



DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

DENTAL BOARD OF CALIFORNIA MEETING AGENDA
MAY 16-17, 2018

Hyatt Regency Orange County
11999 Harbor Boulevard, Pacific Room
Garden Grove, CA 92840
(844) 219-9515 (Hotel) or (916) 263-2300 (Board Office)

Members of the Board:

Thomas Stewart, DDS, President
Fran Burton, MSW, Public Member, Vice President
Yvette Chappell-Ingram, Public Member, Secretary

Steven Chan, DDS
Ross Lai, DDS
Lilia Larin, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Abigail Medina, Public Member

Steven Morrow, DDS, MS
Rosalinda Olague, RDA
Joanne Pacheco, RDH, MA
James Yu, DDS
Bruce Whitcher, DDS

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. To view the Webcast, please visit <https://thedcapage.wordpress.com/webcasts/>.

Dental Board of California Meeting Agenda
May 16-17, 2018

Wednesday, May 16, 2018

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. Introduction of New Board Members
4. Approval of the February 8-9, 2018 Board Meeting Minutes
5. Discussion and Possible Action Regarding Appointment to the Elective Facial Cosmetic Surgery Permit Credentialing Committee
6. Budget Report
 - A. State Dentistry Fund
 - B. State Dental Assisting Fund
7. Discussion and Possible Action Regarding Appointments to the Dental Assisting Council
8. Dental Assisting
 - A. Staff Update on Dental Assisting Program
 - B. Update on Dental Assisting Program and Course Applications
 - C. Update regarding RDA Program Re-evaluations
 - D. Update on Dental Assisting Examination Statistics
 - i. Registered Dental Assistant (RDA) General Written Examination
 - ii. Registered Dental Assistant (RDA) Law and Ethics Examination
 - iii. Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examinations
 - iv. Registered Dental Assistant in Extended Functions (RDAEF) General Written Examination
 - v. Orthodontic Assistant (OA) Written Examination
 - vi. Dental Sedation Assistant (DSA) Written Examination
 - E. Update on Dental Assisting Licensing Statistics
 - i. Registered Dental Assistant (RDA)
 - ii. Registered Dental Assistant in Extended Functions (RDAEF)
 - iii. Orthodontic Assistant (OA)
 - iv. Dental Sedation Assistant (DSA)

- F. Update regarding the Combining of the Registered Dental Assistant (RDA) Law and Ethics and General Written Examinations
 - G. Discussion and Possible Action Regarding the Scope of Practice for the RDAEF2 as submitted by Joan Greenfield, representative of RDAEF Association and J Productions Dental Seminar's Inc
 - i. Placement of Gingival Retraction Cord
 - ii. Removal of the Placement of Gingival Retraction Cord from the RDAEF Clinical Examination as a Separately Graded Item
 - iii. Change the Procedures on the RDAEF Restorative Examination
 - iv. Addition of the Administration of Local Anesthesia
 - v. Addition of the Administration of Nitrous Oxide
9. Legislation and Regulations
- A. 2018 Tentative Legislative Calendar – Information Only
 - B. Discussion and Possible Action Regarding the Following Legislation:
 - Bills to be reviewed and considered:*
 - i. Assembly Bill 224 (Thurmond) - Dentistry: Anesthesia and Sedation
 - ii. Assembly Bill 2086 (Gallagher) - Controlled Substances: CURES Database
 - iii. Assembly Bill 2138 (Chiu) - Licensing Boards; Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction
 - iv. Assembly Bill 2483 (Voepel) - Indemnification of Public Officers and Employees: Antitrust Awards
 - v. Assembly Bill 2643 (Irwin) - Dentistry: General Anesthesia: Health Coverage
 - vi. Assembly Bill 2789 (Wood) - Health Care Practitioners: Prescriptions: Electronic Data Transmission
 - vii. Senate Bill 392 (Bates) - Dentistry: Report: Access to Care: Pediatric Dental Patients
 - viii. Senate Bill 501 (Glazer) - Dentistry: Anesthesia and Sedation: Report
 - ix. Senate Bill 1148 (Pan) - Medi-Cal: Restorative Dental Services
 - x. Senate Bill 1238 (Roth) - Patient Records; Maintenance and Storage
 - xi. Senate Bill 1298 (Skinner) - Increasing Access to Employment Act
 - xii. Senate Bill 1482 (Hill) - Dental Hygienists
 - xiii. Senate Bill 1491 (Committee on Business Professions and Economic Development/Hill) - Healing Arts
 - Bills for information purposes only, no discussion or action:*
 - i. Assembly Bill 1751 (Low) - Controlled Substances: CURES Database
 - ii. Assembly Bill 1752 (Low) - Controlled Substances: CURES Database
 - iii. Assembly Bill 1753 (Low) - Controlled Substances: CURES Database

- iv. Assembly Bill 2174 (Waldron) - Heroin and Opioid Public Education (HOPE) Act
 - v. Assembly Bill 2783 (O'Donnell) - Controlled Substances; Hydrocodone Combination Products: Schedules
 - vi. Senate Bill 641 (Lara) - Controlled Substance Utilization Review and Evaluation System: Privacy
 - vii. Senate Bill 984 (Skinner) - State Boards and Commissions: Representation: Women
 - viii. Senate Bill 1125 (Atkins) - Federally Qualified Health Center and Rural Health Clinic Services
 - ix. Senate Bill 1240 (Stone) - Prescription Drugs: CURES Database
- C. Discussion and Possible Action Regarding Draft Statutory Language to Update Definitions for General Anesthesia, Conscious Sedation, and Oral Sedation for Pediatrics and Adults
- D. 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
- E. Update on Pending Regulatory Packages
- i. Continuing Education Requirements and Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1017)
 - ii. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division 10, Chapter 3)
 - iii. Determination of Radiographs and Placement of Interim Therapeutic Restorations (New Regulation)
 - iv. Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8)
 - v. Institutional Standards (Cal. Code of Regs., Title 16, Section 1024.1)
 - vi. Licensure by Credential Application Requirements (Cal. Code of Regs., Title 16, Section 1028.6)
 - vii. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049)
 - viii. Citation and Fine (Cal. Code of Regs., Title 16, Sections 1023.2 and 1023.7)
 - ix. Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005)
10. Discussion and Possible Action Regarding Rulemaking to Amend California Code of Regulations, Title 16, Section 1005 Relating to Minimum Standards for Infection Control

11. Discussion and Possible Action Regarding Status of Two-year Provisional Approval of the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry- Schools Response to Deficiencies Outlined by the Dental Board of California
12. Examinations
 - A. Update on the Portfolio Pathway to Licensure
 - B. Western Regional Examination Board (WREB) Report
13. Licensing, Certifications, and Permits
 - A. Review of Dental Licensure and Permit Statistics
 - B. General Anesthesia and Conscious Sedation Evaluation Statistics
 - C. Discussion and Possible Action Regarding Evaluators for On-Site Inspections and Evaluations
14. Presentation regarding Dental Anesthesia Data Collection Tool

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).

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

A. 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).

B. Grant, Deny or Request Further Evaluation for General Anesthesia Permit

Onsite Inspection and Evaluation Failure, pursuant to Title 16 CCR Section 1043.6

The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate whether or not to grant, deny or request further evaluation for a General Anesthesia Permit as it Relates to an Onsite Inspection and Evaluation Failure

C. Grant, Deny or Request Further Evaluation for Conscious Sedation Permit

Onsite Inspection and Evaluation Failure, pursuant to Title 16 CCR Section 1043.6

The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate whether or not to grant, deny or request further evaluation for a Conscious Sedation Permit as it Relates to an Onsite Inspection and Evaluation Failure

RETURN TO FULL BOARD OPEN SESSION

RECESS



MEMORANDUM

DATE	April 9, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	Agenda Item 2: Board President Welcome and Report

Background:

The President of the Dental Board of California, Thomas H. Stewart, DDS, will provide a verbal report.

Action Requested:

None

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MEMORANDUM

DATE	April 24, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	Agenda Item 3: Introduction of New Board Members

Background:

On April 13, 2018, Governor Jerry Brown announced the following appointments to the Dental Board of California:

- Lilia Larin is a general dentist in San Diego and has been in private practice since 1992. She is a Past President of the national Hispanic Dental Association and the American Association of Women Dentists. She is a current board member of the AAWD's "Smiles for Success Foundation" and the San Diego County Dental Society where she works as Continuing Education Chair.

She is also a past president of the San Diego Academy of General Dentistry, the San Diego Association of Women Dentists and is founder and Past President of the San Diego Hispanic Dental Association Binational Chapter.

Dr. Larin has served on the California Dental Association's House of Delegates, CDA's PAC Council, CDA's Government Affairs Committee and the American Dental Association's Political Action Team. She has also served as a board member for MANA de San Diego a Women's Leadership and Mentoring non-profit organization.

Dr. Larin is a Fellow of the American College of Dentists and a graduate of the Harvard Business School Club of San Diego Non-Profit Leadership Development Program.

Dr. Larin earned her Doctor of Dental Surgery degree from Universidad Autónoma de Baja California. Before obtaining her dental license, she worked as a Registered Dental Assistant. She has been married for over 30 years and has three grown children. Her two sons are also dentists.

- Rosalinda Olague, RDA, B.A. was appointed by Governor Brown to the Dental Board of California in April, 2018. Rose has been a registered dental assistant with Pacific Dental Services® (PDS®) since 2008. She started her PDS career as a

lead registered dental assistant at Monet Dental Group from 2008 to 2015. In 2015, Rose was promoted to regional back office manager for PDS' South Inland Empire and San Diego regions, and in 2016, she graduated from La Sierra University with a Bachelors of Arts in Psychology. In April, 2018, Rose joined the Pacific Dental Services National Support team as Senior Specialist for Dental Assistant National Strategy and School Relations. PDS recognized Rose for her exceptional commitment and passion for creating Healthier, Happier Patients® by awarding her the company's 2017 XP (eXtraordinary Performance) Platinum Award. Rose is currently pursuing her master's degree at the University of Redlands and is a member of the American Dental Assistant Association.

- Joanne Pacheco of Fresno, has been appointed to the Dental Board of California by Governor Brown in April, 2018. Ms. Pacheco has been director of the Dental Hygiene Program at Fresno City College since 2017, where she has held several positions since 2000, including academic chair, full-time faculty and allied health chair. She has been a registered dental hygienist in private practice since 1985. Ms. Pacheco was a registered dental assistant in private dental practices from 1979 to 1985. She is a member of the American Dental Hygienists' Association, American Dental Educator's Association and the California Dental Hygienists' Association. Pacheco earned a Master of Arts degree in organizational behavior from Alliant International University.
- James Yu of Fremont, has been appointed to the Dental Board of California by Governor Brown in April, 2018. Dr. James Yu has been a dentist at James K. Yu DDS since 1984, where he has been an acupuncturist since 2008. He has been a radio talk show host at AM 1450 since 2000 and radio talk show president and owner at the Chinese Today Radio Station since 2015. Yu is Bay Area leader of Medical Services International and President of Northern California Chinese Media Association, and a member of the American Dental Association, California Acupuncture Association, San Francisco Dental Society, Application of Acupuncture in Dental Practices, San Francisco Chinatown Salvation Army, American Association of Chinese Medicine and Acupuncture and the American Society of Chinese Medicine. He earned a Doctor of Dental Surgery degree from the University of the Pacific School of Dentistry and a Master of Science degree in acupuncture from the University of East-West Medicine.

Action Requested:

No action required.

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QUARTERLY BOARD MEETING MINUTES

FEBRUARY 8-9, 2018

Embassy Suites by Hilton San Diego La Jolla
4550 La Jolla Village Drive, Embassy Ballroom
San Diego, CA 92122

Members Present:

Thomas Stewart, DDS , President
Fran Burton, MSW, Public Member, Vice
President
Yvette Chappell-Ingram, Public Member,
Secretary
Steven Chan, DDS
Ross Lai, DDS
Huong Le, DDS, MA
Abigail Medina, Public Member
Steven Morrow, DDS, MS
Bruce L. Whitcher, DDS

Members Absent:

Meredith McKenzie, Public Member

Staff Present:

Karen M. Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Carlos Alvarez, Enforcement Chief
Jocelyn Campos, Associate Governmental Program Analyst
Allison Viramontes, Associate Governmental Program Analyst
Jeri Westerfeld, Executive Assistant
Michael Santiago, Legal Counsel

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

A regular meeting of the Dental Board of California (Board) was called to order by Dr. Stewart at 9:00 a.m. on Thursday, February 8, 2018. Ms. Chappell-Ingram called the roll and a quorum was established.

Agenda Item 2: Board President Welcome and Report

Dr. Stewart provided a verbal report. He thanked Board members for continuing to study the items in the meeting packets, attending the Board meetings, and participating in the discussions. He reminded Board members that the 2018 Sunset Review Report, which is due to the Legislature by the end of 2018, will be the Board's focus for the year. Board members will begin the process by reviewing the issues outlined by the Legislature during the last Sunset Review and the Board's response to each issue. Additionally, new issues will be included in the report.

Dental Board of California Meeting Agenda
February 8-9, 2018

Dr. Stewart would like to see the Board take an active role in getting the word out to consumers and licensees about opioid use and abuse in the nation and California. He encouraged the Substance Abuse Awareness Committee to increase the number of resources available on the Board's website to address the national epidemic. He stated that a priority for Board staff is to ensure dentist licensees, who are required to be registered in the CURES system, know of the July 1, 2016 registration requirement.

Dr. Stewart explained there are five vacancies on the Board and the Governor's Office is aware and making appointments is a priority. Eight members in attendance are needed to meet the quorum requirement to proceed with meetings.

Dr. Stewart explained there would not be a Joint Meeting of the Dental Assisting Council (Council) with the full Board due to three vacancies on the Council and not having a quorum of members. Dr. Stewart appointed a subcommittee, consisting of Dr. Whitcher and Ms. Burton, to review applications, conduct interviews, and make recommendations to fill the vacancies at the May Board meeting.

Dr. Stewart explained there would be a change to the order of business and Agenda Item 8, would be heard next. He introduced and welcomed Ms. Linda Schneider, Senior Assistant Attorney General, who provided the Board with a report on the accusations prosecuted on behalf of the Dental Board of California.

