatic issues. Each section's legal staff also provide training for the Department of Consumer Affairs Division of Investigation, agency investigators, and agency staff.

Both sections prosecute licensing matters, including accusations (license disciplinary charges), which comprise 59 percent of their combined caseload. The balance of 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 or statements of issues.

### 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. 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.

Currently, 19 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. 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. However, 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. The Medical Board and the Board of Podiatry prioritize their complaints under Business and Professions Code section 2220.05 and 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, and/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 or a respondent fails to appear at their hearing, 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. 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. However, the agency may opt to reduce or increase 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 has been rendered, 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 re-referred 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 has 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 2021 Annual Report of the California Department of Consumer Affairs, containing data from Fiscal Year 2020–21, or otherwise verified by the licensing agency. The report can be found online at: [https://www.dca.ca.gov/publications/2021\\_annrpt.pdf](https://www.dca.ca.gov/publications/2021_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. 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 67,610 licensees in Fiscal Year 2020–21, 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 16 percent of the board’s accusation cases referred to the Office of the Attorney General in Fiscal Year 2021–22. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	28
(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.	2
(5) accusations filed.	30
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	42

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.	134	120	78	33
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	126	126	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	205	184	131	31
(4) from the filing of an accusation to when a default decision is sent to the agency.	59	66	11	5
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	140	103	85	6
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	112	71	91	4

## California Acupuncture Board

The California Acupuncture Board regulated 12,942 licensees in Fiscal Year 2020-21, 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 2021-22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	9
(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.	7
(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.	109	104	68	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.	421	490	113	3
(4) from the filing of an accusation to when a default decision is sent to the agency.	202	202	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	207	207	30	2
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

## California Architects Board

The California Architects Board regulated 22,013 licensees in Fiscal Year 2020–21, 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 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	2
(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.	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.	92	86	41	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.	302	302	57	4
(4) from the filing of an accusation to when a default decision is sent to the agency.	307	307	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	223	223	0	1
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	0	0	0	0

## California State Athletic Commission

The California State Athletic Commission regulated 1,033 licensees in Fiscal Year 2020–21 with eight license types. The commission referred two matters to the Office of the Attorney General in Fiscal Year 2021–22, 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 2021–22.



## Bureau of Automotive Repair

The Bureau of Automotive Repair regulated 70,104 licensees in Fiscal Year 2020–21, 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 referred to the Office of the Attorney General in Fiscal Year 2021–22. 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 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	200
(2) accusation matters rejected for filing by the Attorney General.	1
(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.	2
(5) accusations filed.	162
(6) accusations withdrawn.	3
(7) accusation matters adjudicated by the Attorney General.	235

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	90	57	175
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	146	146	16	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	236	222	185	96
(4) from the filing of an accusation to when a default decision is sent to the agency.	76	54	61	63
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	95	71	55	57
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	183	156	171	49

## Board of Barbering and Cosmetology

The Board of Barbering and Cosmetology regulated 615,304 licensees in Fiscal Year 2020–21 with 11 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 21 percent of the board’s accusation cases referred to the Office of the Attorney General in Fiscal Year 2021–22 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 2021–22.

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.	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.	0
(5) accusations filed.	21
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	13

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.	155	156	63	12
(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.	328	316	72	5
(4) from the filing of an accusation to when a default decision is sent to the agency.	80	69	45	7
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	125	114	64	4
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	0	0	0	0

## Board of Behavioral Sciences

The Board of Behavioral Sciences regulated 125,928 licensees in Fiscal Year 2020–21 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 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	39
(2) accusation matters rejected for filing by the Attorney General.	0
(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.	3
(5) accusations filed.	35
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	41

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	60	53	40
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	130	127	60	3
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	200	194	108	25
(4) from the filing of an accusation to when a default decision is sent to the agency.	70	68	41	9
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	96	73	69	10
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	134	124	65	6

## Cemetery and Funeral Bureau

The Cemetery and Funeral Bureau regulated 13,079 licensees in Fiscal Year 2020–21 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 78 percent of the bureau’s accusation cases referred to the Office of the Attorney General in Fiscal Year 2021–22 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 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	19
(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.	9
(6) accusations withdrawn.	0
(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.	194	146	112	6
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	57	57	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	611	611	0	1
(4) from the filing of an accusation to when a default decision is sent to the agency.	39	35	9	4
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	288	288	134	2
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	203	203	82	2

## Board of Chiropractic Examiners

The Board of Chiropractic Examiners regulated 18,183 licensees in Fiscal Year 2020–21 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 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	64
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	16
(4) accusation matters for which further investigation was received by the Attorney General.	8
(5) accusations filed.	57
(6) accusations withdrawn.	3
(7) accusation matters adjudicated by the Attorney General.	44

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	66	102	40
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	296	325	145	5
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	274	220	203	19
(4) from the filing of an accusation to when a default decision is sent to the agency.	65	43	43	13
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	67	66	27	11
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	178	190	47	8

## Contractors State License Board

The Contractors State License Board regulated 308,858 licensees in Fiscal Year 2020–21 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 22 percent of the board’s accusation cases referred to the Office of the Attorney General in Fiscal Year 2021–22 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 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	353
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	17
(4) accusation matters for which further investigation was received by the Attorney General.	10
(5) accusations filed.	211
(6) accusations withdrawn.	11
(7) accusation matters adjudicated by the Attorney General.	241

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.	106	77	95	193
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	182	104	148	16
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	288	256	188	75
(4) from the filing of an accusation to when a default decision is sent to the agency.	86	45	115	117
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	135	110	123	54
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	188	139	128	25

## Court Reporters Board of California

The Court Reporters Board of California regulated 5,854 licensees in Fiscal Year 2020–21, 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 2021–22.

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.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	3
(6) accusations withdrawn.	1
(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.	84	83	58	4
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	145	145	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	158	158	0	1
(4) from the filing of an accusation to when a default decision is sent to the agency.	44	44	11	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	43	43	0	1
(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 203,575 licensees in Fiscal Year 2020–21, with 22 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 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	115
(2) accusation matters rejected for filing by the Attorney General.	2
(3) accusation matters for which further investigation was requested by the Attorney General.	9
(4) accusation matters for which further investigation was received by the Attorney General.	10
(5) accusations filed.	109
(6) accusations withdrawn.	9
(7) accusation matters adjudicated by the Attorney General.	99

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.	64	43	68	95
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	163	138	105	8
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	297	285	174	59
(4) from the filing of an accusation to when a default decision is sent to the agency.	77	63	63	21
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	128	101	88	34
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	108	106	50	7



## Dental Hygiene Board of California

The Dental Hygiene Board of California regulated 18,859 licensees in Fiscal Year 2020–21, 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 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	16
(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.	14
(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.	91	107	34	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.	135	112	96	4
(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.	61	61	0	1
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	0	0	0	0

## Bureau of Household Goods and Services

The Bureau of Household Goods and Services regulated 41,797 licensees in Fiscal Year 2020–21 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 2021–22.

## Landscape Architects Technical Committee

The Landscape Architects Technical Committee regulated 3,711 licensees in Fiscal Year 2020–21, 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 2021–22.

## Licensed Midwives Program (Medical Board of California)

The Medical Board of California regulated 484 licensees in Fiscal Year 2020-21, 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 2021–22.

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.	3
(5) accusations filed.	4
(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.	70	70	28	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.	206	206	32	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.	63	63	0	1
(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 172,411 licenses, registrations, and permits of nine types in Fiscal Year 2020-21 (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 2021-22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	469
(2) accusation matters rejected for filing by the Attorney General.	91
(3) accusation matters for which further investigation was requested by the Attorney General.	73
(4) accusation matters for which further investigation was received by the Attorney General.	392
(5) accusations filed.	515
(6) accusations withdrawn.	13
(7) accusation matters adjudicated by the Attorney General.	360

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	72	94	351
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	241	268	135	21
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	310	297	192	265
(4) from the filing of an accusation to when a default decision is sent to the agency.	75	62	52	16
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	135	91	121	115
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	228	200	139	61

## Naturopathic Medicine Committee

The Naturopathic Medicine Committee regulated 1,268 licensees in Fiscal Year 2020–21, 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. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	1
(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.	0
(7) accusation matters adjudicated by the Attorney General.	0

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.	0	0	0	0
(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.	0	0	0	0
(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 Occupational Therapy

The California Board of Occupational Therapy regulated 18,854 licensees in Fiscal Year 2020–21, with four 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 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	7
(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.	9
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	13

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.	141	138	80	13
(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.	243	188	131	5
(4) from the filing of an accusation to when a default decision is sent to the agency.	56	54	18	4
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	156	71	126	6
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	110	93	32	3

## California State Board of Optometry

The California State Board of Optometry includes the Dispensing Optician Committee. The board regulated 41,931 licensees in Fiscal Year 2020–21, with seven 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 2021–22.

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.	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.	0
(5) accusations filed.	5
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	1

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.	77	77	0	1
(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.	0	0	0	0
(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.	893	893	0	1
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	188	188	0	1



## Osteopathic Medical Board of California

The Osteopathic Medical Board of California regulated 14,314 licenses and registrations in Fiscal Year 2020-21, 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 2021-22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	27
(2) accusation matters rejected for filing by the Attorney General.	5
(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.	14
(5) accusations filed.	30
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	12

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.	50	22	46	12
(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.	190	190	119	8
(4) from the filing of an accusation to when a default decision is sent to the agency.	44	44	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	167	115	125	5
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	181	171	24	3

## California State Board of Pharmacy

The California State Board of Pharmacy regulated 140,424 licensees in Fiscal Year 2020–21, with 31 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 31 percent of the board’s accusation cases referred to the Office of the Attorney General in Fiscal Year 2021–22. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	221
(2) accusation matters rejected for filing by the Attorney General.	6
(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.	9
(5) accusations filed.	174
(6) accusations withdrawn.	5
(7) accusation matters adjudicated by the Attorney General.	261

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.	185	141	163	156
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	326	291	242	12
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	346	305	206	180
(4) from the filing of an accusation to when a default decision is sent to the agency.	132	61	179	45
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	164	110	168	57
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	181	192	62	20

## Physical Therapy Board of California

The Physical Therapy Board of California regulated 43,649 licensees in Fiscal Year 2020-21, 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 2021-22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	28
(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.	8
(5) accusations filed.	32
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	36

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.	151	125	105	36
(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.	275	293	138	29
(4) from the filing of an accusation to when a default decision is sent to the agency.	73	73	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	73	49	53	19
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	193	178	82	4

## Physician Assistant Board

The Physician Assistant Board regulated 14,922 licensees in Fiscal Year 2020-21, 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 tables below show data for Fiscal Year 2021-22.

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.	6
(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.	29
(5) accusations filed.	15
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	14

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	106	80	14
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	244	244	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	349	276	325	10
(4) from the filing of an accusation to when a default decision is sent to the agency.	173	173	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	259	62	451	6
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	174	174	7	2

## Podiatric Medical Board

The Podiatric Medical Board regulated 2,373 licensees in Fiscal Year 2020-21 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 2021-22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	9
(2) accusation matters rejected for filing by the Attorney General.	2
(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.	6
(5) accusations filed.	6
(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.	101	81	68	11
(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.	283	275	80	8
(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.	75	63	69	4
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	148	148	124	2

## 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 999 licensees in Fiscal Year 2020–21. 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 2021–22.

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.	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.	11
(6) accusations withdrawn.	1
(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.	96	95	66	7
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	190	190	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	93	93	0	1
(4) from the filing of an accusation to when a default decision is sent to the agency.	84	36	104	6
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	83	83	0	1
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

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

The Board for Professional Engineers, Land Surveyors, and Geologists regulated 180,530 licensees in Fiscal Year 2020–21 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 2021–22.

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.	5
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	16
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	20

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	118	38	19
(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.	300	295	158	16
(4) from the filing of an accusation to when a default decision is sent to the agency.	39	39	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	134	96	81	5
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	189	189	0	1

## Professional Fiduciaries Bureau

The Professional Fiduciaries Bureau regulated 813 licensees in Fiscal Year 2020–21, 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 2021–22.

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.	2

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.	165	165	77	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.	348	348	79	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



## California Board of Psychology

The California Board of Psychology regulated 23,661 licensees in Fiscal Year 2020-21, 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 2021-22.

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.	11
(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.	13
(5) accusations filed.	32
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	32

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.	133	76	175	32
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	460	481	229	5
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	265	268	155	20
(4) from the filing of an accusation to when a default decision is sent to the agency.	55	40	25	3
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	152	120	115	10
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	164	144	73	8

## Bureau of Real Estate Appraisers

The Bureau of Real Estate Appraisers regulated 10,034 licensees in Fiscal Year 2020–21, 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 2021–22.

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.	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.	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.	84	76	27	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.	240	240	0	1
(4) from the filing of an accusation to when a default decision is sent to the agency.	32	30	6	4
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	120	120	64	2
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	0	0	0	0

## Board of Registered Nursing

The Board of Registered Nursing regulated 576,415 licensees in Fiscal Year 2020–21, with 12 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 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	801
(2) accusation matters rejected for filing by the Attorney General.	40
(3) accusation matters for which further investigation was requested by the Attorney General.	98
(4) accusation matters for which further investigation was received by the Attorney General.	70
(5) accusations filed.	756
(6) accusations withdrawn.	17
(7) accusation matters adjudicated by the Attorney General.	643

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	69	66	629
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	163	117	125	44
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	196	193	118	322
(4) from the filing of an accusation to when a default decision is sent to the agency.	51	42	35	219
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	102	88	63	158
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	164	160	82	67

## Respiratory Care Board of California

The Respiratory Care Board of California regulated 23,732 licensees in Fiscal Year 2020-21, 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 2021-22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	22
(2) accusation matters rejected for filing by the Attorney General.	2
(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.	7
(5) accusations filed.	19
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	25

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.	82	54	74	24
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	143	143	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	215	215	101	15
(4) from the filing of an accusation to when a default decision is sent to the agency.	45	42	12	7
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	37	39	17	4
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	174	180	94	3

## Bureau of Security and Investigative Services

The Bureau of Security and Investigative Services regulated 415,847 licensees in Fiscal Year 2020-21 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 2 percent of the bureau’s accusation cases referred to the Office of the Attorney General in Fiscal Year 2021–22 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 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	49
(2) accusation matters rejected for filing by the Attorney General.	1
(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.	7
(5) accusations filed.	41
(6) accusations withdrawn.	1
(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.	79	74	46	26
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	112	112	3	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	616	616	453	2
(4) from the filing of an accusation to when a default decision is sent to the agency.	67	56	34	17
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	52	52	26	7
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	103	104	21	7

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

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board regulated 35,961 licensees in Fiscal Year 2020-21 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 2021-22.

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.	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.	5
(5) accusations filed.	5
(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.	157	174	71	10
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	201	194	14	4
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	244	252	84	6
(4) from the filing of an accusation to when a default decision is sent to the agency.	98	98	54	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	77	92	36	6
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	330	330	3	2

## Structural Pest Control Board

The Structural Pest Control Board regulated 30,016 licensees in Fiscal Year 2020–21, 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 24 percent of the board’s accusation cases referred to the Office of the Attorney General in Fiscal Year 2021–22. 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 2021–22.

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.	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.	19

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.	81	71	57	18
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	244	244	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	176	176	85	10
(4) from the filing of an accusation to when a default decision is sent to the agency.	54	42	33	9
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	62	54	16	3
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	124	124	0	1

## Veterinary Medical Board

The Veterinary Medical Board regulated 38,549 licensees in Fiscal Year 2020–21, 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 17 percent of the board’s accusation cases referred to the Office of the Attorney General in Fiscal Year 2021–22. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	81
(2) accusation matters rejected for filing by the Attorney General.	244
(3) accusation matters for which further investigation was requested by the Attorney General.	176
(4) accusation matters for which further investigation was received by the Attorney General.	54
(5) accusations filed.	62
(6) accusations withdrawn.	124
(7) accusation matters adjudicated by the Attorney General.	81

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.	201	71	248	9
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	412	412	282	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	177	188	65	7
(4) from the filing of an accusation to when a default decision is sent to the agency.	34	34	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	74	57	54	6
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	151	151	0	1



## Board of Vocational Nursing and Psychiatric Technicians

The Board of Vocational Nursing and Psychiatric Technicians regulated 141,262 licensees in Fiscal Year 2020–21 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 2021–22.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	186
(2) accusation matters rejected for filing by the Attorney General.	10
(3) accusation matters for which further investigation was requested by the Attorney General.	29
(4) accusation matters for which further investigation was received by the Attorney General.	28
(5) accusations filed.	214
(6) accusations withdrawn.	4
(7) accusation matters adjudicated by the Attorney General.	202

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	59	67	196
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	192	178	125	16
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	199	201	108	79
(4) from the filing of an accusation to when a default decision is sent to the agency.	66	49	49	67
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	78	72	40	86
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	128	129	57	49

## CONCLUSION

This is the sixth 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. The Attorney General's Annual Reports on Accusations Prosecuted for Department of Consumer Affairs Client Agencies, including the prior five reports, are available on the Attorney General's website at: <http://oag.ca.gov/publications>.

We anticipate that this historical accumulation of reports will continue to 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. 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 12, 2023
<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 9.b.:</b> Enforcement – Review of Statistics and Trends

The following are the Enforcement Division statistics:

### Complaint & Compliance Unit (CCU)

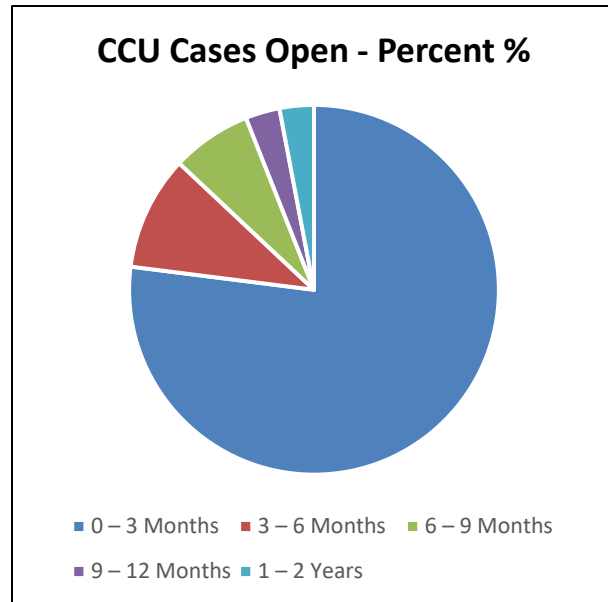
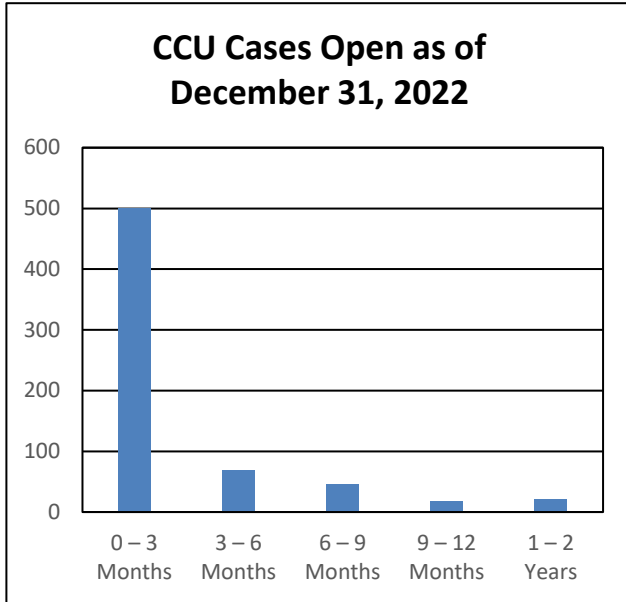
#### **Number of Complaint Cases Received between October 1 and December 31, 2022:**

During this period, CCU received **1171** complaints. The monthly average of complaints received was **390**.

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

As of December 31, 2022, there are **652** 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, 2022</b>	<b>Percent (%)</b>
0 – 3 Months	500	77%
3 – 6 Months	68	10%
6 – 9 Months	45	7%
9 – 12 Months	18	3%
1 – 2 Years	21	3%
2 Plus Years	0	*%
<b>Total</b>	<b>652</b>	<b>100%</b>



#### Number of Complaint Cases Closed:

Between October 1 and December 31, 2022, a total of **986** complaint cases were closed in CCU. The monthly average of complaints closed during this time was **329**.

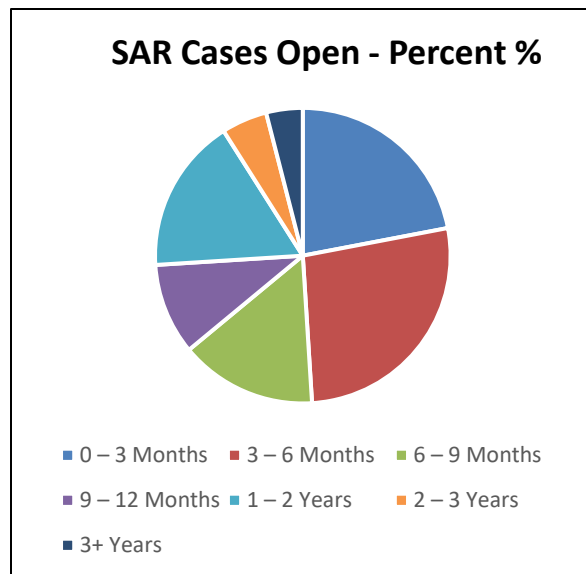
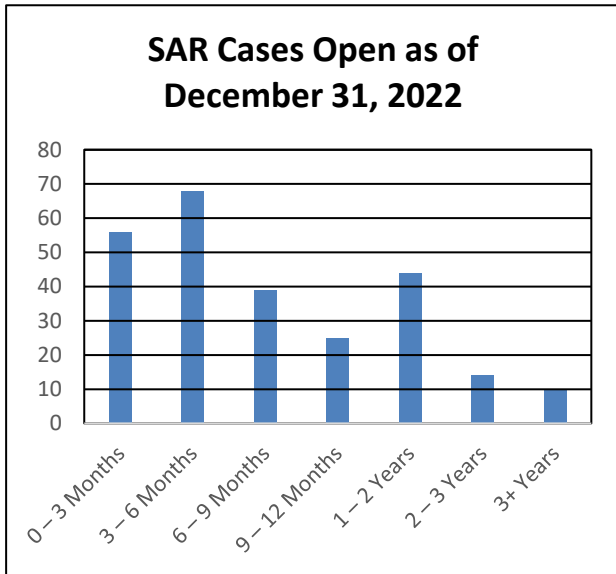
#### Investigative Analysis Unit (IAU)

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

As of December 31, 2022, there are **256** SAR cases are open in the IAU. A breakdown of the case aging is as follows:

SARS Cases Open		
SAR Age	# As of December 31, 2022	Percent (%)
0 – 3 Months	56	22%
3 – 6 Months	68	27%
6 – 9 Months	39	15%
9 – 12 Months	25	10%
1 – 2 Years	44	17%
2 – 3 Years	14	5%
3+ Years	10	4
<b>Total</b>	<b>256</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 and December 31, 2022, a total of **223** SAR cases were closed in the IAU.

**Enforcement Units:**

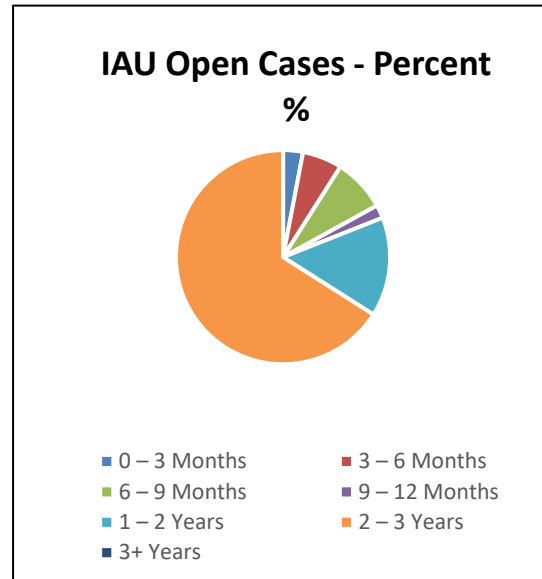
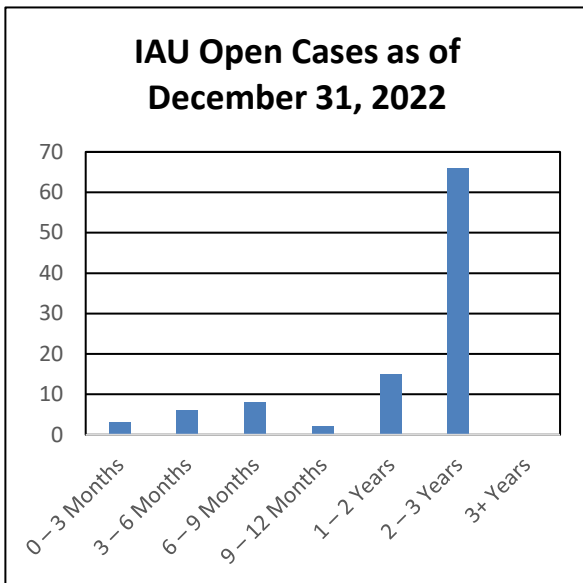
As of December 31, 2022, there are **1,064** investigative cases open across the Board's Enforcement Units. A breakdown of the cases is as follows:

Enforcement Cases Open	
Enforcement Units	# As of December 31, 2022
IAU (Non-Sworn)	100
Orange Field Office (OFO) (Non-Sworn)	67
Sacramento Field Office (SFO) (Sworn)	106
Orange Field Office (OFO) (Sworn)	153
Pending Assignment	638
<b>Total</b>	<b>1,064</b>

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

As of December 31, 2022, there are **100** investigative cases open in the IAU. A breakdown of the cases is as follows:

IAU Cases Open		
Investigation Age	# As of December 31, 2022	Percent (%)
0 – 3 Months	3	3%
3 – 6 Months	6	6%
6 – 9 Months	8	8%
9 – 12 Months	2	2%
1 – 2 Years	15	15%
2 – 3 Years	66	66%
3+ Years	0	-
<b>Total</b>	<b>100</b>	<b>100%</b>

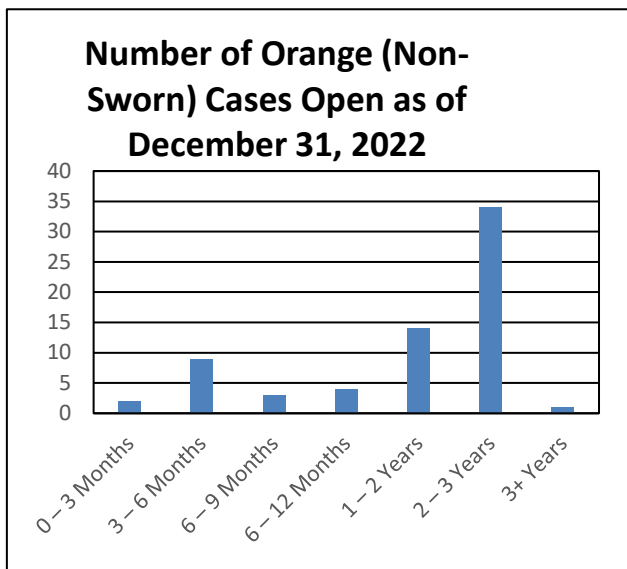




**Number of Investigative Cases Open in the OFO (Non-Sworn) Special Investigators Complaint Cases:**

As of December 31, 2022, there are **67** investigative cases open in the OFO (Non-Sworn). A breakdown of the case aging is as follows:

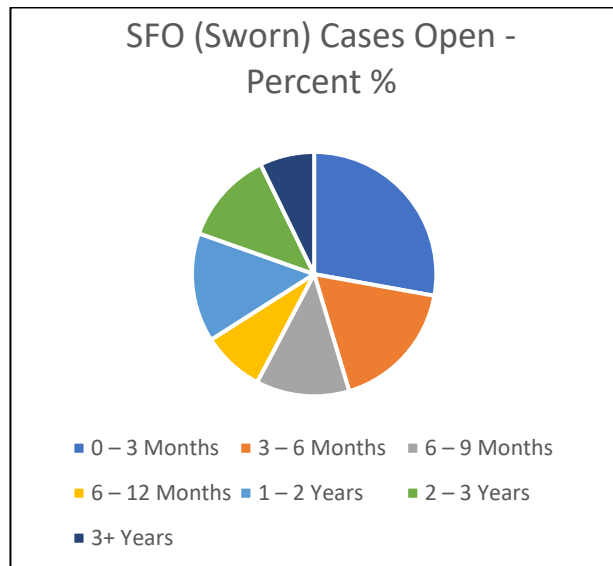
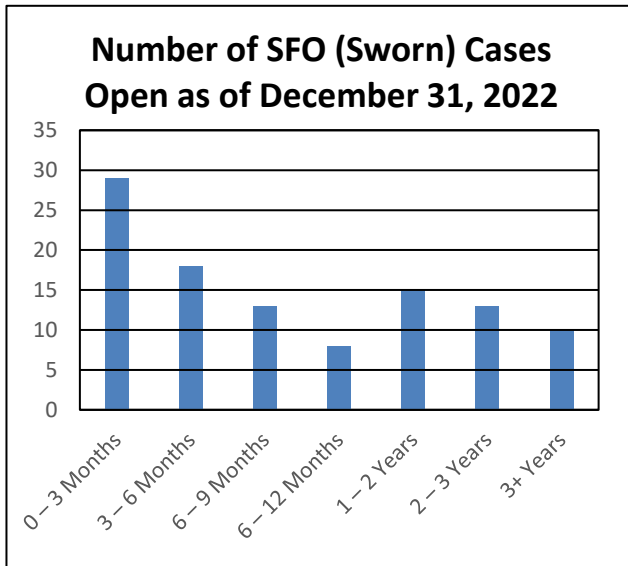
<b>Orange Field Office (Non-Sworn) Special Investigator Complaint Cases Open</b>		
<b>Investigation Age</b>	<b># As of December 31, 2022</b>	<b>Percent (%)</b>
0 – 3 Months	2	3%
3 – 6 Months	9	14%
6 – 9 Months	3	4%
9 – 12 Months	4	6%
1 – 2 Years	14	21%
2 – 3 Years	34	51%
3+ Years	1	1%
<b>Total</b>	<b>67</b>	<b>100%</b>



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

As of December 31, 2022, there are **106** investigative cases open in the SFO (Sworn). A breakdown of the case aging is as follows:

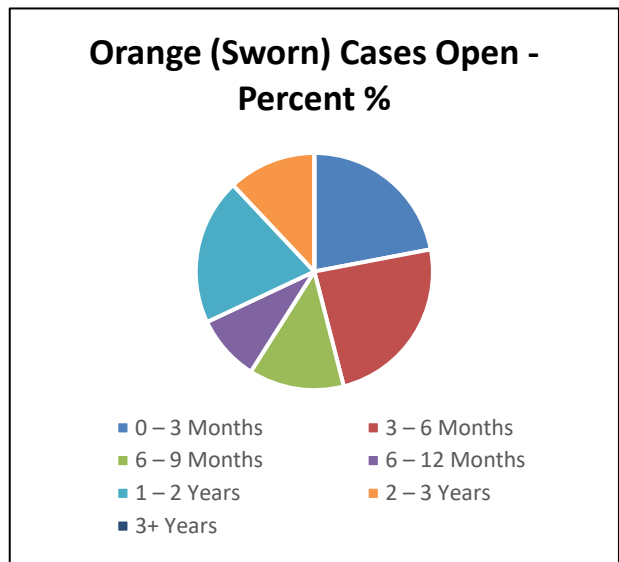
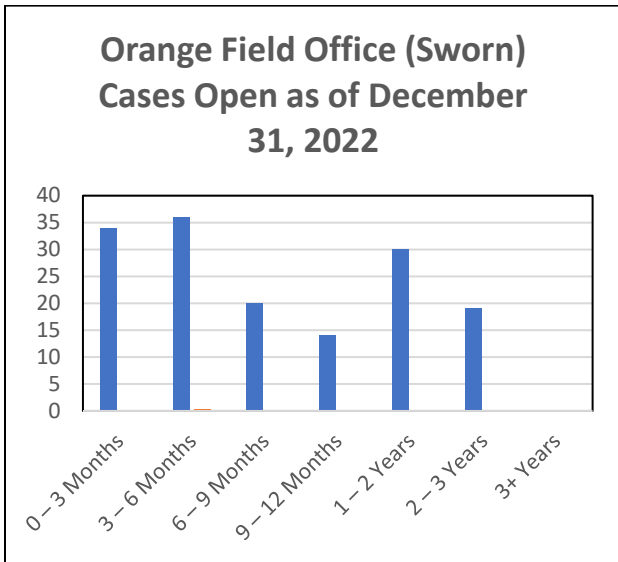
Sacramento Field Office (Sworn) Cases Open		
Investigation Age	# As of December 31, 2022	Percent (%)
0 – 3 Months	29	27%
3 – 6 Months	18	17%
6 – 9 Months	13	12%
9 – 12 Months	8	8%
1 – 2 Years	15	14%
2 – 3 Years	13	12%
3+ Years	10	10%
<b>Total</b>	<b>106</b>	<b>100%</b>



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

As of December 31, 2022, there are **153** investigative cases open with the Sworn investigators, in the Orange Field Office. A breakdown of the case aging is as follows:

Orange Field Office (Sworn) Cases Open		
Investigation Age	# As of December 31, 2022	Percent (%)
0 – 3 Months	34	27%
3 – 6 Months	36	24%
6 – 9 Months	20	13%
9 – 12 Months	14	9%
1 – 2 Years	30	20%
2 – 3 Years	19	12%
3+ Years	0	-
<b>Total</b>	<b>153</b>	<b>100%</b>



**Number of Investigation Cases Closed:**

Between October 1 and December 31, 2022, a total of **378** investigative cases were closed in IAU, and the Sacramento and the Orange Field Offices.

