

**DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL**

**NOTICE OF MEETING
May 18, 2023**

Council Members

Traci Reed-Espinoza, RDAEF, Chair
Cara Miyasaki, RDA, RDHEF, MS, Vice Chair
De'Andra Epps-Robbins, RDA
Jeri Fowler, RDAEF, OA
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH, MAOB
Kandice Rae Pliss, RDA

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

The Dental Assisting Council (Council) of the Dental Board of California (Board) will meet at 8:30 a.m., on Thursday, May 18, 2023, at the following location:

Hilton Anaheim
777 W. Convention Way, Huntington Room
Anaheim, CA 92802
(714) 750-4321 (Hotel)
(916) 263-2300 or (877) 729-7789 (Board Office)

AGENDA

1. Call to Order/Roll Call/Establishment of a Quorum
2. Public Comment on Items Not on the Agenda **[4]**
Note: The Council 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 February 9, 2023 Meeting Minutes **[5-18]**
4. Executive Officer Report **[19]**
5. Update on Dental Assisting Examination Statistics **[20-21]**
 - a. Registered Dental Assistant General Written and Law and Ethics Examinations
 - b. Registered Dental Assistant in Extended Functions General Written Examination
 - c. Orthodontic Assistant Written Examination
 - d. Dental Sedation Assistant Written Examination

6. Update on Dental Assisting Licensing Statistics **[22-32]**
 - a. Registered Dental Assistant License
 - b. Registered Dental Assistant in Extended Functions License
 - c. Orthodontic Assistant Permit
 - d. Dental Sedation Assistant Permit
7. Update on Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses Application Approvals and Site Visits **[33-38]**
8. Discussion and Possible Recommendation on Legislative Proposal to Amend Business and Professions Code (BPC) Sections 1601.1 and 1740 and Repeal BPC Section 1742 Regarding Dental Assisting Council **[39-45]**
9. Update, Discussion, and Possible Recommendation on Pending Legislation **[46-48]**
 - a. Assembly Bill (AB) 481 (Wendy Carrillo, 2023) Dentistry: dental assistants
10. Adjournment

This agenda can be found on the Dental Board of California website at dbc.ca.gov. The time and order of agenda items are subject to change at the discretion of the Council Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Council are open to the public.

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit thedcapage.wordpress.com/webcasts/. 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. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. (Government Code section 11124.)

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Council prior to the Council taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Council, but the Council Chair may, at their discretion, apportion available time among those who wish to speak. Individuals may appear before the Council to discuss items not on the agenda; however, the Council can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

This meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting 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

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 20, 2023
TO	Members of the Dental Assisting Council
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 2.: Public Comment on Items Not on the Agenda

Notes



**DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL
MEETING MINUTES
FEBRUARY 9, 2023**

The Dental Assisting Council (Council) of the Dental Board of California (Board) met by teleconference/WebEx Events on Thursday, February 9, 2023, with the following location available for Council and public member participation:

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

Members Present:

Traci Reed-Espinoza, RDAEF, Chair
Cara Miyasaki, RDA, RDHEF, MS, Vice Chair
De'Andra Epps-Robbins, RDA
Jeri Fowler, RDAEF, OA
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH, MAOB
Kandice Rae Pliss, RDA

Staff Present:

Tracy A. Montez, Ph.D., Executive Officer
Paige Ragali, Chief of Dental Programs and Customer Support
Carlos Alvarez, Chief of Enforcement Field Offices
Jessica Olney, Anesthesia Unit Manager
Rikki Parks, Dental Assisting Program Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
David Bruggeman, Legislative and Regulatory Specialist
Kelly Silva, Sacramento Enforcement Field Office Investigator
Mirela Taran, Administrative Analyst
Karen Okicich, Office of Professional Examination Services (OPES), Department of Consumer Affairs (DCA)
Bryce Penney, Office of Public Affairs, DCA
Trisha St. Clair, SOLID, DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

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

Council Chair, Ms. Traci Reed-Espinoza, called the meeting to order at 9:05 a.m.; seven members of the Council were present, and a quorum was established.

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

Melodi Randolph, Dental Assisting Alliance representative and President of the California Association of Dental Assisting Teachers (CADAT), brought to the Council's attention Assembly Bill (AB) 481. Ms. Randolph commented that AB 481 was introduced by the California Dental Association (CDA) and authored by Assembly Member Carrillo and is quite extensive and addresses many areas of the scope of practice for dental auxiliaries. She noted that the Alliance had met with CDA on a number of occasions to discuss the bill, and their questions and concerns had been met with defensive rebuttal. The Alliance was not entirely opposed to some of the critical changes the bill would make to the dental auxiliary scope of practice, most notably removing the on-the-job training pathway to registered dental assistant (RDA) licensure and replacing it with what CDA was calling a "preceptorship." Ms. Randolph stated the Alliance found many areas of concern in the details and believed the execution of the changes would be extremely difficult given the confusing language of the bill. Ms. Randolph disclosed that the Alliance had hired a lobbyist and would oppose this bill, unless their concerns were fully heard, and they are able to work collaboratively with CDA to amend the problematic areas of the language. The Alliance urged all Council and Board members to spend time reading this bill as it would have significant ramifications on the Board and the dental assisting profession at large.

Agenda Item 3: Discussion and Possible Action on November 17, 2022 Meeting Minutes

Motion/Second/Call the Question (M/S/C) (Miyasaki/Pacheco) to approve the November 17, 2022 Meeting Minutes.

Chair Reed-Espinoza requested public comment before the Council acted on the motion. There were no public comments made on the motion.

Chair Reed-Espinoza called for the vote on the proposed motion. Ms. Mirela Taran took a roll call vote on the proposed motion.

Ayes: Epps-Robbins, Fowler, Miyasaki, Olague, Pacheco, Pliss, Reed-Espinoza.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed and the minutes were approved.

Agenda Item 4: Executive Officer Report

Dr. Tracy Montez shared that Dr. Alan Felsenfeld and Dr. Yogita Thakur were reappointed to the Board, and the Board welcomed its new Assistant Executive Officer, Ms. Christy Bell. She noted that the Board had 12 vacancies out of its 84 positions and expressed that Board staff was processing licensing applications that had been received at the end of January. Additionally, the Board recently had five new courses

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and one program approved. Dr. Montez provided a report on continuing education audits, Schedule II opioid courses, DCA's updated logo, and the Board's upcoming newsletter, which would be released in May.

Chair Reed-Espinoza requested public comment on this item. The Council received public comment.

Joan Greenfield, representing the EF Association, made a comment to Dr. Montez that in the length of time that the Council had been under the purview of the Board, there had never been an Executive Officer respond so quickly to the Association's requests and comments. She voiced that they genuinely appreciate what Dr. Montez, as well as the Council, was doing.

Agenda Item 5: Update on Dental Assisting Examination Statistics

Rikki Parks provided the report, which is available in the meeting materials.

Chair Reed-Espinoza requested public comment on this item. There were no public comments made on this item.

Agenda Item 6: Update on Registered Dental Assistant in Extended Functions General Written Examination

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

Chair Reed-Espinoza inquired how many questions were presently on the written examination for the Registered Dental Assistant in Extended Functions 2's (RDAEF2). Ms. Parks responded that there were 100 scorable questions.

Council Member Jeri Fowler noted that in the meeting materials of this agenda item, it stated "educators can encourage candidates to provide comments on any questions that they think are problematic. The Office of Professional Examination Services (OPES) test specialists review the comments regularly". She asked where do candidates provide comments on the questions that they think are problematic. Ms. Parks replied that while the candidate is taking the exam, there is a tool where they can type in questions or concerns, and those are part of the monitoring that OPES conducts. Dr. Montez added that there are various avenues of providing that feedback, including postcards that candidates can take after the exam that they can complete and send in. Additionally, they can also contact the Board, and the Board would forward their comments to OPES.

Council Member De'Andra Epps-Robbins asked at what point was a test question that an individual finds in which they cannot find any validity to and there was no supportive document within their study material to have answered that question eliminated from the exam and whether it was readdressed, and the study materials updated. Dr. Montez replied that the exam questions or items go through a rigorous validation process. They are written by subject matter experts (SMEs) who are licensees, reviewed, selected for

a particular exam, and then put on the particular exam form. At all times, the questions are reviewed for licensees to confirm their validity. Dr. Montez stressed it was important to note that when a test question is written, it is written to a reference and to the exam plan. The exam plan is linked to the occupational analysis, which is the large-scale study that determines what are critical competencies that are to be expected at the time of licensure. Dr. Montez reiterated that there was a whole series of exam development steps to ensure the validity of the question. If an item escapes review, which happens occasionally, OPES was monitoring the exam and the statistics; the statistics or the comments would indicate that possibly something had changed, and the item had to be re-evaluated. If that was the case, it was pooled and reevaluated by psychometricians and SMEs and then a decision is made whether to retain it in the exam or to eliminate it. If it is eliminated, the exam is re-scored, and individuals are given credit; candidates are not penalized for questions that may have escaped that intense review process. Dr. Montez also noted that the exam is not tied to the academic school program directly; it is not a final exam but a licensure exam which narrows the focus to what is most critical for entry to licensure.

Karen Okicich voiced that exam questions are developed by SMEs, and every question is tied to that examination outline; it is tied to a specific task and a specific knowledge, and every question is tied from the reference list that is available. She indicated that OPES does monitor those statistics on an ongoing basis to ensure that they are performing as intended. If OPES does see a statistical problem, it will delve further into that issue and take appropriate action to correct that. Furthermore, candidates are welcome to provide comments or input, which OPES will evaluate on a very regular basis and make adjustments if needed.

Chair Reed-Espinoza asked if there was a certain percentage that must be reached before it gets reviewed. Ms. Okicich replied that there was more than one statistic that OPES would look at. There are several different factors that they look at so that it is evaluated on multiple levels. Dr. Montez added that one of the reasons as to why OPES is constantly monitoring the statistics is because the exposure of items will change the difficulty of each question. At times, questions are very hard when it is assessing something new, and over time, it becomes less difficult. She expressed that exam questions are created fairly to challenge the candidate for entry level competence. By the nature of the content of an item, it would fluctuate, which is why each item is looked at every time a form of the exam is put together.

Chair Reed-Espinoza requested public comment on this item. There were no public comments made on this item.

Agenda Item 7: Review of Dental Assisting Licensing Statistics

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

Council Vice Chair Cara Miyasaki verbalized that looking at the “Dental Assisting Applications Approved FY 22/23” on page 26 of the meeting materials, she observed

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that in September, there were 846 applications approved, 380 in October, almost 500 in November, and 338 in December. On the “Dental Assisting Licenses Issued in FY 22/23”, from September to October it looked like about less than a thousand licenses were issued. Comparing the numbers of applications that were approved and the numbers that were issued, she wondered what the barrier for these approved applications was to actually taking and passing the exam. She asked if that was something that should be looked at through an educational process and suggested that the Council consider a survey for the applicants who have not applied yet to find out what are the reasons that they are not taking the exam.

Council Member Fowler asked what might have caused the 50 percent drop from 2019 to the present on the “Dental Assisting Applications Received in FY 22/23.” Vice Chair Miyasaki noted that she received the American Dental Education Association (ADEA) annual survey of dental assisting programs approved by the Commission on Dental Accreditation (CODA), and their report for the last academic years showed that the general assistant graduates were down 45 percent among all the CODA approved programs in the United States. She suggested that it was seemingly a reflection of what is happening in California. In response to Vice Chair Miyasaki’s comment about the difference in the approval rate versus the license issue rate, Jessica Olney added that the approval rate for the applications reflects applicants who qualify and meet the requirements to test. The latter chart included those who had passed their examination, had their fingerprint clearance, and met all of the requirements for the license. Candidates are allowed to test before the Board receives their fingerprints and are given approval for testing. She indicated that the wording on that chart may need to be updated as those are applications that are approved to test.

Chair Fowler requested public comment on this item. There were no public comments made on this item.

Agenda Item 8: Update and Discussion on Status of Surveys Regarding Registered Dental Assistant in Extended Functions Administration of Local Anesthesia and Nitrous Oxide – Jeri Fowler, CDA, RDAEF, OA, and Traci Reed-Espinoza, RDAEF

Vice Chair Miyasaki noted that looking at the letters of concern from the different organizations, it was evident that a large majority of the letters had to do with curriculum issues and course content. She wondered if this was being considered and something that could be moved forward if the curriculum issues and the robustness of the laboratory and clinical skills met the requirements of dental or dental hygiene programs.