Agenda Item 8: Presentation from Linda Schneider, Senior Assistant Attorney General regarding the *Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies*

Ms. Linda Schneider, Senior Assistant Attorney General of the Licensing Section, and Mr. Gregory Salute, Supervising Deputy Attorney General, presented the Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs' agencies.

Agenda Item 3: Approval of the November 2-3, 2017, Board Meeting Minutes

Motion/Seconded/Called the Question (M/S/C): (Morrow/Chappell-Ingram) to approve the November 2-3, 2017, Board meeting minutes with the following corrections: Mr. Anthony Lum, Executive Officer of Dental Hygiene Committee of California (DHCC), requested the name of Ms. Susan Good, DHCC President be changed to Noel Kelsch, President for Agenda Item 12 on page 11. Mr. Lum also requested removing "acting" and inserting "interim" in his title.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton				X	
Chan	X				
Chappell-Ingram	X				
Lai	X				
Le	X				
McKenzie				X	
Medina	X				

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Morrow	X				
Stewart	X				
Whitcher	x				

The motion passed, and minutes were accepted with the requested changes.

Agenda Item 4: Budget Report

Ms. Wallace introduced Kevin Driskill, Department of Consumer Affairs (DCA) Budget Officer, and provided an overview of the information included in the meeting materials. She explained that the budget report materials provided were estimated expenditures .

The State Dentistry Fund has expended 44% of expenditures through Fiscal Month (FM) 06, ending December 31, 2017, which is comparable to last year. The State Dental Assisting Fund expended 37% of expenditures through FM 06, ending December 31, 2017, which is also comparable to last year.

Ms. Wallace provided an overview regarding the fees charged to the Board for Fi\$Cal, and explained that fees are charged to each fund that utilizes the system for their accounting and budget needs. Mr. Driskill provided an update of the Fi\$Cal system. Fi\$Cal is the accounting system used by the State of California for contracts, procurement, accounting, budget, and cash management processes.

Ms. Wallace provided an overview of expenses incurred related to the BreEZe system and reported the Board is now in the maintenance and operations contract, which includes updates for the system (i.e.: credit card processing and fee increases).

Agenda Item 5A: Staff Update on Dental Assisting Program

Ms. Wallace provided a report on new staff hired to fill vacancies in the Dental Assisting Unit.

Agenda Item 5B: Update on Dental Assisting Program and Course Applications

Ms. Wallace gave an overview of the information provided. The Board recently finished a recruitment for Course and Curriculum Evaluators and Site Visit Evaluators. Staff held a training for a dozen potential consultants on December 14-15, 2017, in Sacramento. Staff is hoping to increase the evaluators pool to assist in the re-evaluation of Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) programs. Ms. Wallace stated they hope to complete five reviews per month of the education programs for a period of 18 months in order review all programs.

Agenda Item 5C: Update on Dental Assisting Examination Statistics

Ms. Wallace provided a report on the dental assisting examination statistics. The pass/fail rates of each program are being utilized to help determine which programs will be re-evaluated first.

Ms. Wallace reported the RDAEF exam dates for this year have been posted on the website.

Public Comment:

Dr. Guy Acheson asked what is the threshold for failure rate and what steps will be taken with an educational program who has high failure rate. Ms. Wallace responded that this is being evaluated and might need to be addressed in future regulations as the Board has no authority to discipline education programs in response to failure rates. Staff is also working on forming partnerships with the Bureau for Private Postsecondary and the State Board of Education.

Ms. Wallace stated that the examination statistics are available on the website, but statistics will be made more easily visible to students and those who may be considering RDA education.

Ms. Lori Gagliardi recommended first time and re-examinations should be looked at separately when considering pass/fail rate.

Agenda Item 5D: Update on Dental Assisting Licensing Statistics

Ms. Wallace provided a report on the dental assisting licensing statistics

Agenda Item 5E: Update regarding the Combining of the Registered Dental Assistant (RDA) Law and Ethics and General Written Examinations

Ms. Wallace reported the combined examination is anticipated to be launched in May 2018. In November 2017, the Board posted an examination plan for the new combined RDA Law and Ethics and Written Examination. Board staff received feedback from stakeholders regarding the examination plan; and as a result, the Office of Professional Examination Services (OPES) made some minor revisions to the document. The updated examination plan was posted to the Board's website. The candidate exam guide will be posted once it becomes available.

Public Comment:

Ms. Gagliardi, representing the California Association of Dental Assisting Teachers (CADAT), stated their organization is trying to prepare students for May exam, but they are not sure of the format or resources used for the new test questions.

Claudia Pohl, California Dental Assistant Association (CDAA), agrees with Ms. Gagliardi and would prefer to see the exam launch moved back to allow educators to teach the new material.

Cindy Ovard, San Joaquin Valley College, explained that the blueprint is important, and it usually states where the information for the questions are found, which is an important resource for educators.

Board staff indicated they would consult with OPES as to whether the examination implementation could be delayed.

Agenda Item 5F: Report on the Results of the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) Review of the Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examination

Ms. Wallace gave an overview of the information provided. On October 7, 2017, OPES staff observed the RDAEF Clinical and Practical Examinations held at the University of California, Los Angeles (UCLA) School of Dentistry in Los Angeles. On October 14, 2017, OPES staff observed the examiner training and scoring of the RDAEF Clinical and Practical Examinations held at the University of California, San Francisco (UCSF) School of Dentistry in San Francisco. OPES established that the examinations would meet professional guidelines and technical standards in terms of reliability of measurement, examiner training and scoring, test administration, test security, and fairness if they meet the test and occupational standards.

This information, coupled with OPES' observation of two test administrations at two different locations, established that the examinations meet professional guidelines and technical standards with regard to reliability of measurement, examiner training and scoring, test administration, test security, and fairness. However, OPES recommended the Board include additional slides during examiner training to enhance the level of examiner calibration, and that the Board institute a few minor improvements to the testing procedures and the testing environment to further improve the test administration process for all candidates (i.e., provide additional signage and clocks, provide additional reminders about prohibited items during check-in, and check room temperature). OPES believes that these small recommendations would increase the reliability and validity of the examinations.

Board staff will be working with OPES and the RDAEF examination team to implement the recommendations.

Agenda Item 5G: Update on Dental Assisting Council Member Recruitment

Ms. Wallace reported a recruitment notice had been posted on the Board's website and applications are now being accepted from qualified registered dental assistants to fill the vacancies. She noted that a subcommittee had been appointed by the Board President to review applications and conduct interviews. The subcommittee will bring their recommendations for candidate appointments to the May meeting for the Board's consideration.

Agenda Item 6A: 2018 Tentative Legislative Calendar – Information Only

Ms. Viramontes provided an overview of the information provided in the meeting materials. She stated the information was for the Board's information only.

Agenda Item 6B: Discussion and Possible Action Regarding Legislation

Ms. Viramontes reported Board staff are currently tracking six bills pertaining to the dentistry industry as it relates to anesthesia and sedation, DCA board meetings, and the CURES database. She reported Assembly Bill (AB) 12 has died pursuant as of February 1, 2018 and there were no other updates on AB 224, Senate Bill (SB) 392, SB 501, and SB 641. Ms. Viramontes reported the Board's Omnibus bill proposal was

submitted to the Senate Business, Professions, and Economic Development Committee (BP&ED Committee) on January 4, 2018, and the boards and bureaus anticipate being notified by late January of the Senate BP&ED Committee's decision whether to include the Dental Board's proposal.

Agenda Item 6C: Discussion and Possible Action Regarding Additional Amendments to the Board's Proposal for the 2018 Healing Arts Omnibus Bill (WITHDRAWN)

Ms. Viramontes stated this meeting agenda was withdrawn. Ms. Fischer noted that Omnibus bills are to be non-substantive and non-controversial and management felt CDA's request does not meet these two conditions. CDA was contacted by Ms. Fischer and told that the two issues could be addressed as part of the Sunset Review

Agenda Item 6D: Discussion of Prospective Legislative Proposals

Ms. Viramontes provided an overview of the information provided.

Agenda Item 6E: Update on Pending Regulatory Packages

Ms. Viramontes provided a report on the status of pending regulatory packages.

Agenda Item 6F: Discussion and Possible Action Regarding Decreasing the Licensure by Residency Fee

Ms. Viramontes provided a report. AB 179 increased the maximum fee amount the Board may assess for the Licensure by Residency (LBR) pathway. The fee increase was implemented in BreZE on October 19, 2017. At the November 2017 meeting, there were many comments regarding the increase of the LBR fee. Ms. Wallace stated that a fee audit was conducted, and all fee increases were evaluated through the regulatory process. Making another change would require a new rulemaking to be initiated. Further adjustments would require a review of all license fees and expenditures because fees are the sole revenue source for the Board.

Public Comment:

Mary McCune, CDA, stated it has received comments about the increase for the General Anesthesia and Conscious Sedation Onsite Inspection fees as well.

M/S/C: (Morrow/Medina) for the Board to be aware of the LBR application fee increase and gather more information, so it can be reviewed and addressed once another fee audit is completed.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	X				
Chan	X				
Chappell-Ingram	X				
Lai		X			
Le	X				
McKenzie				X	
Medina	X				
Morrow	X				
Stewart	X				

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Whitcher	x				

The motion passed.

Agenda Item 6G: Discussion and Possible Action Regarding a Regular Rulemaking to Amend California Code of Regulations, Title 16, Section 1049 Relating to Mobile and Portable Dental Units

M/S/C: (Whitcher/Morrow) accept the amended proposed regulatory language relative to the registration requirements for mobile and portable dental units, and direct staff to take all steps necessary to continue 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.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	X				
Chan	X				
Chappell-Ingram	X				
Lai	X				
Le	X				
McKenzie				X	
Medina	X				
Morrow	X				
Stewart	X				
Whitcher	x				

The motion passed.

Public Comment:

Elliott Schlang, Big Smiles California, provider of in-school dental care felt the proposed rulemaking language will assist in assuring processes are met in the schools, nursing homes, locations where mobile and portable dental units are utilized. He stated one thing concerning him, which was not addressed in the proposed language, is the digitally-recorded and preservation of verbal consent. In section (k)(1), there is no mention of digitally-recorded verbal consent. The program sends flyers home with children, and when the flyers are returned, the program uses the information to get additional information and verbal consent. He also recently contracted with the UCLA Dental School to have them start providing preventive and restorative services after contacting parent and getting consent. He would like (k)(1) to read: *No dental services including dental examination or disease prevention services shall be performed on a patient without signed written consent or digitally-recorded and preserved consent.*

Ms. Mary McCune stated CDA will have a few non-substantive comments and recommendations that will be submitted in the 45-day comment period.

Agenda Item 6H: Discussion and Possible Action Regarding an Emergency Rulemaking to Amend California Code of Regulations, Title 16, Section 1005 Relating to Minimum Standards for Infection Control

M/S/C: (Morrow/Le) to, pursuant to Government Code 11346.1, adopt the amended proposed regulatory language relative to minimum standards for infection control and direct staff to take all steps necessary to continue the emergency rulemaking process, including noticing the proposed language for 5-days, and authorizing the Executive Officer to make any non-substantive changes to the emergency rulemaking package before completing the emergency rulemaking process.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	X				
Chan	X				
Chappell-Ingram	X				
Lai	X				
Le	X				
McKenzie				X	
Medina	X				
Morrow	X				
Stewart	X				
Whitcher	x				

The motion passed.

Public Comment:

Ms. Mary McCune, CDA, reiterated the proposed language submitted by CDA reflects Assembly Member Daly's intent by specifying that only the fluids used during irrigation of the exposed pulp and not the entire procedure itself shall be sterile, or contain disinfecting or antibacterial agent. There has been some confusion whether legislation would require sterile, or contain disinfecting or antibacterial agent water to be used for all procedures, which might contain exposed pulp. CDA is requesting that the Board not release the emergency regulation until CDA could get further clarification with the Assembly Member Daly's office. CDA's deputy counsel and representatives from Assembly Member Daly's office will meet next week to further discuss legislative intent.

Dr. Guy Acheson, Academy of General Dentistry, asked where the standards will come from and who will be responsible to complete water testing.

Dr. Whitcher was concerned about compliance issues if the Board move forward with the emergency rulemaking.

Dr. Chan stated that some irrigation equipment instructions refer to the manufacture for assistance, but is not sure if the manufacturer will be informed about new standards.

Ms. Fischer asked Ms. McCune why the Board should hold off on completing the emergency regulation if CDA will not be changing statute. Ms. McCune stated CDA is

meeting with Assembly Member Daly's office but have not committed to any legislative or regulatory changes to address the issue.

Mr. Santiago stated that the legislation passed last year set forth what the Board has to do, what it must follow, and that this language is to change the statute. Ms. Fischer stated that the language and the change in statute could be moved forward and CDA would be welcome to submit comments in 45-day comment period.

Agenda Item 7: Update Regarding Status of Two-year Provisional Approval of the State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova's Faculty (School) of Dentistry- Schools Response to Deficiencies Outlined by the Dental Board of California

Ms. Fischer gave an update on Two-year Provisional approval and stated that the Board received more information regarding the deficiencies previously reported to the school by the subcommittee. Dr. Morrow stated that there was further clarification needed from the last submission regarding the deficiencies. The submission will be reviewed by the Site Team. Senator Polanco, representative of the school, stated they believe the necessary information to meet the four deficiencies was submitted.

Open Session recessed at 12:40 p.m. for lunch.

The Board reconvened in closed session at 2:00 p.m. to deliberate and take action on disciplinary matters. The closed session meeting of the Board adjourned at 5:00 p.m.

The Licensing, Certifications, and Permits Committee convened in closed session at 5:05 p.m. to deliberate on applications for issuance of new licenses to replace cancelled licenses and to grant, deny, or request further evaluation of a conscious sedation permit and a general anesthesia permit. The closed session meeting of the Licensing, Certifications, and Permits Committee adjourned at 5:30 p.m.

The Board reconvened on Friday, February 9, 2018 at 9:00 a.m.

Agenda Item 9: Call to Order/Roll Call/Establishment of Quorum

A regular meeting of the Board was called to order by Dr. Stewart, at 9:00 a.m. on Friday, February 9, 2018. Ms. Chappell-Ingram called the roll and a quorum was established.