### Number of Inspection Cases Open:

As of December 31, 2022, there are **129** Inspection cases open in the Sacramento and Orange Field Offices. A breakdown is as follows:

Field Office	Number of Cases
Investigative Analysis Unit	26
Sacramento Field Office	11
Orange Field Office	92
<b>Total</b>	<b>129</b>

### Number of Inspection Cases Closed:

Between October 1 and December 31, 2022, a total of **49** inspection cases were closed in the Sacramento and the Orange Field Offices.

### Administrative and Disciplinary Action

As of December 31, 2022, there are **155** open cases in the Board's Discipline Coordination Unit.

There is **1** case returned by the Attorney General's (AG) Office pending resolution of criminal cases.

There is **1** case in which a Petition for Reinstatement has been submitted and is pending referral to the AG Office.

There are **2** cases in which a Petition for Early Termination has been submitted and is pending referral to the AG Office.

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

### **Accusations:**

Between October 1, 2022 and December 31, 2022, there were **10** accusations filed with the AG.

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

Between October 1, 2022 and December 31, 2022, there were **12** cases transmitted to the AG.

As of December 31, 2022, there are **151** cases pending at the AG.

### **Citations:**

Between October 1, 2022 and December 31, 2022, there were **22** citations issued.

**Number of Probation Cases Open:**

As of December 31, 2022, there are **124** probationer cases being monitored. Of those, **115** are active probationers and **9** are tolling. A breakdown of the probation cases is as follows:

<b>Field Office</b>	<b>Active</b>	<b>Tolling Probationers</b>
Investigative Analysis Unit	18	0
Sacramento Field Office	14	5
Orange Field Office	42	3
DCU-Referred to AG	41	1
<b>Total</b>	<b>115</b>	<b>9</b>



## MEMORANDUM

<b>DATE</b>	January 17, 2023
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Tracy Montez, Ph.D., Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 10.a.: Dentistry Law and Ethics Examination</b>

### **Background**

To address potential barriers to licensure, the Dental Board of California (Board) has initiated a contract with PSI. Specifically, the contract is to implement computer-based testing administration for the Dentistry Law and Ethics Examination at sites located in Mexico.

PSI is part of Lifelong Learner Holdings (LLH) family of brands, a unique fusion of comprehensive workforce and career solutions, changing lives through assessment. LLH delivers 30 million assessments annually in 50 languages across 160 countries, across a variety of clients – from corporations, employers, government federal and state agencies to professional associations, certifying bodies and leading academic institutions.

Through the Department of Consumer Affairs (DCA) master contract with PSI, the Board currently administers the Dentistry Law and Ethics Examination via computer-based testing at sites throughout California. Since the contract is only for locations within the United States (with exception of military testing), a new contract between PSI and the Board must be procured. Currently, Board staff is working with PSI and the DCA Business Services Office to establish this contract for services.

### **Action Requested**

No action requested.



# MEMORANDUM

<b>DATE</b>	January 12, 2023
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Paige Ragali, Chief of Dental Programs and Customer Support Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 11.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 2019–20, 2020–21, 2021–22 and 2022–23 as of December 31, 2022.

Dental Applications Received by Month													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
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	38	31	71	83	109	123	<b>830</b>
WREB 22/23	71	58	42	35	29	28	-	-	-	-	-	-	<b>263</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	3	8	8	6	3	14	<b>182</b>
Residency 22/23	13	5	1	2	4	1	-	-	-	-	-	-	<b>26</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	19	19	23	14	19	27	<b>306</b>
Credential 22/23	20	17	18	20	12	20	-	-	-	-	-	-	<b>107</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	0	0	0	0	1	1	<b>3</b>
Portfolio 22/23	0	0	0	0	0	0	-	-	-	-	-	-	<b>0</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	17	20	19	22	78	117	<b>431</b>
ADEX 22/23	69	51	23	22	17	12	-	-	-	-	-	-	<b>194</b>

Agenda Item 11.a.: Review of Dental Licensure and Permit Statistics  
Dental Board of California Meeting  
February 9–10, 2023

Dental Applications Approved by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
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	44	35	21	20	29	48	879
WREB 22/23	79	134	135	58	18	43	-	-	-	-	-	-	467
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	2	4	0	1	7	5	235
Residency 22/23	2	18	14	5	1	1	-	-	-	-	-	-	41
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	9	13	14	4	24	5	251
Credential 22/23	11	18	24	21	13	29	-	-	-	-	-	-	116
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	0	0	0	0	0	0
Portfolio 22/23	0	0	0	0	0	0	-	-	-	-	-	-	0
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	13	5	3	5	16	31	416
ADEX 22/23	43	95	98	40	14	23	-	-	-	-	-	-	313
Dental Licenses Issued by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
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	35	28	22	20	24	51	588
WREB 22/23	71	127	131	58	27	39	-	-	-	-	-	-	453
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	4	2	1	3	7	5	141
Residency 22/23	3	15	12	6	2	2	-	-	-	-	-	-	40
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	11	9	9	4	18	10	155
Credential 22/23	8	19	23	23	12	18	-	-	-	-	-	-	103
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



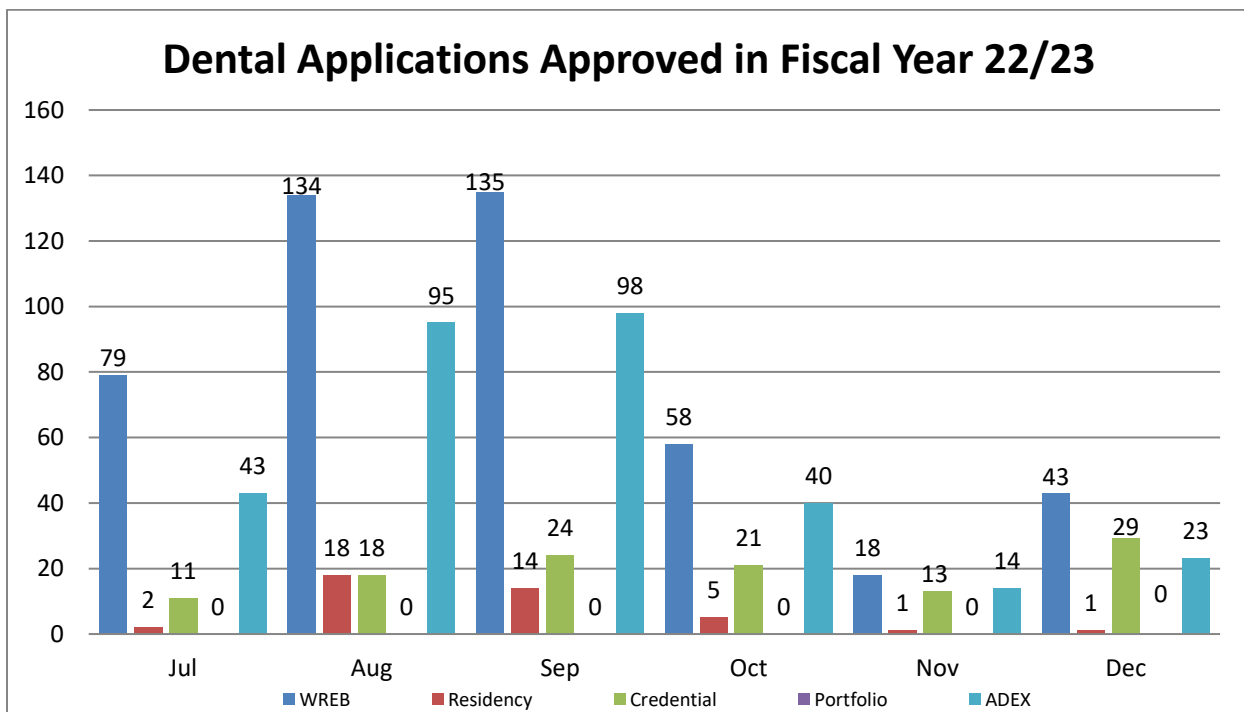
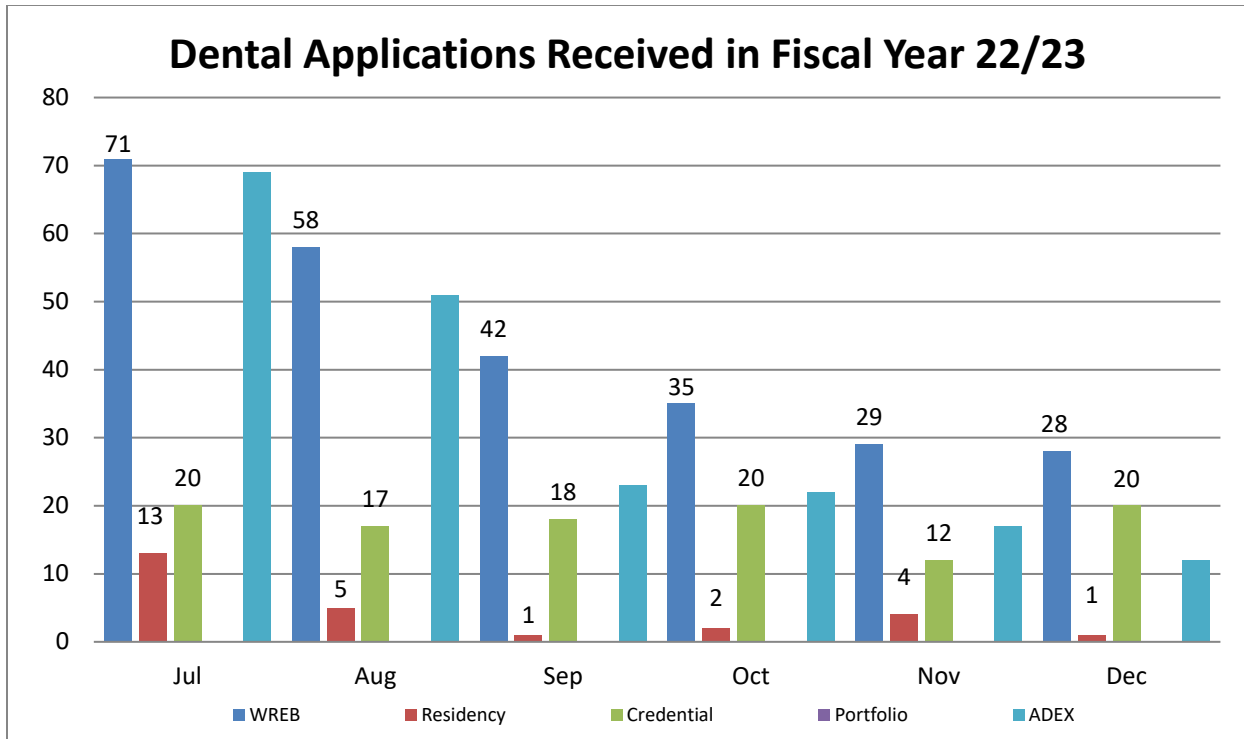
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	0	0	0	-	-	-	-	-	-	0
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	1
ADEX 20/21	2	25	17	17	10	5	4	3	4	7	11	75	180
ADEX 21/22	107	40	22	23	6	7	9	5	5	5	17	26	272
ADEX 22/23	39	94	96	40	20	22	-	-	-	-	-	-	311
<b>Cancelled Dental Applications 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 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	0	1	0	0	0	0	6
WREB 22/23	0	2	1	1	0	0	-	-	-	-	-	-	4
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	0	1	0	0	0	0	2
Residency 22/23	0	0	0	0	0	0	-	-	-	-	-	-	0
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	1	0	0	0	0	0	6
Credential 22/23	0	0	1	2	0	0	-	-	-	-	-	-	3
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	0	0	0	0	0	0
Portfolio 22/23	0	0	0	0	0	0	-	-	-	-	-	-	0
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	1	0	0	0	0	1
ADEX 22/23	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 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	19	7	15	6	1	20	223
WREB 22/23	23	15	12	12	2	3	-	-	-	-	-	-	67
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	16	0	4	1	3	1	72
Residency 22/23	0	4	3	1	0	0	-	-	-	-	-	-	8

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	0	0	0	2	2	2	17
Credential 22/23	0	1	1	0	0	1	-	-	-	-	-	-	3
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	0	1	0	0	0	1
Portfolio 22/23	0	0	1	0	0	0	-	-	-	-	-	-	1
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	6	0	0	5	0	11	64
ADEX 22/23	12	12	1	6	1	0	-	-	-	-	-	-	32
<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 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	0	0	0	0	0	0
WREB 22/23	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	0	0	0	0	0	0
Residency 22/23	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	0	0	0	0	0	0
Credential 22/23	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	0	0	0	0	0	0
Portfolio 22/23	0	0	0	0	0	0	-	-	-	-	-	-	0
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	0	0	0	0	0	0
ADEX 22/23	0	0	0	0	0	0	-	-	-	-	-	-	0

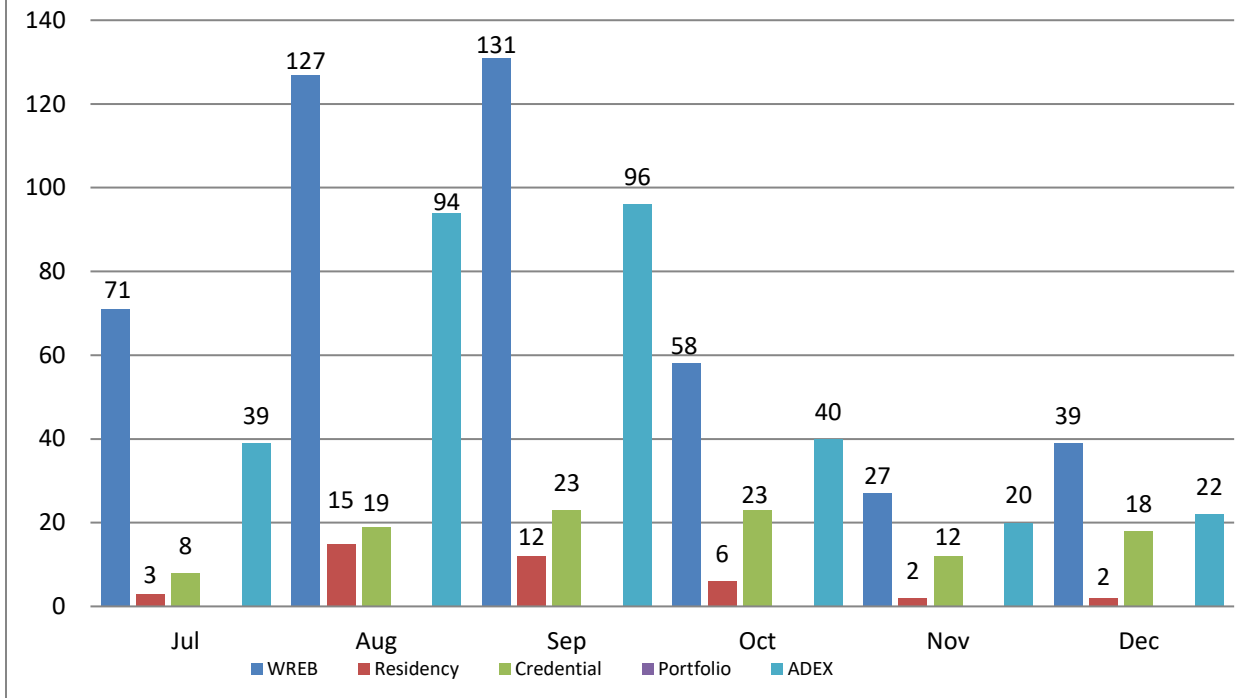
<b>Application Definitions</b>	
<b>Received</b>	Application submitted in physical form or digitally through Breeze system.
<b>Approved</b>	Application for eligibility of licensure processed with all required documentation.
<b>License Issued</b>	Application processed with required documentation and paid 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

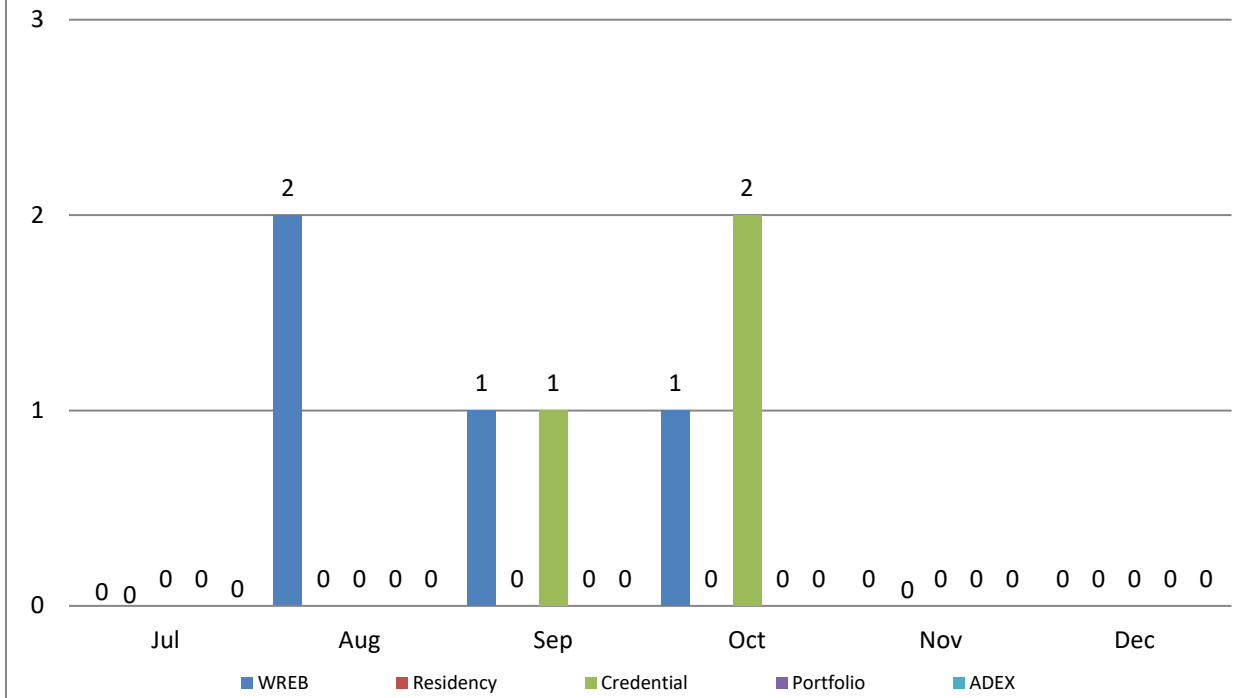
The following graphs represent monthly dental license application statistics by pathway for fiscal year 2022/23 as of December 31, 2022.

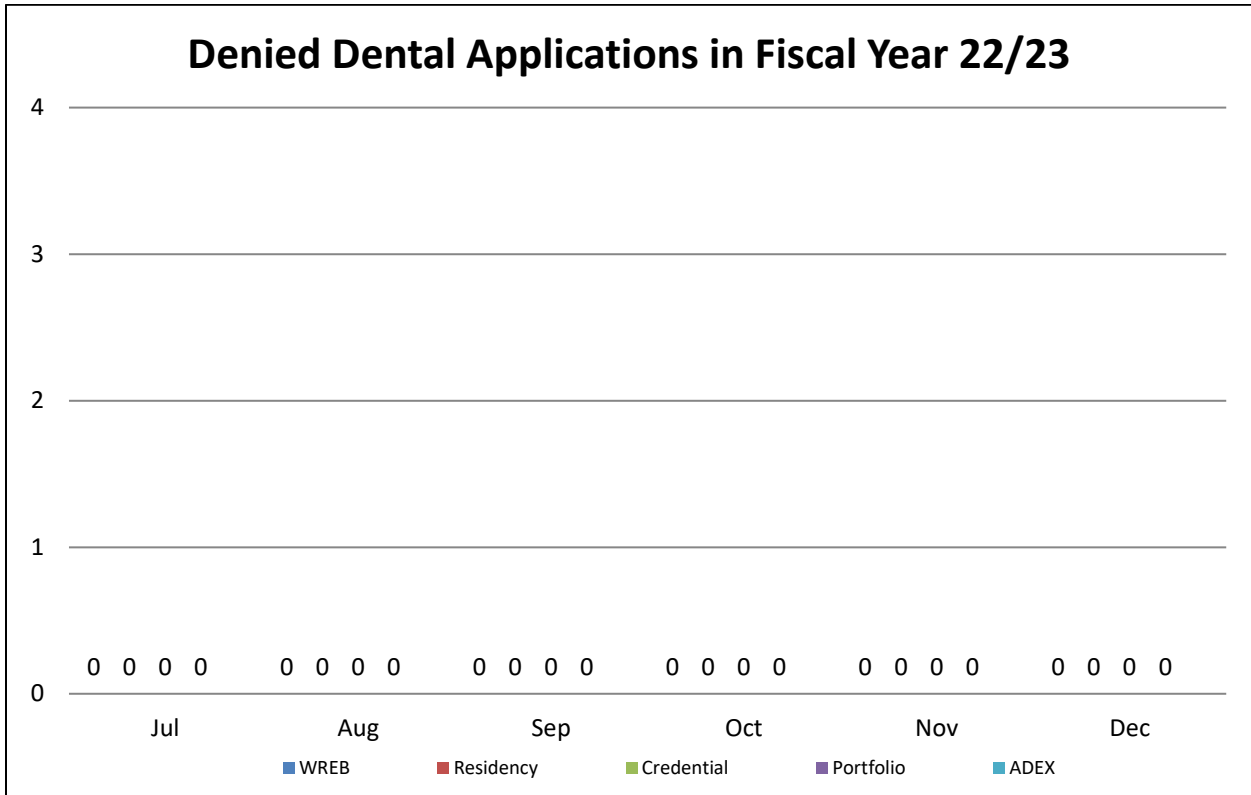
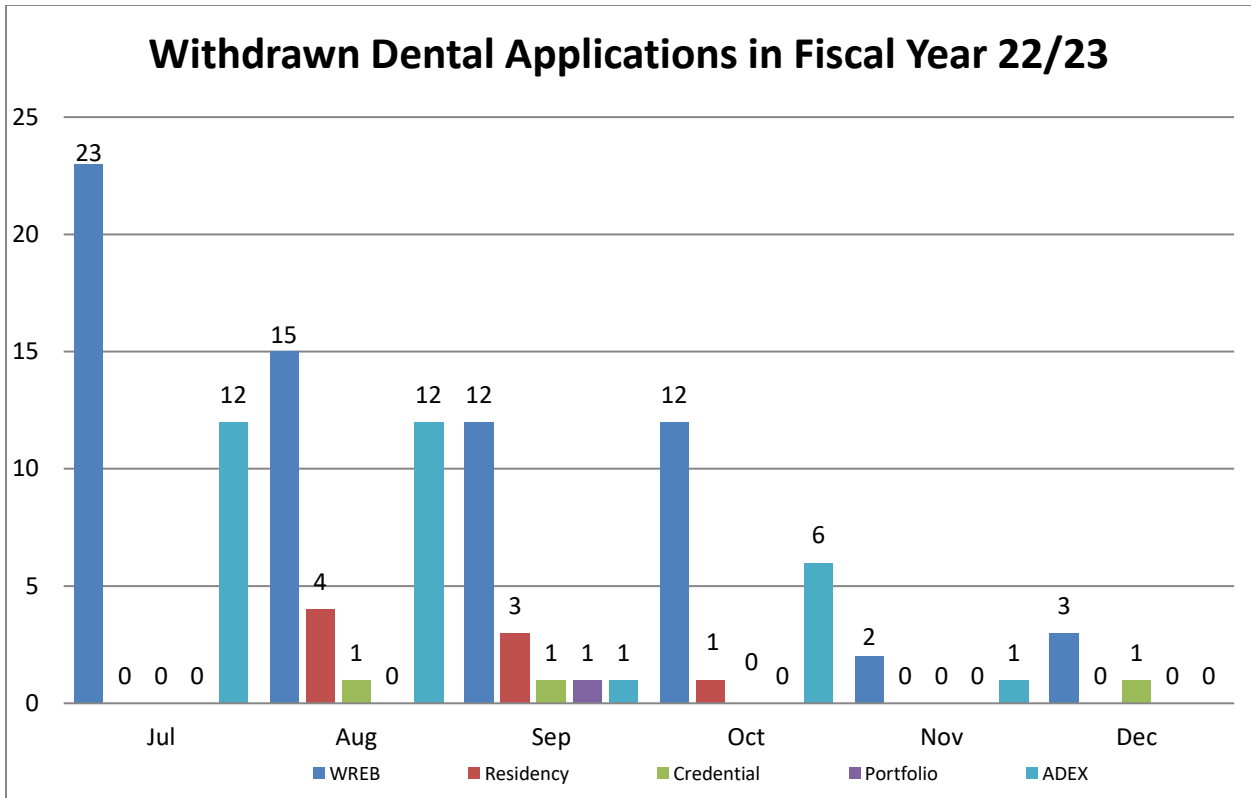


### Dental Licenses Issued in Fiscal Year 22/23



### Cancelled Dental Applications in Fiscal Year 22/23





## Dental Law and Ethics Written Examination Statistics

License Type		DDS			
Exam Title		Dental Law and Ethics Examination			
Licensure Pathway		WREB	LBR	PORT	ADEX
2019/20	# of 1 <sup>st</sup> Time Candidates	698	10 5	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	326	61	0	164
	Pass %	72.70%	77.05%	N/A	79.88%
2022/23	# of 1 <sup>st</sup> Time Candidates	197	17	N/A	179
	Pass %	80.74%	94.44%	N/A	83.26%
<b>Date of Last Occupational Analysis:</b> 2018					
<b>Name of Developer:</b> Office of Professional Examination Services					
<b>Target Occupational Analysis Date:</b> 2025					

## Dental License and Permits Statistics

The following table provides statistics on dental licenses issued by pathway to licensure by fiscal year 2019–20, 2020–21, 2021–22 and 2022–23 as of December 31, 2022.