Council Member Fowler stated that the survey gathered data on the procedures performed by RDAEFs that required the administration of local anesthesia, the percentages of cases that required additional administration of local anesthesia during those procedures, the impact of additional administration of local anesthesia on the patients, the use of the nitrous oxide during procedures performed by RDAEFs, the impact that included administration of local anesthesia and nitrous oxide under the RDA scope of practice and what it would have on the patients and on the delivery of dental

health services. She wanted to summarize a few points in the report. She noted that OPES found that the responses from the RDAEFs and the dentist to the survey were consistent. Both the RDAEFs and the dentists reported that the administration of local anesthesia was required for a significant proportion of procedures performed by the RDAEFs. Both also reported that the RDAEFs spent the majority of the time performing these procedures, and both groups reported that administration of the additional local anesthesia was frequently required while RDAEFs were performing those procedures. The dentists who supervised the RDAEFs, as well as the RDAEFs, supported the scope of practice to allow the RDAEFs to administer local anesthesia nitrous oxide after receiving specialized training. Council Member Fowler communicated that to determine if the RDAEF scope of practice should be expanded to include local anesthesia and nitrous oxide, there were two questions that needed to be addressed. The first question being should the scope be expanded. The survey results would show that there was an average of 15 to 20 minutes wait time for patients in pain to receive additional anesthesia before the RDAEF could complete the procedure. Additionally, the survey also showed the majority of dentists and RDAEFs were in support of expanding the scope of practice to include the administration of local anesthesia nitrous oxide after receiving that specialized training. She believed the relevant non-biased survey data supported the decision for expansion of the scope. Ms. Fowler voiced that a discussion needed to occur to determine a robust comprehensive local anesthesia nitrous oxide program for the RDAEF to ensure competency. She recommended assigning a committee to this task.

Tara Welch reminded the Council that the Board does not sponsor legislation to expand the scope of practice and that part of the motion appeared to attempt to encourage the Board to expand the scope of practice for RDAEFs. She cautioned the Council on this matter and to perhaps consider limiting the motion to submit the survey to the Board for review. As far as next steps to expand the scope for nitrous oxide for RDAEFs, she voiced that was more of an association issue they would need to bring before the Legislature to expand the scope of practice.

Chair Reed-Espinoza asked if the Council could add to the motion to research possible education requirements for a program. Ms. Welch replied that the Council should consider who might be performing the research as Board staff was overwhelmed and unable to perform this type of research. She noted that if Chair Reed-Espinoza wanted the current subcommittee to research this, she could ask them to do that at this level. Chair Reed-Espinoza expressed that she would like to designate the subcommittee to research possible education requirements.

(M/S/C) (Fowler/Olague) to submit the OPES survey results to the Board for review.

Chair Reed-Espinoza requested public comment before the Council acted on the motion. The Council received the following public comments.

Ms. Greenfield, representing the EF Association, voiced that in the Dental Practice Act (DPA), at the end of the scope of practice for RDAEFs, there was verbiage that stated in addition to all the functions that were listed there, the Board may also add regulatory change. Regarding nitrous oxide, there was no such limit on who can administer nitrous oxide and, therefore, through regulation, according to her interpretation, was something that the Council and the Board could move forward as it would not require statutory change.

Tooka Zokaie, CDA representative, noted that as listed in the meeting materials, on January 30, 2023, CDA sent a letter to the Board sharing their concerns on the proposal to allow RDAEFs the scope of administering additional local anesthesia and nitrous oxide oxygen to patients. She indicated that the eligible dental team members who currently provide this level of sedation have the appropriate level of foundational knowledge in anatomy, pharmacology, and anesthesia; that was different than training to be able to perform the anesthesia or nitrous oxide itself. If the RDAEF scope of practice would expand to include anesthesia and nitrous oxide oxygen to patients, there would be an additional cost and time for proper training to gain foundational knowledge. She noted that was a concern when trying to decrease barriers to licensure. Ms. Zokaie communicated that patient safety is optimized when the most highly trained members of the dental team are providing care, and this expansion could potentially compromise patient safety as outlined in the letter. She added that some of the questions in the dentist questionnaire were leading and biased toward the expansion, and there was language that included the verbiage “benefits if” in the last two questions. As there was no language about potential barriers or concerns, there was a bias in the survey. Ms. Zokaie voiced that overall, they had significant concerns about how this would impact access to care, foundational knowledge, and patient safety.

Dr. Bruce Witcher, CDA, noted that with respect to the survey, there were two populations present. The first survey initially only surveyed RDAEFs, and in the second survey, both dentists and RDAEFs were surveyed. He claimed that both populations had an inherent tendency to want expansion, expressed that there was an inherent bias in the study, and urged the Council to reconsider their proposal.

Dr. Lila Zarrinam, private practice owner and instructor for dental anesthesia to dental hygiene students, voiced that this proposal was aimed towards practices that were larger and trying to get assistance to be able to administer nitrous and anesthesia in a larger setting while the assistants do not have the proper background information. The safety of the patient was at risk due to the fact that the scope of training would be very limited. She stated that students that take anesthesia at the West LA Community College Dental Hygiene program have a background of information when coming into the program and take physiology, medical emergency, dental anatomy, and a vast number of other courses before they take an anesthesia course, which is about a 72-hour clinic where students practice administering anesthesia to each other.

Dr. Kimbrough supported Dr. Witcher's comments and the letters written by CDA, California Dental Hygienists' Association (CDHA), and the California Dental Hygiene Educators' Association (CDHEA). She also supported the statement that the science courses be mandatory to gain a foundation and voiced that dental hygiene programs require about two years of science courses before someone can enter a hygiene program. She stated that allowing RDAEFs who are on the job trained out of high school to administer anesthesia and nitrous oxide would come with high risks, which includes death. She expressed that there was inherent bias as the survey only addressed RDAEFs and their employers and excluded general dentists and regular hygienists. She did not know that the survey truly was unbiased although she appreciated the work that was put into it and supported the comments that had been made in opposition.

Dr. Michelle Hurlbutt, dental hygiene educator and former educator of dental students, voiced that she had taught research and recommended the Council take a hard deeper dive into that survey. She agreed that in looking at the questions, this research was extremely biased and suggested the Council do a follow-up survey so they can have valuable data to send to the Board.

Heather Moreno commented that an RDAEF does require additional schooling and are not merely on the job trained. She added that there was additional schooling for an RDAEF to be licensed in the state of California.

[The Moderator read into the record Natalie Ferrigno's written comment from the WebEx Question and Answer feature, which stated that she supported Dr. Witcher, CDA, and Dr. Kimbrough's comments, as well as the opposition letter sent in by CDA and was curious as to why this survey was not submitted to the entire licensed dental community.]

Chair Fowler called for the vote on the proposed motion. Ms. Taran took a roll call vote on the proposed motion.

Ayes: Epps-Robbins, Fowler, Miyasaki, Olague, Pliss, Reed-Espinoza.

Nays: Pacheco.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Council Member Fowler commented that the original survey's purpose was to gather data specifically related to patient care when it comes to local anesthesia and reinforcement of that local anesthesia. The original survey had to be given to the RDAEFs and the dentists that supervise those RDAEFs in order to obtain certain data such as finding out if there was a wait time or whether additional anesthesia was

needed. She voiced that was the reason it was specifically given to them and not to the dental community as a whole. Ms. Fowler expressed that there may be a need for another survey once this data is obtained from the offices that are utilizing those RDAEFs.

Council Member Fowler voiced that she wanted to move that the Council assign a committee to discuss an educational program for the local anesthesia nitrous oxide for the RDAEF to ensure competency. She stated that she would like to have a three-member committee, with a hygienist involved. Chair Reed-Espinoza replied that the Council would prefer to do a two-member committee in regard to this research and asked Council Member Fowler if she would like to continue with both of them as members of the committee. Council Member Fowler replied that that would be acceptable.

Ms. Welch clarified that the Council might want to use a two-member group for efficiency's sake. It was not that the Council was trying to not be transparent in discussions and research of these issues, it was to allow the two members to discuss amongst themselves without having to go through the Bagley-Keene Open Meeting requirements for public notice and public meetings if there were three or more members on the committee. She expressed that a two-member group allows the two members to communicate more freely, quickly, and efficiently and get a bunch of research done to present to the Council at the next meeting.

(M/S/C) (Fowler/Reed-Espinoza) to recommend assigning a two-member working group to the task of discussing a robust, comprehensive local anesthesia nitrous oxide program for the EF to ensure competency. Chair Reed-Espinoza seconded.

Ms. Welch inquired, and Ms. Fowler confirmed, the program noted in the motion was an educational program.

Ms. Miyasaki requested the motion separate the two [local anesthesia from nitrous oxide] because she believed there was precedence in Colorado where dental assistants can administer nitrous oxide. She stated perhaps the motion could be divided into two motions where the [local anesthesia and nitrous oxide] would not have to be taught or agreed upon together. Ms. Miyasaki rescinded this request but requested the research be put together with consideration that nitrous oxide is already approved for administration by dental assistants in Colorado.

Ms. Welch inquired whether it was possible for the working group to consider exactly what level of supervision would be required for an RDAEF to perform these functions if they were properly educated. Ms. Welch indicated the Council may be missing the overarching issue. She noted that as Ms. Greenfield pointed out that the Board has the ability to promulgate regulations to list the duties that an RDAEF can perform. However, she continued, the statute then lists separately the duties that an RDAEF can perform under direct supervision. She thought that the overarching issue was whether the

administration of local anesthesia or nitrous oxide should require direct supervision by a dentist, and if so, then that would require a legislative change, not a regulatory change. Researching all the educational components to administer or perform that task may be able to be put off for a while, as an association seeks a legislative proposal or an author for that to expand the scope for RDAEF duties to administer local anesthesia and nitrous oxide under direct supervision. She asked Council Member Fowler to consider in her motion adding a component for the working group to consider whether an RDAEF's performance of these duties, administering local anesthesia and nitrous oxide, would require direct supervision and whether she wanted to have the working group research an educational program to perform those duties.

Council Member Fowler asked for clarification that if it does require direct supervision, then the Council should not form a committee yet as the Council would need to focus on getting a legislative proposal first. Ms. Welch replied that she was not recommending that the working group, the Council, or the Board prepare a legislative proposal to expand the scope of RDAEF duties under direct supervision. She indicated that she was suggesting that the Council consider whether RDAEF performance of these duties would necessarily require direct supervision. If the Council believed the working group should report back on the issue of whether or not direct supervision would be required, that would be really instructive. If direct supervision by a dentist is necessary for the RDAEF to perform these duties, a legislative proposal would need to be prepared by an outside association, individual, or group because the Board does not prepare or sponsor expansion of scope of practice bills. Council Member Fowler voiced that in order to do local anesthesia and nitrous oxide, it would have to be under direct supervision by a licensed dentist. She vocalized that since the Council was jumping the gun by having a committee to discuss education, she rescinded her motion to put together a working group on the educational program.

Agenda Item 9: Update and Discussion on Research of Dental Auxiliary Certification and Education Requirements and Review of Applicable Statutes and Regulations Regarding Board Approval of Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses for Potential Amendments – Joanne Pacheco, RDH, MAOB, and Cara Miyasaki, RDA, RDHEF, MS

Vice Chair Miyasaki summarized the report that she and Council Member Joanne Pacheco finalized, which is available in the meeting materials. She noted that they were requesting additional time to review the results of the survey. However, they had several observations, with one being that there are multiple course approvals containing the same content for a course that has already been approved but it is only submitted due to the course being taught at a different clinical site. This multiplies the amount of work needed for the approval process and the amount of work by Board staff. Vice Chair Miyasaki voiced that the [working group] proposed that once a course has been approved, it would be approved regardless of the clinical site the course is or will be taught at, and this would allow the providers of the courses, such as infection control, coronal polishing, and pit and fissure sealants, to be taught at the actual clinical site where the student or candidate was working in. This would help ensure that the student

is familiar with the equipment, materials, and supplies that are available at their office. Equipment materials and supplies could be supplemented by the provider if anything was missing or needed. She expressed that the two-member working group proposed a motion to change the language for a provider of a dental assistant continuing education course requiring lab, clinical, free clinical, and/or clerical requirements to omit the need to apply for a course that was already approved simply because the course was taught at a different location. This would minimize the number of applications received by Board staff.

Ms. Welch replied that she believed the [working group] was recommending changes to regulations and due to that, the Board would need to give proper notice to the public that the Council was considering changes to the regulations. She recommended moving forward with the staff recommendation to look at the regulations, and at the next meeting, the two-member group could bring forward a regulatory proposal that laid out what their specific proposed amendments would look like.

