



DENTAL BOARD OF CALIFORNIA

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**DENTAL BOARD OF CALIFORNIA MEETING AGENDA
FEBRUARY 23-24, 2017**

Humphreys Half Moon Inn
2303 Shelter Island Drive
San Diego, CA 92106

(619) 224-3411 (Hotel) or (916) 263-2300 (Board Office)

Members of the Board:

Bruce L. Whitcher, DDS, President
Thomas Stewart, DDS, Vice President
Debra Woo, DDS, MA, Secretary

Steven Afriat, Public Member
Fran Burton, MSW, Public Member
Steven Chan, DDS
Yvette Chappell-Ingram, Public Member
Katie Dawson, BS, RDHAP
Judith Forsythe, RDA

Kathleen King, Public Member
Ross Lai, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Steven Morrow, DDS, MS

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items, unless listed as informational only. It is anticipated that the items of business before the Board on the first day of this meeting will be fully completed on that date. However, should an item not be completed, it may be carried over and heard beginning at 9:00 a.m. on the following day. Anyone wishing to be present when the Board takes action on any item on this agenda must be prepared to attend the two-day meeting in its entirety.

Public comments will be taken on agenda items at the time the specific item is raised. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the President. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Board meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

Thursday, February 23, 2017

9:00 A.M. FULL BOARD MEETING – OPEN SESSION

1. Call to Order/Roll Call/Establishment of Quorum
2. Board President Welcome and Report
3. Approval of the December 1-2, 2016 Board Meeting Minutes
4. Discussion and Possible Action to Recall the August 18-19, 2016 and October 13, 2016 Board Meeting Minutes as Requested by the American Academy of Pediatrics for the Purpose of Correcting the Title of Dr. Paula Whiteman, Governing Board of the American Academy of Pediatrics
5. Budget Report
 - A. State Dentistry Fund
 - B. State Dental Assisting Fund
 - C. Breeze Expenses
 - D. DCA Distributed Costs
6. Review of Dental Board of California Sunset Review Issues Identified During 2015 Legislative Oversight Hearings
7. Enforcement:
 - A. Review of Enforcement Statistics and Trends
 - B. Review of Fiscal Year 2016-17 First Quarter Performance Measures from the Department of Consumer Affairs
 - C. Diversion Program Report and Statistics

CONVENE JOINT MEETING OF THE DENTAL BOARD OF CALIFORNIA AND THE DENTAL ASSISTING COUNCIL – SEE ATTACHED AGENDA

The purpose of this joint meeting is to allow the Board and the Dental Assisting Council to interact with each other, ask questions, and participate in discussions.

RETURN TO FULL BOARD OPEN SESSION

COMMITTEE MEETINGS – SEE ATTACHED AGENDAS

- Examination Committee Meeting
See attached Examination Committee meeting agenda.
- Licensure, Certification, and Permits Committee Meeting
See attached Licensure, Certifications, and Permits Committee meeting agenda.

- Legislative and Regulatory Committee Meeting
See attached Legislative and Regulatory Committee meeting agenda.
- Anesthesia Committee
See attached Anesthesia Committee meeting agenda.

RETURN TO FULL BOARD OPEN SESSION

CLOSED SESSION – FULL BOARD

Deliberate and Take Action on Disciplinary Matters

The Board will meet in closed session as authorized by Government Code §11126(c)(3).

If the Board is unable to deliberate and take action on all disciplinary matters due to time constraints, it will also meet in closed session on February 24, 2017.

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

Issuance of New License(s) to Replace Cancelled License(s)

The Committee will meet in closed session as authorized by Government Code §11126(c)(2) to deliberate on applications for issuance of new license(s) to replace cancelled license(s).

RETURN TO OPEN SESSION – FULL BOARD

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MEMORANDUM

DATE	February 9, 2017
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 2: Board President Welcome and Report

Background:

The President of the Dental Board of California, Bruce L. Witcher, DDS, will provide a verbal report.



DENTAL BOARD OF CALIFORNIA BOARD MEETING MINUTES

December 1-2, 2016

Embassy Suites San Francisco Airport Waterfront
150 Anza Boulevard, Burlingame, CA 94010

DRAFT

Members of the Board Present

Steven Morrow, DDS, MS, President
Judith Forsythe, RDA, Vice President
Fran Burton, MSW, Public Member
Steven Afriat, Public Member
Steven Chan, DDS
Yvette Chappell-Ingram, Public Member
Katie Dawson, RDH
Kathleen King, Public Member
Ross Lai, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Thomas Stewart, DDS
Bruce Whitcher, DDS
Debra Woo, DDS, MA

Members of the Board Absent

Thursday, December 1, 2016

8:00 A.M. FULL BOARD MEETING – OPEN SESSION

1. Call to Order/Roll Call/Establishment of Quorum.

President Steven Morrow, DDS, called the meeting to order at 8:05am. Secretary Steven Afriat, called the roll and quorum was established.

The Board immediately went into Closed Session.

CLOSED SESSION – FULL BOARD

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

RETURN TO OPEN SESSION – FULL BOARD

2. Board President Welcome and Report

President Morrow, DDS, read Business and Professions Code Section 1601.2 as a reminder to everyone in the room, the mission of the Dental Board of California.

3. **New Board Member Introduction**

Karen Fischer, Executive Officer, introduced new Board Member, Dr. Steven Chan, to the Board.

4. **Approval of the August 18-19, 2016 and October 13, 2016 Board Meeting Minutes**

The following amendments were suggested on the August 18-19, 2016 Meeting Minutes:

- Dr. Thomas Stewart stated that on page 6, Dr. George Maranon's name is misspelled.
- Dr. Bruce Whitcher stated that on page 8 Jeff Poage's name is misspelled.

M/S/C (King/Woo) to accept the August 18-19, 2016 Board Meeting Minutes as corrected with the amendments.

Support: Burton, Whitcher, Forsythe, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0 **Abstain:** Afriat, Chan

Motion passed.

The following amendments were suggested on the October 13, 2016 Meeting Minutes:

- Fran Burton stated that on page 2 Guy Acheson's name is misspelled.
- Dr. Whitcher stated that on page 2 Dr. Mashni's and Dr. Poage's names are misspelled
- During Public Comment, Dr. Karen Sieber, the California Society of Anesthesiologists, stated that on page 3 Dr. Poage's statement regarding a separate anesthesiologist was misquoted.

M/S/C (King/Le) to accept the October 13, 2016 Board Meeting Minutes as corrected with the suggested amendments.

Support: Burton, Whitcher, Forsythe, Dawson, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0 **Abstain:** Afriat, Chan, Chappell-Ingram, and McKenzie

Motion passed.

5. **Budget Report**

Ms. Wallace provided an overview of the current budget and the Governor's budget for quarter one of the fiscal year 2016/17. Ms. Wallace will provide updated Breeze expenses at the next quarterly Board Meeting.

6. **Discussion and Possible Action to Review and Adopt the Dental Board of California's 2017-2020 Strategic Plan**

Ms. Wallace provided an overview of the process to develop a strategic plan. The Board's strategic plan will begin in 2017 and last until 2020.

Ms. McKenzie requested clarification regarding goal 2, # 1.7 regarding in house stipulations and personnel. Ms. Fisher clarified stipulations negotiated by the EO would not necessarily go through the AG's office.

Ms. McKenzie recommended updating goal #3, 1.12 from "continuously update dental schools" to "regularly update dental schools."

M/S/C (Afrat/King) to adopt the strategic plan and recommendation to amend "continuously" to "regularly."

Support: Burton, Whitcher, Forsythe, Chan, Chappell-Ingram, Dawson, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0 **Abstain:** 0

7. **Examinations:**

A. Staff Update on Portfolio Pathway to Licensure

Ms. Fischer gave an overview on the information provided. Dr. Morrow went over the recent discussions that he has had with the American Student Dental Association regarding the implementation of the portfolio pathway in other states. Dr. Morrow indicated that the States of Colorado and Kentucky have agreed to accept our portfolio examination in their states and that Iowa is currently working on the ability to accept our examination. He also mentioned that a Colorado dental school has requested his assistance in implementing a similar program in their state. Ms. Fischer indicated that since the portfolio examination may be implemented in other states, we may need to make future statutory changes in order to accept other states portfolio type examinations, in our state.

8. **Licensing, Certifications and Permits:**

A. Licensing, Certification and Permits Committee Report on Closed Session.

Dr. Morrow announced that this agenda item would be tabled until December 2, 2016.

Dr. Steven Morrow, Chair of the Licensing, Certification and Permits (LCP) Committee reported that the committee made the following recommendations:

- CS candidate T.G. – Deny permit
- DDS candidate R.W. – Approve replacement upon completion of the Law and Ethics Examination
- RDA candidate G.O. – Approve replacement upon completion of the Law and Ethics Examination
- RDA candidate P.L. – Approve replacement upon completion of the Law and Ethics Examination and the Registered Dental Assistant Written Examination
- RDA candidate L.V. – Approve replacement upon completion of the Law and Ethics Examination

M/S/C (King/McKenzie) to accept the committee's recommendations.

Support: Morrow, Forsythe, Afriat, Burton, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Woo. **Oppose:** Whitcher **Abstain:** 0

The motion passed.

B. Review of Dental Licensure and Permit Statistics

Sarah Wallace, Assistant Executive Officer, gave an overview of the information provided. Mrs. Wallace addressed two requests of the Board: number of cancelled licenses on a monthly basis and the reason for a high number of delinquencies.

Steven Afriat, Secretary, wanted to address underserved counties by requesting additional information of how a certain population per dentist affects quality of care and if the statistics can indicate the counties served but with dentists who are domicile or practicing in multiple counties.

President Steven Morrow, DDS asked if Special Permits were included in the total licensing count, Mrs. Wallace indicated that they were not.

C. Report on the October 19, 2016 meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee and Discussion and Possible Action to Accept the Elective Facial Cosmetic Surgery Permit Credentialing Committee Recommendation(s) for Issuance of Permit(s)

Dr. Whitcher gave an overview of the information provided.

M/S/C (Afriat/King) to accept the committee's recommendation and recommended licenses.

Support: Morrow, Forsythe, Afriat, Burton, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose:** 0 **Abstain:** 0

The motion passed.

D. Discussion and Possible Action Regarding the Draft Report to the Legislature on the Elective Facial Cosmetic Surgery Permit Program as Provided by Business and Professions Code Section 1638.1

Dr. Whitcher gave an overview of the information provided.

Ms. Burton asked for clarification on limitation of issued permits.

Karen Fischer, Executive Office of the Dental Board of California stated that as of the date of the meeting, the board has issued 29 Elective Facial Cosmetic Surgery permits, 27 of which are active, and 2 which have left the state.

M/S/C (Whitcher/King) to approve the draft report.

Support: Morrow, Forsythe, Afriat, Burton, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose:** 0 **Abstain:** 0

The motion passed.

E. Discussion and Possible Action to Initiate a Rulemaking to Adopt California Code of Regulations, Title Section Sections 1044.6, 1044.7, 1044.8 Relating to Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements

Dr. Whitcher gave a brief summary of the information provided and requested that the Board consider and possibly accept the recommendation of the Committee and approve the proposed regulatory language relative to the Elective Cosmetic Surgery Initial Permit Application and Renewal Requirements , and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed language to California Code of Regulations, Title 16, Sections 1044.6, 1044.7, and 1044.8 as noticed in the proposed text.

M/S/C (Whitcher/King) to accept the recommendation of the Committee and approve the proposed regulatory language relative to the Elective Cosmetic Surgery Initial Permit Application and Renewal Requirements , and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to

make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed language to California Code of Regulations, Title 16, Sections 1044.6, 1044.7, and 1044.8 as noticed in the proposed text.

Support: Burton, Whitcher, Forsythe, Afriat, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0
Abstain: 0

Motion passed.

F. Discussion and Possible Action to Initiate a Rulemaking to Adopt California Code of Regulations, Title 16 Section 1028.6 Relating to Licensure by Credential Application Requirements

Dr. Whitcher gave a brief summary of the information provided. It was decided that the discussion would be tabled for a future meeting.

9. Enforcement:

A. Enforcement – Statistics and Trends

Carlos Alvarez, Acting Enforcement Chief, gave an overview of the information provided.

B. Review of Fiscal Year 2016-17 First Quarter Performance Measures from the Department of Consumer Affairs

Mr. Alvarez, Acting Enforcement Chief, gave an overview of the information provided.

C. Diversion Program Report and Statistics

Mr. Alvarez, Acting Enforcement Chief, gave an overview of the information.

10. Pediatric Anesthesia Report

A. Discussion and Possible Action Regarding the Subcommittee's Recommendations Relating to Pediatric Anesthesia

Dr. Whitcher and Meredith McKenzie gave an overview of the subcommittee's recommendations.

Below are Board member and public comments regarding each recommendation:

Recommendation 1

Fran Burton asked for clarification regarding recommendation 1.

Ms. McKenzie discussed the difficulty in obtaining data and the need for additional data and as a result, the recommendation is to continue to research to collect data.

Dr. Whitcher elaborated that Assembly Bill (AB) 2235 requires the collection of additional data points as a result of the amendments to Business and Professions Code Section 1680(z).

President Morrow recognized the Board's efforts in collecting data; however he stated that better data collection is necessary and mandated by AB 2235.

Public Comment

Dr. Larry Trapp, representing California Society of Dentist Anesthesiologist, stated he would like to see the Board begin the process for collection of data.

Brianna Pitman, representing the California Dental Association (CDA), spoke in support of recommendation 1.

Recommendation 2

Kathleen King, asked what the timeline would be in implementing the changes in definitions.

Dr. Whitcher stated that it would require statutory changes to update definitions.

Public Comment

None.

Recommendation 3(A)

Mr. Afriat inquired whether the subcommittee had looked into the age of the pediatric patient versus the body size of a pediatric patient in selecting 13 years old as the guideline.

Dr. Whitcher responded that the 13 years of age was selected as a result of what is specified in statute.

Ms. Burton requested clarification relating to what would occur when the single dose of a single sedative drug plus nitrous oxide and oxygen are insufficient in 3Aii. Ms. Burton requested that the specific section be more specific as it is too broad.

Dr. Witcher responded that the permit holder would cease the procedure and reschedule it for another time or advise other options.

Ms. McKenzie stated that the category limits the permit holder specifically to those guidelines. The permit holder would not be able to step outside the bounds of the guidelines.

Ms. Burton inquired whether continuing education (CE) courses should be required of the staff member trained in the monitoring and resuscitation of pediatric patients.

Dr. Witcher stated that statute discusses that information and also that it would require further research to determine whether additional CE should be required.

Dr. Chan inquired whether the specificity of 3Aii will determine who is administering and who it is being measured.

Drs. Morrow and Witcher stated that the recommendation is an overview of the request made by Senator Hill. Detailed questions or inquiries are best for discussion during the statutory or regulatory processes.

Ms. Fischer stated that the report is essentially the beginning of the work to be done relating to general anesthesia and conscious sedation.

Public Comment

Dr. Trapp suggested that the words “Conceptual Suggestions” be included in the title of the subcommittee’s report. President Morrow responded that he views the subcommittee’s recommendation as conceptual suggestions and are not the views of the Board.

Recommendation 3B

Ms. King requested clarification regarding the age groups. Dr. Witcher provided information regarding the selection of the age guidelines and the number of people to be present.

Mr. Afriat inquired whether the level of support staff will be defined so as to differentiate between those present in the room. Dr. Witcher stated that the category of staff members present in the room is defined, but the description of those positions needs further updating.

President Morrow asked for clarification in regards to whether the support staff is referring to the support staff to the anesthesiologist or to the dentist. Dr. Witcher responded that the support staff will assist both the anesthesiologist and the dentist and that staff member is different than the staff member monitoring the patient.

Public Comment

Dr. Mark Zakowski, representing California Society of Anesthesiologists (CSA), provided clarification regarding moderate sedation and general anesthesia for adults, children, and disabled children, specifically relating to types of monitoring. Mr. Afriat asked whether CSA has looked into whether an adult should be present in the room when undergoing moderate sedation.

Karen Sieber, stated that CSA does not believe that the single operative model is safe for pre-cooperative or uncooperative patient. CSA recommends that there be a separate independent anesthesia provider for moderate sedation in pre-cooperative children or children of developmentally delayed age or known behavior. Also, that she could not speak to whether an adult known to the patient should be present in the room.

Dr. Whitcher stated that having a known adult in the room is a clinical judgment left

Ariane Terlet stated that she has concerns with the recommendations because of the effect it will have on pediatric patients and access to care. She also requested that the Board advocate to increase reimbursements to clinics to have an additional anesthesiologist present.

Recommendation 3(C)

Mr. Afriat asked how applicants are to provide proof of completion of sufficient number of cases to establish competency. Dr. Whitcher responded that it would be completed during residency.

Yvette Chappell-Ingram asked whether the subcommittee's recommendations include information on children with autism and other mental disabilities. Dr. Whitcher responded that the recommendations focus on a broader level and that the Board can choose to address specifics related children with autism and other mental disabilities.

Ms. King asked for clarification whether the recommendation is to have two individuals present, both a dentist and a separate anesthesiologist. Dr. Whitcher provided clarification.

Mr. Afriat asked whether the number of people present during a procedure where anesthesia is present is significant when an emergency occurs. Dr. Whitcher reinforced that there are laws and regulations in place during emergency situations that require those present in the room to follow.

President Morrow commented that the younger the patient is and the deeper the sedation is, the higher the risk therefore the higher the safety required to protect the patient and to prevent an incident involving an inadvertent extension of sedation.

Dr. Whitcher stated that there are standards and procedures currently in existence to provide staff the adequate training necessary as specified by statutes and regulations and guidelines from dental societies.

President Morrow suggested that there be a separate anesthesia permit holder.

Dr. Stewart asked how we should balance access to care with safety.

Dr. Le commented that access to care has not worked itself out and that attention is needed as it is a major concern.

Dr. Chan inquired about what CODA training does exactly and stated that there are variables present in regards to the types of cases, treatments, and patient outcomes to be considered before making such a recommendation.

President Morrow provided a brief explanation of CODA training categories related to sedation.

Ms. Burton inquired about the time to enter into a clinic for basic dental care. Ms. Terlet responded that the average wait time for care at her clinic is 9 months and for procedures involving sedation are the same.

Mr. Afriat shared his thoughts and concern about the discussion presented regarding the recommendations.

Dr. Chan clarified that the issue of access to care is not just relating to children in low-income communities, but also affects children from middle class families.

Public Comment

Dr. Diana Belli commented on her experience as a dentist anesthesiologist and discussed recommendation 3C(ii) regarding personnel training and expertise, specifically the inability to train someone to have the skills, experience, and knowledge for handling general anesthesia complications to someone during a weekend course.

Jennifer McClean commented on her child's experience as a result of the administration of general anesthesia. She stated that she would like the Board to take the following action in establishing a procedure in place for

dentists to determine that general anesthesia is really necessary; that both a dentist and an anesthesiology provider is present in the room; and develop a central database system where adverse actions can be reported.

Dr. Zakowski commented that CSA supports one standard of care which is that there must be a separate independent anesthesia provider for any patient at any age.

Ms. Sieber commented that according to the medical model, general anesthesiologists are not permitted to monitor a patient they are administering anesthesia or moderate sedation. A separate anesthesia provider is necessary.

Dr. Anna Kaplan, representing her family, commented regarding general anesthesia and conscious sedation and the personnel to be present during the procedure. She commented that a separate anesthesia provider is to be present when a pediatric patient is undergoing general anesthesia or conscious sedation. She requested that the Board revise its current model of administering anesthesia and conscious sedation.

Paula Whiteman, representing the American Academy of Pediatric California (AAPC), commented that AAPC does not have a stake in the matter at hand. She commented that the single operator model of the administration of general anesthesia is not a model to be followed as it is not followed in medicine. She commented that there should be a dentist, and a separate anesthesia provider should be present in the room so as to eliminate potential risks.

Dr. Trapp summarized the comments received from the public and stressed that the issue at hand is about safety and the most competent provider of care that exists.

Dr. Belli commented regarding the access to care in terms of the number of surgery centers available in the State of California. She commented that in the case where there is no separate anesthesia provider or separate dentist provider available the dental practitioner is the responsible party should an adverse issue arise. She asked, ultimately, how many people are going to be responsible for an adverse action involving sedation.

Dr. Alan Felsenfeld, representing CDA, thanked the Board for the work the subcommittee has done. He commented on the varying opinions of the public commentators. He discussed the discussion CDA has been having with practitioners in the community regarding dental anesthesia and conscious sedation and what dental professionals can do to maintain safety in dental care.

Dr. Leonard Tyco, representing the California Oral Maxillofacial Surgery Association (COMSA), commented that the COMSA supports the oral maxillofacial team model. He suggested the Board look at the bigger picture in reviewing the model and data before making major changes.

Karen Schneider, speaking on behalf of her granddaughter, Maggie McClean, commented that all lives matter.

Recommendation 4

Mr. Afriat asked for clarification regarding canography. Dr. Whitcher clarified what canography is.

Ms. King asked whether dental offices are required to have an automatic defibrillator. Dr. Whitcher responded that the pediatric dental offices administering anesthesia do require an automatic defibrillator.

Public Comment

Nicolas Caplanis suggested to make an addition to the recommendation to add the words “in children”.

Dr. Zakowski commented that capnography is required for all ages.

Recommendation 5

Dr. Whitcher elaborated on the recommendation.

Public Comment

None.

Mr. Afriat suggested that there be additional discussion whether there should be a separate anesthesiologist should be present.

Dr. Morrow called for a 10 minute recess.

M/S/C (Morrow/Afriat) to accept the recommendations of the subcommittee with the amendment to Recommendation 3Cii regarding “Personnel” that “Children under the age of 7 that a dedicated general anesthesia permit holder and a treatment providing dentist be present during administration of, during the monitoring of the patient and through the recovery, in addition to the recommendation 3Cii.”

King inquired if the dedicated general anesthesia provider is added, then is the additional support staff necessary.

Mr. Afriat asked why there is the age limited to the age of 7 and under and not under 13 years of age. Dr. Morrow responded that he is focusing on patients with the highest risk.

Ms. Burton asked for clarification whether the separate anesthesia provider has to specialize in pediatrics. Dr. Morrow responded that a permit holder would have to comply with our statute and regulations to be able to perform on a patient under the age of 7 years of age.

Ms. Fischer, for clarification purposes, had Dr. Morrow review Recommendation 3Cii and provide the motion again before the Board. Dr. Morrow stated the motion as

“The dentist and at least two support staff must be present. The dentist and at least one staff member must be trained in pediatric advanced life support and airway management, equivalent to the AAP-AAPD guidelines or as determined by the Board. For patients under the age of 7, one support staff trained in pediatric advanced life support, and one general anesthesia permit holder must be present in addition to the practicing dentist delivering the treatment. The permit holder will be the designated person to provide the anesthesia and monitor the patient's vital signs through the anesthesia, and the recovery process.”

Board members requested clarification of the motion from Dr. Morrow. Dr. Morrow clarified confusion relating to his motion and specified that the support staff should specifically be used to support the general anesthesia permit holder.

Dr. Caplanis commented that the way the motion is written suggests that if a dentist treating a child between the ages of 7 to 13, even if they had a separate anesthesia provider, would need to have PALS training. He suggested that the language be clarified. Dr. Morrow addressed the comment.

Gayle Mathe, representing CDA, requested clarification whether the anesthesia provider is to be a pediatric anesthesiologist and what the role is of the person who is not part of the treating party that is present in the room. Dr. Morrow explained that the anesthesiologist would be an age appropriate provider and that the person present in the room is a support staff should the anesthesiologist require assistance or a break.

Dr. Belli suggested that there be a statement that all dental practitioners who treat patients under the age of 13 contain PALS training. The dentist would not need an additional support staff with PALS training, since it has

already a second set of hands from the anesthesia provider who can perform the patient monitoring.

Ms. Wallace read the amendment to recommendation 3(C)(ii) which Dr. Morrow and Mr. Afriat accepted.

Dr. Le requested clarification whether the recommendation in 3(C)(ii) is only for outpatient settings, which was confirmed by Dr. Whitcher.

Ms. Terlet commented that she was confused with the parliamentary procedure taking place regarding the motion made.

Dr. Caplanis commented regarding PALS and whether it is appropriate for support staff. Dr. Whitcher commented that PALS is a course and it does not necessarily provide authorization to administer medications. The Board accepts PALS or its equivalent.

Mr. Afriat called the question to a vote.

Dr. Morrow had Ms. Wallace reread the motion before the Board as

“Personnel: For patients ages 7-13, the dentist and at least two support staff must be present. The dentist and at least one staff member must be trained in Pediatric Advanced Life Support and Airway Management, equivalent to the AAP-AAPD Guidelines or as determined by the board. One staff member, trained in patient monitoring, shall be dedicated to that task.

For children under seven, there shall be at least 3 people present during the procedure. One person shall be the practicing dentist. One person shall be a general anesthesia permit holder, who shall be solely dedicated to administering anesthesia, monitoring the patient, and managing the airway through recovery. One person shall be an anesthesia support staff, dedicated to the anesthesia process, and shall be trained in Pediatric Advanced Life Support and Airway Management, equivalent to the AAP-AAPD Guidelines or as determined by the Board. “

Support: Burton, Whitcher, Forsythe, Afriat, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** Chan, McKenzie, Whitcher **Abstain:** 0

Motion Passed.

B. Discussion and Possible Action to Adopt the Subcommittee's Report Relating to Pediatric Anesthesia and Submit it to the Legislature

Ms. McKenzie provided an overview of the information provided.

Ms. Burton suggested that we accept the report in concept and if people who have edits forward it to staff.

Ms. McKenzie and Dr. Whitcher commented that only nonsubstantive changes can be made at this point.

Ms. McKenzie motioned to accept the report and Dr. Woo seconded it.

Ms. King asked whether there is a manner in which to track anesthesia use to determine if there is an increase in the use of anesthesia for children under the age of 7. Dr. Whitcher answered Ms. King's concern.

Ms. Fischer notified to the Board members that if substantive changes are to be made, then the Board should table the agenda item for the next day. The report, if not accepted today, will need to be discussed at a future Board meeting within the next 15 days. Ms. Fischer made a recommendation to the Board that the Board accept the Pediatric Anesthesia Report presented with the exception of removing the reference to conclusions section. The Subcommittee recommendation from 10A would be provided to Senator Jerry Hill separately in a letter.

M/S/C (McKenzie/Woo) accepted the recommendation to the motion to accept the Pediatric Anesthesia Report presented with the exception of removing the reference to conclusions section.

Ms. Burton suggested amendments to the report for clean-up as part of the motion; however those suggestions were not accepted by Ms. McKenzie.

Public Comment

Mr. Kaplan thanked the Board for the work that has been done and stressed that the work to be done relating to anesthesia has not finished. The work would continue in order to promote safety in the dental field.

Mr. Afriat thanked both Dr. Whitcher and Ms. McKenzie for the work they did in drafting the report.

Support: Burton, Whitcher, Forsythe, Afriat, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** Burton
Abstain: 0

Motion Passed.

11. **Update Regarding California Society of Periodontists Request for the Dental Board of California's Endorsement of their Efforts in the Creation of a Periodontal Disease Awareness Month**

Nicolas Caplanis requested the Board recognize March as Periodontal Disease Awareness Month. Dr. Caplanis is working with CDA to work on the organization of the awareness month. He will also submit his proposal to the governor's office. Dr. Morrow supports the initiative and effort, but the Board does not have any other power to move it forward.

M/S/C (Stewart/King) to support the initiative to create a Periodontal Disease Awareness Month.

Support: Burton, Witcher, Forsythe, Chan, Chappell-Ingram, Dawson, Lai, Le, McKenzie, Morrow, Afriat, Woo. **Oppose:** 0 **Abstain:** 0

CONVENE JOINT MEETING OF THE DENTAL BOARD AND DENTAL ASSISTING COUNCIL – SEE ATTACHED AGENDA

**The purpose of this joint meeting is to allow the Board and the Dental Assisting Council to interact with each other, ask questions and participate in discussions.*

RETURN TO FULL BOARD OPEN SESSION

COMMITTEE MEETINGS – SEE ATTACHED AGENDAS

- PRESCRIPTION DRUG ABUSE COMMITTEE
See attached Prescription Drug Abuse Committee agenda.

RETURN TO FULL BOARD OPEN SESSION

RECESS

Friday, December 2, 2016

8:00 A.M. OPEN SESSION – FULL BOARD

12. **Call to Order/Roll Call/Establishment of Quorum.**

Dr. Steven Morrow, President called the meeting to order at 8:10. Steven Afriat, Secretary, called the roll and quorum was established.

CLOSED SESSION – FULL BOARD

RETURN TO OPEN SESSION – FULL BOARD

13. **Executive Officer's Report**

Karen Fischer, Executive Officer of the Dental Board of California reported on her activities since the last Board meeting as well as the status of each of the Dental Board's units.

14. **Report of Dental Hygiene Committee of California (DHCC) Activities**

Noel Kelsch, RDHAP, Dental Hygiene Committee President, gave a report on the Committee's staffing, activities and goals. She notified the Board of Lori Hubble's, Executive Officer, retirement from the DHCC. She introduced Anthony Lum, current Assistant Executive Officer, as the Interim Executive Officer of the DHCC.

15. **Legislation:**

A. **2017 Tentative Legislative Calendar**

Lusine M. Sarkisyan, Legislative and Regulatory Analyst, notified the Board that the new tentative legislative calendar will be electronically forwarded to the Board.

B. **End of Two-Year Legislative Session Summary Report for 2015-2016**

Ms. Sarkisyan gave an overview of the information provided.

M/S/C (Chappell-Ingram/Woo) to adopt the Legislative Summary and direct staff to post the report on the Board's website.

Support: Burton, Whitcher, Forsythe, Afriat, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0
Abstain: 0

Motion passed.

C. **Update Regarding Implementation of the Following Legislative Bills**

Ms. Sarkisyan gave an overview of the information provided.

D. **Update on Pending Regulatory Packages**

Ms. Sarkisyan gave an overview of the information provided.

E. **Discussion and Possible Action Regarding Legislative Proposals for 2017**

Ms. Fischer provided information regarding the Healing Arts Omnibus Bill and notified the Board that the Department of Consumer Affairs (Department) will pursue this matter.

F. **Discussion of Prospective Legislative Proposals**

There were no legislative proposals.

16. **Discussion and Possible Action to Accept the Onsite Inspection and Evaluation Report of State University Of Medicine And Pharmacy “Nicolae Testemitanu” Of The Republic Of Moldova – Faculty of Dentistry; and to Deny or to Grant Full or Provisional Approval of the Foreign Dental School**

Dr. Morrow provided a brief overview of the onsite inspection team and process of inspecting the State University of Medicine and Pharmacy “Nicolae Testemitanu” Of The Republic Of Moldova – Faculty of Dentistry.

The Site visit team recommends granting a provisional approval to the “Nicolae Testemitanu” of The Republic of Moldova – Faculty of Dentistry. A provisional approval shall be in effect for 24 months from the date on which it was issued. Within 24 months of the provisional approval, The Faculty of Dentistry must submit documentation to support that their graduates have demonstrated competency in all types of oral healthcare given to all types of patients as identified in Institutional standard section C, subsection 6 and 8, in order to be granted a full approval.

Dr. Woo requested the definition of provisional approval. Dr. Morrow explained that the dental school must provide documentation to the Board supporting their compliance with Institutional standard section C, subsection 6 and 8, in order to be granted a full approval. If the school cannot provide the documentation of their compliance with the institutional standard, the provisional approval can be rescinded by the Board.

Mr. Spencer explained that students can apply for California licensure with the Board’s provisional approval. If the school does not fix the defects outlined in the provisional approval within a two year period, the Board can rescind its approval.

Dr. Morrow explained to Dr. Chan that the graduates of the dental school in Moldova will still need to pass national exams before receiving a California dental license.

Dr. Whitcher was concerned with Institutional Standard A. Mission Goals and Measures. Dr. Morrow explained that the team felt the school met this requirement. In addition, Dr. Whitcher expressed concern with the student’s competency and consistency with Institution Standard C., subsection 6. Dr. Morrow explained that the school needs to provide more documentation of the student’s demonstrated competency pertaining to their knowledge and skills to provide acceptable dental care upon graduation. The University is working hard to modernize their curriculum to meet the current and international standards of dental education.

Dr. Morrow explained that the majority of faculty is full time, and have earned a P.H.D. Dr. Whitcher was also concerned Institutional standard F – Patient Care Services, substandard A. comprehensive care. Dr. Morrow identified the school use of specific rubrics to identify the criteria for assessment. Students all self-assess as well. Whitcher was also concerned with the administrative organizational chart that was

provided as part of the application. Morrow stated he site team was satisfied with staff and administration organization after conducting the site inspection.

Ms. McKenzie was concerned with Standard C., subsection 6 with the student's competency skill level was not met. She was uncomfortable giving approval if the school has not proved the students have minimal competency in dentistry. Ms. Fisher explained if the students do not have minimal competency in dentistry, then they will not pass the national exams or WREB.

Any student that graduates from the Faculty of Dentistry under the provisional license, will have met the education requirement. If the school loses approval, the students who receive their licensure in California will not have it rescinded. The Board will track and monitor the students who apply for a California license from Moldova.

M/S/C (Afriat/King) to support the initiative to grant a provisional approval.

Support: Burton, Forsythe, Chan, Chappell-Ingram, Dawson, Lai, Morrow, Stewart

Oppose: McKenzie, Whitcher, Woo **Abstain:** Le

17. **Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title Section 1024.1 Relating to Institutional Educational Standards**

Ms. Sarkisyan gave an overview of the information provided and requested the Board to consider and possibly approve the proposed regulatory language relative to the institutional standards, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1024.1as noticed in the proposed text.

M/S/C (Fran/Le) to accept the proposed regulatory language relative to the institutional standards, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1024.1as noticed in the proposed text.

Support: Burton, Whitcher, Forsythe, Afriat, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose: 0 Abstain: 0**

Motion passed.

18. **Prescription Drug Abuse Committee Report**

Dr. Stewart provided a verbal report regarding the approval for a communication plan regarding Opioid Prescription Abuse and Misuse for posting on the Board's website starting January 1, 2017.

M/S/C (Afriat/Le) to accept the Subcommittee's recommendation to approve the posting of the resource links to the Board website beginning January 1, 2017.

Support: Morrow, Forsythe, Afriat, Burton, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo **Oppose: 0 Abstain: 0**

The motion passed

19. **Discussion and Possible Action Regarding an Appointment to the Dental Assisting Council**

Judith Forsythe, RDA reviewed the six applications for the RDAEF member of the Dental Assisting Council and recommends that Jennifer Rodriguez be appointed to the position.

M/S/C (Forsythe/Whitcher) to accept subcommittee's recommendation for an appointment to the Dental Assisting Council.

Support: Morrow, Forsythe, Afriat, Burton, Chan, Chappell-Ingram, Dawson, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

The motion passed.

20. **Election of 2017 Board Officers**

Dr. Stewart nominated Dr. Whitcher for President. He accepted the nomination.

Ms. Burton expressed her concern about Dr. Whitcher's nomination for President, because of his involvement in the various subcommittees, specifically the Anesthesia Subcommittee. She expressed concern that the anesthesia discussion will continue and that because of Dr. Whitcher's involvement in the Subcommittee she does not want the public or stakeholders to view the actions taken by the Board as a conflict or some form of bias.

Mr. Afriat commented that professional boards interact with conflict frequently and that Dr. Whitcher has a level of integrity that he would be confident in supporting Dr. Whitcher as a nominee for President.

Support: Morrow, Forsythe, Afriat, Chan, Chappell-Ingram, Dawson, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose:** Burton **Abstain:** 0

Dr. Whitcher nominated Dr. Stewart for Vice President. He accepted the nomination.

Support: Morrow, Forsythe, Afriat, Chan, Burton, Chappell-Ingram, Dawson, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose:** 0 **Abstain:** 0

Dr. Le nominated Dr. Woo for Secretary. She accepted the nomination.

Support: Morrow, Forsythe, Afriat, Chan, Burton, Chappell-Ingram, Dawson, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose:** 0 **Abstain:** 0

21. **Public Comment on Items Not on the Agenda**

Dr. Dale Chamberlain, President of the Board of Dentistry of the State of Montana and President-Elect of WREB, commented that it was a pleasure to be in front of the Board and that the issues the Board is currently facing, are the same issues the State of Montana is also addressing. He stated they have a Board meeting next week. He wanted to submit a report to the Board and to be on the Agenda.

Melia Brooks, President of CADAT, thanked the Board and commented that all matters relating to dental assisting can be on the same agenda item so all members of the DAC could participate.

Guy Acheson thanked the Board and CDA for their work on the pediatric anesthesia report.

22. **Board Member Comments on Items Not on the Agenda**

Ms. King thanked the Board and the officers for their time and efforts.

Mr. Afriat thanked the staff for their hard-work and efforts throughout the year.

Dr. Morrow expressed his appreciation for the Board and staff.

23. **Adjournment**

The Board adjourned at 1:23pm.



MEMORANDUM

DATE	February 9, 2017
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 4: Discussion and Possible Action to Recall the August 18-19, 2016 and October 13, 2016 Board Meeting Minutes as Requested by the American Academy of Pediatrics for the Purpose of Correcting the Title of Dr. Paula Whiteman, Governing Board of the American Academy of Pediatrics

Background:

On December 6, 2016, the Dental Board of California's (Board) Executive Officer received correspondence from Kevin Sabo, Legislative Coordinator for the American Academy of Pediatrics, California, requesting the Board amend its August and October 2016 meeting minutes to correct the title of a representative noted in the minutes.

Mr. Sabo's request pertains to the following meeting minutes:

- Page 8 of the August 18-19, 2016 meeting minutes states: "Dr. Paula Whiteman, Governing Board of the American Academy of Pediatrics (AAP), submitted a letter previously that urges all dentists in California comply with the AAP and AAPD guidelines on pediatric anesthesia in dental settings. We recommend the subcommittee integrate the recommendations of the California Society of Anesthesiologists letter that was just provided dated August 17, 2016."
- Page 3 of the October 13, 2016 meeting minutes states: "Paula Whiteman, Governing Board of the American Academy of Pediatrics of California (AAPC), thanked the Board for their work and stated the mission of the AAPC. She also stated that a letter was submitted to the Board and made a point of clarification regarding courses offered for airway training. She requested a moratorium be placed on the administration of general anesthesia and conscious sedation by the single dentist anesthesiologist model until the report is finalized."

Mr. Sabo noted that Dr. Whiteman is a representative of the American Academy of Pediatrics, California (AAPCA), not the national organization. Mr. Sabo requested this correction be made to both the August and October 2016 Board Meeting Minutes. The meeting minutes have been included in the meeting materials for reference.

Action Requested:

The Board may take action to recall the August 18-19, 2016 and October 13, 2016 Board meeting minutes and re-approve the meeting minutes with amendments on page 8 of the August 18-19, 2016 meeting and page 3 of the October 13, 2016 meeting to correctly reflect that Dr. Whiteman is a representative of the American Academy of Pediatrics, California (AAPCA).



BOARD MEETING MINUTES

August 18-19, 2016

Hilton Sacramento Arden West
2200 Harvard Street, Sacramento, CA 95815
916-604-3993 (Hotel) or 916-263-2300 (Board Office)

Members Present

Steven Morrow, DDS, MS, President
Judith Forsythe, RDA, Vice President
Fran Burton, MSW, Public Member
Yvette Chappell-Ingram, Public Member
Katie Dawson, RDH
Kathleen King, Public Member
Ross Lai, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Thomas Stewart, DDS
Bruce Whitcher, DDS
Debra Woo, DDS

Members Absent

Steven Afriat, Public Member, Secretary

Thursday, August 18, 2016

1. Call to Order/Roll Call/Establishment of Quorum.

Dr. Steven Morrow, President, called the meeting to order at 8:58am. In the absence of Mr. Steve Afriat, Secretary, Vice President Judith Forsythe called the roll and a quorum was established.

The Board immediately went into Closed Session.

CLOSED SESSION – FULL BOARD

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

RETURN TO OPEN SESSION – FULL BOARD

2. Licensing, Certification and Permits Committee Report on Closed Session.

Dr. Steve Morrow, Chair of the Licensing, Certification and Permits (LCP) Committee reported that the committee made the following recommendations:

DDS Candidate S.B. – Approve replacement upon completion of the Law and Ethics training.

Motioned/Seconded (M/S) (Burton/Whitcher) to accept the committee recommendations.

Support: Morrow, Forsythe, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

The motion passed.

DDS Candidate A.M. – Approve replacement upon completion of the Law and Ethics training.

M/S (Whitcher/Chappell-Ingram) to accept the committee recommendations.

Support: Morrow, Forsythe, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

The motion passed.

DDS Candidate F.Q. – Approve replacement upon completion of the Law and Ethics training.

M/S (Whitcher/Chappell-Ingram) to accept the committee recommendations.

Support: Morrow, Forsythe, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

The motion passed.

RDA Candidate G.O. – Approve replacement upon completion of the Law and Ethics training.

M/S (Whitcher/Woo) to accept the committee recommendations.

Support: Morrow, Forsythe, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

The motion passed.

RDA Candidate E.S. – Approve replacement upon completion of the Law and Ethics training.

M/S (Whitcher/Woo) to accept the committee recommendations.

Support: Morrow, Forsythe, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

The motion passed.

RDA Candidate M.S. – Approve replacement upon completion of the Law and Ethics training.

M/S (Whitcher/Woo) to accept the committee recommendations.

Support: Morrow, Forsythe, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

The motion passed.

3. **Approval of the May 11-12, 2016 Board Meeting Minutes.**

Meredith McKenzie commented that she was not absent from the May meeting as indicated by the minutes. She stated that she arrived at noon on Wednesday, May 11, 2016.

M/S (King/Woo) to accept the minutes as amended.

Support: Morrow, Forsythe, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

The motion passed.

4. **Welcome by Board President.**

Dr. Steven Morrow, President, introduced Dr. Jayanth Kumar the newly appointed California Dental Director.

5. **Report by Jayanth V. Kumar, DDS, MPH, California Dental Director.**

Dr. Kumar gave a presentation highlighting the Issues, Challenges, and Opportunities California's Dental Providers encounter.

6. **Budget Report.**

Sarah Wallace, Assistant Executive Officer, gave an overview of the information provided.

7. **Discussion and Possible Action Regarding 2017 Board Meeting Dates.**

Linda Byers, Executive Assistant, gave an overview of the information provided. The Board discussed the possible dates for 2017 and agreed upon:

February 23-24, 2017

May 11-12, 2017

August 10-11, 2017

November 2-3, 2017

8. **Update on the Dental Board of California's 2017-2020 Strategic Plan Development.**

Executive Officer, Karen Fischer, gave an overview of the information provided.

9. **Discussion and Possible Action Regarding Adoption of the Revisions to the Board Member Administrative Procedure Manual.**

Ms. Fischer gave an overview of the information provided. She recommended that the paragraph on page 11 regarding "grace period" be stricken.

M/S (Stewart/Forsythe) to remove the sentence on page 11 concerning "grace period".

Support: Morrow, Forsythe, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

The motion passed.

Dr. Whitcher suggested adding the word “stipulated” before the word Surrenders, in the last bullet point in the Closed Session section of page 7.

M/S (Stewart/McKenzie) to accept the manual as amended.

Support: Morrow, Forsythe, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

The motion passed.

10. **Discussion and Possible Action Regarding Withdrawal of the Appointment of Shannon Chavez, MD, to the Southern California Diversion Evaluation Committee and; Recommendations for the Appointment of a Southern California Diversion Evaluation Committee Member.**

Ms. Fischer gave an overview of the information provided.

M/S (Stewart/Burton) to withdraw the appointment of Shannon Chavez to the Diversion Evaluation Committee.

Support: Morrow, Forsythe, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

The motion passed.

Dr. Stewart gave a summary of his discussion with Diversion Committee candidate Bradford.

M/S (Woo/McKenzie) to appoint John Philip Bradford, DDS as a public member of the Southern Diversion Evaluation Committee.

Support: Morrow, Forsythe, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

The motion passed.

11. **Discussion and Possible Action Regarding the Draft Report to the Legislature Regarding the California Portfolio Pathway to Licensure Program in Accordance with Business and Professions Code Section 1632.6(a).**

Ms. Wallace gave an overview of the draft report relating to the Portfolio Examination and requested the Board review the report pursuant to Business and Professions Code (Code) Section 1632.6 to ensure compliance with the requirements of Section 139 of the Code and certify that the Portfolio Examination meets those requirements in order to submit to the Legislature and the Department of Consumer Affairs by December 1, 2016.

M/S (Burton/King) to approve the draft report to submit to the Legislature.

Support: Morrow, Forsythe, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

12. **Examinations:**

A. **Western Regional Examination Board (WREB) Update**

Dr. Huong Le provided a verbal report regarding her attendance at the Dental Examination Review Board on June 24 in Austin, Texas. She also introduced Dr. Nathaniel Tippit, Committee Chair of WREB. Dr. Tippit invited Board member questions and briefly discussed current dental strategies in Texas.

B. **Staff Update on Portfolio Pathway to Licensure**

Ms. Fischer gave an overview on the information provided. Dr. Debra Woo gave a report regarding the efforts at the Arthur A. Dugoni School of Dentistry-University of the Pacific, the acceptance of the portfolio examination in Iowa, and discussions taking place with Kentucky. Dr. Morrow gave a report on the continued success of the Portfolio Pathway to Licensure spreading nationwide and some of the challenges associated.

13. **Licensing, Certifications and Permits:**

A. **Review of Dental Licensure and Permit Statistics**

Sarah Wallace, Assistant Executive Officer, gave an overview of the information provided.

14. **Enforcement:**

A. **Enforcement – Statistics and Trends**

Carlos Alvarez, Acting Enforcement Chief, gave an overview of the information provided.

B. **Review of Third Quarter Performance Measures from the Department of Consumer Affairs**

Mr. Alvarez, Acting Enforcement Chief, gave an overview of the information provided.

C. **Diversion Program Report and Statistics**

Mr. Alvarez, Acting Enforcement Chief, gave an overview of the information.

CONVENE JOINT MEETING OF THE DENTAL BOARD AND DENTAL ASSISTING COUNCIL

RETURN TO FULL BOARD OPEN SESSION

RECESS

Friday August 19, 2016

15. **Call to Order/Roll Call/Establishment of Quorum.**

Dr. Steven Morrow, President, called the meeting to order at 9:01 a.m. Judith Forsythe, Vice President, called the roll in the absence of the Secretary and a quorum was established.

16. **Executive Officer's Report.**

Karen Fischer, Executive Officer of the Dental Board of California reported on her activities since the last Board meeting as well as the status of each of the Dental Board's units.

17. **Report of Dental Hygiene Committee of California (DHCC) Activities.**
Noel Kelsch, RDHAP, Dental Hygiene Committee President, gave a report on the Committee's staffing, activities and goals.

18. **Subcommittee Report Regarding the Progress of the Pediatric Anesthesia Study Requested by Senator Jerry Hill; Review and Discussion of "Working Document".**

Dr. Whitcher gave a presentation containing an overview of the "Working Document". Kathleen King, Board Member, asked if Amoxicillin is still part of the preoperative treatment. Dr. Whitcher answered that it can be. She also asked if the anesthesiologist for dental treatment done in a hospital setting is a Dentist Anesthesiologist or a Medical Anesthesiologist. Dr. Whitcher answered that the person administering anesthesia in a hospital setting would have to have hospital privileges and could be either. Dr. Whitcher mentioned that insurance companies mandate a surgery center setting for patients under the age of seven needing sedation for dental procedures.

Dr. Leonard Tyko, President of the Oral and Facial Surgeons of California (OFSOC), commented that OFSOC gathered data to determine the number of dental anesthesia procedures performed each year including conducting a survey of the members of OFSOC for the number of pediatric and adult anesthesia procedures performed from 2011 to 2016. From the data it is estimated that in the five years between 2011 and 2015, California Oral and Maxillofacial Surgeons did over one million pediatric deep sedations and general anesthetics. According to the Dental Board's working document there has only been a single death in an Oral and Maxillofacial Surgeons office which makes the risk less than one in a million. Dr. Tyko stated that OFSOC has an excellent safety record and there is no data to support changes to the Oral and Maxillofacial Surgeons model and is therefore unwarranted.

Dr. George Maranon, Chair of the OFSOC Anesthesia Committee, commented that in 2012 the American Association of Oral and Maxillofacial Surgeons established parameters of care for anesthesia in outpatient facilities and a periodic anesthesia evaluation program that is rigorous. He also commented that Auxiliaries are a key component of the team effort needed and to that end the OFSOC has established the Oral and Maxillofacial Surgery Assistant training program that allows auxiliaries to obtain certification to assist in outpatient oral surgery procedures performed under anesthesia. Dr. Maranon stated that OFSOC recommends three changes to the Dental Anesthesia Regulations:

1. Adoption of the American Association of Oral and Maxillofacial Surgeons (AAOMS) parameters of care to all dentists who practice sedation and oral anesthesia.
2. Require the presence of two trained and certified auxiliaries during outpatient moderate, deep, and general anesthesia.

3. Require Capnography monitoring during moderate, deep and general anesthesia sedation consistent with the American Society of Anesthesiologists (ASA) and AAOMS.

Kathleen King asked if the one million sedation cases per five years were adult and pediatric combined. Dr. Tyko answered that this number was pediatric only which is 21 years and younger. He commented that roughly 48% of the total number of cases are pediatric.

Dr. Lai asked if the training that OFSOC offers for auxiliaries is open to any auxiliary or do they have to be a member of OFSOC. Dr. Maranon stated that it is open to any auxiliary.

Dr. Whitcher asked if they had any recommendations that would help the Board address the pediatric age group. Dr. Tyko suggested that children seven and under be treated in a hospital setting, this is the standard insurance companies recognize.

Dr. Paul Reggiardo, California Society of Pediatric Dentists (CSPD) and American Society of Pediatric Dentistry (ASPD), commended the Board and the subcommittee on the depth, breadth and attention to detail contained in the Anesthesia Working Document. He brought a letter for distribution that requests a correction on page 26 regarding the process by which the joint American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD) *Guideline for Monitoring Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures* is developed and approved by the governing bodies of both organizations. He stated that the document incorrectly states that it is unclear as to where the input is obtained. Dr. Reggiardo stated that the guidelines are developed jointly by both organizations and not merely forwarded to the AAP by the AAPD for endorsement. AAPD and CSPD look forward to the completion of the comprehensive and impartial analysis by the Dental Board of Pediatric Sedation and the Laws, Regulations and Policies which govern its administration. The organizations support and applaud the open and transparent process by which the subcommittee is moving forward to identify any necessary statutory or other changes to the administration of office-based sedation which improve the margin of safety for pediatric patients; and believe this information is essential in determining the course of action necessary to ensure the highest level of care for the patients.

Brianna Pittman, California Dental Association (CDA), commented that CDA appreciates the significant amount of work that has gone into producing this report. She thanked the Dental Board for the proactive outreach to stakeholders not to just practitioners within Dentistry but to all those who are concerned with pediatric anesthesia safety. CDA looks forward to working with all interested parties to implement the Board's recommendations for improvements in pediatric anesthesia. CDA suggests that additional data and collection methods are needed. Dr. Whitcher commented that prevention is the first step to diminishing the need for pediatric anesthesia for dental work.

Dr. Larry Trapp, California Society of Dentist Anesthesiologists (CSDA), commented that the report is poorly paginated. He stated that the incident report that the Dental Board requires is inadequate. Dr. Trapp offered to partner with the Board along with the Department of Anesthesiology of Loma Linda University to create a more comprehensive document. He encouraged the Board to not expunge any data related to these cases.

Dr. Diana Belli, Dental Anesthesiologist, commented that she travels from office to office to provide general anesthesia and monitoring, leaving the dentist free to perform just the procedure. She commented that in a former career she specialized in data analytics and noticed that in the report there were only 11 attributes recorded. She feels that there are an additional 28 items that should be tracked. Without tracking all of these attributes an accurate assessment is not possible.

Kathleen King asked Dr. Belli about the additional attributes that she suggests. Dr. Belli listed some of her findings. Kathleen King asked for her recommendations in writing. Dr. Belli agreed to provide them.

Dr. Lai commented that in the case of a poor outcome, the dentist usually contacts their insurance carrier first, who directs them not to talk to anyone about the incident. This poses a dilemma for the dentist who wants to report the incident but has been instructed by the insurance carrier not to. Dr. Whitcher stated that any time an insurance company receives a report they open a claim which can ultimately be used to gather data from the closed claim report.

Jeffrey Poage, Specialist in Pediatric Anesthesiology, California Society of Anesthesiologists (CSA), commented that updated terminology is needed. In a previously submitted letter we recommend revision of the Business and Professions Code and all applicable regulations to reflect the current classification of states of sedation in anesthesia; minimum, moderate and deep sedation and general anesthesia, the distinction between oral and parenteral routes of administration should be abandoned and the definition of new permit categories to replace those currently in existence eliminating the term Conscious Sedation and to stratify permits by depth of sedation and pediatric and adult.

Dr. Mark Zakowski, President, California Society of Anesthesiologists (CSA), commented that he is in support of this project and hopes that the definitions of minimal sedation, moderate sedation, and deep sedation/general anesthesia that the ASA uses are adopted. He promotes one standard of care no matter the setting.

Dr. Anna Kaplan urges that there should be a separate anesthesia provider in the room monitoring the patient at all times.

Dr. Paula Whiteman, Governing Board of the American Academy of Pediatrics (AAP), submitted a letter previously that urges all dentists in California comply with the AAP and AAPD guidelines on pediatric anesthesia in dental settings. We recommend the subcommittee integrate the recommendations of the California Society of Anesthesiologists letter that was just provided dated August 17, 2016.