Agenda Item 10: Executive Officer's Report

Ms. Fischer provided a report. She reported on the following information: staffing vacancies, Board member vacancies, the deadline to file the Statement of Economic Interests (Form 700), the implementation of the National Board Dental Examination (INBDE), information received regarding dental therapists, the American Dental Education Association (ADEA) statistics, Board committee assignments, upcoming Sunset Review, the University De La Salle Bajio School of Dentistry's renewal application, the DHCC Sunset Review, and upcoming legislation.

Agenda Item 11: Report of Dental Hygiene Committee of California (DHCC) Activities

Ms. Good, DHCC President, and Mr. Lum gave an update of the DHCC's activities. Ms. Good reiterated that the Sunset Review Report was submitted to the Legislature on December 1, 2017 and the DHCC is preparing for the Sunset Review Committee hearing on February 26, 2018. The DHCC is reviewing all educational hygiene programs in the state. Programs who have been identified with issues are in the process of correcting them to comply with the law. The DHCC is updating its laws and regulations to incorporate new and existing language not included in prior versions. Regulatory changes are in process for retired licensees.

Agenda Item 12: Report of Department of Consumer Affairs (DCA) Staffing and Activities

Mr. Chris Castrillo, Deputy Director of the DCA Office of Board and Bureau Services, provided a verbal report. He shared that the Director's Quarterly Meeting was held the week prior, and they discussed the DCA's Strategic Plan and are establishing workgroups for enforcement and licensing. He stated Director's Quarterly Meetings are held to provide executive officers an opportunity to share information between the boards. He reminded Board Members that the Board Member Orientation Training (BMOT) is an opportunity to meet other Board Members and find out the requirements of representing a board. The DCA will be initiating an Executive Officer salary study, which will base salaries on the number of licensees and staff each Board has under the Executive Officer.

Agenda Item 13: Report on the December 13, 2017, California Department of Public Health (CDPH) Oral Health Program Advisory Committee Partnership

Ms. Burton reported the conference call was an update on the release of the approved county funding grants. She also announced the release of the CDPH 2018-2028 California Oral Health Plan. The CDPH will be providing workshops and a summit in May 2018. Ms. Fischer reported Dr. Kumar reached out to the Board and would like to partner with staff to assist with increasing the utilization of the State Loan Repayment Program.

Agenda Item 14A: Review of Dental Licensure and Permit Statistics

Ms. Wallace reported on the dental licensure and permit statistics.

The Board recessed at 10:17 a.m. for break.

The Board reconvened in open session at 10:27 a.m.

Agenda Item 15A: Update on the Portfolio Pathway to Licensure

Ms. Wallace gave an overview of the information. At the November 2017 meeting, Board staff reported on the feedback received from each of the six (6) dental schools in California regarding the Portfolio Pathway to Licensure. Based on the discussion and feedback received from all dental schools in California, the Board devised some short-term goals, which include:

- Clarifying Patient Criteria Regarding Each Competency Exam
- Reciprocity Requirements in Other States
- Digitizing Portfolio Rubrics and Grading Sheets
- Inform Public About Portfolio Through Board's Website

Dr. Morrow stated that the Request for Portfolio Candidate Identification Number and Law and Ethics Examination Eligibility form is located under the Forms and Publication tab on the website.

Ms. Fischer stated that during the Sunset Review process, the Board should consider or at least discuss statutory changes to allow a student who is using California Portfolio program at their school, to utilize reciprocity towards a pathway to licensure (i.e. students in Iowa).

Agenda Item 15B: Western Regional Examination Board (WREB) Report

Dr. Le provided a report. She clarified that the Periodontal section is still mandated to be taken for licensees who want to practice in California and utilize the WREB pathway. Dr. Le introduced Dr. Mark Christensen from WREB.

Dr. Lai asked whether a student who took the WREB and didn't take the Periodontal portion would receive a certificate separately should they take the Periodontal section at a later time. Dr. Christensen stated that the Periodontal section would show a pass/fail when WREB verification was sent to the Board. The results will also show how many times they had to take different sections.

Ms. Fischer reiterated that if the first operative procedure was passed with a score of three or higher, then a second operative procedure would not be required. A letter was sent to all the dental schools with clarification of what is acceptable in California for the WREB examination.

Agenda Item 15C: Status of Occupational Analysis for Dentists and the Implementation of AB 2331 (Chapter 572, Statutes of 2016) – American Board of Dental Examiners (ADEX) Examination as an Additional Pathway to Licensure

Ms. Wallace reported that the occupational analysis workshops have gone well, and OPES is preparing the pilot survey, which is anticipated to be distributed in mid-February. The occupational analysis report is anticipated to be completed in June 2018, but is dependent upon the recruitment and participation of subject matter experts during the workshops and the survey.

Once the occupational analysis is complete, the OPES will initiate the review of the ADEX examination and conduct the linkage study to the occupational analysis. This project is anticipated to begin in July 2018 and be completed in early 2019.

Agenda Item 16A: Review of Enforcement Statistics and Trends

Mr. Carlos Alvarez provided a report of the enforcement statistics and trends.

Agenda Item 16B: Review of Fiscal Year 2017-2018 First Quarter Performance Measures from the Department of Consumer Affairs

Mr. Alvarez provided a status update on the availability of performance measure data. The Q1 and Q2 performance measures data will be available in March of 2018.

Agenda Item 16C: Update Regarding Utilization of Correct Prescription Pads

Mr. Alvarez stated that the Board was notified by the California State Board of Pharmacy (Pharmacy Board) that some dentists are not using compliant security forms for prescribing controlled substances in California. One of the problems appears to be a lack of boxes for ordering refills – a required element under the security forms requirements in Health and Safety Code Section 11162.1, which has been required for years.

There are a number of noncompliant forms in use by health care professions that were printed by Department of Justice (DOJ) licensed security form printers. The DOJ is working now to get the printers compliant. Meanwhile the Pharmacy Board is advising the DCA regulatory boards about the problem.

Recently some pharmacies have begun to refuse to fill prescriptions written on noncompliant forms where items required by Health and Safety Code Section 11162.1(a)(10) is not fully compliant. One of the 14 required elements is: *“Check boxes shall be printed on the form so that the prescriber may indicate the number of refills ordered.”* There are also additional elements missing on some forms, including a lack of the watermark on the reverse of the form.

Agenda Item 17A: Diversion Evaluation Program Report and Statistics

Mr. Alvarez reported on the Diversion Evaluation Program and statistics. There has been a large decrease in the number of participants in the program. Mr. Alvarez stated that the decrease could be due to the number of court ordered programs that are being required or due to CDA's Wellness Program being suggested by CDA instead of the Board's Diversion program.

The Board is currently recruiting for a public member position, two dental positions, and one physician/psychologist position, and two dental auxiliary positions. The next Diversion Evaluation Committee meeting is scheduled on April 5, 2018 in Northern California.

Agenda Item 17B: Update Regarding Controlled Substance Utilization Review and Evaluation System (CURES 2.0) Registration

Mr. Alvarez gave an overview of the information provided in the meeting materials and stated that the number of registered dentists has increased in this quarter. There has also been an increase in the usage of the Patient Activity Reports (reports that specify a patient's prescription history). New legislation was introduced this year regarding CURES 2.0. (AB 1751, AB 1752, and AB 1753).

SB 641 states that police officers will not be able to review data. Previously, Dr. Stewart requested that staff look at what other states have in place to record prescription history. Pennsylvania has a system like our CURES system, only 17 states share and view the data, unlike the CURES system which is only California. Also, Pennsylvania is now requiring at least 4 hours of Continuing Education (CE) units of Board-approved education for dental licensure and renewal of licensure.

Agenda Item 18A: General Anesthesia and Conscious Sedation Evaluation Statistics
Ms. Wallace reported on the general anesthesia and conscious sedation evaluation statistics.

Dr. Whitcher stated the program is doing well, despite the shortage of evaluators. He stated that it is a three-part evaluation: 1) facilities and equipment; 2) drug inspection and case demonstration; and 3) a simulated emergency.

Agenda Item 19: Licensing, Certifications, and Permits Committee Report on Closed Session

Dr. Lai, Chair of the Board's Licensing, Certifications, and Permits Committee, reported that the Committee met in closed session regarding applications for issuance of new license(s) to replace cancelled license(s) and whether or not to grant, deny, or request further evaluation for a Conscious Sedation Permit as it relates to an onsite inspection and evaluation failure.

Dr. Lai reported the Committee recommends issuance of a new dental license to replace a cancelled dental license with the condition of successfully passing the California Dentistry Law and Ethics Written Examination for the following candidates:

1. KH
2. KC
3. GM
4. MP

Dr. Lai reported the Committee recommends issuance of a new registered dental assistant license to replace a cancelled registered dental assistant license with the condition of successfully passing the California Registered Dental Assistant Law and Ethics Written Examination for the following candidates:

1. PA

Dr. Lai reported the Committee recommends issuance of a new registered dental assistant license to replace a cancelled registered dental assistant license with the condition of successfully passing the California Registered Dental Assistant Law and Ethics Written Examination and the Registered Dental Assistant Written Examination for the following candidates:

1. LG
2. IH
3. PP
4. GS

5. DS

The application for RB was deemed incomplete and sent back to Board staff to address deficiencies.

M/S/W (Chan/Medina) – to accept committee’s recommendations

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton				X	
Chan	X				
Chappell-Ingram	X				
Lai	X				
Le	X				
McKenzie				X	
Medina	X				
Morrow	X				
Stewart	X				
Whitcher	x				

The motion passed.

Agenda Item 20: Public Comment on Items Not on the Agenda

No public comments.

Agenda Item 21: Board Member Comments on Items Not on the Agenda

Dr. Chan requested that staff review the new marijuana laws that might affect the Board for a future meeting.

Dr. Lai requested a future agenda item to discuss mail order or online orthodontia as well as storefront orthodontia.

Dr. Le requested a future agenda item to discuss Portfolio examinations administered at out of state schools.

Ms. Medina requested further information regarding the State Loan Repayment Program and how one would apply.

Ms. Chappell Ingram wondered about discussing whether Loan Repayment Program is an Access to Care Committee activity at a future meeting.

Agenda Item 22: Adjournment

The Board adjourned on Friday, February 9, 2018 at 11:48 a.m.



MEMORANDUM

DATE	April 18, 2018
TO	Members of the Dental Board of California
FROM	Leslie Kihara, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 5: Discussion and Possible Action Regarding Consideration of the Subcommittee's Recommendation to Appoint a Member to the Elective Facial Cosmetic Surgery Permit Credentialing Committee

Background

On January 25, 2017, the Dental Board of California (Board) received notification that Brian Wong, DDS, MD, who had been serving as a member of the Elective Facial Cosmetic Surgery Permit Credentialing Committee (Committee), resigned. This resignation created a vacancy on the Committee for a physician and surgeon with a specialty in otolaryngology who maintains active status on the staff of a licensed general acute care hospital in California.

A candidate to fill this vacancy must be (1) a physician and surgeon licensed by the Medical Board of California with a specialty in otolaryngology, and (2) have active status on the staff of a licensed general acute care hospital in California.

Pursuant to Business and Professions Code Section 1638.1(3), the Board is required to solicit from the following organizations input and recommendations regarding members to be appointed to the Committee:

- The Medical Board of California
- The California Dental Association
- The California Association of Oral and Maxillofacial Surgeons
- The California Medical Association
- The California Society of Plastic Surgeons

A letter was sent to the above-mentioned organizations on February 15, 2018. In addition, the Committee vacancy was advertised on the Board's website, requesting interested parties to submit their Curriculum Vitae (CV) no later than April 13, 2018.

No organizations responded; however, Dr. Louis Gallia has submitted his CV for the open position. Please see the attached CV.

The candidate information was forwarded to Dr. Bruce Witcher for review. Dr. Witcher will report his findings.

ACTION REQUESTED

Accept the recommendation to fill the vacancy on the Elective Facial Cosmetic Surgery Permit Credentialing Committee.

Lou Gallia MD, DMD, FACS

•Curriculum Vitae•

BIRTHDATE

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EDUCATION

Bucknell University	1965-1969	B.S. (Biology)
University of Scranton	1968	No degree
University of Pittsburgh	1969-1973	D.M.D.
University of Washington	1973-1976	M.D.
University of Washington	1976-1977	Surgery Internship
University of Washington	1977-1979	Oral and Maxillofacial Surgery Residency
Gemente Ziekenhuis	7/78-4/79	Maxillofacial Surgery Rotation, Arnhem, The Netherlands
University of Pittsburgh	1979-1982	Otolaryngology and Head and Neck Surgery Residency
Marzola School of Restoration Surgery	8/93-9/93	Preceptorship in Hair Restoration Surgery (Adelaide, Perth, Brisbane, Melbourne, Sydney – Australia)

BOARD CERTIFICATION

American Board of Otolaryngology / Head and Neck Surgery	certified 9/1982
American Board of Facial Plastic and Reconstructive Surgery	certified 9/1994
American Board of Cosmetic Surgery	certified 5/1996
American Board of Oral and Maxillofacial Surgery	certified 3/2007

PROFESSIONAL FELLOWSHIPS

Fellow, American College of Surgeons (FACS)	10/1994
Fellow, American Academy of Cosmetic Surgery	11/1995
Fellow , American Academy of Facial Plastic & Reconstructive Surgery	5/1996

PROFESSIONAL LICENSURE

Medicine:

California (G 48064) Expires 09-30-2019
Pennsylvania (MD 023203D) Inactive
Washington (MD-00016019) Inactive
Oregon (MD-22850) Inactive

Dentistry

Pennsylvania (DS-018315-L) 03-31-2011
Oregon (7932) Expires 09-30-2013
California (OMS-45) 09-30-19
California Anesthesia Permit (1295) 09-30-19

Professional Memberships and Positions (past and present)

American College of Surgeons

American College of Surgeons, Northern California Chapter

American Dental Association

California Dental Association

American Medical Association

California Medical Association

Sierra Sacramento Valley Medical Society

American Academy of Otolaryngology & Head and Neck Surgery

California Society of Otolaryngology & Head and Neck Surgery

Sacramento Society of Otolaryngology & Head and Neck Surgery

Sacramento Facial Pain Study Group, Founder

Qualified Medical Examiner – California

American Academy of Cosmetic Surgery - Fellow

California Academy of Cosmetic Surgery, Founding President,

California Academy of Cosmetic Surgery Newsletter, Editor In Chief

American Academy of Hair Restoration Surgery

American Academy of Facial Plastic and Reconstructive Surgery

American Society of Cosmetic Breast Surgery

American Hair Loss Council

American Academy of Head, Neck and Facial Pain

The International Society of Cosmetic Laser Surgeons

American Society of Liposuction Surgery

TMJ Society of California, Advisory Board

Examiner, American Board of Cosmetic Surgery

Advisory Board of Cosmetic Maxillofacial Surgeons
American Board of Cosmetic Surgery, Trustee
The American Association of Cosmetic Maxillofacial Surgeons
Journal of Aesthetic Dermatology and Cosmetic Surgery – Editorial Board
Cosmetic Surgery Times – Editorial Advisory Board