Dr. Montez voiced that any comments the two-member working group would like to bring forward would be important for the record. However, it would take time to do a thorough review, and it would be unlikely the Council will have anything ready for the May meeting. She voiced that it was beneficial to have ongoing check-ins to talk about this issue as Board staff was uncovering a lot that could be done to streamline, revise, and clarify. Vice Chair Miyasaki shared that the [working group] believed that it was of vital importance that the radiation safety course be modified to make the analog full mouth series optional, or actually remove the requirement.

Council Member Rosalinda Olague noted that it was mentioned that the Board had one program applying for a course. She asked if a rough estimate on the number was known if they were individually applying and there are three locations underneath them. Ms. Parks replied that she would look into that and provide information on what the Board currently had approved. Council Member Olague asked what the percentage was that was impacting where they were doing three applications for three locations. Dr. Montez replied that Board staff was happy to look into it and that it was going to be challenging to get the data as there had been a little inconsistency on how it had been tracked and approached. Given this, that was the reason Board staff wanted to streamline the process.

Vice Chair Miyasaki noted that there were still multiple names in multiple locations for the same exact course. She believed that the meeting materials showed there may be program providers that may already be doing this, which was not appropriate. She indicated that it was a barrier for the applicants to travel to a clinical site that might be two or three hours away if they live in a rural area. Ms. Pacheco responded that for clarification purposes, Board staff would continue approving RDA and RDAEF educational programs and courses as currently implemented. Dr. Montez replied that the Board would continue to follow its regulations until something was needed to change that.

Chair Reed-Espinoza requested public comment on this item. The Council received public comment.

Dr. Ariane Terlet, speaking on behalf of CDA, thanked the Council for this discussion and expressed that CDA was sponsoring AB 481 that would create a pathway for dental assistants from states outside of California to apply for licensure. She stated that the Dental Assisting National Board (DANB) coursework completed for the certified dental assistant was substantially similar to the coursework required to be eligible to sit for the RDA exam, specifically Radiation Health and Safety (RHS) and the Infection Control (ICE) coursework. She articulated that this may change the trajectory of the proposition to review applicable statutes and regulations regarding Board approval for RDAs and RDAEFs and requested that the Council table this item until a future Board meeting so that the Council and the Board had the opportunity to review their proposed language and have further discussion. She noted that many of the items that the Council was discussing presently was included in their language.

Dr. Lipsey, director for a number of approved programs at two locations, commented that one thing that concerned him was that he had seen people get a program approved at one location and then become a mass duplication at a number of locations around the state where there was very little supervision. He voiced that that is something that he knew had happened and was happening, and in some instances, some of these unapproved locations have been shut down.

Agenda Item 10: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1750 Regarding Unlicensed Dental Assistant Course Requirements

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

Chair Reed-Espinoza voiced her understanding that in Business and Professions Code (BPC) section 1750, subdivision (d)(2), an eight-hour course of infection control was being crossed out. Mr. Bruggeman replied that because of the previously approved proposal, the infection control course was now in subdivision (c) in this full legislative proposal. That language was previously approved by the Council and the Board in 2021. Dr. Montez added that when this was brought to the Council, Board staff was reminded that the Council had looked at the infection control piece earlier. Therefore, it was then decided to implement both of them together and bring it back to the Council to look at the entire package and then move it on to the Board. She verbalized that the Board staff goal was that the Council members approve this proposal as it was stated without substantive changes. As a part of this had already been approved by the Council and the Board, Board staff was recommending that the clarification on the 120 days would be acceptable, and Board staff could continue moving this forward.

Mr. Bruggeman clarified that if the Council opted to take suggested motion option three, only the highlighted text would not go forward, as everything else mentioned had already been approved by the Council and by the Board.

(M/S/C) (Miyasaki/Reed-Espinoza) 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.

Chair Reed-Espinoza requested public comment before the Council acted on the motion. The Council received the following public comment.

Ms. Randolph, representing the Dental Assisting Alliance, mentioned that they were thrilled with this language. For public safety as well as employee safety and in collaboration with Occupational Safety and Health Administration (OSHA) requirements of needing to have training prior to exposure to blood and opium, this had been long-awaited, and they were excited to see this move forward.

Dr. Marty Lipsey, director of two approved eight-hour infection control programs, expressed that this was a significant positive improvement in language. The only addition to that he wanted to bring up was that it was clear in the wording of subdivision (c) and (d) that the employer is the responsible party. He expressed his uncertainty with whether the employer was responsible for the cost of these programs. If the intention was that the employer should bear the cost, he thought it would be very helpful especially to unlicensed dental assistants.

Dr. Terlet, representing CDA, stated they are supportive of optimizing patient safety and provider training. Currently, unlicensed dental assistants must complete the course within 120 days of employment, which allows for optimal time for foundation training and for understanding the application of the education offered. CDA was in support of changing that language from 120 to a year, as there was currently no evidence of infectious disease outbreaks with the current training protocol for dental assistants. She conveyed that unlicensed dental assistants are learning appropriately on the job and gain context and experience for the more in-depth coursework that they have to complete in a year. Additionally, the two-hour OSHA required bloodborne pathogens course was substantial in offering foundational education to apply infection control measures while performing basic supportive dental procedures involving potential exposure to blood, saliva, and other potentially infectious materials. She voiced that CDA respectfully opposed the need for the infection control class prior to being able to treat patients, and they were introducing legislation that would actually contradict this. This legislation would contradict the opportunity for new dental assistants to start training and practice in the dental office in the time frame that was currently acceptable. Furthermore, dental assistants would not have the context of applicability until initial exposure to dental offices. She expressed that they ask that this

be tabled so that the Council could look at their language moving forward before a decision is made.

In response to Dr. Lipsey's concern about whether this proposal would require the supervising dentist to pay the cost of the courses, Ms. Welch reported that this proposal does not change the existing requirement for dentists to ensure the individual has completed the courses. She indicated that the proposal does not include an additional cost component and does not specifically state that the dentist or employer has to ensure and pay the cost of the course. Therefore, the Council was not recommending that the employer pay the cost of the courses. However, that would be potentially a good practice on the part of employers to assist their employees with complying with the law.

Chair Reed-Espinoza called for the vote on the proposed motion. Ms. Taran took a roll call vote on the proposed motion.

Ayes: Epps-Robbins, Fowler, Miyasaki, Olague, Pacheco, Pliss, Reed-Espinoza.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 11: Adjournment

Chair Reed-Espinoza adjourned the meeting at 10:52 a.m.



MEMORANDUM

DATE	April 20, 2023
TO	Members of the Dental Assisting Council
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 4.: Executive Officer Report

Background

Dr. Tracy Montez will provide an update of Board activities.

Action Requested

No action required.



MEMORANDUM

DATE	April 17, 2023
TO	Members of the Dental Assisting Council
FROM	Rikki Parks, Dental Assisting Program Manager Dental Board of California
SUBJECT	Agenda Item 5.: Update on Dental Assisting Examination Statistics

Background

The following table provides the examination statistics for candidates who attempted dental assisting examinations this current fiscal year from July 1, 2022, to March 31, 2022, and the past three fiscal years (FYs).

License Type		RDA	OA	DSA	RDAEF		
		Written	Written	Written	Clinical	Practical	Written
FY 2022/23	Total 1st Time Candidates Tested	1554	193	6	N/A	N/A	127
	1st Time Candidates Pass	1240	141	5	N/A	N/A	92
	1st Time Candidates Pass %	80%	73%	83%	N/A	N/A	72%
	1st Time Candidates Fail	314	52	1	N/A	N/A	35
	1st Time Candidates Fail %	20%	27%	17%	N/A	N/A	28%
	Total Repeat Candidates Tested	554	67	N/A	N/A	N/A	109
	Repeat Candidates Pass	251	36	N/A	N/A	N/A	45
	Repeat Candidates Pass %	45%	54%	N/A	N/A	N/A	41%
	Repeat Candidates Fail	303	31	N/A	N/A	N/A	64
	Repeat Candidates Fail %	55%	46%	N/A	N/A	N/A	59%
	Total Candidates Tested	2108	260	6	N/A	N/A	236
	Total Candidates Passed	1491	177	5	N/A	N/A	137
	Total Candidates Pass %	71%	68%	83%	N/A	N/A	58%
	Total Candidates Failed	617	83	1	N/A	N/A	99
	Total Candidates Failed %	29%	32%	17%	N/A	N/A	42%
FY 2021/22	Total 1st Time Candidates Tested	1556	137	5	54	58	160
	1st Time Candidates Pass	1077	102	4	37	46	111
	1st Time Candidates Pass %	69%	74%	80%	69%	79%	69%
	1st Time Candidates Fail	479	35	1	17	12	49
	1st Time Candidates Fail %	31%	26%	20%	31%	21%	31%
	Total Repeat Candidates Tested	1001	130	1	14	19	108
	Repeat Candidates Pass	411	66	1	9	12	43
	Repeat Candidates Pass %	41%	51%	100%	64%	63%	40%
Repeat Candidates Fail	590	64	N/A	5	7	65	

Agenda Item 5.: Update on Dental Assisting Examination Statistics
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	Repeat Candidates Fail %	59%	49%	N/A	36%	37%	60%
	Total Candidates Tested	2557	267	6	68	77	268
	Total Candidates Passed	1488	168	5	46	58	154
	Total Candidates Pass %	58%	63%	80%	68%	75%	57%
	Total Candidates Failed	1069	99	1	22	19	114
	Total Candidates Fail %	42%	37%	20%	32%	25%	43%
FY 2020/21	Total 1 st Time Candidates Tested	1665	162	3	N/A	N/A	156
	1 st Time Candidates Pass	1285	82	2	N/A	N/A	133
	1 st Time Candidates Pass %	77%	51%	67%	N/A	N/A	85%
	1 st Time Candidates Fail	380	80	1	N/A	N/A	23
	1 st Time Candidates Fail %	23%	49%	33%	N/A	N/A	15%
	Total Repeat Candidates Tested	854	184	2	N/A	N/A	28
	Repeat Candidates Pass	368	51	1	N/A	N/A	20
	Repeat Candidates Pass %	43%	28%	50%	N/A	N/A	71%
	Repeat Candidates Fail	486	133	1	N/A	N/A	8
	Repeat Candidates Fail %	57%	72%	50%	N/A	N/A	29%
	Total Candidates Tested	2519	346	5	N/A	N/A	184
	Total Candidates Passed	1653	133	3	N/A	N/A	153
	Total Candidates Pass %	66%	38%	60%	N/A	N/A	85%
	Total Candidates Failed	866	213	2	N/A	N/A	31
Total Candidates Fail %	34%	62%	40%	N/A	N/A	17%	
FY 2019/20	Total 1 st Time Candidates Tested	2122	213	6	56	64	96
	1 st Time Candidates Pass	1416	110	6	29	35	71
	1 st Time Candidates Pass %	67%	52%	100%	52%	55%	74%
	1 st Time Candidates Fail	706	103	N/A	27	29	25
	1 st Time Candidates Fail %	33%	48%	N/A	48%	45%	26%
	Total Repeat Candidates Tested	1481	225	N/A	24	21	53
	Repeat Candidates Pass	635	91	N/A	11	7	30
	Repeat Candidates Pass %	43%	40%	N/A	46%	33%	57%
	Repeat Candidates Fail	846	134	N/A	13	14	23
	Repeat Candidates Fail %	57%	60%	N/A	54%	67%	43%
	Total Candidates Tested	3603	438	6	80	85	149
	Total Candidates Passed	2051	201	6	40	42	101
	Total Candidates Pass %	57%	46%	100%	50%	49%	68%
	Total Candidates Failed	1552	237	N/A	40	43	48
Total Candidates Fail %	43%	54%	N/A	50%	51%	32%	

The Office of Professional Examination Services (OPES) monitors the passing rates for the dental assistant examinations. OPES works with subject matter experts (i.e., actively practicing licensees who are in good standing) to build a bank of quality questions that adhere to professional guidelines and technical standards for use on occupational licensing examinations.

Additional information regarding written examination is available on the Board's website located here: https://dbc.ca.gov/applicants/rda_written_exam_stats_2021.shtml

Action Requested

Informational only. No action required.

Agenda Item 5.: Update on Dental Assisting Examination Statistics
Dental Assisting Council Meeting
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MEMORANDUM

DATE	April 10, 2023
TO	Members of the Dental Assisting Council
FROM	Taylor Williams, Staff Services Analyst Dental Board of California
SUBJECT	Agenda Item 6.: Update on Dental Assisting Licensing Statistics

Dental Assistant License Application Statistics

The following tables provide monthly dental assistant license application statistics for fiscal years 2019–20, 2020–21, 2021–22 and 2022–23. The data provided for 2022–23 is through March 31, 2023.