The California American Academy of Pediatrics requests an immediate and full moratorium on the single operator anesthesiologist model when a child is placed under moderate to deep sedation in a dental office.

Dr. Richard Stafford, Past President California Society of Dental Anesthesiologists, former faculty at University of Southern California (USC) and Loma Linda University, recommends that the person providing the anesthesia and the procedure for general anesthesia under the age of 7 be separated. This needs to start immediately.

There was a discussion regarding dental insurance premiums and liability when performing general anesthesia.

Dr. Jimmy Tom, President Elect of the American Society of Dentist Anesthesiologists, Associate Clinical Professor of Dentistry at USC, ADA representative for the ASA task force on moderate sedation provided by non-anesthesiologists, applauded the Board for its efforts so far in improving safety with regards to anesthesia for pediatric patients. He requested a reconsideration of the establishment to have a multi-disciplinary committee or group to analyze, update and possibly change, if necessary, the anesthesia regulations in regards to the California dental anesthesia provisions. The recommendation is for the panel to be comprised of oral surgeons, dentist anesthesiologists, pediatric dentists, periodontists and all others who are involved and have some stake in the provision of dental anesthesiology to patients in California. He commented that it would be nice if this group could look at updating anesthesia provisions continually instead of once every five years like other associations.

Dr. Morrow, President, called a short recess.

Karen Fischer, Executive Officer of the Dental Board of California commented that this is only the first of many discussions regarding this topic. The subcommittee continues to take comments from all interested parties and stakeholders and will incorporate them into the Working Document for review and comment at a future meeting.

19. **Legislation:**

A. 2016 Tentative Legislative Calendar

Ms. Sarkisyan provided an overview of the information provided.

Ms. Burton reminded the Board that the end of the 2016 Legislative session is approaching and it is past the time where Board members can request major changes in legislation.

B. Discussion and Possible Action on the Following Legislation

❖ **AB 2235 (Thurmond) Board of Dentistry: Pediatric Anesthesia: Committee**

Ms. Sarkisyan gave an overview of the proposed language of the bill and recommended that the Board maintain its support in concept position.

❖ **AB 2331 (Dababneh) Dentistry: Applicants to Practice**

Ms. Sarkisyan gave an overview of the proposed language of the bill and recommended that the Board take a support position on AB 2331.

Dr. Witcher asked whether the American Board of Dental Examiners (ADEX) decided which examination format would be included in the language of the bill.

Erin Levi, Capitol Partners, representing ADEX commented that the bill was in third reading and that ADEX left the decision relating to which examination format with the Board to decide is acceptable in the State of California.

(M/S/C) (Burton/Woo) moved for a support position on AB 2331.

Support: Burton, Witcher, Forsythe, Chappell-Ingram, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0 **Abstain:** 0

Ms. Burton directed staff to submit a letter regarding the Board's position on AB 2331 to the author's office.

❖ **AB 2485 (Santiago) Dental Corps Loan Repayment Program**

Ms. Sarkisyan gave an overview of the proposed language of the bill and recommended that the Board take a support position on AB 2485.

Brianna Pittman representing the California Dental Association (CDA) thanked the Board and staff for the work on the bill.

(M/S/C) (Burton/McKenzie) moved for a support position on AB 2485.

❖ **AB 2859 (Low) Professions and vocations: retired category: licenses**

(M/S/C) (Burton/King) moved for a support position on AB 2859.

Dr. Lai requested clarification regarding the purpose of AB 2859.

Ms. Burton directed staff to contact the author's office and thank him for taking our amendments.

Ms. Chappell-Ingram requested clarification regarding the manner in which to contact the author's office.

Dr. Morrow requested clarification regarding whether a person

selecting a retired status would be able to regain his/her licensure should the licensee choose to return to practice.

Gayle Mathe representing the CDA requested clarification between selecting inactive and returning to practice and selecting the retired status and returning to practice.

Dr. Morrow responded to CDA's comment by stating that life events occur that would prompt someone on retired status to return to practice, while inactive is for those who would like to maintain their license, but choose not to practice.

Ms. Chappell-Ingram requested clarification regarding whether the Board currently has a procedure established for those who would like to return to practice if a person selected the retired status.

Ms. McKenzie commented that the language of the bill proposes to provide those licensees who do not want to practice dentistry any longer an opportunity to apply for the retired status instead of electing to not renew their inactive or active license for five years in order for a licensee's license to be cancelled.

Support: Burton, Whitcher, Forsythe, Chappell-Ingram, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0 **Abstain:** 0

❖ **SB 482 (Lara) Controlled Substances: CURES database**

Ms. Burton commented that the Board not take a position as the bill is too far in the legislative process.

❖ **SB 1155 (Morrell) Professions and Vocations: Licenses: Military Service**

Ms. Sarkisyan gave an update on the status of the bill and advised the Board not take any action as it has been placed in suspense.

❖ **SB 1348 (Cannella) Licensure Applications: Military Experience**

Ms. Sarkisyan gave an update on the status of the bill and advised the Board not to take any action as the bill is on the Governor's desk.

❖ **SB 1444 (Hertzberg) State Government: Computerized Personal Information Security Plans**

Ms. Sarkisyan gave an update on the status of the bill and advised the Board not to take any action as the bill is on the Governor's desk.

❖ **SB 1478 (Senate Committee Business Professions and Economic Development) Healing Arts**

Ms. Sarkisyan updated the Board as to the letter submitted as a result of the May 2016 Board meeting.

C. Update on Pending Regulatory Packages

- **Abandonment of Applications (Cal. Code of Regs., Title 16, Section 1004)**
- **Dental Assisting Comprehensive Regulatory Proposal; (Cal. Code of Regs., Title 16, Division 10, Chapter 3)**
- **Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (New Regulation)**
- **Licensure By Credential Application Requirements (New Regulation)**
- **Continuing Education Requirements and Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1017)**
- **Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049)**
- **Dental and Dental Assistant Fee Increase (Cal. Code Regs., Title 16, Sections 1021 and 1022)**
- **Definitions for Filing and Discovery (New Regulation)**

Ms. Sarkisyan gave an overview of the information provided.

D. Discussion and Possible Action Regarding Fiscal Year 2016/17 Regulatory Priorities.

Ms. Sarkisyan and Ms. Wallace gave an overview of the information provided including staff's recommendation.

M/S/C (Forsythe/Chappell-Ingram) to accept staff's recommendation to maintain the same regulatory priorities it established in FY 2015-2016 and added three regulatory rulemakings for the regulatory priorities for FY 2016-2017.

E. Discussion of Prospective Legislative Proposals.

Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future meeting.

20. Fee Increase:

A. Discussion and Possible Action Regarding Comments Received During the 45-Day Public Comment Period and During the Regulatory Hearing for the Board's Proposed Rulemaking to Amend California Code of Regulations, Title 16, Sections 1021 and 1022 Relevant to a Fee Increase.

M/S/C (Stewart/Le) moved to accept staff's recommendation relating to California Code of Regulations (CCR) Section 1021(n).

M/S/C (Le/Burton) moved to accept staff's recommendation relating to CCR Section 1021.

M/S/C (King/Whitcher) to accept staff recommendation relating to CCR Section 1022.

M/S/C (Burton/Lai) moved to accept staff recommendation to modify CCR Subsection 1021(c).

M/S/C (Whitcher/Le) moved to accept staff recommendation to modify CCR Subsections 1021 (q) and (r).

B. Discussion and Possible Action Regarding Adoption of Proposed Amendments to California Code of Regulations, Title 16, Sections 1021 and 1022 Relevant to a Fee Increase.

M/S/C (Burton/Chappell-Ingram) moved to adopt the proposed amendments to CCR Sections 1021 and 1022 relevant to a Fee Increase.

21. Public Comment on Items Not on the Agenda.

Maureen Titus, California Dental Hygienist Association, provided a reminder to the Board regarding the letter submitted to the Board on April 21st regarding dental corporations specifically relating to having an agenda item to discuss dental corporations and practice of dentistry as relating to mobile dental units and the identity of the specific dentists operating such units.

Ms. Pittman, CDA, provided updates regarding upcoming CDA events: CDA Cares event on October 15th and 16th; and CDA Presents on September 8th through the 10th. Ms. Pittman also gave an overview of AB 2207 (Wood) regarding Denti-Cal and AB 2744 (Gordon) regarding groupons.

22. Board Member Comments on Items Not on the Agenda.

Dr. Lai asked whether Board staff would be able to provide an update on the registered dental assistant (RDA) practical examination manual. Dr. Morrow recalled the Executive Officer's report, and Ms. Fischer discussed that based on the recommendations from the May 2016 Board meeting the RDA practical examination study guide was provided to the RDA candidates and programs.

23. Adjournment.

Adjourned 12:30pm.



BOARD MEETING MINUTES

October 13, 2016

HQ2 – HEARING ROOM

1747 North Market Blvd.
Sacramento, CA 95834

Members Present

Steven Morrow, DDS, MS, President
Judith Forsythe, RDA, Vice President
Fran Burton, MSW, Public Member
Katie Dawson, RDH
Ross Lai, DDS
Huong Le, DDS, MA
Thomas Stewart, DDS
Bruce Whitcher, DDS
Debra Woo, DDS

Members Absent

Steven Afriat, Public Member, Secretary
Yvette Chappell-Ingram, Public Member
Kathleen King, Public Member
Meredith McKenzie, Public Member

Thursday, October 13, 2016

1. Call to Order/Roll Call/Establishment of Quorum.

Dr. Steven Morrow, President, called the meeting to order at 8:10am. In the absence of Mr. Steve Afriat, Secretary, Vice President Judith Forsythe called the roll and a quorum was established.

The Board immediately went into Closed Session.

CLOSED SESSION – FULL BOARD

9:00 A.M. - RETURN TO OPEN SESSION – FULL BOARD

2. Discussion Regarding the Subcommittee's Proposed Pediatric Anesthesia Study Recommendations.

Dr. Whitcher continued the discussion regarding the Pediatric Anesthesia Study. His presentation provided an overview of the comments received from various professional organizations and stakeholders, subcommittee findings, and preliminary recommendations.

Dr. Thomas Stewart inquired about office inspections and the challenges involved for general anesthesia and conscious sedation evaluations. It was mentioned that recruitment for inspectors was an issue relating to scheduling conflicts and cancellations, as well as qualification of requirements for evaluators.

Dr. Huong Le inquired about how the proposed permit system change may affect patients between the age groups that are unaccounted for in regards to minimal sedation.

Fran Burton asked how the elderly will fit in with the levels of sedation and permitting.

Dr. Debra Woo inquired whether other states require a separate anesthesia provider to be present, which was stated that no other state requires a separate anesthesia provider.

Dr. Morrow discussed the viability of the one year residency program.

Alan Felsenfeld, representing the California Dental Association (CDA), stated that CDA will submit official comments to the Board regarding their suggestions and recommendations. Felsenfeld stated that CDA held its own sessions to discuss general anesthesia issues in order to obtain data from licensees.

Leonard Tyco, representing the California Oral Maxillofacial Surgery Association (COMSA), thanked the Board for their work and stated their commitment to patient safety and embraced portions of the preliminary recommendations made by the subcommittee.

Alan Kaye, incoming President of the COMSA, read statement of American Association of Oral Surgeons and provided written testimony supporting the recommendations.

Paul Reggiardo, representing the California Society of Pediatric Dentistry, commended the Board on quality of research and work on the documents and the transparency process. He will provide written comments after the Board meeting and is in general agreement with the October 3rd draft recommendations for restructuring the practice model and updating definitions and supports codification of support

Dr. Michael Mashni, representing the California Society of Dentist Anesthesiologists commented that there should be a separate anesthesia provider requirement and supports the finding of the Blue Ribbon Committee recommendation from 2006.

Dr. Guy Acheson discussed the need for periodic completion of advanced airway management course and discussed the differences between capnography and pericardial stethoscope.

Dr. Larry Trapp stated that the Board should stop providing permits to dentists who will perform both the dental procedure and administration of general anesthesia or conscious sedation to a patient.

Dr. Diana Belli, Dental Anesthesiologist, suggested that the Commission on Dental Accreditation should take on the educational issues relating to general anesthesia and conscious sedation training. She stated that training is an issue because of the time frame of training received and the type of training received.

Dr. Jeff Poage, representing the California Society of Anesthesiologists, stated he submitted a letter on August 17, 2016 and he still stands with the letter submitted there should be the continuous presence of a second provider in addition to the operating

dentist or oral surgeon for moderate sedation, deep sedation, general anesthesia for children.

Paula Whiteman, Governing Board of the American Academy of Pediatrics of California (AAPC), thanked the Board for their work and stated the mission of the AAPC. She also stated that a letter was submitted to the Board and made a point of clarification regarding courses offered for airway training. She requested a moratorium be placed on the administration of general anesthesia and conscious sedation by the single dentist anesthesiologist model until the report is finalized.

3. **Public Comment on Items Not on the Agenda.**

None.

4. **Board Member Comments on Items Not on the Agenda.**

None.

5. **Adjournment.**

Adjourned at 11:52 a.m.



MEMORANDUM

DATE	February 10, 2017
TO	Members of the Dental Board of California
FROM	Zachary Raske, Budget Analyst Dental Board of California
SUBJECT	Agenda Item 5: Budget Report

Background:

The Board manages two separate funds: 1) Dentistry Fund, and 2) Dental Assisting Fund. The funds are not comingled. The following is intended to provide a summary of expenses for the second quarter of fiscal year (FY) 2016-17 for the Dentistry and Dental Assisting funds.

A. Dentistry Fund Overview

Second Quarter Expenditure Summary for Fiscal Year 2016-17

The second quarter expenditures are based upon the budget report released by the Department of Consumer Affairs (DCA) in January 2017. This report reflects actual expenditures through December 31, 2016. The Board spent roughly \$5.7 million or 45% of its total Dentistry Fund appropriation for FY 2016-17. Of that amount, approximately \$2.8 million of the expenditures were for Personnel Services and \$3.1 million were for Operating Expense & Equipment (OE&E) for this fiscal year.

For comparison purposes, last year at this time the Board spent roughly \$5.9 million or 49% of its FY 2015-16 Dentistry Fund appropriation. Approximately 47% of the expenditures were Personnel Services and approximately 53% of the expenditures were OE&E.

Fund Title	Appropriation	Total Expenditures Through 12-31-2016
Dentistry Fund	\$12,619,000	\$5,654,303

Attachment 1 displays year-to-date expenditures for the Dentistry Fund.

Analysis of Fund Condition

Attachment 1a displays an analysis of the State Dentistry Fund's condition including expenditures for the BreEze system. Without fee increases, the State Dentistry Fund is heading towards insolvency for FY 2018-19. Months in reserve are decreasing and will go negative in FY 2018-19.

B. Dental Assisting Fund Overview

Second Quarter Expenditure Summary for Fiscal Year 2016-17

The second quarter expenditures are based upon the budget report released by the Department of Consumer Affairs (DCA) in January 2017. This report reflects actual expenditures through December 31, 2016. The Board spent roughly \$1.0 million or 40% of its total Dental Assisting Fund appropriation for FY 2016-17. Of that amount, approximately \$297,000 of the expenditures was for Personnel Services and \$746,000 were for OE&E for this fiscal year.

For comparison purposes, last year at this time the Board spent roughly \$1.0 million or 41% of its FY 2015-16 Dental Assisting Fund appropriation. Approximately 29% of the expenditures were Personnel Services and approximately 71% of the expenditures were OE&E.

Fund Title	Appropriation	Total Expenditures Through 12-30-16
Dental Assisting Fund	\$2,577,000	\$1,043,383

Attachment 2 displays year-to-date expenditures for the Dental Assisting Fund.

Analysis of Fund Condition

Attachment 2a displays the Dental Assisting Fund's condition including expenditures for the BreEze system. Without fee increases, the State Dental Assisting Fund is heading towards insolvency for FY 2018-19. Months in reserve are decreasing and will go negative in FY 2018-19.

C. Breeze Expenses

Attachment 3 displays the Dentistry Fund Analysis illustrating the impact of BreEze Release 2.

Attachment 4 displays the Dental Assisting Program Fund Analysis illustrating the impact of BreEze Release 2.

D. Department of Consumer Affairs Distributed Costs

The Department of Consumer Affairs (DCA) consists of 40 licensing boards, bureaus, committees, and commission (boards). These boards issue approximately 3.5 million licenses, certificates, registrations and permits in over 250 business and professional categories, from accountants and architects to veterinarians and vocational nurses. DCA's boards affect Californians throughout this state on a daily basis.

Through its two primary divisions, the Consumer and Client Services Division and the Division of Investigation, DCA provides a wide range of programmatic and administrative services to all boards. The distribution of costs (or "pro rata") for these divisions is budgeted to all boards utilizing various distribution methodologies, including record counts; volume of calls, complaints and correspondence; inter-agency agreements; authorized position counts; cost center specific distributions; and two-year roll-forward. The Department of Finance sets forth all statewide fiscal and accounting policies and procedures that must be followed. Under these policies and procedures, departments are required to recover full costs whenever goods or services are provided.

Each fall during the development of the Governor's budget, the most recent prior year workload data is gathered. All costs directly attributable to these functions are reallocated and each board's share is adjusted for the next budget year. For services where board-specific data does not exist to determine usage, such as many administrative services, authorized position counts (simply put, how many employees a board may have) are used to allocate a fair share of those DCA costs.

The following specifies the distributed cost methodology for upcoming FY 2017-8 for the DCA programmatic and administrative services provided to the boards:

Consumer and Client Services Division (CCSD)

1. Allocation by Position Count:

- Executive Office
- Equal Employment Opportunity Office
- Internal Audits Office
- Legal Affairs Division
- Legislative & Regulatory Review Division
- SOLID Training Services
- Information Security
- Office of Administrative Services (Fiscal Operations, Business Services Office, Office of Human Resources)
- Office of Professional Exam Services – B&P 139 reporting unit only
- Office of Public Affairs
- Office of Publications, Design & Editing and Digital Print Services
- Policy Review Unit
- Consumer Information Center (CIC) – Non-jurisdictional calls only
- Correspondence Unit – Non-jurisdictional correspondence only

2. Allocation by Service Center Usage:

- Office of Information Services

3. Allocation Based on Past Year Workload:

- Consumer Information Center (CIC) – Jurisdictional calls only
- Correspondence Unit – Jurisdictional correspondence only

4. Direct Charge:

- Office of Professional Examination Services – Inter-agency Agreements

Division Of Investigation (DOI)

1. Allocation Based on Two Year Roll Forward:

- Investigation and Enforcement Unit

2. Allocation by Position Count:

- Special Operations Unit (SOU)

3. Direct Charge:

- Health Quality Investigation Unit – reimbursement to MBC from Allied Health Boards

The Dental Board's portions of these distributed costs are specified in the Dental Board and Dental Assisting Program Expenditure Reports under "Departmental Services".

Action Requested:

No Action Requested

ATTACHMENT 1

**DENTAL BOARD - FUND 0741
BUDGET REPORT
FY 2016-17 EXPENDITURE PROJECTION**

FM 6

OBJECT DESCRIPTION	FY 2015-16		FY 2016-17				
	ACTUAL	PRIOR YEAR	BUDGET	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES (MONTH 13)	EXPENDITURES 12/31/2015	STONE 2016-17	EXPENDITURES 12/31/2016	SPENT	TO YEAR END	BALANCE
PERSONNEL SERVICES							
Salary & Wages (Staff)	3,281,479	1,680,578	4,264,000	1,653,436	39%	3,903,951	360,049
Statutory Exempt (EO)	108,581	54,168	96,000	56,625	59%	111,576	(15,576)
Temp Help (Expert Examiners)	0	0	40,000	0	0%	0	40,000
Physical Fitness Incentive	0	0	0	0	0%	0	0
Temp Help Reg (907)	142,959	62,800	199,000	23,065	12%	123,000	76,000
Temp Help (Exam Proctors)	0	0	45,000	0	0%	0	45,000
BL 12-03 Blanket	64,215	32,164	0	31,126		71,000	(71,000)
Board Member Per Diem (901, 920)	16,100	4,500	46,314	6,000	13%	17,000	29,314
Committee Members (911)	4,200	2,200	58,686	1,300	2%	4,200	54,486
Overtime	37,330	6,565	25,000	12,466	50%	38,500	(13,500)
Staff Benefits	1,804,708	903,280	2,357,000	980,779	42%	2,315,731	41,269
TOTALS, PERSONNEL SVC	5,459,572	2,746,255	7,131,000	2,764,797	39%	6,584,958	546,042
OPERATING EXPENSE AND EQUIPMENT							
General Expense	90,116	53,759	58,000	212,931	367%	325,000	(267,000)
Fingerprint Reports	15,894	5,669	26,000	6,163	24%	18,500	7,500
Minor Equipment	3,699	1,412	6,000	6,277	105%	6,277	(277)
Printing	80,185	29,764	42,000	48,771	116%	90,000	(48,000)
Communication	29,473	9,819	33,000	13,489	41%	33,000	0
Postage	62,527	34,198	59,000	17,338	29%	50,000	9,000
Insurance	8,056	8,056	2,000	0	0%	8,100	(6,100)
Travel In State	153,609	52,657	109,000	49,806	46%	153,000	(44,000)
Travel, Out-of-State	263		0	1,922		1,922	(1,922)
Training	6,594	2,907	7,000	3,910	56%	7,000	0
Facilities Operations	413,542	442,400	361,000	410,178	114%	410,178	(49,178)
C & P Services - Interdept.	7,886	7,478	47,000	12,250	26%	12,250	34,750
C & P Services - External	275,983	376,523	193,000	485,770	252%	485,770	(292,770)
DEPARTMENTAL SERVICES:							
OIS Pro Rata	1,081,773	539,000	1,195,000	595,002	50%	1,195,000	0
Admin/Exec	795,161	387,500	822,000	397,998	48%	822,000	0
Interagency Services	0	0	1,000	0	0%	1,000	0
IA w/ OPES	61,551	61,030	0	0	0%	0	0
DOI-ProRata Internal	21,629	11,000	23,000	10,998	48%	23,000	0
Public Affairs Office	51,000	11,500	144,000	71,502	50%	144,000	0
PPRD	0	13,500	7,000	3,498	50%	7,000	0
INTERAGENCY SERVICES:							
Consolidated Data Center	32,856	18,420	18,000	8,531	47%	23,000	(5,000)
DP Maintenance & Supply	21,802	4,898	11,000	3,808	35%	22,000	(11,000)
Central Admin Svc-ProRata	607,194	303,597	0	0		0	0
EXAMS EXPENSES:							
Exam Supplies	0	0	43,291	0	0%	0	43,291
Exam Freight	0	0	166	0	0%	0	166
Exam Site Rental	0	0	68,586	0	0%	0	68,586
C/P Svcs-External Expert Administration	77,774	41,201	6,709	0	0%	78,000	(71,291)
C/P Svcs-External Expert Examiners	0	0	238,248	0	0%	0	238,248
C/P Svcs-External Subject Matter	46,171	11,277	0	44,330		46,000	(46,000)
Other Items of Expense	7,707	7,273	0	1,920		8,000	(8,000)
Tort Pymts-Punitive	56,427		0			0	0
ENFORCEMENT:							
Attorney General	1,056,537	553,235	1,578,000	423,666	27%	1,094,000	484,000
Office Admin. Hearings	227,114	123,303	407,000	190,750	47%	352,000	55,000
Court Reporters	11,215	2,504	0	5,054		13,000	(13,000)
Evidence/Witness Fees	371,666	128,110	244,000	101,520	42%	328,000	(84,000)
DOI - Investigative	0	0	0		0%	0	0
Vehicle Operations	51,529	14,561	5,000	16,291	326%	62,000	(57,000)
Major Equipment	0	0	0		0%	0	0
TOTALS, OE&E	5,726,933	3,256,550	5,755,000	3,143,673	55%	5,818,997	(63,997)
TOTAL EXPENSE	11,186,505	6,002,805	12,886,000	5,908,470	93%	12,403,955	482,045
Sched. Interdepartmental							0
Sched. Reimb. - Fingerprints	(15,365)	(5,541)	(53,000)	(6,174)	12%	(53,000)	0
Sched. Reimb. - Other	(8,000)	(3,760)	(214,000)	(3,760)	2%	(214,000)	0
Unsched. Reimb. - External/Private	(25,313)	(24,309)					0
Unsch Reimb - Finger Print Fees							0
Probation Monitoring Fee - Variable	(115,886)	(49,886)		(46,989)			0
Invest Cost Recover FTB Collection							0
Unsched. - DOI ICR Civil Case Only							0
Unsched. - Investigative Cost Recovery	(362,177)	(150,641)		(197,244)			0
NET APPROPRIATION	10,659,764	5,768,668	12,619,000	5,654,303	45%	12,136,955	482,045
SURPLUS/(DEFICIT):							3.8%

1/27/2016

0741 - Dental Board of California

Analysis of Fund Condition

(Dollars in Thousands)

2017-18 Governor's Budget

	ACTUAL 2015-16	CY 2016-17	BY 2017-18	BY + 1 2018-19
BEGINNING BALANCE	\$ 5,635	\$ 6,327	\$ 3,743	\$ 765
Prior Year Adjustment	\$ -69	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 5,566	\$ 6,327	\$ 3,743	\$ 765
REVENUES AND TRANSFERS				
Revenues:				
125600 Other regulatory fees	\$ 62	\$ 69	\$ 71	\$ 71
125700 Other regulatory licenses and permits	\$ 997	\$ 966	\$ 964	\$ 964
125800 Renewal fees	\$ 10,247	\$ 9,583	\$ 9,854	\$ 9,854
125900 Delinquent fees	\$ 71	\$ 70	\$ 69	\$ 69
131700 Misc. Revenue from Local Agencies	\$ -	\$ -	\$ -	\$ -
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ 34	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 27	\$ 11	\$ 3	\$ -
150500 Interest Income From Interfund Loans	\$ -	\$ -	\$ -	\$ -
160100 Settlements and Judgements	\$ -	\$ -	\$ -	\$ -
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 4	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ 2	\$ -	\$ -	\$ -
164300 Penalty Assessments	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 11,444	\$ 10,699	\$ 10,961	\$ 10,958
Totals, Revenues and Transfers	\$ 11,444	\$ 10,699	\$ 10,961	\$ 10,958
Totals, Resources	\$ 17,010	\$ 17,026	\$ 14,704	\$ 11,723
EXPENDITURES				
Disbursements:				
8860 FSCU (State Operations)	\$ -	\$ -	\$ -	\$ -
0840 State Controller (State Operations)	\$ -	\$ -	\$ -	\$ -
8880 Financial Information System of California (State Operations)	\$ 23	\$ 17	\$ 17	\$ 17
1110 Program Expenditures (State Operations)	\$ 10,660	\$ -	\$ -	\$ -
1111 Program Expenditures (State Operations)	\$ -	\$ 12,619	\$ 13,135	\$ 13,398
9900 Statewide General Administrative Expenditures (Pro Rata) (State Ope	\$ -	\$ 647	\$ 787	\$ 803
Total Disbursements	\$ 10,683	\$ 13,283	\$ 13,939	\$ 14,218
FUND BALANCE				
Reserve for economic uncertainties	\$ 6,327	\$ 3,743	\$ 765	\$ -2,495
Months in Reserve	5.7	3.2	0.6	-2.1

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ON-GOING.
- B. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR BEGINNING IN BY+1
- C. ASSUMES INTEREST RATE AT 0.3%.

ATTACHMENT 2

**DENTAL ASSISTING PROGRAM - FUND 3142
BUDGET REPORT
FY 2016-17 EXPENDITURE PROJECTION**

FM 6

OBJECT DESCRIPTION	FY 2015-16		FY 2016-17				
	ACTUAL	PRIOR YEAR	BUDGET	CURRENT YEAR	PERCENT	ACTUALS	UNENCUMBERED
	EXPENDITURES	EXPENDITURES	STONE	EXPENDITURES			
	(MONTH 13)	12/31/2015	2017-18	12/31/2016	SPENT	YEAR END	BALANCE
PERSONNEL SERVICES							
Salary & Wages (Staff)	390,798	186,311	497,000	159,038	32%	487,596	9,404
Statutory Exempt (EO)	0		0		0%	0	0
Temp Help (Expert Examiners)	0		0		0%	0	0
Temp Help (Consultants)	0		0		0%	0	0
Temp Help Reg (907)	0		0	13,045		20,000	(20,000)
Temp Help (Exam Proctors)	0		0		0%	0	0
Board Member Per Diem (901, 920)	4,200	800	0	1,100		4,200	(4,200)
Overtime	3,466	856	0	647		3,800	(3,800)
Staff Benefits	257,393	123,964	313,000	123,627	39%	379,029	(66,029)
TOTALS, PERSONNEL SVC	655,857	311,931	810,000	297,457	37%	894,625	(84,625)
OPERATING EXPENSE AND EQUIPMENT							
General Expense	8,400	4,189	36,000	9,161	25%	18,000	18,000
Fingerprint Reports	54	0	8,000	0	0%	0	8,000
Minor Equipment	6,369	6,369	0	0		0	0
Printing	5,573	1,384	20,000	565	3%	4,700	15,300
Communication	30	19	13,000	0	0%	30	12,970
Postage	14,689	14,372	37,000	0	0%	14,000	23,000
Insurance	0		0		0%	0	0
Travel In State	43,566	13,454	49,000	15,489	32%	50,000	(1,000)
Training	0	0	4,000	0	0%	0	4,000
Facilities Operations	82,391	71,107	64,000	44,923	70%	80,000	(16,000)
Utilities	0		1,000	0	0%	0	1,000
C & P Services - Interdept.	0	0	288,000	0	0%	0	288,000
C & P Services - External	0	14,000	27,000	27,000	100%	27,000	0
DEPARTMENTAL SERVICES:							
OIS ProRata	579,091	289,500	674,000	335,502	50%	674,000	0
Admin/Exec	134,858	65,500	135,000	65,502	49%	135,000	0
Interagency Services	0	0	73,000	0	0%	0	73,000
IA w/ OPES	0		0	31,620		40,908	(40,908)
DOI-ProRata Internal	3,933	2,000	4,000	1,998	50%	4,000	0
Communications ProRata	9,000	2,000	17,000	8,502	50%	17,000	0
PPRD ProRata	0	2,500	1,000	498	50%	1,000	0
INTERAGENCY SERVICES:							
Consolidated Data Center	0	0	3,000	0	0%	0	3,000
DP Maintenance & Supply	909	0	1,000	0	0%	1,000	0
Statewide ProRata	91,663	45,832	0	0		0	0
EXAMS EXPENSES:							
Exam Supplies	15,232	7,938	3,708	8,372	226%	16,000	(12,292)
Exam Site Rental - State Owned	37,685	37,685	0	26,076		38,000	(38,000)
Exam Site Rental - Non State Owned	37,550	20,010	69,939	15,000	21%	38,000	31,939
C/P Svcs-External Expert Administration	2,983	2,159	30,877	41	0%	3,000	27,877
C/P Svcs-External Expert Examiners	0	0	47,476	0	0%	0	47,476
C/P Svcs-External Expert Examiners	0		0	0	0%	0	0
C/P Svcs-External Subject Matter	209,934	92,085	0	90,362		206,000	(206,000)
Other Items of Expense		0	0		0%	0	0
ENFORCEMENT:							
Attorney General	120,885	53,440	173,000	65,778	38%	149,000	24,000
Office Admin. Hearings	0	0	3,000	0	0%	0	3,000
Court Reporters	0		0	83		83	(83)
Evidence/Witness Fees	5,019	707	0			5,000	(5,000)
Vehicle Operations	0		0		0%	0	0
Major Equipment	568	568	0		0%	0	0
Special Items of Expense	0		0		0%	0	0
TOTALS, OE&E	1,410,382	746,818	1,783,000	746,472	42%	1,521,721	261,279
TOTAL EXPENSE	2,066,239	1,058,749	2,593,000	1,043,929	79%	2,416,346	176,654
Sched. Reimb. - Fingerprints	(948)	(441)	(13,000)	(311)	2%	(1,000)	(12,000)
Sched. Reimb. - Other	(705)	(235)	(3,000)	(235)	8%	(700)	(2,300)
NET APPROPRIATION	2,064,586	1,058,073	2,577,000	1,043,383	40%	2,414,646	162,354
SURPLUS/(DEFICIT):							6.3%

3142 - Dental Assisting Program Analysis of Fund Condition

1/25/2017

(Dollars in Thousands)

2017-18 Governor's Budget

	Actual 2015-16	CY 2016-17	BY 2017-18	BY + 1 2018-19
BEGINNING BALANCE	\$ 2,840	\$ 2,634	\$ 1,595	\$ 639
Prior Year Adjustment	\$ -9	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,831	\$ 2,634	\$ 1,595	\$ 639
REVENUES AND TRANSFERS				
Revenues:				
125600 Other regulatory fees	\$ 13	\$ 18	\$ 16	\$ 16
125700 Other regulatory licenses and permits	\$ 456	\$ 278	\$ 368	\$ 368
125800 Renewal fees	\$ 1,297	\$ 1,270	\$ 1,268	\$ 1,268
125900 Delinquent fees	\$ 76	\$ 69	\$ 65	\$ 65
141200 Sales of documents	\$ 1	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ 3	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 12	\$ 3	\$ 2	\$ -
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 1	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ 12	\$ -	\$ -	\$ -
164300 Penalty Assessments	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 1,871	\$ 1,638	\$ 1,719	\$ 1,717
 Totals, Revenues and Transfers	 \$ 1,871	 \$ 1,638	 \$ 1,719	 \$ 1,717
 Totals, Resources	 \$ 4,702	 \$ 4,272	 \$ 3,314	 \$ 2,356
EXPENDITURES				
Disbursements:				
0840 State Controller (State Operations)	\$ -	\$ -	\$ -	\$ -
8880 Financial Information System for CA (State Operations)	\$ 3	\$ 3	\$ 4	\$ 3
1110 Program Expenditures (State Operations)	\$ 2,065	\$ -	\$ -	\$ -
1111 Program Expenditures (State Operations)	\$ -	\$ 2,577	\$ 2,487	\$ 2,537
9900 Statewide General Administrative Expenditures (Pro Rata) (State	\$ -	\$ 97	\$ 184	\$ -
Total Disbursements	\$ 2,068	\$ 2,677	\$ 2,675	\$ 2,540
FUND BALANCE				
Reserve for economic uncertainties	\$ 2,634	\$ 1,595	\$ 639	\$ -184
Months in Reserve	11.8	7.2	3.0	-0.9

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ONGOING.
- B. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR BEGINNING IN BY+1.
- C. ASSUMES INTEREST RATE AT 0.3%.

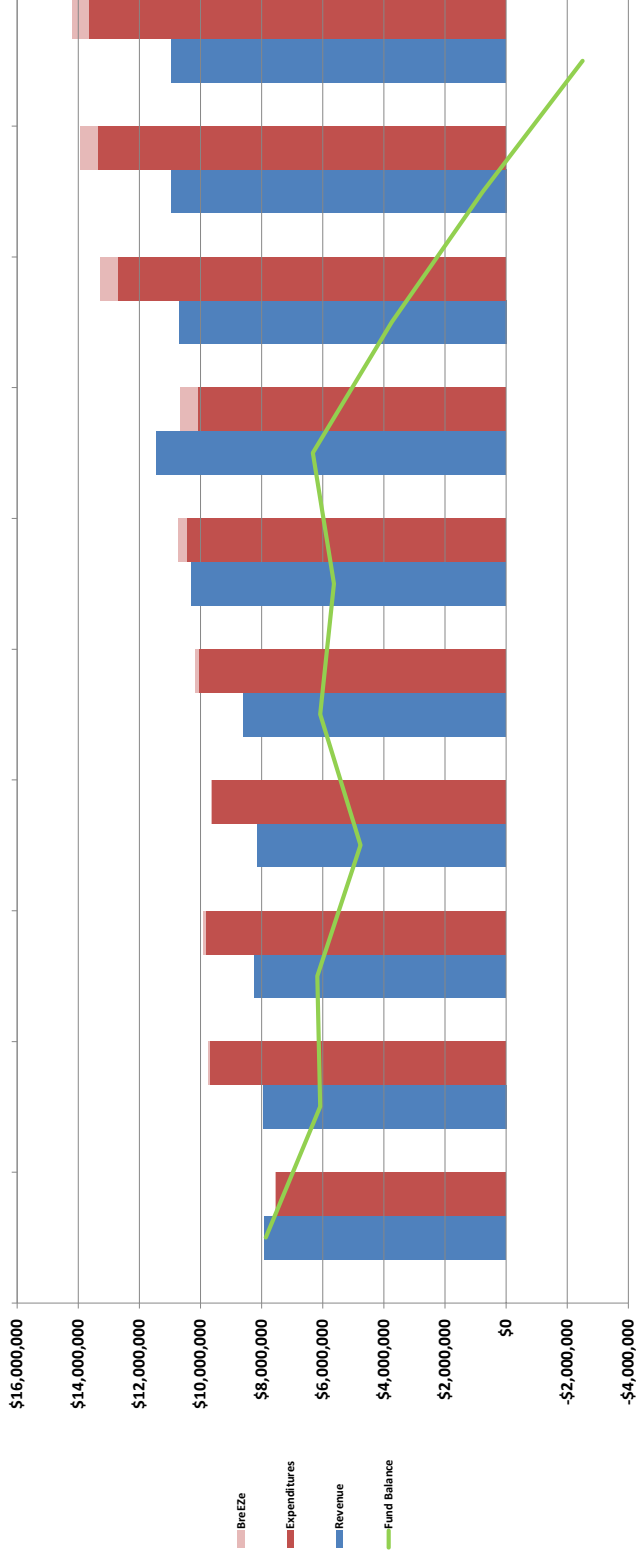
ATTACHMENT 3

Dental Board of California (Fund 0741)

Fund Analysis: 2017-18 Governor's Budget w/BreEze

Release 2

	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
				Actuals					Projected*	
ce (Incl. Prior Year Adj.)	\$ 7,498,000	\$ 7,885,000	\$ 6,160,000	\$ 6,313,000	\$ 4,963,000	\$ 6,058,000	\$ 5,566,000	\$ 6,327,000	\$ 3,743,000	\$ 765,000
rs/General Fund Loans	\$ 7,920,000	\$ 7,955,000	\$ 8,226,000	\$ 8,121,000	\$ 8,597,000	\$ 10,303,000	\$ 11,444,000	\$ 10,699,000	\$ 10,961,000	\$ 10,958,000
ures	\$ -	\$ -	\$ 1,700,000	\$ -	\$ 2,700,000	\$ -	\$ -	\$ -	\$ -	\$ -
Cost	\$ 7,553,000	\$ 9,753,000	\$ 9,906,000	\$ 9,662,000	\$ 10,175,000	\$ 10,726,000	\$ 10,683,000	\$ 13,283,000	\$ 13,939,000	\$ 14,218,000
itures (less BreEze)	\$ 9,412	\$ 47,782	\$ 77,332	\$ 56,614	\$ 144,378	\$ 277,414	\$ 592,338	\$ 573,378	\$ 568,000	\$ 548,000
	\$ 7,543,588	\$ 9,705,218	\$ 9,828,668	\$ 9,605,386	\$ 10,030,622	\$ 10,448,586	\$ 10,090,662	\$ 12,709,622	\$ 13,371,000	\$ 13,670,000
	\$ 7,865,000	\$ 6,087,000	\$ 6,180,000	\$ 4,772,000	\$ 6,085,000	\$ 5,635,000	\$ 6,327,000	\$ 3,743,000	\$ 765,000	\$ -2,495,000
	9.7	7.4	7.7	5.6	6.8	5.2	5.7	3.2	0.6	-2.1



* Projected years assume full budget appropriation is expended

Highlights

Renewal Fee increase via statute effective January 1, 2015.

Proposed Fee increase via regulations effective July 1, 2017 projected at \$4.3 million annually (not included)

FY 2016-17 - Estimated Savings: \$400,000

o Budget Augmentations:

o FY 2016-17 BCP - Enforcement Support Staff: 2.0 positions

o FY 2017-18 BCPs - AB 2235 (Chapter 519, Thurmond): 1.0 position, \$105,000; AB 2331 (Chapter 572, Dababneh): \$112,000

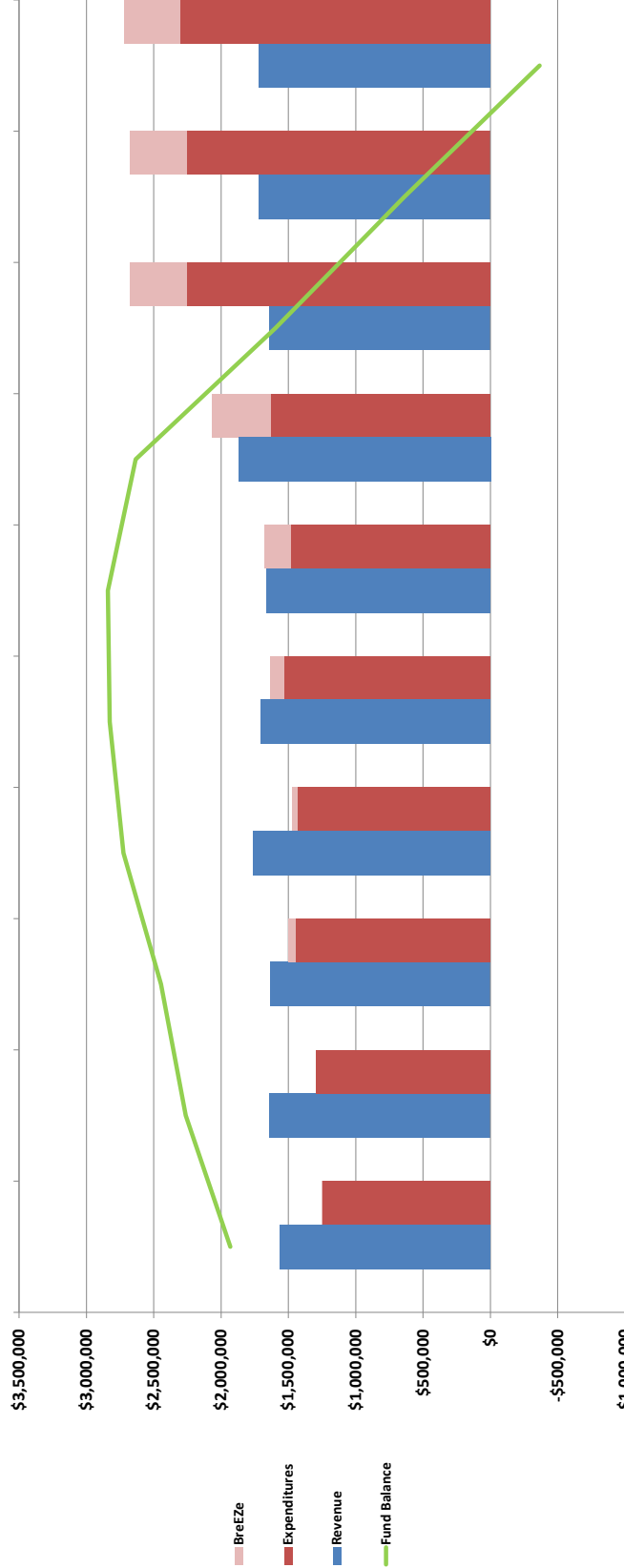
ATTACHMENT 4

Dental Assisting Program (Fund 3142)

Fund Analysis: 2017-18 Governor's Budget w/BreEze

Release 2

	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
				Actual					Projected*	
ing Fund Balance (Ind. Prior Year Adj.)	\$ 1,619,000	\$ 1,913,000	\$ 2,312,000	\$ 2,434,000	\$ 2,759,000	\$ 2,859,000	\$ 2,831,000	\$ 2,634,000	\$ 1,595,000	\$ 639,000
otal Revenue	\$ 1,564,000	\$ 1,641,000	\$ 1,634,000	\$ 1,758,000	\$ 1,703,000	\$ 1,662,000	\$ 1,871,000	\$ 1,638,000	\$ 1,719,000	\$ 1,717,000
Transfers/General Fund Loans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
otal Expenditures	\$ 1,252,000	\$ 1,291,000	\$ 1,501,000	\$ 1,468,000	\$ 1,636,000	\$ 1,681,000	\$ 2,068,000	\$ 2,677,000	\$ 2,675,000	\$ 2,721,000
BreEze Cost	3,334	-	57,386	37,568	101,409	201,974	439,348	425,409	429,000	415,000
Expenditures (less BreEze)	\$ 1,248,666	\$ 1,291,000	\$ 1,443,614	\$ 1,430,432	\$ 1,534,591	\$ 1,479,026	\$ 1,628,652	\$ 2,251,591	\$ 2,246,000	\$ 2,306,000
und Balance	\$ 1,931,000	\$ 2,263,000	\$ 2,445,000	\$ 2,724,000	\$ 2,826,000	\$ 2,840,000	\$ 2,634,000	\$ 1,595,000	\$ 639,000	\$ -365,000
In Reserve	17.9	18.1	20.0	20.0	20.2	13.3	11.8	7.2	2.8	-1.6



* Projected years assume full budget appropriation is expended

Highlights

Proposed regulatory fee increase effective July 1, 2017 projected at \$1.0 million annually (not included)



MEMORANDUM

DATE	February 13, 2017
TO	Members, Dental Board of California and the Dental Assisting Council
FROM	Karen Fischer, Executive Officer
SUBJECT	Agenda Item 6: Review of Dental Board of California Sunset Review Issues Identified During 2015 Legislative Oversight Hearings

The Executive Officer will provide a verbal update on which issues have been addressed and which issues should be assigned for Committee work. Board and Council members are encouraged to review the “Administrative Issues” identified by the Legislative Oversight Committee prior to the board meeting.

**RESPONSE TO THE LEGISLATIVE
OVERSIGHT COMMITTEES' BACKGROUND
PAPER AND CURRENT SUNSET REVIEW
ISSUES FOR THE DENTAL BOARD OF
CALIFORNIA**

Submitted Electronically April 27, 2015

The Dental Board of California is submitting its response to issues identified in the Legislative Oversight Committees' Background Paper; as well as issues that were identified during the oversight hearing that took place on March 23, 2015.

ADMINISTRATIVE ISSUES

ISSUE #1: AUTHORITY TO COLLECT EMAIL ADDRESSES. *Should the Board be authorized to collect and disseminate information through email addresses?*

Background: In order to improve the Board's ability to communicate with licensees, the Board will be pursuing statutory authority to allow it to require email addresses on its applications and renewal forms. Web-based communications will also reduce postage costs and provide a cost savings to the Board.

Staff Recommendation: *The Board should advise the Committees of any statutory changes necessary to enable the Board to collect email addresses and to use email as a way to communicate with licensees and applicants.*

DBC Response: The Board will submit suggested statutory language to the Committees to enable the Board to collect email addresses.

ISSUE #2: DENTAL ASSISTING COUNCIL (COUNCIL). *Should the Board examine ways to increase the availability of examinations? What is the Board's relationship with the Council, and how can the Council become more effective?*

Background: SB 540 (Chapter 385, Statutes of 2011) created the Council to consider all matters relating to dental assistants. The Council is composed of seven members, including the RDA member of the Board, another member of the Board, and five RDAs who represent a broad range of dental assisting experience and education. Two of the five RDA members are required to be employed as faculty members of a registered Board-approved dental assisting educational program, one must be licensed as an RDAEF, and one must be employed clinically in private dental practice or public safety net or dental health care clinics, and must be actively licensed. The Board makes all council appointments. No council appointee shall have served previously on the dental assisting forum or have any financial interest in any registered dental assistant school. Council members serve for a term of four years, and there are no term limits. Any resulting recommendations regarding scope of practice, settings, and supervision levels are made to the Board for consideration and possible further action.

The California Association of Dental Assisting Teachers, the California Dental Assistants Association, and the Foundation for Allied Dental Education, CADAT's foundation, have raised issues relating to

dental assistants, the Council, and the Board, and believe that the Council is not effectively representing the interests of the dental assisting community. Among other things, the associations assert there are not enough RDA examinations or examination sites available. According to the 2015 examination schedule, the practical examination will be offered nine times this year, with 18 possible testing dates, primarily alternating between testing sites in San Francisco and Pomona, and one scheduled test in Santa Maria. The associations also believe that the Board acted without sufficient public discussion when it recalibrated the practical examination and instituted changes relating to application processing criteria. While the Board has not changed examination criteria or any grading criteria, the Board recently instituted a new calibration process, and pass rates declined following the

change. The associations also believe the Board should exercise more regulatory oversight and prevent delays associated with program approvals and regulation development, and that the Board should rely more heavily on national dental assisting standards. Lastly, the associations assert that the Board does not adequately respond to stakeholder concerns, and that Council appointees do not accurately reflect or represent the dental assistants.

Staff Recommendation: *The Board should explain to the Committees why it recalibrated the RDA examination, and the decline in pass rates after the practical examination was recalibrated. The Board should inform the Committees about whether it has addressed, or is in the process of addressing, any of these concerns or requests, and explain any delays relating to program approvals and regulation development. The Board should explore ways to improve its relationships with stakeholders, and to empower the Council to better serve its role in vetting and making recommendations on dental assisting issues. The Committees should consider whether it would be appropriate to transfer council appointment authority from the Board to the DCA or to the Governor's Office and the Legislature, and whether term limits should be instituted.*

DBC Response: The Board is responsible for administration of the registered dental assistant (RDA) written and practical examinations. While the written examination is computer based and offered throughout the state in multiple testing facilities through an outside vendor, board staff continues to administer the practical examination. Examiners are calibrated before each examination. When the practical examination was administered by COMDA, examiners were calibrated by a dentist. However, when the program came under the Dental Board in July, 2009 the procedure changed and examiners, who themselves are RDAs, were calibrating themselves. There is no documentation as to why this procedure was changed. Within the last year, Board staff observed anomalies within the grading procedure and asked that a dentist come in to calibrate the examiners. Neither the examination nor the grading criteria has changed. However since the calibration has been conducted by a dentist rather than the RDAs, the candidate pass rate has declined.

In response to the fluctuating pass rates, the Board and Dental Assisting Council (DAC) have determined that an occupational analysis (OA) of the RDA profession must be conducted to determine how minimum competence may best be evaluated, to address concerns regarding the pass/fail rates of the currently administered RDA practical examination, and to determine whether or not the practical examination should be eliminated or changed. The results of the OA would establish the foundation of an examination program that protects the health, safety, and welfare of the public. Board staff has initiated the interagency agreement process with the Office of Professional Examination Services (OPES) to conduct the OA and estimates it will begin within the next month and may take up to a year to complete.

The Board and DAC are in the process of addressing all concerns raised regarding the current RDA practical examination. Over the last couple of years, the Board has faced challenges in securing suitable examination facilities. Such facilities are typically found at a dental school or dental assisting program and are not always readily available. In spite of this challenge, the Board has been successful in offering eighteen RDA practical examination days at three locations throughout California in 2012, 2013, and

2014. Sixteen practical examination days are planned for 2015, with additional dates to be added if necessary. In addition, Board staff has been able to identify a new examination location in Southern California, and continues to seek additional available sites for testing. While the associations believe there are a number of facilities willing to work with the Board to provide testing facilities, to date the Board has received notice from only one school which is willing to host an exam.

In addition to examinations, the Board is responsible for the review and approval of dental assisting educational programs and course applications. The Board receives approximately forty applications for approval from dental assisting programs and courses per year. With the transfer of responsibility for dental assisting in 2009, the board inherited a backlog of unprocessed applications for programs and courses, making it necessary for staff to direct its efforts at bringing approvals up to date. This was accomplished, and educational program and course approvals are now processed within 90 days provided there are no application deficiencies. At the October 2013 DAC meeting, staff provided a detailed report on the re-evaluation process with a tentative timeline for re-evaluation of RDA programs and educational courses as is required every seven years.

The Board continues to work closely with the DAC and stakeholders on the development of dental assisting educational regulations. Staff developed a working draft of proposed dental assisting educational program and course requirements and presented it to the DAC in November 2013. Subsequently, the DAC held a regulatory workshop in December 2013 to allow stakeholders the opportunity to participate in the development of the proposal. The process was temporarily put on hold during 2014 when legislation was introduced and subsequently signed into law that would require the development of additional educational regulations for RDAEFs. The Board anticipates that the development of dental assisting educational regulations will continue in 2015.

The Board remains committed to working with the DAC and stakeholders in a supportive and collaborative manner to explore ways to improve its relationships with these groups. To this end, Board staff conducted a Town Hall meeting in Sacramento with RDA program directors in April to discuss concerns surrounding the RDA practical examination. A similar meeting will be held at the end of May in Southern California. Board staff is also developing a newsletter to better communicate with RDA program directors and course providers.

ISSUE 3: DELAYED IMPLEMENTATION OF THE BREEZE CONTRACT. *How does this impact the Board?*

Background: The "BreEZe Project" was designed to provide the DCA boards, bureaus, and committees with a new enterprise-wide enforcement and licensing system. The updated BreEZe system was engineered to replace the existing outdated legacy systems and multiple "work around" systems with an integrated solution based on updated technology. According to the DCA, BreEZe is intended to provide applicant tracking, licensing, renewals, enforcement, monitoring, cashiering, and data management capabilities. In addition, BreEZe is web-enabled and designed to allow licensees to complete and submit applications, renewals, and the necessary fees through the internet when fully

operational. The public also will be able to file complaints, access complaint status, and check licensee information, when the program is fully operational.

According to the original project plan, BreEZe was to be implemented in three releases. The budget change proposal that initially funded BreEZe indicated the first release was scheduled for FY 2012–13, and the final release was projected to be complete in FY 2013–14. In October 2013, after a one-year implementation delay, the first ten regulatory entities were transitioned to the BreEZe system. The Board is part of Release Two, which is scheduled to go live in March 2016, three years past the initial planned release date.

