



**DENTAL BOARD OF CALIFORNIA  
DENTAL ASSISTING COUNCIL  
MEETING MINUTES  
NOVEMBER 17, 2022**

The Dental Assisting Council (Council) of the Dental Board of California (Board) met by teleconference/WebEx Events on Thursday, November 17, 2022, 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:**

Jeri Fowler, RDAEF, OA, Chair  
Traci Reed-Espinoza, RDAEF, Vice Chair  
Cara Miyasaki, RDA, RDHEF, MS  
Rosalinda Olague, RDA, BA  
Joanne Pacheco, RDH, MAOB

**Members Absent:**

De'Andra Epps-Robbins, RDA  
Kandice Rae Pliss, RDA

**Staff Present:**

Tracy A. Montez, Ph.D., Executive Officer  
Jessica Olney, Anesthesia Unit Manager  
Wilbert Rumbaoa, Administrative Services Unit Manager  
Paige Ragali, Dentistry Licensing and Examination Unit Manager  
David Bruggeman, Legislative and Regulatory Specialist  
Rikki Parks, Dental Assisting Program Analyst  
Kelly Silva, Sacramento Enforcement Field Office Investigator  
Mirela Taran, Administrative Analyst  
Sarah Irani, SOLID, Department of Consumer Affairs (DCA)  
Cesar Victoria, Office of Public Affairs, 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. Jeri Fowler, called the meeting to order at 9:44 a.m.; five members of the Council were present, and a quorum was established.

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

Ms. Joan Greenfield, [California Association of Dental Assisting Teachers] (CADAT) representative, informed the Council that CADAT submitted an application to the Department of Health Care Access and Information (HCAI) to put forth a Health Workforce Pilot Program (HWPP) to allow for the teaching of local anesthesia to the registered dental assistant in extended functions (RDAEF). CADAT is asking for support of the Council and the Board once a copy is provided to the Board.

#### Agenda Item 3: Discussion and Possible Action on August 25, 2022 Meeting Minutes Motion/Second/Call the Question (M/S/C) (Pacheco/Olague) to approve the August 25, 2022 Meeting Minutes.

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

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

Ayes: Fowler, Miyasaki, Olague, Pacheco, Reed-Espinoza.

Nays: None.

Abstentions: None.

Absent: Epps-Robbins, Pliss.

Recusals: None.

The motion passed and the minutes were approved.

#### Agenda Item 4: Update on Dental Assisting Examination Statistics

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

Chair Fowler commented that she noticed that the past rates for the registered dental assistant (RDA) and the orthodontic assistant (OA) examinations are rising, and the RDAEF examination has dropped to a 53% pass rate; previous rates were an average of 78%, which is more than a 20% drop in a pass rate. She verbalized that possible causes could be exam ambiguity, or possibly, based on information shared by students, some questions deviated from the education requirements of the program. Chair Fowler suggested placing the RDAEF written examination evaluation as a future agenda item for the next Council meeting.

Council Vice Chair Traci Reed-Espinoza agreed with Chair Fowler's comment.

Dr. Tracy Montez replied that the RDAEF exam is a new form, and it is typical to see passing rates dip when a new form of an examination is released. The Office of Professional Examination Services (OPES) does monitor the exam, including each individual question, as well as the passing rate, to determine whether there are questions that may be ambiguous, and if so, they will take steps to clarify that with

subject matter experts. As a worst-case scenario, those items are removed, and exams re-scored. Dr. Montez anticipates that the passing rate will rise over time as the new exam form has been online. She reassured Chair Fowler that the exam is being monitored, and this is something that is expected in the world of testing.

Chair Fowler requested public comment on this item. The Council received public comment.

Ms. Greenfield, representing the EF Association, noted that as she had brought up in a previous meeting, she believed that there are a number of questions that need to be reviewed, because not only are those subjects not being taught, but there are questions for which there could be a multitude of answers. Although the Board has content experts, she questioned whether they looked at the educational requirements of the EF program, as opposed to doing their task analysis and what one should need to know versus what they were taught when they were developing these questions. Ms. Greenfield agreed that the pass rate will probably go up over time, but there are questions that seemingly should not be there.