Dental Licenses Issued via Pathway	Total Issued in 19/20	Total Issued in 20/21	Total Issued in 21/22	Total Issued 22/23	Total Issued to Date	Date Pathway Implemented
WREB Exam	769	905	588	453	12,515	January 1, 2006
Licensure by Residency	133	130	141	40	2,359	January 1, 2007
Licensure by Credential	153	211	155	57	3,489	July 1, 2002
(LBC Clinic Contract)	9	14	14	5	57	July 1, 2002
(LBC Faculty Contract)	5	6	1	3	20	July 1, 2002
Portfolio	4	4	0	0	79	November 5, 2014
ADEX	1	180	272	311	764	November 15, 2019
<b>Total</b>	<b>1,060</b>	<b>1,430</b>	<b>1,156</b>	<b>861</b>	<b>19,206</b>	

The following table provides statistics on dental license and permit status statistics by fiscal year 2019–20, 2020–21, 2021–22 and 2022–23 as of December 31, 2022.

License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Dental License	Active	34,586	34,922	34,619	34,866
	Inactive	1,784	1,751	1,727	1,704
	Retired/Reduced Fee	1,274	1,297	1,251	1,200
	Disabled	106	98	95	95
	Delinquent	5,445	5,540	6,002	6,075
	Cancelled	17,602	18,720	19,604	20,210
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Additional Office Permit	Active	2,717	2,750	2,556	2,496
	Delinquent	890	992	1,204	1,233
	Cancelled	6,926	7,181	7,418	7,606
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Conscious Sedation	Active	535	543	554	528
	Delinquent	38	43	63	73
	Cancelled	552	586	606	623
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Continuing Education Registered Provider Permit	Active	901	854	744	752
	Delinquent	810	744	776	708
	Cancelled	2,185	2,344	2,471	2,568



License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Elective Facial Cosmetic Surgery Permit	Active	29	30	29	29
	Delinquent	5	5	6	0
	Cancelled	1	2	3	5
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Extramural Facility Registration*	Active	186	203	205	49
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A	N/A
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Fictitious Name Permit	Active	7,099	7,250	6,782	6,597
	Delinquent	1,706	1,782	2,394	2,633
	Cancelled	6,802	7,361	7,808	8,113
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
General Anesthesia Permit	Active	897	918	925	940
	Delinquent	22	31	38	36
	Cancelled	1,008	1,042	1,067	1,083
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Mobile Dental Clinic Permit	Active	45	55	44	32
	Delinquent	43	29	44	53
	Cancelled	52	78	81	87
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Medical General Anesthesia	Active	111	136	156	157
	Delinquent	27	30	27	25
	Cancelled	203	211	226	236
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Moderate Sedation Permit	Active	N/A	N/A	N/A	54
	Delinquent	N/A	N/A	N/A	0
	Cancelled	N/A	N/A	N/A	0
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Oral Conscious Sedation Certification (Adult Only 1,172; Adult & Minors 1,109)	Active	2,402	2,391	2,352	2,273
	Delinquent	647	638	702	721
	Cancelled	930	1,096	1,185	1,219
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Oral and Maxillofacial Surgery Permit	Active	96	93	94	96
	Delinquent	4	10	10	10
	Cancelled	22	22	25	25
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Pediatric Minimal Sedation Permit	Active	N/A	N/A	N/A	24
	Delinquent	N/A	N/A	N/A	0
	Cancelled	N/A	N/A	N/A	0
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23

Referral Service Registration*	Active	157	159	161	6
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A	N/A
<b>License Type</b>	<b>License Status</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
Special Permit	Active	37	35	35	37
	Delinquent	9	9	7	8
	Cancelled	184	190	195	196
<b>Status Definitions</b>					
<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 2020/21, 2021/22 and 2022/23 as of December 31, 2022.

County	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	DDS per County in 2022/23	Pop. in 2022/23	Pop. per DDS in 2022/23
Alameda	1,497	1,670,834	1,116	1,492	1,651,979	1,107	1,507	1,651,979	1,096
Alpine	1	1,142	1,142	1	1,200	1,200	0	1,200	0
Amador	23	37,676	1,638	22	40,297	1,831	21	40,297	1,918
Butte	126	210,291	1,668	124	201,608	1,666	123	201,608	1,639
Calaveras	18	45,023	2,501	18	45,049	2,516	19	45,049	2,371
Colusa	6	21,902	3,650	6	21,807	3,639	6	21,807	3,634
Contra Costa	1,123	1,153,561	1,027	1,098	1,156,555	1,065	1,101	1,156,555	1,050
Del Norte	15	27,298	1,819	13	27,218	1,981	11	27,218	2,474
El Dorado	161	193,227	1,200	157	190,465	1,213	158	190,465	1,205
Fresno	622	1,023,358	1,645	613	1,011,273	1,649	621	1,011,273	1,628
Glenn	10	29,400	2,940	6	28,750	4,791	6	28,750	4,791
Humboldt	68	133,302	1,960	64	135,168	2,099	62	135,168	2,180
Imperial	38	188,777	4,967	38	179,329	4,719	38	179,329	4,719
Inyo	9	18,584	2,064	8	18,978	2,372	6	18,978	3,163
Kern	350	917,553	2,621	340	909,813	2,605	337	909,813	2,699
Kings	64	153,608	2,400	49	152,023	2,209	62	152,023	2,451
Lake	45	64,040	1,423	26	67,407	1,450	41	67,407	1,644
Lassen	24	28,833	1,201	23	30,274	1,363	25	30,274	1,210
Los Angeles	8,502	10,172,951	1,196	8,418	9,861,224	1,184	8,501	9,861,224	1,160
Madera	43	158,147	3,677	45	157,396	3,720	45	157,396	3,497
Marin	304	260,831	857	308	257,135	860	299	257,135	859
Mariposa	7	18,067	2,581	7	17,045	2,435	7	17,045	2,435
Mendocino	52	87,946	1,691	54	89,999	1,666	50	89,999	1,799
Merced	91	283,521	3,115	97	284,338	3,023	92	284,338	3,090

County	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	DDS per County in 2022/23	Pop. in 2022/23	Pop. per DDS in 2022/23
Modoc	5	9,570	1,914	3	8,690	1,740	3	8,690	2,896
Mono	3	13,464	4,488	5	13,379	2,675	6	13,379	2,229
Monterey	259	441,143	1,703	257	433,716	1,669	246	433,716	1,763
Napa	113	139,088	1,230	112	136,179	1,215	112	136,179	1,215
Nevada	77	98,114	1,274	77	101,242	1,294	73	101,242	1,386
Orange	4,005	3,194,332	797	4,059	3,162,245	788	4,081	3,162,245	774
Placer	471	403,711	857	466	409,025	879	472	409,025	866
Plumas	15	18,260	1,217	14	18,942	1,353	14	18,942	1,353
Riverside	1,111	2,442,304	2,198	1,122	2,435,525	2,170	1,131	2,435,525	2,153
Sacramento	1,159	1,555,365	1,341	1,175	1,576,618	1,344	1,187	1,576,618	1,328
San Benito	23	62,353	2,711	24	65,479	3,057	24	65,479	2,728
San Bernardino	1,381	2,180,537	1,578	1,370	2,187,665	1,572	1,413	2,187,665	1,548
San Diego	2,779	3,343,355	1,203	2,764	3,287,306	1,187	2,828	3,287,306	1,162
San Francisco	1,225	897,806	732	1,175	842,754	730	1,186	842,754	710
San Joaquin	371	773,632	2,085	371	784,298	2,114	380	784,298	2,063
San Luis Obispo	225	277,259	1,232	207	280,721	1,357	210	280,721	1,336
San Mateo	858	773,244	901	853	744,662	900	844	744,662	882
Santa Barbara	324	451,840	1,394	312	445,164	1,436	314	445,164	1,417
Santa Clara	2,292	1,961,969	856	2,284	1,894,783	848	2,305	1,894,783	822
Santa Cruz	170	271,233	1,595	166	255,564	1,651	170	255,564	1,568
Shasta	115	178,045	1,548	107	180,531	1,718	103	180,531	1,752
Sierra	1	3,201	3,201	0	3,229	0	0	3,229	0
Siskiyou	24	44,461	1,852	21	43,830	2,003	24	43,830	1,826
Solano	287	440,224	1,533	282	447,241	1,574	279	447,241	1,603
Sonoma	393	492,980	1,254	383	482,404	1,256	384	482,404	1,256
Stanislaus	273	557,709	2,042	271	549,466	2,017	275	549,466	1,998
Sutter	56	100,750	1,799	52	99,145	1,879	51	99,145	1,944

County	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	DDS per County in 2022/23	Pop. In 2022/23	Pop. per DDS in 2022/23
Tehama	29	65,129	2,245	31	65,052	2,194	29	65,052	2,243
Trinity	4	13,548	3,387	3	16,023	5,341	3	16,023	5,341
Tulare	227	479,977	2,114	218	475,014	2,131	221	475,014	2,149
Tuolumne	47	54,917	1,168	48	55,291	1,209	116	55,291	1,128
Ventura	666	842,886	1,265	666	833,652	1,265	7	833,652	1,284
Yolo	114	221,705	1,944	118	221,165	1,874	29	221,165	1,906
Yuba	7	78,887	11,269	6	82,275	11,653	3	82,275	11,753
Out of State/Country	2,614	N/A	N/A	2,369	N/A	N/A	2,169	N/A	N/A
Total	34,922	39,782,870	N/A	32,049	39,185,605	N/A	33,798	39,185,605	N/A

\*Population data obtained from Department of Finance, Demographic Research Unit as of 7/1/2022.

*The counties with the highest Population per DDS are:	Yuba County (1:11,753)	*The counties with the lowest Population per DDS are:	Sierra County (No DDS)
	Trinity County (1:5,341)		Alpine County (No DDS)
	Glenn County (1:4,791)		San Francisco County (1:710)
	Imperial County (1:4,719)		Orange County (1:774)
	Colusa County (1:3,634)		Marin County (1:859)

**Action Requested**

No action is requested.



## MEMORANDUM

<b>DATE</b>	January 11, 2023
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Owen Dudley, Chief of Regulatory Compliance and Discipline Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 12.a.:</b> Diversion Program Report and Statistics

### **Background**

The Diversion Evaluation Committee (DEC) program statistics for the ending quarter of December 31, 2022 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 2022/2023							YTD Totals	FY 21/22	FY 20/21	FY 19/20
	Quarter 1			Quarter 2							
	Jul	Aug	Sep	Oct	Nov	Dec					
New Participants	0	1	1	0	0	0	2	3	3	1	
Total Participants (Close of Qtr/FY)	7	8	9	7	7	7	7	12	12	15	
Self-Referral	2	2	3	3	3	3	3	5	5	3	
Enforcement Referral	1	1	1	1	0	0	0	2	2	5	
Probation Referral	4	5	5	5	4	4	4	5	5	7	
Total Completed Cases	0	0	0	0	0	0	0	4	3	6	
Successful Completions	0	0	0	0	0	0	0	0	2	3	
Terminations	0	0	0	2	0	0	2	4	1	3	
Terminations for Public Threat	0	0	0	0	0	0	0	0	0	0	
Drug Tests Ordered	31	26	35	29	22	29	172	352	415	498	
Positive Drug Tests	0	0	0	0	0	0	0	3	1	0	
Prescription Positive Tests	0	0	0	0	0	1	1	29	4	0	

Of the seven (7) participants, there were three (3) self-referrals and four (4) probation referrals.

### **Action Requested**

No action requested.

Agenda Item 12.a.: Diversion Program Report and Statistics  
Dental Board of California Meeting  
February 9-10, 2023



## MEMORANDUM

<b>DATE</b>	January 12, 2023
<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 12.b.:</b> Controlled Substance Utilization Review and Evaluation System 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 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 (Board) currently has 34,866 active licensed dentists as of December 31, 2022.

Registration statistics for the Board as of December 31, 2022 are:

Month 2022	Number of Registered DDS/DMD Users
January	16,824
February	16,867
March	16,913
April	16,945
May	16,978
June	17,027
July	17,075
August	17,104
September	17,177
October	17,238
November	17,286
December	17,330

Search statistics for the Board as of December 31, 2022 are:

<b>Month 2022</b>	<b>Search Statistics</b>
January	17,047
February	19,609
March	24,086
April	17,058
May	16,564
June	16,630
July	14,362
August	20,001
September	18,256
October	18,869
November	15,986
December	16,294

System accessed statistics for the Board as of March 2022 are:

<b>Month 2022</b>	<b>Times System was Accessed (total number of web application and information exchange web services)</b>
January	3,747
February	3,661
March	4,433

Note: This data has not been available since March 2022 due to a CURES software update. Statistics for **Times System was Accessed** is no longer being tracked.

Help Desk statistics for the Board as of December 31, 2022 are:

<b>Month 2022</b>	<b>Help Desk Statistics (total number of email and telephone inquiries)</b>
January	289
February	204
March	220
April	54
May	23
June	26
July	128
August	98
September	92
October	115
November	77
December	81



The number of prescriptions filled by schedule for the months of October, November, and December 2022 are:

**DCA Number of Prescriptions Filled by Schedule for October – December 2022**

	<u>October</u>	<u>November</u>	<u>December</u>
Schedule II	1,214,087	1,163,825	1,265,718
Schedule III	212,576	204,197	224,957
Schedule IV	1,029,058	976,161	1,063,904
Schedule V	138,754	156,501	172,430
R	3,243	2,954	2,284
Over-the-Counter Product	68,010	68,991	75,151
<b>Total:</b>	<b>2,665,728</b>	<b>2,572,629</b>	<b>2,804,444</b>

Notes:

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

**Action Requested**

No action requested.



## DCA 4th Quarterly Statistics 2022

Registered Users		October	November	December
<b>Total Registered Users</b>		<b>247,254</b>	<b>248,406</b>	<b>249,309</b>
<b>Clinical Roles</b>				
Prescribers		179,709	180,228	180,911
Non-DEA Practitioners		11,998	12,269	12,282
Pharmacists		50,362	50,593	50,740
<b>Sub-Total A</b>		<b>242,069</b>	<b>243,090</b>	<b>243,933</b>
<b>License Type</b>				
Doctor of Dental Surgery/Dental Medicine		17,238	17,286	17,330
Doctor of Optometry		696	698	700
Doctor of Podiatric Medicine		1,647	1,652	1,658
Doctor of Veterinary Medicine		3,650	3,657	3,670
Medical Doctor		122,761	123,129	123,420
Naturopathic Doctor		500	502	509
Osteopathic Doctor		9,323	9,391	9,455
Physician Assistant		13,302	13,402	13,489
Registered Nurse Practitioner/Nurse Midwife		21,783	21,972	22,153
Other (Out of State) Prescribers		807	808	809
Pharmacists		49,495	49,722	49,866
Other (Out of State) Pharmacists		867	871	874
<b>Sub-Total B</b>		<b>242,069</b>	<b>243,090</b>	<b>243,933</b>
<b>Other Roles</b>				
LEAs		1,653	1,656	1,658
Delegates		3,145	3,268	3,325
DOJ Administrators		59	60	60
DOJ Analysts		89	90	92
Regulatory Board		239	242	241
<b>Sub-Total C</b>		<b>5,185</b>	<b>5,316</b>	<b>5,376</b>

**NOTE:**

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Registered Users
3. Stats are from the 1st of the month to the last day of the month



## DCA 4th Quarterly Statistics 2022

Number of Searches		October	November	December
<b>Clinical Roles</b>				
Prescribers		6,707,991	6,531,627	6,278,734
Non-DEA Practitioners		8,246	6,599	4,706
Pharmacists		4,026,658	3,987,438	4,237,658
	<b>Sub-Total A</b>	<b>10,742,895</b>	<b>10,525,664</b>	<b>10,521,098</b>
<b>License Type</b>				
Doctor of Dental Surgery/Dental Medicine		18,869	15,986	16,294
Doctor of Optometry		1,989	2,362	2,226
Doctor of Podiatric Medicine		42,148	35,872	35,686
Doctor of Veterinary Medicine		102	32	189
Medical Doctor		5,117,990	4,948,935	4,723,365
Naturopathic Doctor		1,221	1,107	1,376
Osteopathic Doctor		509,316	513,464	473,005
Physician Assistant		431,708	432,961	435,866
Registered Nurse Practitioner/Nurse Midwife		587,998	582,867	590,789
Other (Out of State) Prescribers		4,896	4,640	4,644
Pharmacists		3,997,613	3,957,585	4,205,144
Other (Out of State) Pharmacists		29,045	29,853	32,514
	<b>Sub-Total B</b>	<b>10,742,895</b>	<b>10,525,664</b>	<b>10,521,098</b>
<b>Other Roles</b>				
LEAs		105	52	105
Delegates		39,060	39,489	40,290
DOJ Administrators		577	235	119
DOJ Analysts		9	40	21
Regulatory Board		2,097	1,837	1839
	<b>Sub-Total C</b>	<b>41,848</b>	<b>41,653</b>	<b>42,374</b>
<b>Total Search Counts</b>		<b>10,784,743</b>	<b>10,567,317</b>	<b>10,563,472</b>

**NOTE:**

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total PARs Ran
3. Stats are from the 1st of the month to the last day of the month
4. Search counts reflect total searches (Web App+Delegate+IEWS)



## DCA 4th Quarterly Statistics 2022

Number of CURES Help Desk Requests		October	November	December
<b>Clinical Roles</b>				
	Prescribers/Non-DEA Practitioners	2,367	1,862	1,711
	Pharmacists	516	487	508
	<b>Sub-Total A</b>	<b>2,883</b>	<b>2,349</b>	<b>2,219</b>
<b>License Type</b>				
	Doctor of Dental Surgery/Dental Medicine	115	77	81
	Doctor of Optometry	4	2	0
	Doctor of Podiatric Medicine	9	6	7
	Doctor of Veterinary Medicine	58	45	38
	Medical Doctor	1,580	1,228	1,088
	Naturopathic Doctor	7	5	0
	Osteopathic Doctor	127	82	95
	Physician Assistant	159	151	129
	Registered Nurse Practitioner/Nurse Midwife	308	266	273
	Pharmacists	516	487	508
	Other (Non-Specific License Type)		0	0
	<b>Sub-Total B</b>	<b>2,883</b>	<b>2,349</b>	<b>2,219</b>
<b>Other Roles</b>				
	LEAs	8	21	23
	Delegates	32	39	35
	DOJ Administrators	0	0	0
	DOJ Analysts	0	0	0
	Regulatory Board	3	13	8
	<b>Sub-Total C</b>	<b>43</b>	<b>73</b>	<b>66</b>
<b>Total Help Desk Requests</b>		<b>2,973</b>	<b>2,422</b>	<b>2,285</b>

**NOTE:**

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



## DCA 4th Quarterly Statistics 2022

Prescription Counts	October	November	December
<b>Number of Distinct Prescriptions</b>	<b>2,662,485</b>	<b>2,569,675</b>	<b>2,802,160</b>
<b>Number of Prescriptions Filled by Schedule</b>			
Schedule II	1,214,087	1,163,825	1,265,718
Schedule III	212,576	204,197	224,957
Schedule IV	1,029,058	976,161	1,063,904
Schedule V	138,754	156,501	172,430
R	3,243	2,954	2,284
Over-the-counter product	68,010	68,991	75,151
<b>TOTAL</b>	<b>2,665,728</b>	<b>2,572,629</b>	<b>2,804,444</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
4. Over-the-counter product



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

Table with 2 columns: Field (DATE, TO, FROM, SUBJECT) and Content (January 13, 2023, Members of the Dental Board of California, John Tran, Associate Governmental Program Analyst Dental Board of California, Agenda Item 13.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics)

Background

Newly approved General Anesthesia (GA), Medical General Anesthesia (MGA), and Moderate Sedation (MS) permitholders are subject to an onsite inspection and evaluation prior to the issuance or renewal of a permit at the discretion of the Dental Board of California (Board) and at least once every five years for GA and MGA permitholders, or every six years for MS permitholders, to continue active status and good standing of their permits.

Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) repealed Business and Professions Code (BPC) sections 1647.–1647.9.5 as of January 1, 2022, eliminated the Conscious Sedation (CS) permit, and replaced it with the new MS permit. To implement SB 501, the Board promulgated a rulemaking, which was approved by the Office of Administrative Law and became effective on August 16, 2022. Among other things, the rulemaking amended California Code of Regulations (CCR) section 1043.2, subsection (b), to remove and replace each mention of the CS permit with the new MS permit.

After enactment of SB 501 and the implementing regulations, the Board can no longer conduct onsite inspections and evaluations for CS permitholders. A CS permitholder who was issued a permit before January 1, 2022, may follow the terms of that existing permit until it expires, even if they were due to complete an onsite inspection and evaluation.

In September 2022, Board staff stopped scheduling and performing onsite inspections and evaluations of CS permitholders. As the CS permits expire, Board staff will continue to monitor and investigate grievances related to permitting for the administration of conscious sedation.

## Onsite Inspection and Evaluation Statistics

This memo provides a statistical overview of onsite inspections and evaluations administered by the Board for GA, MGA, and CS permits. As of the date of this memo, no MS permit inspections and evaluations have been scheduled or administered. The first MS permit (MS 1) was issued on September 15, 2022. Onsite inspections and evaluations must be conducted within one year of issuance of a new MS permit, and new permit holders are allowed to practice within the scope of their permit until then. Over the next few months, Board staff will contact newly licensed MS permit holders to schedule and conduct onsite inspections and evaluations.

## General Anesthesia Inspection and Evaluation Statistics

### General Anesthesia Statistics for Fiscal Year 2022–23

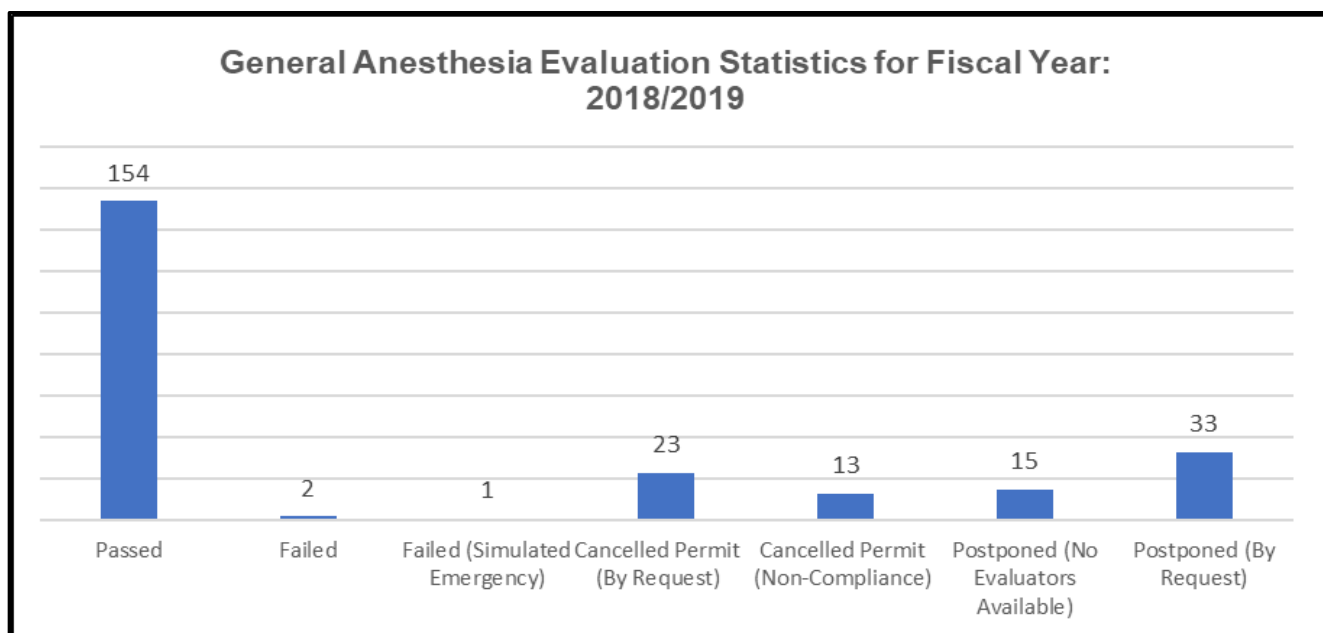
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2022	9	0	0	2	0	11	1
Aug 2022	10	0	0	2	1	5	1
Sep 2022	18	0	0	0	1	12	1
Oct 2022	12	0	0	4	3	7	3
Nov 2022	17	0	0	2	0	13	2
Dec 2022*	20	0	0	1	0	8	2
Jan 2023							
Feb 2023							
Mar 2023							
Apr 2023							
May 2023							
Jun 2023							
<b>Total</b>	<b>86</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>5</b>	<b>56</b>	<b>10</b>

\*Approximate number of GA evaluations scheduled for December 2022.

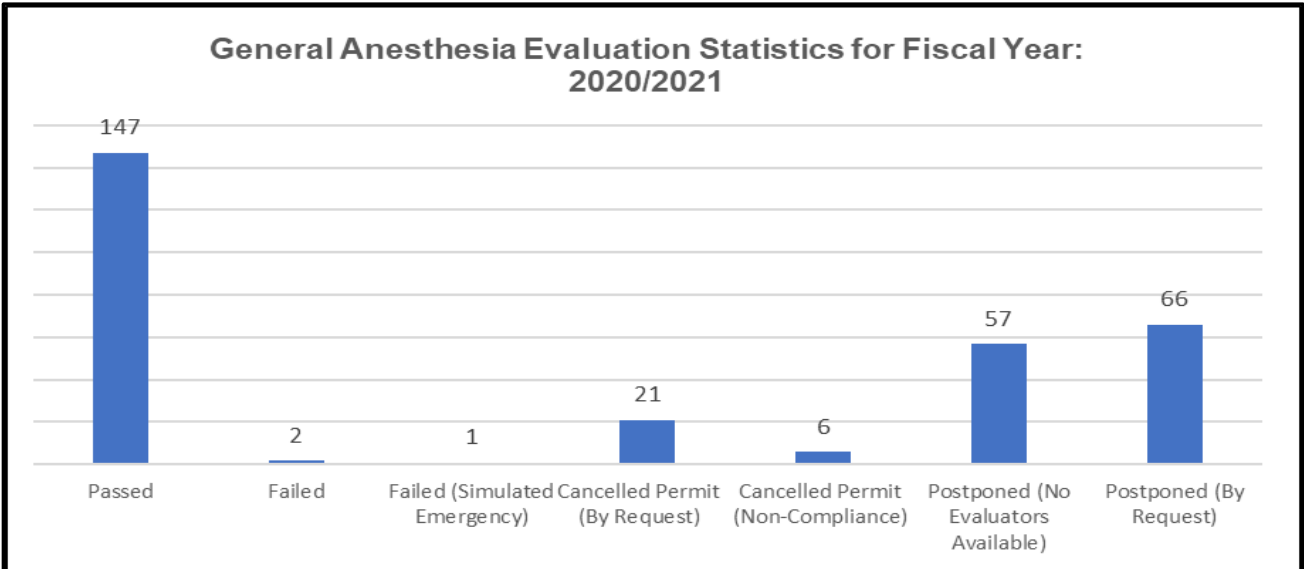
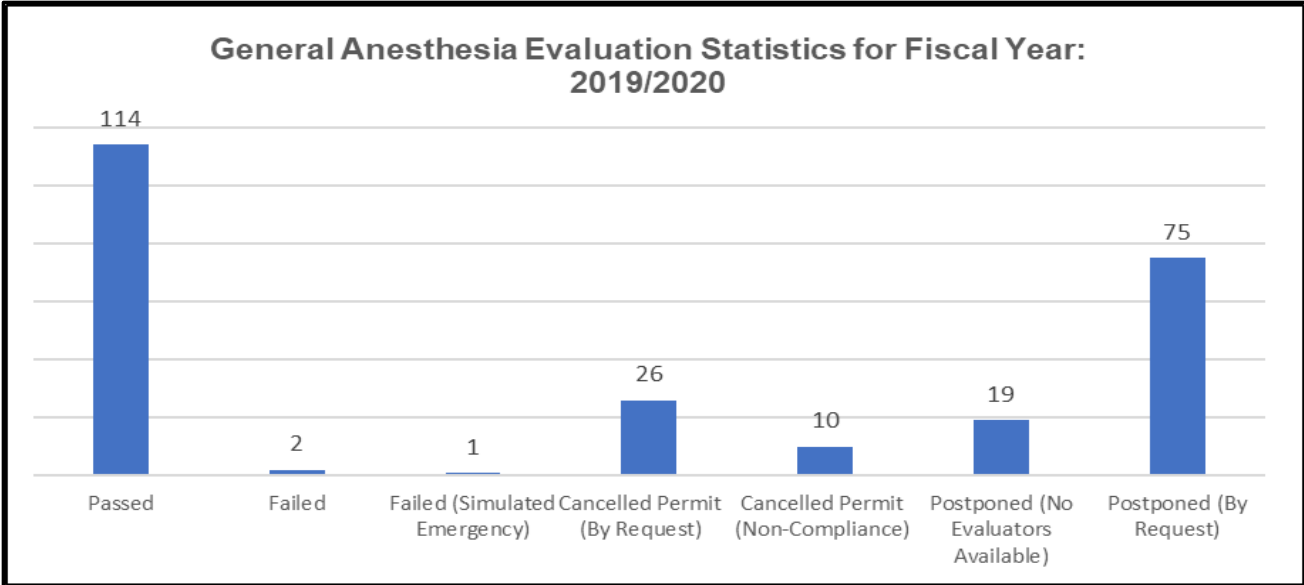
## General Anesthesia Statistics for Fiscal Years 2018–19, 2019–20, 2020–21, 2021–22, and 2022–23

	18–19	19–20	20–21	21–22	22–23*
<b>Passed Evaluation</b> – Permitholder met all required components of the onsite evaluation.	154	114	147	160	86
<b>Failed Evaluation</b> – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	2	2	2	0	0
<b>Failed Simulated Emergency</b> – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	1	1	1	2	0
<b>Cancelled Permit by Request</b> – Permitholder no longer wanted permit.	23	26	21	12	11
<b>Cancelled Permit for Noncompliance</b> – Permitholder did not complete required onsite evaluation.	13	10	6	6	5
<b>Postponed (No Evaluators Available)</b> – Permitholder evaluation was postponed due to no available evaluators.	15	19	57	27	56
<b>Postponed (By Request)</b> – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	33	75	66	37	10

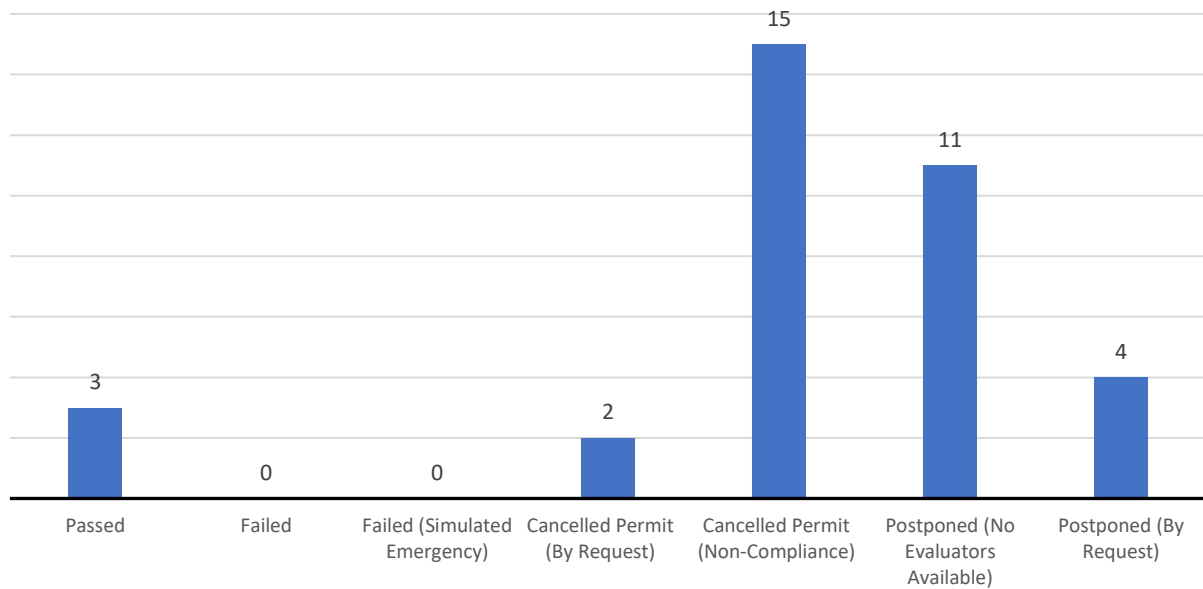
\* Approximate number of evaluations scheduled for 2022–23.



