



**DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL
MEETING MINUTES
MAY 18, 2023**

The Dental Assisting Council (Council) of the Dental Board of California (Board) met on Thursday, May 18, 2023, at the following location available for Council and public member participation:

Hilton Anaheim
777 W. Convention Way
Anaheim, CA 92802

Members Present:

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

Members Absent:

Rosalinda Olague, RDA, BA
Kandice Rae Pliss, RDA

Staff Present:

Tracy A. Montez, Ph.D., Executive Officer
Carlos Alvarez, Chief of Enforcement Field Offices
Paige Ragali, Chief of Dental Programs and Customer Support
Jessica Olney, Anesthesia Unit Manager
Rikki Parks, Dental Assisting Program Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
David Bruggeman, Legislative and Regulatory Specialist
Thomas Tortorici, Investigator
Paul De La Cruz, Investigator
Mirela Taran, Administrative Analyst
Alex Cristescu, Office of Public Affairs, Department of Consumer 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. Traci Reed-Espinoza, called the meeting to order at 8:31 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

There were no public comments made on this item.

Agenda Item 3: Discussion and Possible Action on February 9, 2023 Meeting Minutes

Council Vice Chair Cara Miyasaki requested an amendment to the meeting minutes on page 5, Agenda Item 7, second paragraph, fifth line, to strike and replace “years” with “year” and on page 5, Agenda Item 7, second paragraph, sixth line, to strike and replace “general assistant” with “dental assisting”.

Motion/Second/Call the Question (M/S/C) (Pacheco/Fowler) to approve the February 9, 2023 Meeting Minutes as revised.

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 motion.

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

Nays: None.

Abstentions: None.

Absent: Olague, Pliss.

Recusals: None.

The motion passed and the minutes were approved.

Agenda Item 4: Executive Officer Report

Dr. Tracy Montez shared that she continued to have calls with the Chair and Vice Chair on the upcoming Dental Assisting Council (DAC) meetings to go over various agenda items, ensure that they are prepared, and answer any questions prior to meetings. She disclosed that Board staff have resumed conducting continuing education (CE) audits and are using that as a means to remind dental assisting professionals the importance of meeting the obligations of maintaining their license in good standing. Board leadership is reorganizing the structure of the units and divisions within the Board with the goal of dedicating more staff resources to the dental assisting profession. Dr. Montez added that Board staff had the opportunity to present at the California Dental Assistants Association (CDAA) and California Association of Dental Assisting Teachers (CADAT) Conference on April 21, 2023, at which staff gave a brief presentation on dental assisting and were available for questions.

Chair Reed-Espinoza asked how many CE audits the Board is doing in a quarter for dental assistants and registered dental assistant in extended functions (RDAEF). Dr. Montez replied that she did not have the specific number, but that it is about one percent of the population and added that it is a random sample of dental assisting professions, as well as dentists. Ms. Rikki Parks voiced that the total number across the

entire Board for all license types is 30; 15 are dental auxiliary license types, which include the Orthodontic Assistant (OA), Dental Sedation Assistant (DSA), RDAEF, or Registered Dental Assistant (RDA). Chair Reed-Espinoza asked whether that is 30 per year. Ms. Parks responded that it is per month, and that those are the licensees who renewed on an active status.

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

Agenda Item 5: Update on Dental Assisting Examination Statistics

Ms. Parks provided the report, which is available in the meeting materials. As she was asked at the February 9, 2023 Council meeting how many questions are on the RDA General and Law and Ethics examination, she clarified that the RDA exam is comprised of 125 scorable items (25 pre-test items for a total of 150 items).

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

Agenda Item 6: Update on Dental Assisting Licensing Statistics

Ms. 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 7: Update on Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses Application Approvals and Site Visits

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

Dr. Montez thanked Ms. Parks and her team and noted that they had been doing a remarkable job with pooling education program approvals that had been shelved, primarily due to COVID-19 and vacancies, and moving them forward. She voiced that Board staff had some time dedicated in the following week to look at the education programs and had a strategy to address deficiencies more quickly. She voiced that Board staff hoped to streamline things in the next nine months or so.