FACULTY POSITIONS

1975-1976	Clinical Associate in Anatomy, University of Washington, School of Dentistry
1982-1984	Assistant Professor in Otolaryngology, UC Davis, School of Medicine
1989-1999	Clinical Assistant Professor in Otolaryngology, UC Davis, School of Medicine
1992-2014	Clinical Assistant Professor in Oral/Maxillofacial Surgery, University of Washington School of Dentistry

OTHER APPOINTMENTS

2002-2005	Qualified Medical Examiner, State of California
1997-1999	AACS, Judicial Affairs Committee, member
1997-1999	AACS, Socioeconomic/Legislative Committee, member
1997-1998	AACS Ad Hoc Committee on California, Chairman
1997- 1999	ABCS California Representative
1997-2006	Chair, Oral Examination, ABCS
2006-2007	ABCS – Trustee
1997-2011	California Academy of Cosmetic Surgery – Trustee
2008-2011	CALAOMS – Cosmetic Surgery Committee - Chairman

PUBLICATIONS

1. 1980 Tideman, H., Stoelinga, P., and L. Gallia: Le Fort I advancement with segmental palatal osteotomies in patients with cleft palates. *Journal of Oral Surgery* 38: 196-199,
2. 1980 Gallia, L., Tideman, H. and F. Bronkhorst: Chondrosarcoma of the mandible misdiagnosed as chondromyxoid fibroma. *International Journal of Oral Surgery* 9: 221-224,
3. 1980 Stoelinga, P., Gallia, L., Tideman, H., and E. Soudijn Chronische, Iatrogene Arthritis des kiefergelenke Fortschritte der Kiefer und Gesichts- Chirurgie- Einjahrbuch, Band XXV, Erkrankungen des Kiefer gelenkes, p. 104-106, Georg Thieme Verlag Stuttgart, New York.
4. 1981 Gallia, L., and J. Johnson. Central giant cell granuloma *Archives of Otolaryngology* 107: 584-586.
5. 1981 Gallia, L., Rood, S. and E. Myers. Management of buccal space masses. *Otolaryngology: Head Neck Surgery* 89: 221-225
6. 1981 Gallia, L., and J. Johnson: Incidence of Inflammation versus neoplasm in surgically treated salivary gland masses. *Laryngoscope* 91: 512-516
7. 1981 Gallia, L., and G. Roscoe: Intractable sneezing, *Transactions of the Pacific Academy of Ophthalmology and Otolaryngology* 34: 164-167
8. 1981 Gallia, L. and J. Johnson: Cervical necrotizing fasciitis. *Otolaryngology: Head and Neck Surgery* 89: 935-937
9. 1981 Myers, E.N. and L. Gallia: Tracheostomal stenosis following total laryngectomy. *Annals of Otology, Rhinology and Laryngology* 92: 583-585.
10. 1982 Gallia L.J., Johnson J.T., and E.N. Myers : Pigmented villonodular synovitis of the temporomandibular joint: a case report. *Otolaryngology – Head and Neck Surgery* 1982: 90: 691-695
11. 1983 Curtin, H. D., Williams, R., Gallia, L. and E. N. Meyers: Pigmented villonodular synovitis of the temporomandibular joint. *Computerized Radiology* 7: 257-260
12. 1983 Rood, S.R., Gallia, L., Johnson, J. and E.N. Myers: TREATMENT OF MANDIBULAR FRACTURES, A Self-Instructional Package. American Academy of Otolaryngology-Head and Neck Surgery Foundation. Washington, D.C.
13. 1984 Gallia, L.: Stomatitis. in G. Gates: *Current Therapy in Otolaryngology - Head and Neck Surgery* 1984-85. C.V. Mosby, St. Louis, pp.355-360.

14. 1984 Curtin, H. D., Wolfe, P., Gallia, L., and M. May: Unusually large nasopalatine cyst: CT findings, Journal of Computer Assisted Tomography 8: 139-142
15. 1986 Gallia, L.: Laryngotracheal trauma. in Blaisdell and Trunkey: TRAUMA MANAGEMENT, volume III, CERVICO-THORACIC TRAUMA Georg Thieme Verlag, Stuttgart New York.
16. 1988 Leonard, R.J., Gallia, L., Charpied, G., and A. Kelly: Effects of stripping and laser excision on vocal cord mucosa in cats. Annals of Otology, Rhinology, and Laryngology 97: 159-163
17. 1988 Gallia, L.: Arthroscopic Surgery of the Temporomandibular Joint. An educational tape produced by Double Vision, Inc. of Sacramento, Ca., in conjunction with the Storz Endoscopy Inc.
18. 1991 Gallia, L.: The intravenous intracatheter as an irrigation portal in temporomandibular joint arthroscopy Journal of Oral and Maxillofacial Surgery 49: 545-546
19. 1992 Leonard, R.J., Gallia, L., Charpied, G.: Recovery of vocal mucosa from laser excision. Journal of Voice 12: 121-131
20. 1992 Gallia, L.: A modification of the sagittal split osteotomy Journal of Oral and Maxillofacial Surgery: 50: 444-445
21. 1998 Gallia, L.: Keeping Up: Continuing Medical Education? Cosmetic Surgery Times 23:3
22. 1999 Gallia, L.: Truth or Consequences: Are Cosmetic Surgery Ads Too Slick? Cosmetic Surgery Times 3:3

PRESENTATIONS

1. 1974 "The Use of Soft Cervical Collar for the Prevention of Relapse after Sagittal Osteotomy of the Mandible." American Society of Oral Surgeons, Annual Meeting, Las Vegas, Nevada, October.
2. 1975 "Juvenile Rheumatoid Arthritis of the TMJ." American Society of Oral Surgeons, Annual Meeting, Washington, D.C., October.
3. 1976 "Alterations in Nasal Airway Resistance and Velopharyngeal Competence after Maxillary Osteotomy." American Association of Oral Surgeons, Annual Meeting, New York, October.
4. 1978 "The Use of Nitrous Oxide and Local Anesthetics." Washington State Dental Association, Annual Meeting, Seattle, Washington, April.
5. 1979 "Complications of Tracheostomy." American College of Surgeons, Western Pennsylvania Chapter, Residents Day, Pittsburgh

6. 1980 "Advancement Genioplasty." Pittsburgh Otological Association, Pittsburgh, Pennsylvania, March.
7. 1980 "Two Methods for Monitoring Vestibular Ototoxicity: Test resolution and cost effectiveness." Pennsylvania Academy of Otolaryngology and Ophthalmology, Annual Meeting, Bedford, Pennsylvania, May.
8. 1980 "Management of Buccal Space Masses." American Academy of Otolaryngology, Anaheim, California, September.
9. 1980 Cervical Necrotizing Fasciitis." American Academy of Otolaryngology, Anaheim, California, September.
10. 1980 "Advances in Craniofacial Surgery." Pennsylvania Academy of Speech and Hearing, Pittsburgh, Pennsylvania, May.
11. 1980 "Revision of the Depressed Tracheostomy scar." American Academy of Facial Plastic and Reconstructive Surgery, Vancouver, British Columbia, May.
12. 1980 "Genioplasty - Diagnostic Considerations." American Academy of Facial Plastic and Reconstructive Surgery, British Columbia, May
13. 1981 "Incidence of Inflammation Versus Neoplasm in Surgically Treated Salivary Masses." Triological Society, Western Section Pebble Beach, California, January.
14. 1981 Intractable Sneezing" Pennsylvania Academy of Otolaryngology and Ophthalmology, Bedford Springs, Pennsylvania, May.
15. 1981 "Complications of Tracheostomy Associated with Head and Neck Surgery." American Academy of Otolaryngology and Head and Neck Surgery, New Orleans, Louisiana, September, Poster
16. 1981 "Pigmented Villonodular Synovitis of the Temporomandibular Joint - Case Report." American Academy of Otolaryngology and Head and Neck Surgery, New Orleans, September, Poster.
17. 1982 "Sternutation." Alumni Association of Eye and Ear Hospital Scientific Program, Pittsburgh, Pennsylvania, April.
18. 1981 "Evaluation and Management of the Buccal Space Mass." Pennsylvania Academy of Otolaryngology and Ophthalmology Meeting, Hershey, Pennsylvania, May.
19. 1982 "Non-Otogenic Otagia." Course: The Family Practitioner and Otolaryngologist, Pittsburgh, Pennsylvania, May.
20. 1982 "Common ENT problems" General Medicine Grand Rounds, UCDCM, November.
21. 1982 "Bone Grafts in Maxillofacial Surgery." Sacramento Society of Otolaryngology and Head and Neck Surgery, 10th Anniversary Meeting, Sutter Memorial Hospital, Sacramento, December.

22. 1983 "Surgical Correction of Traumatic Deformities." Western Section American Association of Facial Plastic and Reconstructive Surgery Pebble Beach, California, January.
23. 1983 "Techniques of Chin Augmentation and Reduction." Symposium on Facial Surgery, South Lake Tahoe, California, February.
24. 1983 "Orthognathic Surgery: I. Preoperative Evaluation." Symposium on Facial Surgery, South Lake Tahoe, California, February.
25. 1983 "Orthognathic Surgery: II. Maxillary Operations." Symposium on Facial Surgery, South Lake Tahoe, California, March.
26. 1983 "Orthognathic surgery: III. Mandibular operations. Symposium on Facial Surgery, South Lake Tahoe, California, March.
27. 1983 "Evaluation of the Neck Mass." Visiting lecturer through UCD CME Program, Feather River Hospital, Paradise, California, April.
28. 1983 "Basic Principles of Orthognathic Surgery." Sacramento Society of Otolaryngology and Head and Neck Surgery, Sacramento, California, April.
29. 1983 "Common Oral Pathology Encountered in the Outpatient Setting." Family Practice Grand Rounds, UCDCMC, Sacramento, California, May
30. 1983 "Dental Aspects of Maxillofacial Trauma." Plastic Surgery Grand Rounds, UCDCMC, Sacramento, California, June.
31. 1983 "Temporomandibular Joint Surgery." Seminar on Current Problems in Head and Neck Surgery, Roseville Community Hospital, Roseville, California, June.
32. 1983 "Dental Aspects of Maxillofacial Trauma." Course: Maxillofacial Surgery, Otolaryngology Research Foundation, San Francisco, California, July.
33. 1983 "Orthognathic Surgery: I. Preoperative Evaluation." Course: Maxillofacial Surgery, Otolaryngology Research Foundation, San Francisco California, July.
34. 1983 "Orthognathic Surgery: III. Mandibular Operations." Course: Maxillofacial Surgery, Otolaryngology Research Foundation, , San Francisco California, July.
35. 1983 "Mandibular Fractures: II." Course: Maxillofacial Surgery, Otolaryngology Research Foundation, San Francisco, California, July.
36. 1983 "Anesthetic Considerations in Maxillofacial Surgery." UCDCMC Anesthesiology Grand Rounds, Sacramento, Calif. September.
37. 1983 "Orthognathic Surgery." UCDCMC Plastic Surgery Grand Rounds, Sacramento, California, October.

38. 1984 "Techniques of Chin Augmentation." Symposium on Facial Surgery, South Lake Tahoe, California, March.
39. 1984 "Orthognathic Surgery: I Preoperative Evaluation." Symposium on Facial Surgery, South Lake Tahoe, California, March.
40. 1984 "Orthognathic Surgery. II Mandibular Operations." Symposium on Facial Surgery, South Lake Tahoe, California, March.
41. 1984 Bone Grafting in Maxillofacial Surgery." Symposium on Facial Surgery, South Lake Tahoe,, California, April
42. 1984 "Surgical Correction of the Prognathic Mandible." Course: Maxillofacial Surgery, Otolaryngology Research Foundation. San Francisco, California, June.
43. 1984 "Transoral Reduction of Mandibular Fractures." Course: Maxillofacial Surgery, Otolaryngology Research Foundation. San Francisco, California, June.
44. 1984 "Bone Grafting in Maxillofacial Surgery." Course: Maxillofacial Surgery, Otolaryngology Research Foundation. San Francisco, California, June.
45. 1984 "Palatopharyngoplasty for Snoring and Sleep Apnea." Woodland Clinic Quarterly staff meeting, Woodland, California, May
46. 1984 "Bone Grafting in Maxillofacial Surgery." UCDMC Plastic Surgery Grand Rounds, Sacramento, California, June.
47. 1984 "Genioplasty." UCDMC Plastic Surgery Grand Rounds, Sacramento, California, July
48. 1984 "Bone Grafting in Maxillofacial Surgery." UCDMC Otolaryngology Grand Rounds. Sacramento, California, September.
49. 1985 "Temporomandibular Joint Surgery - An Overview." UCDMC Grand Rounds, March.
50. 1985 "Temporomandibular Joint Disorders" Sacramento Association of Women Dentists, Sacramento, California, June
52. 1985 "Temporomandibular Joint Disorders and Orthodontic Considerations" Sacramento Orthodontic Study Group, Sacramento, California, August.
53. 1986 "Temporomandibular Joint Disorders" Department of Family Practice, Kaiser-Permanente Medical Center, Sacramento, California, July.
54. 1986 "Temporomandibular Joint Disorders" Nursing Department. Continuing Education. Sutter Memorial Hospital, Sacramento. California. August.
55. 1986 "Temporomandibular Joint Disorders" American Association for Medical Transcription, Sacramento Chapter, Red Lion Inn, Sacramento, California, November.