The total costs of the BreEZe project are funded by regulatory entities' special funds, and the amount each regulatory entity pays is based on the total number of licenses it processes in proportion to the total number of licenses that all regulatory entities process. To date, the Board has spent approximately \$265,918 between FY 09/10 and 13/14 on pro rata and other costs to prepare for the BreEZe system transition, and is expected to spend \$285,183 for FY 14/15, \$541,457 for FY 15/16, and \$573,193 for FY 16/17. The Dental Assisting Fund, which is also part of Release 2, has spent \$199,697 on pro rata and other costs to prepare for BreEZe between FY 09/10 and FY 13/14, and is expected to spend \$207,860 in FY 15/16, \$401,161 in FY 215/16, and \$425,365 in FY 16/17.

Some of these costs include staff costs. For example, the Board has assigned one staff services manager full time as the single point of contact for the Board's BreEZe business integration. In addition, staff has been designated as subject matter leads in different program areas, and several retired annuitants have been maintained in anticipation of the forthcoming resource demands while the system is tested, data migration is validated, and training of full time staff is conducted.

According to the Board, there are several challenges it is anticipating before successful implementation. One challenge includes the ability to schedule practical examinations for RDAs at various times and locations, because the existing off-the-shelf product that BreEZe was developed from did not contain this functionality. Another challenge is the inspection module functionality, which will be used to track the Board's inspection cases separate from its enforcement cases. Release 1 Boards chose not to use this feature, so the Board will be one of the first boards to use this module. Lastly, the Board notes that Release 2 will have an activity tracking component to track investigator time (and costs) as originally intended. In addition to these BreEZe-specific concerns, the Board noted in its report that it had existing issues with its legacy system that BreEZe was intended to solve, such as the ability to generate reports and the ability for multiple staff to have access to enforcement screens. The Board also notes that while it is in compliance with BPC § 114.5, which requires Boards to track and identify veterans, it is currently tracking this data internally while the BreEZe computer system is being developed.

Another issue of concern based on BreEZe's delayed implementation is the Board's absence of an investigative activity reporting (IAR) system. After the Board's last sunset review, it utilized the IAR, which was owned and supported by the Medical Board of California (MBC), to track the Board's cases. However, the MBC has been integrated into BreEZe and they are no longer using the IAR. In addition, the Board notes that the IAR was discontinued last spring when the Board upgraded its computers because the new operating system would not support the IAR format. As a result, investigators at the Board are manually tracking casework and supervisors are conducting regular desk audits to ensure the timeliness of casework.

Staff Recommendation: *The Board should update the Committees on whether any of the above-*

mentioned concerns have been or will be addressed in Release 2. The Board should inform the Committees of any difficulties in remaining on its legacy systems, and whether any additional stop-gap technological measures are needed until BreEZe is implemented, especially in light of the loss of the IAR system and its current practice of manually tracking casework. The Board should inform the Committees of how BreEZe expenditures have affected its funds, and whether the Board will need to generate additional revenue to support BreEZe expenditures going forward.

DBC Response: It is the Board's belief that the challenges identified in the background report relating to BreEZe will be addressed prior to implementation. Board staff has been working closely with the vendor to design a module that will give the Board the ability to schedule RDA practical examinations at various times and locations, as well as issue the results of the examination. Currently, the vendor is still in the process of configuring the module. In addition, staff has been working with the vendor to ensure that the inspection module has been updated to include the Board's requirements. The Board believes this functionality will enable accurate reporting of inspections completed by the Board.

Finally, the Breeze system has a built in activity tracking component so that time spent on investigations and costs associated with the case can be captured. The Department and Board staff are working with the vendor on the ability to generate reports specific to the Board's needs; and to ensure multiple staff access to enforcement screens in Breeze.

To date, the Board has spent approximately \$265,918 between FY 09/10 and 13/14 on pro rata and other costs to prepare for the BreEZe system transition, and is expected to spend \$285,183 for FY 14/15, \$541,457 for FY 15/16, and \$573,193 for FY 16/17. The Dental Assisting Fund, which is also part of Release 2, has spent \$199,697 on pro rata and other costs to prepare for BreEZe between FY 09/10 and FY 13/14, and is expected to spend \$207,860 in FY 15/16, \$401,161 in FY 215/16, and \$425,365 in FY 16/17. Both funds are challenged by this added expense and the Board will be looking at ways to generate additional revenue to support BreEZe expenditures going forward.

ISSUE #4: PRO RATA. *What is the impact of pro rata on the Board's functioning?*

Background: Through its various divisions, DCA provides centralized administrative services to all boards and bureaus. Most of these services are funded through a pro rata calculation that is based on "position counts" and charged to each board or bureau for services provided by personnel, including budget, contract, legislative analysis, cashiering, training, legal, information technology, and complaint mediation. DCA reports that it calculates the pro rata share based on position allocation, licensing and enforcement record counts, call center volume, complaints and correspondence, interagency agreement, and other distributions. In 2014, DCA provided information to the Assembly Business, Professions and Consumer Protection Committee, in which the Director of DCA reported that "the majority of [DCA's] costs are paid for by the programs based upon their specific usage of these services." DCA does not break out the cost of their individual services (cashiering, facility management, call center volume, etc.).

Over the past four years, the Dental Fund has spent roughly an average of 11% of its expenditures on DCA pro rata, while the Dental Assisting Fund has spent roughly 18%. The Board receives the following services from DCA for its pro rata: accounting, budget, contracts, executive assistance, information technology, investigation, legal affairs, legislative and regulatory review, personnel, and public affairs. While it appears DCA provides assistance to the Board, it is unclear how the rates are charged and if any of those services could be handled by the Board instead of DCA for a cost savings.

Staff Recommendation: *The Board should advise the Committees about the basis upon which pro rata is calculated, and the methodology for determining what services to utilize from DCA. In addition, the Board should discuss whether it could achieve cost savings by providing some of these services in-house. The Board should inform the Committees of why the Dental Assisting Fund's pro rata costs are higher than the Dentistry Fund's pro rata costs.*

DBC Response: The Department's pro rata costs are allocated to each board and bureau based on authorized position counts, licensing and enforcement transactions, various IT related cost centers, and prior year workload volumes; there are no pro rata costs that are allocated based on a board or bureau's budget. As such, the percentages derived above (11% for the Dental Board and 18% for the RDA Program), unfortunately have no relationship to how pro rata is actually allocated. The differences in these percentages can be attributed, in some part, to the services used by each entity. For example, the RDA has an interagency agreement with the Office of Professional Examination Services, which is included in its pro rata budget, but the Dental Board does not.

In terms of achieving savings by providing services in house, the DCA has contracted with CPS Consulting to perform a study of their pro rata calculation, as required by Section 201(b) of the Business and Professions Code. The study will not only determine if the current allocation methodologies are the most productive, efficient, and cost-effective, but will also address whether some of the administrative services offered by the department should be outsourced to the Board or to another entity of the Board's choice. Currently the board may choose whether or not to use the services of OPES, the Call Center, Complaint Intake, Correspondence, Outreach and the Division of Investigations. If those services are not used, its pro rata share will subsequently be adjusted in the next budget cycle to reflect the change.

BUDGET AND STAFFING ISSUES

ISSUE #5: DENTAL FUND CONDITION. *Is the Board adequately funded to cover its administrative, licensing, and enforcement costs; to continue to improve its enforcement program; and to ensure it is fully staffed?*

Background: The Dentistry Fund is maintained by the Board and includes the revenues and expenditures related to licensing for dentists. For sixteen years, the license fee for dentists was set at \$365. In 2013, for the first time in 16 years, the Board increased its license fee for dentists from \$365 to its statutory cap at the time of \$450. These regulations went into effect on July 1, 2014. During that time, the Board also pursued an increase in statute from \$450 to \$525. SB 1416 (Block, Chapter 73, Statutes of 2014) raised the Board's fee for initial and renewal licenses for dentists from \$450 to \$525, and set fees at that level. During that time, an analysis conducted by the DCA's Budget Office determined that the license fees should be raised to \$525 to ensure solvency into the foreseeable future. While fees increased have generated additional revenue, the Board expenditures, projected to be over \$12M per year, continue to outpace its revenue, projected to be less than \$11M per year, thus perpetuating a structural imbalance.

Part of the reason for the increase in projected and actual expenditures in recent years has been due to funding 12.5 CPEI positions; funding the diversion program; increased expenses associated with BreZe; unexpected litigation expenses; and the general increase in the cost of doing business over the past 16 years. While the Board has expended less than what it has been authorized by the budget due to some cost savings and reimbursements, the Board emphasizes that its fund should be able to sustain expenditures without relying on estimated savings or reimbursements.

Based on data from the past five fiscal years, the Board calculated that the Dentistry Fund will be able to sustain expenditures into FY 2017/18 before facing a deficit. According to budget information presented at its February 2015, Board meeting, the Board projects it will only have 0.5 months in reserve in FY 2016/17. The Board is currently undergoing a fee rate audit to determine the appropriate fee amounts to assess and to project fee levels into the future. The fee audit will also take into account the funds necessary to establish a reserve of four to six months for economic uncertainties and unanticipated expenses, such as legislative mandates and the DCA costs. In addition, while the Dental Assisting Program has its own staff for Licensing and Examination, paid for by its fund, the rest of the functions relating to dental assisting, such as administration and enforcement, are performed by Board staff and paid for by the Dentistry Fund. As a result, the fee audit will examine the appropriate fees and costs for the Dental Assisting Fund, which currently does not pay the Dentistry Fund for any costs associated with administration or enforcement and has a very large reserve. After the results of the fee audit come out, the Board anticipates requesting an increase in the statutory fee caps, so that going forward, the Board may raise fees incrementally and within the cap, as necessary, to ensure a healthy budget. The fee audit will be available shortly.

Staff Recommendation: *The Board should share the fee audit with the Committees as soon as that information is available to determine the appropriate fee caps for licensees. The Board should consider whether it is feasible or preferable to merge the Dentistry and Dental Assisting, and to share all staff and costs. If the Board determines that funds should remain separate, the Board should ensure that the Dental Assisting Fund reimburses the Dentistry Fund for any costs incurred.*

DBC Response: The final report on the Board's fee audit is available on the Board's website at <http://www.dbc.ca.gov/formspubs/fear2015.pdf>. The audit made several recommendations which the Board will consider at future meetings, including creating a structural budget, setting a reserve target and policies on its use, developing value-based cost-recovery policies, updating fees regularly and incrementally, and conducting a fee analysis every four to five years. This fee audit will assist staff in determining the appropriate maximum fee ceilings that will need to be raised in statute. Since the Board raises fees through the regulatory process, raising the fee ceilings in statute will give the Board authority to move forward with promulgating regulations for appropriate fee increases when necessary in the future.

The Board will re-consider whether it is feasible or preferable to merge the Dentistry and Dental Assisting funds, and to share all staff and costs. The auditor has commented that merging the funds is not necessary or recommended at this time. However, the Board should ensure that the dental assisting fund reimburses the dentistry fund for any costs incurred.

LICENSING ISSUES

ISSUE #6: FOREIGN DENTAL SCHOOL APPROVAL. *Is the process for approving foreign dental school sufficient? Should the Board consider heavier reliance on accrediting organizations for foreign school approvals if those options become available?*

Background: Since 1998, the Board has authority, under BPC § 1636.4, to conduct evaluations of foreign dental schools and to approve those who provide an education equivalent to that of accredited institutions in the United States and adequately prepare their students for the practice of dentistry. At present, the Dental Board has approved only one international dental school, De La Salle School of

Dentistry, located in Leon, Guanajuato, Mexico.

In developing standards and procedures to be utilized in the evaluation and approval process of foreign dental schools, the Board has relied significantly on CODA standards. However, the Board has not updated its regulations to reflect changes that have been made to CODA standards over the years since the inception of this legislation. As a result, the Board may be assessing new programs using old standards. It is important to note the language under BPC § 1636.4 appears broad enough to reflect

any updates, for example, by stating that foreign schools should be "equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry." To date, CODA has not approved any international dental schools, although it does recognize dental schools approved by the Commission on Dental Accreditation of Canada. However, CODA offers fee-based consultation and accreditation services to established international dental education programs. International programs seeking accreditation undergo a preliminary review and consultation process, after which they may be recommended to pursue accreditation through CODA. CODA has adopted the policy that international programs must be evaluated by, and comply with, the same standard as all US programs.

The Board is authorized to contract with outside consultants or a national professional organization to survey and evaluate foreign schools. The Board is required to establish a technical advisory group (TAG) to review and comment upon the survey and evaluation of the foreign dental school. The TAG is selected by the Board and consists of four dentists, two of whom shall be selected from a list of five recognized United States dental educators recommended by the foreign school seeking approval. None of the members of the TAG may be affiliated with the school seeking certification. After a complete application is sent, the Board has 60 days to approve or disapprove the application, and grants provisional approval if the school is substantially in compliance with dental school regulations. Unless otherwise agreed to, the Board appoints a site team to make a comprehensive, qualitative onsite review of the institution within six months receipt of a complete application. The school is required to pay all reasonable costs incurred by the Board staff and the site team relating to site inspection. The site team prepares and submits a report to the TAG, which will review the report and make a recommendation to the Board.

In October of 2014, the *Public Institution State University of Medicine and Pharmacy, "Nicolae Testemitanu," of the Republic of Moldova*, represented by Senator (ret.) Richard Polanco, submitted an application and the required fee for approval. This school's dental program would only serve students from the United States. This school is not CODA-approved, and has not applied for accreditation from any other state. At its November Board meeting, the Board appointed a subcommittee to review the application, and has since determined the application was not complete and provided guidance on how to improve the application. At the Board's February Board meeting, it appointed two of the school's candidates and two of its Board Members to the TAG. The Board is continuing to follow the process outlined in the statute and regulations relating to this approval.

Staff Recommendation: *The Board should keep the Committees informed of any concerns relating to foreign school approvals. The Board should update its school approval standards, which were based on CODA standards in effect at the time, to reflect current CODA standards. The Board should inform the Committees of any advancements made by CODA with regards to foreign school approvals. If CODA, which is the national and soon-to-be international accrediting body for dental schools, is stepping into the realm of foreign dental school approvals, the Board may consider whether it should be involved in approving foreign dental schools, or whether it could rely on*

accrediting bodies like CODA to approve such schools.

DBC Response: The Board is responsible for the approval of international dental schools based upon standards established pursuant to BPC Section 1636.4(d). The process for application, evaluations, and approval of international dental schools is outlined in BPC 1636.4 and Title 16, CCR 1024.3-1024.12. As mentioned in the background report, the institutional standards upon which the Board evaluates foreign dental schools were initially established based upon the Commission on Dental Accreditation (CODA) standards, used for dental schools located within the United States. At that time CODA did not have a program to evaluate international dental schools. While throughout the years CODA has continued to review and revise its standards, the Board has not kept pace with these changes by updating its regulations to reflect current CODA standards in order to evaluate foreign dental schools. Board staff will recommend that updating these regulations be considered at the August meeting when the Board establishes its regulatory priorities for the coming year.

Advancements have been made at CODA with regard to international dental school accreditation. Since 2007, CODA has had a rigorous and comprehensive international accreditation program for predoctoral dental education. Prior to applying for accreditation by the Commission, the international predoctoral dental education program must undergo consultative review by the Joint Advisory Committee on International Accreditation (JACIA). The JACIA is a joint advisory committee made up of CODA Commissioners and ADA members; its activities are separate from the Commission but supported by CODA staff and volunteers. Information about the JACIA process can be found at: <http://www.ada.org/en/coda/accreditation/international-accreditation/>

In essence, the JACIA process requires the following steps (details of each activity are outlined in the PDF Guidelines on the website):

1. International predoctoral dental education program submits a Preliminary Accreditation Consultation Visit Survey (PACV-Survey). The PACV-Survey is reviewed by JACIA and if a consultative visit is warranted, the program is allowed to move to step 2.
2. Observation of a CODA predoctoral site visit and individual consultation with CODA staff and site visitor. Costs incurred are at the international program's expense.
3. International dental education program completes the Preliminary Accreditation Consultation Visit Self-Study (PACV-Self-Study) and consultation visit. This is a comprehensive, fee-based site visit (PACV-Site Visit) with programmatic consultation by CODA site visitors.
4. Application for CODA accreditation. The JACIA reviews the findings and recommendations of the PACV-Site Visit and determines whether the program has potential to be successful in the Commission's accreditation process. If the preliminary determinations are favorable, the program may seek CODA accreditation.

Currently there are a number of international dental schools utilizing the CODA consultative services. However to date, no international dental school has achieved accreditation from CODA.

Upon the recommendation of legislative staff, the Board may consider at a future meeting, whether it should be involved in approving foreign dental schools, or whether it could rely on accrediting bodies like CODA to approve such schools.

EXAMINATION ISSUES

ISSUE #7: OCCUPATIONAL ANALYSIS (OA) FOR RDAs AND RDAEFs. *Should the Board conduct an OA for RDAs and RDAEFs?*

Background: At the time of the Board's last sunset review, pass rates for the RDA written examination were 53%. Since then, the Board reports that it implemented a new RDA written examination, which resulted in a pass rate that fluctuates between 62-70% depending on the candidate pool. The average pass rate for all RDA written examinees was 66% in 2012, 62.7% in 2013, and 64% in 2014. The pass rates for the RDA Practical Exam averaged roughly 83% over the past four fiscal years. However, in 2014, pass rates dropped dramatically. In August of 2014, only 47% of 498 examinees in Northern California passed, while only 24% of 486 examinees in Southern California passed. In addition, the pass rate for the RDAEF Practical Exam has shown a major decrease from 83% in FY 10/11 to just over 56% in FY 13/14. The sharp declines in pass rates occurred after the practical examinations were recalibrated, as discussed in Issue #2 above.

In FY 10/11, there was only one approved program that administered the RDAEF Practical Exam. Since that time, three additional schools have been added. Historically, retake pass rates (0% - 52%) are lower than for first time candidates. All the RDA and RDAEF schools are required to maintain the same curriculum as provided in 16 CCR Sections 1070 to 1071. The Board is authorized to determine if and when a re-evaluation is needed. Currently, the Board is looking at the need for an occupational analysis (OA) of RDA and RDAEF programs in order to validate both practical exams. The last OA for both examinations was conducted in 2009.

BPC § 139 specifies that the Legislature finds and declares that OA and examination validation studies are fundamental components of licensure programs and the DCA is responsible for the development of a policy regarding examination development and validation, and occupational analysis. Licensure examinations with substantial validity evidence are essential in preventing unqualified individuals from obtaining a professional license. To that end, licensure examinations must be developed following an examination outline that is based on a current occupational analysis; regularly evaluated; updated when tasks performed or prerequisite knowledge in a profession or on a job change, or to prevent overexposure of test questions; and reported annually to the Legislature. According to the Department's policy, an occupational analysis and examination outline should be updated at least every five years to be considered current.

At the November 2014 Board meeting, staff reported during a joint meeting of the Council and the Board's Examination Committee (Committee) that an occupational analysis may be necessary in the near future. The Council and the Committee discussed concerns relating to the RDA practical examination and the fact that the pass rate has decreased over the last year, and staff recommended that an OA of the RDA and RDAEF professions may be appropriate, especially since the Board has not had an opportunity to conduct a complete OA for the RDA and RDAEF since their licensing programs were brought under the umbrella of the Board in 2009. Such an OA is projected to be \$60,000 and could take up to a year to complete. Board staff notes that the cost would be absorbable by the Dental Assisting budget.

Staff Recommendation: *The Board should undertake the OA for the RDA and RDAEF examinations, and consider whether a practical examination is the most effective way to demonstrate minimal competency for those licensees. The Board should continue to monitor*

examination passage rates, and pursue any legislative changes necessary to reflect current practices as determined by the OA.

DBC Response: The Board and the Dental Assisting Council (DAC) have discussed the RDA practical examination pass/fail rates over the course of several meetings. Since neither the grading criteria, nor the examination itself has changed, the reasons for the decline in pass rates are currently under investigation. The Board has determined that an occupational analysis (OA) of the RDA profession, including Registered Dental Assistants in Extended Functions (RDAEFs) must be conducted to determine how minimum competence may be best evaluated and to address concerns regarding the pass/fail rates of the currently administered RDA practical examination. Board staff has initiated the interagency agreement process with the Department of Consumer Affairs' Office of Professional Examination Services (OPES) to conduct the OA and estimates it will take up to a year to complete. In addition, the Board will continue to monitor examination pass rates and will pursue any legislative changes necessary to reflect current practices as determined by the OA.

ISSUE #8: ACCEPTANCE OF ADDITIONAL REGIONAL EXAMINATIONS. *Should the Board consider accepting the results of the American Board of Dental Examiners, Inc. (ADEX) examination?*

Background: In August of 2014, the Senate Business, Professions and Economic Development Committee (Committee) was contacted by Mercury, a company representing the North East Regional Board of Examiners (NERB), now known as the Commission on Dental Competency Assessments (CDCA). The CDCA inquired if the Committee would consider legislation to accept the ADEX results as a pathway to licensure in California, similar to WREB, the regional examination the Board currently accepts. On August 22, 2014, AB 2750 was amended to allow applicants to satisfy examination requirements by taking an examination administered by the former-NERB or an examination developed by the American Board of Dental Examiners, Inc. (ADEX). The Committee recommended Mercury contact the Board to discuss the request for future consideration. Additionally, the Committee suggested that the Board review the issue of accepting the NERB examination results and other regional board examinations as a pathway to licensure in California during the upcoming Sunset Review process. AB 2750 was held in the Senate Rules Committee.

ADEX is a non-profit corporation comprised of state boards of dentistry focused on the development of uniform national dental and dental hygiene clinical licensure examination for sole use by state boards to assess competency. ADEX does not administer any examinations. ADEX is administered by the regional testing agencies, including CDCA (formerly NERB), the Southern Regional Testing Agency, and the Coalition of Independent Testing Agency. The content validity of the ADEX examination is based on a national independent occupational analysis (OA) completed in 2011. Currently the ADEX examination is accepted in 43 US states, 3 US territories, and Jamaica.

In accordance with BPC § 139, the Board would need to conduct examination validation studies and an occupational analysis to assess the feasibility of accepting the additional examination pathway. Any decision to accept an additional pathway will require legislative changes to the Dental Practice Act. At its November 2014 Board meeting, the Examination Committee discussed this issue, and the Board appointed a subcommittee of two Board Members, to work with staff in researching the feasibility of accepting other regional examinations.

Staff Recommendation: *The Board should keep the Legislature informed about the feasibility of accepting this examination, and the extent to which accepting the ADEX examination might affect licensure in the state. The Board should consult with other stakeholders, including professional associations and California-approved dental schools to understand and prepare for any consequences relating to a new examination. The Board should inform the Legislature of the cost to validate this examination, and whether accepting another examination as a path to licensure will incur any additional costs, for example, for requiring additional staff or modifying BreEZe to accommodate a new examination for licensure.*

DBC Response: The Board will be working with ADEX representatives, stakeholders, and California dental schools, to determine the feasibility of accepting this examination as a pathway to licensure in California. The costs for implementation of this new pathway are anticipated to be substantial due to the examination requirements specified within BPC § 139, additional staff that may be required to process the additional workload, and modifications that would need to be made to BreEZe to accommodate a new examination for licensure.

Any decision to accept an additional pathway will require legislative changes to the Dental Practice Act. The Board has been notified that ADEX anticipates carrying this legislation.

PRACTICE ISSUES

ISSUE #9: PATIENT NOTIFICATION AND RECORD KEEPING. *Should dentists be required to notify patients upon a change in ownership of a dental practice or upon retirement?*

Background: Consumer investigator Kurtis Ming, from "Call Kurtis," a consumer advocacy segment on Sacramento's local CBS news affiliate, reached out to the Senate Business, Professions and Economic Development Committee and the Board to determine if there were any complaints from patients about dentists selling their practice without notifying their patients, who subsequently end up harmed by the new dentists.

According to the Board, it was not aware of a trend in these cases. Although the Board noted there are no laws that require specific actions when someone is selling their dental practice, it is considered proper standard of care for dentists to notify patients when business practices change, such as bringing on an additional associate, retirement, or selling the practice. In addition, BPC § 1680(u) defines unprofessional conduct to include, "The abandonment of the patient by the licensee, without written notice to the patient that treatment is to be discontinued and before the patient has ample opportunity to secure the services of another dentist, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions and provided the health of the patient is not jeopardized."

The Board reported that it has seen a rise in the number of cases when a licensee is no longer in possession of a patient's records. This may be related to the sale of a practice, or instances when the licensee has abandoned a practice. When a licensee fails to produce patient records within 15 days, he or she may be subject to an administrative citation. In addition, if the licensee has walked away from the practice without notifying the patients, he or she may be subject to discipline for patient abandonment. There is no general law requiring dentists to maintain records for a specific period of time. However, there may be situations when providers are required to maintain records for a certain

time period, for example, for reimbursement purposes. The MBC also does not have any requirements relating to patient notification when a licensee retires or sells his or her practice, or relating to retention of patient records.

Staff Recommendation: *The Committees should determine whether it should require dentists to notify patients upon a change in ownership or when a licensee retires. The Board should explore exactly what type of notification should be required, when that notice should be given, and whether a licensee should be required to keep or transfer patient records under those circumstances. The Committees may also consider whether patient notification requirements should be required not only for dental professionals, but also for other healing arts professionals.*

DBC Response: As was mentioned in the background, the Board has not received a significant number of complaints from patients about dentists selling their practice without notifying their patients, and who subsequently end up harmed by the new dentists. Board staff will research the issue and bring the information before the Board for discussion at a future meeting.

ISSUE #10: BPC § 726: UNPROFESSIONAL CONDUCT. *Should dental professionals be authorized to provide treatment to his or her spouse or person with whom he or she is in a domestic relationship?*

Background: BPC § 726 prohibits, "The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action" for any healing arts professional. BPC § 726 exempts sexual contact between a physician and surgeon and his or her spouse, or person in an equivalent domestic relationship, when providing non-psychotherapeutic medical treatment. SB 544 (Price, 2012) would have, among other things, amended BPC § 726 to provide an exemption for all licensees who provide non-psychotherapeutic medical treatment to spouses or persons in equivalent domestic relationships, instead of only exempting physicians and surgeons. This bill was held in the Senate Business, Professions and Economic Development Committee. The California Dental Association (CDA) and the California Academy of General Dentistry (CAGD) have both requested amending this section to also exempt dentists who are treating their spouses or person in an equivalent domestic relationship.

Staff Recommendation: *The Committees should consider whether exempting dentists maintains the spirit of the law and determine whether additional conditions are necessary to ensure that spouses and domestic partners are protected.*

DBC Response: The Board is aware of this request from stakeholders and will consider any recommendations by the Committees to ensure public protection.

ISSUE #11: ENSURING AN ADEQUATE AND DIVERSE DENTAL WORKFORCE. *Does California have the workforce capacity to meet dental care needs, especially in underserved areas? Should the Board enhance its efforts to increase diversity in the dental profession?*

Background: According to the Office of Statewide Health Planning and Development (OSHPD), Dental Health Professional Shortage Areas (DHPSA), are designated based upon the availability of dentists and dental auxiliaries. To qualify for designation as a DHPSA, an area must have a general

dentist practice ratio of 5,000:1, or 4,000:1 plus population features demonstrating "unusually high need" and a lack of access to dental care in surrounding areas because of excessive distance, overutilization, or access barriers. According to OSHPD, over 50% of dentists (18,659) reported residing in five California counties, while the five counties with the fewest number of dentists combined had a total of 18 dentists. Approximately 5% of Californians (nearly 2 million individuals) live in a DHPSA. As a result, while California has a large number of dentists, they are not evenly distributed across the state.

In addition, due to recent changes in California law, insurance products sold under California's Health Benefit Exchange, Covered California, are required to offer pediatric dental benefits as part of their benefits package. While the Affordable Care Act (ACA) required all insurance plans to include oral care for children, the dental benefit was an optional benefit until last year, which resulted in less than one-third of the children who bought medical coverage also purchasing the dental coverage. In addition, Covered California is also offering new family dental plans to consumers who enroll in health insurance coverage in 2015. As a result, the state can expect to see the need for dental services increase. According to a 2013 Children's Partnership report, *Fix Medi-Cal Dental Coverage: Half of California's Kids Depend on It*, an estimated 1.2 million children alone will have access to dental coverage, and child enrollment in Medi-Cal's dental program alone will total 5 million. That report also notes that according to a 2005 study, nearly a quarter of California's children between the ages of 0 and 11 have never been to the dentist.

The Board has had discussions relative to increasing workforce capacity in the light of the ACA, which always include the need to increase capacity in underserved and rural areas, and monitors OSHPD data relating to workforce capacity. Last year the Board revised its Strategic Plan to highlight access to quality care in its vision statement and include diversity in our values. One objective is to identify areas where the Board can assist with workforce development, including the dental loan repayment program, and publicize such programs to help underserved populations. The Board also established an Access to Care Committee to monitor the implementation of the Affordable Care Act and to ensure that the goals and objectives outlined in its Strategic Plan are carried out. The Committee will work with interested parties, including for-profit, non-profit and stakeholder organizations, to bring increased diversity in the dental profession.

In addition, according to a 2008 report from OSHPD's Healthcare Workforce Diversity Council, *Diversifying California's Healthcare Workforce, an Opportunity to Address California's Health Workforce Shortages*, the underrepresentation of racial and ethnic groups in California's health workforce is a major issue, as these communities are less likely to have enough health providers, resulting in less access to care and poorer health. Research shows that underrepresented health professionals are more likely to serve in underserved communities and serve disadvantaged patients, so diversifying California's health workforce can significantly reduce disparities in healthcare access and outcomes, as well as help address workforce needs.

The Board reported that CODA accreditation standards, which the Board relies upon, require dental schools to have policies and procedures that promote diversity among students, faculty, and staff, and places a high value on diversity, including ethnic, geographic, and socioeconomic diversity. The Board also accepts courses in cultural competencies towards its CE requirements. In addition, the Board participates in the OSHPD project to create a health care workforce clearinghouse in accordance with SB 139 (Scott, Chapter 522, Statutes of 2007), which will allow OSHPD to deliver a report to the Legislature that addresses employment trends, supply and demand for health care workers, including

geographic and ethnic diversity, gaps in the educational pipeline, and recommendations for state policy needed producing workers in specific occupations and geographic areas to address issues of workforce shortage and distribution. Results may be found in OSHPD facts sheets on dentists and RDAs, which include information on supply, geographical distribution, age, and sex, but do not include information on ethnic or language diversity.

The Board has also been collecting workforce data pursuant to AB 269 (Eng, Chapter 262, Statutes of 2007) since January 1, 2009. It was the intent of the Legislature, at that time, to determine the number of dentists and licensed or registered dental auxiliaries with cultural and linguistic competency who are practicing dentistry in California. The Board developed a workforce survey, which licensees are required to complete upon initial licensure and license renewal. Foreign language and ethnic background questions are both optional. The online results of the survey are manually input by staff into one data file, which is downloaded annually to the Board's Web site. The current report is approximately 299 pages and posts the raw data on its Web site, since AB 269 was not accompanied with funds for staff or a computer program to work on this project and manipulate this data. However, the Board has recently partnered with the Center for Oral Health, which will take that data and put it into a useable format, which will be presented at an Access to Care Committee meeting.

Staff Recommendation: *The Board should continue to collaborate with interested stakeholders to assist in the implementation of the ACA and enhance efforts on diversity and workforce shortages, including targeting any outreach efforts to underserved areas or communities. The Board should continue to monitor information provided by OSHPD and the industry on possible workforce shortages, and advise the Committees on workforce issues as they arise. The Board should inform the Committees of the Center for Oral Health's findings based on AB 269 data, and whether there are ways to make this data more useful.*

DBC Response: The Board continues to collaborate with interested parties to assist in the implementation of the ACA and enhance efforts on diversity and workforce shortages, including targeting any outreach efforts to underserved areas or communities. At its February 2015 Board meeting, representatives from the Center for Oral Health (COH) gave a presentation on dental workforce data and the opportunities and challenges associated with interpreting the data in a meaningful way to effect policy decisions. COH pointed out a number of challenges with the Board's data that if addressed, could yield more useful information; e.g., existing data sources are not linkable and not reliably accurate; not easily accessible, some data elements are not collected. COH recommended the Board enhance overall data capacity over time by modifying the data that exists to make it accurate, useful, and available; collaborate with partners for action and analyses, develop a data enhancement strategy for future workforce analyses, and utilize improved data to strategically improve access to care in California. The Access to Care Committee will be discussing these recommendations at future meetings.

ISSUE #12: DENTAL CORPS LOAN REPAYMENT PROGRAM. Over half of the money that has been available to this program for over a decade ago remains unused. How can the Board ensure greater participation in this program?

Background: AB 982 (Firebaugh, Chapter 1131, Statutes of 2002) established the California Dental Corps Loan Repayment Program. The dental corps program, which is administered by the DBC, assists dentists who practice in dentally underserved areas with repayment of their dental school loans.

Under the program, participants may be eligible for a total loan repayment of up to \$105,000. A total of three million dollars (\$3,000,000) was authorized to expend from the State Dentistry Fund for this program. SB 540 (Price, Chapter 385, Statutes of 2011) extended the program until all monies in the account are expended. To date, the Board has awarded funds to 19 participants. The practice locations are throughout the state. The facilities are located in Bakersfield, Chico, Compton, Corcoran, Los Angeles, Petaluma, Redding, San Diego, San Francisco, San Ysidro, Smith River, Vallejo, Ventura, Vista, Wasco and West Covina. The first cycle of applicants was received in January 2004, and the Board approved nine of 24 applicants, paying a total of \$739,381 was paid over a three-year period. A second cycle of applicants was received in July 2006, and the Board approved six of 21 applicants, paying a total of \$643,928 over a three-year period. In September 2010, the Board opened a third cycle of applications and approved the only applicant. In October 2012, the Board opened a fourth cycle of applications and approved all three applicants. Approximately \$1.63 million is left in the account.

The Board promotes this program on its website and includes this information in its presentation to senior students in California dental schools. In addition, the Board has worked with stakeholders and professional associations to distribute this information through their publications. Staff is continuing to research other loan repayment programs offered by the California Dental Association, the MBC, and the OSHPD, and the Access to Care Committee is currently examining the issue to determine how to increase participation in the program.

AB 982 also established a similar program for physicians and surgeons to be administered by the MBC, which was renamed the Steven M. Thompson Physician Corps Loan Repayment Program by AB 1403 (Nunez, Chapter 367, Statutes of 2004. However, in 2005, the MBC sponsored AB 920 (Aghazarian, Chapter 317, Statutes of 2005), which transferred this program to the Health Professions Education Foundation (HPEF). At the time, the MBC noted that the transfer of the program would help both the program and the HPEF because the HPEF is better equipped to seek donations, write grants, and continuously operate the program. HPEF is the state's only non-profit foundation statutorily created to encourage persons from underrepresented communities to become health professionals and increase access to health providers in medically underserved areas. Supported by grants, donations, licensing fees, and special funds, HPEF provides scholarship, loan repayment and programs to students and graduates who agree to practice in California's medically underserved communities. Housed in OSHPD, HPEF's track record of delivering health providers to areas of need has resulted in approximately 8,776 awards totaling more than \$92 million to allied health, nursing, mental health and medical students and recent graduates practicing in 57 of California's 58 counties.

Staff Recommendation: *The Board should inform the Committees of whether it has sought matching funds from foundations and private sources as authorized under AB 982. The Board should continue to explore ways to increase participation in the program, including whether it should transfer administration of the program to the HPEF, which may be better equipped to generate and distribute funds under the program. The Board should advise the Committees on whether any statutory changes are necessary to fully utilize this program. The Committees should ensure this money, which has been available for use for over the last 10 years, is distributed and used to increase access to care in underserved areas.*

DBC Response: In 2002, legislation established the Board's authority to spend \$3 million to fund a loan repayment program to assist dentists who practice in dentally underserved areas with repayment of their dental school loans. Early on, there were as many as 24 applicants per cycle seeking these

funds. For unexplained reasons, applications dropped off for three years between 2007 and 2010. Since 2010, the number of candidates seeking application to these funds has dwindled to one to three applicants per cycle. The Board has not sought matching funds from foundations and private sources as authorized under AB 982 to increase this fund.

The Board's Access to Care Committee is in the process of exploring why applications have dropped off and whether or not the Board's requirements are more restrictive than those of other organizations having success with similar programs. The Board will continue to explore ways to increase participation in the program, including whether it should transfer administration of the program to the HPEF.

ISSUE #13: DIFFICULTY COLLECTING CITATIONS AND FINES AND COST RECOVERY. *How can the Board enhance its efforts to collect fines and cost recovery?*

Background: BPC § 125.9 authorizes the Board to issue citations and fines for certain types of violations of the Act. Among other things, the Board is authorized to issue administrative citations to dentists who fail to produce requested patient records within the mandated 15-day time period (BPC §1684.1(a)(1)) or who fail to meet standards as evidenced through site inspections (BPC §1611.5)). The Board continues to hold licensees accountable to this timeframe and issues citations with a \$250/day fine, up to \$5,000 maximum. The Board also addresses a wider range of violations that can be more efficiently and effectively addressed through a cite-and-fine process with abatement or remedial education outcomes, for example, when patient harm is not found. The length of time before administrative discipline could result is also taken into consideration when determining whether a case is referred for an accusation or an administrative citation is more appropriate to send a swift message regarding unprofessional conduct or to achieve prompt abatement, and citations can address skills and training concerns promptly. The Board typically issues administrative fines up to a maximum of \$2,500 per violation, with totals averaging \$3,506 per citation.

When issuing citations, the Board's goal is not to be punitive; rather, the Board seeks to protect consumers by getting the dentist's attention, re-educating him or her as to the DPA, and emphasizing the importance of following dental practices that fall within the community's standard of care. When deciding whether to issue a citation and an appropriate corresponding fine, factors such as the nature and severity of the violation and the consequences of the violation (e.g., potential or actual patient harm) are taken into account. Examples of "lesser" violations of the DPA that may not warrant referral to the OAG, but where a citation and fine may be more appropriate, include documentation issues (e.g., deficient records/recordkeeping), advertising violations, failure to keep up with continuing education requirements, unprofessional conduct for the failure to disclose or report convictions (e.g., DUI), and disciplinary actions taken by another professional licensing entity. In addition to using citations as a tool to address less egregious violations that would not otherwise result in meaningful discipline, the Board views citation as a means of establishing a public record of an event that might otherwise have been closed without action, and thereby remain undisclosed.

CITATION AND FINE	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Citations Issued	42	15	28	82
Average Days to Complete	127	339	410	272
Amount of Fines Assessed	\$135,900	\$28,000	\$55,200	\$301,150
Reduced, Withdrawn, Dismissed	0	7	4	8
Amount Collected	\$15,850	\$10,469	\$88,026	\$28,782

*The increase in citations in FY 13/14 was due to one individual to whom the Board issued 48 citations to one

individual who did not provide records based on 48 complaints received by the Board. The subject's license was revoked. Another reason for the increase in citations was based on the Board escalating the number of inspections for infection control standards.

BPC § 125.9 authorizes the Board to add the amount of the assessed fine to the fee for license renewal. In the event that a licensee fails to pay their fine, a hold is placed on the license and it cannot be renewed without payment of the renewal fee and the fine amount. This statute also authorizes the Board to take disciplinary action for failure to pay a fine within 30 days from the date issued, unless the citation is appealed. When a license is revoked, the individual's ability to secure gainful employment and reimburse the Board is diminished significantly. Presently, the Board does not use the Franchise Tax Board (FTB) Intercept program to collect citation fines. While the amount in assessed fines has increased dramatically, the amount collected has fallen and reflects only a small portion of fines assessed.

The Board, however, emphasizes that when it issues citations, its goal is not to be punitive. Rather, the Board uses citations as a tool to protect the health and safety of California's consumers by gaining dentists' compliance and/or helping them become better dental care providers by re-educating them as to the Act. In addition, the Board believes that the ability to assess a larger fine will get individuals to take the Board's citations more seriously. The Board has identified increasing the maximum fine per violation from \$2,500 to \$5,000 per violation as one of the Board's regulatory priorities for FY 15/16.

BPC § 125.3 specifies that in any order issued in resolution of a disciplinary proceeding before any board, the Administrative Law Judge (ALJ) may direct the licensee at fault to pay for the reasonable costs of the investigation and enforcement of the case. The Board's request for recovery is made to the presiding ALJ who decides how much of the Board's expenditures will be remunerated. The ALJ may award the Board full or partial cost recovery, or may reject the Board's request. In addition to cost recovery in cases that go to hearing, the Board also seeks cost recovery for its settlement cases.

It continues to be the Board's policy and practice to request full cost recovery for all of its criminal cases as well as those that result in administrative discipline (BPC § 125.3). The Board also has authority to seek cost recovery as a term and condition of probation. In revocation cases, where cost recovery is ordered, but not collected, the Board will transmit the case to the FTB for collection. The Board may also pend ordered costs in the event the former licensee later returns and petitions for reinstatement. The Board also experiences difficulties in collecting cost recovery, as seen below.

	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Total Enforcement Expenditures	6,975	6,792	6,588	7,037
Potential Cases for Recovery *	106	111	97	91
Cases Recovery Ordered	50	67	46	64
Amount of Cost Recovery Ordered	3,907	4,579	3,222	6,819
Amount Collected	1,816	2,201	2,711	3,427
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

The Board has had success utilizing the FTB Intercept Program to collect cost recovery. However, due to limited staff resources, only a few licensees have ever been referred. The Board is currently working

towards increasing our participation in this program and is identifying appropriate cases that can be enrolled. Challenges will remain in instances when the license has been surrendered or revoked, and the former licensee has employment challenges resulting in their inability to generate a taxable income.

Staff Recommendation: *The Board should inform the Committees of why it does not utilize the FTB Intercept program to collect citations. The Board should consider working with the FTB Intercept program and contracting with a collection agency for the purpose of collecting outstanding fines and to seek cost recovery. In light of the low collection rate under current fines, the Board should explain to the Committees why it believes the ability to assess larger fines will assist its enforcement efforts.*

DBC Response: Presently, the Board does not use the FTB program to collect citation fines. BPC § 125.9 authorizes the Board to add the amount of the assessed fine to the fee for license renewal. In the event that a licensee fails to pay their fine, a hold is placed on the license and it cannot be renewed without payment of the renewal fee and the fine amount. This statute also authorizes the Board to take disciplinary action for failure to pay a fine within 30 days from the date issued, unless the citation is appealed. The board uses these administrative tools for collecting outstanding fines.

ISSUE #14: CONTINUING EDUCATION. *Should the Board conduct CE audits for RDAs?*

Background: Dentists are required to complete not less than 50 hours of approved CE during the two-year period immediately preceding the expiration of their license. RDAs are required to take 25 hours of approved CE during the two-year period immediately preceding the expiration of their license. As part of the required CE, courses in basic life support, infection control, and California law and ethics are mandatory for each renewal period for all licensees. All unlicensed dental assistants in California must complete an approved 8-hour infection control course, an approved 2-hour course in CA law and ethics, and a course in basic life support. In addition, there are initial and ongoing competency requirements for specialty permit holders.

Licensees are required to maintain documentation of successful completion of their courses, for no fewer than four years and, if audited, are required to provide that documentation to the Board upon request. As part of the renewal process, licensees are also required to certify under penalty of perjury that they have completed the requisite number of continuing education hours, including any mandatory courses, since their last renewal. Starting with the February 2011 renewal cycle, random CE audits for dentists were resumed. Staff has been auditing 5% of the dental renewals received each month. In keeping with the Board's strategic plan and succession planning efforts, staff has developed a desk manual with written procedures for the auditing process. As of September 30, 2014, staff has conducted 521 CE audits. Seven licensees, or approximately 1% of those audited, failed the audit. Dentists who are not able to provide proof of CE units may be issued a citation and fine. Without additional resources, audits for registered dental assistants are only conducted in response to a complaint or other evidence of noncompliance. The Board also anticipates submitting a BCP for FY 2016/17 for one staff to initiate regular and ongoing audits for RDAs and RDAEFs.

Staff Recommendation: *The Board should pursue a BCP for staff to conduct regular and ongoing audits for RDAs and RDAEFs to hold licensees accountable and promote proper standard of care.*

DBC Response: The Board anticipates submitting a BCP in the future for one staff position to initiate

regular and ongoing continuing education audits for RDAs and RDAEFs in order to hold licensees accountable and promote proper standard of care.

ISSUE #15: DISCIPLINARY CASE MANAGEMENT TIMEFRAMES ARE STILL EXCEEDING CPEI's PERFORMANCE MEASURE OF 540 DAYS. *Will the Board be able to meet its goal of reducing the average disciplinary case timeframe from 36 months to 18 months?*

Background: The Board receives between 3,500 and 4,000 complaints per year, and refers almost all of those complaints to investigations. Over the last four fiscal years, the average time to close a desk investigation was 96 days. This timeframe represents a marked improvement from the Board's last sunset review, when the average number of days to close a complaint was 435 days. In addition, the average time to close a non-sworn investigation was 375 days, and to close a sworn investigation was 444 days. In recent years, the amount of time to close a sworn investigation has decreased and fell to 391 days in the last fiscal year. Based on these statistics, the Board completed 3,759 investigations in the last fiscal year, and average 190 days per investigation.

Enforcement Statistics				
	FY 10/11	FY 11/12	FY 12/13	FY 13/14
INVESTIGATION				
All Investigations				
First Assigned	3640	3570	3973	3699
Closed	3981	3496	3691	3758
Average days to close	181	173	156	187
Desk Investigations				
Closed	2987	2404	2889	2855
Average days to close	106	72	87	118
Non-Sworn Investigation				
Closed	377	593	257	320
Average days to close	278	364	384	473
Sworn Investigation				
Closed	572	492	543	584
Average days to close	505	453	421	391

The CPEI sets a target of completing formal disciplinary actions within 540. The Board is currently exceeding that target, averaging 1,084 days to complete a formal accusation over the last four fiscal years, and has increased this past fiscal year.

ACCUSATIONS				
	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Accusations Filed	89	103	75	73
Accusations Withdrawn	9	8	10	2
Accusations Dismissed	0	0	2	1
Accusations Declined	7	1	3	0
Average Days Accusations (from complaint receipt to case outcome)	1043	1087	934	1271
Pending (close of FY)	200	234	188	168

The Board notes, however, that while the total time to complete a formal disciplinary case exceeds the target and has been increasing, the longest part of the delay occurs once the case is has been referred to the AG's office, as demonstrated in the chart below, which shows the number of days for the Board to complete investigations is well within the CPEI's goal of completing investigations within 270 days.

Case Aging (Days)	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Statement of Issues Cases				
Referral to Statement of Issues Filing (Average Days)	114	119	204	102
Statement of Issues to Case Conclusion	267	264	273	357
Total Average from Referral to Case Conclusion	381	383	477	459
Licensing Accusations				
Referral to Accusation Filing (Average Days)	157	153	170	231
Accusation to Case Conclusion	440	429	408	528
Total Average from Referral to Case Conclusion	597	582	578	759

The Board notes that the increase in FY 13/14 for completing an accusation is outside of the Board's control. According to the Board, the number of accusations filed on behalf of the Board has remained relatively constant over the last eight years and has actually dropped in recent years due to the Board's utilization of the citation process as an alternative to formal discipline in the less egregious cases. However, the average number of days to complete a case that has been referred to the AG for disciplinary action has continued to increase from 929 days in FY 09/10 to over 1185 days in 2014, an increase of over 27%. In addition, while the Board, along with many other boards, received additional positions under CPEI, which has increased its enforcement capacity and ability to investigate and bring cases forward, the AG's office and the Office of Administrative Hearings, which hears the cases, did not receive additional staff. Additional reasons for the delays that are beyond the control of staff include delays caused by opposing counsel, suspensions while criminal matters are pending, and difficulty in scheduling amongst witnesses, patients, and other parties, as well as in scheduling hearing dates with the Office of Administrative Hearings (three months out for a one to two day hearing, eight months out for a hearing of four or more days).

Staff Recommendation: *The Board should continue to focus on closing its oldest cases and reducing the amount of time it takes to close an investigation and to complete an accusation. The Board should continue to explore alternatives to formal discipline when appropriate, such as the use of citations, cease and desist letters, and working with licensees to agree to disciplinary terms. The Board should note whether any of these disciplinary timeframes include cases that have been adjudicated but are on appeal, which may skew the numbers. The Committees should work with the Board and other stakeholders to determine if it is feasible to increase the number of AGs and ALJ in response to the increase in enforcement staff under CPEI to truly address the ability to reduce enforcement times.*

DBC Response: Over the last four fiscal years, the average time to close a complaint in the complaint and compliance unit was 96 days. This timeframe represents a marked improvement from the last sunset review, when the average number of days was 435. In FY 2013-14, the Board completed 3,759 complaint investigations, and averaged 190 days per investigation.

CPEI sets a target of completing formal disciplinary action within 540 days; the Board is currently exceeding that target. A contributing factor to case aging occurs when a case has been concluded and a writ petition is filed in superior court. The case is re-opened, and the aging clock on that case starts with the date the case was *first* referred to the AG. The case is finally closed when the petition decision by the court is received, or when five years have passed with no action on the petition.

The Board notes that some of the timeframes in completing an accusation are outside the Board's control. The number of accusations filed has remained relatively constant over the last eight years however the timeframes have actually dropped in recent years due to utilizing citations as an alternative to formal discipline in the less egregious cases.

The Board acknowledges that while the total time to complete a formal disciplinary case exceeds the target of 540 days, the number of days for the Board to complete its investigation is 270 days - well within CPEI's goal relative to investigation completion.

In addition, while the Board, along with many other boards, received additional positions under CPEI, which has increased its enforcement capacity and ability to investigate and bring cases forward, the AG's office and the Office of Administrative Hearings (OAH), did not receive additional staff. Additional reasons for the delays that are beyond the control of staff include delays caused by opposing counsel, suspension of case activity while criminal matters are pending, and difficulty in scheduling amongst witnesses, patients, and other parties, as well as in scheduling hearing dates with the OAH.

The Board has committed to focusing investigators' time on older cases, on exploring additional opportunities for the issuance of cease and desist orders, and has increased utilizing citations where appropriate. In addition, we are looking for alternatives to shorten time frames for completing the discipline process by including settlement terms and conditions when a signed accusation or statement of issues is returned to the Office of the Attorney General for service on the Respondent.

ISSUE #16: ENFORCEMENT STAFFING ISSUES. *Does the Board employ an adequate number of staff to perform enforcement functions in a timely manner?*

Background: In 2011, the Board began filling the 12.5 positions allocated under the DCA's CPEI budget change proposal, and sworn investigator positions were distributed between the two Northern and Southern California field offices, and the IAU was established in the Sacramento headquarters office. The Board's enforcement managers developed case assignment guidelines, conducted an extensive case review of all open, previously unassigned cases, and distributed them among new and existing staff, resulting in the elimination of a backlog of over 200 cases. However, the success of DBC's increased enforcement efforts has resulted in a strain on the existing administrative support staff. Because CPEI did not include technical staff to perform support administrative functions generated by the increase in completed investigations, investigative staff performs these functions to avoid delays, which reduces their efficiency in working investigations. The Board has recently submitted a BCP to add two Office Technician positions to address this gap. This request was approved.

Since the 2011 sunset review of the Board, the Board has been fortunate to be able to fill the majority of its sworn and non-sworn enforcement positions. Case closure rates climbed following the addition of CPEI positions and remain steady, averaging 968 cases per year, up from 651 cases per year four years ago. Currently, the Board has 2.5 vacancies for sworn investigators and 2 vacancies for non-sworn investigators. The Board expects the candidates to be hired within the next three to four months. These hires will assist in lowering the investigative caseload and help lower case aging.

FISCAL YEAR	10/11		11/12		12/13		13/14	
Classification	Positions	Vacant	Positions	Vacant	Positions	Vacant	Positions	Vacant
Total Sworn Staff	20	4	20	3.5	20	3.5	20	2.5
Total Non-Sworn Staff	24	2	24	2	23	1.5	23	2
Total Enforcement APs	44	6	44	5.5	43	5	43	4.5

Despite an augmentation in enforcement staffing levels from CPEI, the Board notes that the caseload per investigator continues to remain significantly higher than other programs within the DCA, including the MBC and the DCA's Department of Investigation (DOI). In addition to an investigation caseload, Dental Board investigators also carry a probation-monitoring caseload averaging 10 per sworn investigator and up to 25 for Special Investigators. The Board reports that the number of licensees placed on probation has nearly doubled from 148 in FY 10/11 to 311 at the end of FY 13/14. The Board also reports that in general, the enforcement time commitment to manage a probationary licensee is four times greater than an investigation due to the number of meetings and quarterly reports that may be required.

High caseloads can adversely affect performance when staff is diverted from their work by competing demands. The Board will be studying options to determine if additional sworn or non-sworn staff will be sufficient to reduce investigative caseloads, or if the development of a probation unit will better support this challenge and adding staff dedicated strictly to probation monitoring will be necessary. Ideally, the Board would like to reduce its investigative caseloads similar to the MBC or DOI as the Board's cases are also very complex and technical in nature.

DCA – Enforcement Program	Average Caseload per Investigator
Division of Investigation	20-22 cases
Medical Board of California	20 cases
Dental Board of California	45-55 cases (plus 10 probationers)

In addition, the Enforcement Program has identified the need for an analyst dedicated to program reports, training contracts and budget support. Previously, the Enforcement Chief was responsible for many of these program-related tasks. However, with the increase in program size, more complex contract requirements for peace officer training and subject-matter experts (SMEs), and a need for greater accountability in enforcement, these tasks are better suited to an analyst position. The Board will be seeking a BCP to address this need in the next year.