Chair Reed-Espinoza asked if an education program is in one county, would they fully need to do another application if they are going to go into another county and put that together, and whether it is targeted off their original licensing for their education system. Ms. Parks responded that historically they would need to submit another application if they wanted to operate out of another site. Chair Reed-Espinoza asked whether they get any advantage if they are already in the system for opening another site or whether they would have to go through the full process. Ms. Parks replied that it would be the full process.

Dr. Montez responded that because they already have a program in place, she would reasonably assume the approval process would be more efficient as it has already been approved and is merely going to a different county for approval. Additionally, they are less likely of any deficiencies.

Vice Chair Miyasaki asked whether it would it be possible for the ones that have a course that is already approved to have a more streamlined method of submitting an application to the alternative site. Dr. Montez replied that it would likely require some changes and that the process itself would still be streamlined as they have already been approved.

Vice Chair Miyasaki asked whether it was possible to have a discussion on subject matter experts (SMEs) and make recommendations such as if someone has a program or course in Southern California that they are evaluated by a SME that comes from a different area of California, such as Central or Northern. She verbalized that Commission on Dental Accreditation (CODA) site visitors cannot evaluate a program in their same state. She asked whether that is something that the Council can add as a recommendation. Tara Welch recommended that topic be set for a future agenda item because it was very specific; the agenda item was general with respect to site evaluation and programs and there was no request for the Council to take any action on this item, so she believed it would be better as a future agenda item that highlights the issue itself and then include a recommendation to take some form of action.

Dr. Montez asked whether the Council could discuss some criteria to be advanced in a future agenda item. Ms. Welch responded that the Council could give Board staff some directions to what the agenda item would look like, either now or under the other agenda item for future agenda items. She added that it would be a more effective discussion if the Council let Board staff know exactly what type of the discussion it wanted to have, or the Council could delegate that to a two-member working group to compile information for a thorough discussion at a future meeting. If the Council wanted research on what other accrediting bodies do, it would be better for a two-member working group to prepare that information for meeting materials. Based on direction from legal counsel, Dr. Montez suggested to the Chair to create a two-member working group to come up with this list to be provided to Board staff so that they can bring an agenda item with this information in it. She expressed that Board staff would like a two-member working group to potentially come up with additional criteria for these individuals.

Chair Reed-Espinoza stated that Council Member Joanne Pacheco and Vice Chair Miyasaki volunteered to educate the Council on this agenda item at the next Council meeting.

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

Dr. Bruce Whitcher, representing himself, spoke to the question given about whether there is any standardization that might be applied to programs given in multiple locations. He voiced that he had been involved with the DSA program for some years, and the association had a model curriculum that they share with their members, which facilitates the application process; that was reviewed and approved by the Board. The site-specific information for each course location does need to be updated for each site. However, they can use that curriculum, which is 350 pages long, and is designed to conform to the educational regulations. For each program to have to develop, that would be extremely burdensome. Dr. Whitcher conveyed that in reading some of the materials, there was a reference to the fact that the courses often share material more than the educational programs themselves, and there could be a lesson that can be taken from that.

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

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

Dr. Montez stated that she has had a long working relationship with the Board, in addition to her time as the Executive Officer, and felt that this was something that had been discussed with prior leadership of the Board but had never been brought forward. With the changes Board staff was making in terms of reorganization, she conveyed that the Board staff could move more efficiently through dental assisting needs and issues, bring them to the Board, and have a healthy discussion rather than the process that is in place presently.

Vice Chair Miyasaki understood the advantage of the proposal to increase the efficiency and the flexibility of having a two-person committee but felt that those two people would not be able to represent the stakeholders, RDAs, RDAEFs, OAPs, DSAs, CODA and RDA approved programs, Regional Occupational Programs (ROPs), adult education, and all the educators for those programs. She did not believe the two-person committee could represent fully all of the dental assistants in California. Looking at the Board meeting materials, Vice Chair Miyasaki noted there is about 32, 000 active dental assistants and about 35, 000 active dental licenses. Vice Chair Miyasaki added that Board representation is not equivalent to the representation of the ratio of dental assistants to dentists, and that there are more public members than there are dental assistants.