56. 1986 "TMJ Anatomy and Physiology" TMJ Support Group, Mercy General Hospital, Sacramento, California, October.
57. 1988" TMJ Arthroscopic Surgery" UCDCMC ENT Grand Rounds, UCDCMC, Sacramento, California, January.
58. 1988 "TMJ Disorders: An Overview" Medical Staff Meeting, Sutter Memorial Hospital, Sacramento, California, January.
59. 1988 "Arthroscopic Surgery of the Temporomandibular Joint" Washington State Society of Oral and Maxillofacial Surgeons. Seattle, Washington. January.
60. 1988 "Surgery of the Temporomandibular Joint" UCDCMC ENT residents lecture series, UCDCMC, Sacramento, California, April.
61. 1988 "Cosmetic Chin Surgery", Course: Adjunctive Procedures in Facial Plastic Surgery, Sacramento Society of Otolaryngology /Head and Neck Surgery, Sacramento, California, May.
62. 1988 "Arthroscopic Surgery of the TMJ" TMJ Study Group of Davis, Davis, California, June.
62. 1988 "Cosmetic Chin Surgery", Symposium on Facial Plastic Surgery, Hotel Nikko, San Francisco, California, June.
63. 1988 "Smile Surgery", Symposium on Facial Plastic Surgery, Hotel Nikko, San Francisco, California, June.
64. 1989 "Arthroscopic Surgery of the Temporomandibular Joint" Western Triological Meeting, Ritz-Carlton Hotel, Laguna Niguel, California, January
65. 1989 "Applied Anatomy and Physiology of TMJ" Otolaryngology Update, Hilton Hawaiian Village, Waikiki, Honolulu, February
66. 1989 "Diagnosis of TMJ Disorders" Otolaryngology Update, Hilton Hawaiian Village, Waikiki, Honolulu, February
67. 1989 "Conservative Management of TMJ Disorders" Otolaryngology Update, Hilton Hawaiian Village. Waikiki, Honolulu, February
68. 1989 "TMJ Arthroscopic Surgery" Otolaryngology Update, Hilton Hawaiian Village, Waikiki, Honolulu, February
69. 1989 "TMJ Surgery , I: Arthroplasty" Otolaryngology Update. Hilton Hawaiian Village, Waikiki, Honolulu, February
70. 1989 "TMJ Surgery , II: Total Joint Replacement" Otolaryngology Update, Hilton Hawaiian Village, Waikiki, Honolulu, February
71. 1989 "TMJ Arthroscopic Surgery" UCDCMC ENT Grand Rounds, UCDCMC, Sacramento, California, March.

72. 1989 "TMJ Arthroplasty" UCDMC ENT Grand Rounds, UCDMC, Sacramento, California, March.
73. 1989 "TMJ Disorders - A Overview" Capitol City Trial Lawyers Association. Bull Market Restaurant. Sacramento, California, March.
74. 1989 "TMJ Total Joint Reconstruction" UCDMC ENT Grand Rounds, UCDMC, Sacramento, California, April.
75. 1989 "Facial Pain - Assorted Topics" UCDMC ENT Grand Rounds, UCDMC, Sacramento, California, June.
76. 1990 "TMJ Disorders - An Overview" Northwest Society of Otolaryngology - Head/Neck Surgery, Seattle, WA October
77. 1990 "TMJ - The Overlooked Injury" California Trial Lawyers Association, La Jolla, California November
78. 1992 "TMJ - Public Forum" Mercy General Hospital, Sacramento, California, March
79. 1992" "TMJ - Public Forum" Mercy General Hospital, Sacramento, California, June
80. 1992 "TMJ Disorders - State of the Art" Otolaryngology-Head and Neck Surgery Grand Rounds. UCDMC, Sacramento, California. August
81. 1992 "TMJ Surgery" Sacramento Craniofacial Society, Mace Restaurant, Sacramento, California, October
82. 1992 "TMJ - Public Forum" Mercy General Hospital, Sacramento, California, November
83. 1993 "TMJ - Public Forum" Mercy General Hospital, Sacramento, California February
84. 1993 "TMJ - Public Forum" Mercy General Hospital, Sacramento, California, June
85. 1993 "TMJ - Public Forum" Mercy General Hospital, Sacramento, California, October
86. 1993 "TMJ - Public Forum" Mercy General Hospital, Sacramento, California, February
87. 1994 "Cervical Whiplash Injuries and TMJ Disorders", Sacramento Facial Pain Study Group Mercy General Hospital, Sacramento, March
88. 1994 "TMJ Disorders - An Overview" American Academy of Otolaryngology / Head and Neck Surgery, San Diego, California, September
89. 1994 "Otalgia: Primary and Secondary Causes", St. Jansziekenhuis, Genk, Belgium, September 30, 1994

90. 1994 "Arthroscopy vs Arthrotomy of the TMJ", St. Jansziekenhuis , Genk, Belgium, October 1, 1994
91. 1994 "TMJ - Public Forum" Mercy General Hospital, Sacramento, California, November
92. 1994 "TMJ - Public Forum" Swedish Medical Center., Seattle, Washington, December
93. 1994 Surgical Hair Restoration - Scalp Reduction, Otolaryngology-Head and Neck Surgery Grand Rounds. UCDCMC, Sacramento, California. December
94. 1995 "TMJ Disorders - An Overview" American Academy of Otolaryngology / Head and Neck Surgery ,New Orleans, California, September
95. 1996 "Fine Points of Tumescant Abdominal Liposuction," World Congress on Liposuction Surgery, Grand Hyatt San Francisco, May 3..
96. 1996 "Circumferential Liposuction of the Abdomen, Waist, Back and Hips," World Congress on Liposuction Surgery, Grand Hyatt San Francisco, May 4.
97. 1997 "A New Ear Lobe Reduction Technique" "Contemporary Advances and Complication in Cosmetic Surgery", Ritz-Carlton Aspen, Colorado, April 4.
98. 1997 "Fine Points of Circumferential Tumescant Liposuction" "Contemporary Advances and Complication in Cosmetic Surgery", Ritz-Carlton Aspen, Colorado, April 4.
99. 1997 "Skin Necrosis after Tumescant Liposuction" "Contemporary Advances and Complication in Cosmetic Surgery", Ritz-Carlton Aspen, Colorado, April 4.
100. 1998 "Is Skin Contraction Predictable in Abdominal Liposuction" American Academy of Cosmetic Surgery, 14th Annual Meeting, Fairmont Hotel, New Orleans, Louisiana, Jan. 29
101. 1998 "Supernatant and Infranatant Lidocaine Levels in Tumescant Liposuction" American Academy of Cosmetic Surgery, 14th Annual Meeting, Fairmont Hotel, New Orleans, Louisiana, Jan. 29
102. 1999 "Cosmetic Breast Surgery – First Year Lessons" American Society of Cosmetic Surgery, Annual Meeting, Hyatt Newporter, Newport Beach, California, May
103. 1999 "California Legislative Update” American Society of Cosmetic Surgery, Annual Meeting, Hyatt Newporter, Newport Beach, California, May 99
104. 2003 “TMD for the Primary Practitioner” Yolo County Dental Study Club. Sutter Davis Hospital, Davis CA. May 2003
105. 2003 “TMD – State of the Art” Mid-Columbia Dental Society. Quarterly Meeting Hood River Inn, Hood River, OR September 2003

106. 2007 “TMD – Current Concepts” San Mateo Dental Society Crown Plaza Hotel, Foster City, CA May
107. 2008 “TMJ and TMD – State of the Art” Sacramento District Dental Society - 28th Annual Mid-Winter Convention - February 22
108. 2008 “Botox and Beyond – Minimally Invasive Facial Cosmetic Surgery. Sacramento District Dental Society - 28th Annual Mid-Winter Convention - February 22
109. 2009 “TMJ – Current Concepts” Northern California Dental Society. Red Bluff Community Center, Red Bluff, CA October
110. 2016 TMJ-Orofacial Pain Study Group 2016 – Introduction Brabant Dental Lab - January 19
111. 2016 TMJ-Orofacial Pain Study Group 2016 – Basic Science Brabant Dental Lab – February 16
112. 2016 TMD-Orofacial Pain Study Group 2016 – Patient Assessment Brabant Dental Lab – March 15
113. 2016 TMD-Orofacial Pain Study Group 2016 – Splint Therapy Brabant Dental Lab – April 19
114. 2016 TMD-Orofacial Pain Study Group 2016 – Adjunctive Modalities Brabant Dental Lab – May 17
115. 2016 TMD-Orofacial Pain Study Group 2016 – Imaging Studies Brabant Dental Lab – June 21
116. 2016 TMD-Orofacial Pain Study Group 2016 – Bruxism Brabant Dental Lab – July 19
117. 2016 TMD-Orofacial Pain Study Group 2016 – Medications; Diagnostic Injections; Trigger Point Injections; Intra-articular Steroids Brabant Dental Lab – August 16
118. 2016 TMD-Orofacial Pain Study Group 2016 – Medicolegal Implications for Dentists Brabant Dental Lab – September 20
119. 2016 TMD-Orofacial Pain Study Group 2016 – Economics of TMD; Insurance Coverage; Personal Injury Cases; Worker’s Comp and TMD Brabant Dental Lab – October 18
120. 2016 Other Oro-Facial Pain Disorders; 2016 - TMJ Controversies Brabant Dental Lab- November 15
121. 2016 TMD Course Summation. 2016 - Graduation and Diploma Ceremony Brabant Dental Lab – December 20

122. 2017 TMJ-Orofacial Pain Study Group 2017 – Introduction
Brabant Dental Lab - January 17
123. 2017 TMJ-Orofacial Pain Study Group 2017 – Basic Science
Brabant Dental Lab – February 21



MEMORANDUM

DATE	April 30, 2018
TO	Members of the Dental Board of California
FROM	Zachary Raske, Budget Analyst Dental Board of California
SUBJECT	Agenda Item 6: Budget Report

Background:

The Board manages two separate funds: 1) the State Dentistry Fund, and 2) the State Dental Assisting Fund. The funds are not comingled. The following is intended to provide a summary of expenses through February 28, 2018 of Fiscal Year (FY) 2017-18 for both funds.

A. State Dentistry Fund

Summary of Expenditures through February 28, 2018

The expenditures in this report are based upon the budget report released by the Department of Consumer Affairs (DCA) in April 2018. This report reflects actual expenditures through February 28, 2018. The Board spent roughly \$7.6 million or 55% of its total Dentistry Fund appropriation for FY 2017-18. Of that amount, approximately \$4.1 million of the expenditures were for Personnel Services and \$3.5 million were for Operating Expense & Equipment (OE&E) for this fiscal year.

For comparison purposes, last year at this time, the Board spent roughly \$7.6 million or 72% of its FY 2016-17 Dentistry Fund appropriations. Approximately 49% of the expenditures were Personnel Services and approximately 51% of the expenditures were OE&E.

Fund Title	Appropriation	Total Expenditures Through 2-28-18
Dentistry Fund	\$13,703,000	\$7,596,461

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

Analysis of Fund Condition

Attachment 1a displays an analysis of the State Dentistry Fund's condition.

B. State Dental Assisting Fund

Summary of Expenditures through February 28, 2018

The expenditures for the State Dental Assisting Fund are based upon the budget report released by the Department of Consumer Affairs (DCA) in April 2018. This report reflects actual expenditures through February 28, 2018. The Board spent roughly \$1.36 million or 53% of its total Dental Assisting Fund appropriation for FY 2017-18. Of that amount, approximately \$547,000 of the expenditures were for Personnel Services and \$813,000 were for OE&E for this fiscal year.

For comparison purposes, last year at this time, the Board spent roughly \$1.4 million or 66% of its FY 2016-17 Dental Assisting Fund appropriations. Approximately 32% of the expenditures were Personnel Services and approximately 68% of the expenditures were OE&E.

Fund Title	Appropriation	Total Expenditures Through 2-28-18
Dental Assisting Fund	\$2,542,000	\$1,360,547

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

Analysis of Fund Condition

Attachment 2a displays the State Dental Assisting Fund's condition.