Dental Assistant Applications Received by Month													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 19/20	325	204	320	328	131	326	204	153	273	47	42	100	2,453
RDA 20/21	128	120	288	409	134	210	263	120	215	239	195	340	2,661
RDA 21/22	212	220	246	256	176	174	172	159	222	199	278	331	2,645
RDA 22/23	265	213	138	184	156	100	187	155	190	-	-	-	1,588
RDAEF 19/20	9	11	11	1	0	5	45	1	69	6	1	3	162
RDAEF 20/21	3	13	17	2	4	0	1	11	12	36	13	14	126
RDAEF 21/22	4	7	27	14	21	13	9	9	5	42	10	29	190
RDAEF 22/23	4	14	11	24	10	8	4	10	20	-	-	-	105
OA 19/20	20	31	31	47	14	42	19	18	17	6	2	11	258
OA 20/21	14	16	15	21	9	25	10	15	28	21	23	29	226
OA 21/22	14	24	26	25	30	28	18	14	25	26	22	20	272
OA 22/23	16	28	23	16	18	8	27	19	19	-	-	-	174
DSA 19/20	0	0	5	0	0	0	1	0	2	2	0	2	12
DSA 20/21	0	0	1	0	0	0	1	1	0	0	0	4	7
DSA 21/22	0	0	1	5	0	2	0	1	2	6	1	0	18
DSA 22/23	0	4	3	8	0	1	0	0	1	-	-	-	17
Dental Assistant Applications Approved by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 19/20	339	316	213	235	195	216	126	239	80	209	106	105	2,379
RDA 20/21	65	47	248	188	69	89	261	239	219	244	146	92	1,907
RDA 21/22	225	273	225	209	176	108	71	118	114	139	118	121	1,897
RDA 22/23	129	271	846	378	480	338	180	140	286	-	-	-	3,048

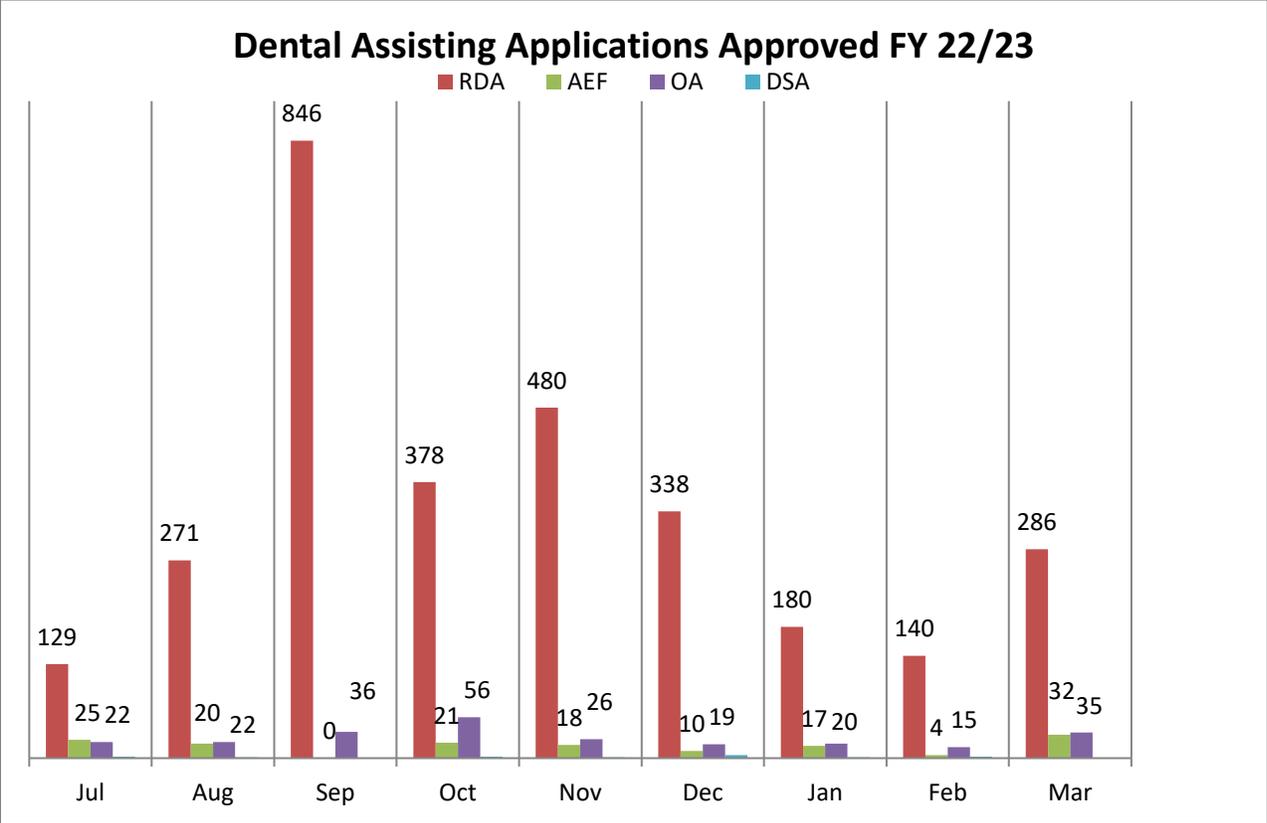
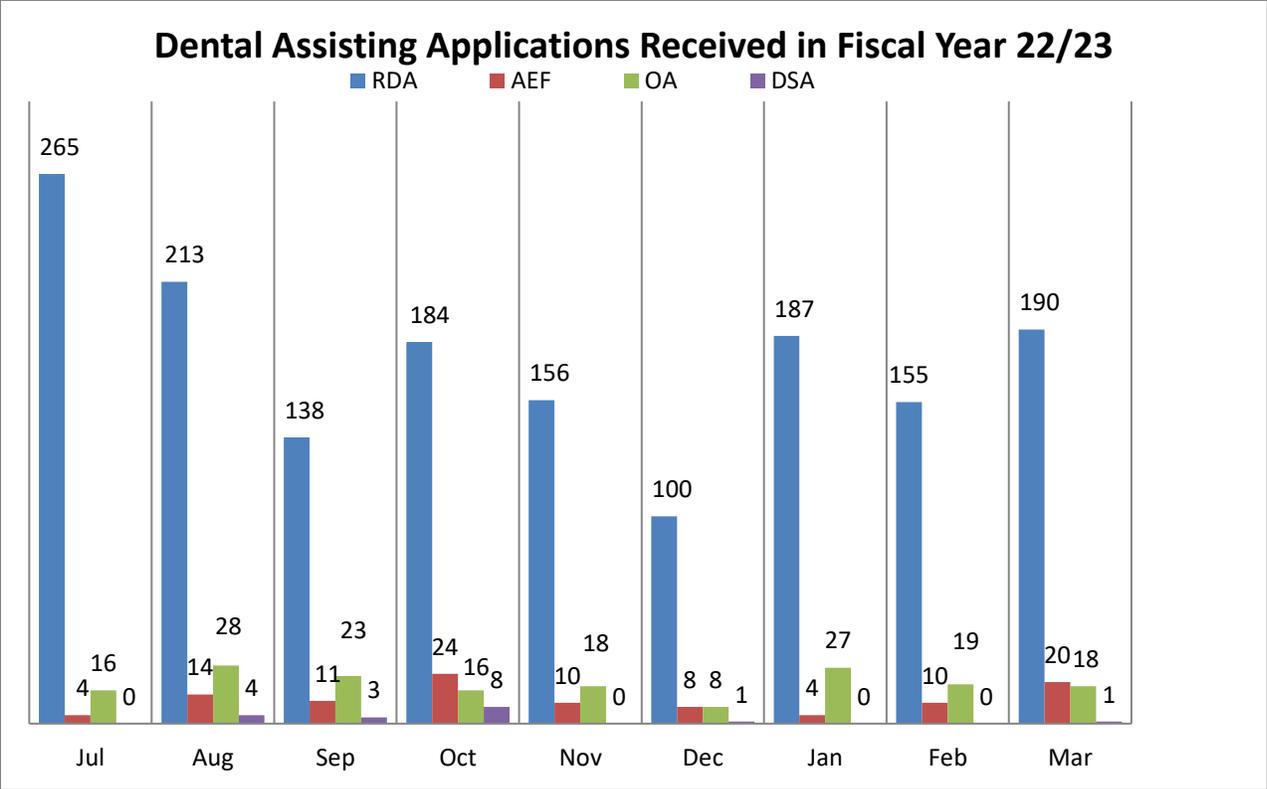
Agenda Item 6.: Update on Dental Assisting Licensing Statistics
Dental Assisting Council Meeting
May 18, 2023

Dental Assistant Applications Approved by Month – Cont'd													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDAEF 19/20	2	0	11	20	2	1	17	31	1	6	0	0	91
RDAEF 20/21	36	19	23	17	1	5	2	3	19	10	23	20	178
RDAEF 21/22	18	1	4	22	25	12	3	11	9	7	24	35	171
RDAEF 22/23	25	20	0	21	18	10	17	4	32	-	-	-	147
OA 19/20	26	19	37	26	23	17	23	24	7	25	10	5	242
OA 20/21	0	4	22	12	13	7	18	28	17	31	14	7	173
OA 21/22	20	18	13	6	23	12	10	10	7	13	11	14	157
OA 22/23	22	22	36	56	26	19	20	15	35	-	-	-	251
DSA 19/20	0	0	0	1	0	1	0	0	1	2	1	0	6
DSA 20/21	3	0	0	0	0	0	0	0	0	0	0	0	3
DSA 21/22	2	0	0	0	0	0	0	1	2	0	1	0	6
DSA 22/23	2	1	0	2	1	4	1	2	0	-	-	-	13
Dental Assistant Licenses Issued by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 19/20	217	184	245	252	248	294	185	146	104	27	51	81	2,034
RDA 20/21	179	19	263	90	215	67	87	124	204	167	137	181	1,733
RDA 21/22	244	151	126	149	155	181	79	97	99	97	121	100	1,599
RDA 22/23	115	126	117	248	221	222	153	165	221	-	-	-	1,588
RDAEF 19/20	7	20	3	12	7	2	2	12	11	0	1	1	78
RDAEF 20/21	1	2	0	0	1	1	0	0	0	0	0	0	5
RDAEF 21/22	0	46	1	1	0	0	262	0	2	6	7	4	329
RDAEF 22/23	39	20	19	8	14	24	11	8	25	-	-	-	168
OA 19/20	18	28	18	25	29	17	19	12	16	5	8	10	205
OA 20/21	11	7	9	16	9	5	8	10	11	12	22	9	129
OA 21/22	10	17	2	0	32	19	22	13	15	17	11	11	169
OA 22/23	18	20	12	30	28	34	19	16	24	-	-	-	201
DSA 19/20	0	0	0	1	0	1	0	1	0	0	1	3	7
DSA 20/21	0	1	0	2	0	0	0	0	0	0	0	0	3
DSA 21/22	0	0	0	0	0	2	0	0	0	2	0	1	5
DSA 22/23	0	1	1	0	0	2	0	2	0	-	-	-	6
Cancelled Dental Assistant Applications by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 19/20	3	0	4	1	1	1	2	2	4	0	0	1	19
RDA 20/21	0	0	0	1	0	1	2	1	2	0	3	1	11
RDA 21/22	0	1	4	2	0	6	1	0	0	2	4	5	25
RDA 22/23	1	3	3	0	1	1	1	2	1	-	-	-	13
RDAEF 19/20	0	1	1	1	0	0	0	0	1	1	0	0	5
RDAEF 20/21	0	1	0	0	1	1	2	0	1	0	0	2	8
RDAEF 21/22	8	0	0	1	0	0	0	0	0	0	1	0	10
RDAEF 22/23	0	0	0	0	0	0	0	0	0	-	-	-	0