Additionally, the Board notes that it is currently experiencing a shortage of available SMEs to provide case review of our completed investigations. SMEs conduct an in-depth review of the treatment provided to patients in cases alleging substandard care. Experts must be currently practicing, possess a minimum of five years' experience in their field, and cannot have had any discipline taken against their license in California or any other state where they have been licensed. The shortage of SMEs can be attributed to several factors, including the increase in the number of investigations being conducted and stagnant compensation rates. While the majority of SMEs recognize they are providing a service to consumers and their profession, the possibility of having to testify at hearing and close their practice for several days at a time can become a financial hardship to an individual licensee. The current

compensation rate, which pays \$100 for written review and \$150 per hour for testimony, has not been increased since 2009. By comparison, physicians at the Medical Board are compensated at \$150 per hour for written review and \$200 per hour for testimony. The Board has been trying to recruit experts through its Web site and outreach to dental societies. An increase in the number of experts in the resource pool will allow staff to more quickly refer their cases for review.

Staff Recommendation: *The Board should consider conducting a staff and workload analysis after it receives the results of its fee audit to determine the appropriate level of staffing to ensure that the Board is able to perform all of its functions in a timely manner. The Board should inform the Committees of how large its current SME pool is, and the ideal ratio of cases to SMEs. The Board should continue recruitment efforts to attract more SMEs, and consider raising the compensation rate to increase participation in the program.*

DBC Response: In 2011, the Board was allotted 12.5 positions under the DCA's CPEI budget change proposal, and investigator positions were distributed between our Northern and Southern field offices. An Investigative Analytical Unit was established in the Sacramento headquarters office. The Board's enforcement managers developed case assignment guidelines, conducted an extensive case review of all open, previously unassigned cases, and distributed them among new and existing staff, resulting in the elimination of a backlog of over 200 cases.

The success of the Board's increased enforcement efforts resulted in a strain on the existing administrative support staff. CPEI did not include technical staff to perform support functions generated by the increase in completed investigations; consequently, investigative staff performs these functions to avoid delays, which reduces time spent on investigations. The Board will submit a BCP for two support staff positions to address this gap.

Since the 2011 sunset review, the Board has been able to fill the majority of the enforcement positions. Case closure rates climbed following the addition of CPEI positions and remain steady, averaging 968 cases per year, up from 651 cases per year four years ago.

Despite an augmentation in enforcement staff levels from CPEI, the Board notes that the caseload per investigator continues to remain significantly higher than other programs within the DCA. In addition to an investigation caseload, Board investigators also carry a probation-monitoring caseload. The number of licensees placed on probation has nearly doubled from 148 in FY 10/11 to 311 at the end of FY 13/14. We are looking into the possibility of adding staff dedicated strictly to probation monitoring and creating a probation unit to better support this challenge.

After the Board receives the results of the fee audit we would like to seek a staff and workload analysis to determine the appropriate level of staff that will be sufficient to reduce investigative caseloads.

The Board currently has over 130 available SMEs to provide case reviews of our completed investigations. The experts conduct an in-depth review of the treatment provided to patients in cases alleging substandard care and when necessary, provide testimony at hearings. The current compensation rate pays \$100 per hour for written review and \$150 per hour for testimony, and has not been increased since 2009. We will be looking at compensation rates for SME's used by other Boards to see if increasing the compensation to our experts might result in some continuity and a larger expert pool. The Board has been recruiting experts through its web site and outreach to dental societies. Through our recent recruitment efforts we believe we have resolved this issue for now.

OTHER ISSUES

ISSUE #17: LOW RATE OF RESPONSE TO CONSUMER SATISFACTION SURVEYS AND LOW RATE OF CONSUMER SATISFACTION WITH DBC. *During the past four years, the Board has received an average survey return rate of approximately 2.55%, below the minimum level of 5% needed to be considered statistically relevant. In addition, the 2013/2014 Consumer Satisfaction Survey of DBC shows over 60% of complainants were dissatisfied with the way the Board handled their complaints.*

Background: In 2010, DCA launched an online Consumer Satisfaction Survey. The Board continues to survey consumers to learn about their experience with the complaint and enforcement process. The Survey is included as a web address within each closure letter, which directs consumers to an online “survey monkey” with 19 questions. Overall participation has been low. Acting on the belief that consumers may be increasingly reluctant to participate in online surveys, staff have also provided self-addressed, postage paid survey cards in closure envelopes. This has not had any discernible effect to the participation rate. During the past four years, the Board has received an average survey return rate of approximately 2.55%, below the minimum level of 5% needed to be considered statistically relevant. By comparison, DCA has reported a 2.6% average participation rate from all boards and bureaus. It should be noted that in reviewing the individual responses, consumers chose to skip or not answer a number of the questions.

With regard to specific survey results, the Board has identified that the participating consumers expressed dissatisfaction surrounding the complaint intake process; initial response time; complaint resolution time; and explanation regarding the outcome of the complaint. The Board notes that the average initial response time is nine days, which is below the maximum time allowed by law. In addition, with the exception of complaints resulting in discipline, the Board's average resolution time is 164 days, which is below the 270 day performance target. Regarding explanations regarding the outcomes of complaints, the Board notes that in 27% of complaints that were closed, dental consultants who reviewed dental issues determined that there was no violation of the Act, due to simple negligence, and 9% of those closed complaints were due to non-jurisdictional requests for refunds, and that both of those outcomes may have impacted a consumers satisfaction.

In October of 2014, Board staff has begun participating in a DCA focus group to draft new questions and consider alternative formats to increase consumer participation. In addition, Board staff is also reviewing the link on the current closure letter to determine if revisions may be necessary.

Staff Recommendation: *The Board should continue to explore ways to increase responses to its consumer satisfaction surveys.*

DBC Response: The Board has been working with the DCA on increasing the response returns on our consumer satisfaction surveys. In an effort to solicit more responses from consumers, Board staff have placed a link on the final letters sent to the consumers/complainants, enclosed postage paid, post card survey forms and attached a link to their e-mail signature line to an on line survey.

**CONTINUED REGULATION OF THE PROFESSION BY THE
CURRENT PROFESSION BY THE NAME OF BOARD**

ISSUE #18: CONTINUED REGULATION BY THE BOARD. *Should the licensing and regulation of the dental profession be continued and be regulated by the current Board membership?*

Background: The health, safety and welfare of consumers are protected by the presence of a strong licensing and regulatory Board with oversight over the dental profession. The Board should be continued with a four-year extension of its sunset date so that the Legislature may once again review whether the issues and recommendations in this Background Paper have been addressed.

Staff Recommendation: *Recommend that the licensing and regulation of the dental profession continue to be regulated by the current Board members in order to protect the interests of the public and be reviewed again in four years.*

DBC Response: The Board supports this recommendation.



MEMORANDUM

DATE	February 8, 2017
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Acting Enforcement Chief Dental Board of California
SUBJECT	Agenda Item 7(A): Review of Enforcement Statistics and Trends

Attached please find Charts 1-3 with complete statistics for the Enforcement Division over the last five fiscal years and quarters one and two of the current fiscal year. Below is a summary of some of the program's trends for quarter two (Q2) which ranged from October 1, 2016 through December 31, 2016.

Complaint & Compliance Unit

Complaints Received

The total number of complaints received during the first quarter was **797**, averaging 266 complaints per month (see [Chart 1](#)).

Active Caseload: 1,287

The average caseload per Consumer Services Analyst (CSA) during the second quarter was **249** complaints, an increase from 201 in the first quarter.

Complaint Aging

Months Open	Q1 # of Cases	Q1 Case %	Q2 # of Cases	Q2 Case %
0 – 3 Months	459	46%	442	34%
4 – 6 Months	319	32%	402	31%
7 – 9 Months	163	16%	264	21%
10 – 12 Months	17	2%	139	11%
1 – 3 Years	45	4%	40	3%
Total	1003	100%	1287	100%

Cases Closed:

The total number of complaint cases closed between October 1, 2016, and December 31, 2016, was **576**, averaging 192 per month. The previous five-year average was 203 closures per month.

The average number of days a complaint took to close within this quarter was 112 days. Chart 2 displays the average complaint closure age over the previous five fiscal years.

Investigations

Current Open Caseload:

As of December 31, 2016, there were **853** open investigative cases and **62** open inspection cases.

For the second quarter, the average caseload per Investigator was 39, with 41 for Special Investigators, and 44 for Enforcement Analysts.

Months Open	Q1 Case Volume	Q1 Case %	Q2 Case Volume	Q2 Case %
0 – 3 Months	36	4%	39	5%
4 – 6 Months	53	6%	55	6%
6 - 12 Months	172	20%	130	15%
1 – 2 Years	418	49%	401	47%
2 – 3 Years	153	18%	173	20%
3+ Years	23	3%	55	6%
Total	855	100%	853	100%

Since our last report in December 2016, the number of cases aged six to twelve months has decreased by five percent while the number of cases over three years old has slightly increased by three percent.

Case Closures:

The total number of investigation cases closed, filed with the OAG, or filed with the District/City Attorney during the second quarter was **287**. This represents an average of approximately **96** cases per month and an increase by 13 cases compared to the first quarter average of 83.

The average number of days an investigation took to complete an investigation during the second quarter was **370** days (see Chart 2). This is a decrease from the average of the last five fiscal years of 378.

Cases Referred for Discipline:

There are currently **273** open probation cases.

The total number of cases referred to the OAG during the second quarter was **57** with an average of **19** per month. The three-month average for a disciplinary case to be completed was **1,096** days.

Chart 2 displays the average closure age over the previous five fiscal years for cases referred for discipline.

Case Categories (Allegations):

Chart 3 provides the number and type of allegations made for all complaints received and their corresponding percentages for the second quarter.

Dental Board of California
Chart 1 (QTR 2)

STATISTIC DESCRIPTION	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 2016-17	
						Q1 (Jul-Sep)	Q2 (Oct-Dec)
COMPLAINT UNIT							
Total Intake Received	3563	3957	3671	4180	3528*	898	797
Complaints Received	2813	2874	3021	3557	3078*	782	751
Convictions/Arrests Received	750	1083	650	623	450*	116	46
Total Complaints Closed	2404	2911	2855	2762	1981*	640	576
Pending at end of period	738	1072	1022	989	804	1003	1287
INVESTIGATIONS							
Cases Opened	916	719	659	1426	908*	170	211
Cases Closed	1094	813	955	1195	1434*	226	226
Referred to AG	174	85	71	188	50*	51	57
Referred for Criminal	12	19	28	20	89*	0	4
Pending at end of period	1025	767	809	1082	884	855	853
Citations Issued	15	27	83	48	46*	7	4
ATTORNEY GENERAL'S OFFICE							
Cases Pending at AG	229	183	172	189	210	277	118
Administrative Actions:							
Accusation	99	52	71	70	17	24	25
Statement of Issues	41	9	18	4	3	2	3
Petition to Revoke Probation	9	4	8	3	1	1	1
Licensee Disciplinary Actions:							
Revocation	30	27	33	21	3	6	6
Probation	68	51	54	38	11	19	18
Suspension/Probation	2	0	0	0	0	0	0
License Surrendered	6	10	15	9	2	6	8
Public Reprimand	13	11	12	11	3	9	6
Other Action (e.g. exam required, education course, etc.)	8	7	3	11	1	5	1
Accusation Withdrawn	8	10	1	3	2	1	2
Accusation Declined	1	2	0	2	1	4	0
Accusation Dismissed	0	2	1	0	1	0	0
Total, Licensee Discipline	136	120	119	95	24	50	70
Other Legal Actions:							
Interim Suspension Order Issued	6	5	0	0	0	0	1
PC 23 Order Issued	1	2	2	3	0	0	1

*FY15-16 Numbers updated due to previous BreZE conversion.

Dental Board of California

Chart 1 (QTR 2)

STATISTIC DESCRIPTION	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 2016-17	
						Q1 (Jul-Sep)	Q2 (Oct-Dec)
COMPLAINT UNIT							
Complaints Received	2813	2874	3021	3557	2326	782	751
Convictions/Arrests Received	750	1083	650	623	349	116	46
Total Intake Received	3563	3957	3671	4180	2675	898	797
Total Complaints Closed	2404	2911	2855	2762	1945	640	576
Pending at end of period	738	1072	1022	989	804	1003	1287
INVESTIGATIONS							
Cases Opened	916	719	659	1426	255	170	211
Cases Closed	1094	813	955	1195	231	226	226
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Accusation Declined	1	2	0	2	1	4	0
Accusation Dismissed	0	2	1	0	1	0	0
Total, Licensee Discipline	136	120	119	95	24	50	70
Other Legal Actions:							
Interim Suspension Order Issued	6	5	0	0	0	0	1
PC 23 Order Issued	1	2	2	3	0	0	1

Dental Board of California
Chart 3 (QTR 2)

	FISCAL YEAR							
ALLEGATIONS	2011-12	2012-13	2013-14	2014-15	2015-16*			
Substance Abuse, Drug Related Abuses	NA	NA	NA	NA	NA	5	4	1%
Mental/Physical Impairment	NA	NA	NA	NA	NA	1	2	0%
Health And Safety	NA	NA	NA	NA	NA	2	3	0%
Unsafe/Unsanitary Conditions	79	92	99	110	32	13	8	1%
Fraud	123	124	218	389	214	59	40	5%
Non-Jurisdictional	251	217	235	266	198	114	109	14%
Incompetence / Negligence	1540	1459	1795	2218	1454	555	487	61%
Other	266	295	163	332	114	32	23	3%
Unprofessional Conduct	205	219	244	250	143	41	38	5%
Sexual Misconduct	13	14	16	20	6	2	2	0%
Discipline by Another State	25	16	10	11	10	2	0	0%
Unlicensed / Unregistered	111	124	201	227	125	45	35	4%
Criminal Charges	854	1137	650	669	353	121	46	6%
Total	3467	3737	3631	4492	2649	992	797	100%

*Note: 2015-2016 Q3 stats were not included due to BreeZe conversion



MEMORANDUM

DATE	February 8, 2017
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Acting Enforcement Chief Dental Board of California
SUBJECT	Agenda Item 7(B): Review of Fiscal Year 2016-17 First Quarter Performance Measures from the Department of Consumer Affairs

Performance measures are linked directly to an agency's mission, vision and strategic objectives/initiatives. Data is collected quarterly and reported on the Department's website at: http://www.dca.ca.gov/about_dca/cpei/index.shtml. DCA has not announced a date when the Second Quarter Performance Measures will be completed and or posted.

Q1 (July to September 2016)

Dental Board of California

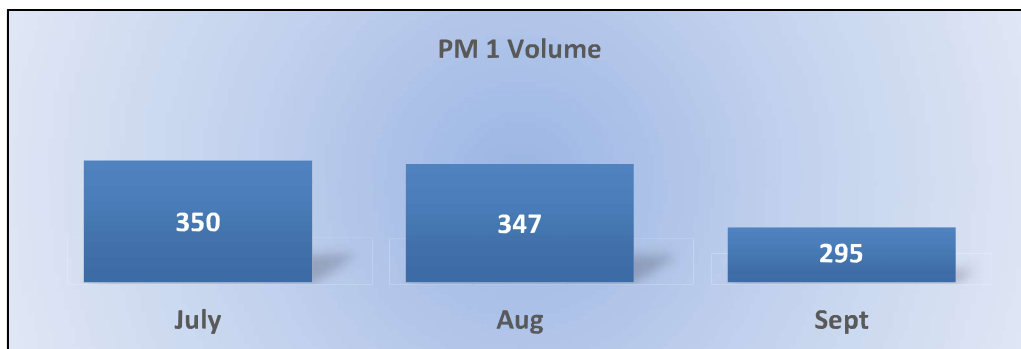
Enforcement Performance Measures

Q1 Report (July - September 2016)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.



Total Received: 992 | Monthly Average: 331

Complaints: 872 | Convictions: 120

PM2 | Intake – Volume

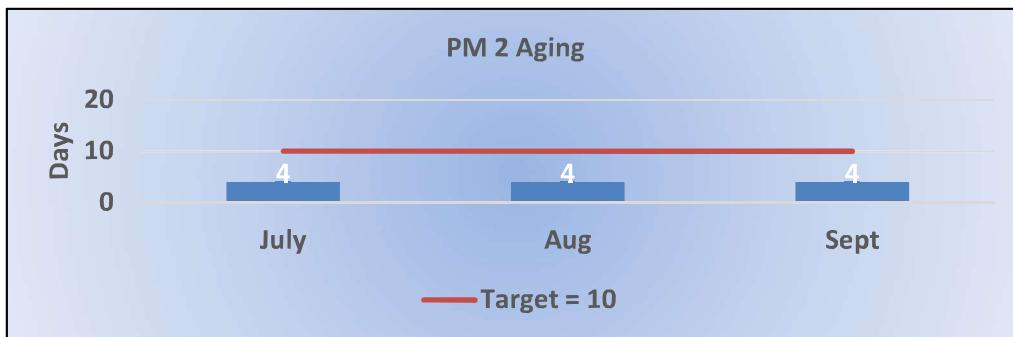
Number of complaints closed or assigned to an investigator.



Total: 1,031 | Monthly Average: 344

PM2 | Intake – Cycle Time

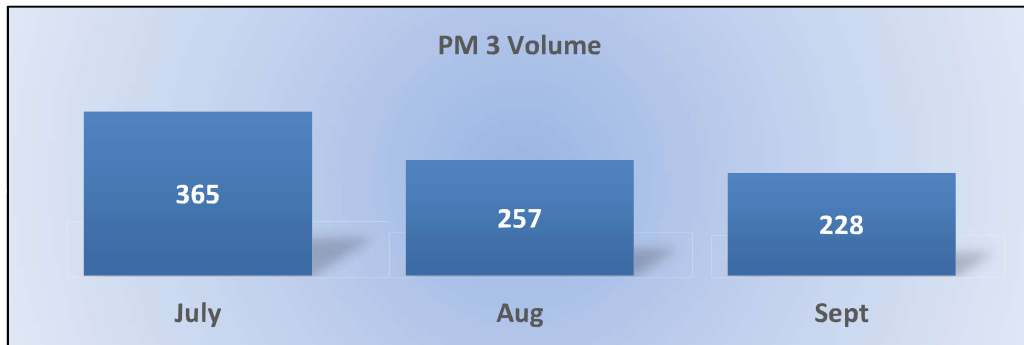
Average number of days from complaint receipt, to the date the complaint was closed or assigned to an investigator.



Target Average: 10 Days | Actual Average: 4 Days

PM3 | Investigations – Volume

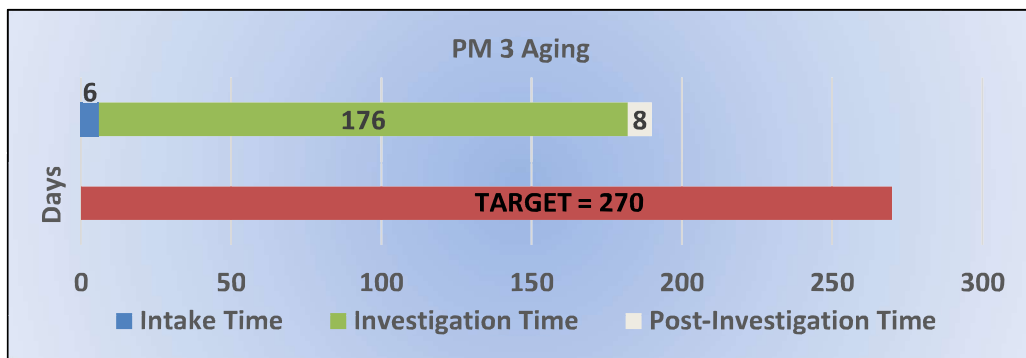
Number of investigations closed (not including cases transmitted to the Attorney General).



Total: 850 | Monthly Average: 283

PM3 | Investigations – Cycle Time

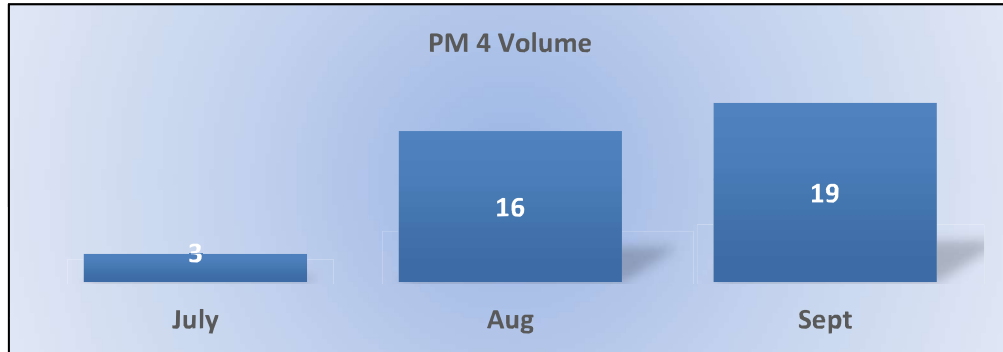
Average number of days to complete the entire enforcement process for cases not transmitted to the Attorney General.
(Includes intake and investigation)



Target Average: 270 Days | Actual Average: 187 Days

PM4 | Formal Discipline -- Volume

Cases closed, of those transmitted to the Attorney General.

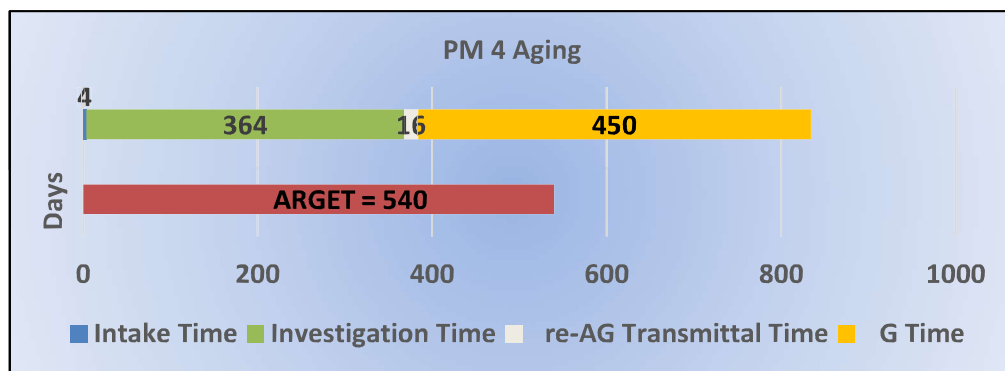


Total: 38 | Monthly Average: 13

PM4 | Formal Discipline – Cycle Time¹

Average number of days to complete the entire enforcement process for cases transmitted to the Attorney General.

(Includes intake, investigation, and transmittal outcome)

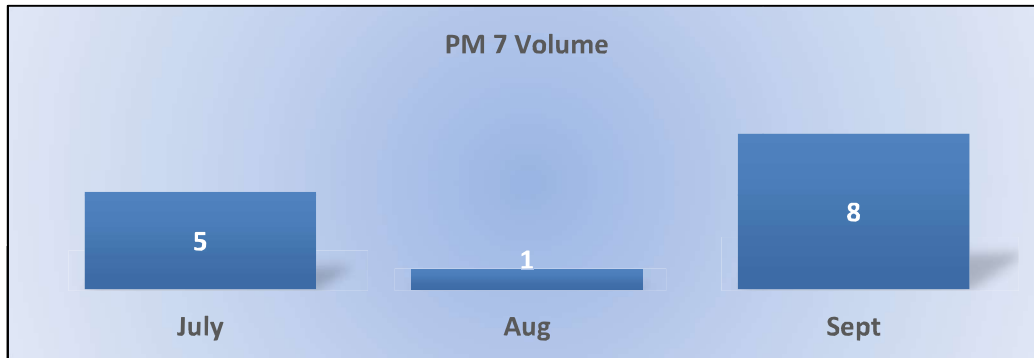


Target Average: 540 Days | Actual Average: 838 Days

¹ Due to rounding, there might be small discrepancies between the PM4 "Actual Average", and the sum of the individual case stages (i.e., Intake time + Investigation time + Pre-AG Transmittal time + AG time).

PM7 | Probation Intake – Volume

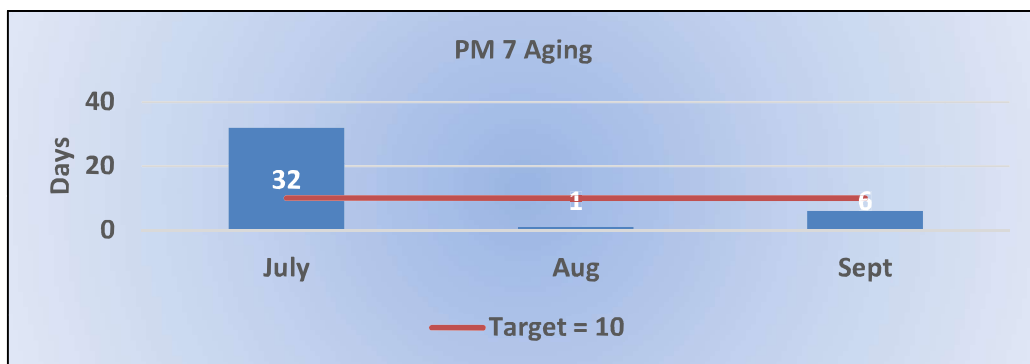
Number of new probation cases.



Total: 14

PM7 | Probation Intake – Cycle Time

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | Actual Average: 15 Days

PM8 | Probation Violation Response – Volume
Number of probation violation cases.

*The Board did not have any
probation violations this quarter.*

PM8 | Probation Violation Response – Cycle Time

Average number of days from the date a violation of probation is reported,
to the date the assigned monitor initiates appropriate action.

*The Board did not have any
probation violations this quarter.*



MEMORANDUM

DATE	February 9, 2017
TO	Members of the Dental Board Members
FROM	Chrystal Williams, Diversion Program Manager Dental Board of California
SUBJECT	Agenda Item 7(C): Diversion Program Report and Statistics

Background:

The Diversion program statistics for the quarter ending on December 31, 2016, are provided below. These statistics reflect the participant activity in the Board's Diversion (Recovery) Program and are presented for informational purposes only.

These statistics are derived from the MAXIMUS monthly reports.

Intake Referrals	October	November	December
Self-Referral	0	0	0
Enforcement Referral	0	0	0
Probation Referral	1	2	0
Closed Cases	0	1	2
Active Participants	21	23	22

The Board is currently recruiting for a public member position on the Northern California Diversion Evaluation Committee (DEC); a dental position on the Southern California DEC; and dental auxiliary positions on both the Northern and Southern California DEC.

The next DEC meeting is scheduled for March 9, 2017 in Northern California.

Action Requested:

No action requested.



DENTAL BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 1550, Sacramento, CA 95815

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

**JOINT MEETING OF THE DENTAL BOARD OF CALIFORNIA
AND THE DENTAL ASSISTING COUNCIL AGENDA**

FEBRUARY 23, 2017

Upon Conclusion of Agenda Item 7

Humphreys Half Moon Inn

2303 Shelter Island Drive

San Diego, CA 92106

(619) 224-3411 (Hotel) or (916) 263-2300 (Board Office)

Members of the Board:

Bruce L. Whitcher, DDS, President

Thomas Stewart, DDS, Vice President

Debra Woo, DDS, MA, Secretary

Steven Afriat, Public Member

Fran Burton, MSW, Public Member

Steven Chan, DDS

Yvette Chappell-Ingram, Public Member

Katie Dawson, BS, RDHAP

Judith Forsythe, RDA

Kathleen King, Public Member

Ross Lai, DDS

Huong Le, DDS, MA

Meredith McKenzie, Public Member

Steven Morrow, DDS, MS

Members of the Dental Assisting Council:

Emma Ramos, RDA, Chair

Anne Contreras, RDA, Vice Chair

Pamela Davis-Washington, RDA

Tamara McNealy, RDA

Jennifer Rodriguez, RDAEF

Judith Forsythe, RDA

Ross Lai, DDS

Public comments will be taken on agenda items at the time the specific item is raised. The Board and Council may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Board President and Council Chair. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Committee meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of the December 1, 2016 Joint Meeting of the Dental Board of California and the Dental Assisting Council Meeting Minutes
3. Dental Assisting Staff Update
4. Update on Dental Assisting Program and Course Applications
5. Update on Dental Assisting Examination Statistics
 - A. RDA Practical Examination
 - B. Registered Dental Assistant (RDA) General Written Examination
 - C. Registered Dental Assistant (RDA) Law and Ethics Examination
 - D. Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examinations
 - E. Registered Dental Assistant in Extended Functions (RDAEF) General Written Examination
 - F. Orthodontic Assistant (OA) Written Examination
 - G. Dental Sedation Assistant (DSA) Written Examination
6. Update on Dental Assisting Licensing Statistics
 - A. Registered Dental Assistant (RDA)
 - B. Registered Dental Assistant in Extended Functions (RDAEF)
 - C. Orthodontic Assistant (OA)
 - D. Dental Sedation Assistant (DSA)
7. Update Regarding the Review of the Registered Dental Assistant (RDA) Practical Examination
8. Update Regarding the Combining of the Registered Dental Assistant (RDA) Law & Ethics and General Written Examinations
9. Update on 2017 Dental Assisting Council Regulatory Workshops
10. Public Comment on Items Not on the Agenda

The Board and Council may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
11. Future Agenda Items

Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.

12. Board and Council Member Comments on Items Not on the Agenda
The Board and Council may not discuss or take action on any matter raised during the Board Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
13. Adjournment



DENTAL BOARD AND DENTAL ASSISTING COUNCIL MEETING MINUTES

Thursday, December 1, 2016

Embassy Suites San Francisco Airport Waterfront
150 Anza Boulevard, Burlingame, CA 94010

DRAFT

Members of the Board Present

Steven Morrow, DDS, MS, President
*Judith Forsythe, RDA, Vice President (Also a Council member)
Fran Burton, MSW, Public Member
Steven Afriat, Public Member
Steven Chan, DDS
Yvette Chappell-Ingram, Public Member
Katie Dawson, RDH
Kathleen King, Public Member
Ross Lai, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Thomas Stewart, DDS
*Bruce Witcher, DDS, (Also a Council member)
Debra Woo, DDS

Members of the Board Absent

Members of the Dental Assisting Council Present

Chair – Anne Contreras, RDA
Vice Chair – Emma Ramos, RDA
Pamela Davis-Washington, RDA
Tamara McNealy, RDA
Judith Forsythe, RDA
Bruce Witcher, DDS

JNT 1 - Call to Order/Roll Call/Establishment of Quorum.

President Steven Morrow called the meeting to order at 5:10p.m. Anne Contreras, Dental Assisting Council Chair, called the roll and a quorum was established.

JNT 2 - Approval of the August 18, 2016 Joint Dental Board and Dental Assisting Council Meeting Minutes.

President Morrow asked if there were any comments, questions or edits needed to be made to the August 18, 2016 minutes. He then asked if there was any public comment on the minutes.

Hearing none, Ms. Forsythe moved a motion to approve the minutes. Ms. Davis-Washington seconded the motion.

Support: Morrow, Forsythe, Burton, Dawson, King, Le, Lai, McKenzie, Stewart, Whitcher, Woo, Contreras, Ramos, Davis-Washington, McNealy.
Oppose: 0 **Abstain:** 1 **Absent:** 1

The motion carries.

JNT 3: Update on Dental Assisting Program and Course Application Statistics

Sarah Wallace, Assistant Executive Officer gave an overview of the information provided and made herself available to answer any questions.

Hearing no questions, Ms. Forsythe moved on to the next item.

JNT 4 – Update on Dental Assisting Examinations Statistics.

After having Mr. Raske pass out the hand-carried item to all the board and DAC members, Ms. Wallace gave an overview of the information provided and mentioned that all of the dental assisting examination statistics would be posted up on the Dental Board's website soon.

Board comment:

Dr. Stewart asked if the board is going in the right direction.

Ms. Wallace responded that staff is still working on performing a review of the practical examination and that even after providing a candidate guide to exam candidates, she does not believe staff has observed a significant increase in the passing rate.

Ms. Forsythe asked how many exams have been given with the candidate guide.

Ms. Wallace responded that 3 exams have been given with the candidate guide.

Dr. Woo asked if the RDAEF statistics were included in the handout.

Ms. Wallace responded affirmatively, and mentioned that all of the dental assistant examinations are included in the handout including the OA and DSA written examinations.

JNT 5 - Update on Dental Assisting Program Licensing Statistics.

- RDA
- RDAEF
- Orthodontic Assistant Permit(OA)
- Dental Sedation Assistant Permit(DSA)

Ms. Wallace reported that during the full Board meeting, the Board gained a new member in the DDS unit who has been successful at running licensing statistics in the dentistry side and has been also been working on updating the licensing statistics in the dental assisting side. She went on to mention that for this meeting, a full breakdown of

the statistics was not available, however a more robust one is anticipated for the next board meeting. She also pointed out that the number of delinquent licensees appears to be high due in part to duplication in the statistical reporting and that the board is working on how to rectify the duplication error.

JNT 6 - Discussion and Possible Action Regarding the Update and Possible Combining of the Registered Dental Assistant (RDA) Law & Ethics and Written Examination in Accordance with Business and Professions Code Section 139 Requirements

Ms. Wallace discussed that after Karen Fischer and herself met with Dr. Lincer and her staff, it was strongly recommended that the two written examinations be combined into one 100 item written examination. She mentioned that Ms. Fischer and herself believe this undertaking is feasible as it relates to statute. She then passed the presentation over to Dr. Lincer.

Dr. Heidi Lincer, Chief of OPES, discussed that OPES conducted an occupational analysis for the RDA practice and during the course of that report, OPES determined a lot of changes compared to the previous occupational analysis and the resulting examination outline. She mentioned that what OPES staff found was a lot of the content that was covered in the current occupational analysis was no longer indicated as valid content in the new occupational analysis. That leaves us with a gap in developing an examination. She pointed out that when looking at the two test plans for the Law & Ethics versus the General Written examination, there's a lot of overlap in the content areas. Therefore, the practice has been divided arbitrarily in a way, into a Law & Ethics and general practice. For most of the professions, these are just combined into one examination. And because they're both 50 item examinations, OPES believes that a stronger exam would be a 100 item exam, it gives us the opportunity to write questions that are more scenario based that can incorporate the ethics issue in with a practice type of questions, for example, you are practicing and an ethical issue comes up, so it makes for a stronger examination with better questions and it also provides more reliability as far as assessing the competency of the candidates. She went on to mention that it is also more in line with what the Board does with the other professions such as dentists, RDH's and RDAEF's, there is only one written examination in place and it would also remove a barrier for licensure since they would only be required to pay and take only one written examination instead of for two.

Board comment:

Dr. Woo commented she believed this to be a very good report. She pointed out that she was in favor of another barrier being removed for the exam candidates, that statistically it does provide a better test pool, and thanked Dr. Lincer for the report.

President Morrow asked if this item required a motion.

Mr. Walker answered affirmatively and explained that the motion is to recommend the combining of the Law & Ethics and the written examinations into one exam.

Ms. Wallace added that the motion is that the Board and Council consider and direct staff to work with the DCA Office of Professional Examination Services to assist staff to

update and combine the RDA Written and Law & Ethics examinations into one written examination based on the findings that were recently completed in the occupational analysis.

Dr. Woo moved the motion; Dr. Stewart seconded the motion.

Ms. Forsythe asked if there was any discussion from the board members or public comment.

Public Comment:

Ms. Randolph, with the Dental Assisting Educators Group of CA, commented that a survey was sent out to the group concerning the combining of both written examinations and 30-40 responses were received back. All of the responses, with the exception of 1 were in favor of combining them. However, there are serious concerns about it because the combined written exam would only contain 100 questions. She pointed out that, as far as she's aware of, the current general knowledge written exam contains 150 questions, not 50 questions and that the Law & Ethics is composed of 50 questions. She went on to mention that none of the educators that were surveyed were in favor of reducing the total amount of questions down to 100. She reiterated that the written exam has never been composed of only 50 questions.

Ms. Forsythe commented she was under the same impression that the current written exam consists of 150 questions.

Dr. Lincer apologized and explained that she was unaware the general written examination consisted of 150 questions, due to primarily working on the Law & Ethics written examination.

Ms. Wallace mentioned she was under the impression that the general written exam was not 100 questions and added that the board does not have to be necessarily committed to the 100 questions and can direct staff to work the OPES to combine both examinations.

Ms. Fischer commented that, going along with what Dr. Lincer has reported on, it's not the quantity but the quality of the questions that will make for a strong written examination and it's best to leave it to OPES to determine the number of questions. She added that at this point, the vote should be related to whether or not we will be combining the two examinations and leave it up to the experts to determine the number of questions that will be used.

Dr. Le added that she agrees that it's not the quantity but the quality of the questions that counts.

Ms. Randolph added that a number of members from the Dental Assisting Educators Group of CA stated the same thing. But she would like for everyone to keep in mind that the National Board exam to become a CDA is 300 questions. There are 3 separate tests and all 3 tests have 100 questions each. Therefore, for the board to create a 100 question written exam would really deviate from the national board exam.

Ms. McNealy added that within the national exam, 100 questions are devoted to infection control, 100 questions to radiation safety, and 100 questions to general chairside assisting.

Dr. Lincer commented that what OPES can do is continue working with board staff in the form of workshops and review both the exams with the subject matter experts and get their recommendations and report back to staff or board members.

Ms. Chappelle-Ingram commented that there seems to be some confusion about the number of questions and concerns about the number of questions declining. She mentioned that she keeps hearing about a national examination and that she's reluctant to vote on an item that the board doesn't have all the facts on. She added that she believes we need all the facts first so that we don't put exam candidates in a worse off position.

Dr. Lincer commented that OPES' major concern is the Law & Ethics exam that they has been providing to the board. So the issue with the Law & Ethics exam, based on the occupational analysis, the bank of questions that we have will not support the new occupational analysis because the scope is much more narrow than it was. That is why OPES has made the recommendation to combine the two exams, because we don't feel there's a wide enough scope to make a valid exam.

Ms. Chappell-Ingram asked if that is the case just for the Law & Ethics exam.

Dr. Lincer answered affirmatively.

Mr. Afriat asked president Morrow if he can make a friendly amendment to the motion that everyone will feel comfortable with. He reiterated that what everyone's really voting on is combining the two exams. He stated that the friendly amendment is for staff to work with OPES to merge the two exams and to report back to the board any further exam details. That way we don't have to spend time today worried about how many questions the combined written exam will be composed of, or any of those types of details.

Dr. Woo added that the board should leave OPES to decide that and said she was willing to accept the amended motion.

Dr. Le commented that the motion will need to be amended, because the motion as it stands now has the 100 question detail in it.

Mr. Afriat agreed.

Dr. Woo stated that the amended motion will be to combine the RDA Law & Ethics with the current written exam.

Ms. McNealy said she would second the amended motion, however Mr. Walker said Dr. Stewart already seconded the motion.

Ms. Forsythe asked if there was any public comment.

Ms. Randolph added that although the members from the Dental Assisting Educators Group of CA are in agreement with merging the two written exams, the hygienists still have to take more than one written exam, a national and the Law & Ethics. So the argument that EF's only have to take one exam, well that's because they've already become an RDA and taken the two written exams. Therefore the logic is somewhat erroneous that other dental professionals only have to take one exam. So if we're trying to make this equivalent to other licensees, that's not necessarily being accomplished because hygienists are taking more than one, dentists take more than one written exam.

President Morrow mentioned to Ms. Randolph he understands that CADAT can submit information, material suggestions to the board during the process of combining the two written examinations that would be considered and that she is certainly free to do that in written format, and send in to board staff.

Ms. McNealy asked for clarification where the process goes from here, the date of anticipation when the boards staff will meet with OPES, stakeholders and subject matter experts and a timeline of when these meetings will occur.

Ms. Wallace clarified that what would happen next is board staff will meet with OPES and possibly put together an interagency contract and that contract would outline all the tasks and a timeline to fulfill the tasks, and then work with OPES to recruit for those workshops.

Ms. Forsythe asked once again if there was any discussion from the board members or public comment. Hearing none, she asked for a roll call to vote.

Mr. Afriat read rollcall for motion:

Support: Morrow, Forsythe, Afriat, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo, Contreras, Ramos, Davis-Washington, McNealy.
Oppose: 0 **Abstain:** 0

The motion carries.

JNT 7 - Update Regarding the 2017 Examination Schedule

Ms. Wallace discussed that the 2017 Examination Schedule has been finalized within the last few weeks and has been posted to the board's website. She mentioned that this will be the last year that the board will be able to utilize the Carrington College Pomona site, therefore the board is in the process of looking for an additional southern California site and is looking at adding an additional examination in July, which is also another agenda item.

Ms. Forsythe asked if there was any discussion from the board members or public comment.

Board comment:

Ms. Davis-Washington asked that since the November 2016 exam was cancelled, will the November exam candidates be scheduled to take the exam in February 2017.

Ms. Wallace responded no and explained that the board is working on scheduling a different full weekend sooner than February for the November 2016 exam candidates.

Ms. McNealy asked if the exam that will be scheduled before February will only be open to the candidates that were scheduled to the cancelled exam that occurred in November 2016.

Ms. Wallace answered affirmatively and explained that the board will not be taking in any additional applications for the re-scheduled exam. November candidates will simply be re-scheduled for the chosen dates, for the exact same sessions and there will be no need for them to submit additional applications or fees and the board will reach out to them.

Ms. Fischer pointed out that the board's exam chair, Dr. Woo, is planning to attend the exams next year to observe how they're administered.

Dr. Woo confirmed she would be at all nine exams.

Ms. Forsythe asked once again if there was any discussion from the board members or public comment.

Hearing none, Ms. Forsythe moved on to the next item.

JNT 8 - Discussion and Possible Action Regarding the Location of the July 2017 Registered Dental Assistant (RDA) Practical Examination

Ms. Wallace discussed that for the past several years the board has administered the RDA practical exam at the Allan Hancock College in Santa Maria, CA. This past year however, the board offered the examination at the San Joaquin Valley College in Fresno, CA, resulting in a very good turnout and receiving good feedback likewise. She mentioned that the board has received feedback from schools and local dentists in the Santa Maria location requesting the board to administer the exam in Santa Maria rather than in Fresno. With the understanding that the board can only administer one additional exam in 2017, staff has brought this matter to the board and the dental assisting council to ask for direction as to where the additional exam should be held, either in Santa Maria or Fresno. She pointed out that the bid for the facility cost to administer the exam at the Santa Maria site came back approximately \$1700 more than the Fresno exam site bid and that the candidate turnout is usually about 150-200. On a standard exam weekend, the board tests up to 500 candidates, and is the number of candidates that the board was able to accommodate at the Fresno location. She added that the Fresno exam seems to relieve the overflow from the San Francisco and even the Pomona examinations and that it's an easier exam site location to reach in terms of travel. Ms. Wallace concluded her report by respectfully requesting that the board and the dental assisting council make a determination as to whether or not the board should administer the additional 2017 RDA exam in Santa Maria or Fresno.

Board comment:

Dr. Whitcher commented that it's his belief that the Santa Maria location is offering free accommodations to the exam candidates in terms of hotel overnight stay.

Ms. Wallace responded that her understanding is that the Santa Maria location may be able to offset some of the costs, but the cost of the facility would not outweigh the costs they will offset.

Ms. McNealy commented that this is something that the central valley has been requesting for several years, speaking loud and clear as to the need for having an exam in the central valley. She mentioned that the San Joaquin Valley College received numerous calls from candidates whom postponed applying to other exam sites with the intention of waiting to apply for the July 2016 exam in Fresno because of the higher costs associated with traveling to the other exam sites. The numbers showed that the central valley exam location is definitely a viable option for those candidates that are looking to reduce their travel and expense costs.

Ms. Dawson moved a motion to select the Fresno location as the 2017 additional RDA exam site. Ms. Forsyth seconded the motion.

Ms. Forsythe commented that the math makes sense to hold the exam at a location where the board can accommodate the most candidates as possible.

Ms. Forsythe asked if there was any discussion from the board members or public comment.

Mr. Afriat read rollcall for motion; however Mr. Walker pointed out that the new board member, Dr. Steven Chan, who is in attendance, was mistakenly not asked to vote on agenda item six.

Mr. Afriat asked President Morrow to reconsider item number six so that new board member Dr. Chan can record his vote.

President Morrow approved to reconsider agenda item number six.

Mr. Afriat confirmed that item six is the only item Dr. Chan can vote on because he would not have been able to vote on the minutes.

Mr. Walker stated that the motion was to combine the Law & Ethics and the written examinations.

JNT 9 - Update the Review of the Registered Dental Assistant (RDA) Practical Examination

Ms. Wallace reported that at the May 2016 board meeting, the board had requested that staff engage the Office of Professional Examination Services to review the RDA Practical examination and determine what modifications may need to be made. Since that time, the

board has met with OPES and has engaged in an interagency contract with OPES to review our RDA Practical examination. She mentioned that at the November UCSF examination there was a member of the OPES team that came and observed the administration, calibration and the grading of the examination during different sessions. Therefore, OPES is compiling their report, and as part of this report the board will be holding a one or two day stakeholder meeting as well as different item workshops to discuss the examination. She added that the board will be working with the community to recruit subject matter experts to attend those workshops which are expected to take place in January 2017. The board is hoping to have at least a draft report by July 1st, 2017.

Board comment:

Ms. McNealy requested that the DAC members be able to attend the examination along with Dr. Woo, to be educated in regards to what OPES is doing. That way, when they attend the stakeholder meetings, they are educated and are able to better participate equally.

Mr. Walker stated that it cannot be done. He explained that in order for a quorum of the Dental Assisting Council to attend, the event would first have to be noticed and the public would have to be allowed to be there in observance as well.

Ms. McNealy asked if a member of the DAC is able to attend.

Mr. Walker responded affirmatively and clarified that less than a quorum is able to attend.

Ms. McNealy requested that a member of the DAC take part in attending the examinations along with Dr. Woo.

Ms. Forsyth asked how it would be decided which DAC member will attend.

Mr. Walker stated it should not be an educator.

Ms. Forsythe asked if there was any discussion from the board members or public comment.

Ms. Ramos asked if the DAC members would be able to attend the workshops.

Mr. Walker responded that if it's a stakeholder meeting, yes the DAC members can attend, and reiterated the fact that if a quorum of the DAC attends the stakeholder meetings, the event will have to be noticed.

Ms. Ramos suggested that the DAC Chair or the Vice Chair can attend.

Mr. Walker said that would be fine.

Ms. Forsythe asked once again if there was any discussion from the board members or public comment.

Ms. King commented that if two DAC members attend the stakeholder meeting they cannot comment during the meeting because the discussion will be heard by the board later as a motion. So they can attend, but they cannot comment during the meeting.

Mr. Walker agreed they should not comment but only observe during the stakeholder meeting.

Hearing no further questions, Ms. Forsythe moved on to the next item.

JNT 10 - Update Regarding the Registered Dental Assistant (RDA) Candidate Guide

Ms. Wallace discussed that as a result of the May 2016 meeting, at which the board discussed the occupational analysis, a request was made that staff work with OPES to develop a candidate guidebook based on the materials that we had available for the RDA practical exam including the grading rubric. As a result of working with OPES and their determination of what could and could not be released, the 2016 Candidate Handbook was released on August 15, 2016 and was distributed to all of the educator groups and associations and was posted on the boards website. She added that staff now prints copies and includes that with each candidates scheduling notice. As a result of distributing the Candidate Handbook, the board has received some feedback and is in the process of working with OPES. She pointed out that some modifications will be made to the Candidate Handbook in 2017, so there's a possibility that a revised version could come out in January 2017. Ms. Wallace concluded her report by letting the board and DAC members know that they may email her directly if they have any suggestions or know of someone else that may have any additional feedback.

Board comment:

Ms. McNealy commented that she and her staff have been working with the Candidate Handbook and the rubric provided, but there exists some confusion regarding the rubric provided. She mentioned that rubrics are supposed to provide an objective guideline for grading, but the one provided feels very subjective and open to interpretation and that she was wondering if there's going to be some clarity and changes to the grading rubric to provide more detailed guidelines concerning the expectations of how the exam is being graded and if it's something that can be modified.

Ms. Wallace responded that she has reason to believe that the rubric will not be modified most likely until the report relating to the practical exam comes out and we have the psychometrician look at it and correlate it with the practical exam in her study. She added that the rubric issue would most likely be rectified as a result of the separate study and would not be something that staff can do by a modification fix, and that the board is focusing more on giving guidelines as to what equipment the candidates need to bring with them and how they will be graded.

Ms. Forsythe asked if there was any discussion from the board members or public comment.

Public Comment:

Ms. Randolph thanked the board for creating the candidate handbook and mentioned that she as well as other dental assisting educators appreciates the work that's been put into creating this useful tool.

Ariane Trulay, Chief Dental Officer of Clinica de la Raza commented that the RDA Law & Ethics exam failure rate is huge. She teaches the Law & Ethics subject to the dental students and generally suggests to her students that if they fail the Law & Ethics exam they probably should not be practicing dental assisting in California. She added that there's something going on with regards to the questions or how they are worded and wonders if candidates understand the difference between written laws and code of ethics. She expressed her concerns saying that the majority of her staff is bilingual and that she feels that the manner in how the questions are being asked to a multilingual audience is probably not coming across in a clear manner. She gave an example of how the word "burnout", which relates to radiation safety, can be interpreted by someone multilingual in a way that relates to exhaustion. She concluded her comment by stating that the pass rate should be higher, therefore she is questioning the questions found in the Law & Ethics exam.

Ms. Forsythe asked once again if there was any discussion from the board members or public comment.

Hearing no further questions, Ms. Forsythe moved on to the next item.

JNT 11 – Update on Dental Assisting Council Regulatory Workshops.

Ms. Wallace reported that the board has been successful at holding Dental Assisting Council Regulatory Workshops throughout 2016 and that she anticipates staff will be wrapping up a couple of the sections at the last workshop scheduled for December 16, 2016. She also mentioned that a few more workshops will be scheduled early on in 2017 to analyze all the sections discussed, workout some more details and have a regulatory package draft in its entirety to present to the Dental Assisting Council and the board members at some point during 2017.

Ms. Forsythe asked if there was any discussion from the board members or public comment.

Board comment:

Ms. McNealy commented that the regulatory workshops have been very helpful with getting all of the information out, what everyone is concerned about and that it's been a very good collaborative effort and she thanked everybody including the stakeholders.

Ms. Forsyth commented that board staff has done an amazing job at working through those workshops even though they are long and tedious and thanked everyone.

Hearing no further questions, Ms. Forsythe moved on to the next item.

JNT 12: Discussion and Possible Action Regarding Review of Draft Regulatory Language Relating to the Implementation of the Additional Duties of Registered Dental Assistant in Extended Functions (RDAEF) as Specified in Business and Professions Code Section 1753.55 (Determination of Radiographs and Placement of Interim Therapeutic Restorations)

Ms. Wallace discussed that in 2014, assembly bill 1174 was signed by Governor Brown and essentially added duties to RDAEF's to be able to make the determination for radiographs and perform Interim Therapeutic Restorations (ITR). Most likely a lot of board members could recall a lot of the discussions and how this involves the Dental Hygiene Committee as well in relation to their license holders. She went on to say that over the last couple of years the board has not seen a lot of interest in the permit from RDAEFs, but is now receiving feedback from programs and a couple of applicants interested in the RDAEF permit. Therefore, board staff has drafted preliminary language just to get the ball rolling and get the ideas out on paper, but still needs to meet with the Dental Hygiene Committee and their subcommittee to work out the details. She added that she wanted to take this opportunity to invite any board member, DAC member or stakeholder to email her any valuable feedback as it relates to the draft language for the ITR permit.

Board comment:

Ms. McNealy commented that she loves how clean the ITR application looks, how it's easy to understand, and how everything in the application is referenced.

Ms. Fischer reiterated that any suggestions or feedback should be emailed to Ms. Wallace by the end of December 2016 and can be brought back at a future meeting.

Ms. Wallace pointed out that the ITR permit regulatory language would be applicable to those who are already licensed as RDAEFs as of January 1, 2010.

Dr. Stewart asked where the language came from and if it has been looked at by Dr. Glassman.

Ms. Wallace responded that what everyone has in their hands is staff's attempt to getting something on paper, so it's a combination of Dr. Glassman's Health Workforce Pilot Project #172 curriculum in addition to what the board would need in our own regulations.

Dr. Stewart commented that he was one of the participants and evaluators that worked on the Health Workforce Pilot Project #172 and suggested that the board should consider having Dr. Glassman review the language found in the ITR application and get his input. He added that he will look at the application as well.

Ms. Forsythe asked if there was any discussion from the board members or public comment.

Public Comment:

Amason Amakian with the Program of Continued Education at UOP commented that she worked with Dr. Glassman on the application for the Health Workforce Pilot Project #172, saw it through the evaluation and approval and offered her input and help. Ms. Greenfield commented that she was not particularly interested in the Health Workforce Pilot Project #172 in the beginning, but came to realize how important it is to primary care and public health clinics and hopes the regulations move along.

JNT 13: Discussion and Possible Action Regarding Items Requested by Joan Greenfield, RDAEF, OAP, MS

Ms. Greenfield presented the following items to the Board and Council for consideration and provided additional information.

- Placement of Gingival Retraction Cord
- Removal of the Placement of Gingival Retraction Cord from the RDAEF Clinical Examination as a Separate Graded Item
- Amending the Regulatory Language for the RDAEF Restorative Examination
- Add the Administration of Nitrous Oxide to the Scope of Practice for the RDAEF Licensed on or after January 1, 2010
- Add the Administration of Local Anesthesia to the Scope of Practice for the RDAEF Licensed on or after January 1, 2010

Ms. Fisher stated that the board will work on scheduling an Exam and DAC meeting to be able to discuss the first 3 items listed above, and that way have the background information to move forward and determine if the board can begin working on regulations or not. The last 2 scope of practice items will be taken as a separate item in a future meeting as the board continues the discussion on sedation.