To have representation of dental assistants, RDAEF2s, and educators, Chair Reed-Espinoza suggested to change the composition of the Board to have one RDA, one RDAEF2, and one educator.

Council Member Fowler stated that the two-person committee would have a lot of information they would have to be able to speak on and weigh in on. The selection

process for that two-person committee would have to be someone who is very robust in a lot of areas in order to really represent the community and the profession well.

Dr. Montez clarified that the members of the Board would be appointed by the Governor, and the standing committee would consist of Board Members. Therefore, the RDAs on the Board would be the standing committee, assuming the Board would appoint them. The standing committee then would be able to work with the stakeholder groups to ensure that all of those areas are represented.

Council Member De'Andra Epps-Robbins agreed with Chair Reed-Espinoza that it is a definite need to have it an RDAEF, an educator, and an additional RDA. She believed that the RDAEF would bring in some of their viewpoints and expressed that the two RDAs should be categorized in order to be able to see different viewpoints. As far as the educator, she believed that was also needed as it helps to support that area of education-based information that may come through as an educator to be able to input something that would help balance out the committee. She agreed with Vice Chair Miyasaki that there would be a lot of information to disperse amongst the two RDAs.

Dr. Montez asked whether the Council was suggesting that when the current Registered Dental Hygienist (RDH) position on the Board terms out, that position would become the third RDA position, or whether they were suggesting that there be three RDAs and one RDH. Chair Reed-Espinoza asked whether all Board positions were full. Dr. Montez replied that the Board has vacancies in their dentist positions. However, the Board is unable to swap them out, as it has to be a statutory change.

Chair Reed-Espinoza requested that when the RDH terms out, that position would be taken over by a dental assistant educator. Council Member Epps-Robbins voiced that she would support that as long as there was not any concern from the RDH position.

Council Member Pacheco expressed that in this era of inclusivity, having a dental hygienist on the Board provides collegiality between the Board and the Dental Hygiene Board of California (DHBC).

Vice Chair Miyasaki believed that the RDH position was created before the creation of the DHBC, and now that the DHBC is created, they have a voice as a stakeholder.

Council Member Fowler agreed with Council Member Miyasaki regarding the need to maintain the RDH position but questioned why a dentist position could not be taken away, as the Board is heavily DDS centered. She stated that hygienists, RDAs, RDAEFs, and dentists need to be represented, but she would like to make it a little more even.

Vice Chair Miyasaki supported Dr. Montez's proposal of replacing the RDH, when it terms out, with an RDA. She preferred having four RDAs or dental assistants on the Board, but if it came down to it adding one, it would be when the RDH terms out and

replacing it with another assistant, preferably an educator, an RDA, or an RDAEF2. She verbalized that when participating in workshops when there was a subcommittee and when it came down to reporting to the Board, she thought that what they were graded on was not reported to the Board.

Chair Reed-Espinoza requested public comment on this item.

Shari Becker, representing the Alliance consisting of CDAA, CADAT, and the California Extended Functions Association (CEFA), voiced that the current Council structure requires Board staff to schedule Council meetings, coordinate Council member travel, prepare Council meeting agendas and associated meeting materials, all separate from the quarterly Board meetings. She noted that the Council meeting materials indicated that these actions are burdensome and costly. Ms. Becker indicated that it is the Board's charge to coordinate these meetings. If cost is a main issue, she said the fees should be raised, as they have not increased since 2016. She stated that the Council was formed to replace the Committee on Dental Auxiliaries (COMDA) and to have representation for all dental assistants. In regard to efficiency, she stated that the proposed RDAs on the Board would not adequately represent all areas of dental assisting and could not possibly fulfill all the duties of the seven Council representatives. Ms. Becker stated that an appointed two-person committee representing dental assistants potentially introduces lack of transparency, especially with no public notice required, effective communication lacking, and lack of expertise and breadth of experience. She concluded that the Alliance strongly opposed this change.

Anthony Lum, Executive Officer of the DHBC, speaking on behalf of himself, stated it was very important that the issues that are brought up from the Board have input from an RDH representative. He stated that the Board would be missing out on a very valuable piece of information if it were to have the dental hygienist excluded.