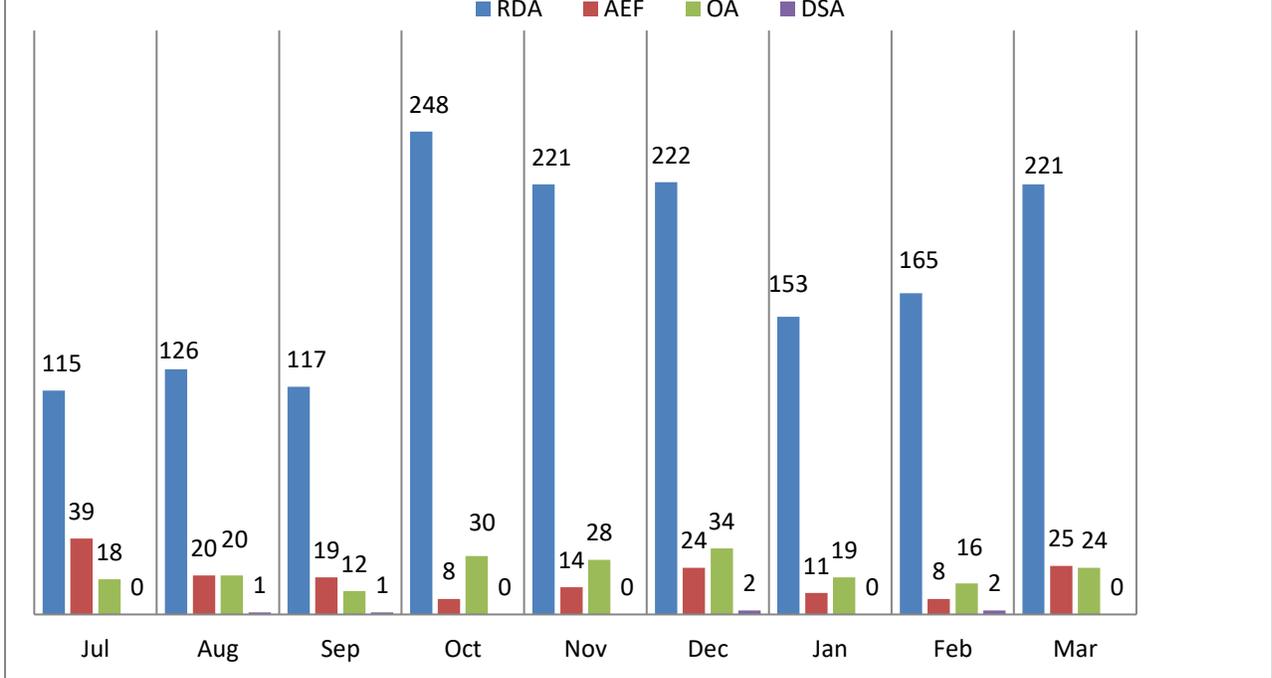
Cancelled Dental Assistant Applications by Month – Cont'd													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
OA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
OA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
OA 21/22	0	0	1	1	0	0	0	0	0	0	0	1	3
OA 22/23	2	0	0	0	1	0	0	0	0	-	-	-	3
DSA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 22/23	0	0	0	0	0	0	0	0	0	-	-	-	0
Withdrawn Dental Assistant Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 19/20	7	1	6	3	7	0	6	0	7	1	1	1	40
RDA 20/21	0	3	7	2	1	3	1	1	2	0	0	1	21
RDA 21/22	3	2	0	0	4	3	4	5	4	2	1	5	33
RDA 22/23	4	8	2	9	0	0	0	3	1	-	-	-	27
RDAEF 19/20	0	1	0	0	0	0	1	0	0	0	0	0	2
RDAEF 20/21	0	0	0	0	0	0	0	0	0	0	2	0	2
RDAEF 21/22	1	0	1	1	0	0	1	0	0	0	0	0	4
RDAEF 22/23	0	0	0	0	0	1	0	1	1	-	-	-	3
OA 19/20	1	2	1	0	0	0	2	1	0	0	0	0	7
OA 20/21	1	0	0	0	0	0	0	0	0	0	0	0	1
OA 21/22	0	2	0	0	1	0	1	0	3	1	1	1	10
OA 22/23	0	0	3	1	0	0	0	0	4	-	-	-	8
DSA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 20/21	0	0	0	0	0	0	0	1	0	0	0	0	1
DSA 21/22	0	0	0	0	1	0	0	0	0	0	0	0	1
DSA 22/23	1	0	0	0	0	0	0	0	1	-	-	-	2
Denied Dental Assistant Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 19/20	2	2	0	0	0	0	1	1	0	1	1	1	9
RDA 20/21	1	0	0	0	0	0	1	0	3	2	0	2	9
RDA 21/22	1	0	0	0	0	1	0	0	0	0	4	0	6
RDA 22/23	2	1	0	0	0	2	0	2	0	-	-	-	7
RDAEF 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF 22/23	0	0	0	0	0	0	0	0	0	-	-	-	0
OA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
OA 20/21	0	0	0	0	0	0	0	0	0	0	0	1	1
OA 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
OA 22/23	0	0	0	0	0	0	0	0	0	-	-	-	0

Denied Dental Assistant Applications by Month – Cont'd													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
DSA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 22/23	0	0	0	0	0	0	0	0	0	-	-	-	0

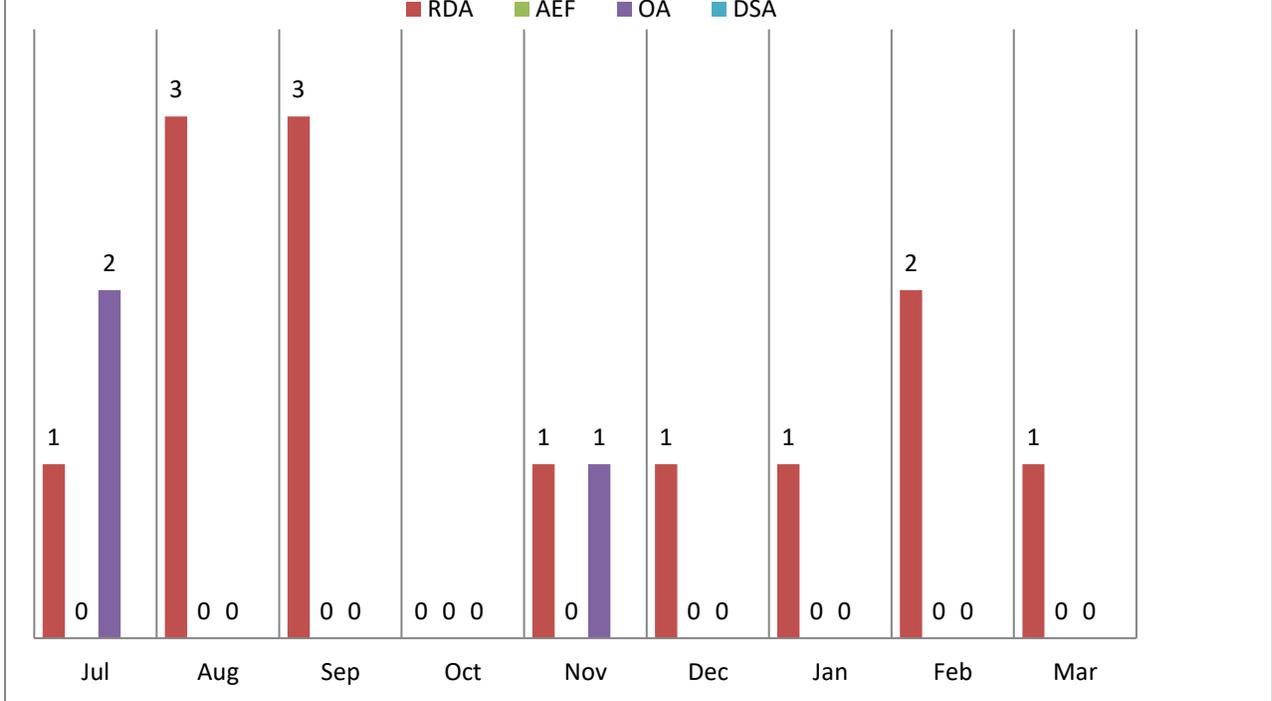
Application Definitions	
Received	Application received in paper format or electronically through BreZze system.
Approved	Application for eligibility of licensure processed with required documentation and examination eligibility issued.
License Issued	Final application including examination results approved and license issued.
Cancelled	Board requests staff to remove application (i.e., duplicate).
Withdrawn	Applicant requests Board to remove application for eligibility of licensure.
Denied	The Board denies an application 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.

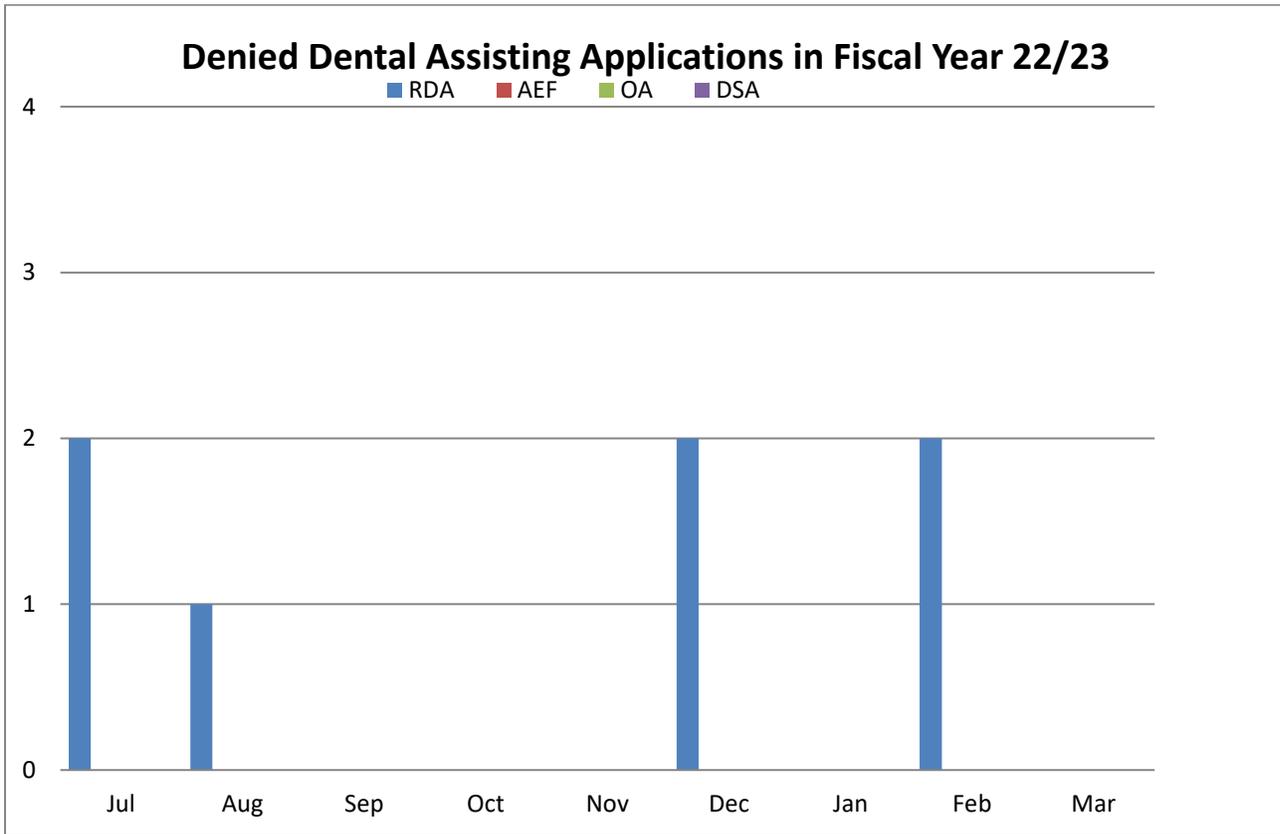
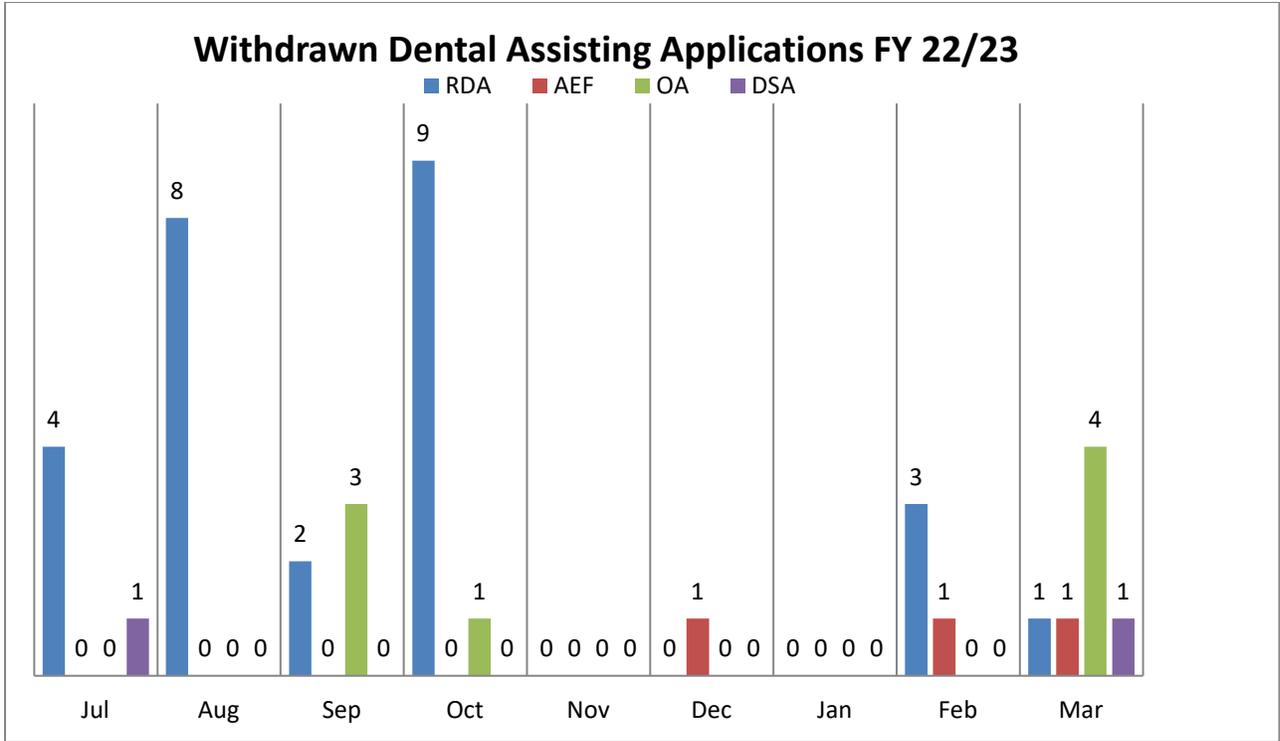