Ms. Greenfield requested to be able to begin regulatory language so it becomes the basis of future work on the last 2 scope of practice items.

Ms. Forsythe asked if there was any discussion from the board members or public comment.

Hearing no further questions, Ms. Forsythe moved on to the next item.

JNT 14: Dental Assisting Council Elections

Mr. Walker asked the DAC members if there were any nominations for DAC Chair.

Pamela Davis-Washington nominated Emma Ramos. Ms. Ramos accepted the nomination.

Mr. Afriat read rollcall for motion

Support: Forsythe, Whitcher, Contreras, Ramos, Davis-Washington.

Oppose: 0 **Abstain:** 1

After congratulating Ms. Ramos, Mr. Walker asked for nominations for Vice Chair.

Ms. Ramos nominated Anne Contreras. Ms. Contreras accepted the nomination.

Mr. Afriat read rollcall for motion

Support: Forsythe, Whitcher, Contreras, Ramos, Davis-Washington.

Oppose: 0 **Abstain:** 1

Board comment:

Ms. Burton congratulated Ms. Contreras for her nomination of Vice Chair and for finishing her Master's degree.

Ms. Contreras thanked everyone for their support.

JNT 15 - Adjourn Joint Meeting of the Dental Board and the Dental Assisting Council.

President Morrow adjourned the council meeting at 6:18p.m.



MEMORANDUM

DATE	February 13, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 3: Dental Assisting Staff Update

Background:

Since the December 2016, we have been able to fill several critical vacancies in the Board's Dental Assisting Program. I have hired Laura Fisher as the new Associate Governmental Program Analyst (AGPA) Education Coordinator and Licensing Lead in the Dental Assisting Unit, and I have hired Tina Vallery as the new Associate Governmental Program Analyst (AGPA) Examination Coordinator and Examination Lead in the Dental Assisting Unit. Laura assumed her new role on December 12 and Tina assumed her new role on January 3.

Additionally, I have hired Jessica Nguyen as a new Management Services Technician to review applications and administer examinations, and I have hired Kerima Basa as the new front desk clerical support for the Dental Assisting program.

The Board administered RDA practical examinations on January 14-15 in Pomona, February 4 in Pomona and February 11 in San Francisco. Additionally, the Board administered the RDAEF examination on January 28 in San Francisco. Drs. Lai and Woo attended the administration of the RDAEF examination on January 28 in San Francisco, and Dr. Woo attended the RDA practical examination on February 11 in San Francisco.

Board staff has been working with the DCA Office of Professional Examination Services to recruit Subject Matter Experts for workshops relating to the RDA practical examination and the combining of the RDA written and law and ethics examinations.

Additional details will be provided at the meeting

Action Requested:

No action requested.



MEMORANDUM

DATE	January 23, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Leslie Campaz, Educational Program Analyst
SUBJECT	Agenda Item 4: Update on Dental Assisting Program and Course Application Statistics

In an effort to meet the requirements of CCR, Title 16, Section 1070(a)(2), the Board has started off the year approving DA program and course curriculum applications. The re-evaluation of programs and courses may include a site visit or may require written documentation that ensures compliance with all regulations. Additionally, the Board will soon begin recruiting and training additional subject matter experts (SME's) in the dental assisting program and course evaluation process.

Table 1 identifies the total number of DA Program/Course curriculum applications that have been approved in 2017 to date. Table 2 lists the number of DA Programs and Course site visits conducted in 2017 to date. Table 3 lists the DA Program and Course applications that are currently being reviewed or have been approved since the last board meeting. Table 4 identifies approved DA program or course providers by name and type of program.

Table 1

Total DA Program and Course Applications Approved in 2017 to date

	RDA Programs	RDAEF Programs	Radiation Safety Course	Coronal Polish Course	Pit and Fissure Sealants	Ultrasonic Scaler	Infection Control	Orthodontic Assistant	Dental Sedation Assistant	Grand Total
Course Totals	0	0	1	0	1	0	1	2	0	5

Table 2

Total DA Program and Course Site Visits/Re-evaluations conducted in 2017

	RDA Programs		RDAEF	Radiation Safety	Coronal Polish	Pit and Fissure Sealants	Ultrasonic Scaler	Infection Control	Orthodontic Assistant	Dental Sedation Assistant	Grand Total
	Provisional	Full									
Site Visit Totals	0	0	0	0	0	0	0	0	0	0	0

Table 3				
DA Program & Course Applications Approved and Received Since Last Board Meeting				
Program or Course Title	Approved	Denied	Received/ Currently Processing	Incomplete Application Received
RDA Program/Curriculum	0	0	1	0
RDAEF/Program/Curriculum	0	0	0	0
Radiation Safety	1	0	0	0
Coronal Polish	0	0	0	0
Pit and Fissure	1	0	0	0
Ultrasonic Scaler	0	0	0	0
Infection Control	0	0	0	0
OA Permit	5	0	3	0
DSA Permit	0	0	0	0
Total Applications	7	0	4	0

Table 4

Dental Assisting Programs/Courses Approved Since Last Board Meeting

Provider	Approval Date	RDA Program	RDAEF Program	X-Ray	CP	P/F	US	IC	DSA	OA
Academy of Evolution in Dental Assisting	1/23/2017					X				
Bakersfield Orthodontic Dental Group	12/15/2016									X
California Institute of Dental Education	12/15/2016									X
Children's Braces and Dentistry	12/15/2016									X
Hamid Barkhovdar DDS Inc.	12/14/2016									X
OC Dental Specialists	1/5/2017									X
OC Dental Specialists	1/5/2017			X						
INDIVIDUAL PROGRAM/COURSE TOTALS				1		1				5
TOTAL APPROVALS = 7										



MEMORANDUM

DATE	February 14, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Tina Vallery, Examination Coordinator Dental Board of California
SUBJECT	Agenda Item 5: Update on Dental Assisting Examination Statistics

Background:

Staff is not including a breakdown of first-time and repeat test takers for the written or practical examination statistics shown in any of the tables below. Since the implementation of BreEZe, staff has not been able to generate a report that provides this information.

The following table provides the written examination pass and fails statistics for candidates who took the examinations from January to December 2016.

Written Examination Statistics for **January – October 2016 All Candidates**

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Passed	% Failed
RDA	1970	1245	725	63%	37%
RDA Law & Ethics	2189	1238	951	57%	43%
RDAEF	135	73	62	54%	46%
Orthodontic Assistant	411	195	216	47%	53%
Dental Sedation Assistant	2	2	0	100%	0%

The following table provides the RDAEF practical examination statistics for the months of January through October 2016.

RDAEF Clinical/Practical Examination Statistics for **2016 All Candidates**

Clinical/Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – January (North)	18	67%	33%
RDAEF- May (South)	30	73%	27%
RDAEF – July (North)	24	62%	38%
RDAEF – October (South)	25	64%	36%
Total for Year	97	67%	33%

The following table provides the RDA practical examination statistics for the months of January through November 2016.

RDA Practical Examination Statistics for 2016 All Candidates

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDA – February (North)	297	69%	31%
RDA – February (South)	495	41%	59%
RDA – April (North)	297	50%	50%
RDA – May (South)	476	39%	61%
RDA – July (Central)	500	54%	46%
RDA – September (North)	421	63%	37%
RDA – September (South)	522	46%	54%
RDA – November (North)	243	60%	40%
Total for Year	2162	53%	47%

The following tables provide RDA Practical Examination Pass and Fail Rates of overall candidates from 2011 through 2016 broken down by the North, South and Central region examination sites.

RDA Practical Examination Statistics for 2011-2016 Overall Pass Rates

	North	South	Central
2011			85%
2012	88%	82%	88%
2013	88%	84%	84%
2014	41%	33%	59%
2015	64%	49%	81%
2016	61%	42%	54%

RDA Practical Examination Statistics for 2011-2016 Overall Fail Rates

	North	South	Central
2011			15%
2012	12%	18%	12%
2013	12%	16%	16%
2014	59%	67%	41%
2015	37%	51%	19%
2016	40%	58%	46%

Action Requested:

No action requested at this time.

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Apr-16	May-16	July-16	Sep-16	Nov-16	Jan-17	Total
4D College - Victorville (914)	100%	N/A	100%	N/A	100%	N/A	N/A	100%
	1		1		2			4
	0		0		0			0
Allan Hancock (508)	50%	N/A	50%	53%	100%	N/A	50%	57%
	1		1	8	2		1	13
	1		1	7	0		1	10
American Career - Anaheim (896)	30%	0%	46%	100%	33%	0%	82%	33%
	3	0	6	1	3	0	2	15
	7	1	7	0	6	1	9	31
American Career - Los Angeles (867)	75%	0%	50%	67%	75%	N/A	38%	62%
pass	3	0	5	2	6		8	24
fail	1	1	5	1	2		5	15
American Career - Ontario (905)	50%	N/A	63%	0%	60%	N/A	38%	49%
pass	7		5	0	3		3	18
fail	7		3	2	2		5	19
Anthem College (503)	100%	0%	N/A	100%	100%	N/A	N/A	71%
pass	1	0						5
fail	0	2						2
Bakersfield College (509)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass								
fail								
Baldy View ROP (590)	0%	N/A	0%	N/A	56%	N/A	60%	50%
pass	0		0		5		3	8
fail	1		1		4		2	8
Blake Austin College (897)	86%	67%	N/A	N/A	0%	67%	N/A	72%
pass	12	4						18
fail	2	2						7
Brightwood - Modesto (890) (formerly Kaplan)	86%	54%	25%	43%	92%	71%	N/A	69%
pass	12	7	1	3	12	10		45
fail	2	6	3	4	1	4		20
Butte County ROP (605)	100%	N/A	N/A	80%	N/A	100%	N/A	83%
pass	2							20
fail	0							4

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Apr-16	May-16	July-16	Sep-16	Nov-16	Jan-17	Total
CA Coll of Voc Careers (878)	0%	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass	0							0
fail	1							1
Cabrillo College, Aptos (510) (001)	0%	N/A	50%	N/A	N/A	N/A	N/A	33%
pass	0		1					1
fail	1		1					2
Carrington - Antioch (886)	0%	0%	N/A	N/A	N/A	100%	N/A	33%
pass	0	0				1		1
fail	1	1				0		2
Carrington - Citrus Heights (882)	76%	56%	0%	83%	67%	85%	N/A	73%
pass	13	5	0	10	12	11		51
fail	4	4	1	2	6	2		19
Carrington - Pleasant Hill (868)	86%	50%	50%	N/A	77%	62%	N/A	69%
pass	12	5	1		10	8		36
fail	2	5	1		3	5		16
Carrington - Pomona (908)	50%	N/A	100%	N/A	N/A	N/A	N/A	60%
pass	2		1					3
fail	2		0					2
Carrington - Sacramento (436)	60%	54%	20%	39%	36%	79%	N/A	51%
pass	18	13	1	11	5	11		59
fail	12	11	4	17	9	3		56
Carrington - San Jose (876)	43%	53%	N/A	71%	58%	60%	N/A	57%
pass	3	8		5	7	3		26
fail	4	7		2	5	2		20
Carrington - San Leandro (609)	50%	31%	N/A	40%	86%	67%	N/A	55%
pass	6	4		2	12	2		26
fail	6	9		3	2	1		21
Carrington - Stockton (902)	86%	0%	N/A	59%	50%	50%	N/A	57%
pass	6	0		10	3	2		21
fail	1	3		7	3	2		16
Carrington - Emeryville (904)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass								
fail								

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Apr-16	May-16	July-16	Sep-16	Nov-16	Jan-17	Total
Cerritos College (511)	30%	N/A	50%	N/A	80%	N/A	43%	46%
pass	3		1		4		3	11
fail	7		1		1		4	13
Chaffey College (514)	50%	N/A	43%	N/A	67%	N/A	N/A	53%
pass	2		3		4			9
fail	2		4		2			8
Charter College - Canyon Country (401)	100%	N/A	75%	N/A	50%	N/A	0%	60%
pass	2		3		1		0	6
fail	0		1		1		2	4
Citrus College (515)	N/A	N/A	50%	100%	77%	N/A	50%	73%
pass			2	5	10		2	19
fail			2	0	3		2	7
City College of SF (534)	N/A	100%	N/A	100%	88%	N/A	N/A	89%
pass		1		1	14			16
fail		0		0	2			2
College of Alameda (506)	0%	100%	N/A	33%	50%	50%	0%	43%
pass	0	2		1	5	2	0	10
fail	3	0		2	5	2	1	13
College of Marin (523)	0%	100%	N/A	50%	63%	60%	N/A	56%
pass	0	2		5	5	3		15
fail	2	0		5	3	2		12
College of the Redwoods (838)	100%	100%	N/A	67%	100%	N/A	N/A	90%
pass	2	1		4	12			19
fail	0	0		2	0			2
College of San Mateo (536)	100%	0%	N/A	N/A	N/A	100%	N/A	83%
pass	3	0				2		5
fail	0	1				0		1
Concorde Career - Garden Grove (425)	31%	0%	47%	100%	39%	N/A	22%	35%
pass	5	0	9	3	3		2	22
fail	11	1	10	0	10		9	41
Concorde Career - North Hollywood (435)	50%	N/A	50%	N/A	20%	N/A	29%	38%
pass	3		3		1		2	9
fail	3		3		4		5	15

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Apr-16	May-16	July-16	Sep-16	Nov-16	Jan-17	Total
Concorde Career - San Bernardino (430)	23%	N/A	35%	33%	31%	100%	42%	34%
pass	6		8	1	6	1	11	33
fail	20		15	2	13	0	15	65
Concorde Career - San Diego (421)	55%	83%	46%	0%	63%	N/A	54%	51%
pass	6	5	6	0	5		7	29
fail	5	1	7	6	3		6	28
Cypress College (518)	75%	N/A	N/A	64%	50%	N/A	N/A	65%
pass	3			7	1			11
fail	1			4	1			6
Diablo Valley College (516)	80%	0%	N/A	N/A	N/A	N/A	N/A	67%
pass	4	0						4
fail	1	1						2
Eden ROP (608)	100%	N/A	0%	0%	75%	N/A	N/A	50%
pass	1		0	0	3			4
fail	0		1	2	1			4
Everest - Alhambra (406)	50%	N/A	0%	0%	0%	N/A	0%	14%
pass	1		0	0	0		0	1
fail	1		1	1	1		2	6
Everest - Anaheim (403)	100%	N/A	50%	100%	N/A	N/A	50%	71%
pass	2		1	1			1	5
fail	0		1	0			1	2
Everest - City of Industry (875)	50%	N/A	100%	N/A	100%	N/A	33%	63%
pass	1		2		1		1	5
fail	1		0		0		2	3
Everest - Gardena (870)	0%	N/A	N/A	N/A	33%	N/A	0%	11%
pass	0				1		0	1
fail	1				2		5	8
Everest - Los Angeles (410)	100%	N/A	50%	N/A	0%	N/A	0%	38%
pass	1		2		0		0	3
fail	0		2		1		2	5
Everest - Ontario (501)	75%	N/A	33%	100%	50%	N/A	0%	46%
pass	3		1	1	1		0	6
fail	1		2	0	1		3	7

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Apr-16	May-16	July-16	Sep-16	Nov-16	Jan-17	Total
Everest - Reseda (404)	25%	N/A	40%	N/A	80%	N/A	33%	47%
pass	1		2		4		1	8
fail	3		3		1		2	9
Everest - San Bern (881)	20%	N/A	0%	N/A	75%	N/A	100%	43%
pass	1		0		3		2	6
fail	4		3		1		0	8
Everest - San Fran (407)	100%	33%	N/A	N/A	100%	50%	N/A	63%
pass	1	1			2	1		5
fail	0	2			0	1		3
Everest - San Jose (408)	N/A	100%	N/A	N/A	N/A	0%	N/A	50%
pass		1				0		1
fail		0				1		1
Everest - Torrance (409)	N/A	0%	N/A	N/A	N/A	N/A	N/A	0%
pass		0						0
fail		1						1
Everest - W LA (874) (formerly Nova)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass								
fail								
Foothill College (517)	100%	100%	N/A	63%	64%	0%	N/A	61%
pass	1	1		5	7	0		14
fail	0	0		3	4	2		9
Galen - Fresno (413)	100%	N/A	N/A	N/A	N/A	0%	0%	33%
pass	1					0	0	1
fail	0					1	1	2
Galen - Modesto (497)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass								
fail								
Galen - Visalia (445)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass								
fail								
Grossmont Health Occupational Center (519)	50%	100%	47%	0%	67%	100%	18%	43%
pass	3	1	8	0	7	1	3	23
fail	3	0	9	1	4	0	14	31

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Apr-16	May-16	July-16	Sep-16	Nov-16	Jan-17	Total
Hacienda La Puente (776)	25%	N/A	N/A	N/A	100%	N/A	0%	43%
pass	1				2		0	3
fail	3				0		1	4
Heald - Concord (891)	0%	43%	N/A	67%	100%	N/A	N/A	50%
pass	0	3		2	1			6
fail	1	4		1	0			6
Heald - Hayward (889)	75%	0%	N/A	100%	50%	N/A	N/A	60%
pass	3	0		1	2			6
fail	1	1		0	2			4
Heald - Roseville (911)	40%	0%	N/A	0%	0%	0%	N/A	18%
pass	2	0		0	0	0		2
fail	3	1		3	1	1		9
Heald - Salida (910)	0%	0%	N/A	N/A	N/A	N/A	N/A	0%
pass	0	0						0
fail	2	1						3
Heald - Stockton (887)	100%	100%	N/A	N/A	N/A	0%	N/A	50%
pass	1	1				0		2
fail	0	0				2		2
Brightwood College - Bakersfield (884) formerly Kaplan	50%	75%	0%	57%	43%	N/A	20%	43%
pass	4	3	0	4	3		1	15
fail	4	1	4	3	4		4	20
Brightwood College - Clovis (885) formerly Kaplan	78%	29%	100%	53%	71%	83%	0%	61%
pass	7	2	1	8	10	5	0	33
fail	2	5	0	7	4	1	2	21
Brightwood College - Palm Springs (901) formerly Kaplan	25%	N/A	0%	0%	50%	N/A	50%	33%
pass	1		0	0	4		2	7
fail	3		4	1	4		2	14
Brightwood College - Riverside (898) formerly Kaplan	60%	0%	60%	100%	50%	N/A	75%	59%
pass	3	0	3	1	3		3	13
fail	2	1	2	0	3		1	9
Brightwood College - Sacramento (888) formerly Kaplan	80%	56%	N/A	100%	50%	67%	N/A	57%
pass	4	5		1	5	1		16
fail	1	4		0	5	2		12

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Apr-16	May-16	July-16	Sep-16	Nov-16	Jan-17	Total
Brightwood College - San Diego (899) formerly Kaplan	17%	N/A	67%	100%	38%	N/A	33%	38%
pass	1		2	1	3		2	9
fail	5		1	0	5		4	15
Brightwood College - Stockton (611) formerly Kaplan	0%	100%	N/A	N/A	0%	N/A	N/A	50%
pass	0	1		1	0			2
fail	1	0		0	1			2
Brightwood College - Vista (900) formerly Kaplan	50%	0%	33%	80%	40%	50%	67%	52%
pass	4	0	2	4	2	1	4	17
fail	4	1	4	1	3	1	2	16
Milan Institute - Indio (906)	0%	N/A	14%	N/A	60%	0%	13%	19%
pass	0		1		3	0	1	5
fail	5		6		2	1	7	21
Milan Institute - Visalia (907)	70%	20%	33%	40%	25%	50%	N/A	44%
pass	7	1	1	4	1	1		15
fail	3	4	2	6	3	1		19
Modesto Junior College (526)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass								0
fail								0
Monterey Peninsula (527)	50%	N/A	100%	N/A	82%	N/A	N/A	80%
pass	1		1		14			16
fail	1		0		3			4
Moreno Valley College (903)	0%	N/A	67%	N/A	50%	N/A	0%	40%
pass	0		2		4		0	6
fail	3		1		4		1	9
Mt. Diablo/Loma Vista (500)	78%	63%	N/A	N/A	N/A	45%	N/A	61%
pass	7	5				5		17
fail	2	3				6		11
National Education Center - Bryman (406)	0%	0%	N/A	50%	60%	N/A	0%	44%
pass	0	0		4	3		0	7
fail	1	1		4	2		1	9
Newbridge College - SD (883) formerly Valley Career College	0%	N/A	N/A	N/A	N/A	N/A	0%	0%
pass	0						0	0
fail	2						2	4

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Apr-16	May-16	July-16	Sep-16	Nov-16	Jan-17	Total
North Orange Co (495)	47%	N/A	67%	N/A	100%	N/A	55%	55%
pass	7		2		2		6	17
fail	8		1		0		5	14
North-West - Pomona (420)	100%	N/A	100%	N/A	N/A	N/A	N/A	100%
pass	1		1					2
fail	0		0					0
North-West - West Covina (419)	0%	N/A	50%	N/A	57%	N/A	33%	38%
pass	0		3		4		3	10
fail	4		3		3		6	16
Orange Coast (528)	10%	N/A	100%	N/A	67%	N/A	25%	45%
pass	1		1		12		1	15
fail	9		0		6		3	18
Palomar College (721)	75%	N/A	100%	62%	N/A	N/A	0%	63%
pass	3		1	13			0	17
fail	1		0	8			1	10
Pasadena City College (529)	0%	N/A	47%	N/A	0%	N/A	50%	39%
pass	0		9		0		2	11
fail	2		10		3		2	17
Pima - Chula Vista (871)	54%	0%	57%	0%	25%	N/A	100%	45%
pass	7	0	4	0	2		2	15
fail	6	1	3	2	6		0	18
Reedley College (530)	80%	N/A	N/A	N/A	N/A	N/A	100%	86%
pass	4						2	6
fail	1						0	1
Riverside County Office of Edu. (921)	N/A	N/A	100%	67%	65%	N/A	16%	56%
pass			1	2	11		1	15
fail			0	1	6		5	12
Riverside ROP (498)	29%	N/A	40%	N/A	N/A	N/A	20%	29%
pass	4		2				1	7
fail	10		3				4	17
Sac City College (532)	0%	50%	N/A	71%	0%	100%	N/A	61%
pass	0	1		12	0	1		14
fail	1	1		5	2	0		9

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Apr-16	May-16	July-16	Sep-16	Nov-16	Jan-17	Total
S								
	1		4		8		3	16
	6		3		9		1	19
S (9)								
	0		1		0		0	1
	1		0		4		1	6
San Diego Mesa (533)	33%	N/A	0%	67%	100%	N/A	N/A	71%
pass	1		0	4	7			12
fail	2		1	2	0			5
SJVC - Bakersfield (601)	100%	0%	0%	N/A	N/A	N/A	100%	60%
pass	1	0	0	6	1		1	9
fail	0	1	3	2	0		0	6
SJVC - Fresno (602)	71%	40%	67%	53%	57%	N/A	16%	51%
pass	5	2	2	9	4		1	23
fail	2	3	1	8	3		5	22
SJVC - Rancho Cordova (880)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A
pass						0		0
fail						1		0
SJVC - Temecula (919)	N/A	N/A	100%	N/A	78%	N/A	86%	86%
pass			6		7		6	19
fail			0		2		1	3
SJVC - Visalia (446)	63%	29%	33%	N/A	N/A	78%	33%	53%
pass	5	2	1			7	1	16
fail	3	5	2			2	2	14
San Jose City College (535)	67%	56%	100%	N/A	75%	64%	N/A	65%
pass	4	10	1		6	7		28
fail	2	8	0		2	3		15
Santa Barbara City College (537)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass								0
fail								0
Santa Rosa JC (538)	100%	33%	N/A	N/A	68%	100%	N/A	71%
pass	4	1			15	2		22
fail	0	2			7	0		9

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Apr-16	May-16	July-16	Sep-16	Nov-16	Jan-17	Total
Shasta/Trinity ROP (455)	N/A	100%	N/A	40%	0%	50%	N/A	40%
pass		1		2	0	1		4
fail		0		3	2	1		6
Southern Cal ROC (612)	0%	N/A	0%	N/A	27%	N/A	0%	21%
pass	0		0		4		0	4
fail	1		1		11		2	15
The Valley School of DA (920)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass								
fail								
Tri Cities ROP (877)	100%	N/A	0%	N/A	50%	N/A	100%	67%
pass	1		0		1		4	6
fail	0		2		1		0	3
UEI - Chula Vista (879)	75%	N/A	67%	50%	33%	100%	0%	58%
pass	6		4	1	2	1	0	14
fail	2		2	1	4	0	1	10
UEI - El Monte (909)	20%	N/A	0%	N/A	33%	N/A	22%	15%
pass	1		0		1		2	4
fail	4		10		2		7	23
UEI - Gardena (918)	N/A	N/A	N/A	N/A	0%	N/A	33%	50%
pass			0		2		1	3
fail					1		2	3
UEI - Huntington Park (448)	14%	N/A	30%	100%	30%	N/A	25%	28%
pass	1		3	1	3		2	10
fail	6		7	0	7		6	26
UEI - LA (449)	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%
pass					0			0
fail					1			1
UEI - Ontario (450)	50%	0%	20%	N/A	0%	N/A	0%	18%
pass	3	0	1		0		0	4
fail	3	1	4		1		9	18
UEI - San Diego (451)	N/A	N/A	0%	N/A	25%	N/A	100%	33%
pass			0		1		1	2
fail			1		3		0	4

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Apr-16	May-16	July-16	Sep-16	Nov-16	Jan-17	Total
UEI - San Marcos (918)	N/A	N/A	N/A	N/A	0%	N/A	33%	25%
pass					0		1	1
fail					1		2	3
UEI - Stockton (925)	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%
pass					0			0
fail					1			1
UEI - Riverside (917)	67%	100%	33%	100%	45%	0%	86%	61%
pass	8	1	4	4	5	0	6	28
fail	4	0	8	0	4	1	1	18
UEI - Van Nuys (453)	20%	N/A	40%	N/A	N/A	N/A	67%	38%
pass	1		2				2	5
fail	4		3				1	8
UEI - Gardena (915)	60%	N/A	0%	N/A	67%	N/A	33%	53%
pass	3		0		2		3	8
fail	2		3		1		1	7
UEI - Anaheim (916)	N/A	N/A	N/A	N/A	0%	N/A	0%	0%
pass					0		0	0
fail					1		2	3
PERCENT PASS	52%	50%	39%	58%	58%	64%	38%	51%
TOTAL PASS	414	148	186	181	344	95	117	1,487
TOTAL FAIL	378	149	290	133	250	53	195	1,448

Program	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Total
4D College - Victorville (914)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	0%
pass								0						0
fail								1						1
Allan Hancock (508)	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A	N/A	100%	N/A	100%
pass						1	11	2	1			2		17
fail						0	0	0	0			0		0
American Career - Anaheim (896)	0%	67%	60%	100%	50%	50%	25%	0%	100%	N/A	0%	25%	0%	40%
pass	0	2	3	2	3	1	1	0	1		0	1	0	14
fail	1	1	2	0	3	1	3	1	0		5	3	1	21
American Career - Los Angeles (867)	0%	75%	100%	0%	40%	50%	0%	67%	60%	N/A	100%	67%	17%	50%
pass	0	3	2	0	2	1	0	2	3		2	2	1	17
fail	2	1	0	0	3	1	1	1	2		0	1	5	17
American Career - Ontario (905)	N/A	67%	33%	0%	N/A	N/A	50%	33%	50%	100%	67%	25%	100%	45%
pass		2	2	0		1	1	2	2	1	2	1	1	15
fail		1	4	1		1	1	4	2	0	1	3	0	18
Anthem College (503)	67%	33%	33%	0%	50%	0%	N/A	100%	100%	N/A	100%	N/A	0%	53%
pass	2	1	1	0	1	0		1	3		1		0	10
fail	1	2	2	1	1	1		0	0		0		1	9
Bakersfield College	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Baldy View ROP (590)	N/A	N/A	0%	N/A	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	14%
pass			0		1						0		0	1
fail			3		0						2		1	6
Blake Austin College (897)	80%	100%	100%	60%	100%	33%	N/A	50%	0%	0%	100%	N/A	100%	69%
pass	4	1	2	3	2	1		1	0	0	2		2	18
fail	1	0	0	2	0	2		1	1	1	0		0	8
Brightwood - Bakersfield (884) formerly Kaplan	N/A	67%	50%	50%	20%	33%	75%	100%	100%	0%	0%	0%	100%	48%
pass		2	2	1	1	1	3	2	1	0	0	0	1	14
fail		1	2	1	4	2	1	0	0	1	1	2	0	15
Brightwood - Clovis (885) formerly Kaplan	50%	50%	67%	100%	N/A	67%	60%	60%	67%	N/A	33%	N/A	33%	56%
pass	3	2	2	1		2	3	3	4		1		1	22
fail	3	2	1	0		1	2	2	2		2		2	17
Brightwood - Modesto (499)/(890) formerly Kaplan	0%	50%	57%	100%	75%	67%	71%	75%	N/A	63%	33%	75%	38%	60%
pass	0	2	4	3	3	4	5	3		5	1	6	3	39
fail	3	2	3	0	0	2	2	1		3	2	0	5	26
Brightwood - Palm Springs (901) formerly Kaplan	N/A	N/A	50%	0%	80%	0%	N/A	67%	67%	N/A	N/A	0%	33%	53%
pass			1	0	4	0		2	2			0	1	10
fail			1	1	1	1		1	1			1	2	9
Brightwood - Riverside (898) formerly Kaplan	N/A	100%	N/A	N/A	100%	N/A	N/A	100%	100%	50%	100%	67%	100%	85%
pass		1			1			1	3	1	1	2	1	11
fail		0			0			0	0	1	0	1	0	2
Brightwood - Sacramento (888) formerly Kaplan	0%	50%	0%	40%	0%	0%	N/A	100%	100%	50%	33%	0%	25%	42%
pass	0	1	0	2	0	0		1	3	1	1	1	1	11
fail	1	1	2	3	1	1		0	0	1	2	0	3	15
Brightwood - San Diego (899) formerly Kaplan	67%	N/A	100%	0%	0%	0%	33%	0%	100%	75%	100%	0%	100%	48%
pass	2		1	0	0	0	1	0	1	3	1	0	2	11
fail	1		0	2	1	2	2	1	0	1	0	2	0	12

[illegible]

Orange Coast (528)	fail																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											</
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San Jose City College (535)	pass	7	1	3	8	2	3	1	2	1	3	8	50%	N/A	80%
	fail	0	2	0	2	2	0	0	0	0	0	2	2		41
		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10
	pass														N/A
Santa Barbara City College (537)	pass														0
	fail														0
		50%	100%	100%	N/A	100%	N/A	100%	N/A	100%	86%	100%	100%	N/A	93%
	pass	1	1	3		1		2		11	6	1	2		28
Shasta/Trinity ROP (455)	fail	1	0	0		0		0		0	1	0	0		2
		N/A	N/A	N/A	N/A	N/A	N/A	33%	100%	100%	100%	N/A	N/A	0%	75%
	pass							1	2	1	1			0	5
	fail							2	0	0	0			1	3
Southern Cal ROC - Torrance (612)		N/A	N/A	N/A	100%	100%	0%	100%	100%	N/A	50%	100%	N/A	100%	78%
	pass				2	2	0	1	1		1	2		1	10
	fail				0	0	1	0	0		1	0		0	2
		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Southland College (428)	pass														0
	fail														0
		N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	0%	N/A	0%	0%	50%
	Tri Cities ROP (877)	pass					1								0
UEI - Chula Vista (879)	pass														1
	fail						0								1
		0%	N/A	100%	N/A	N/A	0%	0%	33%	100%	100%	67%	50%	33%	43%
	pass	0	1	1			0	0	1	2	1	2	1	1	9
UEI - El Monte (909)	fail	1		0			2	1	2	0	2	1	1	2	12
		N/A	100%	N/A	100%	67%	N/A	N/A	N/A	N/A	100%	0%	0%	N/A	67%
	pass		2		1	2					1	0			6
	fail		0		0	1					0	1	1		3
UEI - Huntington Park (448)		67%	33%	100%	N/A	25%	N/A	100%	50%	0%	0%	50%	67%	60%	48%
	pass	2	1	1		1		1	1	0	0	1	2	3	13
	fail	1	2	0		3		0	1	2	1	1	1	2	14
	UEI - LA (449)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
UEI - Ontario (450)	pass														0
	fail														0
		50%	100%	50%	N/A	100%	N/A	N/A	N/A	N/A	0%	100%	N/A	100%	67%
	pass	1	1	1		1					0	1		1	6
UEI - San Diego (451)	fail	1	0	1		0						0		0	3
		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	100%	N/A	N/A	50%
	pass									0	1	1			2
	fail									1	0	0			1
UEI - Riverside (917)		75%	0%	100%	25%	0%	50%	100%	50%	100%	60%	33%	67%	0%	52%
	pass	3	0	1	1	0	1	3	1	1	3	1	2	0	17
	fail														0
	Program	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Total
UEI - Van Nuys (453)	fail	1	1	0	3	1	1	0	1	0	2	2	1	3	16
		0%	100%	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	71%
	pass	0	1	0	1							2		1	5
	fail	1	0	1	0							0		0	2
UEI - Gardena (915)		100%	100%	100%	0%	33%	50%	67%	N/A	N/A	N/A	67%	0%	N/A	53%
	pass	1	1	1	0	1	1	2				2	0		9
	fail	0	0	0	2	2	1	1				1	1		8
	UEI - Anaheim (916)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	0%	0%

	pass										0			0		0	0
	fail										1			1		1	3
PERCENT PASS		64%	70%	63%	63%	59%	62%	77%	68%	39%	63%	56%	59%	63%	59%	63%	
TOTAL PASS		76	105	110	91	85	83	152	117	32	106	84	93	111	84	93	1,245
TOTAL FAIL		43	46	64	55	58	51	45	54	50	57	67	65	65	67	65	720

RDA Law and Ethics Examination School Statistics

Program	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Total
4D College - Victorville (914)	100%	N/A	0%	0%	N/A	N/A	100%	0%	100%	100%	N/A	N/A	N/A	63%
pass	1		0	0			1	0	2	1				5
fail	0		1	1			0	1		0				3
Allan Hancock (508)	N/A	N/A	N/A	N/A	N/A	100%	91%	75%	100%	N/A	N/A	100%	N/A	92%
pass						1	10	3	1			2		17
fail						0	1	1	0			0		2
American Career - Anaheim (896)	N/A	17%	25%	100%	88%	N/A	33%	100%	0%	100%	0%	100%	100%	53%
pass		1	1	2	7		1	1	0	1	0	2	1	17
fail		5	3	0	1		2	0	2	0	2	0	0	15
American Career - Los Angeles (867)	50%	100%	0%	40%	50%	0%	0%	0%	60%	67%	40%	100%	50%	37%
pass	2	1	0	2	2	0	0	0	3	2	2	2	2	18
fail	2	0	1	3	2	1	3	1	2	1	3	0	2	21
American Career - Ontario (905)	N/A	75%	50%	20%	100%	0%	50%	100%	50%	0%	0%	25%	50%	45%
pass		3	1	1	1	0	2	4	1	0	0	1	1	15
fail		1	1	4	0	2	2	0	1	1	2	3	1	18
Anthem College (503)	50%	40%	33%	50%	0%	N/A	100%	N/A	66%	N/A	N/A	N/A	100%	50%
pass	2	2	1	1	0		1		2				2	11
fail	2	3	2	1	2		0		1				0	11
Baldy View ROP (590)	N/A	N/A	0%	N/A	N/A	0%	N/A	N/A	50%	0%	67%	0%	67%	38%
pass			0			0			1	0	2	0	2	5
fail			2			1			1	1	1	1	1	8
Blake Austin College (897)	50%	60%	100%	N/A	50%	67%	0%	66%	33%	100%	75%	N/A	100%	70%
pass	1	3	4	1	1	2	0	2	1	3	3		2	23
fail	1	2	0	0	1	1	1	1	2	0	1		0	10
Butte County ROP (605)	100%	N/A	100%	N/A	N/A	100%	67%	57%	100%	100%	N/A	100%	N/A	78%
pass	1		1			1	6	4	3	4		1		21
fail	0		0			0	3	3	0	0		0		6
CA Coll of Voc Careers (878)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
pass														
fail														
Carrington - Antioch (886)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	100%	N/A	50%
pass		1								0		2		3
fail		0								1		0		1
Carrington - Citrus Heights (882)	33%	83%	33%	75%	100%	33%	83%	50%	43%	50%	56%	83%	50%	59%
pass	1	5	1	3	1	1	5	3	3	3	5	5	4	40
fail	2	1	2	1	0	2	1	3	4	3	4	1	4	28
Carrington - Pleasant Hill (868)	100%	100%	67%	50%	60%	50%	71%	71%	50%	67%	100%	50%	0%	67%
pass	1	5	2	3	3	1	5	5	1	4	3	2	0	35
fail	0	0	1	3	2	1	2	2	1	2	0	2	1	17
Carrington - Pomona (908)	N/A	100%	N/A	N/A	N/A	N/A	100%	0%	N/A	N/A	N/A	N/A	100%	80%
pass		1					1	0		N/A	N/A		2	4
fail		0					0	1					0	1
Carrington - Sacramento (436)	50%	57%	33%	73%	83%	60%	75%	40%	71%	22%	43%	100%	44%	57%

	pass	2	4	5	8	5	3	9	2	5	2	3	8	4	60
	fail	2	3	10	3	1	2	3	3	2	7	4	0	5	45
Carrington - San Jose (876)		0%	100%	100%	N/A	50%	57%	75%	66%	33%	33%	100%	50%	66%	65%
	pass	0	3	1		1	4	3	2	1	1	5	1	2	24
	fail	1	0	0		1	3	1	1	2	2	0	1	1	13
Carrington - San Leandro (609)		0%	50%	75%	0%	N/A	50%	50%	50%	25%	50%	0%	50%	50%	41%
	pass	0	1	3	0		2	2	3	1	1	0	3	1	17
	fail	1	1	1	4		2	2	3	4	1	1	3	1	24
Carrington - Stockton (902)		67%	100%	0%	50%	0%	0%	33%	66%	100%	100%	50%	66%	100%	58%
	pass	2	4	0	2	0	0	2	2	2	1	2	2	2	21
	fail	1	0	2	2	1	1	4	1	0	0	2	1	0	15
Carrington - Emeryville (904)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
	pass														
	fail														
Cerritos College (511)		100%	0%	100%	N/A	50%	N/A	N/A	100%	N/A	100%	N/A	N/A	100%	70%
	pass	1	0	1		1			1		1			2	7
	fail	0	2	0		1			0		0			0	3
Chaffey College (514)		100%	N/A	100%	N/A	N/A	50%	33%	100%	0%	100%	N/A	100%	N/A	69%
	pass	2		2			1	1	1	0	1		1		9
	fail	0		0			1	2	0	1	0		0		4
Charter College - Canyon Country (401)		N/A	100%	100%	0%	100%	N/A	N/A	N/A	100%	0%	100%	100%	100%	80%
	pass		1	1	0	1				1	0	1	1	2	8
	fail		0	0	1	0				0	1	0	0	0	2
Citrus College (515)		100%	100%	100%	N/A	100%	N/A	100%	100%	N/A	100%	N/A	75%	67%	89%
	pass	3	2	1		1		1	3		1		3	2	17
	fail	0	0	0		0		0	0		0		1	1	2
City College of SF (534)		50%	N/A	100%	100%	100%	N/A	0%	50%	100%	100%	100%	67%	100%	83%
	pass	1		3	1	2		0	1	1	4	2	2	3	20
	fail	1		0	0	0		1	1	0	0	0	1	0	4
College of Alameda (506)		100%	0%	33%	N/A	50%	N/A	100%	100%	83%	100%	50%	N/A	50%	65%
	pass	1	0	1		1		3	1	5	1	1		1	15
	fail	0	2	2		1		0	0	1	0	1		1	8
College of Marin (523)		0%	100%	N/A	100%	100%	100%	100%	50%	100%	66%	100%	N/A	N/A	85%
	pass	0	2		4	1	1	4	2	5	2	2			23
	fail	1	0		0	0	0	0	2	0	1	0			4
College of the Redwoods (838)		N/A	N/A	0%	100%	N/A	67%	100%	100%	80%	100%	N/A	N/A	N/A	84%
	pass			0	1		2	5	2	4	2				16
	fail			1	0		1	0	0	1	0				3
College of San Mateo (536)		0%	100%	50%	100%	100%	N/A	100%	100%	100%	N/A	100%	100%	N/A	85%
	pass	0	2	2	1	2		1	1	1	0	3	4		17
	fail	1	0	2	0	0		0	0	0	0	0	0		3
Concorde Career - Garden Grove (425)		67%	0%	67%	50%	0%	43%	25%	100%	43%	100%	100%	100%	100%	55%
	pass	2	0	2	2	0	3	2	1	3	2	6	3	1	27
	fail	1	1	1	2	3	4	6	0	4	0	0	0	0	22
Concorde Career - North Hollywood (435)		N/A	N/A	N/A	N/A	N/A	0%	50%	0%	NA	50%	75%	N/A	100%	33%

	pass	1	0		1		1			0		1			0		4
	fail	0	2		0		1			2		0			1		6
Everest - San Francisco (407)		N/A	N/A	50%	33%	33%	0%		0%	0%		N/A		N/A	N/A	N/A	25%
	pass			1	1	1	0		0	0							3
	fail			1	2	2	1		1	1							9
Everest - San Jose (408)		0%	N/A	N/A	0%	100%	100%		N/A	N/A		N/A		N/A	N/A	N/A	40%
	pass	0			0	1	1					0					2
	fail	1			1	0	0					1					3
Everest - Torrance (409)		N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A		N/A	N/A	N/A	N/A
	pass																
	fail																
Everest - W LA (874) (formerly Nova)		N/A	0%	N/A	N/A	N/A	N/A		N/A	N/A		N/A		N/A	N/A	N/A	0%
	pass		0														0
	fail		1														1
Foothill Community College - Los Altos Hills (517)		100%	0%	100%	N/A	N/A	100%		100%	80%		100%		N/A	100%	N/A	N/A
	pass	1	0	2			1		3	4		1		3	1		16
	fail	0	1	0			0		0	1		0		1	0		3
Galen - Fresno (413)		N/A	N/A	N/A	N/A	0%	N/A		N/A	N/A		N/A		100%	N/A	N/A	50%
	pass					0								1	1		2
	fail					1						0		0	0		1
Galen - Modesto (497)		N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A		N/A	N/A	N/A	N/A
	pass																
	fail																
Galen - Visalia (445)		N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A		N/A	N/A	N/A	N/A
	pass																
	fail																
Grossmont Com Coll - El Cajon (519)		75%	N/A	N/A	33%	75%	60%		N/A	N/A		N/A		N/A	71%	50%	100%
	pass	3			1	3	3		3					1	5	1	18
	fail	1			2	1	2		2			0		2	1	0	9
Hacienda La Puente (776)		N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A		N/A	N/A	N/A	100%
	pass														1		1
	fail														0		0
Heald - Concord (891)		N/A	0%	100%	67%	50%	0%		100%	N/A		N/A		0%	N/A	N/A	46%
	pass		0	1	2	2	0		1			0		0	0		6
	fail		1	0	1	2	1		0			1		1	1		7
Heald - Hayward (889)		50%	N/A	100%	50%	33%	N/A		75%	50%		0%		N/A	100%	0%	45%
	pass	1		1	1	1			3	1		0			1	0	9
	fail	1		0	1	2			1	1		2			0	2	11
Heald - Roseville (911)		N/A	100%	100%	0%	N/A	N/A		N/A	N/A		N/A		N/A	N/A	0%	33%
	pass		1	1	0											0	2
	fail		0	0	1											2	4
Heald - Salida (910)		N/A	100%	0%	0%	0%	50%		N/A	N/A		N/A		N/A	N/A	N/A	29%
	pass		1	0	0	0	1										2
	fail		0	1	2	1	1										5
Heald - Stockton (887)		100%	100%	100%	0%	N/A	100%		N/A	N/A		N/A		N/A	N/A	N/A	80%

	pass	0	0	1	0	1	0	0	1	1	1	2	1	3	11
	fail	1	1	1	2	0	1	1	2	0	2	1	1	2	15
UEI - El Monte (909)		N/A	100%	0%	100%	25%	N/A	N/A	N/A	100%	N/A	67%	0%	N/A	38%
	pass		1	0	1	1				1		1	0		5
	fail		0	2	0	3				0		2	1		8
UEI - Huntington Park (448)		0%	67%	0%	0%	0%	25%	N/A	0%	100%	0%	67%	0%	N/A	29%
	pass	0	2	0	0	0	1		0	1	0	2	0		6
	fail	3	1	1	1	1	3		1	0	2	1	1		15
UEI - LA (449)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A
	pass												1		1
	fail												0		0
UEI - Ontario (450)		0%	0%	50%	0%	N/A	50%	100%	N/A	N/A	N/A	0%	N/A	100%	38%
	pass	0	0	1	0		1	2				0		1	5
	fail	2	2	1	1		1	0				1		0	8
UEI - San Diego (451)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	67%	N/A	N/A	0%
	pass											2			2
	fail									1		1			2
UEI - Riverside (917)		0%	0%	0%	33%	33%	0%	33%	0%	33%	63%	100%	60%	0%	38%
	pass	0	0	0	1	1	0	2	0	1	5	2	3	0	15
	fail	2	2	1	2	2	2	4	2	2	3	0	2	1	25
UEI - Van Nuys (453)		33%	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67%	100%	100%	56%
	pass	1		0								2	1	1	5
	fail	2		1								1	0	0	4
UEI - Gardena (915)		100%	50%	100%	N/A	0%	0%	0%	N/A	0%	N/A	67%	N/A	N/A	47%
	pass	1	2	2		0	0	0		0		2			7
	fail	0	2	0		1	1	2		1		1			8
UEI - Anaheim (916)		N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A
	pass											0			
	fail											1			
West Wood College (922)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
	pass								1						1
	fail								0						0
PERCENT PASS		58%	48%	54%	48%	60%	51%	64%	57%	62%	59%	64%	66%	65%	57%
TOTAL PASS		84	91	99	79	105	70	143	115	118	101	174	143	167	1,405
TOTAL FAIL		62	98	86	86	70	67	80	87	71	71	98	75	88	1,039

RDAEF PRACTICAL EXAMINATION SCHOOL STATISTICS

	Jan-16	May-16	Oct-16	Jan-17	Total
Expanded Functions Dental Assistants Association (004)					
Amalgam and Composite	50%	81%	83%	100%	81%
pass	2	21	24	3	50
fail	2	5	5	0	12
Cord Retraction & Final Impression	50%	81%	83%	100%	80%
Pass	2	21	24	1	48
Fail	2	5	5	0	12
J Production (005)					
Amalgam and Composite	100%	N/A	100%	N/A	100%
pass	1		55		56
fail	0		0		0
Cord Retraction & Final Impression	100%	N/A	100%	N/A	100%
pass	1		55		56
fail	0		0		0
Loma Linda University (007)					
Amalgam and Composite	N/A	N/A	N/A	N/A	N/A
pass					
fail					
Cord Retraction & Final Impression	N/A	N/A	N/A	N/A	N/A
pass					
fail					
University of California, Los Angeles (002)					
Amalgam and Composite	100%	65%	71%	100%	70%
pass	2	17	12	2	33
fail	0	9	5	0	14
Cord Retraction & Final Impression	100%	65%	71%	100%	70%
pass	2	17	12	1	32
fail	0	9	5	0	14
University of the Pacific (006)					
Amalgam and Composite	63%	75%	100%	100%	80%
pass	5	3	2	6	16
fail	3	1	0	0	4
Cord Retraction & Final Impression	63%	75%	100%	0%	67%
pass	5	3	2	0	10
fail	3	1	0	1	5
AMALGAM AND COMPOSITE					
	78%	67%	90%	100%	85%
TOTAL PASS	14	20	93	11	138
TOTAL FAIL	4	10	10	0	24
CORD RETRACTION & FINAL IMPRESSION	71%	73%	90%	33%	86%
TOTAL PASS	12	24	93	2	131
TOTAL FAIL	5	6	10	1	22

*January 2016 Exam had 1 RDAEF2 Candidate

*May 2016 Exam had 0 RDAEF2 Candidates

*January 2017 Exam had 0 RDAEF2 Candidates

RDAEF Written Examination Statistics												
Program	Jan-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Total
Expanded Functions Dental Assistants Association (004)	N/A	0%	86%	71%	N/A	N/A	67%	0%	33%	0%	50%	69%
	pass	0	6	5			2	0	2	0	2	17
	fail	2	1	2			1	1	4	1	2	14
J Production (005)	N/A	N/A	0%	0%	50%	N/A	72%	75%	71%	33%	N/A	68%
	pass		0	0	1		13	12	5	1		32
	fail		1	1	1		5	4	2	2		16
Loma Linda University (007)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	pass											
	fail											
University of California, Los Angeles (002)	N/A	25%	50%	50%	50%	N/A	50%	N/A	N/A	0%	33%	43%
	pass	1	2	1	1		1			0	1	7
	fail	3	2	1	1		1			5	2	15
University of the Pacific (006)	N/A	0%	N/A	83%	89%	0%	60%	33%	25%	N/A	N/A	63%
	pass	0		5	8	0	3	1	1			18
	fail	2		1	1	2	2	2	3			13
PERCENT PASS	0	13%	67%	69%	77%	0%	68%	65%	50%	11%	43%	56%
TOTAL PASS	0	1	8	11	10	0	19	13	8	1	3	74
TOTAL FAIL	0	7	4	5	3	2	9	7	8	8	4	57

Orthodontic Assistant Written Examination Statistics

Program	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Total
Andrea DeLurgio, DDS (032)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														
fail														
Bart R. Boulton, DDS (038)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass							1							1
fail							0							0
Bella Smile (016)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														
fail														
Dental Career Institute (006)	100%	N/A	N/A	50%	N/A	100%	33%	0%	75%	33%	86%	20%	100%	59%
pass	1			1		1	1	0	3	1	5	1	3	17
fail	0			1		0	2	1	1	2	1	4	0	12
Dental Pros (007)	100%	0%	33%	33%	25%	75%	33%	0%	0%	0%	67%	0%	50%	31%
pass	1	0	1	1	1	3	1	0	0	0	2	0	1	12
fail	0	2	2	2	6	1	2	2	3	1	1	4	1	27
Dental Specialties Institute Inc. (015)	0%	67%	33%	N/A	N/A	0%	67%	0%	0%	33%	40%	0%	67%	34%
pass	0	2	2			0	2	0	0	1	2	0	2	11
fail	2	1	4			3	1	1	1	2	3	2	1	21
Diablo Orthodontic Specialties (096)	100%	100%	N/A	100%	N/A	N/A	33%	0%	100%	100%	N/A	N/A	N/A	67%
pass	1	1		1			1	0	1	1				6
fail	0	0		0			2	1	0	0				3
Downey Adult School (004)	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	0%	0%
pass	0								0		0		0	0
fail	1								2		1		1	5
Dr. Brian C Crawford (086)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass	1													1
fail	0													0
Dr. Christopher C. Cruz (081)	N/A	100%	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	100%	N/A	N/A	50%
pass		1						0	0		1			2
fail		0						1	1		0			2
Dr. Douglas Nguyen (012)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														
fail														
statios Righellis (029)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														
fail														
Dr. Jasmine Gordon (008)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														
fail														
Dr. Jason M. Cohen (085)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass	1											1		2
fail	0											0		0
Dr. Joel Brodsky (013)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														
fail														
Dr. Joseph Gray (009)	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	0%
pass				0				0			1			1
fail				1				1			0			2
Dr. Kurt Stromberg (014)	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	0%	0%	100%	N/A	N/A	25%

DSA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Total
Pacific Oral and Maxillofacial Surgery	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass						1				1				2
fail						0				0				0
PERCENT PASS	0%	0%	0%	0%	0%	100%	0%	0%	0%	100%	0%	0%	0%	100%
TOTAL PASS						1				1				2
TOTAL FAIL						0				0				0



MEMORANDUM

DATE	February 6, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Jorrelle Abutin. Staff Services Analyst Dental Board of California
SUBJECT	Agenda Item 6: Dental Assisting Licensing Statistics

A: The following table provides current license status statistics by license type as of
January 27, 2017

License Type	Registered Dental Assistant (RDA)	Registered Dental Assistant in Extended Functions (RDAEF)
Current & Active	28,878	1,360
Current & Inactive	4,613	79
Delinquent	10,973	224
Total Population (Current & Delinquent)	44,464	1,663
Total Cancelled Since Implementation	41,195	252

The following table provides current permit status statistics by permit type as of
January 27, 2017

Permit Type	Orthodontic Assistant (OA)	Dental Sedation Assistant (DSA)	Total Permits
Current & Active	573	26	599
Current & Inactive	7	1	8
Delinquent	37	11	48
Total Population (Current & Delinquent)	617	38	655
Total Cancelled Since Implementation	0	0	0

Definitions

Current & Active	An individual who has an active status and has completed all renewal requirements receives this status.
Current & Inactive	An individual who has an inactive status and has completed all renewal requirements receives this status.
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.
Deficient	Application processed lacking one or more requirements