#### Agenda Item 5: Update on Dental Assisting Licensing Statistics

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

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

#### Agenda Item 6: 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

Chair Fowler provided the report, which is available in the meeting materials. She noted that OPES was in the process of completing analysis of the survey responses and would provide a memorandum of the full results at the February Council meeting. Chair Fowler acknowledged that the Council had received opposition letters from the California Dental Hygienists' Association (CDHA) and the California Dental Hygiene Educators' Association (CDHEA) strongly opposing allowing RDAEFs the additional duty to administer local anesthesia and nitrous oxide. She reminded the Council that they were still in phase one of this matter, which included gathering data via the survey to determine if the Council should move forward or not with making local anesthesia and nitrous oxide an allowable duty for the RDAEF. She assured that patient care and safety was the number one concern of the Board. If it was decided to move forward with making local anesthesia and nitrous oxide an allowable duty for the RDAEF, the Board would ensure that the educational program is more robust and comprehensive than the program that the Dental Hygiene Board of California (DHBC) currently had in place in order to ensure competency.

Ms. Tara Welch noted that Chair Fowler indicated that she would be providing a memorandum to the Board at the February meeting and wanted to clarify for

stakeholders whether or not the OPES memorandum would actually be presented to the Council rather than the Board in February. Chair Fowler replied that OPES would provide a full report to the Council in February.

Chair Fowler requested public comment on this item. The Council received public comment.

Dr. Lila Zarrinam, current dentist in California and dental hygiene and dental assisting instructor at West LA College, voiced her concerns and noted that dental hygiene students go through rigorous training on the administration of anesthesia. She stated that students have to take about a year's worth of classes before they are able to take the anesthesia and nitrous administration class, and it is the class that most of her students struggle with the most, despite the fact of having substantially more one-on-one training. Dr. Zarrinam voiced that her fear is the fact that the dental assistant students would not have that background information and might not have the one-on-one training to be able to administer anesthesia safely.

Ms. Melissa Fellman, Director of the Sacramento City College Dental Hygiene program and instructor for local anesthesia, vocalized her support for the prior comments that were made. She stated that in addition to the sciences that were addressed, dental hygiene students also take psychology, sociology, English, writing, and mathematics, which all contribute to managing patients and doing safe calculations for administered local anesthesia. She believed having the necessary education, in addition to a standalone continuing education course, would be important for patient safety. She stated that OPES sent out surveys to the stakeholders, which included dentists and RDAEFs, but she had not heard that any surveys were sent out to hygienists or hygiene educators who teach local anesthesia, which she believed are relevant stakeholders. Ms. Fellman voiced that in the future, she thought that the survey responses would be prudent to be included into those participants in the community for patient safety and input and coming together to find a pathway for advancement for EF2s that has all voices addressed.

Dr. Kimbrough, Program Director at Taft College and owner and provider for the anesthesia course for out-of-state hygienists under Purple Pen Seminars, expressed support of the comments of the previous speakers. However, as a provider for the anesthesia course for out-of-state hygienists, she reiterated that there are hygienists who have already graduated from a program and/or have been licensed and have been practicing for a number of years. She noted that education and background was already in place; they are not taking a standalone course and are merely reviewing a plethora of material that they have already been taught and are meeting the state regulations established by the DHBC. Dr. Kimbrough would ensure that the education and background was seriously looked at, as it does take quite some time to gain that background knowledge for patient safety.

Ms. Natalie Ferrigno, dental hygienist and educator at West LA College, voiced that it was not possible to have a standalone course and expect an RDAEF to administer local anesthesia safely to a patient. She stated that there was a big difference from being an RDA to being a registered dental hygienist (RDH). RDAs or RDAEFs are not given the tools needed to safely administer local anesthesia, and the education and rigor provided to dental hygiene students and dental students was beyond what any RDAEF could get in a standalone course. Ms. Ferrigno asserted the Council would be putting patients at risk by allowing an RDAEF under any circumstances in any office to provide local anesthetic or administer nitrous oxide sedation.

Agenda Item 7: Update and Discussion on Research of Dental Auxiliary Certification and Education Requirements and Review 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

Council Member Cara Miyasaki provided the report, which is available in the meeting materials. She noted that in an effort to determine if other states require certification and licensure for dental assistants and/or educational requirements, eight questions were developed and sent out to all the dental boards in the United States inquiring whether the state certifies or licenses dental assistants and/or requires educational requirements. The working group received some responses back from approximately 17 states and was still waiting for more responses. Before the next Council meeting in February, the data would be aggregated and the report would be presented then.

Chair Fowler asked for clarification whether eight surveys were sent. Ms. Miyasaki replied that eight questions asking about certification and licensure and educational requirements were developed, and the eight questions were sent out to all the dental boards via email.