Attachment 1

Extraction Report
3/19/2018

DENTAL BOARD - FUND 0741 BUDGET REPORT FY 2017-18 EXPENDITURE PROJECTION

Projected FM 8

OBJECT DESCRIPTION	FY 2016-17		FY 2017-18				
	ACTUAL	PRIOR YEAR	BUDGET	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES	EXPENDITURES	STONE	EXPENDITURES			
	(MONTH 13)	2/28/2017	2017-18	2/28/2018	SPENT	TO YEAR END	BALANCE
PERSONNEL SERVICES							
Salary & Wages (Staff)	3,508,370	2,227,138	4,602,000	2,804,049	61%	4,226,981	375,019
Statutory Exempt (EO)	114,087	75,779	96,000	79,680	83%	119,520	(23,520)
Temp Help (Expert Examiners)	0	0	40,000	0	0%	0	40,000
Temp Help Reg (907)	40,395	29,443	199,000	31,977	16%	42,397	156,603
Temp Help (Exam Proctors)	0	0	45,000	0	0%	0	45,000
BL 12-03 Blanket	51,028	36,110	0	33,095		52,514	(52,514)
Board Member Per Diem (901, 920)	17,300	10,100	46,000	8,800	19%	17,000	29,000
Committee Members (911)	2,500	2,100	59,000	1,700	3%	2,500	56,500
Overtime	14,859	12,466	25,000	6,176	25%	11,000	14,000
Staff Benefits	1,992,049	1,302,882	2,608,000	1,121,195	43%	1,690,152	917,848
TOTALS, PERSONNEL SVC	5,740,588	3,696,018	7,720,000	4,086,673	53%	6,162,064	1,557,936
OPERATING EXPENSE AND EQUIPMENT							
General Expense	120,685	228,483	60,000	85,139	142%	145,000	(85,000)
Fingerprint Reports	16,889	8,106	26,000	8,208	32%	16,500	9,500
Minor Equipment	26,418	24,703	0	10,868	-	21,000	(21,000)
Printing	84,508	60,337	43,000	66,106	154%	85,000	(42,000)
Communication	32,672	19,389	34,000	32,587	96%	40,000	(6,000)
Postage	39,697	23,810	60,000	25,585	43%	40,000	20,000
Insurance	11,115	11,050	2,000	17,283	864%	17,283	(15,283)
Travel In State	133,870	75,419	109,000	49,323	45%	144,000	(35,000)
Travel, Out-of-State	1,922	1,922	0	0	-	2,806	(2,806)
Training	4,216	4,330	8,000	4,135	52%	7,000	1,000
Facilities Operations	419,804	413,140	361,000	447,398	124%	452,123	(91,123)
C & P Services - Interdept.	12,835	12,250	189,000	22,090	12%	78,558	110,442
C & P Services - External	441,760	492,497	357,000	233,922	66%	471,000	(114,000)
DEPARTMENTAL SERVICES:							
Office of Information Services	1,161,403	796,664	1,105,000	736,667	67%	1,105,000	0
Administration Services	837,743	536,664	960,000	640,000	67%	960,000	0
Interagency Services	0	0	1,000	0	0%	0	1,000
Interagency Services w/ Office of Professional Examination Services	0	0	0	25,716	-	25,716	(25,716)
Division of Investigation - Internal	21,158	15,336	25,000	16,667	67%	25,000	0
Communications Division	142,533	96,000	61,000	40,667	67%	61,000	0
Program and Policy Review Division	4,577	4,664	67,000	44,667	67%	67,000	0
INTERAGENCY SERVICES:							
Consolidated Data Center	19,326	10,112	19,000	11,060	58%	19,000	0
DP Maintenance & Supply	12,211	5,208	11,000	4,155	38%	12,000	(1,000)
EXAMS EXPENSES:							
Exam Supplies	0	0	43,000	0	0%	0	43,000
Exam Site Rental	0	0	69,000	0	0%	0	69,000
C/P Svcs-External Expert Administration	1,000	0	7,000	0	0%	1,000	6,000
C/P Svcs-External Expert Examiners	0	0	238,000	0	0%	0	238,000
C/P Svcs-External Subject Matter	105,116	61,667	0	39,797	-	105,000	(105,000)
Other Items of Expense	12,154	6,446	0	33,700	-	51,000	(51,000)
ENFORCEMENT:							
Attorney General	1,090,876	543,006	1,778,000	548,102	31%	1,000,000	778,000
Office Admin. Hearings	284,403	207,365	407,000	131,615	32%	264,000	143,000
Court Reporters	14,968	10,239	0	5,346	-	13,100	(13,100)
Evidence/Witness Fees	304,211	160,061	244,000	204,532	84%	338,000	(94,000)
DOI - Investigative	0	0	0	0	-	0	0
Vehicle Operations	48,556	28,485	5,000	24,454	489%	50,000	(45,000)
Major Equipment	23,531	0	73,000	0	0%	65,000	8,000
TOTALS, OE&E	5,430,157	3,857,353	6,362,000	3,509,788	55%	5,682,086	679,914
TOTAL EXPENSE	11,170,745	7,553,371	14,082,000	7,596,461	54%	11,844,150	2,237,850
Sched. Reimb. - Fingerprints	(16,366)	(7,840)	(53,000)	(10,405)	20%	(53,000)	0
Sched. Reimb. - Other	(7,756)	(4,936)	(326,000)	(402,760)	124%	(326,000)	0
Probation Monitoring Fee - Variable	(102,020)	(60,291)	0	0	-	0	0
Unsched. - DOI ICR Civil Case Only	(1,450)	0	0	0	-	0	0
Unsched. - Investigative Cost Recovery	(497,832)	(250,418)	0	0	-	0	0
NET APPROPRIATION	10,545,321	7,229,886	13,703,000	7,183,296	52%	11,465,150	2,237,850
SURPLUS/(DEFICIT):							16.3%

Attachment 1a

0741 - State Dentistry Fund Analysis of Fund Condition

Prepared 1.10.18

(Dollars in Thousands)

2018-19 Governor's Budget

	ACTUALS 2016-17	CY 2017-18	Governor's Proposed Budget BY 2018-19
BEGINNING BALANCE	\$ 6,327	\$ 6,389	\$ 5,106
Prior Year Adjustment	\$ 164	\$ -	\$ -
Adjusted Beginning Balance	\$ 6,491	\$ 6,389	\$ 5,106
REVENUES AND TRANSFERS			
Revenues:			
4121200 Delinquent fees	\$ 89	\$ 124	\$ 162
4127400 Renewal fees	\$ 9,697	\$ 11,076	\$ 12,555
4129200 Other regulatory fees	\$ 54	\$ 64	\$ 98
4129400 Other regulatory licenses and permits	\$ 1,134	\$ 1,934	\$ 2,083
4143500 Miscellaneous services to the public	\$ 64	\$ -	\$ -
4163000 Income from surplus money investments	\$ 54	\$ 17	\$ 19
4171400 Escheat of unclaimed checks and warrants	\$ 7	\$ 4	\$ 4
4171500 Escheat of unclaimed property	\$ 5	\$ -	\$ -
4172500 Miscellaneous revenues	\$ 3	\$ 5	\$ 5
Total Revenues	\$ 11,107	\$ 13,224	\$ 14,926
Total Revenues, Transfers, and Other Adjustments	\$ 11,107	\$ 13,224	\$ 14,926
Total Resources	\$ 17,598	\$ 19,613	\$ 20,032
EXPENDITURES			
Disbursements:			
1111 Department of Consumer Affairs Program Expenditures (State Operations)	\$ 10,545	\$ 13,703	\$ 13,780
8880 Financial Information System of California (State Operations)	\$ 17	\$ 17	\$ 1
9892 Supplemental Pension Payments (State Operations)	\$ -	\$ -	\$ 161
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 647	\$ 787	\$ 814
Total Expenditures and Expenditure Adjustments	\$ 11,209	\$ 14,507	\$ 14,756
FUND BALANCE			
Reserve for economic uncertainties	\$ 6,389	\$ 5,106	\$ 5,276
Months in Reserve	5.3	4.2	4.3

Attachment 2

Extraction Report
3/19/2018

DENTAL ASSISTING PROGRAM - FUND 3142 BUDGET REPORT FY 2017-18 EXPENDITURE PROJECTION

Projected FM 8

OBJECT DESCRIPTION	FY 2016-17		FY 2017-18				
	ACTUAL	PRIOR YEAR	BUDGET	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES	EXPENDITURES	STONE	EXPENDITURES			
	(MONTH 13)	2/28/2017	2017-18	2/28/2018	SPENT	TO YEAR END	BALANCE
PERSONNEL SERVICES							
Salary & Wages (Staff)	404,432	237,885	516,000	330,206	64%	508,712	7,288
Temp Help Reg (907)	33,448	18,864	0	35,077	-	60,153	(60,153)
Board Member Per Diem (901, 920)	2,600	1,500	0	600	-	2,500	(2,500)
Overtime	12,255	4,733	0	6,938	-	12,000	(12,000)
Staff Benefits	292,318	182,666	328,000	174,357	53%	268,613	59,387
TOTALS, PERSONNEL SVC	745,053	445,648	844,000	547,178	65%	851,978	(7,978)
OPERATING EXPENSE AND EQUIPMENT							
General Expense	8,988	6,706	36,000	9,100	25%	12,000	24,000
Fingerprint Reports	27	0	8,000	0	0%	0	8,000
Minor Equipment	0	0	0	0	-	0	0
Printing	3,893	700	20,000	0	0%	4,000	16,000
Communication	0	0	13,000	0	0%	0	13,000
Postage	0	0	37,000	0	0%	0	37,000
Insurance	11	0	0	0	-	0	0
Travel In State	36,037	22,267	49,000	11,216	23%	36,000	13,000
Training	36	0	4,000	0	0%	0	4,000
Facilities Operations	45,737	45,059	64,000	32,487	51%	46,000	18,000
Utilities	0	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	25,000	27,000	30,000	11,094	37%	27,000	3,000
DEPARTMENTAL SERVICES:							
Office of Information Services	655,397	449,336	580,000	386,667	67%	580,000	0
Administration Services	137,466	88,000	158,000	105,333	67%	158,000	0
Interagency Services	0	0	73,000	0	0%	0	73,000
Interagency Services w/ Office of Professional Examination Services	39,728	31,620	0	41,840	-	41,840	(41,840)
Division of Investigation - Internal	3,680	2,664	4,000	2,667	67%	4,000	0
Communications Division	16,372	11,336	9,000	6,000	67%	9,000	0
Program and Policy Review Division	654	664	8,000	5,333	67%	8,000	0
INTERAGENCY SERVICES:							
Consolidated Data Center	0	0	3,000	0	0%	0	3,000
DP Maintenance & Supply	0	0	1,000	0	0%	0	1,000
EXAMS EXPENSES:							
Exam Supplies	13,832	13,832	4,000	10,892	272%	14,000	(10,000)
Exam Site Rental - State Owned	56,756	30,076	0	33,881	-	57,000	(57,000)
Exam Site Rental - Non State Owned	30,000	30,000	70,000	25,005	36%	30,000	40,000
C/P Svcs-External Expert Administration	200	41	31,000	0	0%	500	30,500
C/P Svcs-External Expert Examiners	0	0	47,000	0	0%	0	47,000
C/P Svcs-External Subject Matter	136,891	109,006	0	41,654	-	137,000	(137,000)
Other Items of Expense	5,610	0	0	20	-	6,000	(6,000)
ENFORCEMENT:							
Attorney General	137,406	72,400	173,000	89,530	52%	134,295	38,705
Office Admin. Hearings	0	0	3,000	0	0%	0	3,000
Court Reporters	83	83	0	0	-	0	0
Evidence/Witness Fees	0	0	0	651	-	1,000	(1,000)
Vehicle Operations	0	0	0	0	-	0	0
Major Equipment	0	0	0	0	-	0	0
TOTALS, OE&E	1,353,804	940,790	1,714,000	813,369	47%	1,305,635	408,365
TOTAL EXPENSE	2,098,857	1,386,438	2,558,000	1,360,547	53%	2,157,613	400,387
Sched. Reimb. - Fingerprints	(1,323)	(605)	(13,000)	(695)	5%	(1,100)	0
Sched. Reimb. - Other	(705)	(235)	(3,000)	(470)	16%	(900)	0
NET APPROPRIATION	2,096,829	1,385,598	2,542,000	1,359,382	53%	2,155,613	400,387
SURPLUS/(DEFICIT):							15.8%

Attachment 2a

3142 - State Dental Assistant Fund Analysis of Fund Condition

Prepared 1.10.2018

(Dollars in Thousands)

2018-19 Governor's Budget

	ACTUAL 2016-17	CY 2017-18	Governor's Proposed Budget BY 2018-19
BEGINNING BALANCE	\$ 2,634	\$ 2,120	\$ 1,413
Prior Year Adjustment	\$ 22	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,656	\$ 2,120	\$ 1,413
REVENUES AND TRANSFERS			
Revenues:			
4121200 Delinquent fees	\$ 69	\$ 79	\$ 94
4127400 Renewal fees	\$ 1,245	\$ 1,540	\$ 1,868
4129200 Other regulatory fees	\$ 11	\$ 27	\$ 30
4129400 Other regulatory licenses and permits	\$ 312	\$ 371	\$ 497
4140000 Sales of documents	\$ 3	\$ -	\$ -
4143500 Miscellaneous services to the public	\$ 1	\$ 1	\$ 1
4163000 Income from surplus money investments	\$ 19	\$ 4	\$ 4
4172500 Miscellaneous revenues	\$ 1	\$ 1	\$ 1
Total Revenues	\$ 1,661	\$ 2,023	\$ 2,495
Total Revenues, Transfers, and Other Adjustments	\$ 1,661	\$ 2,023	\$ 2,495
Total Resources	\$ 4,317	\$ 4,143	\$ 3,908
EXPENDITURES			
Disbursements:			
1111 Department of Consumer Affairs Program Expenditures (State Operations)	\$ 2,097	\$ 2,542	\$ 2,498
8880 Financial Information System for California (State Operations)	\$ 3	\$ 4	\$ -
9892 Supplemental Pension Payments (State Operations)	\$ -	\$ -	\$ 17
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 97	\$ 184	\$ 202
Total Expenditures and Expenditure Adjustments	\$ 2,197	\$ 2,730	\$ 2,717
FUND BALANCE			
Reserve for economic uncertainties	\$ 2,120	\$ 1,413	\$ 1,191
Months in Reserve	9.3	6.2	5.2



MEMORANDUM

DATE	April 17, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	Agenda Item 7: Discussion and Possible Action Regarding Appointments to the Dental Assisting Council

Background:

The Dental Assisting Council (Council) considers all matters relating to dental assistants in California and makes appropriate recommendations to the Dental Board of California (Board) and the standing Committees of the Board. The Council meets quarterly in conjunction with the Board meetings and at other times as deemed necessary. The Council is composed of the Registered Dental Assistant (RDA) member of the Board, another member of the Board, two members who are employed as faculty members of a RDA educational program approved by the Board, and three members, one of which shall be a registered dental assistant in extended functions (RDAEF), who shall be employed clinically in private dental practice or public safety net or dental health care clinics. Council members are appointed by the Board and serve at the Board's pleasure. The Council has the following vacancies: two (2) members who are employed as faculty members of a RDA educational program approved by the Board; and one (1) member employed clinically in private dental practice or public safety net or dental health care clinics.

A recruitment notice was posted on the Board's website and applications were accepted from qualified candidates. The application deadline was Friday, March 2, 2018. At the February 8-9, 2018, Board meeting Dr. Stewart, President, appointed Dr. Bruce Whitcher and Ms. Fran Burton to a subcommittee to review the applications and conduct interviews and bring recommendations to fill these vacancies to the Board at the May meeting.

The candidates to be considered for appointment to the Council by the Board are as follows:

Faculty:

Anne Contreras, RDA
Cindy Friel Ovard, RDA

Clinical:

Pamela Peacock, RDA

TERM OF OFFICE:

The term of office for each appointment will be four years.

The Board should consider the following qualifications in accordance with Business and Professions Code Section 1742 when considering the Subcommittee's recommendations for three appointments to the Council.

SECTION 1742 QUALIFICATION REQUIREMENTS FOR THIS VACANCY:

Applicants must meet the following minimum requirements to be eligible for appointment:

Two candidates shall be a RDA or RDAEF and shall be employed as a faculty member of a RDA educational program approved by the Board, and shall have been so employed for at least the prior five years.

One candidate shall be employed clinically in private dental practice or public safety net or dental health care clinic.

The candidates shall have possessed a current and active RDA or RDAEF license for at least the prior five years, and shall not be employed by a current member of the Board.

No Council appointee shall have served previously on the dental assisting forum or have any financial interest in any RDA school. Each member shall comply with conflict of interest requirements that apply to Board members. Such requirements include prohibitions against members making, participating in making or in any way attempting to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any Council member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. (Gov. Code, § 87100.)