Dr. Witcher, speaking on behalf of the California Dental Association (CDA), stated that he served as a Board liaison to the Council during his tenure on the Board and voiced that the Legislature did an excellent job in their selection of appointment to the Council qualifications in that it represents a broad base of dental assisting. As the Board deals with very technical and complex issues, such as SB 501, that reaches across multiple specialties within dentistry, reducing that expertise by one Board member would lose significant input from a Board member. He spoke in opposition to the proposal.

The Council discussed the proposed amendments in the meeting materials. Dr. Montez stated that increasing fees is great but would require regulations, and it has been hard to find regulatory staff.

(M/S/C) (Miyasaki/Reed-Espinoza) to reject the proposed amendments to BPC section 1740 and reject the repeal of BPC section 1742 and to propose revisions to the proposed amendments to BPC section 1601.1, subdivision (a), to maintain the existing eight dentists on the Board, maintain the existing RDH on the Board, add two RDA

positions for a total of three, keep the five public members. Of the three RDA positions on the Board, have one RDA who is licensed with professional experience of five years or more, one RDA or RDAEF educator from a Board-approved RDA educational program, and one practicing RDAEF2 with a minimum of five years of experience.

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

Dr. Lori Gagliardi, representing the Foundation of Allied Dental Education (FADE), a non-profit organization that advocates for high standards in dental assisting education, quality assurance, and patient safety, concurred with the previous speakers and the Council's discussion, and were thrilled that the Council supported the retention of the Council. They appreciated the discussion for adding additional members for more parity on the Board and look forward to continuing on with the Council.

Ms. Becker, representing the Alliance, agreed with Dr. Gagliardi's comments and appreciated the addition of two members to the Board and the retention of the Council.

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

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

Nays: None.

Abstentions: None.

Absent: Olague, Pliss.

Recusals: None.

The motion passed.

Agenda Item 9: Update, Discussion, and Possible Recommendation on Pending Legislation

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

Vice Chair Miyasaki noted that in Assembly Bill (AB) 481, BPC section 1741, subdivision (b), would provide for apprenticeship dental assisting programs. She tried looking up whether they are recognized by the United States Department of Education. She believed that the talk regarding specific apprenticeship dental assisting programs was in reference to dental assisting apprenticeship programs in California. Mr. Bruggeman asked if the Council wanted to clarify that the apprenticeships would need to be from within the State of California. Vice Chair Miyasaki suggested to add that they would need to be approved by the California Division of Apprenticeship Standards (DAS). She advised to include the part about the United States Department of Education and whether that was something that oversees the California DAS. Mr. Bruggeman replied that he would look into these questions and have a response for the Council.

Vice Chair Miyasaki noted that in AB 481, BPC section 1741, subdivision (e), states “‘Certified dental assistant’ means an individual who has successfully passed the national board examination in clinical chairside assisting administered by the Dental Assisting National Board” (DANB). She noted that the CDA exam is comprised of three exams that need to be passed: General Chairside, Infection Control (IC), and Radiation Health and Safety (RHS). Vice Chair Miyasaki believed that the national board examination in chairside assisting should add IC and RHS for the CDA certification.