Dental Assisting Licenses Issued in Fiscal Year 22/23



Cancelled Dental Assisting Applications FY 22/23





Dental Assistant License Status Statistics

The following table provides dental assistant license and permit status statistics for fiscal years 2019–20, 2020–21, 2021–22, and 2022–23.

License Type	License Status	2019–20	2020–21	2021–22	2022–23
Registered DentalAssistant	Active	30,465	30,317	28,902	28,460
	Inactive	4,321	4,155	3,991	3,855
	Delinquent	11,636	11,802	12,992	13,591
	Cancelled	47,759	49,700	51,512	53,071
License Type	License Status	2019–20	2020–21	2021–22	2022–23
Registered Dental Assistant in ExtendedFunctions	Active	1,584	1,522	1,756	1,888
	Inactive	75	74	75	75
	Delinquent	213	251	298	307
	Cancelled	350	379	420	449
License Type	License Status	2019–20	2020–21	2021–22	2022–23
Orthodontic Assistant	Active	1,281	1,340	1,407	1,547
	Inactive	23	34	44	42
	Delinquent	158	211	286	335
	Cancelled	4	13	27	40
License Type	License Status	2019–20	2020–21	2021–22	2022–23
Dental Sedation Assistant	Active	36	38	38	43
	Inactive	2	3	2	3
	Delinquent	15	13	16	16
	Cancelled	2	4	7	8

Definitions	
Active	An individual who has an active status and has completed all renewal requirements receives this status.
Inactive	An individual who has an inactive status; has paid the renewal fees but cannot perform the duties of the license unless the license is re-activated. Continuing education units are not required for inactive license renewal.
Delinquent	An individual who does not comply with renewal requirements receives this status until renewal requirements are met.
Cancelled	An individual who fails to comply with renewal requirements by a set deadline will receive this status. Total number of licenses / permits cancelled to date.

The following table provides statistics on population, current and active Registered Dental Assistant (RDA) licenses by county, and population per RDA license by county for fiscal years 2020–21, 2021–22 and 2022–23.

County	RDA 20/21	Pop. 20/21	Pop. PerRDA 20/21	DDS 20/21	RDA to DDS Ratio 20/21	RDA 21/22	Pop. 21/22	Pop. Per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22	RDA 22/23	Pop. 22/23	Pop. Per RDA 22/23	DDS 22/23	RDA to DDS Ratio 22/23
Alameda	1,252	1,670,834	1,334	1,497	1:1	1,185	1,651,979	1,394	1,492	1:1	1,232	1,651,979	1,340	1,500	0:1
Alpine	0	1,142	N/A	1	0:1	0	1,200	N/A	1	0:1	0	1,200	0	0	0
Amador	57	37,676	660	23	2:1	55	40,297	732	22	2:1	73	40,297	552	20	2:1
Butte	267	210,291	787	126	2:1	250	201,608	806	124	2:1	303	201,608	665	124	2:1
Calaveras	61	45,023	738	18	3:1	55	40,297	732	18	3:1	67	45,049	672	20	2:1
Colusa	28	21,902	782	6	5:1	28	21,807	779	6	4:1	30	21,807	726	6	4:1
Contra Costa	1,285	1,153,561	897	1,123	1:1	1,224	1,156,555	944	1,098	1:1	1324	1,156,555	873	1,104	1:1
Del Norte	29	27,298	941	15	2:1	26	27,218	1,046	13	2:1	29	27,218	938	12	2:1
El Dorado	220	193,227	878	161	1:1	205	190,465	929	157	1:1	256	190,465	744	156	1:1
Fresno	907	1,023,358	1,128	622	1:1	884	1,011,273	1,143	613	1:1	959	1,011,273	1,054	621	1:1
Glenn	49	29,400	600	10	5:1	46	28,750	625	6	7:1	49	28,750	586	6	7:1
Humboldt	170	133,302	784	68	2:1	162	135,168	834	64	2:1	166	135,168	814	62	2:1
Imperial	85	188,777	2,220	38	2:1	83	179,329	2,161	38	2:1	99	179,329	1,811	39	2:1
Inyo	11	18,584	1,689	9	1:1	9	18,978	2,109	8	1:1	8	18,978	2,372	6	1:1
Kern	624	917,553	1,470	350	2:1	601	909,813	1,513	340	1:1	726	909,813	1,253	341	1:1
Kings	139	153,608	1,105	64	2:1	134	152,023	1,135	49	2:1	161	152,023	944	61	2:1
Lake	90	64,040	711	45	2:1	80	67,407	842	26	3:1	109	67,407	618	40	1:1
Lassen	48	28,833	600	24	2:1	40	30,274	756	23	1:1	41	30,274	738	20	1:1
Los Angeles	4,748	10,172,951	2,142	8,502	1:2	4,503	9,861,224	2,189	8,418	1:2	5046	9,861,224	1,54	8,448	0:1
Madera	137	158,147	1,154	43	3:1	135	157,396	1,165	45	3:1	146	157,396	1,078	46	3:1
Marin	183	260,831	1,425	304	1:2	174	257,135	1,477	308	1:2	182	257,135	1,412	293	0:1
Mariposa	15	18,067	1,204	7	2:1	12	17,045	1,420	7	1:1	11	17,045	1,549	7	1:1
Mendocino	103	87,946	853	52	2:1	97	89,999	927	54	1:1	114	89,999	789	50	1:1

County	RDA 20/21	Pop. 20/21	Pop. per RDA 20/21	DDS 20/21	RDA to DDS Ratio 20/21	RDA 21/22	Pop. 21/22	Pop. per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22	RDA 22/23	Pop. 22/23	Pop. Per RDA 22/23	DDS 22/23	RDA to DDS Ratio 22/23
Merced	252	283,521	1,125	91	3:1	240	284,338	1,184	97	2:1	263	284,338	1,081	94	2:1
Modoc	4	9,570	2,392	5	1:1	2	8,690	4,345	3	1:2	2	8,690	4,345	4	0:1
Mono	5	13,464	2,692	3	2:1	6	13,379	2,229	5	1:1	6	13,379	2,229	6	1:1
Monterey	392	441,143	1,125	259	2:1	380	433,716	1,141	257	1:1	432	433,716	1,003	248	1:1
Napa	137	139,088	1,015	113	1:1	127	136,179	1,072	112	1:1	141	136,179	965	112	1:1
Nevada	96	98,114	1,022	77	1:1	88	101,242	1,150	77	1:1	100	101,242	1,012	74	1:1
Orange	1,823	3,194,332	1,752	4,005	1:2	1,742	3,162,245	1,815	4,044	1:2	1821	3,162,245	1,736	4,073	0:1
Placer	507	403,711	796	471	1:1	465	409,025	879	466	1:1	538	409,025	760	474	0:1
Plumas	19	18,260	961	15	1:1	19	18,942	996	14	1:1	19	18,942	996	13	1:1
Riverside	2,126	2,442,304	1,148	1,111	2:1	1,982	2,435,525	1,228	1,122	1:1	2159	2,435,525	1,128	1,136	1:1
Sacramento	1,662	1,555,365	935	1,159	1:1	1,619	1,576,618	973	1,175	1:1	1873	1,576,618	841	1,172	1:1
San Benito	106	62,353	588	23	5:1	111	65,479	589	24	4:1	126	65,479	519	25	4:1
San Bernardino	1,567	2,180,537	1,391	1,381	1:1	1,505	2,187,665	1,453	1,370	1:1	1691	2,187,665	1,293	1,395	1:1
San Diego	2,659	3,343,355	1,257	2,779	1:1	2,541	3,287,306	1,293	2,764	0:1	2796	3,287,306	1,175	2,817	0:1
San Francisco	437	897,806	2,054	1,225	1:3	416	842,754	2,025	1,175	1:3	546	842,754	1,543	1,169	0:1
San Joaquin	792	773,632	976	371	2:1	777	784,298	1,009	371	2:1	872	784,298	899	377	1:1
San Luis Obispo	222	277,259	1,248	225	1:1	206	280,721	1,362	207	1:1	244	280,721	1,150	213	1:1
San Mateo	605	773,244	1,278	858	1:1	561	744,662	1,327	853	1:1	575	744,662	1,295	838	0:1
Santa Barbara	352	451,840	1,283	324	1:1	352	445,164	1,264	312	1:1	408	445,164	1,091	315	1:1
Santa Clara	1,673	1,961,969	1,172	2,292	1:1	1,598	1,894,783	1,185	2,284	1:1	1666	1,894,783	1,137	2,295	0:1
Santa Cruz	234	271,233	1,159	170	1:1	214	266,564	1,245	166	1:1	227	266,564	1,174	170	1:1
Shasta	189	178,045	942	115	2:1	174	180,531	1,037	107	1:1	196	180,531	921	99	1:1
Sierra	5	3,201	640	1	5:1	2	3,229	1,614	0	4:0	2	3,229	1,614	0	0:1
Siskiyou	34	44,461	1,307	24	1:1	29	43,830	1,511	21	1:1	31	43,830	1,413	24	1:1
Solano	641	440,224	686	287	2:1	621	447,241	720	282	2:1	622	447,241	719	276	2:1
Sonoma	671	492,980	734	393	2:1	656	482,404	735	383	1:1	687	482,404	702	384	1:1

County	RDA 20/21	Pop. 20/21	Pop. per RDA 20/21	DDS 20/21	RDA to DDS Ratio 20/21	RDA 21/22	Pop. 21/22	Pop. per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22	RDA 22/23	Pop. 22/23	Pop. Per RDA 22/23	DDS 22/23	RDA to DDS Ratio 22/23
Stanislaus	594	557,709	938	273	2:1	587	549,466	936	271	2:1	658	549,466	835	274	2:1
Sutter	124	100,750	812	56	2:1	120	99,145	826	52	2:1	145	99,145	683	51	2:1
Tehama	87	65,129	748	29	3:1	83	65,052	783	31	2:1	98	65,052	663	29	2:1
Trinity	4	13,548	3,387	4	1:1	5	16,023	3,204	3	1:1	5	16,023	3,204	3	1:1
Tulare	451	479,977	1,064	227	2:1	425	475,014	1,117	218	1:1	489	475,014	971	221	2:1
Tuolumne	75	54,917	732	47	2:1	69	55,291	801	48	1:1	83	55,291	666	47	1:1
Ventura	550	842,886	1,532	666	1:1	513	833,652	1,625	666	1:1	590	833,652	1,412	633	0:1
Yolo	196	221,705	1,131	114	2:1	190	221,165	1,164	118	1:1	213	221,165	1,038	118	1:1
Yuba	88	78,887	896	7	13:1	90	82,275	914	6	15:1	108	82,275	761	7	13:1
TOTAL	29,887	39,782,870	65,490	32,308	N/A	30,119	39,371,318	1,307	32,034	1:1	31,563	39,185,605	66,456	32,168	N/A

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

**Ratios are rounded to the nearest whole number.

Counties with the Highest Population per RDA:	Modoc County (1:4,345)	Counties with Lowest Population per RDA:	Alpine County (No RDAs)
	Trinity County (1:3,204)		San Benito County (1:519)
	Inyo County (1:2,372)		Amador County (1:552)
	Mono County (1:2,229)		Glenn County (1:586)
	Los Angeles County (1:1,954)		Lake County (1:618)

Action Requested

Informational only. No action required.