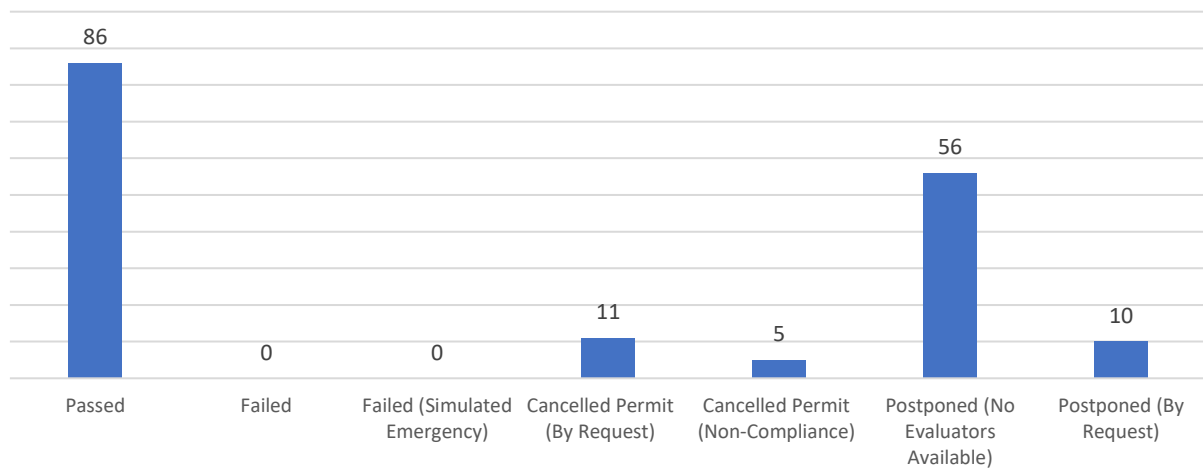




**General Anesthesia Evaluation Statistics for Fiscal Year:  
2021/2022**



**General Anesthesia Evaluation Statistics for Fiscal Year:  
2022/2023\***



\* Approximate number of GA evaluations scheduled for 2022–23.

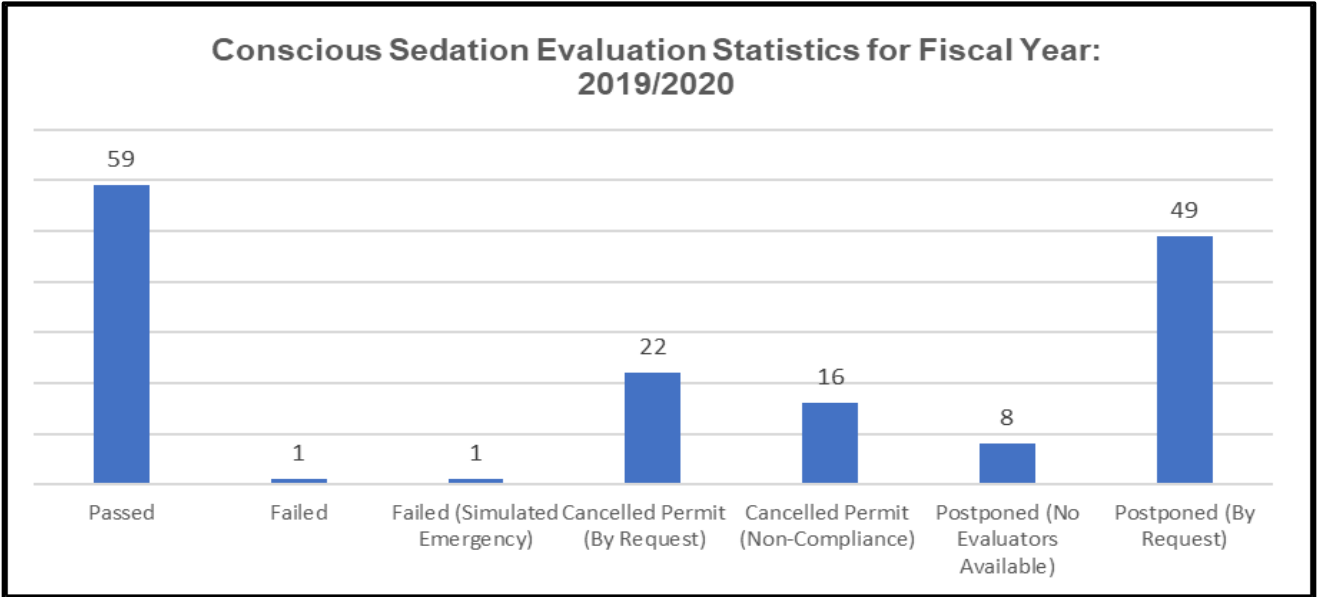
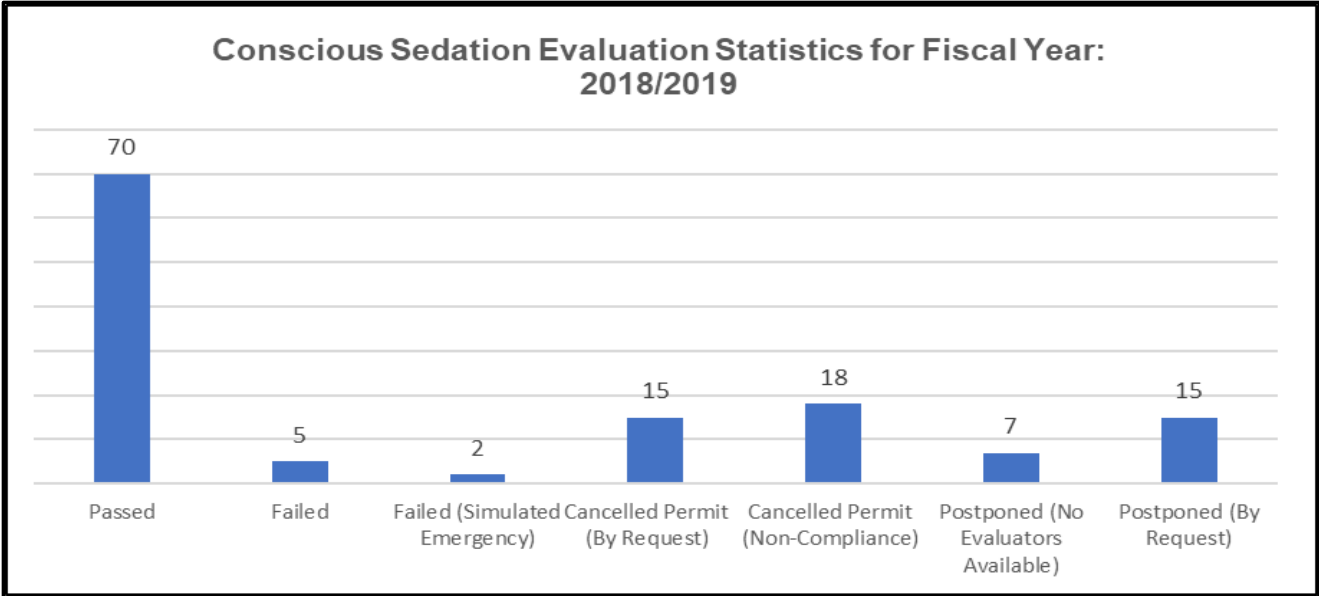
**Conscious Sedation Inspection and Evaluation Statistics**

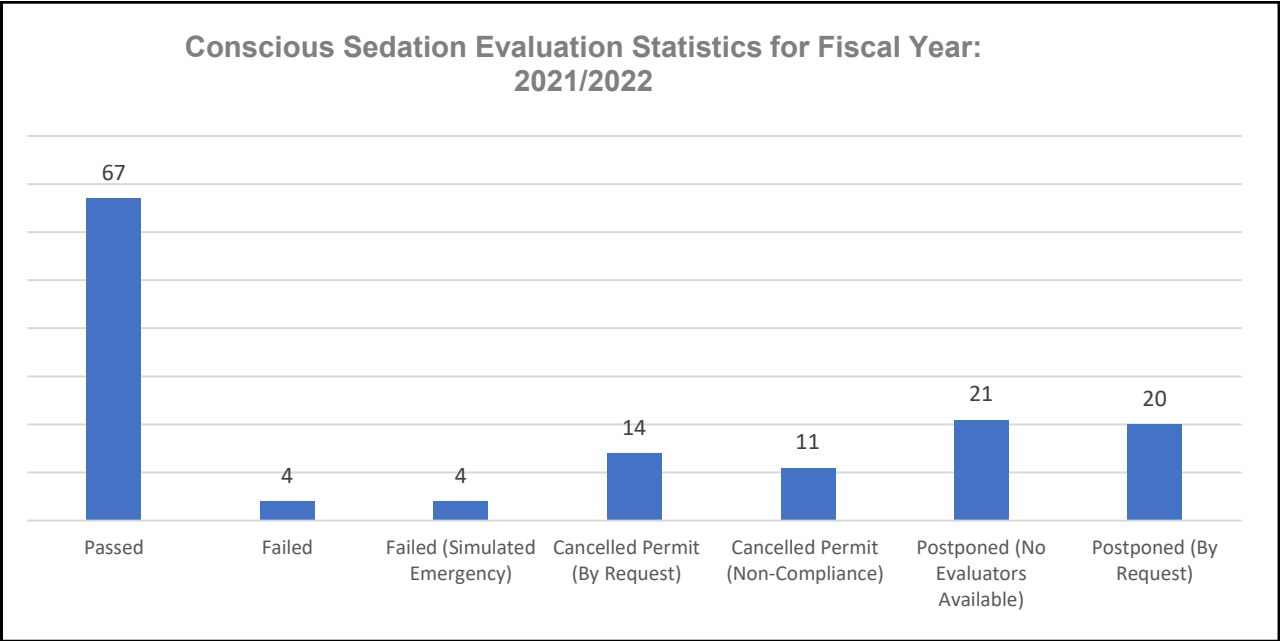
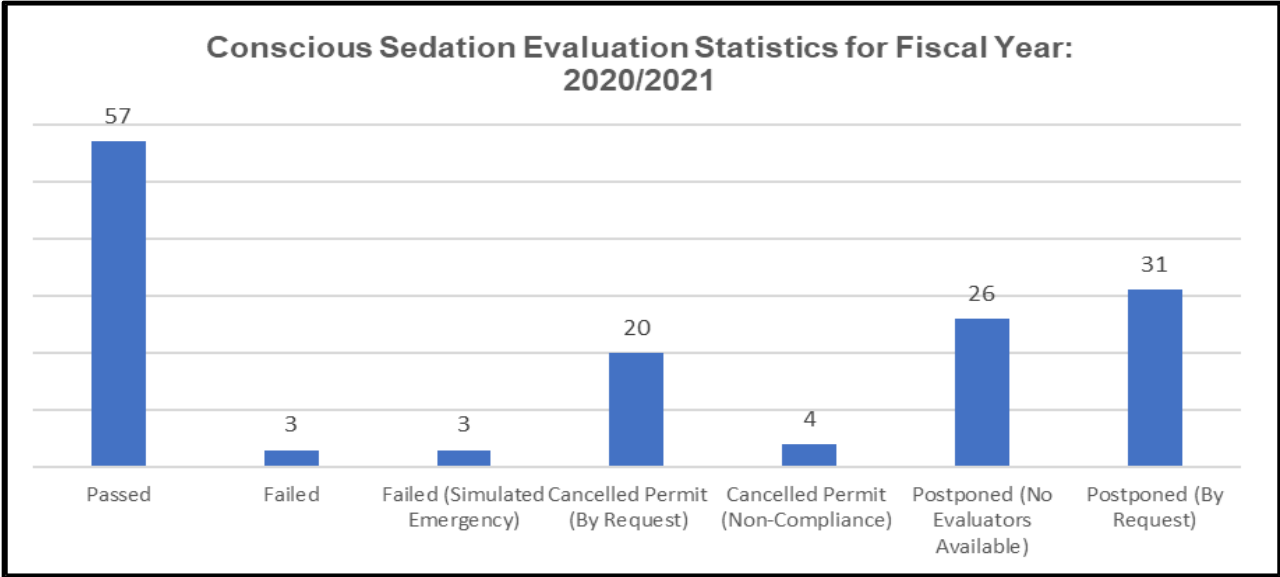
**Conscious Sedation Statistics for Fiscal Year 2022–23**

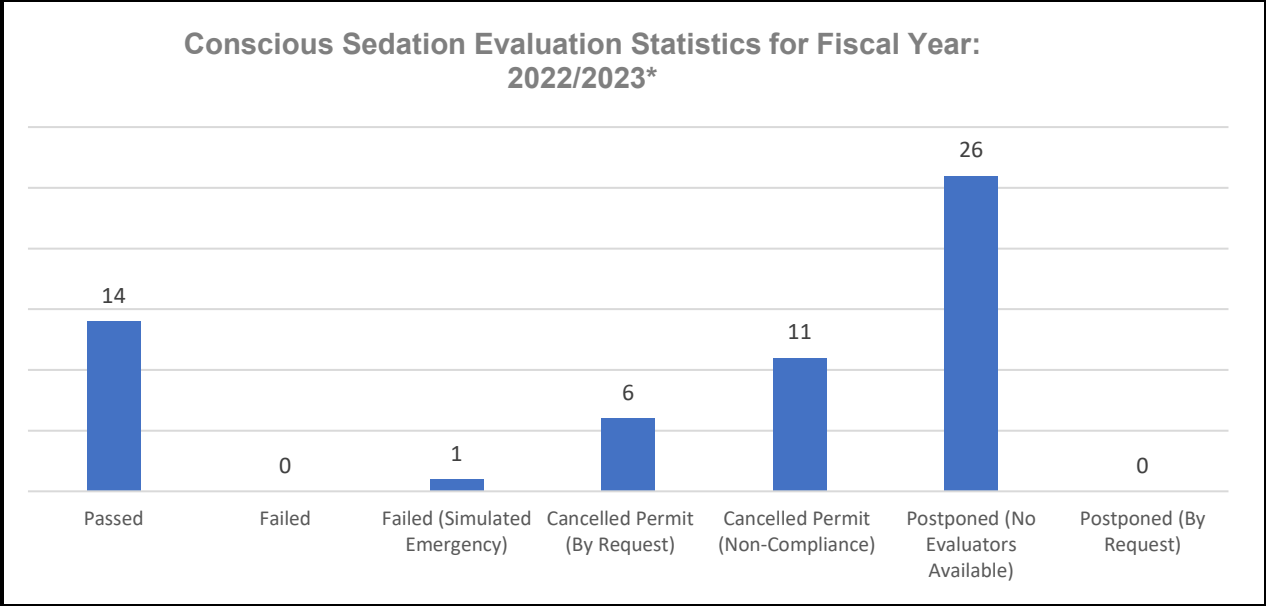
	Passed Eval-uation	Failed Eval-uation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2022	3	0	0	1	1	6	0
Aug 2022	7	0	1	0	0	9	0
Sep 2022	4	0	0	5	0	11	0
Oct 2022							
Nov 2022							
Dec 2022							
Jan 2023							
Feb 2023							
Mar 2023							
Apr 2023							
May 2023							
Jun 2023							
<b>Total</b>	<b>14</b>	<b>0</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>26</b>	<b>0</b>

**Conscious Sedation Statistics for Fiscal Years 2018–19, 2019–20, 2020–21, 2021–22, and 2022–23**

	18–19	19–20	20–21	21–22	22–23*
<b>Passed Evaluation</b> – Permitholder met all required components of the onsite evaluation.	70	59	57	67	14
<b>Failed Evaluation</b> – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	5	1	3	4	0
<b>Failed Simulated Emergency</b> – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	2	1	3	4	1
<b>Cancelled Permit by Request</b> – Permitholder no longer wanted permit.	15	22	20	14	6
<b>Cancelled Permit for Non-Compliance</b> – Permitholder did not complete required onsite evaluation.	18	16	4	11	11
<b>Postponed (No Evaluators Available)</b> – Permitholder evaluation was postponed due to no available evaluators.	7	8	26	21	26
<b>Postponed (By Request)</b> – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	15	49	31	20	0







**Medical General Anesthesia Inspection and Evaluation Statistics**

**Medical General Anesthesia Statistics for Fiscal Year 2022–23**

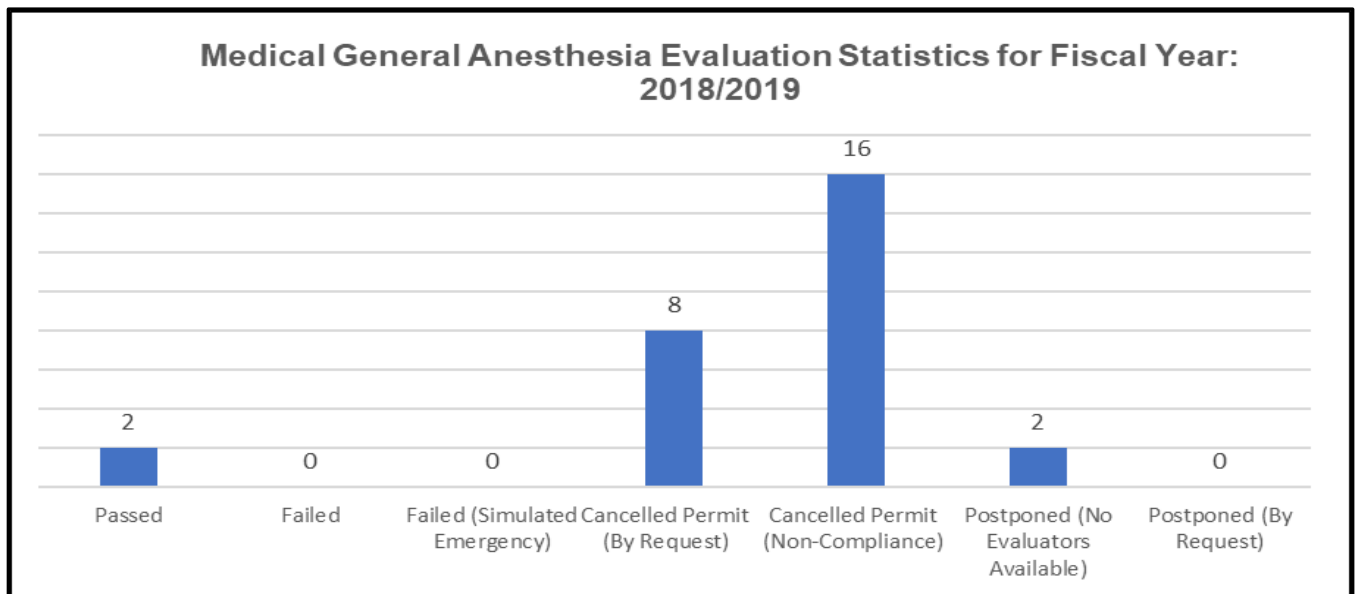
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2022	0	0	0	1	0	1	0
Aug 2022	0	0	0	1	0	2	0
Sep 2022	1	1	0	0	2	0	0
Oct 2022	2	0	0	0	2	0	0
Nov 2022	0	0	0	0	2	0	0
Dec 2022*	1	0	0	1	1	0	0
Jan 2023							
Feb 2023							
Mar 2023							
Apr 2023							
May 2023							
Jun 2023							
<b>Total</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>7</b>	<b>3</b>	<b>0</b>

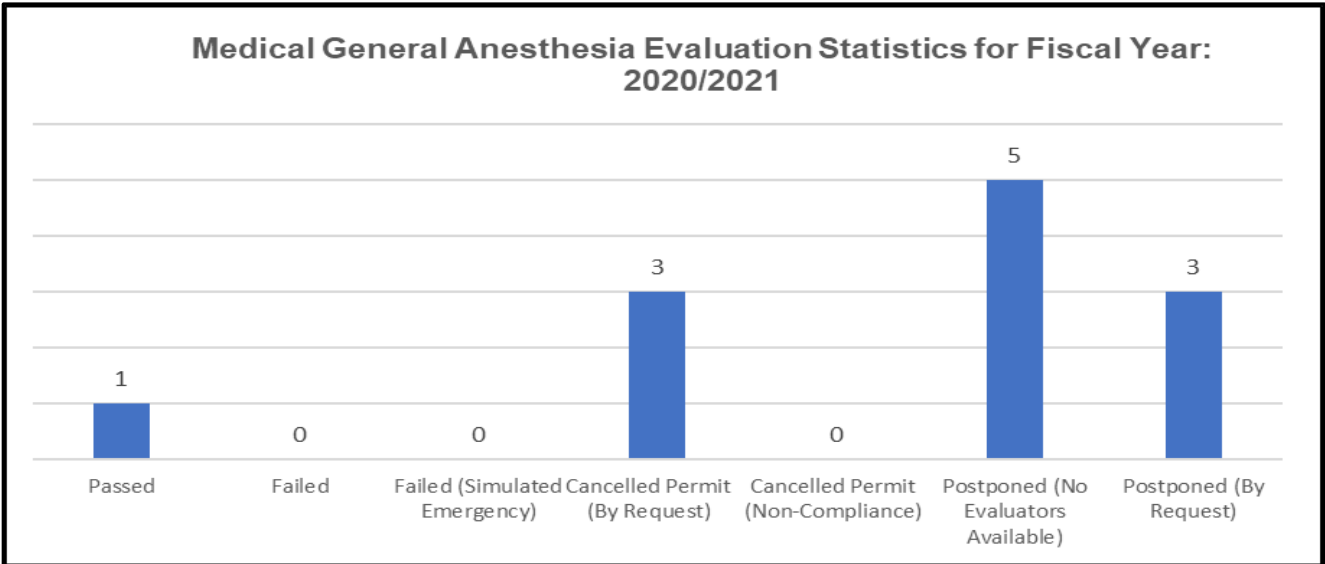
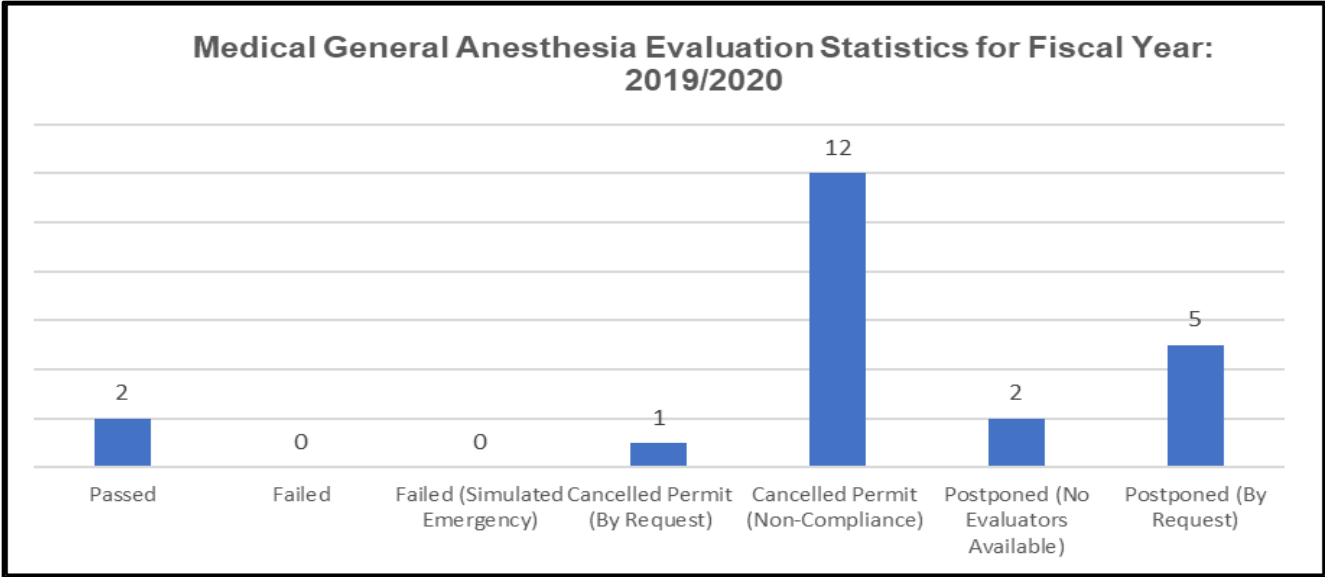
\* Approximate number of MGA evaluations scheduled for December 2022.

**Medical General Anesthesia Statistics for Fiscal Years 2018–19, 2019–20, 2020–21, 2021–22, and 2022–23**

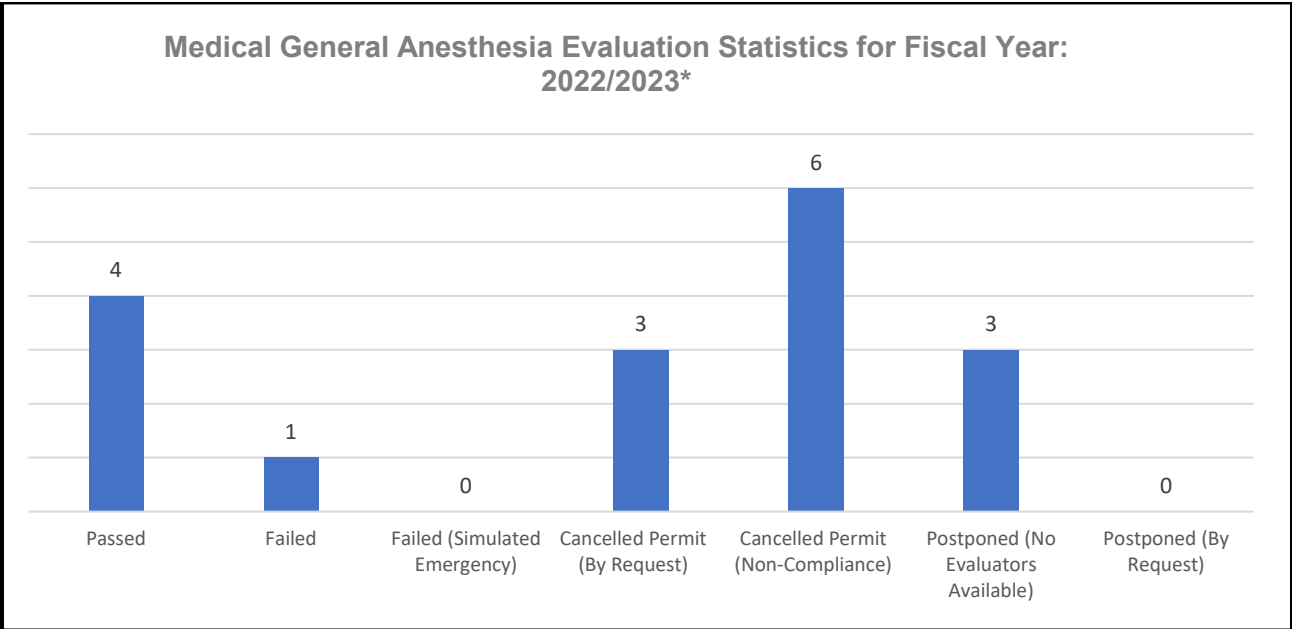
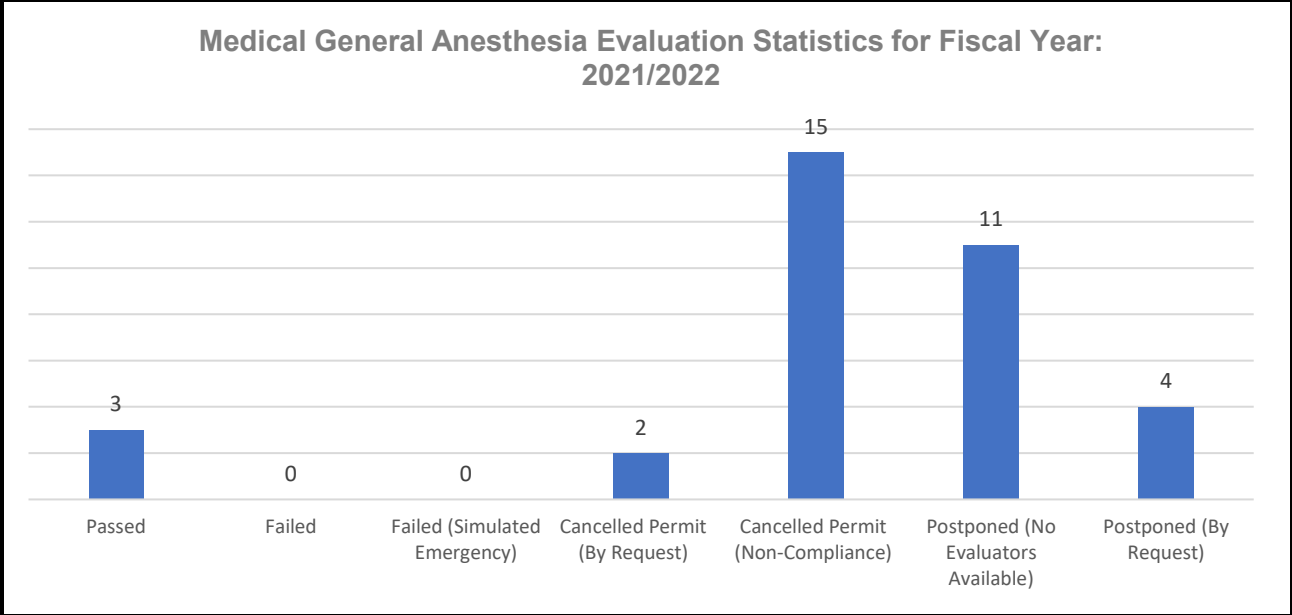
	18–19	19–20	20–21	21–22	22–23*
<b>Passed Evaluation</b> – Permitholder met all required components of the onsite evaluation.	2	2	1	3	4
<b>Failed Evaluation</b> – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	0	0	0	0	1
<b>Failed Simulated Emergency</b> – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	0	0	0	0	0
<b>Cancelled Permit by Request</b> – Permitholder no longer wanted permit.	8	1	3	2	3
<b>Cancelled Permit for Non-Compliance</b> – Permitholder did not complete required onsite evaluation.	16	12	0	15	7
<b>Postponed (No Evaluators Available)</b> – Permitholder evaluation was postponed due to no available evaluators.	2	2	5	11	3
<b>Postponed (By Request)</b> – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	0	5	3	4	0

\* Approximate number of MGA evaluations scheduled for 2022–23.