Chair Fowler noted that she had done a little research on the topic and noticed there were a substantial number of programs in other states that require [Commission on Dental Accreditation (CODA)] approval. She believed one of the reasons that there are not that many CODA-approved dental assisting programs was due to the cost for CODA approval. She was looking forward to hopefully working with the Dental Assisting National Board (DANB) to get reciprocity.

Ms. Miyasaki noted there tended to be reciprocity between states for CODA-approved programs, but having a CODA-approved program was pricey. She asserted that in California, having all dental assisting programs CODA approved would wipe out many programs, such as ones that are taught in high schools. She stated that as there were many different types of dental assisting programs in California, it would not be possible for all dental assisting programs to be CODA-approved, and there was a nice balance of having CODA-approved programs and ones that were not approved that met the Board requirements for RDA licensure.

Council Member Rosalinda Olague asked whether it would be possible to share those eight questions that were emailed to the dental boards. Ms. Miyasaki described the questions as follows:

1. Does your state require a license to practice as a registered or licensed dental assistant? If yes, please answer question numbers 2-7. If no, please answer question number 8.
2. What education and/or certification requirements does your state have for initial licensure as a registered dental assistant?
3. Can applicants qualify for licensure based on work experience? If so, are there specific certifications required, in addition to the work experience, to qualify for licensure?
4. Does your state require a specific number of remedial education hours or specific courses for license renewal?
5. Are the education and/or certification courses to qualify for initial licensure approved internally, i.e., board staff, or externally, i.e., accreditation agency?
6. If internal, please briefly explain your approval process and whether your state has reciprocity agreements with other state boards.
7. If external, what is the process and what accreditation agencies does your state accept for licensure?
8. If your state does not license or register dental assistants, can dental assistants obtain separate certifications, either optional or mandatory, to perform certain duties in the state? Please identify those certifications below.

Chair Fowler noted that she had done some preliminary research, and there were possibly 23 states that would do reciprocity, and 35 states stated that they have expanded function dental assistants. However, in some states, their idea of expanded function was coronal polishing and sealants, and 22 states had restorative functions in their allowable duties. She requested to see the survey questions to present those at the Board meeting the following day.

Chair Fowler requested public comment on this item. The Council received public comment.

Ms. Greenfield, representing herself, noted that she had taught at Sacramento City in the dental assisting and dental hygiene program for 40 years and, during that time, went through seven CODA accreditations. She stated that the actual requirements for the content of classes and the questions you had to ask about the content of classes was very small. She continued that in comparison to what is required by the Board for courses, whether it is an RDA program or individual certification class, the Board's

requirements are 500% more requirements on information and what is going to be taught. Ms. Greenfield stated that in regard to looking at various ways to make this more portable, California was probably the leader in requirements for education and required information. She asserted that even the DHBC does not require nearly the kind of information that the Board does to offer these courses.

Dr. Bruce Witcher noted that the DANB webpage had a very extensive listing of requirements in other states around the country. He stated that other than that, one would have to go state by state looking at their individual practice acts. He believed that the comments about the CODA approval process were accurate and would agree that in California, there are not as many CODA-approved programs as non-approved programs.

Agenda Item 8: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1750 Regarding Unlicensed Dental Assistant Requirements to Perform Basic Supportive Dental Procedures

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

Ms. Welch clarified that on page 30 of the meeting materials, in proposed subdivision (c), line four, after “all of the following,” the word “courses” would be inserted for clarity. She wanted to ensure that applicants understood that they have to complete all of the following courses that would then be listed. In that new sentence that is being added at the very end, she noted that Mr. Bruggeman clarified that “subsection” would be changed to “subdivision,” and that a period instead of a colon would be added for proper sentence construction.

Dr. Montez elaborated that in her short period of time with the Board, she had three inquiries requesting clarification on this subject, which prompted her to ask Board staff to conduct research and bring it forward to the Council.

Chair Fowler commented that at the April 30, 2021 Council meeting, this topic was brought up, and the Council recommended to the Board considering the legislative proposal to amend Business and Professions Code (BPC) section 1750, subdivision (c), to specify the employer is responsible for ensuring a dental assistant has successfully completed a Board-approved eight-hour infection control (IC) course prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potential infectious materials. She noted that there was nothing mentioned in the 120-day span; the action was prior to working with patients, having that IC done.

Ms. Miyasaki believed she was present at the April 30, 2021 Council meeting, and the Council had desired to change that language. She wondered whether the Council could change the language regarding the 120-day requirement.