MEMORANDUM

DATE	April 21, 2023
TO	Members of the Dental Assisting Council
FROM	Rikki Parks, Dental Assisting Program Manager Dental Board of California
SUBJECT	Agenda Item 7.: Update on Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses Application Approvals and Site Visits

Background

Dental Board of California (Board) staff have identified inefficiencies in the regulations for approving, inspecting, and evaluating Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) educational programs and courses. Further, recent trends suggested a decline of licensed dental auxiliaries, which impacts consumer access to dental care.

At the August 25, 2022 Dental Assisting Council (Council) meeting, the Dental Assisting National Board (DANB) and their partnering program, DALE Foundation, provided a presentation to the Council regarding their dental auxiliary examinations and certifications. The Council discussed the benefit of DANB certifications, how California could become associated with DANB, and reciprocity or transportability of dental auxiliary licensure using DANB certification. Board staff asked the Council to create a two-member working group (Working Group) of the Council to review dental auxiliary education requirements to determine if legislative or regulatory amendments may improve dental auxiliary licensure, education and/or licensure portability, and Board program/course approval. The Council voted to create the Working Group to research dental auxiliary examination, certification, portability issues, and education requirements in other states, and review the application statutes and regulations regarding Board approval of RDA and RDAEF educational programs and courses for potential amendments. Joanne Pacheco, RDH, MAOB, and Cara Miyasaki, RDA, RDAEF, MS were appointed to the Working Group.

At the November 17, 2022 Council meeting, the Working Group provided an update on the research they had conducted. The Working Group had developed an eight-question survey, which was sent to all dental licensing boards in the United States to determine whether those licensing boards certified or licensed dental assistants and/or required education.

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At the February 9, 2023 Council meeting, the Working Group presented the results of the survey. The Working Group noted that the Dental Practice Act limits how individuals can become qualified for examination and licensure in California and current graduates of California dental assisting programs would not be eligible for DANB Certified Dental Assistant (CDA) certification because they must graduate from a CODA-approved program or meet the work experience pathway requirements. For California to be consistent with DANB and for the applicant to have transportability between other states, the educational program that a California RDA applicant would need to be a CODA-approved program. If the Board were to accept CODA-approved education programs, statutory and regulatory changes would be required, including courses completed as part of the CODA-approved educational program such as Radiation Safety, Pit and Fissure Sealants, Coronal Polishing, and Infection Control.

The Working Group noted several observations, with one being that there were multiple course approvals containing the same content for a course that had already been approved, and subsequent Board approval applications submitted due to the same course being offered by the same course provider at a different clinical site. This multiplied the amount of work needed for the Board approval process and the amount of work by Board staff. The Working Group proposed that once a course has been approved, it would be approved regardless of the clinical site the course is or will be taught at, and this would allow the providers of the courses, such as infection control, coronal polishing, and pit and fissure sealants, to be taught at the actual clinical site where the student or candidate was working. This would help ensure that the student was familiar with the equipment, materials, and supplies that are available at their office. Equipment materials and supplies could be supplemented by the provider if anything was missing or needed.

To streamline the Board approval process for course providers offering the same course at different locations, the Working Group proposed changing the regulatory language to omit the need to apply for a course that was already approved simply because the course was taught at a different location. To change the regulatory language, the Board would have to initiate a rulemaking package.

The Council requested an estimate on the number of programs applying for Board approval of multiple locations and inquired on the impact of submitting multiple applications for multiple locations. The Council also was made aware of the California Dental Association's (CDA) legislative proposal (Assembly Bill 481 (Wendy Carrillo, 2023)) to create a pathway, including DANB certification, for dental assistants from states outside of California to apply for licensure. CDA representatives noted that if AB 481 went into effect, it likely would impact the Board's RDA and RDAEF education program and course approval regulations.

Update

Currently, Board staff are evaluating AB 481 and will coordinate with the Working Group to research the impact of AB 481 on dental assisting and bring its findings to the Council in August. Board staff are also developing an outreach strategy that will assist with having

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current information on programs and courses. Additionally, Board staff are working to streamline internal processes and preparing to conduct site visits. Due to the COVID-19 Pandemic, there were no site visits conducted in 2022. Board staff have included the following tables to provide an update on educational program and course applications.

Table 1 below identifies the total number of Dental Assisting (DA) Program/Course curriculum applications approved in 2022.

Table 1 Total DA Program and Course Applications Approved in 2022											
	RDA Programs	RDAEF Programs	RDAEF-ITR	Radiation Safety Course	Coronal Polish Course	Pit & Fissure Sealant	Ultrasonic Scaler	Infection Control	Ortho Assistant	Dental Sedation Assistant	Grand Total
Course Totals	1	0	0	5	4	2	0	1	3	2	18

Table 2 below lists the DA Program and Course application status in 2022.

Table 2 DA Program and Course Application Status in 2022					
Program or Course	Approved	Denied	Curriculum Approved-Pending Site Visit	In the Review Process	Deficient
RDA Program/Curriculum	1	1	0	0	1
RDAEF Program/Curriculum	0	0	0	0	0
RDAEF-ITR	0	0	N/A	0	0
Radiation Safety	5	0	N/A	0	8
Coronal Polish	4	0	N/A	0	8
Pit & Fissure Sealant	2	1	N/A	0	2
Ultrasonic Scaler	0	0	N/A	0	0
Infection Control	1	4	N/A	0	8
OA Permit	3	0	N/A	0	14
DSA Permit	2	2	N/A	0	3
Total Applications	18	8	0	0	44

Table 3 below identifies the total number of DA Program and Course applications approved in the first quarter of the current year, January 1 to March 31, 2023.

Table 3 Total Number of DA Program and Course Applications Approved in Quarter-1 of 2023										
RDA Programs	RDAEF Programs	RDAEF-ITR	Radiation Safety Course	Coronal Polish Course	Pit & Fissure Sealant	Ultrasonic Scaler	Infection Control	Ortho Assistant	Dental Sedation Assistant	Grand Total
0	0	0	4	4	1	0	3	14	2	28

Table 4 below provides the total number of approved DA programs and courses in active status.

Table 4 Total Number of Approved DA Programs and Courses in Active Status									
RDA Programs	RDAEF Programs	RDAEF-ITR Programs	Radiation Safety Course	Coronal Polish Course	Pit and Fissure Sealants Course	Ultrasonic Scaler Course	Infection Control Course	Orthodontic Assistant Course	Dental Sedation Assistant Course
88	11	4	173	120	132	42	144	191	52

Table 5 that begins on the following page identifies approved DA program and course providers by name and type of program.

**Table 5
Approved DA Program and Course Providers by Name and Type of Program**

Provider	Approval Date	RDA Program	RDAEF Program	RDAEF-ITR	X-Ray	CP	P/F	US	IC	DSA	OA
Pacific Oral and Facial Surgery	03/10/22									X	
OMFS Care Center Partners	03/10/22									X	
Turley Dental Corporation	03/21/22										X
Kjeld Amaodt, DDS MS PC	03/21/22										X
Downey Adult School	03/28/22	X									
Roseville Dental Academy	07/28/22					X	X				
Sugarbug Dental & Orthodontics	07/28/22				X	X					
California Dental Educators	07/28/22					X					
International Academy of Implantology (IADI)	08/01/22				X						
Pacific Dental Services-Upland	08/01/22				X						
TMS	08/01/22				X						
Dr. Melanie Orthodontics	08/01/22										X
Chaffey Community College	12/20/22								X		
Continuing Education School for Dentistry	12/20/22					X					
Sugarbug Dental & Orthodontics	12/20/22						X				
Foothill College	12/20/22				X						
Global Dental	02/14/23				X	X			X		
Scripps Pediatric Dentistry & Orthodontics	02/15/23										X
Anacapa Orthodontics	02/15/23										X
Academy of Evolution in Dental Assisting	02/15/23										X
Dental Academy of California	02/15/23						X				
Dental Academy of California	02/17/23				X	X			X		
Norwalk La Mirada Adult School	02/21/23					X					
Continuing Education School for Dentistry	02/21/23								X		
Continuing Education School for Dentistry	02/24/23				X						

**Table 5-cont.
Approved DA Program and Course Providers by Name and Type of Program**

Provider	Approval Date	RDA Program	RDAEF Program	RDAEF-ITR	X-Ray	CP	P/F	US	IC	DSA	OA
iEducations	02/27/23					X					
Fresno City College	02/27/23										
Wow! Smiles	02/27/23				X						
Dr. Andrew C. Wong, Orthodontist	02/27/23										X
Vicki Wang Orthodontics	03/06/23										X
Wayne S. Hane, DDS	03/06/23										X
David H. Lindsey DDS MS Inc.	03/13/23										X
GO Orthodontics	03/13/23										X
Pulver Dental, P.C.	03/13/23										X
Roger S. Lim, DDS, MS, Inc.	03/13/23										X
Shelby J. Smith, DDS, MS A Professional Corporation	03/14/23										X
Lemoore Orthodontics	03/14/23										X
Marin Braces	03/14/23										X
Orthodontics Pediatric Dentistry	03/14/23										X
Center for Oral Reconstruction & Education	03/16/23									X	
Scotts Valley Oral and Maxillofacial Surgery	03/16/23									X	
INDIVIDUAL PROGRAM/COURSE TOTALS		1	0	0	9	8	3	0	4	4	17
TOTAL APPROVALS = 46											

Action Requested

This item is informational. No action requested.



MEMORANDUM

DATE	April 20, 2023
TO	Members of the Dental Assisting Council
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 8.: Discussion and Possible Recommendation on Legislative Proposal to Amend Business and Professions Code (BPC) Sections 1601.1 and 1740 and Repeal BPC Section 1742 Regarding Dental Assisting Council

Background

The Dental Assisting Council (Council) is established in Business and Professions Code (BPC) section 1742 as a unit of the Dental Board of California (Board). Members are appointed by the Board and there must be at least seven members: the registered dental assistant (RDA) member of the Board, one other Board member and five RDAs. These five RDA members must have been licensed in California for at least five years and should reflect the broadest range of educational and practice experiences as possible. Two of the RDA members shall be employed as faculty in RDA educational programs approved by the Board, and three of the RDA members (one of which shall be a registered dental assistant in extended functions) shall be employed in private practice, public safety net or public health clinics.

The frequency and location of Council meetings are not set in statute, but Board practice has been to hold Council meetings just prior to or during Board meetings. The level of interaction between the Council and the Board has been part of the feedback provided to the Board. By shifting the Council structure from a statutorily prescribed council to a specific-needs committee, Board staff believe it will be a more efficient and effective strategy to address dental assisting issues.

Discussion

The current Council structure requires Board staff to schedule Council meetings, coordinate Council member travel, and prepare Council meeting agendas and associated meeting materials, all separate from the quarterly Board meetings. These actions are burdensome and costly.

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Further, Council items that make recommendations to the Board typically must wait until the next Board meeting to be heard for possible Board action, to ensure proper public notice and participation, especially if the recommendation is revised from what was provided to the public prior to the Council meeting. This creates delays and possible reprioritization. Finally, it has been expressed that Council items presented to the Board rarely result in robust discussion. Board staff believe this is because of the delay between Council item discussion and subsequent presentation to the Board.

Pursuant to the Board, BPC section 1601.1, subdivision (a), the Board may create standing committees as it deems appropriate. The Council, and Committee Member Administrative Policy and Procedure Manual, lists the current statutorily created standing committees 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)

Notably, the Bagley-Keene Open Meeting Act makes committees created by statute subject to the 10-day notice and agenda requirements. (Gov. Code, section 11120, subd. (a).)

The Board also has created the following standing committees for specific needs:

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

In addition, the Board President, in consultation with the Board's Executive Officer, may appoint a two-person subcommittee at any time as deemed necessary. Other than statutorily created committees, two-person committees and subcommittees are more efficient in that meetings of two members do not require 10-day meeting notice and posting of agendas prior to the meeting, which allows those committees and subcommittees to meet more frequently, discuss the issues pertinent to the committee or subcommittee, research those issues, and report their findings to the Board at quarterly Board meetings.