\* Approximate number of MGA evaluations scheduled for 2022–23.

### **Current Evaluators per Region**

<b>Region</b>	<b>GA</b>	<b>MGA</b>
Northern California	120	16
Southern California	153	14

### **Action Requested**

No action is requested.



## MEMORANDUM

<b>DATE</b>	January 6, 2023
<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 13.b.:</b> Update Regarding Board Implementation of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018)

### Background

On September 29, 2018, Governor Brown signed Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018). 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. The anesthesia provisions impact permit holders in California, including holders of General Anesthesia (GA), Medical General Anesthesia (MGA), Conscious Sedation (CS), and Oral Conscious Sedation for Minors (OCS-M) permits.

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, the Dental Board of California (Board) implemented significant changes to the current anesthesia and sedation permit program. These changes include:

- New patient monitoring requirements when administering anesthesia or sedation to pediatric patients.
- A new Moderate Sedation (MS) permit required to administer or order the administration of moderate sedation.
- A new Pediatric Minimal Sedation (PMS) permit required to administer or order the administration of pediatric minimal sedation on a patient under the age of 13.
- A new pediatric endorsement for GA, MGA, and MS permit holders who administer moderate sedation, deep sedation, or general anesthesia to pediatric patients.

Agenda Item 13.b.: Update Regarding Board Implementation of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018)  
Dental Board of California Meeting  
February 9–10, 2023

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## **Regulations to Implement SB 501**

In 2020, Board staff began working with subject matter experts and Legal Counsel to develop draft regulations needed to implement the required changes. The proposed regulatory language was approved by the Board on November 19, 2021, and the Board submitted the initial rulemaking file and necessary materials to the Office of Administrative Law (OAL) for publication in the California Regulatory Notice Register. Publication initiated a 45-day public comment period on the proposed regulations on December 31, 2021.

During the 45-day public comment period, which closed on February 15, 2022, Board staff received several written public comments, as well as four requests for a public hearing. A public hearing was held on February 16, 2022, through WebEx teleconferencing, and seven members of the public offered public comment. At a Board meeting on March 14, 2022, Board staff presented a summary of the comments received and proposed Board responses. In addition, Board staff presented additional modifications to the proposed regulations. The modifications were intended to clean up typographical errors and correct inadvertent omissions of necessary information that were identified during the review.

The Board discussed and accepted Board staff recommendations on the comments received. The Board approved the modified text and documents added to the rulemaking file and directed Board staff to take all steps necessary to complete the rulemaking process. These steps included sending out the modified text and notice of the addition of documents added to the rulemaking file for an additional 15-day comment period. If no adverse comments were received by the close of the 15-day public comment period, the Board authorized the Executive Officer to make any non-substantive changes to the proposed regulations and to adopt the proposed regulations as described in the modified text notice. The rulemaking file was noticed and posted to the Board's website on March 18, 2022. The 15-day public comment period closed on April 4, 2022, and Board staff received one adverse comment that was subsequently withdrawn.

The final rulemaking package was submitted to OAL and the Department of Finance on May 2, 2022. On June 8, 2022, Board staff began discussions with OAL staff regarding items identified in the proposed text that would require substantive changes and approval from the Board. On June 14, 2022, Board staff withdrew the rulemaking file to make the changes to the proposed text necessary for final approval.

At a Board meeting on June 28, 2022, Board staff presented the additional modifications to the proposed regulations that were identified in the review conducted by OAL. The Board discussed and approved the second modified text and forms and directed staff to take all steps necessary to complete the rulemaking process. These steps included sending out the second modified text notice with these modifications for an additional 15-day comment period. If no adverse comments were received by the

Agenda Item 13.b.: Update Regarding Board Implementation of Senate Bill (SB)  
501 (Glazer, Chapter 929, Statutes of 2018)  
Dental Board of California Meeting  
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close of the 15-day comment period, the Board authorized the Executive Officer to make any non-substantive changes to the proposed regulations and to adopt the proposed regulations as described in the second modified text notice.

The rulemaking file of the second modified text was noticed and posted to the Board’s website on June 29, 2022. The 15-day public comment period closed on July 14, 2022. Adverse comments were received; however, they were found to be not related to the second modified text and were not considered. On July 21, 2022, the final rulemaking package was submitted to OAL. The proposed regulatory language was approved by OAL and became effective on August 16, 2022.

### Implementation of SB 501 Permits

To implement the new SB 501 permits, BreEZe has been configured to incorporate the statutory and regulatory requirements for issuing and renewing those permits. Initial BreEZe design meetings began in March 2022, and Board staff began working with the vendor to implement a simplified version of BreEZe. This version was put into production on August 19, 2022. Board staff continue to encounter system fixes, and the configuration and maintenance of the BreEZe system is ongoing. Board staff are also working with Office of Information Services (OIS) staff and the vendor to configure online transactions to begin accepting applications online.

On August 23, 2022, an email notification was sent to licensees and interested parties, and an [Alert](#) was posted to the Board’s website to announce the approval of the new regulations implementing SB 501. The email included information and links to new websites created for each of the permits. The first applications were received on August 26, 2022. The table below shows the number of applications received and processed (i.e., deficient or approved) for licensure by Board staff since August 2022.

<b>Permit/Application Type</b>	<b>Deficient Applications Received</b>	<b>Approved Applications Received</b>	<b>Total Applications Received</b>
GA Permit Initial Application	3	8	<b>11</b>
GA Permit Application for Pediatric Endorsement	1	9	<b>10</b>
MGA Permit Initial Application	0	6	<b>6</b>
MGA Permit Application for Pediatric Endorsement	3	8	<b>11</b>
MS Permit Initial Application	11	53	<b>64</b>

<b>Permit/Application Type</b>	<b>Deficient Applications Received</b>	<b>Approved Applications Received</b>	<b>Total Applications Received</b>
MS Permit Application for Pediatric Endorsement	1	0	1
PMS Permit Initial Application	1	23	<b>24</b>

### **Legislative Amendments**

After the implementation of SB 501, Board staff and Legal Counsel identified four areas in current law that would benefit from legislative amendments. Legislative proposals in these four areas were presented to the Board and approved at the November 2021, August 2022, and November 2022 Board meetings. As Board staff continue to work on the implementation of SB 501, additional issues with the sedation and anesthesia permit statutes have been identified.

To resolve the newly identified statutory issues, staff have drafted legislative proposals intended to be consolidated with the four previously approved legislative proposals. The consolidated legislative proposal will be presented to the Board by Legislative and Regulatory Specialist, David Bruggeman, for discussion in Agenda Item 22. If approved, the consolidated legislative proposal will be submitted to the California State Legislature in the Board's Sunset Review Report.

### **Action Requested**

No action is requested.



## MEMORANDUM

<b>DATE</b>	January 6, 2023
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Jessica Olney, Staff Services Manager I Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 13.c.:</b> Discussion and Possible Action Regarding Appointment of General Anesthesia and Medical General Anesthesia Permit Evaluators

### Background

Business and Professions Code (BPC) sections 1646.4 and 1646.9 authorize the Dental Board of California (Board) to conduct onsite inspections and evaluations of existing General Anesthesia (GA) and Medical General Anesthesia (MGA) permits. Onsite inspections and evaluations are conducted by a team of one or two evaluators, who are contracted by the Board as subject matter experts. The evaluators provide an independent evaluation and recommend a grade on a pass–fail system per California Code of Regulations (CCR), title 16, section 1043.6.

Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) changed existing provisions that govern the administration of minimal, moderate, and deep sedation and general anesthesia on dental patients. The SB 501 rulemaking, which became operative on August 16, 2022, amended CCR, title 16, section 1043.2 regarding the composition of teams performing onsite inspection and evaluation of existing and new GA and MGA permits. That section now provides that the onsite inspection and evaluation team consist of two or more persons for the first evaluation, or if an applicant has failed an evaluation. For each subsequent evaluation, only one evaluator is required. In addition, the GA or MGA permit evaluators must meet the following criteria:

1. The evaluators must meet one of the listed criteria in the Application for General Anesthesia Permit (Form GAP-1 New 05/2021) for general anesthesia and must have utilized general anesthesia in a dental practice setting for a minimum of three years immediately preceding their application to be an evaluator, exclusive of any general anesthesia sedation training.
2. At least one of the evaluators must have experience in evaluation of dentists administering general anesthesia. At least one member of the team must have substantial experience in the administration of the method of delivery of general anesthesia used by the dentist being evaluated.

Agenda Item 13.c.: Discussion and Possible Action Regarding Appointment of General Anesthesia and Medical General Anesthesia Permit Evaluators  
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February 9-10, 2023

3. Evaluators shall possess a current, active, and unrestricted license from the Board or the Medical Board of California for applicants qualifying under BPC section 1646.9. "Unrestricted" means not subject to any disciplinary action such as revocation, suspension, or probation.
4. The Board may appoint a licensee member of the Board to serve as a consultant at any evaluation.

Pursuant to BPC section 1646.11, a holder of a GA or MGA permit issued or renewed on or before January 1, 2022 may follow the terms of that existing permit until it expires, and any permit issued or renewed on or after January 1, 2022 requires the permitholder to follow the new statutory requirements. Therefore, holders of GA and MGA permits issued or renewed on or after January 1, 2022 are required to comply with the amended terms of CCR, title 16, section 1043.3 for onsite inspections.

To increase the pool of available evaluators for the onsite inspection and evaluation program, Board staff post a continuous recruitment notice on the Board's website.

### **Appointment of Onsite Inspection and Evaluation Program Evaluators**

The permitholders below have applied to become evaluators for the onsite inspection and evaluation program. Board staff have reviewed the applications and recommend approval of their appointment as evaluators.

1. Dr. Samer Albadawi, Dental License 60242, and General Anesthesia Permit 1740. Dr. Albadawi has held an active GA permit since June 30, 2015, and practices as an oral and maxillofacial surgeon in Davis, CA. If approved, Dr. Albadawi will conduct evaluations in northern California for GA permits.
2. Dr. Karen Anderson-Curtin, Dental License 49837, General Anesthesia Permit 1326. Dr. Anderson-Curtin has held an active GA permit since April 29, 2005, and is a dentist anesthesiologist in Los Angeles, CA. If approved, Dr. Anderson-Curtin will conduct evaluations in southern California for GA permits.
3. Dr. James Habashy, Dental License 60988, General Anesthesia Permit 1711. Dr. Habashy has held an active GA permit since July 18, 2014, and practices as an oral and maxillofacial surgeon in Torrance, CA. If approved, Dr. Habashy will conduct evaluations in southern California for GA permits.
4. Dr. Brian Huh, Dental License 63734, and General Anesthesia Permit 1912. Dr. Huh has held an active GA permit since August 15, 2018, and practices as an oral and maxillofacial surgeon in Fresno, CA. If approved, Dr. Huh will conduct evaluations in central and northern California for GA permits.
5. Dr. George Zakhary, Dental License 101341, and General Anesthesia Permit 1872. Dr. Zakhary has held an active GA permit since November 14, 2017, and practices as an oral and maxillofacial surgeon in Fresno, CA. If approved, Dr. Zakhary will conduct evaluations in central and northern California for GA permits.

Agenda Item 13.c.: Discussion and Possible Action Regarding Appointment of General Anesthesia and Medical General Anesthesia Permit Evaluators  
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6. Dr. Richard L. Katz, Physician's and Surgeon's Certificate 65803, Medical General Anesthesia Permit 205. Dr. Katz has held an active MGA permit since July 12, 2011, and practices as an anesthesiologist in Los Gatos, CA. If approved, Dr. Katz will conduct evaluations in northern California for GA and MGA permits.

**Action Requested**

The Board is asked to consider Board staff's recommendations and make a motion to appoint the five applicants as evaluators for the onsite inspection and evaluation program.

**DENTAL BOARD OF CALIFORNIA**

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



**GENERAL ANESTHESIA/CONSCIOUS SEDATION  
EVALUATOR APPLICATION**

California Code of Regulations Section 1043.2

GA  CS

Samer Albadawi 60242 1740  
Name License Number Permit Number  
[Redacted]  
Mailing Address Phone Number  
[Redacted]  
Fax Number Email Address

Date of your last on-site inspection? 12/5/2022

Have you completed the Evaluator Calibration Training Course? No

Are you limited to conducting evaluations in your region (South/North)? North only

Would you like to evaluate GA cases, CS cases, or both? (Circle one choice) GA only

Type of Practice

- Anesthesia     Oral Pathology     Pedodontics     General Dentist  
 Endodontics     Orthodontics     Periodontology     OMS  
 Prosthodontics     Public Health     Other \_\_\_\_\_

**Certification**

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia/Conscious Sedation program.

12/6/2022

Signature of Applicant

Date

**DENTAL BOARD OF CALIFORNIA**

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**GENERAL ANESTHESIA/CONSCIOUS SEDATION  
EVALUATOR APPLICATION**

California Code of Regulations Section 1043.2

GA  CS

Karen Anderson

DDS 49837

GA 1326

Name

License Number

Permit Number

[Redacted]

Mailing Address

Phone Number

( )

Fax Number

Email Address

Date of your last on-site inspection? 01/2018 (exam scheduled 02/2023)

Have you completed the Evaluator Calibration Training Course? no

Are you limited to conducting evaluations in your region (South/North)? yes

Would you like to evaluate GA cases, CS cases, or both? (Circle one choice)

Type of Practice

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> Anesthesia | <input type="checkbox"/> Oral Pathology | <input type="checkbox"/> Pedodontics    | <input type="checkbox"/> General Dentist |
| <input type="checkbox"/> Endodontics           | <input type="checkbox"/> Orthodontics   | <input type="checkbox"/> Periodontology | <input type="checkbox"/> OMS             |
| <input type="checkbox"/> Prosthodontics        | <input type="checkbox"/> Public Health  | <input type="checkbox"/> Other _____    |  |

**Certification**

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia/Conscious Sedation program.

[Signature]

01/05/2023

Signature of Applicant

Date

**DENTAL BOARD OF CALIFORNIA**

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**GENERAL ANESTHESIA/CONSCIOUS SEDATION  
 EVALUATOR APPLICATION**

California Code of Regulations Section 1043.2

GA  CS

Name James Habashy License Number 60988 Permit Number GA 1711

Mailing Address [Redacted] Phone Number [Redacted]

Fax Number [Redacted] Email Address [Redacted]

Date of your last on-site inspection? 06/2021

Have you completed the Evaluator Calibration Training Course? Yes

Are you limited to conducting evaluations in your region (South/North)? Yes

Would you like to evaluate GA cases, CS cases, or both? (Circle one choice)

Type of Practice

- Anesthesia       Oral Pathology       Pedodontics       General Dentist
- Endodontics       Orthodontics       Periodontology       OMS
- Prosthodontics       Public Health       Other \_\_\_\_\_

**Certification**

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia/Conscious Sedation program.

Signature of Applicant [Signature] Date 10/31/22

RECEIVED

DEC 12 2022



**GENERAL ANESTHESIA/CONSCIOUS SEDATION  
EVALUATOR APPLICATION**

California Code of Regulations Section 1043.2

GA  CS

Brian Huh 63734 GA1912  
Name License Number Permit Number

[Redacted] [Redacted]  
Mailing Address Phone Number

[Redacted] [Redacted]  
Fax Number Email Address

Date of your last on-site inspection? \_\_\_\_\_

Have you completed the Evaluator Calibration Training Course? No

Are you limited to conducting evaluations in your region (South/North)? Central Valley of California

Would you like to evaluate GA cases, CS cases, or both? (Circle one choice)

Type of Practice

- Anesthesia     Oral Pathology     Pedodontics     General Dentist
- Endodontics     Orthodontics     Periodontology     OMS
- Prosthodontics     Public Health     Other \_\_\_\_\_

**Certification**

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia/Conscious Sedation program.

[Signature] 12/8/22  
Signature of Applicant Date



DENTAL BOARD OF CALIFORNIA

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GENERAL ANESTHESIA/CONSCIOUS SEDATION EVALUATOR APPLICATION

California Code of Regulations Section 1043.2

GA  CS

George Zakhary 101341 1872
Name License Number Permit Number

[Redacted]
Mailing Address Phone Number

( ) [Redacted]
Fax Number Email Address

Date of your last on-site inspection? 2019

Have you completed the Evaluator Calibration Training Course? No

Are you limited to conducting evaluations in your region (South/North)? Yes

Would you like to evaluate GA cases, CS cases, or both? (Circle one choice) Both

Type of Practice

- Anesthesia Oral Pathology Pedodontics General Dentist
Endodontics Orthodontics Periodontology OMS
Prosthodontics Public Health Other

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia/Conscious Sedation program.

[Signature]
Signature of Applicant

11/10/2022

Date



**GENERAL ANESTHESIA/CONSCIOUS SEDATION  
EVALUATOR APPLICATION**  
California Code of Regulations Section 1043.2

GA  CS

Richard Katz, MD	G65803	MGA 205
Name	License Number	Permit Number
[REDACTED]		
Mailing Address	Phone Number	
( ) [REDACTED]	[REDACTED]	
Fax Number	Email Address	

Date of your last on-site inspection? pending

Have you completed the Evaluator Calibration Training Course? no

Are you limited to conducting evaluations in your region (South/North)? yes, limited to Northern California

Would you like to evaluate GA cases CS cases, or both? (Circle one choice)

Type of Practice

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> Anesthesia | <input type="checkbox"/> Oral Pathology | <input type="checkbox"/> Pedodontics    | <input type="checkbox"/> General Dentist |
| <input type="checkbox"/> Endodontics           | <input type="checkbox"/> Orthodontics   | <input type="checkbox"/> Periodontology | <input type="checkbox"/> OMS             |
| <input type="checkbox"/> Prosthodontics        | <input type="checkbox"/> Public Health  | <input type="checkbox"/> Other _____    |  |

**Certification**

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia/Conscious Sedation program.

*Richard Katz*  
Signature of Applicant

9/26/22  
Date



**DENTAL BOARD OF CALIFORNIA**

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# MEMORANDUM

<b>DATE</b>	January 13, 2023
<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 20.:</b> President’s Report on Closed Session Items

**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>	January 13, 2023
<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 21.:</b> Dental Assisting Council Meeting Report

### **Background**

Ms. Traci Reed-Espinoza, Chair of the Dental Assisting Council (Council), will provide a verbal report on the February 9, 2023 meeting of the Council.

### **Action Requested**

No action requested.



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

Table with 2 columns: Field (DATE, TO, FROM, SUBJECT) and Content (January 13, 2023, Members of the Dental Board of California, Paige Ragali, Chief of Dental Programs and Customer Support Dental Board of California, Agenda Item 22.a.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1635.5 Regarding Licensure by Credential Requirements)

Identification of Issues

Licensure by Credential (LBC) is one of the five pathways in which the Dental Board of California (Board) offers dentist licensure. The Board continues to receive questions and complaints from dentist license applicants regarding the eligibility criteria for the LBC pathway.

Board staff have identified issues with the following LBC provisions in Business and Professions Code (BPC) section 1635.5: (1) out-of-state dentist license requirements; (2) clinical practice experience; (3) residency credit; (4) proof that the applicant has not failed the WREB or ADEX examination; (5) continuing education; (6) faculty experience; (7) restricted license contract; and (8) contract license not complete. Further, BPC section 1635.5 should be revised to make clarifying and non-substantive changes.

Background

The LBC pathway is unique in that the license applicant may qualify for licensure based on out-of-state licensure and clinical practice experience. LBC is the only pathway that does not require a Doctor of Dental Surgery (DDS) or Doctor of Medicine in Dentistry (DMD) degree from a dental school approved by the Board or American Dental Association Commission on Dental Accreditation (CODA). Additionally, the LBC pathway does not require completion of examinations as a condition of licensure. The LBC pathway is designed to accommodate candidates with out-of-state clinical practice and/or a degree from a foreign dental school.

In 1996, the California State Legislature, Joint Legislative Sunset Review Committee recommended the LBC pathway to increase the number of dentists eligible to practice in California, especially in underserved areas. In 2002, Assembly Bill (AB) 1428 (Aanestad, Chapter 507, Statutes of 2001) enacted BPC section 1635.5, which authorized the Board to grant a dentist license to an applicant who has not taken an examination before the Board if the applicant, among other things, provided proof of a current and active out-of-state dentist license and clinical practice experience. During this time, 34 states offered a credentialing option as an alternative to a licensure examination.

AB 1428 required the dentist license applicant be active in clinical practice for a minimum of 1,000 hours per year for at least five years. Applicants with at least two years of out-of-state clinical practice were able to fulfill the remainder of the five-year requirement with a pending contract to either 1) practice dentistry full time in an underserved clinic, or 2) teach or practice dentistry full time in an accredited dental education program.

In 2005, Senate Bill (SB) 928 (Aanestad, Chapter 464, Statutes of 2004), among other things, extended the requirement of completing active clinical practice to a total of at least 5,000 hours in five of the seven consecutive years immediately preceding the date of the application. The modification allowed for applicants with disruptive circumstances, such as disability or medical leave or military service obligations, to be eligible for licensure despite gaps in clinical practice. However, as the Board began accepting LBC applications, staff determined the application process and corresponding requirements warranted additional clarification. It was unclear whether the clinical practice requirement needed to be completed immediately preceding the date of the application. The amended statute also did not clearly indicate if gaps in clinical practice were permissible for the purpose of licensure.

In 2006, SB 299 (Chesbro, Chapter 4, Statutes of 2006) amended BPC section 1635.5 to allow an applicant to satisfy the entire clinical practice requirement with a pending contract to work in an underserved clinic or as faculty in an accredited dental education program but restricted the applicant to work in the specified setting.

To date, regulations have not been drafted to further define the eligibility requirements for LBC. As the LBC pathway is established solely in statute, Board staff propose amending BPC section 1635.5 to address the questions and concerns regarding eligibility requirements. Promulgation of regulations may not be necessary if the issues can be clarified through statute.

## **Discussion And Recommendations**

Board staff propose to amend BPC section 1635.5 to resolve several issues that have arisen in LBC applications, as follows.

Agenda Item 22.a.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1635.5 Regarding Licensure by Credential Requirements  
Dental Board of California Meeting  
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## **A. LBC Application Process – Restricted Language Clarification**

BPC section 1635.5, subdivision (a)(2), requires an LBC pathway applicant to have a current dentist license issued by another state that is not revoked or suspended or otherwise restricted. “Otherwise restricted” is not defined in statute or regulation. While some states may issue specialty licenses (e.g., licenses to practice endodontics, periodontics, pediatric dentistry), California law does not provide for the issuance of such licenses. Rather, the Dental Practice Act authorizes the Board to issue general dentistry licenses. As such, it is unclear as to whether specialty dental licenses issued by other states or restricted faculty licenses would fall under the “otherwise restricted” language and make the applicant ineligible for the LBC pathway. Board staff propose amending BPC section 1635.5 to strike out “otherwise restricted” and include additional clarifying language regarding the license status and disciplinary actions.

The California Dental Association (CDA) has proposed that the Board issue restricted specialty licenses to LBC pathway applicants practicing in an American Dental Association (ADA) recognized non-clinical dental specialty, upon satisfactory presentation of employment records or other documented proof of active practice in said specialty. For candidates applying with a pending contract in an underserved clinic, the applicant would agree to only practice the dental specialty. However, Board staff believe that if specialty licenses were to be implemented, the license should be available to applicants of all licensure pathways, not exclusively to LBC pathway applicants. Board staff do not recommend pursuing the issuance of specialty licenses as a means of credentialing specialists.

## **B. LBC Application Process – Clinical Practice Hours Clarification**

BPC section 1635.5, subdivision (a)(3), requires the applicant to provide proof of active clinical practice for at least 5,000 hours in five of the seven consecutive years immediately preceding the date of the application. The Board receives many questions from applicants regarding how the clinical practice experience is counted, specifically, if the hour requirement can be satisfied in a period of less than five years. There also has been confusion as to whether the statute requires five consecutive years of clinical practice within the last seven years, or a total of five years of practice completed within the seven consecutive years.

Board staff recommend the statute be amended to clarify the minimum clinical practice requirements to qualify for licensure and also recommend striking the verbiage requiring the clinical practice be completed consecutively.

Additionally, Board staff recommend the statute be amended to clearly indicate the yearly hour requirement for clinical practice. Specifying the number of clinical hours to be completed per year will better clarify the number of hours required to be completed

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for residency applicants under BPC section 1635.5, subdivision (a)(3)(A), discussed further below.

The Board also receives numerous questions from applicants regarding where the clinical practice must be completed, specifically from foreign-trained dentists who meet the clinical practice time and hour requirements outside of the U.S. and its territories. As the current statute does not provide for foreign country experience, Board staff request that the statute be amended to clarify that the clinical practice must be completed in a U.S. state or territory where the applicant holds a license to practice dentistry.

In addition, the legislative proposal would make a technical amendment to BPC section 1635.5, subdivision (a)(4), which requires proof the applicant has not been subject to disciplinary action by any state in which he or she is or has been previously licensed, to remove and replace “his or her” to “the applicant.” This would be a non-substantive change that reflects a trend toward gender-neutral terms in legislative language.

### **C. LBC Application Process – Residency Pathway Clarification**

Pursuant to BPC section 1635.5, subdivision (a)(3)(A), an applicant is awarded credit for two of the five years of clinical practice by demonstrating completion of an accredited residency program. Applicants who have completed a one-year residency are granted two years of credit toward the clinical practice requirement but are required to complete then complete three years of clinical practice. Because the statute requires 5,000 hours of clinical practice to be completed in five of the seven years before application and does not otherwise specify how many hours have to be completed per year, it is unclear how many hours the applicant using this residency pathway must complete. Board staff propose rephrasing the statute to specify that residency credit will be awarded on a year-for-year basis; if an annual hour requirement is added to BPC section 1635.5, subdivision (a)(3), then the residency pathway also should cap the number of residency hours the applicant can apply toward the 5,000-hour requirement. Since most residencies are for a two-year period, staff recommend the number of residency hours be capped at 2,000 hours.

### **D. LBC Application Process – Full Time Clinical Practice**

Pursuant to BPC section 1635.5, subdivision (a)(3)(B) and (C), an applicant can meet the clinical practice requirement by agreeing to practice full time for two years in a clinic, as specified, or teach or practice dentistry full time for two years in at least one accredited dental education program as approved by the Board. The Board recently had an applicant question if this requirement could be met simply by having a contract to practice dentistry in an accredited dental education program, but not serve as faculty, while another questioned if a contract to practice dentistry while enrolled in a fellowship program would meet this requirement. Board staff currently accept documentation of

contracts to teach full time and not to practice dentistry full-time in an accredited dental education program for licensure eligibility.

In an early version of SB 928, the bill would have defined “full-time” to mean a minimum of 32 hours per week providing direct dental services. That provision was ultimately stricken from the bill and, instead, authorized the Board to define full-time status and establish exemptions to that requirement on a case-by-case basis. In reliance on BPC section 1642, subdivision (b), which defines “full-time employment” as a minimum of four days per week for the Special Permit for Faculty, the Board have interpreted the BPC section 1635.5 full-time provision as requiring the applicant to hold the title of “faculty” and teach five days and 40 hours per week. However, because it is not defined in the statute or regulation, staff continues to receive questions on the meaning of full time.