Action Requested:

After review and discussion, the subcommittee requests a motion to accept their recommendations to appoint three members to the Dental Assisting Council.



APPLICATION FOR APPOINTMENT TO THE DENTAL ASSISTING COUNCIL

PLEASE PRINT

NAME Anne Contreras

ADDRESS*

PHONE NOS

EMAIL ADD

California Li

** By law, all final candidate applications must be made available to the public in the published board materials. Applicants may provide alternate addresses or addresses of record in lieu of residential addresses. Phone numbers will be redacted prior to publication in Board meeting materials to protect an applicant's privacy.*

PLEASE READ THIS APPLICATION IN ITS ENTIRETY.

COUNCIL COMPOSITION: The Dental Assisting Council is a seven member council created pursuant to Section 1742 of the Business and Professions Code. The members of the Council are appointed by the Board and shall include the registered dental assistant member of the Board, another member of the Board, and five registered dental assistants.

RESPONSIBILITIES: The Council is to consider all matters relating to dental assistants in California and will make appropriate recommendations to the Board and the standing committees of the Board including, but not limited to, the following areas:

- Requirements for dental assistant examination, licensure, permitting, and renewal.
- Standards and criteria for approval of dental assisting educational programs, courses, and continuing education.
- Allowable dental assistant duties, settings, and supervision levels.
- Appropriate standards of conduct and enforcement for dental assistants.
- Requirements regarding infection control.

QUALIFICATIONS: The Board will consider applications to appoint three (3) members to the Council. Applicants must meet the following minimum requirements to be eligible for appointment.

Two (2) of those members shall be employed as faculty members of a registered dental assisting educational program approved by the Board, and shall have been so employed for at least the prior five years. One (1) of those members, which may include registered dental assistant in extended functions, shall be employed clinically in private dental practice or public safety net or dental health care clinics.

All five members shall have possessed a current and active registered dental assistant or registered dental assistant in extended functions license for at least the prior five years, and shall not be employed by a current member of the Board.

No council appointee shall have served previously on the dental assisting forum or have any financial interest in any registered dental assistant school. Each member shall comply with conflict of interest requirements that apply to Dental Board members. Such requirements include prohibitions against members making, participating in making or in any way attempting to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any council member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. (Gov. Code, § 87100.)

All final candidate qualifications and applications for Board-appointed council members shall be made available in the published Board materials with final candidate selection conducted during the normal business of the Board during public meetings.

TERM OF OFFICE: Each member shall serve for a term of four years.

TRAVEL: The Council will meet approximately four times per year in conjunction with other board committees, and at other times as deemed necessary. Expenses incurred in the performance of official duties are reimbursed by the Dental Board of California in accordance with the Travel Guide published by the Office of Administrative Services, Accounts Payable Unit of the Department of Consumer Affairs. Council members receive \$100 for each day actually spent in the discharge of official duties, as determined by the Board (Business and Professions Code section 103).

OTHER TIME COMMITMENTS: Council members shall be required to prepare and submit a financial disclosure statement that is filed with the Fair Political Practices Committee entitled "Form 700, Statement of Economic Interests."

In order to assist the Board in determining eligibility for appointment to the Council, please answer the following questions:

1. Have you received a recommendation from any incorporated, nonprofit professional society, association, or entity whose membership is comprised of registered dental assistants within the state? If so please, please indicate which organization in the space below and provide a copy of such recommendation with this application.

no

Everest College
511 N. Brookhurst St.
Anaheim, Ca. 92801

2. Have you been a faculty member of a registered dental assisting educational program approved by the Board for the past 5 years? If so, please provide the name and address of the program and dates of employment in the space below. Yes

2007-2012

Concorde Career College
12951 Euclid St.
Garden Grove, Ca. 92840
2012-2014

Cypress College
9200 Valley View
Cypress, Ca. 90630
2014-2015

Pasadena City College
1570 E. Colorado
Pasadena, Ca. 91106
2015-Present

Cerritos College
11110 Alondra Blvd
Norwalk, Ca. 90650
2016-Present

3. Are you currently employed in a clinical position in a private practice, public safety net clinic, or dental health care clinic? If so, please provide the name and address of the facility by which you are employed in the space below. Yes

Dr. Jason T. Bock, DDS, MS.
255 W. Central Ave.
Brea, Ca. 92821

4. Have you maintained a current and active RDA or RDAEF license for the past 5 years?

Yes

No

5. Are you employed by a current member of the Dental Board?

Yes

No

6. Have you served on the Dental Assisting Forum?

Yes

No

7. Do you have a financial interest in any registered dental assisting school?

Yes

No

If yes, please indicate the name of the school in the space below and describe the nature of the financial interest (attach additional sheets if necessary).

8. Are you willing to comply with conflict of interest requirements that apply to board members? Yes No

In a cover letter, please write a brief statement indicating why you wish to serve as a member of the Council.

Employment references, not to exceed three (3), will be accepted but are not required.

An interview may be conducted as part of the application process.

Notice on Collection of Personal Information

Collection and Use of Personal Information. The Dental Board of California collects the information requested on this form as authorized by Business and Professions Code Section 1742. The Board uses this information to evaluate applicants for appointment to the Dental Assisting Council of the Dental Board of California.

Providing Personal Information Is Voluntary. You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your address, home telephone number, or employment experience, you may do so. In that case, however, the Board may not be able to communicate with you regarding your qualifications for appointment or to consider your eligibility for appointment to the Council.

Access to Your Information. You may review the records maintained by the Board that contain your personal information, as permitted by the Information Practices Act (Civ.Code, §§1798 et seq.). See below for contact information.

Possible Disclosure of Personal Information.

We make every effort to protect the personal information you provide us. In order to evaluate and verify your application information, however, we may need to share the information you give us with businesses or organizations you have referenced in your application.

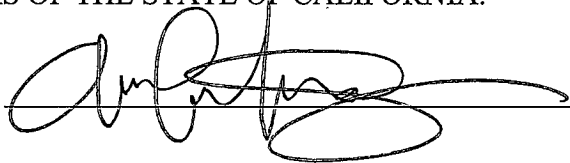
The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant; or,
- In Board meeting materials, if selected as a final candidate for appointment (Bus.&Prof.Code, § 1742(c)).

Contact Information. For questions about this application, the Department's privacy policy, or access to your records, you may contact the Board's Executive Officer at the address and telephone number listed below.

I HAVE READ THIS APPLICATION AND HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT IF I AM SELECTED FOR APPOINTMENT I MUST EXECUTE AN OATH OF OFFICE AND WILL BE REQUIRED TO ABIDE BY THE LAWS AND RULES APPLICABLE TO OFFICERS OF THE STATE OF CALIFORNIA.

Signature



Date

01/23/18

SUBMIT COVER LETTER, COMPLETED APPLICATION, RESUME, AND REFERENCES
BY FEBRUARY 16, 2018 TO:

Karen M. Fischer, MPA, Executive Officer
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815
(916) 263-2300

Anne Contreras, C.D.A., C.O.A., R.D.A., O.A., M.Ed.

Objective

To serve on the Dental Board of California, as faculty member of the Dental Assisting Council (DAC).

Occupational Profile

- Certified Dental & Orthodontic Assistant
- Registered Dental Assistant
- Orthodontic Assistant Permit holder
- CPR certified Instructor- AHA BLS
- CDA Cares/Care Harbor Volunteer
- Member of ADAA, ADEA, CDAA, CADAT

Educational Experience

- Ten years professional teaching experience (2007-Present) RDA board approved programs, concurrently with 17 years of clinical dental assisting
- Conducting lecture and laboratory courses
- Supervising and evaluating of clinical dental procedures
- Maintaining education and skills for course competency
- Teaching Methodology: Tier I & Tier II completion. 30 Hours of Educational Methodology
- Teaching Credential- CTE Designated Subjects Clear Career Technical and Adult Education
- DBC Subject Matter Expert- Writing and evaluating questions for the written exam (2009-2011)
- Dental Board of California- Board Member Chair /Vice Chair (2011-Present)

Employment History

Dental Assisting Inst.	Cerritos College Cerritos, CA	2016-Present
RDA/OA- Summer/On-call	Dr. Jason T. Bock, DDS, MS. Brea, CA	2016-Present
Dental Assisting Inst.	Pasadena City College Pasadena, CA	2015-Present

Dental Assisting Inst.	Cypress College Cypress, CA	2014-2015
DA Instructor- HS & Adult students	Southeast ROP Norwalk, CA	2012-2015
RDA/ OA- Back Office Manager	Dr. Raymond M. Sugiyama, DDS, MS. Los Alamitos, CA	2001-2016
RDA Lead Instructor- Lab & Lecture Evening	Concorde Career College Garden Grove, CA	2012-2014
RDA Lead Instructor- Lab & Lecture Evening	Everest College Anaheim, CA	2007-2012
Office Manager- Front Office	Dr. John P. DiMaccio, DDS La Costa, CA	1997- 2000
Administrative Assistant/ Receptionist	Dr. David S. Rosenbaum, DDS San Marcos, CA	1995-1997

Education

Masters of Education- Curriculum & Instruction	University of San Diego San Diego, CA	2017
Bachelors of Arts- Sociology	Brandman/Chapman University Orange, CA	2015
Teaching Credential- Designated Subjects Career Technical	UCLA & USD LA County Office of Education Los Angeles, CA	2012
Associates of Science- Dental Assisting	Cypress College Cypress, CA USC- Clinical Externship	2003

January 23, 2018

To The Dental Board of California Council Members:

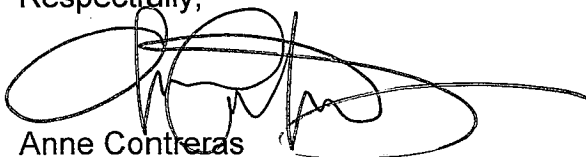
My name is Anne Contreras and I am a dental assisting instructor and a Registered Dental Assistant (RDA). I would like to have the opportunity to continue serving as a faculty member on the Dental Assisting Council (DAC).

I have been a part of the first appointed DAC, collaboratively working with the Dental Board members for the past 6 years. I have the passion and drive to understand all aspects of dental assisting which stems from the combination of concurrently teaching at board approved RDA programs and chairside assisting; allowing me to analyze any situation to make sound ethical decisions.

My responsibilities as a member of DAC is making recommendations pertaining to the requirements for licensure and the dental assisting examination. Also, maintaining high standards by giving unbiased input during the updates of all of the dental assisting educational programs and courses. It has been a wonderful experience and I truly feel that I have made a difference advocating for all of the Registered Dental Assistants in the state of California.

I look forward to continue my role by helping with any changes and additions that are needed to improve our profession. It would be an absolute honor and my pleasure to serve another term on the Dental Assisting Council.

Respectfully,

A handwritten signature in black ink, appearing to read 'Anne Contreras', with a long horizontal flourish extending to the right.

Anne Contreras



APPLICATION FOR APPOINTMENT TO THE DENTAL ASSISTING COUNCIL

PLEASE PRINT

NAME Cindy Friel Ovard

ADDRESS* _____

PHONE NOS _____

EMAIL ADD _____

California Lic _____

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In order to assist the Board in determining eligibility for appointment to the Council, please answer the following questions:

- Have you received a recommendation from any incorporated, nonprofit professional society, association, or entity whose membership is comprised of registered dental assistants within the state? If so please, please indicate which organization in the space below and provide a copy of such recommendation with this application.

NO

- Have you been a faculty member of a registered dental assisting educational program approved by the Board for the past 5 years? If so, please provide the name and address of the program and dates of employment in the space below.

<u>San Deigo Mesa College</u>	7250 Mesa College Dr, San Diego, CA 92111	YEARS: 2003-2006
<u>Palomar College:</u>	1140 W Mission Rd, San Marcos, CA 92069	YEARS: 2006-2009
<u>Riverside Community College/Moreno Valley College-</u>		
	16130 Lasselle St, Moreno Valley, CA 92551	YEARS: 2008-2013
<u>San Joaquin Valley College</u>	27270 Madison Ave Temecula, CA	YEARS 2014 -present

- Are you currently employed in a clinical position in a private practice, public safety net clinic, or dental health care clinic? If so, please provide the name and address of the facility by which you are employed in the space below.

NO

- Have you maintained a current and active RDA or RDAEF license for the past 5 years? Yes No
- Are you employed by a current member of the Dental Board? Yes No
- Have you served on the Dental Assisting Forum? Yes No
- Do you have a financial interest in any registered dental assisting school? Yes No

If yes, please indicate the name of the school in the space below and describe the nature of the financial interest (attach additional sheets if necessary).

- Are you willing to comply with conflict of interest requirements that apply to board members? Yes No

In a cover letter, please write a brief statement indicating why you wish to serve as a member of the Council. SEE attached

Employment references, not to exceed three (3), will be accepted but are not required. SEE ATTACHED

An interview may be conducted as part of the application process.

Notice on Collection of Personal Information

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Possible Disclosure of Personal Information.

We make every effort to protect the personal information you provide us. In order to evaluate and verify your application information, however, we may need to share the information you give us with businesses or organizations you have referenced in your application.

The information you provide may also be disclosed in the following circumstances:

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- In response to a court or administrative order, a subpoena, or a search warrant; or,
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Signature: _____



Date: _____



**SUBMIT COVER LETTER, COMPLETED APPLICATION, RESUME, AND
REFERENCES BY MARCH 2, 2018 TO:**

Karen M. Fischer, MPA, Executive
Officer Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815
(916) 263-2300

To the Dental Assisting Council Nominating Committee

Re: Dental Assisting Council Position

Feb 16, 2017

Dear Dental Assisting Council Nominating Committee

With this letter I would like to confirm my willingness and availability to serve on the Dental Assisting Council.

I am Cindy Ovard, California RDA [REDACTED]. My work experience is broad and diverse, ranging from private practice dental assisting for various specialties (Endo, Surgery, Ortho, and General) to academia. I have been teaching dental assistant courses in the state of California for over 14 years. I currently am the director of a DBC approve dental assisting program in Temecula, California.

I have extensive experience writing specialized curriculum and incorporating student learning outcomes as well as incorporating program learning outcomes reaching into institutional learning outcomes for each of our DA courses. I understand the assessment process of higher education and the impact the assessments have on a student's ability to perform with their specialized career skills and functions. This experience gives me a level of expertise that I feel is an added benefit for the Dental Assisting Council.