Chair Fowler suggested that the word be revised to “The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been employed with

that employer successfully completes the following courses and/or certifications prior to performing any basic, supportive dental procedures, working on patients”. She noted that the following can then be listed: eight-hour IC course, two-hour Dental Practice Act (DPA), a course in basic life support (BLS) offered by American Red Cross or American Heart Association, or any other course approved by the Board as equivalent and provides the student at the opportunity to engage in hands on simulated clinical scenarios.

Dr. Montez asked for clarification whether Chair Fowler wanted to place emphasis on when IC was completed, and whether she was recommending that for all of the courses or merely the IC. Chair Fowler replied that all the courses that she listed, IC, two-hour DPA, and BLS, should be completed prior to performing any procedures on patients. Ms. Welch noted that looking at what the Council reviewed at the April 2021 meeting, it was very different than what the Council had before it presently. She recommended that the Council push pause on the action requested and have staff combine the two proposals for February Council review, which would give the Board enough time to review it at the May meeting for a potential legislative proposal in the Sunset Review.

Chair Fowler requested public comment on this item. The Council received public comment.

Ms. Shari Becker, California Dental Assistants Association (CDAA), believed that this language, specifically the IC portion, was looked at previously. CDAA had brought forward language, which might have been preliminarily approved, that the IC course be taken prior to exposure to other potentially infectious materials (OPIM), which is also in alignment with the Occupational Safety and Health Administration’s (OSHA’s) regulation for employee training. Ms. Becker indicated that CDAA would support reviewing the language and seeing what else they could add to be included in there with possibly the DPA and BLS as well.

Ms. Melodi Randolph, representing CADAT, recalled that not only did the Council talk about this topic and again IC courses and certification prior to potential exposure to OPIM, but that it was brought to the Board, and the Board unanimously voted to approve that.

One individual inquired regarding a pending disciplinary matter.

Ms. Welch advised the individual that the Council did not address disciplinary matters, but the Board does. Ms. Welch continued that the Board cannot hear any conversation about pending disciplinary matters or allegations due to the Administrative Procedures Act (APA). Ms. Welch advised the individual to direct any questions via email to the Board's Executive Officer or to Board staff for additional information on pending discipline.



Dr. Montez added that the Board was not able to discuss pending disciplinary matters or pending investigations and provided her personal email to Ms. Colleen to send any questions she may have or if she needed assistance with filing a complaint.

Dr. Witcher, California Dental Association (CDA), voiced that he could understand the intent of providing some IC training prior to patients being seen in an office. However, he believed it would be very difficult to get a new assistant, who had not really had any prior experience, through the eight-hour course in any meaningful way; to put them directly into the eight-hour course would not be beneficial. He would support the idea of some basic bloodborne pathogens and OSHA training initially to get them familiar with those concepts. Dr. Witcher thought the Council should look at this a little more carefully and the practical implications of actually implementing this, so that it did not become a barrier to entry of new hires into the workforce.

Ms. Zena Delling expressed support for Chair Fowler's comment.

Chair Fowler advised the agenda item would be discussed at the February Council meeting.

#### Agenda Item 9: Election of 2023 Council Chair and Vice Chair

Dr. Montez facilitated the election. She opened the floor for nominations for the position of Vice Chair.

Council Member Olague nominated Council Member Miyasaki for appointment as the 2023 Council Vice Chair. Council Member Joanne Pacheco seconded the nomination. Council Member Miyasaki accepted the nomination. There were no additional nominations.

Dr. Montez requested public comment before the Council acted on the motion. There were no public comments made on the motion.

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

Ayes: Fowler, Miyasaki, Olague, Pacheco, Reed-Espinoza.

Nays: None.

Abstentions: None.

Absent: Epps-Robbins, Pliss.

Recusals: None.

The vote passed. Council Member Miyasaki was elected as 2023 Council Vice Chair.

Dr. Montez opened the floor for nominations for the position of Chair of the Council.

Chair Fowler nominated Vice Chair Reed-Espinoza for appointment as the 2023 Council Chair. Council Member Olague seconded the nomination. Vice Chair Reed-Espinoza accepted the nomination. There were no additional nominations.

Dr. Montez requested public comment before the Council acted on the motion. There were no public comments made on the motion.

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

Ayes: Fowler, Miyasaki, Olague, Pacheco, Reed-Espinoza.

Nays: None.

Abstentions: None.

Absent: Epps-Robbins, Pliss.

Recusals: None.

The vote passed. Vice Chair Reed-Espinoza was elected as 2023 Council Chair.

Chair Fowler noted the Chair and Vice Chair appointments would be on January 1, 2023.

#### Agenda Item 10: Adjournment

Chair Fowler adjourned the meeting at 11:04 a.m.