To address these issues, Board staff recommend that “full-time” be defined in the statute in terms of days and/or hours per week. The proposed amendments to BPC section 1635.5, subdivision (a)(3)(B), would make clear that full time dental practice in a clinic means a minimum of 32 hours per week, and in subdivision (a)(3)(C), full time teaching or dental practice in an accredited dental program means a minimum average of 40 hours per week.

#### **E. LBC Application Process – Clinical Practice Agreements**

The LBC pathway allows for the clinical practice requirement to be fulfilled if the applicant agrees to a two-year contract to teach or to practice dentistry in settings specified in BPC section 1635.5, subdivision (a)(3)(B) and (C). Licensees have contacted the Board to request a change of their place of employment mid-contract for various reasons. Because the statute does not specify whether a change in contract is permitted, the circumstances of these requests are currently reviewed on a case-by-case basis. These licensees are asked to submit documentation of the completed work utilizing the current contract and new contract for the remainder of the term to ensure that the two-year requirements are being met.

The statute is unclear as to the documentation of the employment contracts required to be provided to the Board to establish the license applicant/licensee has met or continues to comply with the employment requirement. Accordingly, Board staff recommend the statute be amended to clarify the applicant/licensee must submit written documentation, executed by the authorized agent of the clinic or dental education program, as applicable, employing the applicant/licensee. (See Prop. BPC, § 1635.5, subd. (a)(3)(B), (C).)

## **F. LBC License Discipline – Failure to Comply with Clinical Practice Agreement Requirements**

Licensees who have been approved for either a faculty or clinical two-year contract also have contacted the Board to give notice when they are no longer employed by the school or clinic and did not finish the two-year term. BPC section 1635.5, subdivision (a)(3)(B) and (C), states the Board “may revoke the license upon a finding that the employment requirement, or any other requirement of this subparagraph, has not been met.” Because the circumstances in ending the licensee’s contract early could be involuntary, the Board has reviewed the notifications on a case-by-case basis to determine if the license should be revoked, or if the licensee should be given the option to voluntarily surrender their license or finish the two-year term with a new contract.

Board staff notes that the statute currently authorizes the Board to issue a restricted license to LBC applicants limiting the applicant’s practice in only the clinical or dental education program facilities. (BPC, § 1635.5, subd. (e).) Board staff further notes that LBC licensees, who qualify for that license using clinical practice agreements, are still in the process of completing the two-year requirement to maintain the LBC license. To ensure consumer protection from LBC licensees who are still in the process of establishing eligibility for the license, Board staff propose an amendment to subdivision (e) so the Board has authority to issue a temporary license and can immediately terminate the license and issue a cease practice notice if the licensee fails to meet the requirements for the license. This license termination provision is modeled on the temporary license for military spouses and partners in BPC section 115.6, subdivision (e). Board staff (See Prop. BPC, § 1635.5, subd. (a)(3)(B), (C).) Board staff further propose the temporary license would be valid for two years, and upon completion of the license requirements, including completion of the two-year clinical practice requirement, the license restrictions would be removed, and an unrestricted license would be issued.

## **G. LBC Requirements for WREB & ADEX Non-Failure**

BPC section 1635.5, subdivision (a)(6), requires applicants to provide proof that the “applicant has not failed the examination for licensure to practice dentistry under this chapter within five years prior to the date of his or her application.” Although there are no required examinations for the LBC pathway, the Board requires proof that the applicant has not failed an examination for licensure to practice dentistry in the five years preceding the date of the application. The Board interprets the “examination” requirement to mean either the Western Regional Examination Board (WREB) or American Board of Dental Examiners (ADEX) examinations. To allow for changes in the future, such as removal or acceptance of new licensure examinations, Board staff recommend modifying the language to include that the applicant has not failed a state, regional, or national examination for licensure to practice dentistry.

Additionally, Board staff regularly receive questions regarding applicants who have failed a section of the examination, but subsequently passed the exam in its entirety within the five-year time frame. The Board's current interpretation of the statute is that if an applicant fails a section of the examination and then passes, they are ineligible for licensure. Board staff recommend that the statute be amended to clarify that if the applicant subsequently passes the examination, the prior failure shall not make the applicant ineligible.

### **Operational/Fiscal Impact**

Board staff have made an initial determination that the proposed statutory amendments would not have a significant operational impact in regard to the demand of more staff, or higher expectancy of applicant's applying for licensure through the LBC pathway. It has been determined that the statutory amendments would have minimal fiscal impact in regard to updating the online system to reflect new language for permit requirements.

### **Critical Timeframes**

The proposed statutory changes do not impose any critical timeframes.

### **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 Business and Professions Code section 1635.5 to clarify the Licensure by Credential application process and requirements.

### **Attachment**

Legislative Proposal to Amend Business and Professions Code Section 1635.5  
Licensure by Credential



**DENTAL BOARD OF CALIFORNIA**  
**LEGISLATIVE PROPOSAL TO AMEND**  
**BUSINESS AND PROFESSIONS CODE SECTION 1635.5**  
**LICENSURE BY CREDENTIAL**

Additions are indicated in single underline.

Deletions are indicated in ~~single strikethrough~~.

Amend section 1635.5 of the Business and Professions Code as follows:

**1635.5.** (a) Notwithstanding Section 1634, the board may grant a license to practice dentistry to an applicant who has not taken an examination before the board, if the applicant submits all of the following to the board:

(1) A completed application form and all fees required by the board.

(2) Proof of an an ~~current~~ active and unrestricted license issued by another state, district, or territory of the United States to practice dentistry that is ~~not revoked or suspended or otherwise restricted~~ subject to any current or pending disciplinary actions such as revocation, suspension, or probation.

(3) Proof that the applicant has either been in active clinical practice in another state, district, or territory of the United States or has been a full-time faculty member in an accredited dental education program and in active clinical practice for a total of at least 5,000 hours ~~in within the past five of the seven consecutive years~~ immediately preceding the date of ~~his or her~~ the application under this section. The clinical practice requirement ~~shall be deemed~~ may be met by submitting if documentation of any of the following ~~is submitted~~:

(A) ~~The applicant may receive credit for two of the five years of clinical practice by demonstrating completion of a~~ If the applicant has completed a residency training program accredited by the American Dental Association Commission on Dental Accreditation, including, but not limited to, a general practice residency, an advanced education in general dentistry program, or a training program in a specialty recognized by the American Dental Association, the applicant may receive credit of 1,000 hours for each year, up to 2,000 hours, of clinical practice completed in the residency training program.

(B) The applicant agrees to practice dentistry full time for a minimum of 32 hours per week for two years in at least one primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code or primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code, or a clinic owned or operated by a public hospital or

health system, or a clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code. The applicant shall submit written documentation, executed by the authorized agent of the clinic, verifying compliance with this requirement. The board may periodically request verification of compliance with these requirements, ~~and may revoke the license upon a finding that the employment requirement, or any other requirement of this subparagraph, has not been met.~~ Full-time status shall be defined by the board for the purposes of this subparagraph, ~~and the board may establish exemptions to this requirement on a case-by-case basis.~~

(C) The applicant agrees to teach or practice dentistry ~~full time in California for a minimum average of 40 hours per week~~ for two years in at least one accredited dental education program ~~as approved by the Dental Board of California approved by the board.~~ The applicant shall submit written documentation, executed by the authorized agent of the program, verifying compliance with this requirement. The board may periodically request verification of compliance with these requirements, ~~and may revoke the license upon a finding that the employment requirement, or any other requirement of this subparagraph, has not been met.~~ Full-time status shall be defined by the board for the purposes of this subparagraph, ~~and the board may establish exemptions to this requirement on a case-by-case basis.~~

(4) Proof that the applicant has not been subject to disciplinary action by any state in which ~~he or she~~ the applicant is or has been previously licensed to practice dentistry. If the applicant has been subject to disciplinary action, the board shall review that action to determine if it presents sufficient evidence of a violation of Article 4 (commencing with Section 1670) to warrant the submission of additional information from the applicant or the denial of the application for licensure.

(5) A signed release allowing the disclosure of information from the National Practitioner Data Bank and the verification of registration status with the federal Drug Enforcement Administration. The board shall review this information to determine if it presents sufficient evidence of a violation of Article 4 (commencing with Section 1670) to warrant the submission of additional information from the applicant or the denial of the application for licensure.

(6) Proof that the applicant has not failed ~~the~~ a state, regional, or national examination for licensure to practice dentistry under this chapter within five years prior to the date of ~~his or her~~ the application for a license under this section. If the applicant subsequently passed the examination for licensure, the prior failure shall not make the applicant ineligible under this paragraph.

(7) An acknowledgment by the applicant executed under penalty of perjury and automatic forfeiture of license, of the following:

(A) That the information provided by the applicant to the board is true and correct, to the best of ~~his or her~~ the applicant's knowledge and belief.

(B) That the applicant has not been convicted of an offense involving conduct that would violate Section 810.

(8) Documentation of 50 units of continuing education completed within two years of the date of ~~his or her~~ the application under this section. The continuing education shall include the mandatory coursework prescribed by the board pursuant to subdivision (b) of Section 1645.

(9) Any other information as specified by the board to the extent it is required of applicants for licensure by examination under this article.

(b) The board shall provide in the application packet to each out-of-state dentist pursuant to this section the following information:

(1) The location of dental manpower shortage areas that exist in the state.

(2) Those not-for-profit clinics and public hospitals seeking to contract with licensees for dental services.

(c) (1) The board shall review the impact of this section on the availability of dentists in California and report to the appropriate policy and fiscal committees of the Legislature by January 1, 2008. The report shall include a separate section providing data specific to those dentists who intend to fulfill the alternative clinical practice requirements of subparagraph (B) of paragraph (3) of subdivision (a). The report shall include, but not be limited to, all of the following:

(A) The total number of applicants from other states who have sought licensure.

(B) The number of dentists from other states licensed pursuant to this section, as well as the number of licenses not granted and the reasons why each license was not granted.

(C) The location of the practice of dentists licensed pursuant to this section.

(D) The number of dentists licensed pursuant to this section who establish a practice in a rural area or in an area designated as having a shortage of practicing dentists or no dentists at all.

(E) The length of time dentists licensed pursuant to this section maintained their practice in the reported location. This information shall be reported separately for dentists described in subparagraphs (C) and (D).

(2) In identifying a dentist's location of practice, the board shall use medical service study areas or other appropriate geographic descriptions for regions of the state.

(3) If appropriate, the board may report the information required by paragraph (1) separately for primary care dentists and specialists.

(d) The board is authorized to contract with a third party or parties to review applications filed under this section and to advise the board as to whether the applications are complete. The contracting party, its agents, and its employees shall agree to be bound by all provisions of law applicable to the board, its members, and staff, governing custody and confidentiality of materials submitted by applicants for licensure.

(e) ~~The board may issue a temporary, restricted license valid for two years, in issuing a license under this section to an applicant qualified under subparagraph (B) or (C) of paragraph (3) of subdivision (a), may impose a restriction authorizing that authorizes the holder to practice dentistry only in the facilities described in subparagraph (B) of paragraph (3) of subdivision (a) or only to practice or teach dentistry at the accredited dental education programs described in subparagraph (C) of paragraph (3) of subdivision (a). The Board shall immediately terminate the license issued pursuant to this subdivision upon a finding that the requirements of subparagraph (B) or (C) of paragraph (3) of subdivision (a), as applicable, have not been met. Upon termination of the license, the board shall issue a notice of termination that shall require the licensee to immediately cease dental practice. Upon the licensee's completion of the license requirements under this section and the expiration of the two-year term, all location restrictions on the license shall be removed, and an unrestricted license shall be issued and the holder is authorized to practice dentistry in accordance with this chapter in any allowable setting in the state.~~

(f) Notwithstanding any other provision of law, a holder of a license issued by the board before January 1, 2006, under this section who committed to complete the remainder of the five years of clinical practice requirement by a contract either to practice dentistry ~~full time~~ in a facility described in subparagraph (B) of paragraph (3) of subdivision (a) or to teach or practice dentistry ~~full time~~ in an accredited dental education program approved by the board pursuant to subparagraph (C) of paragraph (3) of subdivision (a), shall be required to complete only two years of service under the contract in order to fulfill ~~his or her~~ the obligation under this section. Upon the expiration of that two-year term, all location restrictions on the license shall be removed and the holder is authorized to practice dentistry in accordance with this chapter in any allowable setting in the state.

(g) A license issued pursuant to this section shall be considered a valid, unrestricted license for purposes of Section 1972.



## MEMORANDUM

<b>DATE</b>	January 19, 2023
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Paige Ragali, Chief of Dental Programs and Customer Support Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 22.b.:</b> Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Sections 1701.5 and 1804 Regarding Fictitious Name Permits and Dental Corporation Name

### Identification of Issue

Pursuant to Business and Professions Code (BPC) section 1701.5, a dentist, pair of dentists, or association or partnership or corporation or group of three or more dentists may practice under a fictitious name if the dentist, pair of dentists, or association, partnership, corporation, or group holds a valid fictitious name permit (FNP) issued by the Dental Board of California (Board), as specified. At the Board's August 2022 meeting, Board staff presented a legislative proposal, which the Board approved for submission to the California State Legislature in the Board's Sunset Review Report, to resolve several issues regarding FNP applications (August 25-26, 2022 Meeting; [Agenda Item 23](#)). Since then, Board staff have identified additional issues that should be resolved in the legislative proposal. The attached legislative proposal has additional amendments for consideration.

### Background

Pursuant to BPC section 1701.5, the Board issues FNPs to dentists who wish to engage in dental practice under a fictitious name at a specified location. The Board receives an average of 800 FNP applications per year. Board staff review and process the applications for FNPs for dental offices that are owned by a sole proprietor, two dentists, or three or more dentists as an association, partnership, corporation, or group. The sole purpose of an FNP is to inform the public which individual(s) or business entity is conducting business under the assumed or fictitious name. The FNP does not reserve the name, provide rights to the use of the name, or prevent another party from using the name.

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The Board will grant an FNP to an applicant if the Board finds to its satisfaction that:

- (a) The applicant or applicants are duly licensed dentists.
- (b) The place or establishment, or the portion thereof, where the applicant or applicants practice, is owned or leased by the applicant or applicants, and the practice conducted at the place or establishment, or portion thereof, is wholly owned and entirely controlled by the applicant or applicants.
- (c) The name that the applicant or applicants propose to operate contains at least one of the following designations: “dental group,” “dental practice,” or “dental office” and contains the family name of one or more of the past, present, or prospective associates, partners, shareholders, or members of the group, and is in conformity with Section 651 and subdivisions (i) and (l) of Section 1680.
- (d) All licensed persons practicing at the location designated in the application hold valid and outstanding licenses and that no charges of unprofessional conduct are pending against any persons practicing at that location. (BPC, § 1701.5.)

In the previously approved legislative proposal from August 2022, the following changes were made which would resolve the following issues:

- Naming requirements – BPC sections 1701.5, subdivision (c), and 1804 required the name of a dental corporation and any name or names under which it may be rendering professional services to contain and be restricted to the name or the last name of one or more of the present, prospective, or former shareholders and include the words “dental corporation” or wording or abbreviations denoting corporate existence, unless otherwise authorized by an FNP issued pursuant to BPC section 1701.5. The approved language struck language that required a family name be included in the fictitious name and struck the ability to use a present, prospective, or former shareholder’s name under both BPC sections 1701.5 and 1804.
- Eligibility criteria for FNPs – BPC section 1701.5 outlines the requirements for submitting an application for an FNP. The permit application required that the applicants be licensed dentists, the place or establishment be owned or leased by the applicants, the fictitious name contain a designation and a family name, and all licensed persons practicing at the location hold valid licenses with no charges of unprofessional conduct pending against them. The approved language clarified the existing language by adding the type of information required from dentists engaging in practice under the fictitious name, the address of the place or establishment, requiring evidence that the place or establishment is owned or leased by the applicant, removing the family name requirement, and

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expanding the options for the dental designation, and expanding on other areas of concern.

- Additional language also was added to include a process to report additions or departures of dentists engaging in practice under the fictitious name and clarify the process if disciplinary action is taken against a licensee to whom the permit was issued.

After consideration of a new process to be implemented, Board staff propose additional amendments to BPC section 1701.5 to establish more efficient requirements for application processing and resolve anticipated issues that could stem from the previously approved language. Board staff anticipate the proposed statutory amendments will benefit licensees, consumers, and Board staff by better identifying the dentists practicing under the fictitious name, clarifying the FNP requirements, and making the FNP application and renewal process more efficient. The promulgation of regulations may not be necessary if the issues can be clarified through statute.

### **Discussion And Recommendations**

Board staff propose to further amend BPC section 1701.5 to establish more efficient requirements for application processing and resolve issues that have arisen in FNP applications.

There are no proposed additional amendments to the previously approved language for BPC section 1804.

#### **A. FNP Application Process**

As noted above, dentists engaging in practice under a fictitious name must apply to the Board for an FNP. (BPC, § 1701.5.) In August 2022, amended language was presented and approved by the Board. Further review of the approved amendments to BPC section 1701.5 highlighted additional, potential problems with the FNP application process that could be clarified with additional amendments to the statute.

Previously, Board staff proposed applicants should specify the names, license numbers, and contact information for each dentist engaging in practice under the fictitious name, rather than merely requiring the Board to find to its satisfaction that the applicant(s) are duly licensed dentists. (Prop. BPC, § 1701.5, subd. (b)(1).) After further consideration, Board staff propose that only names, license numbers, and contact information for each applicant engaging in practice under the fictitious name be required. The previous amendment would have required all dentists engaging in practice under the fictitious name, including contracted dentists, to be included on the application. The proposed amendment would only be requiring permit applicants to provide this information;

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therefore, all other licensed dentists engaging in practice under the fictitious name would not be required. This amendment will allow staff to receive relevant information regarding the permit applicants without adding workload that would result by requiring information for all dentists at the location, including contracted specialists, etc.

Previously, Board staff proposed changes to the application process by requiring information on all officers, directors, and shareholders of an association, partnership, group or dental corporation, as applicable, since an FNP applicant can be an entity rather than an individual. (Prop. BPC, § 1701.5, subd. (b)(2).) After further consideration, Board staff believe this information is not relevant to the FNP application as dental corporations can have as shareholders licensed professionals who are not licensed dentists and, outside of a dental corporation, cannot own or operate a dental office. This requirement adds additional paperwork that is not necessary when applying for the permit to operate and advertise a dental practice under a fictitious name. The newly proposed amendment strikes previously proposed subdivision (b)(2), in its entirety, from BPC section 1701.5.

Additional clarifying amendments to the statute are requested to resolve confusion over the active, unrestricted license status of individuals practicing at the location who are not FNP applicants. (Prop. BPC, § 1701.5, subd. (c).)

## **B. FNP Reporting Requirements for Additional or Departing Dentists**

BPC section 1701.5, subdivision (d), authorizes the Board to issue an FNP if the Board finds that all licensed persons practicing in the location designated in the application hold valid and outstanding licenses and that no charges of unprofessional conduct are pending against any persons practicing at the location. However, an issue has been raised whether dentists, especially contracting dentists, who join the practice after issuance of the FNP, must be added to the FNP.

To resolve these issues, Board staff previously proposed amendments that would have required any additions or departures of dentists engaged in practice under the fictitious name to be reported to the Board within 30 days of such addition or departure, which is consistent with the licensee change of address reporting requirement under BPC section 136, subdivision (a). (Prop. BPC, § 1701.5, subd. (h).)

The newly proposed amendments maintain the same reporting requirement for departing dentists. (Prop. BPC, § 1701.5, subd. (i).) However, any additions would now require a new application for an FNP. (Prop. BPC, § 1701.5, subd. (j).) This would allow Board staff to evaluate the additional dentists who wish to engage in practice under the fictitious name for compliance with the FNP application requirements.

### **Operational/Fiscal Impact**

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Board staff have made an initial determination that the proposed statutory amendments would not have a significant operational impact requiring more staff or resulting in an increase in applications for FNPs. Further, statutory amendments would be expected to have minimal fiscal impact in regard to updating the online system to reflect new language for permit requirements.

### **Critical Timeframes**

The proposed statutory changes do not impose any critical timeframes.

### **Action Requested**

The Board is asked to discuss and consider adding the new proposed amendments to the previously approved legislative proposal. If the Board approves of the attached additional amendments in this legislative proposal, the Board is asked to include, in the Board's next Sunset Review Report, a recommendation to amend BPC sections 1701.5 and 1804 to clarify the FNP application process and dental corporation name requirements.

### **Attachments**

1. Legislative Proposal to Amend Business and Professions Code Sections 1701.5 and 1804 Fictitious Name Permits and Dental Corporation Name – Redlined Changes
2. Legislative Proposal to Amend Business and Professions Code Sections 1701.5 and 1804 Fictitious Name Permits and Dental Corporation Name – Clean Version

**DENTAL BOARD OF CALIFORNIA**  
**LEGISLATIVE PROPOSAL TO AMEND**  
**BUSINESS AND PROFESSIONS CODE SECTIONS 1701.5 AND 1804**  
**FICTITIOUS NAME PERMITS AND DENTAL CORPORATION NAME**  
**REDLINED CHANGES**

Additions are indicated in single underline.

Deletions are indicated in ~~single strikethrough~~.

Proposed additional amendments are indicated in **red text**.

Amend section 1701.5 of the Business and Professions Code as follows:

**1701.5. (a)** Any dentist who, as a sole proprietor, dentists who are organized as an association, partnership, or group, or a dental corporation that desires to ~~association or partnership or corporation or group of three or more dentists, engaging in practice under any name that would otherwise be in violation of Section 1701 may practice under this name if, and only if, the dentist, association, partnership, group, or dental corporation or group holds an outstanding, unexpired, unsuspended, and unrevoked~~ obtains and maintains in current status a fictitious name permit issued by the board under this section. On and after July 1, 1995, any individual dentist or pair of dentists engaging in the practice of dentistry under any name that would otherwise be in violation of Section 1701 may practice under that name if and only if the dentist or pair of dentists hold an outstanding, unexpired, unsuspended, and unrevoked permit issued by the board under this section. The board shall issue written permits authorizing the holder to use a name specified in the permit in connection with the holder's practice if, and only if, the board finds to its satisfaction that:

(b) To obtain or renew a fictitious name permit pursuant to subdivision (a), the dentist, association, partnership, group, or dental corporation shall apply to the board on an application form prescribed by the board and provide all of the following information:

(a1) The names, license numbers, and contact information for each **dentist applicant** engaging in practice under the fictitious name ~~applicant or applicants are duly licensed dentists.~~

(2) **As applicable, the names, titles, contact information, and license, registration, or permit number and type issued by the board, Dental Hygiene Board of California, or Medical Board of California, as applicable, for each officer, director, or shareholder of the association, partnership, group, or dental corporation.**

(b2) The address of the place or establishment, or the portion thereof, where the applicant or applicants practice under the fictitious name;

(3) Evidence that the place or establishment, or the portion thereof, identified in paragraph (2) is owned or leased by the applicant or applicants, and the practice conducted at the place or establishment, or portion thereof, is wholly owned and entirely controlled by the applicant or applicants.

(e4) The fictitious name under which that the applicant or applicants propose to engage in dental practice that operate contains at least one of the following designations: "dental group," "dental practice," or "dental office," or "dental corporation," as applicable pursuant to Section 1804, and contains the family name of one or more of the past, present, or prospective associates, partners, shareholders, or members of the group, and is in conformity with Section 651 and subdivisions (i) and (l) of Section 1680.

(cd) All applicants must hold an active license that is not subject to any pending license enforcement action. licensed, registered, or permitted applicants persons practicing at the location designated in the application place or establishment identified in paragraph (3) of subdivision (a) hold valid and outstanding licenses, registrations or permits and that no charges of unprofessional conduct are pending against any persons applicants practicing at that place or establishment location.

(d) Initial permit application and renewal fees shall be submitted to the Board in accordance with Section 1724.5.

(e) Permits issued under this section by the board shall be issued for a two-year term expire and become invalid unless renewed at the times and in the manner provided for the renewal of certificates issued under this chapter.

(f) Any permits issued under this section may be revoked or suspended at any time that the board finds that any one of the requirements for original issuance of a permit is no longer being fulfilled by the holder to whom the permit was issued. Proceedings for revocation or suspension shall be governed by the Administrative Procedure Act Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(g) A fictitious name permit issued to a dentist as the sole proprietor shall be suspended or revoked in the event the dentist's license to practice dentistry is suspended or revoked.

(h) In the event charges of unprofessional conduct are filed against the holder of a permit issued under this section, or a member of an association, or partnership, or a member of a group, or dental corporation to whom a permit has been issued under this section, proceedings shall not be commenced for revocation or suspension of the permit issued under this section until final determination of the charges of unprofessional conduct and unless the charges have resulted in revocation or suspension of the member's license, registration, or permit.

(i) Any additions or departures of dentists engaged in practice under the fictitious name shall be reported to the Board within 30 days of such addition or departure. Additional dentists engaging in practice under the fictitious name shall comply with the

requirements of subdivision (c). If a departing dentist is the dentist whose family name was used in the fictitious name, the departing dentist shall be removed as a permitholder, as applicable, and the remaining permitholder(s) shall apply to the Board to change the fictitious name to remove the family name of the departing dentist.

(i) Any departures of dentists engaged in practice under the fictitious name shall be reported by the departing dentist to the Board within 30 days of such departure. If a departing dentist is the dentist whose family name was used in the fictitious name, the departing dentist shall be removed as a permitholder, as applicable, and the remaining permitholder(s) shall apply to the Board to change the fictitious name to remove only the family name of the departing dentist.

(j) If an additional dentist desires to engage in practice under the fictitious name, the fictitious name permit shall be cancelled and a new fictitious name permit application shall be submitted to the board.

Amend section 1804 of the Business and Professions Code as follows:

**1804.** Notwithstanding subdivision (i) of Section 1680 and subdivision (g) of Section 1701, the name of a dental corporation and any name or names under which it may be rendering professional services shall ~~contain and be restricted to the name or the last name of one or more of the present, prospective, or former shareholders and shall~~ include the words "dental corporation" or wording or abbreviations denoting corporate existence, ~~unless otherwise authorized by a valid permit issued pursuant to Section 1701.5.~~

**DENTAL BOARD OF CALIFORNIA**  
**LEGISLATIVE PROPOSAL TO AMEND**  
**BUSINESS AND PROFESSIONS CODE SECTIONS 1701.5 AND 1804**  
**FICTITIOUS NAME PERMITS AND DENTAL CORPORATION NAME**  
**CLEAN VERSION**

Additions are indicated in single underline.

Deletions are indicated in ~~single strikethrough~~.

Amend section 1701.5 of the Business and Professions Code as follows:

**1701.5.** (a) Any dentist who as a sole proprietor, dentists who are organized as an association, partnership, or group, or a dental corporation that desires to ~~association or partnership or corporation or group of three or more dentists, engaging in practice under any name that would otherwise be in violation of Section 1701 may practice under this name if, and only if, the dentist, association, partnership, group, or dental corporation or group holds an outstanding, unexpired, unsuspended, and unrevoked~~ obtains and maintains in current status a fictitious name permit issued by the board under this section. On and after July 1, 1995, any individual dentist or pair of dentists engaging in the practice of dentistry under any name that would otherwise be in violation of Section 1701 may practice under that name if and only if the dentist or pair of dentists hold an outstanding, unexpired, unsuspended, and unrevoked permit issued by the board under this section. The board shall issue written permits authorizing the holder to use a name specified in the permit in connection with the holder's practice if, and only if, the board finds to its satisfaction that:

(b) To obtain or renew a fictitious name permit pursuant to subdivision (a), the dentist, association, partnership, group, or dental corporation shall apply to the board on an application form prescribed by the board and provide all of the following information:

(a1) The names, license numbers, and contact information for each applicant engaging in practice under the fictitious name ~~applicant or applicants are duly licensed dentists.~~

(b2) The address of the place or establishment, or the portion thereof, where the applicant or applicants practice under the fictitious name;

(3) Evidence that the place or establishment, or the portion thereof, identified in paragraph (2) is owned or leased by the applicant or applicants, and the practice conducted at the place or establishment, or portion thereof, is wholly owned and entirely controlled by the applicant or applicants.

(e4) The fictitious name under which that the applicant or applicants propose to engage in dental practice that operate contains at least one of the following designations: "dental group," "dental practice," or "dental office," or "dental corporation," as applicable pursuant to Section 1804, and contains the family name of one or more of the past, present, or prospective associates, partners, shareholders, or members of the group, and is in conformity with Section 651 and subdivisions (i) and (l) of Section 1680.

(cd) All applicants must hold an active license that is not subject to any pending license enforcement action. licensed persons practicing at the location designated in the application hold valid and outstanding licenses and that no charges of unprofessional conduct are pending against any persons practicing at that location.

(d) Initial permit application and renewal fees shall be submitted to the Board in accordance with Section 1724.5.

(e) Permits issued under this section by the board shall be issued for a two-year term expire and become invalid unless renewed at the times and in the manner provided for the renewal of certificates issued under this chapter.

(f) Any permits issued under this section may be revoked or suspended at any time that the board finds that any one of the requirements for original issuance of a permit is no longer being fulfilled by the holder to whom the permit was issued. Proceedings for revocation or suspension shall be governed by the Administrative Procedure Act Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(g) A fictitious name permit issued to a dentist as the sole proprietor shall be suspended or revoked in the event the dentist's license to practice dentistry is suspended or revoked.

(h) In the event charges of unprofessional conduct are filed against the holder of a permit issued under this section, or a member of an association, or partnership, or a member of a group, or dental corporation to whom a permit has been issued under this section, proceedings shall not be commenced for revocation or suspension of the permit issued under this section until final determination of the charges of unprofessional conduct and unless the charges have resulted in revocation or suspension of the member's license, registration, or permit.

(i) Any departures of dentists engaged in practice under the fictitious name shall be reported by the departing dentist to the Board within 30 days of such departure. If a departing dentist is the dentist whose family name was used in the fictitious name, the departing dentist shall be removed as a permitholder, as applicable, and the remaining permitholder(s) shall apply to the Board to change the fictitious name to remove only the family name of the departing dentist.