Vice Chair Miyasaki also noted that in AB 481, BPC section 1741, subdivision (o), states that “‘Preceptee’ means an unlicensed dental assistant who is employed by a California-licensed dentist” and wondered what would happen if the preceptee is employed by the Veterans Affairs (VA), a hospital, or a clinic. She asked whether the text could be revised to state “employed by a California licensed dentist or employed in a dental facility.” Vice Chair Miyasaki also noted that BPC section 1748, subdivision (a)(4)(D)(iv), requires “completion of a board-approved course in coronal polishing which shall not be performed on a patient until licensure as a registered dental assistant is obtained.” She believed that the language was changed in another part of the document where the coronal polishing could be performed as soon as the certificate is awarded. Mr. Bruggeman asked for clarification whether there appeared to be an internal conflict. Vice Chair Miyasaki replied that she believed so. Vice Chair Miyasaki noted that in AB 481, BPC section 1755, subdivision (b)(2), regarding the unlicensed dental assistant taking the infection control class, requires “a board-approved eight-hour course, with six hours of didactic instruction and no more than two hours of laboratory instruction using video or a series of video training tools.” She wondered if that statement could be broader due to the fact that someone may choose to not take an in-person class. The verbiage “using video or series of video training tools” indicates that is a requirement. She asked if that could be changed to no more than two hours of laboratory instruction which may use video or a series of video training tools. Vice Chair Miyasaki noted that page 48 of the meeting materials discussed the inclusion of the CDA certificate as a pathway for licensure and how the certificate must be renewed annually, while the RDA license is renewed biennially. She stated from having experience with educators who have a CDA certificate and a RDA license, the same CE can be used. The CDA certificate is only 10 units, which includes cardiopulmonary resuscitation (CPR), and the RDA license is 25 units. Vice Chair Miyasaki voiced that she has personally used her 25 units as part of the 10 units when she renews her CDA certificate.

Council Member Jeri Fowler noted that in AB 481, BPC section 1753.1, subdivision (b), states that an RDAEF “licensed after January 1, 2010 may perform all the following duties under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist,” which then lists those duties. She noticed that there were major duties that were left off this list that were in the previous allowable duties for the RDAEF2 specifically. The duties that were left off the list that she would like to have added back on are: size and fit endodontic master points and

accessory points, cement endodontic master points and accessory points, polish and contour existing amalgam restorations, place, contour, finish, and adjust all direct restorations, and adjust and cement permanent indirect restorations. She voiced that BPC section 1753.1, subdivision (b)(5), states “perform final impressions for removable prosthesis”. In the past, the Council had delineated on that and said tooth born; removing that changes what they are allowed to do. She recommended that those duties she had listed are placed back in, because otherwise, with the way this legislation is written, the RDAEF2 licensure is removed completely and only RDAEF1s are left. Mr. Bruggeman clarified that this was not legislation that Board staff had advanced, and the bill was written by others.

Ms. Welch stated that staff had been working with CDA to amend the bill, as it is CDA’s bill, and noted that the Board was also taking a look at this legislation and raising their own concerns to document and provide feedback to the sponsor and author of the bill, as well as legislative staff.

Council Member Fowler expressed that this bill is very specific listing exactly what the duties were for the dental assistant, RDA, Orthodontic Assistant Permit (OAP), and even the DSA, and that when it got to the RDAEF section, many allowed duties were left off, which were all RDAEF2 duties. She suggested that if all duties are going to be listed and will be specific when it comes to dental assisting in the different positions and licensures, the language needs to be consistent across the board so there is no misinterpretation, and nothing gets changed that should not be changed. Council Member Fowler did not want to eliminate the RDAEF2 position from California.

Ms. Welch noted that staff had raised an issue in AB 481 with section 1748, subdivision (a)(4)(ii), pertaining to the preceptorship credentialing and the completion of at least 300 hours of courses in dental assisting related topics. She stated that was a real concern for staff, because they are going to have to process certificates reflecting 300 hours of courses, which, in effect, could actually be more like 600 certificates. In California Code of Regulations (CCR), title 16, section 1016, subsection (g), the Board allows CE credits to be issued in half hour increments. Therefore, if Board staff have to process 600 certificates for one applicant, that is going to take a lot of staff time and cost to cover that staff time. Ms. Welch noted that one issue is whether or not this particular pathway should have an increased license application, fee because it is going to require so much staff time. Presently, the RDA application fee is \$120 under CCR, title 16, section 1022, and the statutory cap for RDA fees is \$200. Depending upon how much staff time this is going to take, there is going to be a cost associated with it. She expressed that BPC section 1725 may need to be amended to raise the RDA fee cap. CCR, title 16, section 1022 is going to have to be amended through the regulatory process to establish that application fee for that pathway. Consequently, the Board would not be able to immediately issue RDA registrations for that pathway until an application fee was established for that pathway.