Active Licensees by County as of December 31, 2016

County	RDA	Population	Population per RDA
Alameda	1,251	1,627,865	1,301
Alpine	0	1,166	N/A
Amador	52	37,707	725
Butte	253	224,601	888
Calaveras	64	45,207	706
Colusa	22	21,948	998
Contra Costa	1,382	1,123,429	813
Del Norte	31	26,811	865
El Dorado	222	183,750	828
Fresno	755	984,541	1,304
Glenn	50	28,668	573
Humboldt	184	135,116	734
Imperial	75	185,831	2,478
Inyo	13	18,650	1,435
Kern	565	886,507	1,569
Kings	119	150,373	1,264
Lake	61	64,306	1,054
Lassen	45	30,780	684
Los Angeles	4,545	10,241,335	2,253
Madera	122	155,349	1,273
Marin	186	262,274	1,410
Mariposa	13	18,159	1,397
Mendocino	92	87,649	953
Merced	172	271,579	1,579
Modoc	5	9,638	1,928
Mono	6	13,721	2,287
Monterey	387	437,178	1,130
Napa	145	142,028	980
Nevada	88	98,095	1,115
Orange	1,824	3,183,011	1,745

County	RDA	Population	Population per RDA
Placer	506	373,796	739
Plumas	19	19,879	1,046
Riverside	1,836	2,347,828	1,279
Sacramento	1,638	1,495,297	913
San Benito	81	56,648	699
San Bernardino	1,435	2,139,570	1,491
San Diego	2,495	3,288,612	1,318
San Francisco	442	866,583	1,961
San Joaquin	725	733,383	1,012
San Luis Obispo	230	277,977	1,209
San Mateo	682	766,041	1,123
Santa Barbara	308	446,717	1,450
Santa Clara	1,630	1,927,888	1,183
Santa Cruz	214	275,902	1,289
Shasta	211	178,592	846
Sierra	5	3,203	641
Siskiyou	31	44,739	1,443
Solano	601	431,489	718
Sonoma	712	501,959	705
Stanislaus	566	540,214	954
Sutter	104	97,308	936
Tehama	61	63,934	1,048
Trinity	7	13,667	1,952
Tulare	390	466,339	1,196
Tuolumne	76	54,900	722
Ventura	520	856,508	1,647
Yolo	198	214,555	1,084
Yuba	84	74,345	885
Out of State/Country	327		
TOTAL	28,863	39,255,883	

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

*The counties with the highest Population per RDA are:

1. Imperial County (1:2,478)
2. Mono County (1:2,287)
3. Los Angeles County (1:2,253)
4. Trinity County (1:1,952)
5. Modoc County (1:1,928)

The counties with the lowest Population per RDA are:

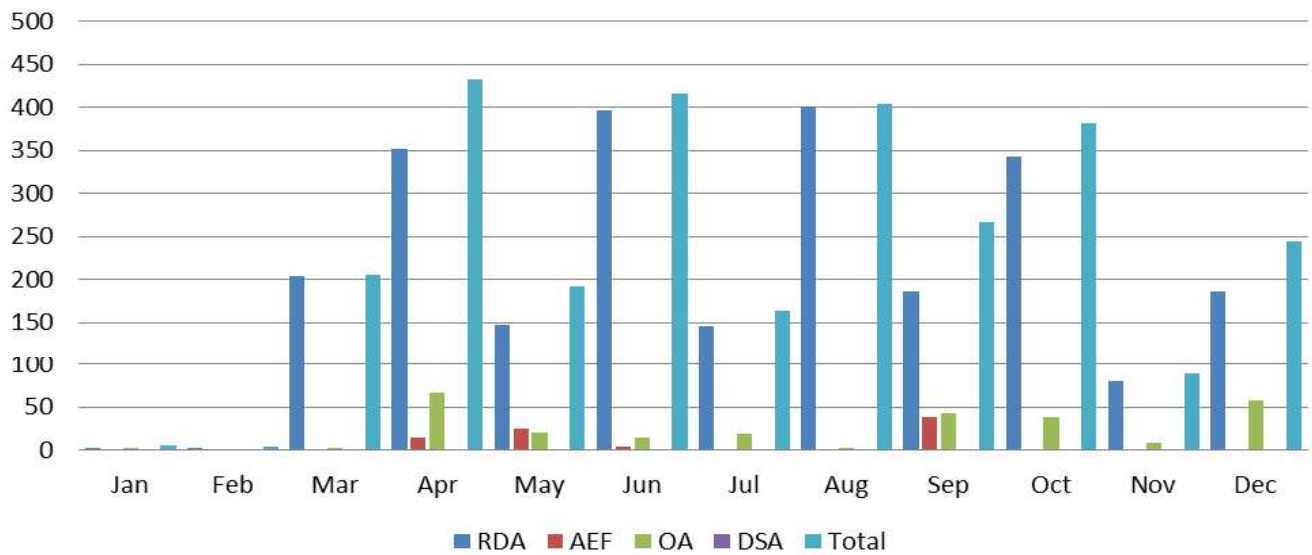
1. Alpine County (N/A)
2. Glenn County (1:573)
3. Sierra County (1:641)
4. Lassen County (1:684)
5. San Benito County (1:699)

B. Following are monthly dental statistics by license type as of December 31, 2016

Dental Assistant Applications Received by Month (2016)													Total Apps: 2804
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	2	3	204	351	147	397	145	401	186	343	80	186	2445
RDAEF	0	0	0	15	25	4	0	0	38	1	0	1	84
OA	3	1	2	66	20	15	19	3	42	38	9	57	275
DSA	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	5	4	206	432	192	416	164	404	266	382	89	244	2804
Dental Assistant Applications Approved by Month (2016)													% of All Apps: 65.2
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	92	145	168	114	133	100	109	82	189	132	205	104	1573
RDAEF	12	8	5	1	7	4	5	4	5	2	38	4	95
OA	12	15	10	8	11	19	12	10	13	14	17	18	159
DSA	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Assistant Licenses Issued by Month (2016)													% of All Apps: 60.9
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	81	126	151	99	116	89	103	76	180	131	198	104	1454
RDAEF	12	7	4	1	7	4	6	4	6	2	38	4	95
OA	11	15	10	8	11	19	10	10	13	14	17	18	156
DSA	1	0	0	0	0	0	0	1	0	0	1	0	3
Total	105	148	165	108	134	112	119	91	199	147	254	126	1708
Cancelled Dental Assistant Applications by Month (2016)													% of All Apps: 0.8
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	3	10	0	0	1	0	0	0	1	0	0	15
RDAEF	0	0	0	0	2	1	0	0	7	0	0	0	10
OA	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA	0	0	0	0	0	0	0	0	0	0	0	0	0
								0	7	1	0	0	25
Withdrawn Dental Assistant Applications by Month (2016)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	0	15	6	11	12	26	17	18	23	11	19	158
RDAEF	0	0	0	0	0	0	0	0	0	0	0	0	0
OA	0	0	0	0	0	0	0	0	0	1	0	0	1
DSA	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	15	6	11	12	26	17	18	24	11	19	159
Denied Dental Assistant Applications by Month (2016)													% of All Apps: 0
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF	0	0	0	0	0	0	0	0	0	0	0	0	0
OA	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA	0	0	0	0	0	0	0	0	0	0	0	0	0
													0

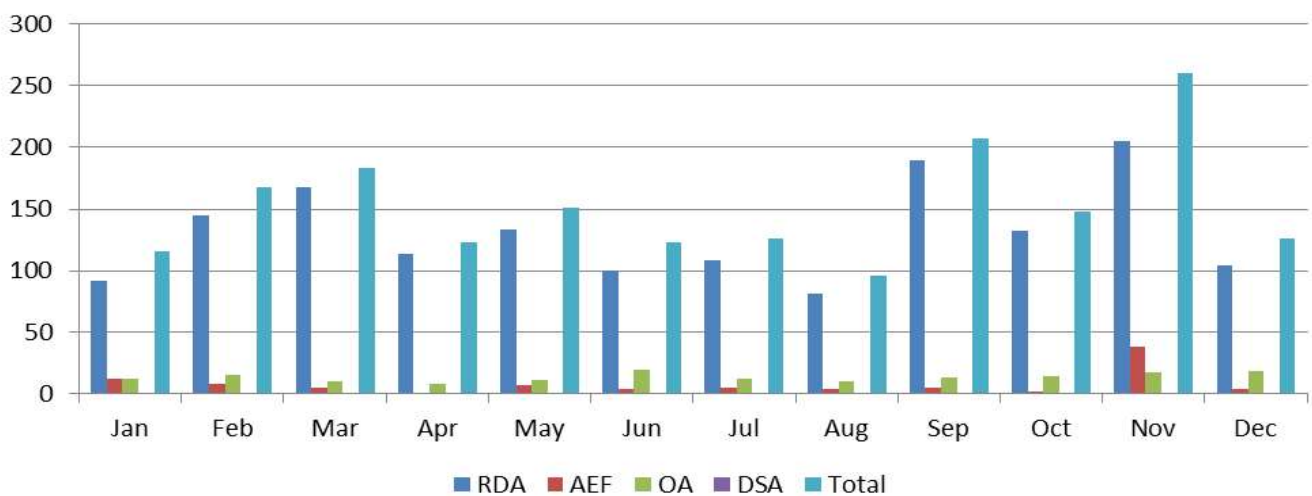
*Deficient Applications by license type: RDA – 10,973, RDAEF – 224, OA – 37, DSA – 11, **Total – 11,245**

Dental Assisting Applications Received in 2016

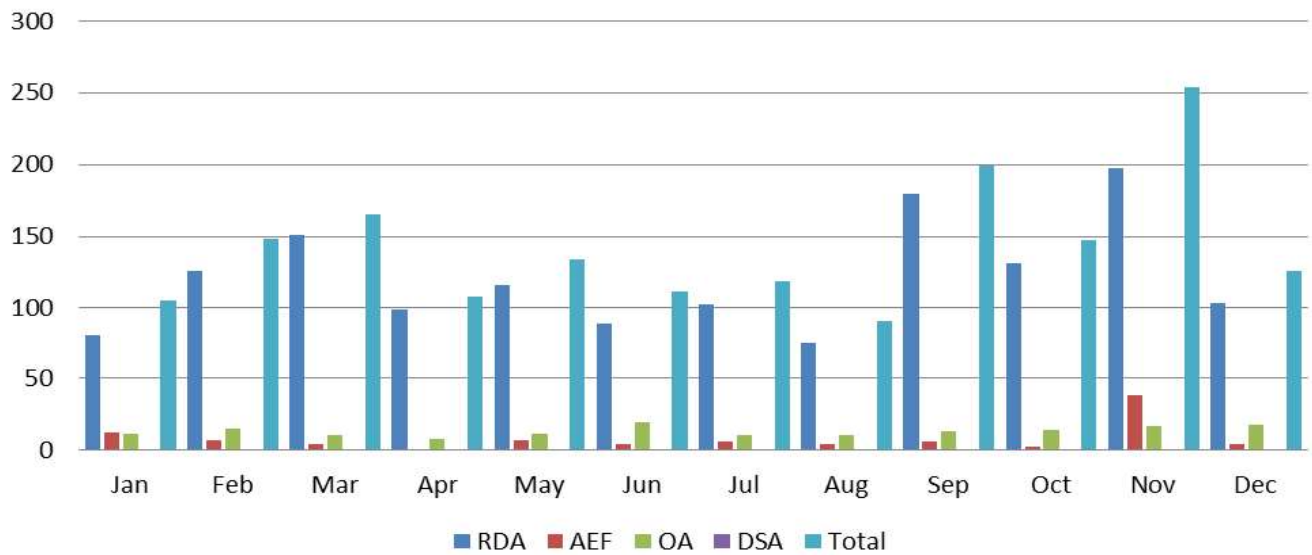


*January and February statistics unavailable due to system transition.

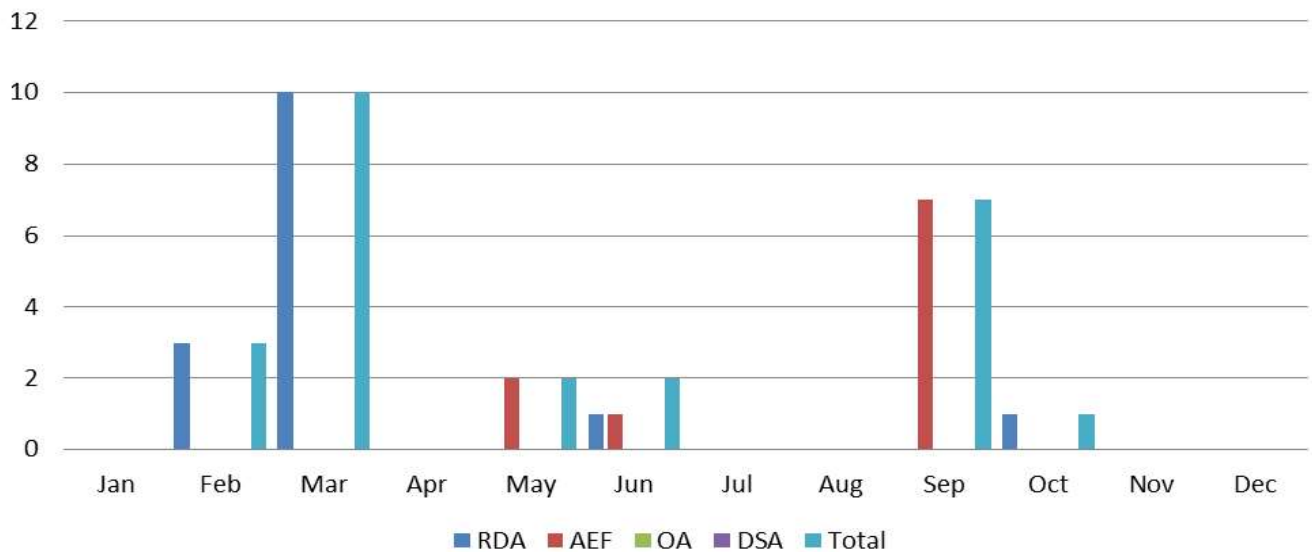
Dental Assisting Applications Approved by Month in 2016



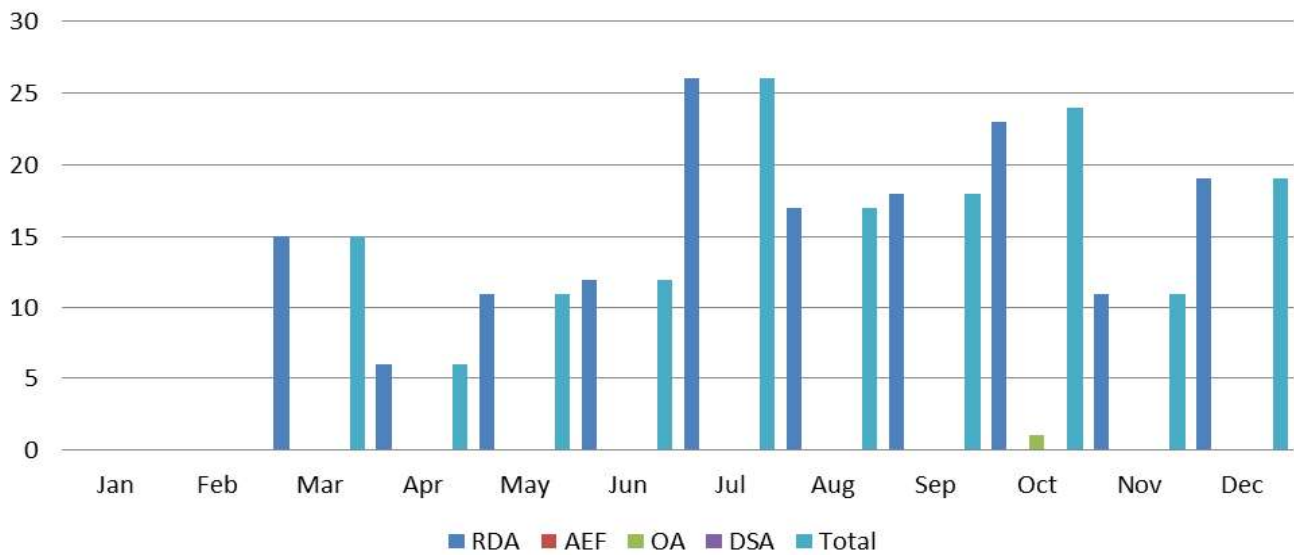
Dental Assisting Licenses Issued in 2016



Cancelled Dental Assisting Applications in 2016

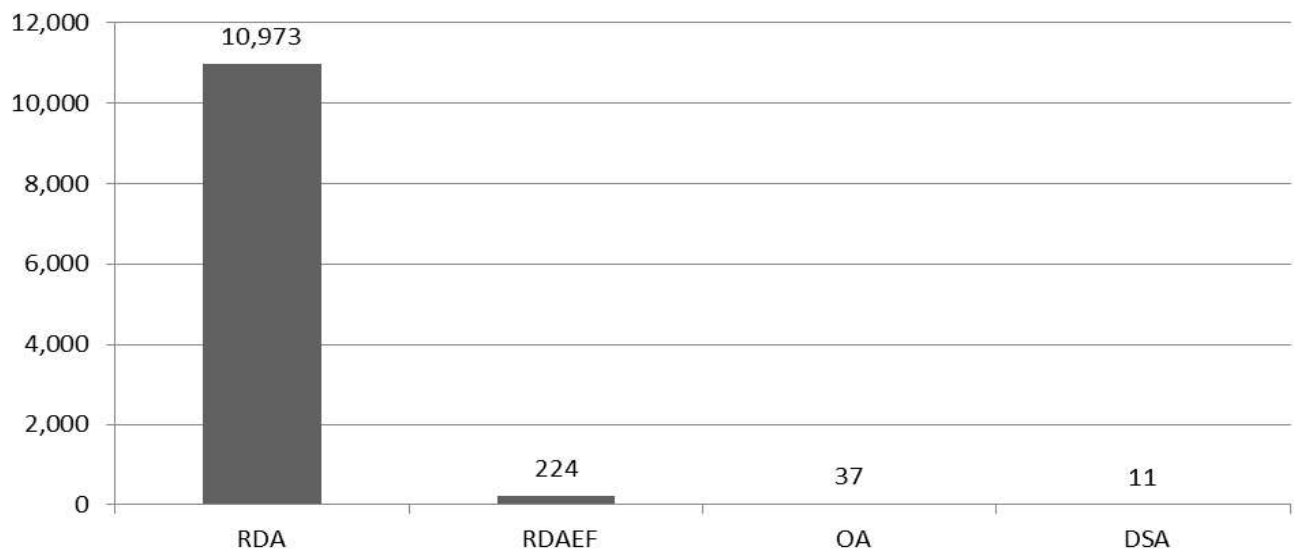


Withdrawn Dental Assisting Applications in 2016



*January and February statistics unavailable due to system transition and change of staff procedures.

Deficient Applications as of January 27, 2017





MEMORANDUM

DATE	February 7, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Tina Vallery, Examination Coordinator Dental Board of California
SUBJECT	Agenda Item 7: Update Regarding the Review of the Registered Dental Assistant (RDA) Practical Examination

Background:

Staff has been working with the Department of Consumer Affairs' Office of Professional Examination Services (OPES) in its review and update of the RDA practical examination. Irene Wong-Chi, the Research Program Specialist from OPES, attended the RDA practical examination held at the University of California, San Francisco on November 5, 2016, to observe the examination and to evaluate the psychometric quality of the examination.

Board staff assisted OPES in coordinating the practical examination stakeholder workshop that was held on January 26-27, 2017. During this workshop and under the facilitation of an OPES testing specialist, stakeholders participated in an open discussion regarding the RDA profession. A second workshop is scheduled to be held on February 17-18, 2017 where licensees will participate in the review and possible update of the RDA practical examination.

Board staff will continue to report on the progress of the OPES review of the RDA practical examination.

Action Requested:

No action requested.



MEMORANDUM

DATE	February 7, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Tina Vallery, Examination Coordinator Dental Board of California
SUBJECT	Agenda Item 8: Update Regarding the Combining of the Registered Dental Assistant (RDA) Law & Ethics and General Written Examinations

Background:

At its December 2016 meeting, the Dental Board of California (Board) and the Dental Assisting Council (Council) discussed combining the Registered Dental Assistant (RDA) Written and Law and Ethics examinations into one examination. The 2016 RDA Occupational Analysis (OA) results indicated that the RDA Written and Law and Ethics examinations should be combined into one examination. This change would remove barriers to licensure for RDA candidates. Candidates will only have to schedule and pay for one written examination instead of scheduling and paying for two examinations.

Staff has been working with the Office of Professional Examination Services (OPES) at the Department of Consumer Affairs (DCA) to implement the combined test plan based on the results of the 2016 RDA OA to ensure that the combined examination is legally defensible and meets the requirements of Business and Professions Code section 139.

Board staff assisted OPES in coordinating the Review/Item Writing Workshop for the Registered Dental Assistant (RDA) Law and Ethics Examination Licensure Program that was held on February 3-4, 2017. During this workshop and under the facilitation of an OPES testing specialist, licensees participated in reviewing test items and writing new test items.

Board staff will continue to report on the progress of the OPES review of the RDA practical examination.

Action Requested:

No action requested.



MEMORANDUM

DATE	February 2, 2017
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Leslie Campaz, Educational Program Analyst Dental Board of California
SUBJECT	Agenda Item 9: Update on 2017 Dental Assisting Council Regulatory Workshops

Background:

Staff has scheduled dates for two regulatory workshops to be held in 2017 for the purpose of developing the dental assisting comprehensive rulemaking package. The following are the dates, locations and anticipated topics of discussion for the 2017 Dental Assisting regulatory workshops. The topics of discussion may be subject to change, but will be confirmed in the workshop Agendas.

Date	Topics of Discussion	Location
Friday, April 7, 2017	Review of all Dental Practice Act, Title 16 sections discussed during 2016 Regulatory Workshops	HQ 2 Building 1747 North Market Blvd. Sacramento, CA 95834 Emerald Training Room - Ste. 184
Friday, June 23, 2017	Dental Assisting Fees Finalize discussion pertaining to any/all other pending sections	HQ 2 Building 1747 North Market Blvd. Sacramento, CA 95834 Emerald Training Room - Ste. 184

Action Requested:

No action requested.



EXAMINATION COMMITTEE MEETING AGENDA
FEBRUARY 23, 2017

*Upon Conclusion of the Joint Meeting of the Dental Board of California and
the Dental Assisting Council*
Humphreys Half Moon Inn
2303 Shelter Island Drive
San Diego, CA 92106
(619) 224-3411 (Hotel) or (916) 263-2300 (Board Office)

Members of the Examination Committee:

Debra Woo, DDS, MA, Chair
Huong Le, DDS, MA, Vice Chair
Katie Dawson, BS, RDHAP
Judith Forsythe, RDA
Ross Lai, DDS
Meredith McKenzie, Public Member
Steven Morrow, DDS, MS

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Committee meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of the May 14, 2015 Examination Committee Meeting Minutes
3. Update on the Portfolio Pathway to Licensure
4. Western Regional Examination Board (WREB) Report

5. Update Regarding the Implementation of Assembly Bill 2331 (Dababneh, Chapter 573, Statutes of 2016) Relating to the Acceptance of the American Board of Dental Examiners, Inc. (ADEX) for Dental Licensure in California
6. Public Comment on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
7. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
8. Committee Member Comments on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Board Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
9. Adjournment



EXAMINATION COMMITTEE MEETING MINUTES

Thursday, May 14, 2015

Crowne Plaza San Francisco Airport
1177 Airport Blvd., Burlingame, CA 94010

MEMBERS PRESENT

Chair – Stephen Casagrande, DDS
Vice Chair – Steven Morrow, DDS
Yvette Chappell-Ingram, Public Member
Judith Forsythe, RDA
Ross Lai, DDS
Huong Le, DDS, MA
Debra Woo, DDS

MEMBERS ABSENT

1. Call to Order/Roll Call/Establishment of Quorum

Dr. Stephen Casagrande, Chair of the Examination Committee, called the meeting to order at 5:38pm. Roll was called and a quorum established.

2. Approval of the February 26, 2015 Examination Committee Meeting Minutes

M/S/C (Morrow/Woo) to approve the February 26, 2015 Examination Committee minutes.

Support: Casagrande, Morrow, Chappell-Ingram, Forsythe, Lai, Le, Woo **Oppose:** 0
Abstain: 0

The motion passed unanimously.

3. Western Regional Examination Board (WREB) Update

Dr. Le, the Dental Board's liaison to WREB, reported on WREB activities and updates. Dr. Nathaniel Tippitt, President of WREB provided additional information on WREB's undertakings.

4. American Dental Licensing Examination (ADEX) Report

Stan Kanna, President of ADEX and Guy Shampaigne, ADEX CEO, gave a presentation on ADEX.

Dr. Lai and Dr. Le, the subcommittee formed to research the feasibility of accepting other regional exams, gave a report on their findings:

ADEX is proposing to work with the Board to facilitate the recognition of the ADEX Examination as an option for initial licensure in California. The goal of ADEX is to create a uniform national clinical examination which would be accepted for licensure by all State dental boards. The ADEX is accepted in 46 US States and jurisdictions as well as Jamaica. ADEX would like the Board to accept its dental clinical examination as a pathway to licensure, similar to what was done when the Board accepted the Western Regional Examination Board (WREB) examination. The ADEX examinations

are administered uniformly by Regional Testing Agencies, which include the Commission on Dental Competency and Assessment (CDCA) formally known as NERB, the Southern Regional Testing Agency (SRTA), and the Coalition of Independent Testing Agency (CITA). The content validity of the ADEX examination is based on a National Independent Occupational Analysis completed in 2011. Examination methodology requires that the examination tests all testable skill sets based on criticality and frequency.

SB 1865 established the acceptance of the WREB examination. The bill specified that prior to the implementation of WREB, the department's Office of Examination Resources review the WREB examination to assure compliance with the requirements of Business and Professions Code (BPC) Section 139. In order to maintain compliance with BPC139, the same would apply to ADEX. Prior to acceptance of the examination, an occupational analysis (OA) would need to be done to determine if the ADEX meets the requirements of BPC 139. ADEX recognizes the significant costs involved with the process and has offered to underwrite all associated costs of a third party of the Board's choosing. However, after speaking with Board legal counsel, this is not possible.

It was noted that the acceptance of new regional examinations will have a significant fiscal impact upon the Board. The Board currently has one full-time staff services analyst dedicated to the processing of all applications for dentistry via the WREB pathway. Per the DCA Budget Analyst, it is estimated that an additional SSA to staff the program would cost the Board \$87,000 the first year and \$79,000 ongoing. There are approximately 3800 dental candidates who take the ADEX examination annually. It is unknown how many of those would apply for licensure in California. It is assumed that the Board would need at least one additional staff services analyst for every additional regional examination added to the Board's pathways to licensure.

The cost estimates related to conducting an OA and examination validation for the ADEX examination were provided by the Office of Professional Examination Services (OPES). The projected cost of the OA is \$50,000 and the projected cost for the examination validation is between \$20,000 - \$50,000. The costs estimates for the project do not include Subject Matter Experts (SME) costs (travel, hotel, per diem, etc.) The projects start date would be subject to OPES scheduling availability and would take approximately 13 months. In addition, the Board would incur costs associated with modifications to its licensing systems Legacy and Breeze. Estimated costs range from \$300,000 to \$1.5 million. It was shared that another Board had a similar situation and the cost to update Breeze after 'go-live' was approximately \$498,000.

Due to current budget constraints, the Board is not in a position to absorb such costs and would most likely need to increase licensure fees as a result. Ms. Fischer suggested making this a two year bill to give staff time to research financial avenues. Dr. Shampaigne commented that they would not move anything forward without collaboration with the Dental Board.

Dr. Le commented that there are still some questions to be answered such as the calibration of the examiners, auditing components and acceptance of the administering agencies. There was discussion regarding acceptance of the Regional Testing Agencies that administer the ADEX exam. Dr. Shampaigne commented that the decision surrounding which testing agencies are accepted is made solely by each individual state. Dr. Lai commented that we should give the Portfolio Pathway a chance since it is still new and there has been a lot of time and effort put forth by the Board to get it going. Dr. Ariane Terlet commented that because the Portfolio pathway to licensure only provides a California license, accepting ADEX for licensure would increase opportunities for licensure in other states and give students who were educated outside of California the opportunity for California licensure. Gayle Mathe, California Dental Association (CDA), commented that CDA is interested in the ADEX examination for California and would like to know why ADEX can't pay for the required Occupational Analysis. Spencer Walker, Senior Legal Counsel, stated that it would be a conflict of interest for ADEX to offer to pay the costs but if it was written into legislation that they were required to pay the costs, which would eliminate the conflict of interest.

The committee recessed at 7:02pm to resume at 9:00am Friday, May 15, 2015.

5. Staff Update on Portfolio Pathway to Licensure

Karen Fischer, Executive Officer, gave an overview of the latest updates regarding the Portfolio Pathway to licensure implementation. Dr. Casagrande and Dr. Morrow provided additional details regarding the first students in the program. Yvette Chappell-Ingram offered to put together a strategy for outreach to the participating dental schools.

6. Public Comment of Items Not on the Agenda

There was no public comment.

7. Future Agenda Items

Dr. Casagrande requested an item on the next Examination Committee agenda regarding the possibility of requiring an indirect restoration on the WREB examination.

8. Committee Member Comments for Items Not on the Agenda

There were no committee member comments.

9. Adjournment

The committee adjourned at 9:51am.



MEMORANDUM

DATE	February 3, 2017
TO	Members of the Examination Committee, Dental Board of California
FROM	Leslie Kihara, Licensing Analyst Dental Board of California
SUBJECT	Agenda Item 3: Update on the Portfolio Pathway to Licensure

Background:

Dr. Debra Woo will provide a verbal report at the Board meeting.

Plans are in the works for Board staff to visit all of the schools over the next year, to keep the lines of communication open and to begin the necessary audits of the examination.

In December 2016, the Board staff submitted the Report on the Portfolio Examination to the Legislature, as required by Business and Professions Code Section 1632.6. This report is also available on the Board's website.

The Board received and processed thirty-five portfolio applications for the 2015/2016 school year. The University of California, San Francisco, submitted twelve (12) applications; the University of the Pacific submitted nineteen (19) applications; the University of Southern California submitted three (3) applications; and, the University of California, Los Angeles, submitted the remaining one (1) application.

To date, the Board has issued forty-two (42) dental licenses via the Portfolio Examination pathway.

The Board has not yet received applications for the 2016/2017 school year. However, Board staff has issued ten (10) candidate identification numbers to Loma Linda University, one hundred fifteen (115) candidate identification numbers to the University of California San Francisco, fourteen (14) candidate identification numbers to University of the Pacific, and three (3) candidate identification numbers to University of Southern California.

Action Requested:

No action requested.



MEMORANDUM

DATE	February 3, 2017
TO	Members of the Examination Committee, Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 4: Western Regional Examination Board (WREB) Report

Background:

Dr. Huong Le, DDS, MA will provide a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	February 9, 2017
TO	Members of the Examination Committee, Dental Board of California
FROM	Bernal Vaba, Licensing Unit Manager Dental Board of California
SUBJECT	Agenda Item 5: Update Regarding the Implementation of Assembly Bill 2331 (Dababneh, Chapter 572, Statutes of 2016) Relating to the Acceptance of the American Board of Dental Examiners, Inc. (ADEX) for Dental Licensure in California

Background:

Assembly Bill 2331 (Dababneh, Chapter 572, Statutes of 2016) was signed by Governor Brown on September 24, 2016. This bill requires the Dental Board of California (Board) to accept the examination developed by the American Board of Dental Examination, Inc. (ADEX) for state dental licensure once it has been determined the exam meets the California State requirements. The ADEX exam is a single exam provided in two formats: (1) the traditional format where candidates take the written exam, then bring patients to the exam site to conduct the practical part of the test, and (2) the patient integrated format, where students sit for the written exam and then complete the patient care portion which is coordinated with their dental school. The school coordinates the practical exam to ensure that the care is appropriately sequenced, they are patients of record, and follow up care is completed, if necessary.

The language of this bill requires ADEX to pay for the costs associated with analyzing and reviewing the examination by authorizing the Department of Finance (DOF) to accept the funds for this purpose. These one-time costs are estimated to be \$112,000.

The provisions of AB 2331 require the following prior to implementation:

- Governor's approval of the budget process;
- An occupational analysis and an examination validation performed by the OPES;
- Promulgation of regulations to implement the licensure application requirements;
- Notice to dental schools both in the State of California and United States of this additional pathway; and,
- Update of the Board's Website to incorporate information regarding the process in which to apply for this pathway to licensure.

Action Requested:

No action requested.

DENTAL BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov



**LICENSING, CERTIFICATION, AND PERMITS COMMITTEE MEETING AGENDA
FEBRUARY 23, 2017**

Upon Conclusion of the Meeting of the Examination Committee

Humphreys Half Moon Inn

2303 Shelter Island Drive

San Diego, CA 92106

(619) 224-3411 (Hotel) or (916) 263-2300 (Board Office)

Members of the Licensing, Certification, and Permits Committee:

Ross Lai, DDS, Chair

Judith Forsythe, RDA, Vice Chair

Yvette Chappell-Ingram, Public Member

Steven Morrow, DDS, MS

Debra Woo, DDS, MA

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While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of the February 26, 2015 Licensing, Certification, and Permits Committee Meeting Minutes
3. Review of Dental Licensure and Permit Statistics
4. Discussion and Possible Action Regarding Requirements for the Issuance of a New License to Replace a Cancelled License Pursuant to Business and Professions Code Section 1718.3

5. Public Comment on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
6. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
7. Committee Member Comments on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Board Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
8. Adjournment



LICENSING, CERTIFICATION AND PERMITS COMMITTEE MEETING MINUTES

Thursday, February 26, 2015

Doubletree by Hilton
1646 Front Street, San Diego, CA 92101

DRAFT

MEMBERS PRESENT

Bruce Whitcher, DDS, Chair
Yvette Chappell-Ingram, Public Member, Vice Chair
Steve Afriat, Public Member
Judith Forsythe, RDA
Luis Dominicis, DDS

MEMBERS ABSENT

1. Call To Order/Roll Call/Establishment Of Quorum

Dr. Bruce Whitcher, Chair, called the meeting to order at 5:58pm. Roll was called and a quorum established.

2. Approval of the August 25, 2014 Licensing, Certification and Permits Committee Meeting Minutes

M/S/C (Afriat/Chappell-Ingram) to approve the August 25, 2014 Licensing, Certification and Permits committee meeting minutes. There were no public comments.

Support: Whitcher, Chappell-Ingram, Afriat, Forsythe **Oppose:** 0 **Abstain:** Dominicis

The motion passed with one abstention.

3. Review of Dental Licensure and Permit Statistics

Dr. Whitcher gave an overview of the information provided. There were no public comments.

4. Review of General Anesthesia/Conscious Sedation Permit Evaluation Statistics

Dr. Whitcher gave an overview of the information provided. There were no public comments.

5. Update on General Anesthesia/Conscious Sedation Calibration Course

Dr. Whitcher gave an overview of the information provided. He commented that he has developed a DRAFT of the online home study course. There were no public comments.

6. Update on the Continuing Education Audits

Dr. Whitcher gave an overview of the information provided. M/S/C (Afriat/Chappell-Ingram) to accept staff's recommendation to conduct random audits on the Continuing Education Registered Providers as defined in CCR 1016 (e)(3). This will allow the CE Audit of Licensees to be more efficient and less time consuming. Dr. Acheson asked if original

copies of the certificates of completion were required. Spencer Walker, Senior Legal Counsel, stated that electronic or fax copies are acceptable.

Support: Whitcher, Chappell-Ingram, Afriat, Dominicis, Forsythe **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

7. **Public Comment of Items Not on the Agenda**

There was no further public comment.

8. **Future Agenda Items**

There were no requests for future agenda items.

9. **Committee Member Comments for Items Not on the Agenda**

There were no committee member comments.

10. **Adjournment**

Dr. Whitcher adjourned the meeting at 6:08pm.

MEMORANDUM

DATE	February 6, 2017
TO	Members of the Licensing, Certification, and Permits Committee, Dental Board of California
FROM	Jorrelle Abutin, Staff Services Analyst Dental Board of California
SUBJECT	Agenda Item 3: Review of Dental Licensure and Permit Statistics

A. Following are statistics of current license/permits by type as of January 26, 2017

Dental License (DDS) Status	Licensee Population
Active	34,245
Inactive	2,007
Retired	1,503
Disabled	3
Renewal in Process	334
Delinquent	4,862
Total Cancelled Since Licensing was required	14,737

**Active:* Current and can practice without restrictions (BPC §1625)

Inactive: Current but cannot practice, continuing education not required (CCR §1017.2)

Retired: Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions (BPC §1716.1a)

Disabled: Current with disability but cannot practice (BPC §1716.1b)

Renewal in Process: Renewal fee paid with deficiency (CCR §1017)

Delinquent: Renewal fee not paid within one month after expiration date (BPC §163.5)

Cancelled: Renewal fee not paid 5 years after its expiration and may not be renewed (BPC §1718.3a)

Dental Licenses Issued via Pathway	Total Issued in 2017	Total Issued in 2016	Total Issued in 2015	Total Issued to Date	Date Pathway Implemented
WREB Exam	27	786	747	7,617	January 1, 2006
Licensure by Residency	6	154	162	1,624	January 1, 2007
Licensure by Credential	6	142	116	3,041	July 1, 2002
LBC Clinic Contract	0	9	5	33	July 1, 2002
LBC Faculty Contract	0	6	2	14	July 1, 2002
Portfolio	0	34	7	40	November 5, 2014
Total	39	1,116	1,039		

			873
			16
			N/A

*Current population for Extramural Facilities and Referral Services are approximated because they are not automated programs

Active Licensees by County as of December 31, 2016

County	DDS	Population	Population per DDS
Alameda	1,454	1,627,865	1,120
Alpine	0	1,166	N/A
Amador	21	37,707	1,796
Butte	152	224,601	1,477
Calaveras	20	45,207	2,260
Colusa	4	21,948	5,487
Contra Costa	1,082	1,123,429	1,038
Del Norte	15	26,811	1,787
El Dorado	155	183,750	1,185
Fresno	563	984,541	1,749
Glenn	9	28,668	3,185
Humboldt	78	135,116	1,732
Imperial	37	185,831	5,022
Inyo	10	18,650	1,865
Kern	339	886,507	2,615
Kings	64	150,373	2,350
Lake	52	64,306	1,237
Lassen	23	30,780	1,338
Los Angeles	8,337	10,241,335	1,228
Madera	50	155,349	3,107
Marin	325	262,274	807
Mariposa	6	18,159	3,027
Mendocino	57	87,649	1,538
Merced	92	271,579	2,952
Modoc	5	9,638	1,928
Mono	3	13,721	4,574
Monterey	265	437,178	1,650
Napa	109	142,028	1,303
Nevada	80	98,095	1,226
Orange	3,771	3,183,011	844

County	DDS	Population	Population per DDS
Placer	450	373,796	831
Plumas	18	19,879	1,104
Riverside	1,046	2,347,828	2,245
Sacramento	1,078	1,495,297	1,387
San Benito	22	56,648	2,575
San Bernardino	1,312	2,139,570	1,631
San Diego	2,645	3,288,612	1,243
San Francisco	1,254	866,583	691
San Joaquin	362	733,383	2,026
San Luis Obispo	220	277,977	1,264
San Mateo	868	766,041	883
Santa Barbara	328	446,717	1,362
Santa Clara	2,228	1,927,888	865
Santa Cruz	187	275,902	1,475
Shasta	117	178,592	1,526
Sierra	2	3,203	1,602
Siskiyou	21	44,739	2,130
Solano	287	431,489	1,503
Sonoma	407	501,959	1,233
Stanislaus	273	540,214	1,979
Sutter	54	97,308	1,802
Tehama	27	63,934	2,368
Trinity	4	13,667	3,417
Tulare	204	466,339	2,286
Tuolumne	47	54,900	1,168
Ventura	681	856,508	1,258
Yolo	116	214,555	1,850
Yuba	9	74,345	8,261
Out of State/Country	2,603		
TOTAL	34,048	39,255,883	

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

*The counties with the highest Population per DDS are:

1. Yuba County (1:8,261)
2. Colusa County (1:5,487)
3. Imperial County (1:5,022)
4. Mono County (1:4,574)
5. Trinity County (1:3,417)

The counties with the lowest Population per DDS are:

1. Alpine County (N/A)
2. San Francisco County (1:691)
3. Marin County (1:807)
4. Placer County (1:831)
5. Orange County (1:844)

*The county with the biggest increase in active license dentists since October 31, 2016 is Mariposa County with 3 additional dentists.

B. Following are monthly dental statistics by pathway as of December 31, 2016

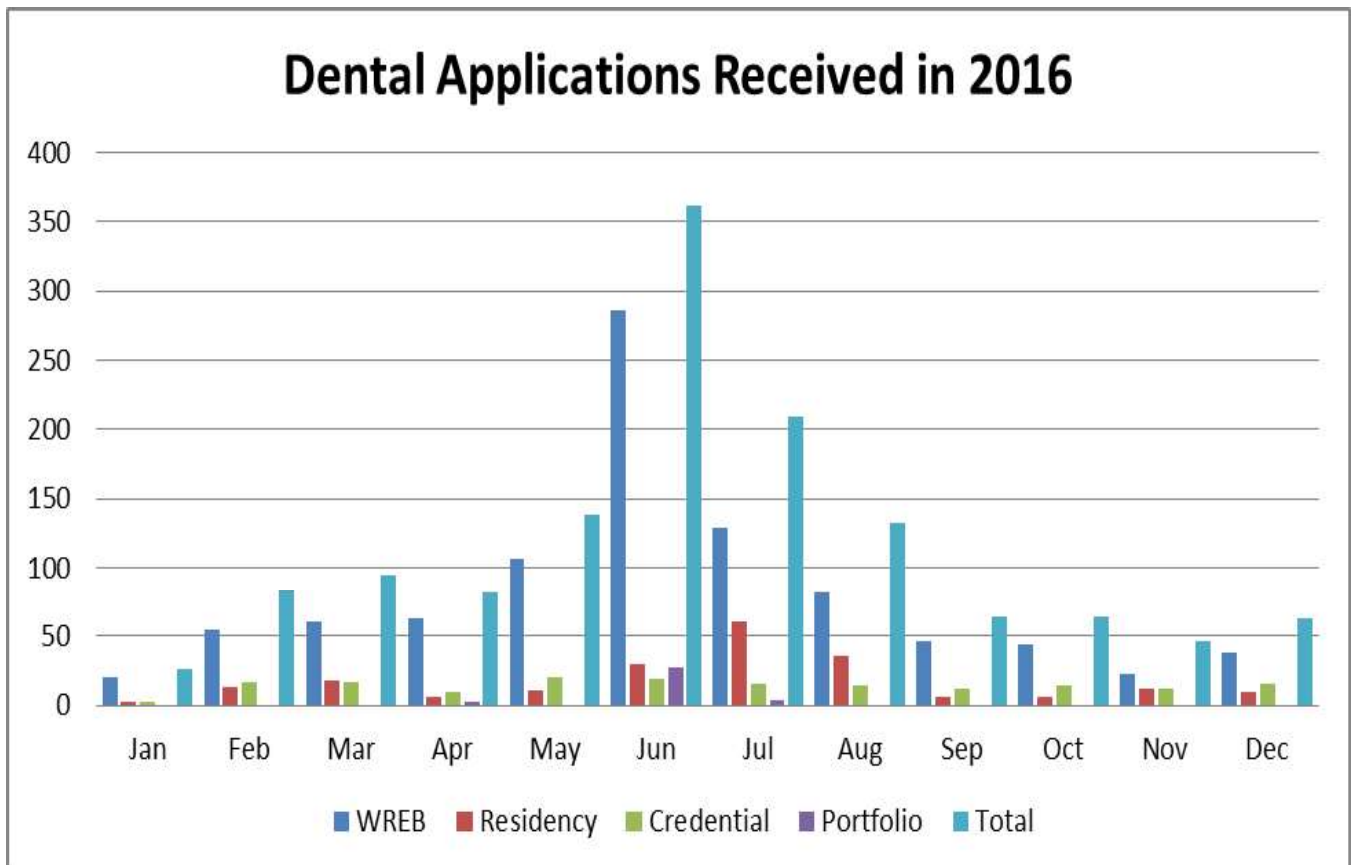
[illegible]

*Deficient Applications by pathway: WREB – 67, Residency – 26, Credential – 27, Portfolio – 0, **Total – 120**

Application Definitions

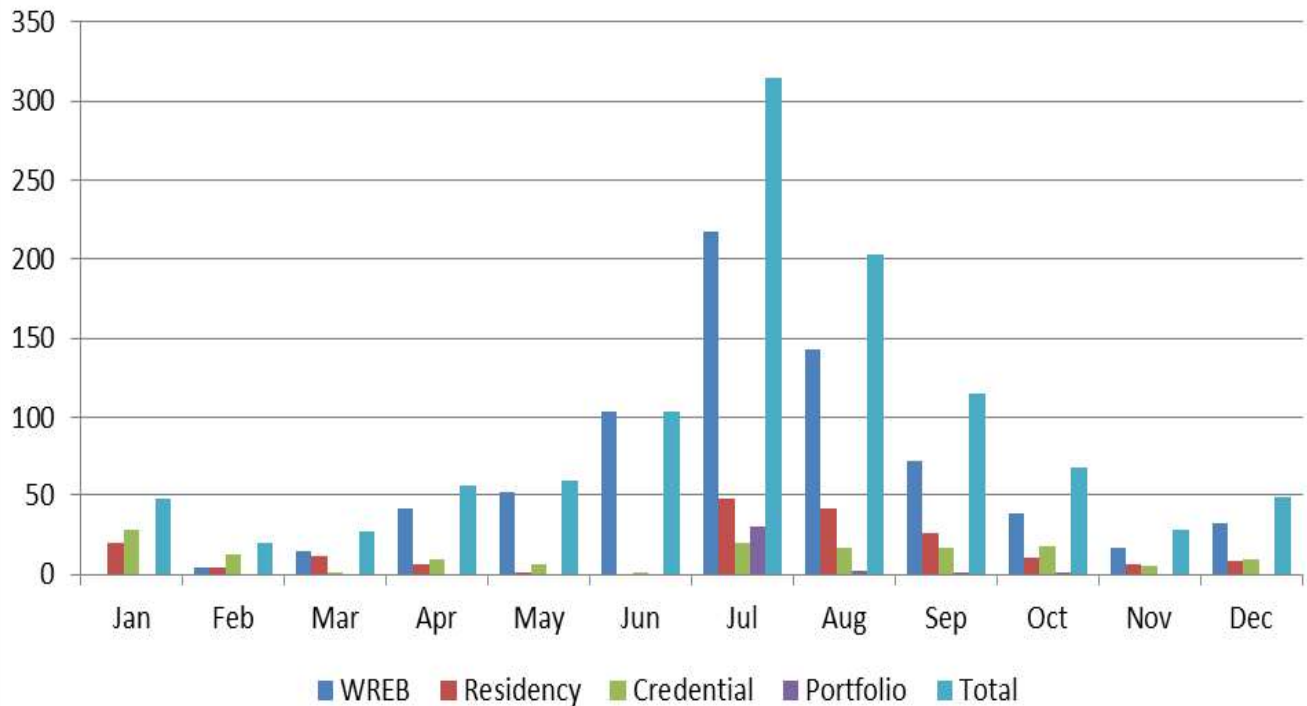
Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial license.
Cancelled	Board requests staff to remove application (i.e. duplicate).
Withdrawn	Applicant requests Board to remove application
Denied	Applicant fails to provide requirements for licensure (BPC 1635.5)
Deficient	Application processed lacking one or more requirements

C. Following are graphs of monthly Dental statistics as of December 31, 2016

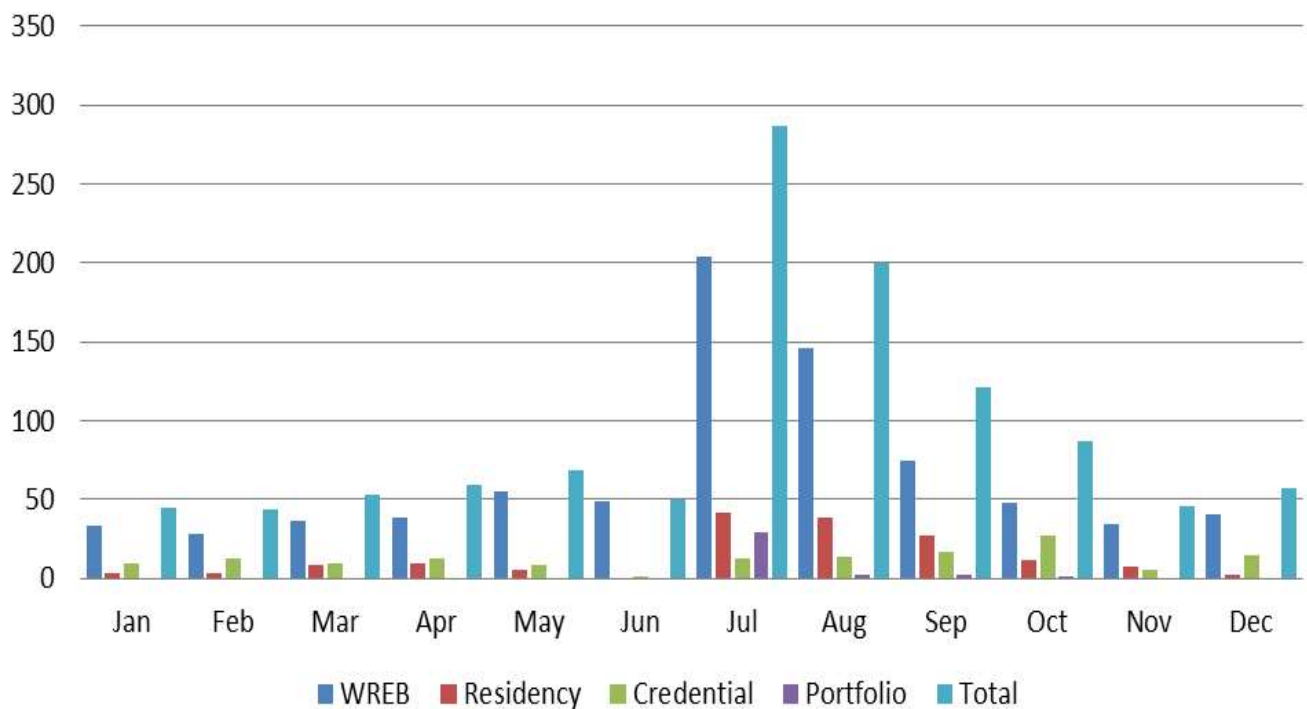


*WREB applications received peaks in June (286 applications).