(j) If an additional dentist desires to engage in practice under the fictitious name, the fictitious name permit shall be cancelled and a new fictitious name permit application shall be submitted to the board.

Amend section 1804 of the Business and Professions Code as follows:

**1804.** Notwithstanding subdivision (i) of Section 1680 and subdivision (g) of Section 1701, the name of a dental corporation and any name or names under which it may be rendering professional services shall contain and be restricted to the name or the last name of one or more of the present, prospective, or former shareholders and shall include the words "dental corporation" or wording or abbreviations denoting corporate existence, unless otherwise authorized by a valid permit issued pursuant to Section 4701.5.



## MEMORANDUM

<b>DATE</b>	January 5, 2023
<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 22.c.:</b> Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1750 Regarding Unlicensed Dental Assistant Course Requirements

### Background

At its April 30, 2021 meeting, the Dental Assisting Council (Council) discussed whether the infection control course requirements for unlicensed dental assistants should be amended to increase consumer protection. Dental Board of California (Board) staff presented four options to amend the statute to change the timeframe of when the employer of a dental assistant must ensure the dental assistant successfully completes a Board-approved eight-hour infection control course: 1) prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials; 2) within 30 days of employment; 3) within 90 days of employment; or 4) within six months of employment. After reviewing and discussing the four options, the Council took action to recommend the Board consider a legislative proposal to amend Business and Professions Code (BPC) section 1750, subdivision (c), to specify the employer is responsible for ensuring a dental assistant has successfully completed a Board-approved eight-hour course in infection control prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials.

At the August 19-20, 2021 Board meeting, the Board discussed the legislative proposal and received public comment. The California Dental Association (CDA) expressed concern with requiring an 8-hour course before allowing dental assistants to provide substantive dental services, since there was no evidence of transmission of airborne diseases in dental facilities and the legislative proposal would be a barrier to entry to the workplace. The California Association of Dental Assisting Teachers (CADAT) and the Dental Assisting Educator's Group expressed support for the legislative proposal. The Board voted to approve the recommendation to amend BPC section 1750 and include the legislative proposal in the Board's upcoming Sunset Review report to be submitted to the California State Legislature.



## **Identification of Issue**

Board staff noted a potential issue with the existing language of BPC section 1750 concerning the calculation of days of employment of an unlicensed dental assistant within which the unlicensed dental assistant must complete specified courses. At the Council's November 17, 2022 meeting, Board staff brought the issue to the Council for review. The item was held over for additional Board staff revisions to consolidate the August 2021 Board approved legislative proposal with the additional staff proposed amendments.

## **Discussion**

BPC section 1750, subdivision (c), sets the following requirements for the employer of an unlicensed dental assistant to verify Dental Practice Act, infection control, and basic life support course completion by that dental assistant within a specified timeframe:

(c) The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been in continuous employment for 120 days or more, has already successfully completed, or successfully completes, all of the following within a year of the date of employment:

It could be assumed that the 120-day and one-year periods referenced in the statute start on the same date – the date of employment. However, as currently written, an unlicensed dental assistant could be a seasonal or other temporary employee, never working 120 days continuously for the employer, and, therefore, the statutory course requirements would not be triggered. This raises consumer protection concerns that an unlicensed dental assistant may indefinitely work for the employer, with gaps in continuous employment, and the unlicensed dental assistant may never complete the required courses. To resolve this problem, Board staff propose the statute should be revised so that the unlicensed dental assistant working for the same employer for one year must complete the required courses within one year of the first date of employment, regardless of whether the employee continuously works for 120 days. The staff-proposed language addressing these concerns has been revised from what was proposed at the November Council meeting to further reduce the chance that an unlicensed dental assistant avoids completing required courses.

Attached for the Board's consideration is a legislative proposal that combines the previously approved proposal with the proposed new amendments described above. The same proposal was scheduled to be presented to the Council at its February 9<sup>th</sup> meeting.

## **Action Requested**

The Board is asked to discuss the revised legislative proposal to clarify the course requirements for unlicensed dental assistants. If the Board agrees with the additional

proposed amendments, staff is requesting the Board move that the attached legislative proposal be included in the Board's Sunset Review Report to the California State Legislature.

### **Suggested Motions**

Provided below are the Board's options, with proposed motion language, regarding the staff's proposed legislative amendments to BPC section 1750.

Option 1 (include the new proposed amendments in the previously Board-approved legislative proposal): Move to recommend to the Board inclusion in the Board's Sunset Review Report of the revised legislative proposal to amend BPC section 1750 to add new subdivision (c) to clarify infection control course requirements, renumber the subdivisions, and amend subdivision (d) to clarify the timing of the completion of the other required courses.

Option 2 (include the new proposed amendments in the previously Board-approved legislative proposal as revised during this meeting): Move to recommend to the Board inclusion in the Board's Sunset Review Report of the revised legislative proposal to amend BPC section 1750 to add new subdivision (c) to clarify infection control course requirements, renumber the subdivisions, and amend subdivision (d) to clarify the timing of the completion of the other required courses, as further revised during this meet to [insert specific revisions].

Option 3: No motion – if the Council does not agree with the proposed amendments to subdivision (d), the Council would not need to take any action or make any motion. The amendments to add new subdivision (c) have already been approved by the Board for inclusion in the Board's Sunset Review Report.

### **Attachment**

Legislative Proposal to Amend Business and Professions Code Section 1750 Relating to Course Requirements for Unlicensed Dental Assistants

## DENTAL BOARD OF CALIFORNIA

### LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTION 1750 RELATING TO COURSE REQUIREMENTS FOR UNLICENSED DENTAL ASSISTANTS

Proposed amendments previously approved by the Board are indicated in underline for new text and ~~striketrough~~ for deleted text.

Proposed additional amendments are indicated in yellow highlight underline for new text and yellow highlight striketrough for deleted text.

Amend Section 1750 of Article 7 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

**1750.** (a) A dental assistant is an individual who, without a license, may perform basic supportive dental procedures, as authorized by Section 1750.1 and by regulations adopted by the board, under the supervision of a licensed dentist. “Basic supportive dental procedures” are those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated.

(b) The supervising licensed dentist shall be responsible for determining the competency of the dental assistant to perform the basic supportive dental procedures, as authorized by Section 1750.1.

(c) The employer of a dental assistant shall be responsible for ensuring that the dental assistant has successfully completed a board-approved eight-hour course in infection control prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials.

(~~ed~~) The employer of a dental assistant shall be responsible for ensuring that the dental assistant, who has been ~~in continuous employment for 120 days or more~~ employed continuously or on an intermittent basis by that employer for one year from the date of first employment, has already successfully completed, or successfully completes, all of the following courses within aone year of the first date of employment:

(1) A board-approved two-hour course in the Dental Practice Act.

~~(2) A board-approved eight-hour course in infection control.~~

~~(3)~~ (2) 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 and that provides the student the opportunity to engage in hands-on simulated clinical scenarios.

(de) The employer of a dental assistant shall be responsible for ensuring that the dental assistant maintains certification in basic life support.



## MEMORANDUM

<b>DATE</b>	January 11, 2023
<b>TO</b>	Members of the Dental Board of California (Board)
<b>FROM</b>	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 22.d.:</b> Discussion and Possible Action on Legislative Proposal to Modify Statutes Related to General Anesthesia and Sedation Permits

### Identification of Issues

Following the enactment of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018), Board staff have identified areas in the law that would benefit from legislative amendments. Several recommendations on legislative proposals have been brought before the Board and approved since SB 501 became law.

The proposals approved by the Board to date address the following areas:

#### ***Implementation of the new general anesthesia and sedation permits***

To address the possible gap between the effective date of SB 501 and the approval of necessary regulations for the Board to issue the new and revised permits covered in the law, the Board approved a legislative proposal to tie the effective date of SB 501 to the ability of the Board to issue the new permits. As the regulations are now in effect, this proposal is no longer necessary.

#### ***Fees for general anesthesia and sedation permits***

The Board approved a legislative proposal to amend the fee schedule to reflect the maximum fee limit for pediatric endorsement applications and renewals and to reflect that conscious sedation permits have been replaced by moderate sedation permits. The Board also approved a legislative proposal that corrected the name of the Oral Conscious Sedation for Adults certificate in the fee schedule.

#### ***Ambiguities in the general anesthesia and sedation permits for physicians and surgeons***

The current language permitting the Board to issue general anesthesia and sedation permits to licensed physicians and surgeons does not effectively account for physicians and surgeons regulated by the Osteopathic Medical Board of California (OMBC). The

Agenda Item 22.d.: Discussion and Possible Action on Legislative Proposal to Modify Statutes Related to General Anesthesia and Sedation Permits  
Dental Board of California Meeting  
February 9-10, 2023

Board approved a legislative proposal that would clarify physicians and surgeons regulated by either the OMBC or the Medical Board of California (MBC) would be eligible to apply for general anesthesia and sedation permits issued by the Board. The proposal also removes the MBC from the approval process for these permits.

***Outdated language for Oral Conscious Sedation for Adults certificates***

To eliminate references to expired laws and repeal an outdated pathway to qualify for the Oral Conscious Sedation for Adults (OCS-A) certificate, the Board approved a legislative proposal to conform the language on OCS-A certificates with the language for the other general anesthesia and sedation permits. The proposal also eliminates the 10-case documentation pathway for the OCS-A certificate.

***Continuing education requirements and expiration dates for Pediatric Minimal Sedation Permits***

To ensure consistency with the other general anesthesia and sedation permits, the Board approved a legislative proposal to establish continuing education requirements and an expiration date for Pediatric Minimal Sedation permitholders.

As the Board is approaching the Sunset Review process, it would be appropriate for the Board to review the previously approved recommendations and consider consolidation, revisions, and potential additional legislative amendments.

**Discussion**

Since SB 501 was enacted, the Board has approved four recommendations on legislative proposals. The text of each proposal is summarized below.

<b>Proposal Focus</b>	<b>Business and Professions Code (BPC) Sections affected</b>	<b>Board Approval Meeting</b>
<b>General Anesthesia and Sedation Permits:</b> <ul style="list-style-type: none"> <li>• Extend effective date of old permits until new permits could be issued.</li> <li>• Establish pediatric endorsement expiration.</li> <li>• Correct moderate sedation permit fee provision.</li> <li>• Set pediatric endorsement application fee range.</li> </ul>	1646.10, 1646.11, 1646.12, 1646.13, 1647.9.5, 1647.10, 1647.12, 1647.17.15, 1647.35, 1647.36, 1724	November 2021
<b>Anesthesia and Sedation Permits for Physicians and Surgeons:</b>	1646.9, 2079	August 2022

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Proposal Focus	Business and Professions Code (BPC) Sections affected	Board Approval Meeting
<ul style="list-style-type: none"> <li>Clarify that permits include osteopath licensee applicants.</li> <li>Eliminate MBC review of those permit applications.</li> </ul>		
<p><b>Adult Oral Conscious Sedation Certificates:</b></p> <ul style="list-style-type: none"> <li>Remove definition of certification referring to repealed laws.</li> <li>Conform language for consistency with other anesthesia and sedation permit laws.</li> <li>Eliminate outdated pathway for qualifying for the certificate.</li> <li>Clarify fee language for the certificate and renewal.</li> </ul>	1647.18, 1647.19, 1647.20, 1724	August 2022
<p><b>Pediatric Minimal Sedation Permits:</b></p> <ul style="list-style-type: none"> <li>Set continuing education requirements.</li> <li>Set expiration dates consistent with other anesthesia and sedation permits.</li> </ul>	1647.35, 1647.36, 1647.37, 1647.38	November 2022

Board staff recommend consolidating the proposals into one legislative proposal, reflected in Attachment 1 hereto, and removing the effective date provisions that are now moot following enactment of the implemented regulations. Staff also recommend including additional changes, described below.

**Additional Recommended Changes**

***Physical presence requirements when administering or ordering the administration of general anesthesia or sedation***

SB 501 replaced previous requirements for administering general anesthesia with the new General Anesthesia (GA) permit requirements and created new requirements for Moderate Sedation (MS) and Pediatric Minimal Sedation (PMS) permits. Board staff notes that the physical presence requirements to administer or order the administration of general anesthesia or sedation for those permits, as well as for the Oral Conscious Sedation for Adults (OCS-A) certificates, do not conform to each other as follows:

1. GA permits in BPC section 1646.1, subdivision (c): “A dentist shall be physically within the dental office at the time of ordering, and during the administration of, general anesthesia or deep sedation.”

2. MS permits in BPC section 1647.2, subdivision (c)(1): “A dentist who orders the administration of moderate sedation shall be physically present in the treatment facility while the patient is sedated.”
3. OCS-A certificates in BPC section 1647.22, subdivision (b): “A dentist who administers, or who orders the administration of, oral conscious sedation for an adult patient shall be physically present in the treatment facility while the patient is sedated, and shall be present until discharge of the patient from the facility.”
4. PMS permits in BPC section 1647.31, subdivision (b): “A dentist who administers or orders the administration of pediatric minimal sedation shall be physically present in the treatment facility while the patient is sedated.”

To conform the physical presence requirement language and provide for appropriate consumer protection, Board staff recommend that the physical presence language for PMS permits in BPC section 1647.31, subdivision (b), be used to model the physical presence language for the GA, MS, and OCS-A requirements. (See Prop. BPC §§ 1646.1, subd. (c), 1647.2, subd. (c)(1), and 1647.22, subd. (b).)

***Confidentiality concerns over submission of patient case information***

Board staff have identified a potential issue with permit applicants who must provide evidence of completion of moderate sedation, deep sedation, or general anesthesia cases to qualify for a pediatric endorsement. Board staff is aware of at least one instance where an applicant had completed sedation cases during their residency program. However, raising confidentiality concerns, the program refused to provide copies of the sedation cases to either the applicant or the Board. This led the applicant to perform additional cases to provide evidence to support the application.

To provide dental schools and other entities sufficient statutory protection from subsequent Board disclosure of those case records, Board staff recommend adding confidentiality language to BPC sections 1646.2, subdivision (c)(2), and 1647.3, subdivision (d)(2). This language, modeled on another BPC confidentiality provision, would make case records submitted to the Board expressly confidential and bar their disclosure, unless the disclosure is in response to a lawful subpoena or a written request from a government agency responsible for enforcing civil or criminal laws or for the professional licensing of individuals that is conducting an investigation on the applicant. Although the Board routinely refuses to disclose patient and dental case records on various other statutory grounds, Board staff believe including the explicit confidentiality provisions within the case record requirement statutes will assist permit applicants to obtain records from entities that would otherwise refuse to provide the case records on confidentiality grounds. Applicants would either receive the records from the dental school or other entity and then submit the records with their permit application or have the school or other entity directly send the records to the Board.



### ***Pediatric Minimal Sedation (PMS) permit requirements***

SB 501 replaced the prior Oral Conscious Sedation for Minors (OCS-M) permit requirements with the new PMS permit requirements. OCS-M providers were required to take a physical evaluation and medical history prior to the administration of OCS-M and were required to maintain records of same. (Repealed BPC, § 1647.14.) Like the continuing education course requirements, it appears the physical evaluation and medical history requirements for PMS permits were inadvertently left out of SB 501. Board staff recommend including the physical evaluation and medical history requirements previously required for OCS-M providers, revised for conformity with the same requirements for general anesthesia and sedation permits (BPC, §§ 1646.3, 1647.6.) (See Prop. BPC, § 1647.36.) To accommodate this proposed new statute, the BPC section amendments previously approved by the Board at the November 2022 meeting would need to be renumbered accordingly.

### **Action Requested**

The Board is asked to review the consolidated legislative proposal and discuss any possible changes or additions to the proposal beyond what staff has suggested.

Following review and discussion of the proposal, the Board is asked to take action on one of the following motions:

1. Option A: (No additional changes to the proposed text)

Move to submit to the California State Legislature in the Board's Sunset Review Report a recommendation to add Section 1646.12 to Article 2.75 and Sections 1647.35, 1647.36, and 1647.37 to Article 2.87, amend Sections 1646.1, 1646.2, and 1646.9 of Article 2.75, Sections 1647.2 and 1647.3 of Article 2.84, Sections 1647.18, 1647.19, 1647.20, and 1647.22 of Article 2.86, Sections 1647.35 and 1647.36 of Article 2.87, and Section 1724 of Article 6, of Chapter 4, and repeal Section 2079 of Article 3 of Chapter 5, of Division 2 of the Business and Professions Code.

2. Option B: (Changes to the proposed text)

Move to submit to the California State Legislature in the Board's Sunset Review Report a recommendation to add Section 1646.12 to Article 2.75 and Sections 1647.35, 1647.36, and 1647.37 to Article 2.87, amend Sections 1646.1, 1646.2, and 1646.9 of Article 2.75, Sections 1647.2 and 1647.3 of Article 2.84, Sections 1647.18, 1647.19, 1647.20, and 1647.22 of Article 2.86, Sections 1647.35 and 1647.36 of Article 2.87, and Section 1724 of Article 6, of Chapter 4, and repeal Section 2079 of Article 3 of Chapter 5, of Division 2 of the Business and Professions Code, and include the amendments to the legislative proposal as described in this meeting.

**Attachment**  
Consolidated Legislative Proposal

Agenda Item 22.d.: Discussion and Possible Action on Legislative Proposal to Modify Statutes  
Related to Anesthesia and Sedation Permits  
Dental Board of California Meeting  
February 9-10, 2023

DENTAL BOARD OF CALIFORNIA  
CONSOLIDATED LEGISLATIVE PROPOSAL  
TO AMEND BUSINESS AND PROFESSIONS CODE  
REGARDING SB 501 GENERAL ANESTHESIA AND SEDATION PERMITS

Additions are indicated in *blue italic text*; deletions are indicated in ~~red strikethrough text~~.

Add Section 1646.12 to Article 2.75 and Sections 1647.35, 1647.36, and 1636.37 to Article 2.87, Amend Sections 1646.1, 1646.2, and 1646.9 of Article 2.75, Sections 1647.2 and 1647.3 of Article 2.84, Sections 1647.18, 1647.19, 1647.20, and 1647.22 of Article 2.86, Sections 1647.35 and 1647.36 Article 2.87, and Section 1724 of Article 6, of Chapter 4, and repeal Section 2079 of Article 3 of Chapter 5, of Division 2 of the Business and Professions Code as follows:

**1646.1.** (a) A dentist shall possess either a current license in good standing and a general anesthesia permit issued by the board or a permit under Section 1638 or 1640 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.

(b) A dentist shall possess a pediatric endorsement of their general anesthesia permit to administer or order the administration of deep sedation or general anesthesia to patients under seven years of age.

(c) A dentist *who administers or orders the administration of general anesthesia or deep sedation* shall be physically ~~within the dental office at the time of ordering, and during the administration of, general anesthesia or deep sedation~~ *present in the treatment facility while the patient is under general anesthesia or deep sedation.*

(d) For patients under 13 years of age, all of the following shall apply:

(1) The operating dentist and at least two additional personnel shall be present throughout the procedure involving deep sedation or general anesthesia.

(2) If the operating dentist is the permitted anesthesia provider, then both of the following shall apply:

(A) The operating dentist and at least one of the additional personnel shall maintain current certification in Pediatric Advanced Life Support (PALS) or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8. The additional personnel who is certified in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management shall be solely dedicated to monitoring the patient and shall be trained to read and respond to monitoring equipment including, but not limited to, pulse oximeter, cardiac monitor, blood pressure, pulse, capnograph, and respiration monitoring devices.

(B) The operating dentist shall be responsible for initiating and administering any necessary emergency response.

(3) If a dedicated permitted anesthesia provider is monitoring the patient and administering deep sedation or general anesthesia, both of the following shall apply:

(A) The anesthesia provider and the operating dentist, or one other trained personnel, shall be present throughout the procedure and shall maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8.

(B) The anesthesia provider shall be responsible for initiating and administering any necessary emergency response and the operating dentist, or other trained and designated personnel, shall assist the anesthesia provider in emergency response.

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

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

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

(c) A dentist may apply for a pediatric endorsement for the general anesthesia permit by providing proof of successful completion of all of the following:

(1) A Commission on Dental Accreditation (CODA)-accredited or equivalent residency training program that provides competency in the administration of deep sedation and general anesthesia on pediatric patients.

(2) At least 20 cases of deep sedation or general anesthesia to patients under seven years of age in the 24-month time period directly preceding application for a pediatric endorsement to establish competency, both at the time of initial application and at renewal. The applicant or permit holder shall maintain and be able to provide proof of these cases upon request by the board for up to three permit renewal periods. *Patient records submitted pursuant to this paragraph shall be confidential and shall not be disclosed pursuant to any state law, including, but not limited to, the California Public Records Act (Division 10 (commencing with Section 7920.000 of the Government Code), except for disclosure pursuant to a lawfully issued subpoena or a written request from a government agency responsible for either enforcement of civil or*

*criminal laws or the professional licensing of individuals that is conducting an investigation about the applicant.*

(3) Current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) or other board-approved training in pediatric life support and airway management, pursuant to Section 1601.8, for the duration of the permit.

(d) Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of pediatric sedation to patients under seven years of age may administer deep sedation and general anesthesia to patients under seven years of age under the direct supervision of a general anesthesia permit holder with a pediatric endorsement. The applicant may count these cases toward the 20 cases required to qualify for the applicant's pediatric endorsement.

**1646.9.** (a) A physician and surgeon licensed *by the Medical Board of California or Osteopathic Medical Board of California* pursuant to Chapter 5 (commencing with Section 2000) 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 permit issued pursuant to this article, if all of the following conditions are met:

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

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

(3) The physician and surgeon meets the requirements of subdivision (d) of Section 1646.1.

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

*(1) Certified license history issued by the Medical Board of California or Osteopathic Medical Board of California, as applicable to the applicant's license, showing the physician and surgeon license number and current license status.*

~~(2)~~ The payment of an application fee prescribed by this article.

~~(23)~~ Evidence ~~satisfactory to the Medical Board of California~~ showing that the applicant has successfully completed a postgraduate residency training program in anesthesiology that is recognized by the ~~American Accreditation Council on~~ Graduate Medical Education, ~~as set forth in Section 2079.~~

~~(34)~~ Documentation demonstrating that all equipment and drugs required by the board are on the premises for use in any dental office in which ~~he or she~~ *the applicant* administers deep sedation or general anesthesia.

(45) Information relative to the current membership of the applicant on hospital medical staffs.

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

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

(e) A physician and surgeon who additionally meets the requirements of paragraphs (2) and (3) of subdivision (c) of Section 1646.2 may apply to the board for a pediatric endorsement to provide deep sedation or general anesthesia to a child under seven years of age. A physician and surgeon without sufficient cases to obtain a pediatric endorsement may qualify for the endorsement pursuant to the requirements of subdivision (d) of Section 1646.2.

**1646.12.** *A pediatric endorsement shall expire on the date specified in Section 1715 that next occurs after its issuance, unless it is renewed as provided in this article.*

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

(1) The dentist possesses a current license in good standing and either holds a valid general anesthesia permit or obtains a moderate sedation permit.

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

(b) A dentist shall obtain a pediatric endorsement on the moderate sedation permit prior to administering moderate sedation to a patient under 13 years of age.

(c)(1) A dentist who *administers or* orders the administration of moderate sedation shall be physically present in the treatment facility while the patient is sedated.

(2) For patients under 13 years of age, there shall be at least two support personnel in addition to the operating dentist present at all times during the procedure involving moderate sedation. The operating dentist and one personnel member shall maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway

management, adopted pursuant to Section 1601.8. The personnel member with current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management shall be dedicated to monitoring the patient during the procedure involving moderate sedation and may assist with interruptible patient-related tasks of short duration, such as holding an instrument.

(d) A dentist with a moderate sedation permit or a moderate sedation permit with a pediatric endorsement shall possess the training, equipment, and supplies to rescue a patient from an unintended deeper level of sedation.

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

**1647.3.** (a) A dentist who desires to administer or to order the administration of moderate sedation shall apply to the board on an application form prescribed by the board. The dentist shall submit an application fee and produce evidence showing that ~~his or her~~ *the dentist* has successfully completed training in moderate sedation that meets the requirements of subdivision (c).

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

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

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

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

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

(d) A dentist may apply for a pediatric endorsement for a moderate sedation permit by confirming all of the following:

(1) Successful completion of residency in pediatric dentistry accredited by the Commission on Dental Accreditation (CODA) or the equivalent training in pediatric moderate sedation, as determined by the board.

(2) Successful completion of at least 20 cases of moderate sedation to patients under 13 years of age to establish competency in pediatric moderate sedation, both at the time of the initial application and at renewal. The applicant or permitholder shall maintain and shall provide proof of these cases upon request by the board for up to

three permit renewal periods. *Patient records submitted pursuant to this paragraph shall be confidential and shall not be disclosed pursuant to any state law, including, but not limited to, the California Public Records Act (Division 10 (commencing with Section 7920.000 of the Government Code), except for disclosure pursuant to a lawfully issued subpoena or a written request from a government agency responsible for either enforcement of civil or criminal laws or the professional licensing of individuals that is conducting an investigation about the applicant.*

(3) In order to provide moderate sedation to children under seven years of age, a dentist shall establish and maintain current competency for this pediatric population by completing 20 cases of moderate sedation for children under seven years of age in the 24-month period immediately preceding application for the pediatric endorsement and for each permit renewal period.

(4) Current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8.

(e) A permitholder shall maintain current and continuous certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8, for the duration of the permit.

(f) Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of moderate sedation to patients under 13 years of age may administer moderate sedation to patients under 13 years of age under the direct supervision of a general anesthesia or moderate sedation permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 required in order to qualify for the applicant's pediatric endorsement.

(g) Moderate sedation permit holders with a pediatric endorsement seeking to provide moderate sedation to children under seven years of age, but who lack sufficient cases of moderate sedation to patients under seven years of age pursuant to paragraph (3) of subdivision (d), may administer moderate sedation to patients under seven years of age under the direct supervision of a permitholder who meets those qualifications.

**1647.18.** As used in this article, the following terms have the following meanings:

(a) "Adult patient" means a dental patient 13 years of age or older.

~~(b) "Certification" means the issuance of a certificate to a dentist licensed by the board who provides the board with his or her name and the location at which the administration of oral conscious sedation will occur, and fulfills the requirements specified in Sections 1647.12 and 1647.13.~~

~~(e)~~ "Oral conscious sedation" means a minimally depressed level of consciousness produced by oral medication that retains the patient's ability to maintain independently and continuously an airway, and respond appropriately to physical stimulation or verbal command. "Oral conscious sedation" does not include dosages less than or equal to the single maximum recommended dose that can be prescribed for home use.



(1) The drugs and techniques used in oral conscious sedation shall have a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from painful stimuli would not be considered to be in a state of oral conscious sedation.

(2) For the handicapped individual, incapable of the usually expected verbal response, a minimally depressed level of consciousness for that individual should be maintained.

**1647.19.** (a) ~~Notwithstanding subdivision (a) of Section 1647.2, a~~ A dentist may ~~not~~ administer ~~or order the administration of~~ oral conscious sedation on an outpatient basis to an adult patient ~~unless if~~ the dentist possesses a current license in good standing to practice dentistry in California, and one of the following conditions is met:

(1) The dentist holds a valid general anesthesia permit ~~or, holds a conscious moderate~~ sedation permit, ~~or obtains an adult oral conscious sedation certificate has been certified by the board,~~ pursuant to Section 1647.20, ~~to administer oral sedation to adult patients, or has been certified by the board, pursuant to Section 1647.12, to administer oral conscious sedation to minor patients.~~

(2) The dentist possesses a current permit issued under Section 1638 or 1640 and ~~either~~ holds a valid general anesthesia permit ~~or, or conscious moderate~~ sedation permit, or ~~possesses a obtains an adult oral conscious sedation certificate as a provider of oral conscious sedation to adult patients in compliance with, and~~ pursuant to ~~Section 1647.20, this article.~~

(b) ~~Certification as a provider of oral conscious sedation to adult patients expires at the same time the license or permit of the dentist expires unless renewed at the same time the dentist's license or permit is renewed after its issuance, An adult oral conscious sedation certificate shall expire on the date specified in Section 1715 that next occurs after its issuance,~~ unless ~~certification-it~~ is renewed as provided in this article.

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

**1647.20.** A dentist who desires to administer, or order the administration of, oral conscious sedation for adult patients, who does not hold a general anesthesia permit, as provided in Sections 1646.1 and 1646.2, ~~does not hold or a conscious moderate~~ sedation permit, as provided in Sections 1647.2 and 1647.3, ~~and has not been certified by the board, pursuant to Section 1647.12, to administer oral conscious sedation to minor patients,~~ shall ~~register his or her name with~~ ~~apply to~~ the board on an ~~registration application~~ form prescribed by the board. The dentist shall submit the ~~registration certification~~ fee and evidence showing that ~~he or she~~ ~~the applicant~~ satisfies any of the following requirements:

(a) Satisfactory completion of a postgraduate program in oral and maxillofacial surgery approved by either the Commission on Dental Accreditation ([CODA](#)) or a comparable organization approved by the board.

(b) Satisfactory completion of a periodontics or general practice residency or other advanced education in a general dentistry program approved by the board.

(c) Satisfactory completion of a board-approved educational program on oral medications and sedation.

~~(d) For an applicant who has been using oral conscious sedation in connection with the treatment of adult patients, submission of documentation as required by the board of 10 cases of oral conscious sedation satisfactorily performed by the applicant on adult patients in any three-year period ending no later than December 31, 2005.~~

**1647.22.** (a) A physical evaluation and medical history shall be taken before the administration of oral conscious sedation to an adult. Any dentist who administers, or orders the administration of, oral conscious sedation to an adult shall maintain records of the physical evaluation, medical history, and oral conscious sedation procedures used as required by the board regulations.