Ms. Welch state that in AB 481, BPC section 1750.1, subdivision (a)(1), would authorize an unlicensed dental assistant to perform digital scanning and imaging procedures using scanner technology used for orthodontic records only. Ms. Welch was uncertain as to what that entails because if they are only scanning for record purposes, then that presumes that the scans, which is in effect digital intraoral imaging, could not then be used as a diagnostic tool to form a diagnosis by the dentist, create a written treatment plan, and then approve fabrication of an orthodontic appliance. She stated that the second part of the sentence seems to contradict that, because then it would say with final inspection and approval of the images by the dentist who treats the patient of record before fabricating. She affirmed that Board staff was concerned about the consumer protection of that authorized duty because, under existing law, an unlicensed dental assistant may only perform intraoral impressions under direct dentist supervision. This bill would change that so that it is general supervision. Ms. Welch questioned what exactly the purpose of that provision is if it is only for record purposes and asked whether that means the consumer must go back for a second visit and then get additional digital intraoral impressions so that they could then be used for diagnosis written treatment plan fabrication and manufacture of the appliances.

Chair Reed-Espinoza indicated that scanning is done for crowns, bridges, and orthodontics, and that in a scanning unit, the scanning unit is set up for a no fail situation. Whether it is direct or indirect supervision, she did not believe that was a concern in safety because the computer system is set up for safety issues in regard to getting the data that the dentist would need to have in diagnosing, sending off a case, and so forth.

Vice Chair Miyasaki declared that what might happen in the future, and is possibly happening now, with orthodontic appliance is that the brackets and the archwire are actually produced from the scan. She asked whether the scan would be accurate enough and that it sounded like the fee would be assessed for all RDAs even though there just might be a few of the preceptors. Ms. Welch responded that the Board only charges licensing fees for the cost of processing each type of application. Presumably, the increased fee for applications would only apply to preceptorship applications.

The Council received public comment on this item.

Mary McCune, CDA representative, verbalized that the preceptorship and a lot of the other pathways included in this bill were intended to address the workforce shortage issues seen in the dental assisting profession, and the theme is to meet people where they are at. In a similar approach, they have done that with the eight-hour IC course, which is why they have an eight-hour didactic only option. Ms. McCune stated CDA wanted to continue that to be sensitive to areas around this vast state where an in-person IC course is not readily available, especially now that there is the requirement to complete this before exposure to blood and saliva. Regarding the concern around DANB, she clarified that having the DANB was really a qualification to get the RDA licensure, but not necessarily to continue having that, and that there is complete overlap

in those CE requirements should the RDA decide to keep their CDA moving forward. She stated that in CDA's next set of amendments, all references to scanning are going to be removed. Additionally, she voiced that the RDAEF duties that Board Member Fowler raised were inadvertently removed and will also be added back in the next set of amendments.

Chair Reed-Espinoza asked for confirmation whether all of the items for the RDAEF2 are going to stay in as a duty. Ms. McCune replied that [removing the RDAEF2 duties] was never their intention and was an editing error.

Vice Chair Miyasaki asked what the concern regarding scanning was and why it is being removed. Ms. McCune responded that they are removing it so it is status quo of what the law is today. Any new references under the unlicensed dental assistance scope or the RDAEF scope around the CAD/CAM are going to be removed so it is going to remain what it is today.

Dr. Montez thanked CDA for listening to the Board's and Board staff concerns and working collaboratively to address the workforce shortage.

Vice Chair Miyasaki asked whether the references to apprenticeship in the bill is the reason why that was not left in as one of the pathways. Ms. McCune replied that they are going to be including ROP, adult education, and apprenticeship as a big umbrella for alternative education. She conveyed that they are working on amendments to clarify the Department of Education's reference to make sure that it is inclusive of all the accrediting bodies that the Board of Education approves. Vice Chair Miyasaki asked whether Ms. McCune would agree that it should be limited to only California apprenticeships. Ms. McCune believed in their next set of amendments, they were going to do U.S. Department of Education to be broader. She added that their intention is to make it so the accreditation standards that apprenticeships do in California are reflected and encapsulated in the bill

Ms. Becker, representing the Alliance, appreciated CDA's openness and dialogue regarding AB 481, but they still oppose unless amended, specifically regarding the removal of the lab requirement on the eight-hour IC class, and will continue to work with CDA on suggestions on how to compromise.