Dental Applications Approved in 2016

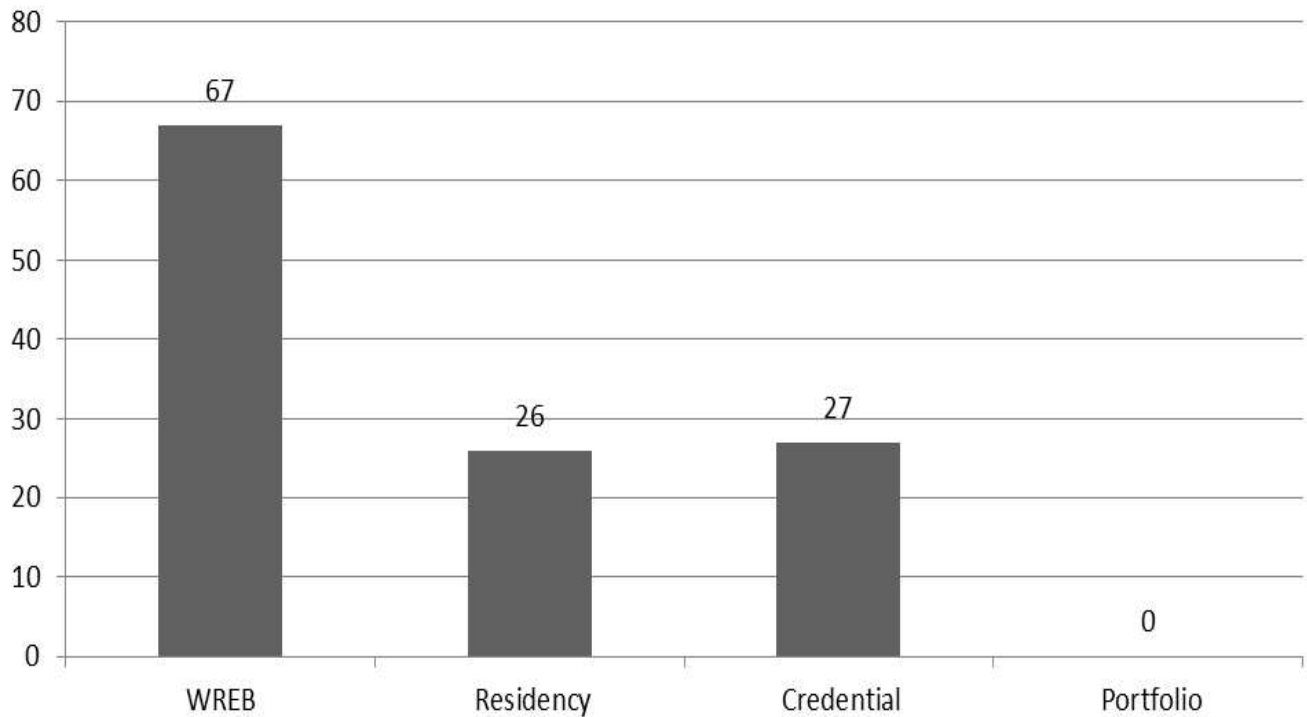


Dental Licenses Issued in 2016



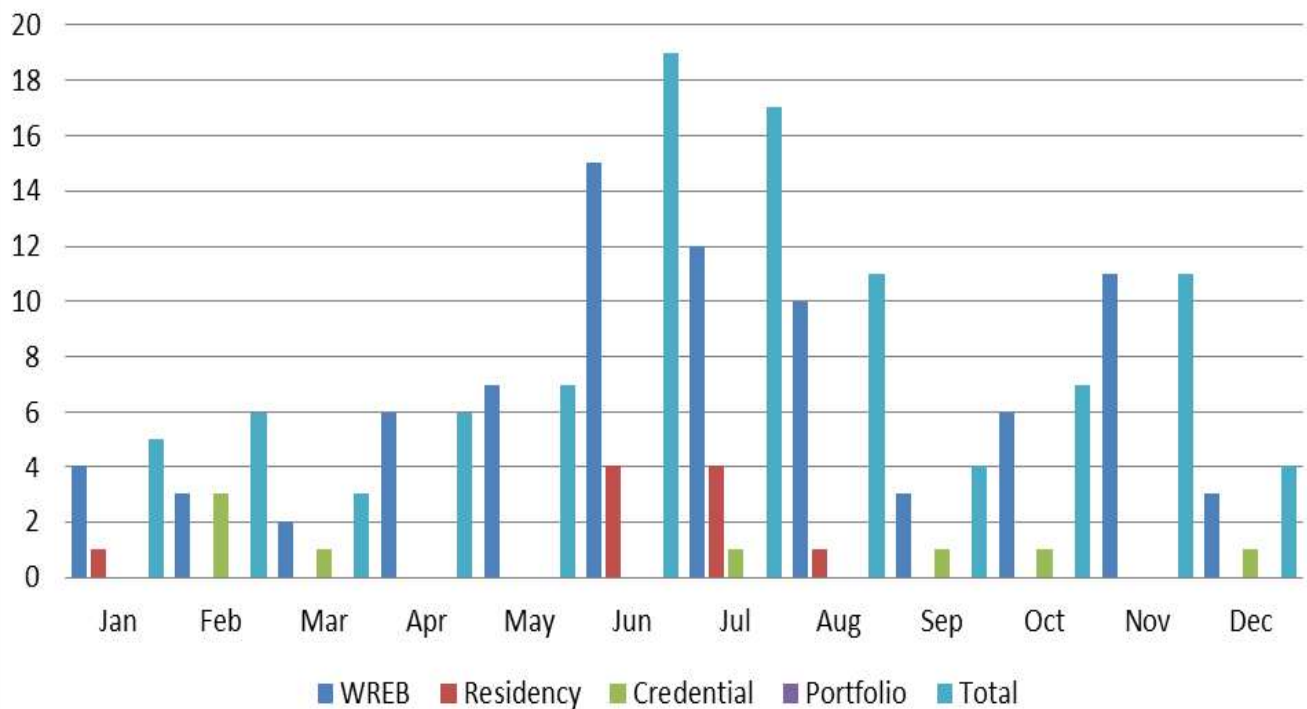
*Licenses issued peak in July (total of 287) and depreciate until December.

Deficient Applications as of December 31, 2016



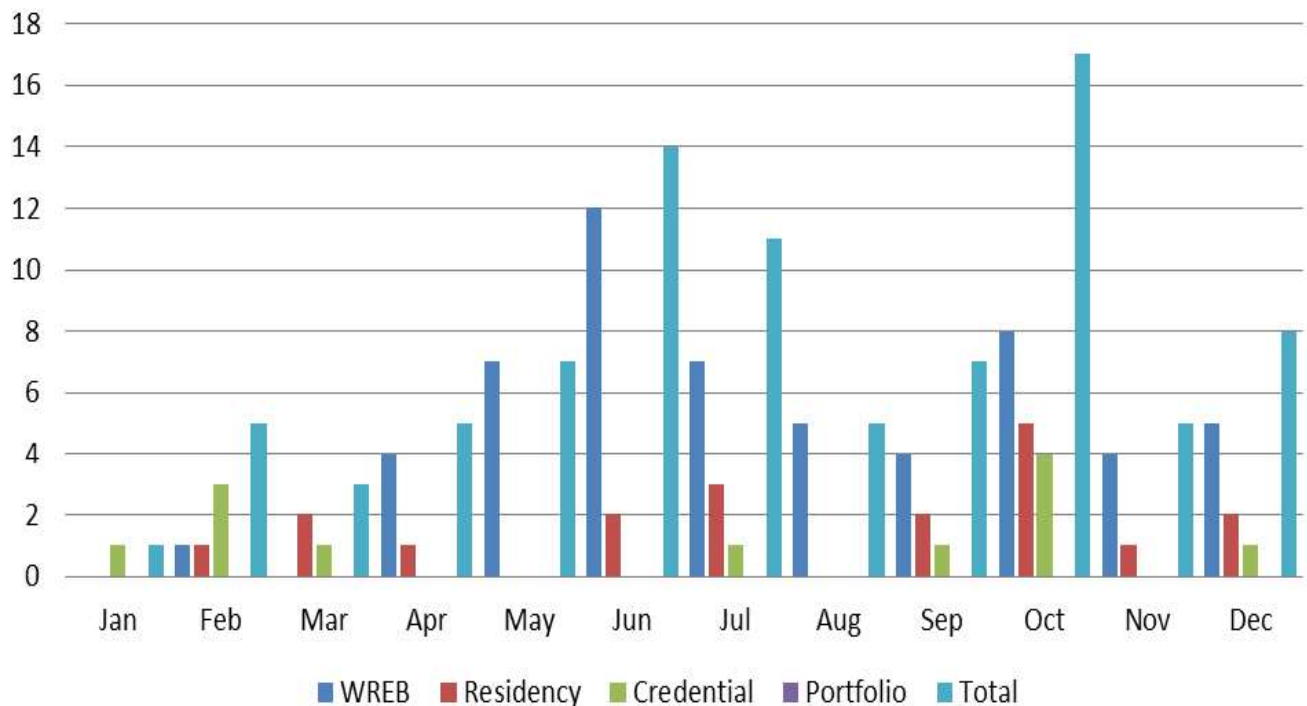
***Deficient:** Pending with one or more requirements missing in application

Cancelled Dental Applications in 2016



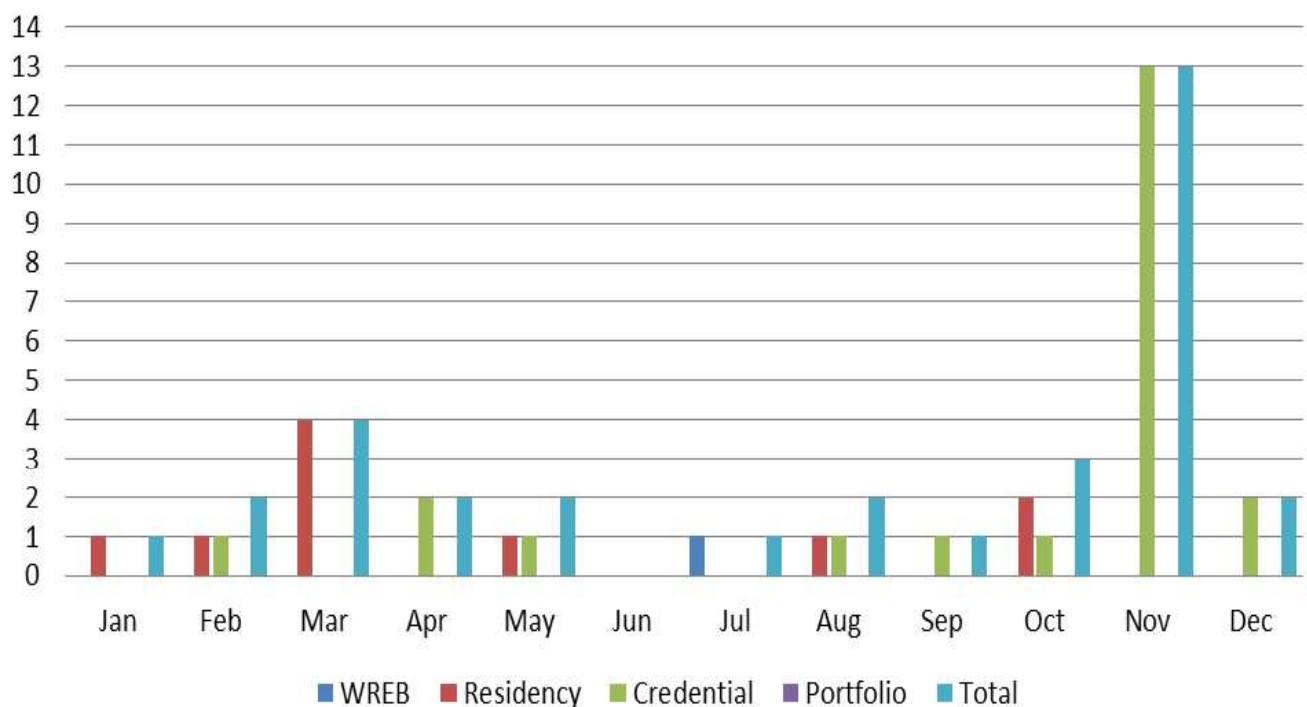
*Cancelled dental applications peak in June (total of 19) and depreciate until November.

Withdrawn Dental Applications in 2016



*Withdrawn dental applications peak in October (total of 17).

Denied Dental Applications in 2016



*Portfolio applications have no denials in 2016. Spike in denials for Credential In November.



MEMORANDUM

DATE	February 3, 2017
TO	Members of the Licensing, Certification, and Permits Committee, Dental Board of California
FROM	Leslie Kihara, Licensing Analyst Dental Board of California
SUBJECT	Agenda Item 4: Discussion and Possible Action Regarding Requirements for the Issuance of a New License to Replace a Cancelled License Pursuant to Business and Professions Code Section 1718.3

Background:

Pursuant to Business and Professions Code Section 1718.3, a Dental Board of California (Board) license which is not renewed within five years after its expiration may not be renewed, restored, reinstated, or reissued thereafter, but the holder of the license may apply for and obtain a new license if the following requirements are satisfied:

- No fact, circumstance, or condition exists which would justify denial of licensure under Section 480.
- He or she pays all of the fees which would be required of him or her if he or she were then applying for the license for the first time and all renewal and delinquency fees which have accrued since the date on which he or she last renewed his or her license.
- He or she takes and passes the examination, if any, which would be required of him or her if he or she were then applying for the license for the first time, or otherwise establishes to the satisfaction of the board that with due regard for the public interest, he or she is qualified to practice the profession or activity in which he or she again seeks to be licensed.

The Board may impose conditions on any license issued pursuant to this section, as it deems necessary and the Board may, by regulation, provide for the waiver or refund of all or any part of the examination fee in those cases in which a license is issued without an examination under this section.

If a license is cancelled, and the licensee would like to apply for a new license to replace the cancelled license, they must contact the Board office to initiate the process. The licensee must pay all accrued renewal fees, CURES fees, and delinquency fees, as well as the pro-rated licensing fee due for a new applicant. In addition, the licensee

must submit the Application for New License to Replace Cancelled License, including license certifications from any states in which the licensee holds a license, submission of fingerprints, as well as copies of their Continuing Education certificates. The information is then presented to the Board and evaluated by the Licensing, Certification, and Permits Committee during closed session. If the application is approved, it may be contingent upon completion of a licensing examination; if denied, the licensee may re-apply.

The statutory requirements regarding issuance of a new license to replace a cancelled license have been in effect for over thirty years, well before the implementation of the current pathways to dental (DDS) and registered dental assistant (RDA) licensure. Board staff have encountered numerous applicants who have requested to apply for new licensure via one of the current pathways to initial licensure rather than endure the current process to have their cancelled license replaced with a new license. Because of this, Board staff are requesting the Committee consider whether amendments could be made to the current statute to allow applicants the option to apply for a new license via one of the current pathways to licensure or via the pathway to have a new license issued to replace a cancelled license.

Current Pathways to Licensure:

For new applicants for DDS licensure in California, there are currently four pathways; each pathway requires the submission of a completed application and associated application fee:

- The Application for Licensure to Practice Dentistry (WREB) requires the applicant to be at least 18 years of age, and provide proof of the following: having graduated from a board-approved or Commission on Dental Accreditation (CODA) of the American Dental Association (ADA) approved dental school, have successfully passed the Western Regional Examining Board (WREB) examination after January 1, 2005, have successfully passed Part I and II written examinations of the National Board Dental Examination of the Joint Commission on National Dental Examinations (NBDE), successfully pass the Law and Ethics Examination, receive fingerprint clearance from the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI), as well as submit license certifications from any state in which he or she was licensed for dentistry.
- The Application for Determination of Licensure Eligibility (Residency) requires the applicant to be at least 18 years of age, and provide proof of the following: having graduated from a board-approved or CODA approved dental school, recent completion of a CODA approved, 12 month minimum general practice residency or advanced education in general dentistry program, have successfully passed Part I and II written examinations of the NBDE, have not been unsuccessful in attempting the WREB examination in the last 5 years, successfully pass the Law and Ethics examination, and receive fingerprint clearance from DOJ and the FBI. This pathway was effective on February 1, 2008.

- The Application for Determination of Licensure Eligibility (Portfolio) requires the applicant to be at least 18 years of age, and provide proof of the following: having graduated from a board-approved dental school while the applicant is in good academic standing with no pending ethical issues, successfully passing the Law and Ethics examination, successfully passing Part I and II written examination of the NBDE, successfully completed Competency Portfolio, and receive fingerprint clearance from DOJ and the FBI.
- The Application to Establish Eligibility for Licensure by Credential requires the applicant to be at least 18 years of age, and provide proof of the following: a current, valid, unrestricted dental license in another state, license certification(s) from any state or country in which they have been licensed, having practiced clinically in another state for a period of 5 years in the last 7 years consecutively for at least 5000 hours, 50 Continuing Education units from within the last 2 years, completion of the mandatory courses California Dental Practice Act and California Infection Control within the last 2 years, completion of the Basic Life Support course provided by American Heart Association (AHA) or American Red Cross (ARC), have not been unsuccessful in attempting the WREB examination in the last 5 years, and receive fingerprint clearance from DOJ and the FBI. The applicant may receive credit for up to 2 years of the required 5 years of clinical practice if they have completed and can provide proof of a CODA approved residency including, but not limited to, a general practice residency, an advanced education in general dentistry program, or a training program in a specialty recognized by the ADA. The clinical practice requirement may be deemed met if the applicant agrees to and obtains a contract to practice dentistry full time for two years in a primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code or primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code or a clinic owned and operated by a public hospital or health system or a clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code, or if the applicant agrees to and obtains a contract to teach or practice dentistry full time for two years in at least one accredited dental education program as approved by the Board.

Following approval of any of these pathways, the applicant must complete the Application for Issuance of License Number and Registration of Place of Practice and include payment of the pro-rated licensing fee due.

In order to qualify for licensure as a Registered Dental Assistant (RDA), applicants must take and successfully pass three examinations: the Law and Ethics examination, the Written RDA examination, and the RDA Practical Examination. For new applicants for RDA licensure in California, there are currently three pathways; each pathway requires the submission of a completed application and associated fees:

- The Application for RDA Examination and Licensure (Qualification through Graduation from Board-Approved RDA Programs Only) requires the applicant to provide proof of the following: successful completion of a board-approved registered dental assisting program with a copy of their diploma or signature from their program director, completion of the 8 hour California Infection Control course, completion of the California Dental Practice Act course, completion of Basic Life Support from AHA or ARC, completion of board-approved coronal polish course, completion of board-approved radiation safety course, and receive fingerprint clearance from DOJ and the FBI. If the applicant is from out of state, they will need to have completed a CODA approved registered dental assisting program and to submit all course certificates to be approved. Proof of completion of board-approved pit and fissure sealants course must be provided after the first license renewal period.
- The Application for RDA Examination and Licensure (Qualification through Satisfactory Work Experience) requires the applicant to provide proof of the following: completion of work experience for 15 months and 1280 hours with a dentist licensed in one of the states of the United States, completion of the 8 hour California Infection Control course, completion of the California Dental Practice Act course, completion of Basic Life Support from AHA or ARC, completion of board-approved coronal polish course, completion of board-approved radiation safety course, and receive fingerprint clearance from DOJ and the FBI. Proof of completion of board-approved pit and fissure sealants course must be provided after the first license renewal period.
- For applicants who qualify through a combination of work experience and education, the Application for RDA Examination and Licensure (Qualification through Satisfactory Work Experience) application should be completed and the applicant must provide proof of the following: completion of a California Department of Education-approved 4 month education program, completion of work experience for 11 months with a dentist licensed in one of the states of the United States, completion of the 8 hour California Infection Control course, completion of the California Dental Practice Act course, completion of Basic Life Support from AHA or ARC, completion of board-approved coronal polish course, completion of board-approved radiation safety course, and receive fingerprint clearance from DOJ and the FBI. Proof of completion of board-approved pit and fissure sealants course must be provided after the first license renewal period.

Action Requested:

Board staff request the Committee consider whether amendments could be made to the current statute to allow applicants the option to apply for a new license to replace a cancelled license via one of the current pathways to licensure or via the pathway established in Business and Professions Code Section 1718.3.



DENTAL BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

**LEGISLATIVE AND REGULATORY COMMITTEE MEETING AGENDA
FEBRUARY 23, 2017**

Upon Conclusion of the Meeting of the Licensing, Certification, and Permits Committee

Humphreys Half Moon Inn

2303 Shelter Island Drive

San Diego, CA 92106

(619) 224-3411 (Hotel) or (916) 263-2300 (Board Office)

Members of the Legislative and Regulatory Committee:

Fran Burton, MSW, Public Member, Chair

Steven Morrow, DDS, MS, Vice Chair

Steven Chan, DDS

Katie Dawson, BS, RDHAP

Debra Woo, DDS, MA

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Committee meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of the May 11, 2016 Legislative and Regulatory Meeting Minutes
3. 2017 Tentative Legislative Calendar – Information Only
4. Discussion and Possible Action on the Following Legislation:

A. Assembly Bill 12 (Cooley) – State Government: Administrative Regulations: Review

- B. Assembly Bill 15 (Maienschein) – Denti-Cal Program: Reimbursement Rates
 - C. Assembly Bill 40 (Santiago) CURES Database: Health Information System – Informational Only
 - D. Assembly Bill 224 (Thurmond) Dentistry
 - E. Assembly Bill 349 (McCarty) Department of Consumer Affairs: Applications for Licensure: Special Immigrant Visas
 - F. Senate Bill 27 (Morrell) Professions and Vocations: Licenses: Military Service
5. Update on Pending Regulatory Packages
- A. Continuing Education Requirements and Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1017)
 - B. Definitions for Filing and Discovery (Cal. Code of Regs., Title 16, Section 1001.1 and 1001.2)
 - C. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division 10, Chapter 3)
 - D. Determination of Radiographs and Placement of Interim Therapeutic Restorations (New Regulation)
 - E. Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8)
 - F. Fee Increase (Cal. Code of Regs., Title 16, Sections 1021 and 1022)
 - G. Institutional Standards (Cal. Code of Regs., Title 16, Section 1024.1)
 - H. Licensure by Credential Application Requirements (Cal. Code of Regs., Title 16, Section 1028.6)
 - I. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049)
6. Discussion of Prospective Legislative Proposals
Stakeholders are Encouraged to Submit Proposals In Writing to the Board Before or During the Meeting for Possible Consideration by the Board at a Future Meeting

7. Public Comment on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
8. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
9. Committee Member Comments on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Board Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
10. Adjournment



LEGISLATIVE AND REGULATORY COMMITTEE MEETING MINUTES

Wednesday, May 11, 2016 and Thursday, May 12, 2016

DRAFT

MEMBERS PRESENT

Chair – Fran Burton, MSW, Public Member
Vice Chair – Kathleen King, Public Member
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Bruce Witcher, DDS

MEMBERS ABSENT

Katie Dawson, RDH

LEG 1 - Call to Order/Roll Call/Establishment of Quorum

Fran Burton, Chair of the Legislative and Regulatory Committee called the meeting to order at 4:50pm. Roll was called and a quorum established.

LEG 2 - Approval of the March 3, 2016 Legislative and Regulatory Committee Meeting Minutes

M/S/C (McKenzie/Le) to approve the March 3, 2016 Legislative and Regulatory Committee minutes. There was no public comment.

Support: Burton, King, Le, McKenzie, and Witcher. Oppose: 0 Abstain: 0

The motion passed.

LEG 3 - 2016 Tentative Legislative Calendar – Information Only

Ms. Burton gave an overview of the information provided.

LEG 4 - Discussion and Possible Action on the Following Legislation

Lusine M Sarkisyan, Legislative and Regulatory Analyst, gave an overview of the information provided.

- ❖ AB 1707 (Linder) Public Records: Response to Request
M/S/C (Burton/McKenzie) to recommend the Board take a position of “watch” on this bill.

Support: Burton, King, Le, McKenzie, and Witcher Oppose: 0 Abstain: 0

- ❖ AB 2235 (Thurmond) Board of Dentistry: Pediatric Anesthesia: Committee
M/S/C (Burton/King) to recommend the Board take a position of “Support in Concept with Suggested Amendments” on this bill. The amendments include the following: Change the timeframe of researching incident reports from

2011 through 2016 to 2010 through 2015; and change “shall include” to “if available” relating to the collection of anonymized demographic data for each incident for the past five years.

Support: Burton, King, Le, McKenzie, and Whitcher Oppose: 0 Abstain: 0

- ❖ AB 2331 (Dababneh) Dentistry: Applicants to Practice
Committee to continue its “watch” position on this bill.

- ❖ AB 2859 (Low) Professions and vocations: retired category: licenses
Committee took no position on this bill and directed staff to communicate with the author’s office regarding the committee’s concern with this bill.

Support: Burton, King, Le, McKenzie, and Whitcher Oppose: 0 Abstain: 0

Committee took recess at 6:15pm to reconvene at 8:00am, Thursday, May 12th.

- ❖ SB 482 (Lara) Controlled Substances: CURES Database
Committee to continue its “watch” position on this bill.

- ❖ SB 994 (Hill) Antimicrobial Stewardship Policies
Ms. Sarkisyan recommended the Committee to take no action on this bill, as the author decided not to move forward with this bill.

- ❖ SB 1033 (Hill) Medical Board: Disclosure of Probationary Status
Committee to continue its “watch” position on this bill.

Gayle Mathe, California Dental Association (CDA), commented that CDA has opposed this bill.

- ❖ SB 1039 (Senate Committee Business Professions and Economic Development) Professions and Vocations
M/S/C (Burton/McKenzie) to recommend the Board to take a “support if amended” position on this bill. The amendment related to the addition of prior proposed language relating to the Board’s ability to approve foreign dental schools.

Support: Burton, King, Le, McKenzie, and Whitcher Oppose: 0 Abstain: 0

- ❖ SB 1155 (Morrell) Professions and Vocations: Licenses: Military Service
M/S/C (Burton/McKenzie) to recommend the Board take a position of “watch” on this bill.

Support: Burton, King, Le, McKenzie, and Whitcher Oppose: 0 Abstain: 0

- ❖ SB 1195 (Hill) Professions and Vocations: Board Actions: Competitive Impact
M/S/C (Burton/Le) to recommend the Board take a position of “watch” on this bill.

Dr. Whitcher expressed concern regarding whether the Director will have power over enforcement decisions.

Ms. Mathe stated that CDA has expressed concern in writing regarding this bill and will provide their letter to Board staff.

Support: Burton, King, Le, McKenzie, and Whitcher Oppose: 0 Abstain: 0

- ❖ SB 1217 (Stone) Healing Arts: Reporting Requirements: Professional Liability
M/S/C (Burton/McKenzie) to recommend the Board to take no action on this bill.

Support: Burton, King, Le, McKenzie, and Whitcher Oppose: 0 Abstain: 0

- ❖ SB 1348 (Cannella) Licensure Applications: Military Experience
M/S/C (Burton/Whitcher) to recommend the Board take a “watch” position on this bill.

Support: Burton, King, Le, McKenzie, and Whitcher Oppose: 0 Abstain: 0

- ❖ SB 1444 (Hertzberg) State Government: Computerized Personal Information Security Plans
M/S/C (Burton/McKenzie) to recommend the Board to take a “watch” position on this bill.

Support: Burton, King, Le, McKenzie, and Whitcher Oppose: 0 Abstain: 0

- ❖ SB 1478 (Senate Committee Business Professions and Economic Development) Healing Arts
This is the Committee’s omnibus bill. M/S/C (Burton/Whitcher) to recommend the Board to take a “support” position on the parts of the bill that pertain to the Board.

Support: Burton, King, Le, McKenzie, and Whitcher Oppose: 0 Abstain: 0

LEG 5 - Update on Pending Regulatory Packages

Ms. Sarkisyan gave an overview of the information provided.

LEG 6 - Update Regarding Request for Consideration of Academy of General Dentistry State Licensure Transcript Acceptance.

Doctor Eric Wong, Academy of General Dentistry, to provide proof regarding the Continuing Education Certificates.

Ms. Burton requested that the item should be put on the August Board meeting agenda for full Board to discuss.

M/S/C (King/McKenzie) to recommend item be put on the August agenda for full Board to discuss.

LEG 7 - Discussion of Prospective Legislative Proposals

There were no legislative proposals.

LEG 8 - Public Comment on Items Not on the Agenda

CDA, Ms. Mathe, commented on AB 2744 Healing Arts: Referrals (Gordon) relating to the Groupon, which Ms. Fischer directed staff to add to list of bills to watch.

Dental Hygiene Committee of California, Michelle Hurlbutt, commented on SB 1098 Medi-Cal: dental services: advisory group (Cannella) which was placed on suspense and AB 2207 Medi-Cal: dental program (Wood) which was placed on suspense.

LEG 9 - Future Agenda Items

There were no future agenda items requested.

LEG 10 - Committee Member Comments for Items Not on the Agenda

There were no Committee member comments.

LEG 11 – Adjournment

The Committee adjourned at 8:52am.



MEMORANDUM

DATE	February 6, 2017
TO	Members of the Legislative and Regulatory Committee, Dental Board of California
FROM	Lusine M Sarkisyan, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 3: 2017 Tentative Legislative Calendar – Information Only

The 2017 Tentative Legislative Calendar is enclosed.

Action Requested:

No action necessary.

2017 TENTATIVE LEGISLATIVE CALENDAR
 COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE
 Revised 11/16/2016

DEADLINES

JANUARY						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MARCH						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 4** Legislature **reconvenes** (J.R. 51(a)(1)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 16** Martin Luther King, Jr. Day
- Jan. 20** Last day to submit **bill requests** to the Office of Legislative Counsel

- Feb. 17** Last day for bills to **be introduced** (J.R. 61(a),(1)(J.R. 54(a)).
- Feb. 20** Presidents' Day

- Mar. 31** Cesar Chavez Day.

- Apr. 6** **Spring recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).
- Apr. 17** Legislature **reconvenes** from Spring recess (J.R. 51(a)(2)).
- Apr. 28** Last day for **policy committees** to hear and report to **fiscal** Committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

- May 12** Last day for **policy committees** to hear and report **non-fiscal bills** introduced in their house to Floor (J.R. 61(a)(3)).
- May 19** Last day for **policy committees** to meet prior to June 5 (J.R. 61(a)(4)).
- May 26** Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)).
 Last day for **fiscal committees** to meet prior to June 5 (J.R. 61(a)(6)).
- May 29** Memorial Day.
- May 30-June 2 Floor Session Only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(7)).

2017 TENTATIVE LEGISLATIVE CALENDAR
 COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE
 Revised 11/16/2016

JUNE						
S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

June 2 Last day for bills to be **passed out of the house of origin** (J.R. 61(a)(8)).

June 5 Committee meetings may resume (J.R. 61(a)(9)).

June 15 Budget must be passed by **midnight** (Art. IV, Sec. 12(c)(3)).

JULY						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

July 4 Independence Day observed.

July 14 Last day for **policy committees** to hear and report fiscal bills to **fiscal** Committees (J.R. 61(a)(10)).

July 21 Last day for **policy committees** to meet and report bills (J.R. 61(a)(11)).
Summer Recess begins upon adjournment of session provided Budget Bill has been enacted (J.R. 51(a)(3)).

AUGUST						
S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Aug. 21 **Legislature Reconvenes** (J.R. 51(a)(3)).

SEPTEMBER						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Sep. 1 Last day for **fiscal committees** to meet and report bills to Floor (J.R. 61(a)(12)).

Sep. 4 Labor Day.

Sep. 8 Last day to **amend** on the floor (J.R. 61(a)(14)).

Sep. 5-15 **Floor session only.** No committees, other than conference or Rules Committees, may meet for any purpose (J.R. 61(a)(13)).

Sep. 15 Last day for **each house to pass bills** (J.R. 61(a)(15)).
Interim Study Recess begins at end of this day's session (J.R. 51(a)(4)).

*Holiday schedule subject to Senate Rules committee approval

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2017

Oct. 15 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 15 and in his possession after Sept. 15 (Art. IV, Sec.10(b)(1)).

2018

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).
 Jan. 3 Legislature reconvenes (J.R. 51(a)(4)).

2017 TENTATIVE LEGISLATIVE CALENDAR
 COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK
 Revised 11-16-16

DEADLINES

JANUARY							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Wk. 2	8	9	10	11	12	13	14
Wk. 3	15	16	17	18	19	20	21
Wk. 4	22	23	24	25	26	27	28
Wk. 1	29	30	31				

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 1				1	2	3	4
Wk. 2	5	6	7	8	9	10	11
Wk. 3	12	13	14	15	16	17	18
Wk. 4	19	20	21	22	23	24	25
Wk. 1	26	27	28				

MARCH							
	S	M	T	W	TH	F	S
Wk. 1				1	2	3	4
Wk. 2	5	6	7	8	9	10	11
Wk. 3	12	13	14	15	16	17	18
Wk. 4	19	20	21	22	23	24	25
Wk. 1	26	27	28	29	30	31	

APRIL							
	S	M	T	W	TH	F	S
Wk. 1							1
Wk. 2	2	3	4	5	6	7	8
Spring Recess	9	10	11	12	13	14	15
Wk. 3	16	17	18	19	20	21	22
Wk. 4	23	24	25	26	27	28	29
Wk. 1	30						

MAY							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Wk. 2	7	8	9	10	11	12	13
Wk. 3	14	15	16	17	18	19	20
Wk. 4	21	22	23	24	25	26	27
No Hrgs.	28	29	30	31			

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 4 Legislature reconvenes (J.R. 51(a)(1)).

Jan. 10 Budget Bill must be submitted by Governor (Art. IV, Sec. 12(a)).

Jan. 16 Martin Luther King, Jr. Day.

Jan. 20 Last day to submit **bill requests** to Office of Legislative Counsel.

Feb. 17 Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).

Feb. 20 Presidents' Day.

Mar. 31 Cesar Chavez Day.

Apr. 6 **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).

Apr. 17 Legislature reconvenes from Spring Recess (J.R. 51(a)(2)).

Apr. 28 Last day for **policy committees** to hear and report **fiscal bills** for referral to fiscal committees (J.R. 61(a)(2)).

May 12 Last day for **policy committees** to hear and report to the floor **nonfiscal** bills (J.R. 61(a)(3)).

May 19 Last day for **policy committees** to meet prior to June 5 (J.R. 61(a)(4)).

May 26 Last day for **fiscal committees** to hear and report bills to the floor (J.R. 61 (a)(5)). Last day for **fiscal committees** to meet prior to June 5 (J.R. 61 (a)(6)).

May 29 Memorial Day observed.

May 30-June 2 **Floor session only.** No committee may meet for any purpose except for Rules Committee and Conference Committees (J.R. 61(a)(7)).

2017 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised 11-16-16

JUNE							
	S	M	T	W	TH	F	S
No Hrgs.					1	2	3
Wk. 1	4	5	6	7	8	9	10
Wk. 2	11	12	13	14	15	16	17
Wk. 3	18	19	20	21	22	23	24
Wk. 4	25	26	27	28	29	30	

June 2 Last day to pass bills out of house of origin (J.R. 61(a)(8)). Committee meetings may resume (J.R. 61(a)(9)).

June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).

JULY							
	S	M	T	W	TH	F	S
Wk. 4							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
Wk. 3	16	17	18	19	20	21	22
Summer Recess	23	24	25	26	27	28	29
Summer Recess	30	31					

July 4 Independence Day.

July 14 Last day for policy committees to hear and report fiscal bills for referral to fiscal committees (J.R. 61(a)(10)).

July 21 Last day for policy committees to hear and report bills (J.R. 61(a)(11)). Summer Recess begins upon adjournment, provided Budget Bill has been passed (J.R. 51 (a)(3)).

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess			1	2	3	4	5
Summer Recess	6	7	8	9	10	11	12
Summer Recess	13	14	15	16	17	18	19
Wk. 4	20	21	22	23	24	25	26
Wk. 1	27	28	29	30	31		

Aug. 21 Legislature reconvenes from Summer Recess (J.R. 51 (a)(3)).

SEPTEMBER							
	S	M	T	W	TH	F	S
Wk. 1						1	2
No Hrgs.	3	4	5	6	7	8	9
No Hrgs.	10	11	12	13	14	15	16
Interim Recess	17	18	19	20	21	22	23
Interim Recess	24	25	26	27	28	29	30

Sept. 1 Last day for fiscal committees to meet and report bills to the Floor (J.R. 61(a)(12)).

Sept. 4 Labor Day.

Sept. 5–15 Floor session only. No committee may meet for any purpose (J.R. 61(a)(13)).

Sept. 8 Last day to amend on the Floor (J.R. 61(a)(14)).

Sept. 15 Last day for any bill to be passed (J.R. 61(a)(15)). Interim Recess begins on adjournment (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING INTERIM RECESS

2017

Oct. 15 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 15 and in the Governor's possession after Sept. 15 (Art. IV, Sec.10(b)(1)).

2018

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 3 Legislature reconvenes (J.R. 51(a)(4)).



MEMORANDUM

DATE	February 3, 2017
TO	Members of the Legislative and Regulatory Committee, Dental Board of California
FROM	Lusine M. Sarkisyan, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 4: Discussion and Possible Action on Legislation

Background:

Board staff is currently tracking five (5) legislative bills pertaining to the Dental Board of California (Board). Staff has provided a matrix of the tracked legislation disclosing information regarding each bill's status and location. Staff has also provided copies of each bill in its most recent version accompanied by individual bill analyses.

The following bills will be presented to the Legislative and Regulatory Committee for review and consideration:

AB 12	Cooley	State Government: Administrative Regulations: Review
AB 15	Maienschein	Denti-Cal Program: Reimbursement Rates
AB 40*	Santiago	CURES Database: Health Information System
AB 224	Thurmond	Dentistry
AB 349	McCarty	DCA: Applicants for Licensure: Special Immigrant Visas
SB 27	Morrell	Professions and Vocations: Licenses: Military Service

*Informational only, no discussion to take place.

The following Web sites are excellent resources for viewing proposed legislation and finding additional information:

- www.senate.ca.gov
- www.assembly.ca.gov
- www.leginfo.ca.gov

Action Requested:

Committee to discuss and possibly recommend the Board to take action as specified in each bill analysis.

2017 Legislative Tracker					
House	Bill Number	Title	Author	Description	Status/Location of the Bill Board Action
Assembly	12	State Government: Administrative Regulations: Review	Cooley	Relates to clean up of regulations that are duplicative, overlapping, inconsistent, or out of date, etc	1/19 Referred to Com. On A & AR
Assembly	15	Denti-Cal Program: Reimbursement Rates	Matenschein	Legislative intent language relating to Denti-Cal program. Addresses access and providers particularly in counties that currently have non.	1/19 Referred to Com. ON Health
Assembly	40	CURES Database: Health Information	Santiago	Would allow health information technology systems to integrate with the CURES for the purpose of automatically querying CURES on	1/19 Com. On B&P and PUB. S.
Assembly	224	Dentistry	Thurmond	Currently making non-substantive changes	1/26 Introduced
Assembly	349	DCA: Applicants for licensure: Special immigrant visas	McCarty, Fletcher, Nazarian	Boards must expedite the initial licesnure process for an applicant who was issued a special immigrant visa. The boards must accept the visa case number if the applicant is an individual.	2/8 Introduced
Senate	27	Professions and Vocations: Licenses: Military Service	Morrell	Nat'l Guard or Armed Forces honorably discharged are eligible for one fee waiver for application and issuance of an initial licensure.	1/12 Com. On B,P, &ED and V.A

Legislative Bill Analysis

Bill Number	AB 12	Author	Cooley
Subject	State Government: Administrative Regulations: Review	Version	Introduced 12/5/2016
Bill Status/Location	Referred ASM Accountability and Administrative Review Committee	Sponsor	Author

SUMMARY

This bill would require the Dental Board of California (Board) and other agencies to do the following by January 1, 2020:

1. Review all regulations adopted by the Board;
2. Identify any regulations that are duplicative, overlapping, inconsistent, or out of date;
3. Adopt, amend, or repeal any regulations that are duplicative, overlapping, inconsistent, or out-dated consistent with the regulatory rulemaking process;
4. Hold at least one public notice hearing and post the notice on the Board website in order to receive public comment on the proposed revisions;
5. Notify the appropriate policy and fiscal committees of each house of the Legislature of the revisions the Board proposes to make, 30 days before initiating the rulemaking process;
6. Report to the Governor and Legislature on the Board's compliance to and actions to be taken of the proposed bill by including the number and content of the regulation identified as duplicative, overlapping, inconsistent, and outdated; and
7. The report to the Governor and Legislature must be consistent with Government Code 9795.

This bill requires state agencies to notify other state agencies, boards, bureaus, or other units within an agency, of regulations that have been identified as duplicative, overlapping, or inconsistent with a regulation adopted by another department, board, or other unit within that agency.

BACKGROUND

The Administrative Procedure Act requires agencies and the Office of Administrative Law to review regulations to ensure their consistency with law and to consider impacts on the state's economy and businesses, including small businesses. However, the act does not require agencies to individually review their regulations to identify any overlapping, inconsistent, duplicative, or out-of-date regulations that may exist.

This bill attempts to address the necessity for continued fiscal discipline by requiring agencies to systematically undertake a review process to eliminate any overlapping, inconsistent, duplicative, or out-of-date regulations, both to ensure a more efficient implementation as well as enforcement of the laws to reduce unnecessary and outdated rules and regulations.

ANALYSIS

This bill makes an effort in cleaning up the regulations currently in place.

In the proposed Section 11366, this bill defines “agency” as a state agency as defined in Section 11000 of the Government Code. The term “agency” as referenced in Section 11366.2 of the introduced bill, refers to every state office, officer, department, division, bureau, board, and commission.

This bill is the same bill that was introduced during the 2015 and 2016 legislative sessions; however it failed to pass Senate Appropriations Committee, because of the cost associated in implementing such an undertaking.

This bill requires additional staff resources and time to go through the Dental Practice Act (Act) to review all the regulations in the California Code of Regulations, Title 16, Division 10, identify those regulations that are duplicative, overlapping, inconsistent or outdated, and proceed with the regulatory rulemaking process in revising those identified sections.

FISCAL

This bill will result in a fiscal impact to the Board, because additional staff will need to be hired for such an undertaking. A limited term staff member will need to be hired to review all regulations; identify any regulations that are duplicative, inconsistent, or outdated; notify respective appropriations committees; draft a report notifying the legislature and governor of the changes to take place; and work with the Board’s legislative and regulatory analyst in initiating the rulemaking process for all the revisions.

The prior AB 12 that was introduced in the last legislative cycle noted that 200 state agencies expect some type of fiscal impact relating to staff time and resources.

SUPPORT: American Federation of State, County and Municipal Employees

OPPOSITION: None.

RECOMMENDED POSITION: Staff recommends the Board take a “WATCH” position on this bill to see how the language of the bill will develop and change.

ASSEMBLY BILL

No. 12

Introduced by Assembly Member Cooley

December 5, 2016

An act to add and repeal Chapter 3.6 (commencing with Section 11366) of Part 1 of Division 3 of Title 2 of the Government Code, relating to state agency regulations.

LEGISLATIVE COUNSEL'S DIGEST

AB 12, as introduced, Cooley. State government: administrative regulations: review.

Existing law authorizes various state entities to adopt, amend, or repeal regulations for various specified purposes. The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposing to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would require each state agency to, on or before January 1, 2020, review that agency's regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided, and report to the Legislature and Governor, as specified. The bill would repeal these provisions on January 1, 2021.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Chapter 3.6 (commencing with Section 11366) is added to Part 1 of Division 3 of Title 2 of the Government Code, to read:

CHAPTER 3.6. REGULATORY REFORM

Article 1. Findings and Declarations

11366. The Legislature finds and declares all of the following:

(a) The Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340), Chapter 4 (commencing with Section 11370), Chapter 4.5 (commencing with Section 11400), and Chapter 5 (commencing with Section 11500)) requires agencies and the Office of Administrative Law to review regulations to ensure their consistency with law and to consider impacts on the state's economy and businesses, including small businesses.

(b) However, the act does not require agencies to individually review their regulations to identify overlapping, inconsistent, duplicative, or out-of-date regulations that may exist.

(c) At a time when the state's economy is slowly recovering, unemployment and underemployment continue to affect all Californians, especially older workers and younger workers who received college degrees in the last seven years but are still awaiting their first great job, and with state government improving but in need of continued fiscal discipline, it is important that state agencies systematically undertake to identify, publicly review, and eliminate overlapping, inconsistent, duplicative, or out-of-date regulations, both to ensure they more efficiently implement and enforce laws and to reduce unnecessary and outdated rules and regulations.

Article 2. Definitions

11366.1. For the purposes of this chapter, the following definitions shall apply:

(a) "State agency" means a state agency, as defined in Section 11000, except those state agencies or activities described in Section 11340.9.

1 (b) “Regulation” has the same meaning as provided in Section
2 11342.600.

3
4 Article 3. State Agency Duties
5

6 11366.2. On or before January 1, 2020, each state agency shall
7 do all of the following:

8 (a) Review all provisions of the California Code of Regulations
9 adopted by that state agency.

10 (b) Identify any regulations that are duplicative, overlapping,
11 inconsistent, or out of date.

12 (c) Adopt, amend, or repeal regulations to reconcile or eliminate
13 any duplication, overlap, inconsistencies, or out-of-date provisions,
14 and shall comply with the process specified in Article 5
15 (commencing with Section 11346) of Chapter 3.5, unless the
16 addition, revision, or deletion is without regulatory effect and may
17 be done pursuant to Section 100 of Title 1 of the California Code
18 of Regulations.

19 (d) Hold at least one noticed public hearing, which shall be
20 noticed on the Internet Web site of the state agency, for the
21 purposes of accepting public comment on proposed revisions to
22 its regulations.

23 (e) Notify the appropriate policy and fiscal committees of each
24 house of the Legislature of the revisions to regulations that the
25 state agency proposes to make at least 30 days prior to initiating
26 the process under Article 5 (commencing with Section 11346) of
27 Chapter 3.5 or Section 100 of Title 1 of the California Code of
28 Regulations.

29 (g) (1) Report to the Governor and the Legislature on the state
30 agency’s compliance with this chapter, including the number and
31 content of regulations the state agency identifies as duplicative,
32 overlapping, inconsistent, or out of date, and the state agency’s
33 actions to address those regulations.

34 (2) The report shall be submitted in compliance with Section
35 9795 of the Government Code.

36 11366.3. (a) On or before January 1, 2020, each agency listed
37 in Section 12800 shall notify a department, board, or other unit
38 within that agency of any existing regulations adopted by that
39 department, board, or other unit that the agency has determined
40 may be duplicative, overlapping, or inconsistent with a regulation

1 adopted by another department, board, or other unit within that
2 agency.

3 (b) A department, board, or other unit within an agency shall
4 notify that agency of revisions to regulations that it proposes to
5 make at least 90 days prior to a noticed public hearing pursuant to
6 subdivision (d) of Section 11366.2 and at least 90 days prior to
7 adoption, amendment, or repeal of the regulations pursuant to
8 subdivision (c) of Section 11366.2. The agency shall review the
9 proposed regulations and make recommendations to the
10 department, board, or other unit within 30 days of receiving the
11 notification regarding any duplicative, overlapping, or inconsistent
12 regulation of another department, board, or other unit within the
13 agency.

14 11366.4. An agency listed in Section 12800 shall notify a state
15 agency of any existing regulations adopted by that agency that
16 may duplicate, overlap, or be inconsistent with the state agency's
17 regulations.

18 11366.45. This chapter shall not be construed to weaken or
19 undermine in any manner any human health, public or worker
20 rights, public welfare, environmental, or other protection
21 established under statute. This chapter shall not be construed to
22 affect the authority or requirement for an agency to adopt
23 regulations as provided by statute. Rather, it is the intent of the
24 Legislature to ensure that state agencies focus more efficiently and
25 directly on their duties as prescribed by law so as to use scarce
26 public dollars more efficiently to implement the law, while
27 achieving equal or improved economic and public benefits.

28
29 Article 4. Chapter Repeal
30

31 11366.5. This chapter shall remain in effect only until January
32 1, 2021, and as of that date is repealed, unless a later enacted
33 statute, that is enacted before January 1, 2021, deletes or extends
34 that date.

Legislative Bill Analysis

Bill Number	AB 15	Author	Maienschein
Subject	Denti-Cal program: Reimbursement rates	Version	Introduced 12/5/2016
Bill Status/Location	Referred to Committee on Health	Sponsor	Author

SUMMARY

This bill would increase Denti-Cal funding. The funding would be allocated to increasing reimbursement rates for the 15 most common prevention, treatment, and oral evaluation services to the regional average commercial rates.

BACKGROUND

Assembly Bill 15 would address the silent epidemic of tooth decay and disease in California by appropriating adequate funding to the Denti-Cal program, which provides dental coverage for 13 million Californians, including 5 million children.

This bill is in response to the recent report from the Little Hoover Commission called “Fixing Denti-Cal”, which found that less than 38% of Denti-Cal eligible children received dental care in 2014 and that Denti-Cal reimbursement rates are about 35% of the national average. The report suggests that the Department of Health Care Services runs a program that is unable to attract enough dentists or provide adequate access to care and that the legislature and administrations have underfunded the Denti-Cal program and slashed reimbursement rates for dental providers to national lows. It was reported that 11 counties have no providers accepting new Denti-Cal patients.

ANALYSIS

Though the bill is bringing light to a program that needs to be revamped, it is only requiring the State Department of Health Care Services to increase Denti-Cal provider reimbursements, but does not specify how much the increase should be, how much increase is necessary to attract those 11 counties that do not accept new Denti-Cal patients, or if simply increasing the reimbursement rate would fix the underlying issue of access to care.

FISCAL

There is no fiscal impact on the Board as this would be implemented through the Department of Health Care Services.

SUPPORT

First 5 Association of California
County of Ventura Human Services Agency
United Way of Ventura Co.
CA Commission on Aging
United Way of California

OPPOSITION: None.

RECOMMENDED POSITION: Staff recommends taking a WATCH position on this bill, because the bill is newly introduced and the language of the bill may continue to develop and change.

ASSEMBLY BILL

No. 15

Introduced by Assembly Member Maienschein

(Principal coauthors: Assembly Members Patterson and Waldron)

(Principal coauthors: Senators Cannella and Nielsen)

(Coauthors: Assembly Members Baker, Bigelow, Brough, Chávez, Choi, Dahle, Gallagher, Lackey, Mayes, Steinorth, and Voepel)

(Coauthors: Senators Atkins, Bates, Gaines, Nguyen, and Wilk)

December 5, 2016

An act relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 15, as introduced, Maienschein. Denti-Cal program: reimbursement rates.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides for a schedule of benefits provided under the Medi-Cal program, which includes certain dental services that are referred to as Denti-Cal.

This bill would require the State Department of Health Care Services to increase Denti-Cal provider reimbursement rates for the 15 most common prevention, treatment, and oral evaluation services to the regional average commercial rates, effective January 1, 2018.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) California’s Medicaid dental program, Denti-Cal, is charged
4 with providing an adequate level of dental coverage to 13 million
5 low-income Californians, including five million children.

6 (b) Dental care, particularly preventative care, can have
7 significant long-term impacts. Tooth decay and disease are
8 associated with pregnancy risks, diabetes, and respiratory and heart
9 disease. Additionally, a lack of access to dental care among
10 children can result in missed school days, and ultimately poorer
11 academic performance.

12 (c) Denti-Cal, as currently implemented and funded, is a failure.
13 Just 37.8 percent of California’s five million Denti-Cal-eligible
14 children saw a dentist in the 2014 calendar year.

15 (d) The Milton Marks “Little Hoover” Commission on California
16 State Government Organization and Efficiency and the California
17 State Auditor both note these low utilization rates, which stem
18 from a lack of providers and an uneven distribution of those
19 providers that do participate in the Denti-Cal program. Five
20 counties have no providers, and 14 counties only have providers
21 that are not accepting new patients.

22 (e) The lack of providers is partly a result of low reimbursement
23 rates, which are typically one-third to one-half of the national
24 average for common procedures.

25 SEC. 2. (a) It is the intent of the Legislature to attract and
26 retain more Denti-Cal providers, with an emphasis on underserved
27 areas, and to increase utilization of the program.

28 (b) Effective January 1, 2018, the State Department of Health
29 Care Services shall increase Denti-Cal provider reimbursement
30 rates for the 15 most common prevention, treatment, and oral
31 evaluation services to the regional average commercial rates.

Legislative Bill Analysis

Bill Number	40	Author	Santiago
Subject	CURES database: health information technology system	Version	Introduced 12/05/2016
Bill Status/Location	Referred to Committees on Business and Professions & Public Safety	Sponsor	California Chapter of American College of Emergency Physicians (California ACEP)

SUMMARY

This bill authorizes the Department of Justice to allow an authorized health information technology system to maintain controlled substance history of a patient through the Internet website.

This bill permits a health information technology system to establish an integration with and submit queries to the CURES database on either a user-initiated basis or an automated basis if it can certify specified information.

The bill permits an authorized health care practitioner to use a health information technology system to initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to other licensed health care practitioners, pharmacists, or both.

BACKGROUND

The CURES system is a tool for providers to access the CURES information to determine how much and how often an individual has been prescribed controlled substances. This database is accessed manually via the CURES webpage. Accessing the CURES webpage has become time consuming, because the system disaggregates the information from the patient's medical record.

There are a number of health information technology systems that aggregate patient information from multiple health systems which would give providers a more complete account of the patient's medical background.

ANALYSIS

The primary focus currently of the introduced language of the bill is to assist emergency physicians with accessing the information on the CURES database. This bill allows the CURES database to integrate with health information technology systems. By allowing CURES to integrate with such a system, it will allow prescription information to be included in the same patient information that emergency physicians already receive. Intent of this bill is that it will reduce stress on California's overcrowded Emergency Departments by allowing emergency physicians to more efficiently treat patients, ensuring all patients receive timely care.

At this point the only reference between this bill and the Board is that our licensees use the CURES system.

FISCAL

Currently, there is no fiscal impact of this bill on the Dental Board.

SUPPORT

California Chapter of American College of Emergency Physicians (California ACEP)

OPPOSITION: None

RECOMMENDED POSITION: Staff recommends the Board take “NO ACTION” on this bill as it is informational only.

ASSEMBLY BILL

No. 40

Introduced by Assembly Member Santiago

December 5, 2016

An act to amend Sections 11165.1 and 11165.2 of the Health and Safety Code, relating to controlled substances, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 40, as introduced, Santiago. CURES database: health information technology system.

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance.

This bill would require the Department of Justice to make the electronic history of controlled substances dispensed to an individual under a health care practitioner's care, based on data contained in the CURES database, available to the practitioner through either an online Internet Web portal or an authorized health information technology system, as defined. The bill would authorize a health information technology system to establish an integration with and submit queries to the CURES database if the system can certify, among other requirements, that the data received from the CURES database will not be used for any purpose other than delivering the data to an authorized

health care practitioner or performing data processing activities necessary to enable delivery, and that the system meets applicable patient privacy and information security requirements of state and federal law. The bill would also authorize the Department of Justice to require an entity operating a health information technology system to enter into a memorandum of understanding or other agreement setting forth terms and conditions with which the entity must comply.

Existing law authorizes the Department of Justice to conduct audits of the CURES database and its users.

This bill would authorize the Department of Justice to conduct audits of any authorized health information technology system integrated with the CURES database.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: $\frac{2}{3}$. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 11165.1 of the Health and Safety Code,
2 as amended by Section 2 of Chapter 708 of the Statutes of 2016,
3 is amended to read:
4 11165.1. (a) (1) (A) (i) A health care practitioner authorized
5 to prescribe, order, administer, furnish, or dispense Schedule II,
6 Schedule III, or Schedule IV controlled substances pursuant to
7 Section 11150 shall, before July 1, 2016, or upon receipt of a
8 federal Drug Enforcement Administration (DEA) registration,
9 whichever occurs later, submit an application developed by the
10 ~~Department of Justice~~ *department* to obtain approval to access
11 information ~~online~~ regarding the controlled substance history of
12 a patient *through an online Internet Web portal that is stored on*
13 ~~the Internet and maintained within the Department of Justice, by~~
14 *the department, or through an authorized health information*
15 *technology system, and, upon approval, the department shall release*
16 *to that practitioner practitioner, through an online Internet Web*
17 *portal or an authorized health information technology system, the*
18 *electronic history of controlled substances dispensed to an*
19 *individual under his or her care based on data contained in the*
20 *CURES Prescription Drug Monitoring Program (PDMP).*

(ii) A pharmacist shall, before July 1, 2016, or upon licensure, whichever occurs later, submit an application developed by the ~~Department of Justice~~ *department* to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the ~~Department of Justice~~, *department*, and, upon approval, the department shall release to that pharmacist the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES PDMP.