(b) A dentist who administers, or ~~who~~ orders the administration of, oral conscious sedation for an adult patient shall be physically present in the treatment facility while the patient is sedated, and shall be present until discharge of the patient from the facility.

(c) The drugs and techniques used in oral conscious sedation to adults shall have a margin of safety wide enough to render unintended loss of consciousness unlikely.

**1647.35.** *A permitholder shall be required to complete a minimum of seven hours of approved courses of study related to pediatric minimal sedation as a condition of renewal of a permit. Those courses of study shall be credited toward the total continuing education required by the board pursuant to Section 1645.*

**1647.36.** (a) *A physical evaluation and medical history shall be taken before the administration of pediatric minimal sedation.*

(b) *Any dentist holding a permit shall maintain records of the physical evaluation, medical history, and pediatric minimal sedation procedures used as required by board regulations.*

**1647.37.** *A pediatric minimal sedation permit shall expire on the date specified in Section 1715 that next occurs after its issuance, unless it is renewed as provided in this article.*

**1647.3538.** A permitholder who has a permit that was issued before January 1, 2022, that authorized the permitholder to administer or order the administration of oral conscious sedation for minor patients under prior Article 2.85 (commencing with Section 1647.10) may follow the terms of that existing permit until it expires. Any permit issued or renewed pursuant to this article on or after January 1, 2022, shall require the permitholder to follow the requirements of this article.

**1647.3639.** This article shall become operative on January 1, 2022.

**1724.** The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the responsibilities required by this chapter as it relates to dentists, subject to the following limitations:

(a) The fee for an application for licensure qualifying pursuant to paragraph (1) of subdivision (c) of Section 1632 shall not exceed one thousand five hundred dollars (\$1,500). The fee for an application for licensure qualifying pursuant to paragraph (2) of subdivision (c) of Section 1632 shall not exceed one thousand dollars (\$1,000).

(b) The fee for an application for licensure qualifying pursuant to Section 1634.1 shall not exceed one thousand dollars (\$1,000).

(c) The fee for an application for licensure qualifying pursuant to Section 1635.5 shall not exceed one thousand dollars (\$1,000).

(d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars (\$525). On and after January 1, 2016, the fee for an initial license shall not exceed six hundred fifty dollars (\$650), and the fee for the renewal of a license shall not exceed six hundred fifty dollars (\$650). On and after January 1, 2018, the fee for an initial license shall not exceed eight hundred dollars (\$800), and the fee for the renewal of a license shall not exceed eight hundred dollars (\$800).

(e) The fee for an application for a special permit shall not exceed one thousand dollars (\$1,000), and the renewal fee for a special permit shall not exceed six hundred dollars (\$600).

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

(g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars (\$75).

(h) The fee for an application for an additional office permit shall not exceed seven hundred fifty dollars (\$750), and the fee for the renewal of an additional office permit shall not exceed three hundred seventy-five dollars (\$375).

(i) The fee for issuance of a replacement pocket license, replacement wall certificate, or replacement engraved certificate shall not exceed one hundred twenty-five dollars (\$125).

(j) The fee for a provider of continuing education shall not exceed five hundred dollars (\$500) per year.

(k) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars (\$25).

(l) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars (\$25).

(m) The fee for an application for an elective facial cosmetic surgery permit shall not exceed four thousand dollars (\$4,000), and the fee for the renewal of an elective facial cosmetic surgery permit shall not exceed eight hundred dollars (\$800).

(n) The fee for an application for an oral and maxillofacial surgery permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an oral and maxillofacial surgery permit shall not exceed one thousand two hundred dollars (\$1,200).

(o) The fee for an application for a general anesthesia permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a general anesthesia permit shall not exceed six hundred dollars (\$600).

(p) The fee for an onsite inspection and evaluation related to a general anesthesia or moderate sedation permit shall not exceed four thousand five hundred dollars (\$4,500).

(q) The fee for an application for a moderate sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a ~~conscious~~ moderate sedation permit shall not exceed six hundred dollars (\$600).

(r) The fee for an application for an ~~adult~~ oral conscious sedation ~~permit~~ certificate shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an ~~adult~~ oral conscious sedation ~~permit~~ certificate shall not exceed six hundred dollars (\$600).

(s) The fee for an application for a pediatric minimal sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a pediatric minimal sedation permit shall not exceed six hundred dollars (\$600).

*(t) The fee for an application for a pediatric endorsement for a general anesthesia permit, deep sedation or general anesthesia permit, or moderate sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a pediatric endorsement shall not exceed six hundred dollars (\$600).*

(u) The fee for a certification of licensure shall not exceed one hundred twenty-five dollars (\$125).

(~~uv~~) The fee for an application for the law and ethics examination shall not exceed two hundred fifty dollars (\$250).

(~~vw~~) This section shall become operative on January 1, 2022.

Repeal section 2079 of the Business and Professions Code:

~~2079. (a) A physician and surgeon who desires to administer general anesthesia in the office of a dentist pursuant to Section 1646.9, shall provide the Medical Board of California with a copy of the application submitted to the Dental Board of California pursuant to subdivision (b) of Section 1646.9 and a fee established by the board not to exceed the costs of processing the application as provided in this section.~~

~~(b) The Medical Board of California shall review the information submitted and take action as follows:~~

~~(1) Inform the Dental Board of California whether the physician and surgeon has a current license in good standing to practice medicine in this state.~~

~~(2) Verify whether the applicant has successfully completed a postgraduate residency training program in anesthesiology and whether the program has been recognized by the American Council on Graduate Medical Education.~~

~~(3) Inform the Dental Board of California whether the Medical Board of California has determined that the applicant has successfully completed the postgraduate residency training program in anesthesiology recognized by the American Council on Graduate Medicine.~~



# MEMORANDUM

<b>DATE</b>	January 13, 2023
<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 22.e.:</b> Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1700 Regarding Display of License

## Identification of Issue

Board staff have noted, based on interactions with licensees, an issue of clarity with respect to the legal requirement that a list of all the individuals licensed to practice dentistry must be displayed in the office where they practice dentistry.

## Discussion

Business and Professions Code (BPC) section 1700 outlines several actions that would constitute a misdemeanor, subjecting the person, company, or association to a fine and/or imprisonment if convicted. One of these provisions, subdivision (c), requires the person, company, or association that engages in the practice of dentistry to cause to be displayed in a conspicuous place in his or her office the name of each and every person employed there in the practice of dentistry.

Board staff have indicated that some licensees have questions about what constitutes a conspicuous place and whether or not licenses must be displayed in addition to the names of the licensees. Staff recommend that the language be clarified to ensure compliance with statute.

Staff have drafted for Board consideration a legislative proposal to amend BPC section 1700 as follows:

- Clarify the location of license display by using similar text found in BPC section 1658.1 that requires display of license information in an area that is likely to be seen by all patients who use the facility.
- Require the original or copy of the license, permit, or registration to be displayed.

Staff believe that the recommended legislative proposal would add clarity to the statute, reduce confusion amongst licensees, and better ensure that the provision serves the public protection mission of the Board.

### **Action Requested**

The Board is asked to discuss the legislative proposal to clarify the requirements for the display of name and license. If the Board agrees with the proposed amendments, staff request the Board move that the attached legislative proposal be included in the Board's Sunset Review Report to the California State Legislature.

### **Suggested Motions**

Provided below are the Board's options, with proposed motion language, regarding Board staff's proposed legislative amendments to BPC section 1700.

Option 1 (Approve the legislative proposal): Move to include in the Board's Sunset Review Report a recommendation to the California State Legislature a legislative proposal to amend BPC section 1700, subdivision (c), to clarify requirements for displaying the name of everyone employed in the practice of dentistry at an office.

Option 2 (Approve the legislative proposal as revised during this meeting): Move to include in the Board's Sunset Review Report a recommendation to the California State Legislature a legislative proposal to amend BPC section 1700, subdivision (c), as further revised during this meeting to [insert specific revisions], to clarify requirements for displaying the name of everyone employed in the practice of dentistry at an office.

Option 3: No motion – if the Board does not agree with the proposed amendments to BPC section 1700, subdivision (c), the Board would not need to take any action or make any motion.

### **Attachment**

Legislative Proposal to Amend Business and Professions Code Section 1700 Regarding Display of License

**DENTAL BOARD OF CALIFORNIA**  
**LEGISLATIVE PROPOSAL TO AMEND**  
**BUSINESS AND PROFESSIONS CODE SECTION 1700**  
**REGARDING DISPLAY OF LICENSE**

Additions are indicated in single underline.

Deletions are indicated in ~~single strikethrough~~.

Amend section 1700 of the Business and Professions Code as follows:

**1700.** Any person, company, or association is guilty of a misdemeanor, and upon conviction thereof shall be punished by imprisonment in the county jail not less than 10 days nor more than one year, or by a fine of not less than one hundred dollars (\$100) nor more than one thousand five hundred dollars (\$1,500), or by both fine and imprisonment, who:

(a) Assumes the degree of “doctor of dental surgery,” “doctor of dental science,” or “doctor of dental medicine” or appends the letters “D.D.S.,” or “D.D.Sc.” or “D.M.D.” to his or her name without having had the right to assume the title conferred upon him or her by diploma from a recognized dental college or school legally empowered to confer the same.

(b) Assumes any title, or appends any letters to his or her name, with the intent to represent falsely that he or she has received a dental degree or license.

(c) Engages in the practice of dentistry without causing to be displayed, in an area that is likely to be seen by all patients who use the facility, ~~conspicuous place in his or her office~~ the name original or copy of the current license, permit, or registration of each and every person employed ~~there in the~~ at the facility to practice of dentistry.

(d) Within 10 days after demand is made by the executive officer of the board, fails to furnish to the board the name and address of all persons practicing or assisting in the practice of dentistry in the office of the person, company, or association, at any time within 60 days prior to the demand, together with a sworn statement showing under and by what license or authority this person, company, or association and any employees are or have been practicing dentistry. This sworn statement shall not be used in any prosecution under this section.



(e) Is under the influence of alcohol or a controlled substance while engaged in the practice of dentistry in actual attendance on patients to an extent that impairs his or her ability to conduct the practice of dentistry with safety to patients and the public.



# MEMORANDUM

<b>DATE</b>	January 13, 2023
<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 22.f.:</b> Discussion and Possible Action on Legislative Proposal to Repeal Business and Professions Code Section 1607 Regarding Frequency and Location of Board Meetings

## Identification of Issue

Dental Board of California (Board) staff have noted that the current statutory requirements for Board meetings are too restrictive with respect to location and would benefit from revision.

## Discussion

Business and Professions Code (BPC) section 1607 requires the Board to hold meetings regularly once each year in the San Francisco Bay area and once each year in southern California, and at such other times and places as the Board may designate, for the purpose of transacting its business. BPC section 1607 recently was amended by Assembly Bill (AB) 1519 (Low, Chapter 685, Statutes of 2019) to change the previous requirement to hold meetings in the Los Angeles area to now require meetings to be held in southern California.

Given the circumstances of the COVID-19 pandemic, the Board has not been able to meet in the locations as directed in BPC section 1607. As state agencies are returning to pre-pandemic meeting practices, Board staff examined the statutory Board meeting requirements and concluded that the current language could be more flexible concerning the location and scheduling of Board meetings.

Staff notes that BPC section 101.7 also applies to meetings of the Board as it requires Department of Consumer Affairs (DCA) boards to meet at least two times each calendar year, once in northern California and once in southern California. In addition, BPC section 101.7 authorizes the DCA Director to exempt any board from these meeting requirements upon a showing of good cause (such as a global pandemic restricting travel) that the board is not able to meet at least two times in a calendar year. Staff also notes that the Board's Administrative Policy and Procedure Manual cites to the meeting requirements in BPC section 101.7.

Agenda Item 22.f.: Discussion and Possible Action on Legislative Proposal to Repeal Business and Professions Code Section 1607 Regarding Frequency and Location of Board Meetings  
Dental Board of California Meeting  
February 9-10, 2023

Page 1 of 3

To resolve the meeting location restrictions in BPC section 1607, Board staff have drafted for Board consideration a legislative proposal to repeal BPC section 1607. If this section is repealed, then BPC section 101.7 would apply. Staff believes the language in BPC section 101.7, which does not require meetings specifically in the San Francisco Bay area but generally in northern California, provides more flexibility to the Board and Board members in scheduling meetings and managing the resources required for those meetings.

### **Action Requested**

The Board is asked to discuss the legislative proposal to repeal BPC section 1607. If the Board agrees with the proposed repeal, staff is requesting the Board move that the attached legislative proposal be included in the Board's Sunset Review Report to the California State Legislature.

### **Suggested Motions**

Provided below are the Board's options, with proposed motion language, regarding the staff's proposed legislative amendments to BPC section 1607.

Option 1 (Approve the legislative proposal): Move to include in the Board's Sunset Review Report a recommendation to the California State Legislature of the legislative proposal to repeal BPC section 1607.

Option 2 (Approve the legislative proposal as revised during this meeting): Move to include in the Board's Sunset Review Report a recommendation to the California State Legislature of the legislative proposal to [repeal or amend, depending on revisions] BPC section 1607, as further revised during this meeting to [insert specific revisions].

Option 3: No motion – if the Board does not agree with the proposed repeal of BPC section 1607, the Board would not need to take any action or make any motion.

### **Attachment**

Legislative Proposal to Repeal Business and Professions Code Section 1607 Relating to Frequency and Location of Board Meetings

**DENTAL BOARD OF CALIFORNIA  
LEGISLATIVE PROPOSAL TO AMEND  
BUSINESS AND PROFESSIONS CODE SECTION 1607  
RELATING TO FREQUENCY AND LOCATION OF BOARD MEETINGS**

Additions are indicated in single underline.

Deletions are indicated in ~~single strikethrough~~.

Repeal section 1607 of the Business and Professions Code as follows:

~~**1607.** The board shall meet regularly once each year in the San Francisco Bay area and once each year in southern California, and at such other times and places as the board may designate, for the purpose of transacting its business.~~



## MEMORANDUM

<b>DATE</b>	January 13, 2023
<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 23.a.:</b> Status Update on Pending Regulations

### Background Information

This memo is divided into two parts. The first section addresses those rulemaking packages that have either moved forward in the rulemaking process since the last Board meeting or will be presented to the Board at this meeting. The second section provides a chart listing the other rulemaking packages that Board staff are working on, but for which there has been no movement since the last Board meeting.

### **Dentists Initiating and Administering Vaccines (Cal. Code of Regs., Title 16, Section 1066):**

**Update:** The final rulemaking package was filed with the Office of Administrative Law (OAL) on December 16, 2022. A decision is expected prior to the February 22, 2023 expiration of the emergency regulations.

**Summary of Proposed Changes:** The rulemaking would establish permanent regulations for dentists to initiate and administer COVID-19 and influenza vaccines. It would replace the emergency regulations approved by OAL on June 23, 2022. The regulations provide specifics on the length of the required training program, how dentists who initiate vaccines are to provide immunization information to their patients' primary care providers or to the state immunization registry, and how long to maintain vaccine records.

Agenda Item 23.a.: Status Update on Pending Regulations  
Dental Board of California Meeting  
February 9-10, 2023

### **Temporary Licensure for Military Spouses and Partners (Cal. Code of Regs., Title 16, Section 1006)**

**Update:** Board staff are revising the rulemaking package to reflect the revised text approved by the Board at its November 2022 meeting. Staff anticipate filing the package for notice with OAL in February 2023.

**Summary of Proposed Changes:** This rulemaking would establish the procedures and application requirements for qualified individuals to seek temporary licensure from the Dental Board as permitted by AB 107 (Chapter 693, Statutes of 2021). Effective July 1, 2023, qualified spouses or domestic partners of active-duty military personnel assigned to a duty station in California under official active-duty military orders would be able to apply for a temporary license from the Board. The temporary license would last for no more than 12 months or until a permanent license is granted, or the Board revokes the license.

### **Updates to the Board's Disciplinary Guidelines (Cal. Code of Regs., Title 16, Section 1018)**

**Update:** New package, proposed language is before the Board at the February 2023 meeting.

**Summary of Proposed Changes:** An update to the Board's Disciplinary Guidelines requires the Board to update the regulations that incorporate the Disciplinary Guidelines by reference.

#### **Action Requested:**

Board action is not requested on this item. The package concerning updates to the Board's Disciplinary Guidelines will come before the Board in a separate agenda item.

**Status of Pending DBC Regulations – Updated 1/13/23**

<b>Rulemaking File</b>	<b>Board Approval</b>	<b>Submission to DCA</b>	<b>Submission To Agency</b>	<b>Filed with OAL</b>	<b>Comment Period</b>	<b>Final Board Approval</b>	<b>Filing with OAL</b>	<b>Filing with Secretary of State</b>
Telehealth Notification/Display of License	X							
Dental Assistant Comprehensive Rulemaking	X							
Radiographic Decision Making/Interim Therapeutic Restoration Courses	X							
Elective Facial Cosmetic Surgery Permit Requirements	X							
Mobile and Portable Dental Unit Requirements	X							
Infection Control	X							
Uniform Standards for Substance-Abusing Licensees								
Impaired Licentiates Program								
Dental Assistant Examination Requirements								



**DENTAL BOARD OF CALIFORNIA**

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

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# MEMORANDUM

<b>DATE</b>	January 3, 2023
<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 24.a.:</b> 2023 Tentative Legislative Calendar – Information Only

**Background**

The 2023 Tentative Legislative Calendars from the Assembly and Senate are attached.

**Action Requested**

No action is requested.



**2023 TENTATIVE LEGISLATIVE CALENDAR**

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE  
Revised 11-4-22

**DEADLINES**

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

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

FEBRUARY							
	S	M	T	W	TH	F	S
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				

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

MARCH							
	S	M	T	W	TH	F	S
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	31	

- Mar. 30** **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).
- Mar. 31** Cesar Chavez Day observed.

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

- Apr. 10** Legislature reconvenes from **Spring Recess** (J.R. 51(a)(2)).
- Apr. 28** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

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

- May 5** Last day for **policy committees** to hear and report to the Floor **nonfiscal bills** introduced in their house (J.R. 61(a)(3)).
- May 12** Last day for **policy committees** to meet prior to June 5 (J.R. 61(a)(4)).
- May 19** Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)).  
Last day for **fiscal committees** to meet prior to June 5 (J.R. 61(a)(6)).
- May 29** Memorial Day.
- May 30-June 2** **Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(7)).

\*Holiday schedule subject to final approval by Rules Committee.

**2023 TENTATIVE LEGISLATIVE CALENDAR**

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE  
Revised 11-4-22

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

- June 2** Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).
- June 5** Committee meetings may resume (J.R. 61(a)(9)).
- June 15** Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).

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

- July 4** Independence Day.
- July 14** Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)).
- Summer Recess** begins upon adjournment, provided Budget Bill has been passed (J.R. 51(a)(3)).

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

- Aug. 14** Legislature reconvenes from Summer Recess (J.R. 51(a)(3)).

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

- Sept. 1** Last day for **fiscal committees** to meet and report bills (J.R. 61(a)(11)).
- Sept. 4** Labor Day.
- Sept. 5-14** **Floor session only.** No committees may meet for any purpose, except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(a)(12)).
- Sept. 8** Last day to **amend** on the Floor (J.R. 61(a)(13)).
- Sept. 14** Last day for each house to pass bills. (J.R. 61(a)(14)).
- Interim Recess** begins upon adjournment (J.R. 51(a)(4)).

**IMPORTANT DATES OCCURRING DURING INTERIM RECESS**

**2023**

Oct. 14 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 14 and in the Governor's possession on or after Sept. 14 (Art. IV, Sec. 10(b)(1)).

**2024**

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 3 Legislature reconvenes (J.R. 51(a)(4)).

\*Holiday schedule subject to final approval by Rules Committee.

## 2023 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE ASSEMBLY CHIEF CLERK  
Revised 11/4/2022

### DEADLINES

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

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

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

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

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

- [Mar. 30](#) **Spring recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).
- [Mar. 31](#) Cesar Chavez Day.

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

- [Apr. 10](#) Legislature reconvenes from **Spring recess** (J.R. 51(a)(2)).
- [Apr. 28](#) Last day for **policy committees** to hear and report to **fiscal committees** **fiscal bills** introduced in their house (J.R. 61(a)(2)).

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

- [May 5](#) Last day for **policy committees** to hear and report to the floor **non-fiscal bills** introduced in their house (J.R. 61(a)(3))
- [May 12](#) Last day for **policy committees** to meet prior to June 5 (J.R. 61(a)(4)).
- [May 19](#) Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)).  
  
Last day for **fiscal committees** to meet prior to June 5 (J.R. 61(a)(6)).
- [May 29](#) Memorial Day.
- [May 30-June 2](#) **Floor Session Only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(7)).

\*Holiday schedule subject to Senate Rules committee approval

## 2023 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE ASSEMBLY CHIEF CLERK  
Revised 11/4/2022

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

**June 2** Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).

**June 5** Committee meetings may resume (J.R. 61(a)(9)).

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

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

**July 4** Independence Day.

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

**Summer Recess** begins upon adjournment of session provided Budget Bill has been passed (J.R. 51(a)(3)).

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

**Aug. 14** Legislature reconvenes from **Summer Recess** (J.R. 51(a)(3)).

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

**Sept. 1** Last day for **fiscal committees** to meet and report bills to Floor (J.R. 61(a)(11)).

**Sept. 4** Labor Day.

**Sept. 5-14** **Floor session only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(12)).

**Sept. 8** Last day to **amend** on the floor (J.R. 61(a)(13)).

**Sept. 14** Last day for **each house to pass bills** (J.R. 61(a)(14)).  
**Interim Study Recess** begins at the end of this day's session (J.R. 51(a)(4)).

\*Holiday schedule subject to Senate Rules committee approval

### IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

**2023**

**Oct. 14**

Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 14 and in his possession after Sept. 14 (Art. IV, Sec.10(b)(1)).

**2024**

**Jan. 1**

Statutes take effect (Art. IV, Sec. 8(c)).

**Jan. 3**

Legislature reconvenes (J.R. 51(a)(4)).



## MEMORANDUM

<b>DATE</b>	January 16, 2023
<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 24.b.:</b> Legislation of Interest

### **Background**

The Dental Board of California (Board) tracks bills that impact the Board, the Department of Consumer Affairs (DCA), including other DCA licensing boards. For any such bill, this memorandum will include information regarding each bill's status, location, date of introduction, date of last amendment, and a summary. The bills will be listed in numerical order, with the Assembly Bills (AB XXX) first, followed by the Senate Bills (SB XXX).

The California Legislature began its 2023-2024 regular session on December 5, 2022. As of this writing, the Assembly has introduced 235 bills and the Senate has introduced 81 bills. Board staff have reviewed these bills and found that at this time none of them have an impact that requires the Board's consideration at this time. Staff will continue to monitor new legislation and amendments to existing legislation for potential impacts on the Board and its stakeholders.

The following bill, however, has been identified by staff as being of potential interest to the Board. The bill does not require discussion at this time. Staff will continue to watch this bill and report on its progression at a future Board meeting. The 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 this bill; should a Board member desire to discuss, 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.

[SB 73](#) (Seyarto, 2023) Employment policy: voluntary veterans' preference.

The Governor called a special session of the Legislature, which also began on December 5, 2022. Special sessions of the legislature are focused on specific purposes outlined in the Proclamation convening that session, and legislation for other purposes cannot be considered in that special session. The focus of this special session is legislation related to the oil and gas industry.

Additional information on any bills can be located on the following websites:

<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 a bill:

Support

Support if Amended

Oppose

Watch

Neutral

No Action

## Legislation Tracked by DBC Staff – 2023-2024 Legislative Session

[SB 73](#) (Seyarto, 2023) Employment policy: voluntary veterans' preference.

**Introduced:** January 11, 2023

**Last Amended:** N/A

**Disposition:** Pending

**Location:** Senate

**Status:** January 11, 2023: Introduced.

**Summary:** The bill amends the Government Code to authorize a private employer to establish a written veterans' preference employment policy. It requires employers with such a policy to apply it uniformly and to report annual to the state Civil Rights Department on the number of veterans hired under the policy. Having such a policy does not permit discrimination in hiring based on any other protected classification under the law.

**Board Impact:** No direct impact on the Board, but the bill may be of interest to licensees with employees and licensees with veterans' status.

**Recommended Board Position:** Watch

**Introduced by Senator Seyarto**January 11, 2023

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An act to add Article 3 (commencing with Section 12958) to Chapter 6 of Part 2.8 of Division 3 of Title 2 of the Government Code, relating to employment.

## LEGISLATIVE COUNSEL'S DIGEST

SB 73, as introduced, Seyarto. Employment policy: voluntary veterans' preference.

Under existing law, the California Fair Employment and Housing Act (FEHA), it is an unlawful employment practice for an employer, unless based upon a bona fide occupational qualification or applicable security regulations established by the United States or the State of California, to refuse to hire or employ a person or to refuse to select a person for a training program leading to employment, or to bar or discharge a person from employment or a training program leading to employment, or to discriminate against a person in compensation or in terms, conditions, or privileges of employment because of the race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status of that person. FEHA provides that nothing in that act relating to discrimination on account of sex affects the right of an employer to use veteran status as a factor in employee selection or to give special consideration to Vietnam-era veterans. FEHA is enforced by the Civil Rights Department, which is in the Business, Consumer Services, and Housing Agency, and is under the direction of an executive officer known as the Director of Civil Rights.



This bill would enact the Voluntary Veterans’ Preference Employment Policy Act to authorize a private employer to establish and maintain a written veterans’ preference employment policy, to be applied uniformly to hiring decisions, to give a voluntary preference for hiring a veteran over another qualified applicant. The bill would require a private employer with a veterans’ preference employment policy to annually report to the Civil Rights Department the number of veterans hired under the preference policy and any demographic information about those veterans that the employer obtained in response to the department’s reporting requirements. Under the bill, failure to submit that report would render any preference granted by the employer ineligible for the protections provided by this bill.

This bill would provide that the granting of a veterans’ preference pursuant to the bill, in and of itself, shall be deemed not to violate any local or state equal employment opportunity law or regulation, including, but not limited to, the antidiscrimination provisions of FEHA. The bill would require the Department of Veterans Affairs to assist any private employer in determining if an applicant is a veteran, to the extent permitted by law. The bill would prohibit a veterans’ preference employment policy from being established or applied for the purpose of discriminating against an employment applicant on the basis of a protected classification, as specified.

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

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

1 SECTION 1. Article 3 (commencing with Section 12958) is  
 2 added to Chapter 6 of Part 2.8 of Division 3 of Title 2 of the  
 3 Government Code, to read:  
 4  
 5 Article 3. Voluntary Veterans’ Preference Employment Policies  
 6  
 7 12958. This article shall be known, and may be cited, as the  
 8 Voluntary Veterans’ Preference Employment Policy Act.  
 9 12958.1. (a) It is the intent of this act that this preference will  
 10 benefit veterans of all protected classes, including women and  
 11 LGBTQIA persons. An employer’s adoption of a voluntary  
 12 veterans’ preference employment policy is not intended to have  
 13 the effect of discriminating against any veteran who is a member

1 of any other protected classification in subdivision (a) of Section  
2 12940.

3 (b) As used in this article:

4 (1) “DD Form 214, Member-4” means United States Department  
5 of Defense Form 214 or a similarly effective form issued by that  
6 department relating to separation from military service.

7 (2) “Private employer” means a business entity in the private  
8 sector of this state with one or more employees.

9 (3) “Veteran” means a person who has served full time in the  
10 Armed Forces in time of national emergency or state military  
11 emergency or during any expedition of the Armed Forces and who  
12 has been discharged or released under conditions other than  
13 dishonorable. For the purposes of this section, the term “conditions  
14 other than dishonorable” includes a discharge or release due to a  
15 violation of subdivision (b) of former Section 645 of Title 10 of  
16 the United States Code, repealed as of December 22, 2010, or  
17 policies or regulations adopted to implement that section.

18 (4) “Veterans’ preference employment policy” means a private  
19 employer’s voluntary preference for hiring a veteran over another  
20 qualified applicant.

21 12958.2. (a) Notwithstanding any other law, a private employer  
22 may establish and maintain a written veterans’ preference  
23 employment policy, which shall be applied uniformly to hiring  
24 decisions.

25 (b) An employer who adopts a voluntary veterans’ preference  
26 employment policy shall annually report to the Civil Rights  
27 Department, in a manner prescribed by the department, the number  
28 of veterans hired in that reporting year under the preference policy  
29 and any demographic information about these veterans that the  
30 employer obtained in response to the department’s reporting  
31 requirements. Failure to submit a report required by this subdivision  
32 shall render any preference granted by the employer ineligible for  
33 the protections of this article.

34 (c) An employer with a veterans’ preference employment policy  
35 shall accept as proof of an individual’s status as a veteran if the  
36 veteran submits to the employer any of the following:

37 (1) A DD Form 214, Member-4.

38 (2) A current and valid driver’s license with the word  
39 “VETERAN” printed on its face pursuant to Section 12811 of the  
40 Vehicle Code.

1 (3) A current and valid identification card with the word  
2 “VETERAN” printed on its face pursuant to Section 12811 of the  
3 Vehicle Code.

4 (d) The granting of a veterans’ preference pursuant to this article,  
5 in and of itself, shall be deemed not to violate any local or state  
6 equal employment opportunity law or regulation, including, but  
7 not limited to, this chapter.

8 (e) The Department of Veterans Affairs shall assist any private  
9 employer in determining if an applicant is a veteran, to the extent  
10 permitted by law.

11 (f) This section shall not be construed to authorize the  
12 establishment or use of a veterans’ preference employment policy  
13 for the purpose of discriminating against an employment applicant  
14 on the basis of any protected classification in subdivision (a) of  
15 Section 12940.

O



**DENTAL BOARD OF CALIFORNIA**

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# MEMORANDUM

<b>DATE</b>	January 13, 2023
<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.:</b> Discussion of Prospective Legislative Proposals

**Background**

Stakeholders are encouraged to submit proposals in writing to the Board before, during or after the meeting for possible consideration by the Board at a future Board meeting.

**Action Requested**

No action requested.