Dr. Gagliardi, representing FADE, disclosed that FADE supports CDA's proposal to add a significant alternative to the current eight-hour IC requirement while ensuring education training and public protection are central to the outcome. Employees are required to have annual California Division of Occupational Safety and Health (Cal/OSHA) training including bloodborne pathogen training and that there are no total course hours, no hands-on elements, and no evidence to suggest that the absence of a hands-on lab or clinical component would in any way negatively impact the employee's ability to protect themselves or the public. Dr. Gagliardi continued that the DANB IC exam is also knowledge base with no lab or clinical component and its purpose is to

ensure that individuals meet the minimal national standards for knowledge base competence in dental infection prevention. They believe that the military dental assisting workforce in California, those teaching in CODA accredited dental assisting programs, and dental assistants working in a veteran's dental clinic all have earned and maintained a CDA for employment. This pathway would allow for mobility and recruitment of CDAs to becoming RDAs and joining the workforce in California. She verbalized that FADE is unclear as to how the CDA RDA renewal process competes with, impacts, or replaces the opportunities of employment requirement to maintain both the CDA and RDA. Dr. Gagliardi stated that FADE encourages the Council to support AB 481 if amended as the items related to IC and the CDA pathway will be taken into consideration.

Amanda Saling, Central California Dental Academy (CCDA) instructor, addressed the eight-hour IC course. As an instructor of that course, specifically to a plethora of individuals that are in the public, she believed the hands-on portion is extremely important. Looking at the CCDA's reviews for that course, one can see how that course has opened individuals' eyes up to things that they were not aware of in the field.

Council Member Epps-Robbins communicated that it is very imperative to keep in the 8 IC within these guidelines. Taking into consideration someone that is not knowledgeable on how to transfer a case from the lab to the lab technician, that not only puts the safety of that auxiliary in jeopardy but also the safety of the public when there are non-dental auxiliaries picking up cases as transfers, runners, or delivery services. If things are not properly packaged, IC is not being seen as something that needs to be educated on, and this results in a transfer of cross-contamination. With these eight-hour IC courses that are mandatory, they can refresh their skills and can keep up with what is expected for cross-contamination and for IC, which ultimately keeps the auxiliary safe as well as the public.

Council Member Fowler agreed with previous statements that the hands-on component for the IC is crucial, as that is where they get a good foundational knowledge of the whole process. Chair Reed-Espinoza also agreed with those statements.

Vice Chair Miyasaki was also in agreement and believed that there are other ways that these can be done, such as possibly remotely with current technology. She asked whether it would be better if the verbiage stated a minimum of two hours of laboratory instruction IC versus no more than two hours.

Ms. Welch advised the Council members to submit their comments to Chair Reed-Espinoza so that she can present them to the Board for potential inclusion in their recommendation, and that staff will do what they can to include them in what will likely be a letter to the author.

(M/S/C) (Reed-Espinoza/Pacheco) to recommend to the Board to support AB 481 if amended based upon the feedback to be provided to the Board for consideration.

Vice Chair Miyasaki asked if the Council was in support for instead of no more than two hours of laboratory instruction, IC to be a minimum of two hours of infection for laboratory instruction. Board Member Pacheco clarified that the delivery of that could be remote wet lab.

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

Ms. Becker, representing the Alliance, communicated that they are in opposition of a remote lab with live and would like to see live hands-on versus some other type of virtual option for the lab.

Ms. Saling expressed that the labs should be live not virtual and did not believe that students get the same experience from a computer setting than from hands-on.

Dr. Ariane Terlet, representing CDA, clarified that there is a plethora of amendments coming up that will address Vice Chair Miyasaki's inquiries, and they are looking at an alternative delivery of education. She stated that health centers throughout the state should be able to have that education on site for staff as soon as they are hired and that they are asking for a pathway.

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

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

Nays: None.

Abstentions: None.

Absent: Olague, Pliss.

Recusals: None.

The motion passed.

Agenda Item 10: Adjournment

Chair Reed-Espinoza adjourned the meeting at 10:49 a.m.