(B) An application may be denied, or a subscriber may be suspended, for reasons which include, but are not limited to, the following:

(i) Materially falsifying an application for a subscriber.

(ii) Failure to maintain effective controls for access to the patient activity report.

(iii) Suspended or revoked federal DEA registration.

(iv) Any subscriber who is arrested for a violation of law governing controlled substances or any other law for which the possession or use of a controlled substance is an element of the crime.

(v) Any subscriber accessing information for any other reason than caring for his or her patients.

(C) Any authorized subscriber shall notify the ~~Department of Justice~~ *department* within 30 days of any changes to the subscriber account.

(D) *A health information technology system may establish an integration with and submit queries to the CURES database on either a user-initiated basis or an automated basis if the system can certify all of the following:*

(i) The health information technology system can establish it has been authorized to query the CURES database on behalf of an authorized health care practitioner on either a user-initiated basis, an automated basis, or both, for purposes of delivering patient data from the CURES database to assist an authorized health care practitioner with evaluating the need for medical or pharmaceutical treatment or providing medical or pharmaceutical treatment to a patient for whom a health care practitioner is providing or has provided care.

(ii) The health information technology system will not use or disclose data received from the CURES database for any purpose

1 other than delivering the data to an authorized health care
2 practitioner or performing data processing activities that may be
3 necessary to enable this delivery.

4 (iii) The health information technology system authenticates
5 the identity of any authorized health care practitioner initiating
6 queries to the CURES database on either a user-initiated basis or
7 an automated basis and maintains an audit trail documenting this
8 authentication.

9 (iv) The health information technology system meets applicable
10 patient privacy and information security requirements of state and
11 federal law.

12 (E) The department may, in its discretion, determine whether
13 to establish a direct system integration between one or more health
14 information technology systems and the CURES database, or
15 whether to develop a gateway system to which multiple health
16 information technology systems can establish an integration for
17 purposes of accessing the CURES database.

18 (F) The department may require an entity that operates a health
19 information technology system to enter into a memorandum of
20 understanding or other agreement that sets forth terms and
21 conditions with which the entity shall comply, including, but not
22 limited to, all of the following:

23 (i) Paying a reasonable fee to cover the cost of establishing and
24 maintaining integration with the CURES database.

25 (ii) Enforcement mechanisms for failure to comply with oversight
26 or audit activities by the department, up to and including
27 termination of access to the CURES database.

28 (iii) Any other term or condition that the department may
29 determine in its reasonable discretion is necessary to carry out
30 the intent of this section.

31 (2) A health care practitioner authorized to prescribe, order,
32 administer, furnish, or dispense Schedule II, Schedule III, or
33 Schedule IV controlled substances pursuant to Section 11150 or
34 a pharmacist shall be deemed to have complied with paragraph
35 (1) if the licensed health care practitioner or pharmacist has been
36 approved to access the CURES database through the process
37 developed pursuant to subdivision (a) of Section 209 of the
38 Business and Professions Code.

(b) Any request for, or release of, a controlled substance history pursuant to this section shall be made in accordance with guidelines developed by the ~~Department of Justice~~. *department*.

(c) In order to prevent the inappropriate, improper, or illegal use of Schedule II, Schedule III, or Schedule IV controlled substances, the ~~Department of Justice~~ *department* may initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to licensed health care practitioners, pharmacists, or both, providing care or services to the individual. *An authorized health care practitioner may use a health information technology system, either on a user-initiated basis or an automated basis, to initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to other licensed health care practitioners, pharmacists, or both.*

(d) The history of controlled substances dispensed to an individual based on data contained in CURES that is received by a practitioner or pharmacist from the ~~Department of Justice~~ *department* pursuant to this section is medical information subject to the provisions of the Confidentiality of Medical Information Act contained in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

(e) Information concerning a patient's controlled substance history provided to a prescriber or pharmacist pursuant to this section shall include prescriptions for controlled substances listed in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code of Federal Regulations.

(f) A health care practitioner, pharmacist, and any person acting on behalf of a health care practitioner or pharmacist, when acting with reasonable care and in good faith, is not subject to civil or administrative liability arising from any false, incomplete, inaccurate, or misattributed information submitted to, reported by, or relied upon in the CURES database or for any resulting failure of the CURES database to accurately or timely report that information.

(g) *For purposes of this section, the following terms have the following meanings:*

(1) *"Automated basis" means using predefined criteria established or approved by a health care practitioner to trigger an automated query to the CURES database, which can be*

1 *attributed to a specific health care practitioner by an audit trail*
2 *in the health information technology system.*

3 (2) *“Department” means the Department of Justice.*

4 (3) *“Health information technology system” means an*
5 *information processing application using hardware and software*
6 *for the storage, retrieval, sharing of or use of patient data for*
7 *communication, decisionmaking, coordination of care, or the*
8 *quality, safety, or efficiency of the practice of medicine or delivery*
9 *of health care services, including, but not limited to, electronic*
10 *medical record applications, health information exchange systems,*
11 *or other interoperable clinical or health care information system.*

12 (4) *“User-initiated basis” means an authorized health care*
13 *practitioner has taken an action to initiate the query to the CURES*
14 *database, such as clicking a button, issuing a voice command, or*
15 *taking some other action that can be attributed to a specific health*
16 *care practitioner by an audit trail in the health information*
17 *technology system.*

18 SEC. 2. Section 11165.2 of the Health and Safety Code is
19 amended to read:

20 11165.2. (a) The Department of Justice may conduct audits
21 of the CURES Prescription Drug Monitoring Program system and
22 ~~its—users:~~ *users, including any authorized health information*
23 *technology system, as defined in subdivision (g) of Section 11165.1,*
24 *integrated with the CURES database.*

25 (b) The Department of Justice may establish, by regulation, a
26 system for the issuance to a CURES Prescription Drug Monitoring
27 Program subscriber of a citation which may contain an order of
28 abatement, or an order to pay an administrative fine assessed by
29 the Department of Justice if the subscriber is in violation of any
30 provision of this chapter or any regulation adopted by the
31 Department of Justice pursuant to this chapter.

32 (c) The system shall contain the following provisions:

33 (1) Citations shall be in writing and shall describe with
34 particularity the nature of the violation, including specific reference
35 to the provision of law or regulation of the department determined
36 to have been violated.

37 (2) Whenever appropriate, the citation shall contain an order of
38 abatement establishing a reasonable time for abatement of the
39 violation.

1 (3) In no event shall the administrative fine assessed by the
2 department exceed two thousand five hundred dollars (\$2,500) for
3 each violation. In assessing a fine, due consideration shall be given
4 to the appropriateness of the amount of the fine with respect to
5 such factors as the gravity of the violation, the good faith of the
6 subscribers, and the history of previous violations.

7 (4) An order of abatement or a fine assessment issued pursuant
8 to a citation shall inform the subscriber that if the subscriber desires
9 a hearing to contest the finding of a violation, a hearing shall be
10 requested by written notice to the CURES Prescription Drug
11 Monitoring Program within 30 days of the date of issuance of the
12 citation or assessment. Hearings shall be held pursuant to Chapter
13 5 (commencing with Section 11500) of Part 1 of Division 3 of
14 Title 2 of the Government Code.

15 (5) In addition to requesting a hearing, the subscriber may,
16 within 10 days after service of the citation, request in writing an
17 opportunity for an informal conference with the department
18 regarding the citation. At the conclusion of the informal conference,
19 the department may affirm, modify, or dismiss the citation,
20 including any fine levied or order of abatement issued. The decision
21 shall be deemed to be a final order with regard to the citation
22 issued, including the fine levied or the order of abatement which
23 could include permanent suspension to the system, a monetary
24 fine, or both, depending on the gravity of the violation. However,
25 the subscriber does not waive its right to request a hearing to
26 contest a citation by requesting an informal conference. If the
27 citation is affirmed, a formal hearing may be requested within 30
28 days of the date the citation was affirmed. If the citation is
29 dismissed after the informal conference, the request for a hearing
30 on the matter of the citation shall be deemed to be withdrawn. If
31 the citation, including any fine levied or order of abatement, is
32 modified, the citation originally issued shall be considered
33 withdrawn and a new citation issued. If a hearing is requested for
34 a subsequent citation, it shall be requested within 30 days of service
35 of that subsequent citation.

36 (6) Failure of a subscriber to pay a fine within 30 days of the
37 date of assessment or comply with an order of abatement within
38 the fixed time, unless the citation is being appealed, may result in
39 disciplinary action taken by the department. If a citation is not

1 contested and a fine is not paid, the subscriber account will be
2 terminated:

3 (A) A citation may be issued without the assessment of an
4 administrative fine.

5 (B) Assessment of administrative fines may be limited to only
6 particular violations of law or department regulations.

7 (d) Notwithstanding any other provision of law, if a fine is paid
8 to satisfy an assessment based on the finding of a violation,
9 payment of the fine shall be represented as a satisfactory resolution
10 of the matter for purposes of public disclosure.

11 (e) Administrative fines collected pursuant to this section shall
12 be deposited in the CURES Program Special Fund, available upon
13 appropriation by the Legislature. These special funds shall provide
14 support for costs associated with informal and formal hearings,
15 maintenance, and updates to the CURES Prescription Drug
16 Monitoring Program.

17 (f) The sanctions authorized under this section shall be separate
18 from, and in addition to, any other administrative, civil, or criminal
19 remedies; however, a criminal action may not be initiated for a
20 specific offense if a citation has been issued pursuant to this section
21 for that offense, and a citation may not be issued pursuant to this
22 section for a specific offense if a criminal action for that offense
23 has been filed.

24 (g) Nothing in this section shall be deemed to prevent the
25 department from serving and prosecuting an accusation to suspend
26 or revoke a subscriber if grounds for that suspension or revocation
27 exist.

28 SEC. 3. This act is an urgency statute necessary for the
29 immediate preservation of the public peace, health, or safety within
30 the meaning of Article IV of the California Constitution and shall
31 go into immediate effect. The facts constituting the necessity are:

32 In order to ensure that information in the CURES database is
33 available to prescribing physicians so they may prevent the
34 dangerous abuse of prescription drugs and to safeguard the health
35 and safety of the people of this state, it is necessary that this act
36 take effect immediately.

Legislative Bill Analysis

Bill Number	AB 224	Author	Thurmond
Subject	Dentistry	Version	Introduced 1/26
Bill Status/Location	To be heard 2/26	Sponsor	

SUMMARY

This bill is a spot bill and currently makes non-substantive changes to Business and Professions Code (Code) Section 1601.4.

BACKGROUND

Code Section 1601.4 was enacted as a result of AB 2235 Board of Dentistry: pediatric anesthesia: committee (Thurmond, Chapter 519, Statutes of 2016). This section required the Dental Board of California (Board) to provide a report to the legislature by January 1, 2017, on whether current statutes and regulations for the administration and monitoring of pediatric anesthesia in dentistry provide adequate protection for pediatric dental patients.

ANALYSIS

The introduced version of the bill is a spot bill. It is too soon to determine what impact this bill would have on the Board once it proceeds through the legislative process.

FISCAL: N/A

SUPPORT: N/A

OPPOSITION: N/A

RECOMMENDED POSITION: Staff recommends the Board take a “WATCH” position, because this bill is a spot bill. The language of the bill will change as the bill is in the preliminary stages.

ASSEMBLY BILL

No. 224

Introduced by Assembly Member Thurmond

January 26, 2017

An act to amend Section 1601.4 of the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

AB 224, as introduced, Thurmond. Dentistry.

The Dental Practice Act provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California, which is within the Department of Consumer Affairs, and requires, on or before January 1, 2017, the board to provide the Legislature with a report regarding whether current statutes and regulations for the administration and monitoring of pediatric anesthesia in dentistry provide adequate protection for pediatric dental patients.

This bill would make nonsubstantive changes to these provisions.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1601.4 of the Business and Professions
- 2 Code is amended to read:
- 3 1601.4. (a) On or before January 1, 2017, the board shall
- 4 provide to the Legislature a report on whether current statutes and
- 5 regulations for the administration and monitoring of pediatric
- 6 anesthesia in dentistry provide adequate protection for pediatric

1 dental patients. ~~The patients and shall make the report publicly~~
2 ~~available on the board's Internet Web Site.~~

3 (b) The report shall be submitted in compliance with Section
4 9795 of the Government Code. ~~The~~

5 (c) The requirement for submitting a report imposed by this
6 subdivision ~~is~~ (a) shall be inoperative on December 1, 2021,
7 pursuant to Section 10231.5 of the Government Code. ~~The board~~
8 ~~shall make the report publicly available on the board's Internet~~
9 ~~Web site.~~

10 (b)

11 (d) The board shall provide a report on pediatric deaths related
12 to general anesthesia in dentistry at the time of its sunset review
13 pursuant to subdivision (d) of Section 1601.1.

Legislative Bill Analysis

Bill Number	AB 349	Author	McCarty
Subject	DCA: Applicants for Licensure: Special Immigrant Visas	Version	Introduced 2/8/2017
Bill Status/Location	Assembly	Sponsor	

SUMMARY

This bill requires Department of Consumer (DCA) boards starting July 1, 2018 to expedite the initial licensure process for an applicant who has been issued a special immigrant visa through Section 1059 of the national Defense Authorization Act for Fiscal Year 2006 or the National Defense Authorization Act for Fiscal Year 2008. A board must accept a special immigrant visa case number if the applicant for initial licensure is an individual.

BACKGROUND

Currently no background information is available.

ANALYSIS

This bill is a spot bill. It may develop later in the legislative process.

FISCAL: Unknown.

SUPPORT: None.

OPPOSITION: None

RECOMMENDED POSITION: Staff recommends the Board take a “WATCH” position on this bill, because this bill is a place holder for a potential bill to be made available at a later date. The Board should watch this bill and take a position once it has gone through the legislative process to determine how exactly this bill will impact the Board, it’s licensees, and consumers.

ASSEMBLY BILL

No. 349

**Introduced by Assembly Members McCarty, Gonzalez Fletcher,
and Nazarian**

February 8, 2017

An act to add Section 117 to the Business and Professions Code,
relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 349, as introduced, McCarty. Department of Consumer Affairs:
applicants for licensure: special immigrant visas.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law prohibits a board within the department from denying licensure to an applicant based on his or her citizenship status or immigration status. At the time of issuance of the license, existing law requires individual applicants to these boards to provide a taxpayer identification number or social security number.

This bill, on and after July 1, 2018, would require a board within the department to expedite, and would authorize a board to assist with, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant was issued a specified special immigrant visa. The bill, on and after July 1, 2018, would additionally require such a board to accept a special immigrant visa case number if the applicant is an individual for licensure application purposes.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 117 is added to the Business and
2 Professions Code, to read:
3 117. (a) Notwithstanding any other law, on and after July 1,
4 2018, a board within the department shall expedite, and may assist
5 with, the initial licensure process for an applicant who supplies
6 satisfactory evidence to the board that the applicant was issued a
7 special immigrant visa pursuant to Section 1059 of the National
8 Defense Authorization Act for Fiscal Year 2006 (Public Law
9 109-163) or the National Defense Authorization Act for Fiscal
10 Year 2008 (Public Law 110-181 of January 28, 2008).
11 (b) Notwithstanding subdivision (a) of Section 30, on and after
12 July 1, 2018, a board within the department shall accept a special
13 immigrant visa case number if the applicant for initial licensure is
14 an individual.
15 (c) A board may adopt regulations necessary to administer this
16 section.

O

Legislative Bill Analysis

Bill Number	SB 27	Author	Morrell
Subject	Professions and Vocations: Licenses: Military Service	Version	Introduced
Bill Status/Location	Referred to Referred to Committees on Business, Professions & Economic Development and Veteran Affairs	Sponsor	Author

SUMMARY

This bill will waive the initial application and license fees for honorably discharged veterans entering an occupation requiring licensure in California. Only one fee waiver will be granted to a veteran.

The bill specifies that if the following is required for initial licensure then it shall be waived:

- If the board requires an application fee;
- If a board requires a fee for the issuance of a license;

The bill also specifies that fee waivers will not be granted for license renewals.

BACKGROUND

There are approximately 1.9 million veterans currently residing in the State of California. Each year approximately 240,000 to 360,000 more veterans are separating from the military. Many of those veterans are choosing to reside in California. Veterans who gain valuable job skills during military service are facing barriers of entry to the civilian workforce due to changing initial application and license fees.

Currently, Wisconsin, Florida, and Texas have enacted legislation granting fee waivers for the issuance of initial licensing fees to those veterans who are honorably discharged.

ANALYSIS

Currently, the Dental Board of California (Board) regulates approximately 102,000 licensees; consisting of 45,900 dentists (DDS), 54,500 registered dental assistants (RDA), and 1,700 registered dental assistants in extended functions (RDAEF). It is unknown how many veterans will pursue a dental or dental assisting license, because to-date there is approximately 1,200 licensees that have registered with the Board in total for a dentally related license.

The language of the bill requires the Board to provide a onetime fee waiver to honorably discharged veterans pursuing initial licensure. This onetime fee waiver can only apply to an individual veteran and not to businesses or other entities. The veteran cannot apply it to the fees associated with license renewal. If a veteran applies for a second license, where one fee waiver for initial licensure was used, or a second time for a denied license, the veteran will be deemed to have used his or her one-time fee waiver.

This bill is the same bill introduced by Senator Morrell during the last legislative session which was held in Assembly Appropriations Committee.

FISCAL

If SB 27 is passed, it would require more staff resources and time in implementing the provisions of the bill. Staff will need to update approximately 11 licensure applications and incorporate them by reference in regulations. Staff would need to spend roughly 114 hours additional to update regulations and forms. This would cost the state about \$2800.

Should public outreach be necessary, staff will need to spend approximately 30 hours speaking at dental related workshops and events throughout the state in order to inform veterans the ability to apply for the waiver. This would cost the Board roughly \$800.

Assuming 25 military applicants apply every year staff will spend approximately 500 minutes (8 hours) more than before in processing initial licensure applications for dentists, registered dental assistants (RDA), and RDA in extended functions (RDAEF). This would amount to approximately \$200.

Should the bill go into effect January 1, 2018, the initial licensure fees for RDA, RDAEF, and dentists would be between \$120 to \$800, which means the Board will experience a revenue loss of \$3,000 to \$20,000 as a result of granting 25 initial licensure fee waivers. Since the number of potential veteran licensees is small and currently there are staff members processing initial licensure applications, the fiscal impact of this bill would be minor and absorbable.

SUPPORT: None

OPPOSITION: None

RECOMMENDED POSITION: Staff recommends the Board take a "SUPPORT" position on this bill, because this bill is the same bill that was introduced during the last legislative session which provides honorably discharged veterans a one-time initial licensure fee waiver. The bill provides an opportunity to increase access to care by licensing qualified veterans by waiving the initial licensure fee.

Introduced by Senator Morrell

December 5, 2016

An act to add Section 114.6 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 27, as introduced, Morrell. Professions and vocations: licenses: military service.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes any licensee or registrant whose license expired while he or she was on active duty as a member of the California National Guard or the United States Armed Forces to reinstate his or her license or registration without examination or penalty if certain requirements are met. Existing law also requires the boards to waive the renewal fees, continuing education requirements, and other renewal requirements, if applicable, of any licensee or registrant called to active duty as a member of the United States Armed Forces or the California National Guard, if certain requirements are met. Existing law requires each board to inquire in every application if the individual applying for licensure is serving in, or has previously served in, the military. Existing law requires a board within the Department of Consumer Affairs to expedite, and authorizes a board to assist with, the initial licensure process for an applicant who has served as an active duty member of the United States Armed Forces and was honorably discharged.

This bill would require every board within the Department of Consumer Affairs to grant a fee waiver for the application for and the issuance of an initial license to an applicant who supplies satisfactory evidence, as defined, to the board that the applicant has served as an

active duty member of the California National Guard or the United States Armed Forces and was honorably discharged. The bill would require that a veteran be granted only one fee waiver, except as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 114.6 is added to the Business and
2 Professions Code, to read:

3 114.6. (a) (1) Notwithstanding any other law, every board
4 within the department shall grant a fee waiver for the application
5 for and issuance of an initial license to an applicant who supplies
6 satisfactory evidence to the board that the applicant has served as
7 an active duty member of the California National Guard or the
8 United States Armed Forces and was honorably discharged.

9 (2) For purposes of this section, “satisfactory evidence” means
10 a completed “Certificate of Release or Discharge from Active
11 Duty” (DD Form 214).

12 (b) (1) A veteran shall be granted only one fee waiver, except
13 as specified in paragraph (2). After a fee waiver has been issued
14 by any board within the department, the veteran is no longer
15 eligible for a waiver.

16 (2) If a board charges a fee for the application for a license and
17 another fee for the issuance of a license, the veteran shall be granted
18 fee waivers for both the application for and issuance of a license.

19 (3) The fee waiver shall apply only to an application of and a
20 license issued to an individual veteran and not to an application
21 of or a license issued to an individual veteran on behalf of a
22 business or other entity.

23 (4) A fee waiver shall not be issued for any of the following:

24 (A) Renewal of a license.

25 (B) The application for and issuance of an additional license, a
26 certificate, a registration, or a permit associated with the initial
27 license.

28 (C) The application for an examination.



MEMORANDUM

DATE	February 3, 2017
TO	Members of the Legislative and Regulatory Committee, Dental Board of California
FROM	Lusine M. Sarkisyan, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 5: Update on Pending Regulatory Packages

A. Continuing Education Requirements and Basic Life Support Equivalency Standards (CCR, Title 16, Sections 1016 and 1017):

In March 2013, the Board's Executive Officer received a letter from Mr. Ralph Shenefelt, Senior Vice President of the Health and Safety Institute, petitioning the Board to amend California Code of Regulations, Title 16, Sections 1016(b)(1)(C) and 1017(d) such that a Basic Life Support (BLS) certification issued by the American Safety and Health Institute (ASHI), which is a brand of the Health and Safety Institute, would satisfy the mandatory BLS certification requirement for license renewal, and the required advanced cardiac life support course required for the renewal of a general anesthesia permit. Additionally, the letter requested an amendment to Section 1017(d) to specify that an advanced cardiac life support course which is approved by the American Heart Association or the ASHI include an examination on the materials presented in the course or any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the most recent "American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association.

Additionally, AB 836 (Skinner Chapter 299, statutes of 2013) restricted the continuing education requirement hours for active-retired dentists who provide only uncompensated care at a maximum of 60% of that required for non-retired active dentists, and requires the Board to report on the status of retired active dentists who provide only uncompensated care during its next sunset report. These new requirements will need to be implemented as part of this rulemaking proposal.

The Board deemed the development of a regulatory package relating to Continuing Education and Basic Life Support Equivalency Standards a priority for FY 2014-15. Board staff is working on the development of proposed language and will present it to the Board for consideration at a future meeting.

B. Defining Discovery and Filing (CCR, Title 16, Sections 1001.1 and 1001.2):

At the March 2016 Board meeting, Assistant Executive Officer, Sarah Wallace, discussed the advisement of the Attorney General's Office regarding the promulgation

of regulations, as done by the Medical Board of California, to define the terms “discovery” and “filing” as found in the Business and Professions Code Section 1670.2.

This would provide a clearer understanding for both prosecutors, who have the duty to file accusations timely, and for respondents. As a result, staff has worked with the Board’s Legal Counsel to draft language in defining “discovery” and “filing”. At the May 2016 Board meeting, the Board initiated the rulemaking file for this regulatory package.

Board staff filed the initial rulemaking documents with the OAL on Tuesday, August 2nd and the proposal was published in the California Regulatory Notice Register on Friday, August 12, 2016. The 45-day public comment period began on Friday, August 12, 2016 and ended on Monday, September 26, 2016. The Board held a regulatory hearing in Sacramento on Monday, September 26, 2016.

Staff submitted the final rulemaking file to the Department of Consumer Affairs (Department) on September 30, 2016. During the review process, it was determined that a nonsubstantive change was needed to be made in referencing a code section. As a result, staff made the necessary changes and resubmitted it to the Department.

The rulemaking file will need approval from the Director of the Department, the Secretary of the Business, Consumer Services and Housing Agency (Agency), and the Director of the Department of Finance (Finance). Currently, the Department is reviewing the final rulemaking documents for approval. Once approval signatures are obtained, the final rulemaking file will be submitted to the OAL. The OAL will have thirty (30) working days to review the file. Once approved, the rulemaking will be filed with the Secretary of State. Beginning January 1, 2013, new quarterly effective dates for regulations will be dependent upon the timeframe an OAL approved rulemaking is filed with the Secretary of State, as follows:

- The regulation would take effect on January 1 if the OAL approved rulemaking is filed with the Secretary of State on September 1 to November 30, inclusive.
- The regulation would take effect on April 1 if the OAL approved rulemaking is filed with the Secretary of State on December 1 to February 29, inclusive.
- The regulation would take effect on July 1 if the OAL approved rulemaking is filed with the Secretary of State on March 1 to May 31, inclusive.
- The regulation would take effect on October 1 if the OAL approved regulation is filed on June 1 to August 31, inclusive.

The deadline to submit this final rulemaking file to the Office of Administrative Law for review and determination of approval is August 12, 2017.

C. Dental Assisting Comprehensive Regulatory Proposal (CCR Title 16, Division Chapter 3):

The Dental Assisting Council (Council) finished its 2016 workshops and is scheduling the 2017 regulatory development workshops as part of the Dental Assisting Comprehensive Regulatory Proposal. As a result of each of these workshops, Board staff has been able to develop proposed regulatory language which will be presented to the Board at a future meeting once these workshops are concluded. Once completed, this rulemaking will

include educational program and course requirements, examination requirements, and licensure requirements relating to dental assisting.

D. Interim Therapeutic Restoration (ITR) Competency Standards for Instruction (New Regulations)

Assembly Bill 1174 (Bocanegra, Chapter 662, Statutes of 2014) added specified duties to registered dental assistants in extended functions. The Bill required the Board to adopt regulations to establish requirements for courses of instruction for procedures authorized to be performed by a registered dental assistant in extended functions using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. Additionally, the bill required the Board to propose regulatory language for the Interim Therapeutic Restoration (ITR) for registered dental hygienists and registered dental hygienists in alternative practice. The proposed ITR regulatory language must mirror the curriculum requirements for the registered dental assistant in extended functions.

During the December 2016 Board meeting staff presented the proposed regulatory language to the Board for comments in further developing the proposed language in order to initial a rulemaking package at a future meeting.

E. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal (CCR, Title 16, Sections 1044.6, 1044.7, and 1044.8):

At its December 2016 meeting, the Board approved proposed regulatory language relative to the elective facial cosmetic surgery permit application requirements and renewal and directed staff to initiate the rulemaking. Board staff is currently working on the initial rulemaking file documents.

F. Fee Increase (California Code of Regulation, Title 16, Sections 1021 and 1022):

Board staff filed the initial rulemaking documents with the Office of Administrative Law (OAL) on Tuesday, June 14th and the proposal was published in the California Regulatory Notice Register on Friday, June 24, 2016. The 45-day public comment period began on Friday, June 24, 2016 and ended on Monday, August 8, 2016. The Board held a regulatory hearing in Sacramento on Monday, August 8, 2016.

The Board received written comments from: (1) the California Dental Association (CDA); and (2) a joint letter from the Foundation for Allied Dental Education, Inc. (FADE), the California Association of Dental Assisting Teachers, Inc. (CADAT), the California Dental Assistants Association, Inc. (CDAA), and the Extended Functions Dental Assistants Association, Inc. (EFDAA).

At its August 19, 2016 meeting, the Board considered comments received during the 45-day public comment period and voted to modify that the text in response to some of the comments. The Board directed staff to notice the modified text for 15-day public comment, which included the amendments discussed at the meeting. If after the 15-day public comment period no adverse comments were received, the Executive Officer was further authorized to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopted the proposed amendments as noticed in the modified text.

The Notice of Modified Text and Modified Text were noticed on the Board's web site and mailed to interested parties on August 25, 2016. The 15-day comment period began on August 26, 2016 and ended on September 10, 2016. The Board did not receive comments in response to the modified text. Since there were no comments received in response to the modified text, the Board adopted the final text as noticed in the modified text at its August 19, 2016 meeting and directed staff to finalize the rulemaking file.

Staff submitted the final rulemaking file to the Department of Consumer Affairs (Department) on September 30, 2016.

The rulemaking file will need approval from the Director of the Department, the Secretary of the Business, Consumer Services and Housing Agency (Agency), and the Director of the Department of Finance (Finance). Currently, the Department is reviewing the final rulemaking documents for approval. Once approval signatures are obtained, the final rulemaking file will be submitted to the OAL. The OAL will have thirty (30) working days to review the file. Once approved, the rulemaking will be filed with the Secretary of State. Beginning January 1, 2013, new quarterly effective dates for regulations will be dependent upon the timeframe an OAL approved rulemaking is filed with the Secretary of State, as follows:

- The regulation would take effect on January 1 if the OAL approved rulemaking is filed with the Secretary of State on September 1 to November 30, inclusive.
- The regulation would take effect on April 1 if the OAL approved rulemaking is filed with the Secretary of State on December 1 to February 29, inclusive.
- The regulation would take effect on July 1 if the OAL approved rulemaking is filed with the Secretary of State on March 1 to May 31, inclusive.
- The regulation would take effect on October 1 if the OAL approved regulation is filed on June 1 to August 31, inclusive.

The deadline to submit this final rulemaking file to the Office of Administrative Law for review and determination of approval is June 24, 2017.

G. Institutional Standards (California Code of Regulation, Title 16, Section 1024.1)

During the August 2016 meeting, the Dental Board of California (Board) voted to include updating the institutional standards found in the California Code of Regulations (CCR), Title 16, Section 1024.1 as part of the regulatory rulemaking priorities for fiscal year 2016-2017. On December 2, 2016, the Board approved proposed regulatory language relative to updating the institutional standards found in CCR 1024.1 and directed staff to initiate the rulemaking. Board staff is currently working on the initial rulemaking file documents.

Since 1975, educational standards have been established by the Commission on Dental Accreditation (CODA). Currently, CODA is the only agency to accredit dental and dentally-related education programs recognized by the United States Department of Education, and revised as knowledge, techniques, and technology affects the educational needs and goals of dental education and thus, the practice of dentistry in the United States. The Board accepts dental education programs that are accredited by the CODA as meeting the educational requirements for dental licensure in California.

Since 2001, CODA has made various changes to the institutional standards used to accredit schools and as a result, the Board's regulations would need to be updated accordingly.

H. Licensure by Credential Application Requirements (CCR, Title 16, Section 1028.6):

The Board added this rulemaking to its list of priorities for Fiscal Year (FY) 2014-15. Staff has been working with Board Legal Counsel to identify issues and develop regulatory language to implement, interpret, and specify the application requirements for the Licensure by Credential pathway to licensure. A subcommittee was appointed (Drs. Whitcher and Woo) to work with staff to draft regulatory language and to determine if statutory changes are also necessary. Staff met with the subcommittee and the Board Legal Counsel in October 2015 and as a result of that meeting, staff presented a few policy issues to the Board for recommendation during the December 2015 Board meeting. Staff has incorporated the recommendations in the development of regulatory language and presented it to the Board during the December 2016 meeting at which time it was decided that the discussion would be tabled until the February 2017 Board meeting.

I. Mobile and Portable Dental Unit Registration Requirements (CCR, Title 16, Section 1049):

Senate Bill 562 (Galgiani Chapter 562, Statute of 2013) eliminated the one mobile dental clinic or unit limit and required a mobile dental unit or a dental practice that routinely uses portable dental units, as defined, to be registered and operated in accordance with the regulations of the Board. The bill required any regulations adopted by the board pertaining to this matter to require the registrant to identify a licensed dentist responsible for the mobile dental unit or portable practice, and to include requirements for availability to follow-up and emergency care, maintenance and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties. At its November 2014 meeting, the Board directed staff to add Mobile and Portable Dental Units to its list of regulatory priorities in order to interpret and specify the provisions relating to the registration requirements for the issuance of a mobile and portable dental unit. In December 2015, staff met and worked with the California Dental Association (CDA) to further develop regulatory language that was presented to the Board for consideration during the March 2016 meeting.

At its March 2016 meeting, the Board approved proposed regulatory language for the Mobile Dental Clinic and Portable Dental Unit Registration Requirements, however while drafting the initial rulemaking documents it was determined that the proposed language needed to be further developed. As a result, staff is making necessary changes to the proposed language to present to the Board at a future meeting.

Action Requested:

No action requested.



MEMORANDUM

DATE	February 6, 2017
TO	Members of the Legislative and Regulatory Committee, Dental Board of California
FROM	Lusine M. Sarkisyan, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 6: Discussion of Prospective Legislative Proposals

Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future Board meeting.



**ANESTHESIA COMMITTEE MEETING AGENDA
FEBRUARY 23, 2017**

Upon Conclusion of the Meeting of the Legislative and Regulatory Committee

Humphreys Half Moon Inn

2303 Shelter Island Drive

San Diego, CA 92106

(619) 224-3411 (Hotel) or (916) 263-2300 (Board Office)

Members of the Anesthesia Committee:

Steven Morrow, DDS, MS, Chair

Fran Burton, MSW, Public Member, Vice Chair

Steven Chan, DDS

Ross Lai, DDS

Huong Le, DDS, MA

Meredith McKenzie, Public Member

Bruce L. Whitcher, DDS

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Committee meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

1. Call to Order/Roll Call/Establishment of Quorum
2. Discussion and Possible Action Regarding February 13, 2017 Legislative Hearing Relating to the Board's Pediatric Anesthesia Study
3. Update Regarding Implementation of Assembly Bill 2235 (Thurmond, Chapter 519, Statutes of 2016) Relating to Pediatric Anesthesia

4. General Anesthesia and Conscious Sedation Evaluation Statistics
5. Discussion and Possible Action Regarding the Utilization of Certified Registered Nurse Anesthetists to Administer General Anesthesia in Dental Health Care Settings
6. Public Comment on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
7. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
8. Committee Member Comments on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Board Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
9. Adjournment



MEMORANDUM

DATE	February 9, 2017
TO	Members of the Anesthesia Committee Dental Board of California
FROM	Karen Fischer, Executive Officer
SUBJECT	Agenda Item 2: Discussion and Possible Action Regarding February 13, 2017 Legislative Hearing Relating to the Board's Pediatric Anesthesia Study

Background:

A verbal report will be given at the meeting.

CHIEF CONSULTANT
BILL GAGE

CONSULTANTS
SARAH HUCHEL
SARAH MASON
MARK MENDOZA

COMMITTEE ASSISTANT
KRIMILDA MCKENZIE

California Legislature

SENATE COMMITTEE ON BUSINESS, PROFESSIONS & ECONOMIC DEVELOPMENT

SENATOR JERRY HILL, CHAIR

MEMBERS

PATRICIA C. BATES
VICE CHAIR
BILL DODD
CATHLEEN GALGIANI
STEVEN M. GLAZER
ED HERNANDEZ, O.D.
JOSH NEWMAN
DR. RICHARD PAN
SCOTT WILK



Oversight Hearing of the Business, Professions and Economic Development Committee

Dental Board of California's Pediatric Sedation Study

Monday, February 13, 2017
3 p.m., State Capitol, Room 3191

AGENDA

1. Opening remarks
 - a. *Jerry Hill*, Chair, Senate Business, Professions, and Economic Development Committee
2. The Dental Board of California
 - a. *Bruce Whitcher*, DDS, President, Dental Board of California and co-chair of the Pediatric Anesthesia Subcommittee
 - b. *Karen Fischer*, Executive Officer, Dental Board of California
3. Perspectives from stakeholders groups:
 - a. Panel one:
 - i. California Dental Association
 1. *Brianna Pittman*, Legislative Director, California Dental Association
 2. *Ariane Terlet*, DDS
 - ii. California Society of Pediatric Dentistry
 1. *Paul Reggiardo*, DDS Public Policy Advocate, California Society of Pediatric Dentistry; Clinical Assistant Professor, Division of Dental Public Health and Pediatric Dentistry, Herman Ostrow School of Dentistry at the University of Southern California.
 - iii. California Association of Oral and Maxillofacial Surgeons/ California Dental Society of Anesthesiology
 1. *Gary Cooper*, Legislative advocate

2. *Jeff Elo*, DDS, MS, Professor, College of Dental Medicine, Western University
3. *Mary Delsol*, DDS, Past President, American Board of Oral and Maxillofacial Surgery
4. *Alan Kaye*, DDS, President, California Association of Oral and Maxillofacial Surgeons; Past President, California Dental Society of Anesthesiology

iv. California Academy of General Dentistry

1. *Guy E. Acheson*, DDS

b. Panel two:

i. California Society of Anesthesiologists

1. *Karen Sibert*, MD, President Elect, California Society of Anesthesiologists

ii. California Society of Dentist Anesthesiologists

1. *Larry Trapp*, DDS, MS, Professor, School of Dentistry, Loma Linda University
2. *Michael Mashni*, DDS, Past President, California Society of Dentist Anesthesiologists
3. *Richard Stafford*, DDS, President, California Society of Dentist Anesthesiologists

iii. American Academy of Pediatrics, California

1. *Annie Kaplan*, MD
2. *Dean Blumberg*, MD, Associate Professor of Pediatrics, UC Davis Children's Hospital

iv. California Association of Nurse Anesthetists

1. *Karyn Karp*, CRNA, MS, Practice Director, CA Association of Nurse Anesthetists

c. Panel three:

i. *Viveka Rydell*, Esq., CEO, PDI Surgery Center

ii. *Kristen Johnson*, MD, Medical Director, PDI Surgery Center

iii. *James R. Musser*, DDS

iv. *Ray Stewart*, DMD, Professor of Pediatric Dentistry, UCSF

4. Public Comment



MEMORANDUM

DATE	February 9, 2017
TO	Members of the Anesthesia Committee Dental Board of California
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 3: Update Regarding Implementation of Assembly Bill 2235 (Thurmond, Chapter 519, Statutes of 2016) Relating to Pediatric Anesthesia

Background:

Effective January 1, 2017, and as a result of Assembly Bill 2235 (Thurmond), Chapter 519 Statutes of 2016, changes were made to the Dental Practice Act regarding the reporting requirements for a patient death and/or hospitalization as outlined in Business & Professions Code Section 1680(z)(1)(A-C). Licensees now will be required to report these incidents on a form or forms approved by the board.

In addition, the statute now requires that dentists who provide general anesthesia services to minors incorporate the following language into a written informed consent document:

“The administration and monitoring of general anesthesia may vary depending on the type of procedure, the type of practitioner, the age and health of the patient, and the setting in which anesthesia is provided. Risks may vary with each specific situation. You are encouraged to explore all the options available for your child’s anesthesia for his or her dental treatment, and consult with your dentist or pediatrician as needed.”

Board staff is working on the following action items in order implement these statutory changes:

- Draft a notice of the new reporting requirement relating to hospitalization and/or death of a patient. This information will be emailed and/or mailed to all licensees and will be posted to the Board’s website.
- Draft communication to notify all general anesthesia permit holders of the requirement to incorporate the mandatory language into an informed consent document when general anesthesia is administered to a minor patient. This information will be emailed and/or mailed to all licensees and will be posted to the Board’s website.

- Create a “courtesy” incident reporting form for use by licensees until the Board’s regulations can be updated.
- Work with Office of Information Services (OIS) to update the Boards website to include an “Alert” to notify licensees of the new requirements.
- Work with OIS to upload the courtesy incident reporting form on the Board’s website.
- Promulgate regulations to incorporate by reference the incident reporting form in compliance with the statutory mandate.

Action Requested:

No action requested



MEMORANDUM

DATE	February 3, 2017
TO	Members of the Anesthesia Committee, Dental Board of California
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 4: General Anesthesia and Conscious Sedation Evaluation Statistics

2016-2017 Statistical Overviews of the On-Site Inspections and Evaluations Administered by the Board

General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
March	14	0	0	2	4	2
April	16	0	1	2	3	0
May	17	0	1	0	4	3
June	11	0	0	2	2	1
July	6	0	0	1	2	1
August	9	0	1	1	1	1
September	16	0	0	2	4	2
October	14	0	2	1	3	4
November	11	0	0	1	3	3
December	6	0	0	2	2	2
January	13	0	1	3	3	1
February	21	0	0	0	1	2
March	22	0	0	0	0	2
April	19	0	0	0	0	2
Total	195	0	6	17	32	26

*Approximate schedule for March and April 2017

Conscious Sedation Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
March	5	1	0	2	1	1
April	7	1	1	0	1	0
May	8	0	0	1	1	2
June	4	0	0	1	0	1
July	1	1	2	2	1	1
August	1	0	1	2	1	2
September	3	0	1	2	3	1
October	4	2	2	1	1	0
November	4	2	1	0	1	4
December	2	0	1	1	3	1
January	8	1	1	1	3	1
February	11	0	0	0	1	1
March*	9	0	0	0	1	0
April*	8	0	0	0	0	1
Total	75	8	10	13	18	16

*Approximate schedule for March and April 2017

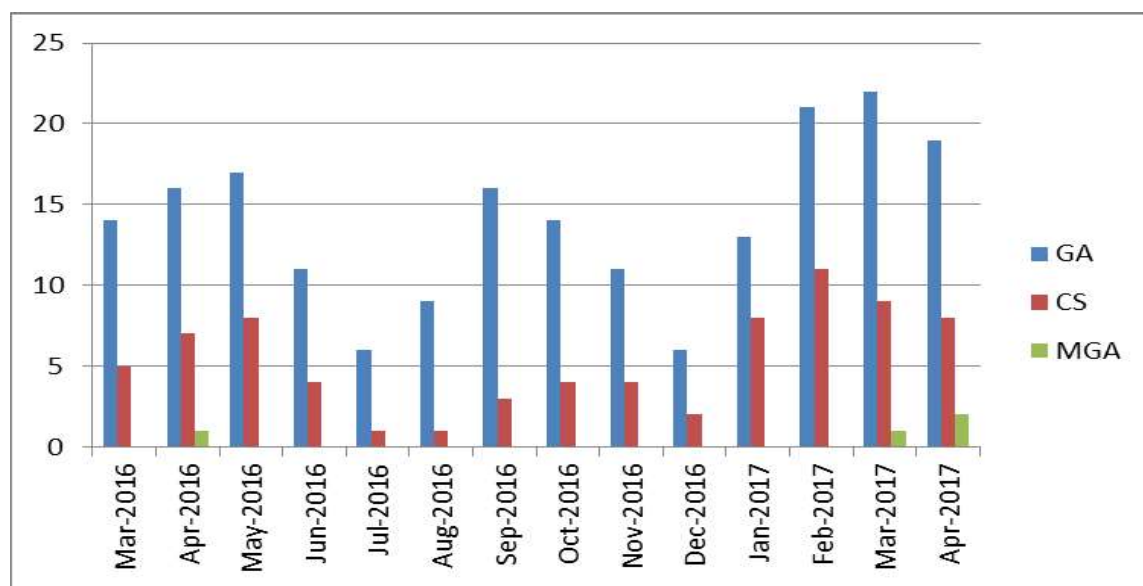
There is a great need for conscious sedation evaluators throughout California. The Board is actively recruiting for the evaluation program.

Medical General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
March	0	0	1	1	0	0
April	1	0	0	0	0	0
May	0	0	0	1	0	0
June	0	0	0	1	0	0
July	0	0	0	1	0	0
August	0	0	0	0	0	0
September	0	0	0	1	0	1
October	0	0	0	0	0	0
November	0	0	0	2	0	0
December	0	0	0	1	0	0
January	0	0	0	0	0	1
February	0	0	0	0	0	0
March*	1	0	0	0	0	0
April*	2	0	0	0	0	0
Total	4	0	1	8	0	2

*Approximate schedule for March and April 2017

Completed evaluations per month



Current Evaluators per Region

Region	GA	CS	MGA
Northern California	137	65	9
Southern California	167	90	10

Action Requested:

No action requested.



MEMORANDUM

DATE	February 7, 2017
TO	Members of the Anesthesia Committee, Dental Board of California
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 5: Discussion and Possible Action Regarding the Utilization of Certified Registered Nurse Anesthetists to Administer General Anesthesia in Dental Health Care Settings

During the last year, the Dental Board of California (Board) compiled information pertaining to pediatric anesthesia to submit in a report to the Legislature at the beginning of 2017. During this process, the Board received correspondence from the California Association of Nurse Anesthetists (CANA). Board staff received a request from CANA to discuss the utilization of Certified Registered Nurse Anesthetists (CANA) for the administration of general anesthesia in dental health care settings. Representatives from CANA will be attending the Board meeting to speak to this item and provide the Committee with additional information.

Existing law, Business and Professions Code Section 2827 specifies that the utilization of a nurse anesthetist to provide anesthesia services in an acute care facility shall be approved by the acute care facility administration and the appropriate committee, and at the discretion of the physician, dentist or podiatrist. If a general anesthetic agent is administered in a dental office, the dentist shall hold a permit authorized by Section 1646.

California Code of Regulations, Title 16, Section 1043.1 specifies that an applicant for a permit to administer general anesthesia or order the administration of general anesthesia by a nurse anesthetist must be a licensed dentist in California who has completed a residency program in general anesthesia of not less than one calendar year, that is approved by the board; or has completed a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Dental Accreditation.

Excerpts from applicable sections of the Business and Professions Code and the California Code of Regulations are included for the Committee's convenience.

BUSINESS AND PROFESSIONS CODE - BPC

DIVISION 2. HEALING ARTS [500 - 4999.129]

(Division 2 enacted by Stats. 1937, Ch. 399.)

CHAPTER 4. Dentistry [1600 - 1976]

(Chapter 4 added by Stats. 1937, Ch. 415.)

ARTICLE 2.7. Use of General Anesthesia [1646 - 1646.9]

(Article 2.7 added by Stats. 1979, Ch. 886.)

1646.

“General anesthesia,” as used in this article, means a controlled state of depressed consciousness or unconsciousness, accompanied by partial or complete loss of protective reflexes, produced by a pharmacologic or nonpharmacologic method, or a combination thereof.

(Amended by Stats. 1986, Ch. 1382, Sec. 1.)

1646.1.

(a) No dentist shall administer or order the administration of general anesthesia on an outpatient basis for dental patients unless the dentist either possesses a current license in good standing to practice dentistry in this state and holds a valid general anesthesia permit issued by the board or possesses a current permit under Section 1638 or 1640 and holds a valid general anesthesia permit issued by the board.

(b) No dentist shall order the administration of general anesthesia unless the dentist is physically within the dental office at the time of the administration.

(c) A general anesthesia permit shall expire on the date provided in Section 1715 which next occurs after its issuance, unless it is renewed as provided in this article.

(d) This article does not apply to the administration of local anesthesia or to conscious-patient sedation.

(Amended by Stats. 1991, Ch. 629, Sec. 2.)

1646.2.

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

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

(Amended by Stats. 1989, Ch. 651, Sec. 2.)

1646.3.

Any dentist holding a permit shall maintain medical history, physical evaluation, and general anesthesia records as required by board regulations.

(Added by Stats. 1989, Ch. 651, Sec. 4.)

1646.4.

(a) Prior to the issuance or renewal of a permit for the use of general anesthesia, the board may, at its discretion, require an onsite inspection and evaluation of the licensee and the facility, equipment, personnel, and procedures utilized by the licensee. The permit of any dentist who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the board notifies the dentist of the failure, unless within that time period the dentist has retaken and passed an onsite inspection and evaluation. Every dentist issued a permit under this article shall have an onsite inspection and evaluation at least once every five years. Refusal to submit to an inspection shall result in automatic denial or revocation of the permit.

(b) The board may contract with public or private organizations or individuals expert in dental outpatient general anesthesia to perform onsite inspections and evaluations. The board may not, however, delegate its authority to issue permits or to determine the persons or facilities to be inspected.

(Amended by Stats. 2005, Ch. 539, Sec. 1. Effective January 1, 2006.)

1646.5.

A permittee shall be required to complete 24 hours of approved courses of study related to general anesthesia as a condition of renewal of a permit. Those courses of study shall be credited toward any continuing education required by the board pursuant to Section 1645.

(Amended by Stats. 2005, Ch. 539, Sec. 2. Effective January 1, 2006.)

1646.6.

(a) The application fee for a permit or renewal under this article shall not exceed the amount prescribed in Section 1724.

(b) The fee for an onsite inspection shall not exceed the amount prescribed in Section 1724.

(c) It is the intent of the Legislature that fees established pursuant to this section be equivalent to administration and enforcement costs incurred by the board in carrying out this article.

(d) At the discretion of the board, the fee for onsite inspection may be collected and retained by a contractor engaged pursuant to subdivision (b) of Section 1646.4.

(Amended by Stats. 2015, Ch. 510, Sec. 10. Effective January 1, 2016.)

1646.7.

(a) A violation of this article constitutes unprofessional conduct and is grounds for the revocation or suspension of the dentist's permit, license, or both, or the dentist may be reprimanded or placed on probation.

(b) A violation of any provision of this article or Section 1682 is grounds for suspension or revocation of the physician's and surgeon's permit issued pursuant to this article by the Dental Board of California. The exclusive enforcement authority against a physician and surgeon by the Dental Board of California shall be to suspend or revoke the permit issued pursuant to this article. The Dental Board of California shall refer a violation of this article by a physician and surgeon to the Medical Board of California for its consideration as unprofessional conduct and further action, if deemed necessary by the Medical Board of California, pursuant to Chapter 5 (commencing with Section 2000). A suspension or revocation of a physician and surgeon's permit by the Dental Board of California pursuant to this article shall not constitute a disciplinary proceeding or action for any purpose except to permit the initiation of an investigation or disciplinary action by the Medical Board of California as authorized by Section 2220.5.

(c) The proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the Dental Board of California shall have all the powers granted therein.

(Amended (as amended by Stats. 1999, Ch. 177, Sec. 1) by Stats. 2001, Ch. 728, Sec. 6. Effective January 1, 2002.)

1646.8.

Nothing in this chapter shall be construed to authorize a dentist to administer or directly supervise the administration of general anesthesia for reasons other than dental treatment, as defined in Section 1625.

(Added by renumbering Section 1646.10 by Stats. 1989, Ch. 651, Sec. 11.)

1646.9.

(a) Notwithstanding any other provision of law, including, but not limited to, Section 1646.1, a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) may administer general anesthesia in the office of a licensed dentist for dental patients, without regard to whether the dentist possesses a permit issued pursuant to this article, if both of the following conditions are met:

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

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

(b) (1) A physician and surgeon who desires to administer general anesthesia as set forth in subdivision (a) shall apply to the Dental Board of California on an application form prescribed by the board and shall submit all of the following:

(A) The payment of an application fee prescribed by this article.

(B) Evidence satisfactory to the Medical Board of California showing that the applicant has successfully completed a postgraduate residency training program in anesthesiology that is recognized by the American Council on Graduate Medical Education, as set forth in Section 2079.

(C) Documentation demonstrating that all equipment and drugs required by the Dental Board of California are possessed by the applicant and shall be available for use in any dental office in which he or she administers general anesthesia.

(D) Information relative to the current membership of the applicant on hospital medical staffs.

(2) Prior to issuance or renewal of a permit pursuant to this section, the Dental Board of California may, at its discretion, require an onsite inspection and evaluation of the facility, equipment, personnel, including, but not limited to, the physician and surgeon, and procedures utilized. At least one of the persons evaluating the procedures utilized by the physician and surgeon shall be a licensed physician and surgeon expert in outpatient general anesthesia who has been authorized or retained under contract by the Dental Board of California for this purpose.

(3) The permit of a physician and surgeon who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the board notifies the physician and surgeon of the failure unless within that time period the physician and surgeon has retaken and passed an onsite inspection and evaluation. Every physician and surgeon issued a permit under this article shall have an onsite inspection and evaluation at least once every six years. Refusal to submit to an inspection shall result in automatic denial or revocation of the permit.

(Amended by Stats. 2007, Ch. 210, Sec. 1. Effective January 1, 2008.)

Title 16. Professional and Vocational Regulations
Division 10. Dental Board of California
Chapter 2. Dentists
Article 5. General Anesthesia and (Moderate) Conscious Sedation

1043.1. Permit Requirements.

(a) A licensed dentist does not need a general anesthesia or conscious sedation permit if the general anesthesia or conscious sedation administered in that dentist's office is directly administered by a licensed dentist or physician and surgeon who possesses a general anesthesia or conscious sedation permit, whichever is applicable to the type of anesthesia services being provided.

(b) An applicant for a permit to administer general anesthesia or order the administration of general anesthesia by a nurse anesthetist must be a licensed dentist in California who:

(1) Has completed a residency program in general anesthesia of not less than one calendar year, that is approved by the board; or

(2) Has completed a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Dental Accreditation.

(c) An applicant for a permit to administer or order the administration of conscious sedation must be a licensed dentist in California who meets the requirements set forth in section 1647.3 of the code.

(d) The processing times for a general anesthesia or conscious sedation permit are set forth in section 1061.

Note: Authority cited: Sections 1614 and 1646.2, Business and Professions Code.

Reference: Sections 1646.2, 1646.9, 1647.3 and 2827, Business and Professions Code.

HISTORY

1. Amendment filed 2-22-88; operative 3-23-88 (Register 88, No. 10).

2. Amendment filed 4-1-91; operative 5-1-91 (Register 91, No. 18).

3. Editorial correction of subsection (d) (Register 95, No. 16).

4. Amendment of subsections (a)-(c) and Note filed 2-27-2006; operative 3-29-2006 (Register 2006, No. 9).

This database is current through 1/27/17 Register 2017, No. 4

16 CCR § 1043.1, 16 CA ADC § 1043.1