Recommendation

To improve efficiency in research and discussion of dental assisting issues, Board staff recommend the statute establishing the Council be repealed, so that the Board can create

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a two-person Dental Assisting Committee. A two-member committee could meet as needed, perform research, and hold meetings with stakeholders without having to provide 10-day public notice and meeting agendas. This committee would then bring items to the Board for robust discussion at a Board meeting where dental assisting professionals and stakeholders could attend a single meeting, rather than having to attend both Council and Board meetings.

In addition, Board staff recommend changing the composition of the Board to better represent the dental assisting profession. Currently, the Board is comprised of 15 members consisting of the following: eight practicing dentists, one registered dental hygienist, one registered dental assistant, and five public members. Board staff propose one dentist member could be replaced by one additional registered dental assistant, which maintain the current 15-member Board.

To accomplish these changes, Board staff are recommending the Board consider the attached proposed legislative amendments, described as follows:

- Amend BPC section 1601.1 to change the composition of the Board to have two registered dental assistant members and seven dentist members.
- Amend BPC section 1740 to remove reference to the Dental Assisting Council.
- Repeal BPC section 1742, which establishes the Dental Assisting Council.

The intent of this recommendation is to provide additional dental assisting representation on the Board and encourage an efficient means of addressing dental assisting issues within the Board. Coupling additional dental assistant representation on the Board with a two-member Dental Assisting Committee could address concerns raised about Council-Board interaction and promote a deeper consideration of issues of interest to both dentist and dental assisting stakeholder communities.

Action Requested

The Council is asked to discuss the proposed legislative amendments. If the Council agrees with the proposed amendments, staff is requesting the Council recommend to the Board that the attached legislative proposal be included in the Board's Sunset Review Report submitted to the California State Legislature. Provided below are the Council's options, with proposed motion language, regarding the staff's proposed legislative amendments to BPC sections 1601.1, 1740, and 1742.

Suggested Motions

Option 1 (support the Board recommending the proposed legislative amendments): Move to recommend to the Board inclusion in the Board's Sunset Review Report the legislative proposal to amend sections 1601.1 and 1740, and repeal section 1742 of the Business and Professions Code.

Option 2 (support the Board recommending the proposed legislative amendments as revised during this meeting): Move to recommend to the Board inclusion in the Board's Sunset Review Report the legislative proposal to amend sections 1601.1 and 1740, and repeal section 1742 of the Business and Professions Code, as revised during this meeting to [insert specific revisions].

Option 3: (No motion) If the Council does not wish to make a recommendation to the Board on the legislative proposal to amend BPC sections 1601.1 and 1740, and repeal section 1742, no motion is necessary.

Attachment

Legislative Proposal to Amend Business and Professions Code Regarding the Dental Assisting Council

DENTAL BOARD OF CALIFORNIA
LEGISLATIVE PROPOSAL
TO AMEND BUSINESS AND PROFESSIONS CODE
REGARDING THE DENTAL ASSISTING COUNCIL

(Proposed amendments adding text are in *blue text and italics*, proposed amendments deleting text are in ~~red text and strikethrough~~.

Amend Section 1601.1 as follows

1601.1. (a) There shall be in the Department of Consumer Affairs the Dental Board of California in which the administration of this chapter is vested. The board shall consist of ~~eight~~ *seven* practicing dentists, one registered dental hygienist, ~~one~~ *two* registered dental assistants, and five public members. Of the ~~eight~~ *seven* practicing dentists, one shall be a member of a faculty of any California dental college, and one shall be a dentist practicing in a nonprofit community clinic. The appointing powers, described in Section 1603, may appoint to the board a person who was a member of the prior board. The board shall be organized into standing committees dealing with examinations, enforcement and other subjects as the board deems appropriate.

(b) For purposes of this chapter, any reference in this chapter to the Board of Dental Examiners shall be deemed to refer to the Dental Board of California.

(c) The board shall have all authority previously vested in the existing board under this chapter. The board may enforce all disciplinary actions undertaken by the previous board.

(d) This section shall remain in effect only until January 1, 2025, and as of that date is repealed. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

Amend Section 1740 as follows

1740. It is the intention of the Legislature by enactment of this article to permit the full utilization of dental assistants in order to meet the dental care needs of all the state's citizens. The Legislature further intends that the classifications of dental assistants established pursuant to this article permit the continual advancement of persons to successively higher levels of licensure with additional education and training. ~~The Legislature further intends that the Dental Board of California, in implementing this article, give specific consideration to the recommendations of the Dental Assisting Council, established pursuant to Section 1742.~~

Repeal Section 1742

~~1742. (a) There is hereby created a Dental Assisting Council of the Dental Board of California, which shall consider all matters relating to dental assistants in this state, on its own initiative or upon the request of the board, and make appropriate recommendations to the board and the standing committees of the board, including, but not limited to, the following areas:~~

~~(1) Requirements for dental assistant examination, licensure, permitting, and renewal.~~

~~(2) Standards and criteria for approval of dental assisting educational programs, courses, and continuing education.~~

~~(3) Allowable dental assistant duties, settings, and supervision levels.~~

~~(4) Appropriate standards of conduct and enforcement for dental assistants.~~

~~(5) Requirements regarding infection control.~~

~~(b) (1) The members of the council shall be appointed by the board and shall include the registered dental assistant member of the board, another member of the board, and five registered dental assistants, representing as broad a range of dental assisting experience and education as possible, who meet the requirements of paragraph (2).~~

~~(2) The board shall consider, in its appointments of the five registered dental assistant members, recommendations submitted by any incorporated, nonprofit professional society, association, or entity whose membership is comprised of registered dental assistants within the state. Two of those members shall be employed as faculty members of a registered dental assisting educational program approved by the board, and shall have been so employed for at least the prior five years. Three of those members, which shall include one registered dental assistant in extended functions, shall be employed clinically in private dental practice or public safety net or dental health care clinics. All five of those members shall have possessed a current and active registered dental assistant or registered dental assistant in extended functions license for at least the prior five years, and shall not be employed by a current member of the board.~~

~~(c) No council appointee shall have served previously on the dental assisting forum or have any financial interest in any registered dental assistant school. All final candidate qualifications and applications for board-appointed council members shall be made available in the published board materials with final candidate selection conducted during the normal business of the board during public meetings.~~

~~(d) A vacancy occurring during a term shall be filled by appointment by the board for the unexpired term, according to the criteria applicable to the vacancy within 90 days after it occurs.~~

~~(e) Each member shall comply with conflict of interest requirements that apply to board members.~~

~~(f) The council may meet in conjunction with other board committees, and at other times as deemed necessary.~~

~~(g) Each member shall serve for a term of four years, except that, of the initial appointments of the nonboard members, one of the members shall serve a term of one year, one member shall serve a term of two years, two members shall serve a term of three years, and one member shall serve a term of four years, as determined by the board. No member shall serve more than two full terms.~~

~~(h) Recommendations by the council pursuant to this section shall be approved, modified, or rejected by the board within 120 days of submission of the recommendation to the board during full board business. In the event the board rejects, postpones, refers the matter back to the council for any reason, or significantly modifies the intent or scope of the recommendation, the board shall provide its reasons in writing for rejecting or significantly modifying the recommendation, which shall be provided by the board within 30 days.~~

~~(i) The council shall select a chair who shall establish the agendas of the council and shall serve as the council's liaison to the board, including the reporting of the council's recommendations to the board.~~



MEMORANDUM

DATE	May 1, 2023
TO	Members of the Dental Assisting Council
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 9.: Update, Discussion and Possible Recommendation on Pending Legislation

Background

The Dental Board of California (Board) has been tracking bills that impact the Board, the Dental Assisting Council (Council), the Department of Consumer Affairs, healing arts boards and their respective licensees, and all licensing boards. This memorandum includes information regarding AB 481's status, location, date of introduction, date of last amendment, and a summary. Staff will be presenting this bill that will have a direct impact on the Board operations for Council discussion and possible recommendation to the Board at the May meeting:

[AB 481](#) (Wendy Carrillo, 2023) Dentistry: dental assistants.

Introduced: February 7, 2023

Last Amended: April 20, 2023

Disposition: In Committee

Location: Assembly

Status: April 25, 2023: Passed by Assembly Business and Professions Committee and referred to Assembly Appropriations.

Summary: As introduced, the bill would have made a non-substantive change to Business and Professions Code section 1740, which expresses the intent of the Legislature concerning dental assistants. The change would replace a reference to 'pursuant to' with 'by'.

At the February 2023 Board meeting, representatives from the California Dental Association (CDA) indicated that they had a legislative proposal, and it would be included in AB 481.

The bill was significantly amended on March 23, 2023 to include language from a legislative proposal offered by the CDA. Additional amendments were made on April 10

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and again on April 20. As currently written, the bill is a significant overhaul of the Dental Practice Act article on Dental Assisting. The changes include:

- Adds definitions for several terms into statute.
- Changes the number of pathways to licensure from three (graduation from a Registered Dental Assistant (RDA) educational program, work experience, and a combination of work experience and education) to five. The bill would add an hourly requirement to the current 15-month work experience pathway. Unlicensed dental assistants would have to have at least 1,280 hours of ‘satisfactory work experience’ as certified by the employer dentist. All pathways, except graduation from an RDA education program, would also require, in addition to pathway-specific requirements, passing courses in radiation safety, coronal polishing, and the new mandatory course requirements described below. The existing combination education and work experience pathway would be removed. The three new pathways are:
 - A ‘preceptorship’ combining work experience (at least 500 hours) and coursework (at least 300 hours, including mandatory courses) and supervised by an employer-dentist designated as ‘preceptor’ who would evaluate competency, teach critical reasoning, ensure the coursework is from a Board-approved provider and document progress.
 - Graduation from an alternative dental assisting program (at least 500 hours of coursework) as defined by the bill, plus 300 hours work experience verified by the employer-dentist.
 - Holding a current Certified Dental Assistant certificate from the Dental Assisting National Board and completing a course in pit and fissure sealants.
- Revises the obligations of the employer-dentist of an unlicensed dental assistant to also require the employer-dentist to inform the unlicensed dental assistants about pathways to licensure and mandatory education requirements.
- Amends the mandatory course requirements for unlicensed dental assistants to require the following courses (in addition to basic life support certification) from Board-approved providers (the courses would not require Board approval) within one year of initial employment:
 - Eight-hour course in infection control (completed prior to any procedures where there could be exposure to infectious material).
 - Two-hour course in Dental Practice Act.
 - Two-hour course in Division of Occupational Safety and Health bloodborne pathogen training.
- Orthodontic Assistant (OA) permit holders whose permits were issued on or after January 1, 2026 would be allowed to perform additional duties, and OA permit holders who are RDA or a Registered Dental Assistant in Extended Functions (RDAEF) licensees could perform certain placements as well.
- Revises the requirements for dental sedation assistant permit applicants depending on whether they are unlicensed or an RDA or RDAEF. Unlicensed applicants will need to take a longer course than RDA or RDAEF applicants and would have to comply with the mandatory education requirements for unlicensed dental assistants before sitting for the exam.

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- Revises the list of permitted duties for unlicensed dental assistants.
- Revises the list of permitted duties for RDA.
- Revises the list of permitted duties for RDAEF.
- Establishes criteria for courses in interim therapeutic restorations and radiographic decision making as well as infection control.
- Requires licenses, permit holders and radiation safety certificate holders to display those credentials in the treatment facility where the dental assistant, RDA or RDAEF is performing the associated duties.

Board Impact: The bill as currently written makes significant changes to several aspects of the dental assisting provisions of the Dental Practice Act. Board staff would need to revise current forms and processes.

The bill would also require the development of new forms and processes to address the new pathways. This would include changes to the BreEZe system. New regulations would need to be developed, and existing regulations would need to be reviewed and amended to reflect the bill.

The inclusion of the Certified Dental Assistant certificate as a pathway to licensure poses challenges. The certificate must be renewed annually, while the RDA license is renewed biennially. The Certified Dental Assistant Certificate also has continuing education requirements, and it is unclear how well those annual continuing education requirements align with the Board’s biennial continuing education requirements. Requiring compliance with both sets of continuing education requirements may be overly burdensome to licensees on this pathway.

Action Requested

The Council may make one of the following recommendations regarding this bill:

- Support
- Support if Amended
- Oppose
- Oppose unless Amended
- Watch
- Neutral
- No Action