I understand the need of quality education for highly functioning dental assistants who can take their knowledge to their communities. Today's field is filled with advanced technology and it's important to train and stay informed in all aspects of infection control, OSHA, HIPAA and all other safety features for the dental team and patients.

In the private dental industry I have had experience directing the dental team in daily operations, infection control, lab work ups, all back office duties as well as front office duties such as insurance filing, billing, hiring/terminating staff and daily monetary operations. This experience coupled with my educational background make my candidacy for the Dental Assisting Council more balance and well rounded.

Having worked as a registered dental assistant and as an educator over the past 20+ years has helped me be a better person in understanding and dealing with diverse groups of people.

I believe the Dental Assisting Council is a strong advocate for dental assistants and aids the dental professionals in their important role as a liaison to the dental board. I feel I can add a level of expertise to the Dental Assisting Council.


I would like to offer to you my enthusiasm, organizational skills, my leadership skills and professional expertise as a candidate for the open position for the Dental Assisting Council. Together, we are making a difference in the dental field.

Thank you,

Cindy Ovard BVEd, RDA, CDA
RDA # [REDACTED]



Cindy F. Ovard, BVED, RDA, CDA, CPFDA



I am a California RDA and National CDA. I've published many articles on dental health for various dental journals and magazines. My passion for dental health helps keep me abreast in the ever-changing world of dental technology and I enjoy sharing this knowledge with others.

Education:

San Diego State University- 2006

BVED- Voc Education-

Grossmont College- 2001

Equivalent AA- Journalism

Utah Valley University (re: Utah Valley State College)- 1984

Certificate: Dental Assisting

Work Experience:

March 2014- present

San Joaquin Valley College-Temecula

Director-Dental Assisting Program

Feb 2011-June 2012

Moreno Valley College

Director -Dental Assistant Program

Aug. 2008- Feb 2014

Moreno Valley College

Dental Assistant Department

Adjunct Faculty: Head of DA Radiology Department-

2006-2010

Rancho Dental Orthodontics

Office Manager and Back Office Lead

Dr. Roy Miyamoto, DMD, MS

Temecula, California

2006- 2009

Palomar College, San Marcos, CA

Dental Assisting Program

Adjunct Faculty: Head of DA Radiology

2003-2006

Mesa Community College (San Diego)

Dental Assisting Program

Adjunct Faculty: Advanced Dental Assisting classes

1990-2000

Dr. Louis Herzfeld, DDS

Dental Ortho Assistant

1989-1991

Dr. Brian Stewell, DDS

General Dentist dental assistant.

1984-1989

Dr. Richard Blackhurst DDS

Utah Dental Center: Front and back office

Methodology courses:

Teaching-Education:

Curriculum development-Assessment development Presentation development- Retention development

Radiology -Lab and Clinic assessment

Coronal Polishing- Lab and Clinic assessment

Pit and Fissure Sealant- Lab and Clinic assessment

Infection Control- Lab and Clinic assessment

Licenses and Certifications:

RDA- Registered Dental Assistant State of California

CDA- Certified Dental Assistant- DANB

CPFDA- Certified Preventive Functions Dental Assistant-DANB

Affiliations:

Member of ADAA (American Dental Assistants Association)

Member of CADAT (California Dental Assisting Educators)

Member of ADEA (American Dental Educators Association)

ADEA-DA Section Past Chair-

Subject Matter Expert:

Dec 2017- present

Appointed to three- 2 year terms for the California Dental Board Site Visitor/Evaluator department

July 2010- 2016

Appointed to two- 3 year terms on the Dental Assisting National Board (DANB) for Radiation Health and Safety Exam Committee.

June 2014- 2016

Appointed to a two year term on the DALE/DANB Foundation Orthodontic practice exam committee.

Community Service:

Give Kids A Smile Day- Community outreach for sealants through RCC

Elementary School Outreach for Dental Health- Serving the Temecula School District schools

Community Outreach- I've served on numerous committees for youth organizations throughout the San Diego and Temecula areas teaching adults how to lead and how to attain working/lasting relationships with youth of today.

References:

Shannon Koh- Academic Dean SJVC [REDACTED]

Laura Eversull-RDA, CDA [REDACTED]

February 8, 2017

Dear Dental Board Reviewer,

I have been asked to write a letter of reference for Cindy Ovard who is applying for the educator position on your Dental Assisting Council.

I have worked with Cindy since March 2014 when she was hired to serve as the Program Director of our brand new Dental Assisting (DA) program on our San Joaquin Valley College (SJVC) Temecula Campus. Cindy began her SJVC career at a runner's pace, given that one of her first responsibilities was to represent the new program during its initial Dental Board of California (DBC) provisional approval site visit! Cindy's experience along with her confidence served her very well during that time. She has continued to provide strong content-expertise not only for our Temecula Campus but also for DA colleagues on other SJVC campuses as well as for staff at our Central Administrative Office (CAO).

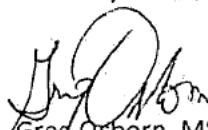
Cindy truly owns the DA program on her campus and she works tirelessly to help ensure its success, coordinating with her campus administrative staff as well as with CAO staff, where appropriate. I was impressed with and greatly appreciated Cindy's level of complete ownership for last year's DBC site visit for full approval of the Temecula Campus program. Both through her detailed preparation in advance and then also through her thorough follow-up responses afterward, Cindy took the lead on all that needed done while also seeking support in a timely manner, when needed, from both campus and CAO staff.

Cindy speaks with authority, she researches thoroughly, she responds promptly, and she regularly works to maintain strong connections within the dental field in order to help provide clear, timely and accurate information that's pertinent to our DA programs. Her years of involvement through CADAT and other DA associations have given her a unique and valuable perspective on which to carry out her duties.

I am confident that Cindy would represent well the Dental Board when given the opportunity to serve in this educator position.

Should you have any questions, please feel free to call me at (559)734-9000, [REDACTED], or you may reach me via e-mail at GregoryO@sjvc.edu.

Sincerely Yours,



Greg Osborn, MEd, MA

Corporate Director of Program Compliance

Carole Brown
San Joaquin Valley College
3828 W. Caldwell Ave., Visalia CA 93277
559-734-9000

January 17, 2017

Dental Board of California
2005 Evergreen St., #1550
Sacramento, CA 95815

To Whom It May Concern,


It is my pleasure to recommend Cindy Ovard to the Dental Assisting Council for the Dental Board.

Cindy has been an RDA since 1994 and has held national certification since 2003. In addition to several years' experience in dental and orthodontics practices, she has ten years of faculty experience (2003-2013) in a variety of community college Dental Assisting programs, including Mesa San Diego, Palomar Community College, and Riverside Community College. In March 2014, Cindy was hired in the private sector, as the Program Director for the brand-new DA program at San Joaquin Valley College's Temecula campus. In this capacity, she secured provisional approval for the program from the DBC, leading the way to full approval in August 2016. The program began with 11 students in 2014 and to date has graduated over 100 students, with 56 currently enrolled. Outside of the classroom, she created and coordinated the Temecula Dental Study Club for continuing education (2016-present). Cindy also holds a bachelor's degree in Vocational Education from San Diego State University (2006).

In addition to collegiate experience, Cindy participated with the examination writing committee for the Dental Assisting National Board Radiology Health and Safety exam from 2010-2016 (two 3-year terms) and is the author of multiple published articles on dental health. She is a member of ADAA, CADAT, and ADEA, where she served as the DA Section Past Chair. She has also been very active in the communities she serves, with a focus on dental health and education for youth via working with the Temecula School District and through community outreach.

Cindy has a strong work ethic, proven learning, graduation and career placement outcomes and works very well with a diverse group of students, faculty and administrators. She has solidly demonstrated her commitment to high standards of dental education and practice of care, evident through her professional positions, board and committee memberships, civic activities and as a member of various dental organizations. I have no doubt that she would bring these same high standards to the Council and am confident in recommending her for consideration.

Regards,



Carole Brown
Vice President of Academic Affairs

January 13, 2017

To Whom It May Concern:

Over the past 3 years I have had the pleasure of working with Cindy Ovard as her supervisor at San Joaquin Valley College. She came to us with extensive experience as both an educator and a Registered Dental Assistant and we were excited to see her create a Dental Assisting program for our campus. With the position as Program Director, Cindy had the opportunity to create and design curriculum and build a group of qualified instructors to prepare students for jobs in the field of dental. It was clear from the moment she started that she had a passion for education and the healthcare field.

Mrs. Ovard worked hard to create a program that was challenging, interesting and successful. She has been instrumental in course and program changes that effect all SJVC campuses. She is always looking for ways to improve the quality of the program, the education her students receive and the employability of each graduate.

Cindy's leadership extends beyond the classroom in which she has hosted many community events for the local dental offices. She stands out as a passionate educator and a person that can be relied on to provide quality and high standards for her profession.

Sincerely,



Shannon Koh

Academic Dean, San Joaquin Valley College- Temecula

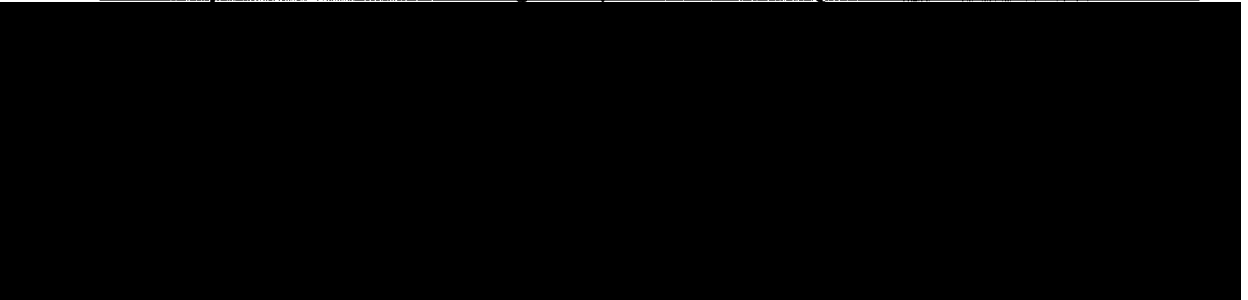


APPLICATION FOR APPOINTMENT TO THE DENTAL ASSISTING COUNCIL

PLEASE PRINT

NAME

Pamela M. Peacock



** By law, all final candidate applications must be made available to the public in the published board materials. Applicants may provide alternate addresses or addresses of record in lieu of residential addresses. Phone numbers will be redacted prior to publication in Board meeting materials to protect an applicant's privacy.*

PLEASE READ THIS APPLICATION IN ITS ENTIRETY.

COUNCIL COMPOSITION: The Dental Assisting Council is a seven member council created pursuant to Section 1742 of the Business and Professions Code. The members of the Council are appointed by the Board and shall include the registered dental assistant member of the Board, another member of the Board, and five registered dental assistants.

RESPONSIBILITIES: The Council is to consider all matters relating to dental assistants in California and will make appropriate recommendations to the Board and the standing committees of the Board including, but not limited to, the following areas:

- Requirements for dental assistant examination, licensure, permitting, and renewal.
- Standards and criteria for approval of dental assisting educational programs, courses, and continuing education.
- Allowable dental assistant duties, settings, and supervision levels.
- Appropriate standards of conduct and enforcement for dental assistants.
- Requirements regarding infection control.

QUALIFICATIONS: The Board will consider applications to appoint three (3) members to the Council. Applicants must meet the following minimum requirements to be eligible for appointment.

Two (2) of those members shall be employed as faculty members of a registered dental assisting educational program approved by the Board, and shall have been so employed for at least the prior five years. One (1) of those members, which may include registered dental assistant in extended functions, shall be employed clinically in private dental practice or public safety net or dental health care clinics.

All five members shall have possessed a current and active registered dental assistant or registered dental assistant in extended functions license for at least the prior five years, and shall not be employed by a current member of the Board.

No council appointee shall have served previously on the dental assisting forum or have any financial interest in any registered dental assistant school. Each member shall comply with conflict of interest requirements that apply to Dental Board members. Such requirements include prohibitions against members making, participating in making or in any way attempting to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any council member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. (Gov. Code, § 87100.)

All final candidate qualifications and applications for Board-appointed council members shall be made available in the published Board materials with final candidate selection conducted during the normal business of the Board during public meetings.

TERM OF OFFICE: Each member shall serve for a term of four years.

TRAVEL: The Council will meet approximately four times per year in conjunction with other board committees, and at other times as deemed necessary. Expenses incurred in the performance of official duties are reimbursed by the Dental Board of California in accordance with the Travel Guide published by the Office of Administrative Services, Accounts Payable Unit of the Department of Consumer Affairs. Council members receive \$100 for each day actually spent in the discharge of official duties, as determined by the Board (Business and Professions Code section 103).

OTHER TIME COMMITMENTS: Council members shall be required to prepare and submit a financial disclosure statement that is filed with the Fair Political Practices Committee entitled "Form 700, Statement of Economic Interests."

In order to assist the Board in determining eligibility for appointment to the Council, please answer the following questions:

1. Have you received a recommendation from any incorporated, nonprofit professional society, association, or entity whose membership is comprised of registered dental assistants within the state? If so please, please indicate which organization in the space below and provide a copy of such recommendation with this application.

No

2. Have you been a faculty member of a registered dental assisting educational program approved by the Board for the past 5 years? If so, please provide the name and address of the program and dates of employment in the space below.

No

3. Are you currently employed in a clinical position in a private practice, public safety net clinic, or dental health care clinic? If so, please provide the name and address of the facility by which you are employed in the space below.

*Contra Costa County Health Services
2500 Alhambra Avenue
Martinez, California 94553*

4. Have you maintained a current and active RDA or RDAEF license for the past 5 years?

☒ Yes

☐ No

5. Are you employed by a current member of the Dental Board?

☐ Yes

☒ No

6. Have you served on the Dental Assisting Forum?

☐ Yes

☒ No

7. Do you have a financial interest in any registered dental assisting school?

☐ Yes

☒ No

If yes, please indicate the name of the school in the space below and describe the nature of the financial interest (attach additional sheets if necessary).

No

8. Are you willing to comply with conflict of interest requirements that apply to board members? ☒ Yes ☐ No

In a cover letter, please write a brief statement indicating why you wish to serve as a member of the Council.

Employment references, not to exceed three (3), will be accepted but are not required.

An interview may be conducted as part of the application process.

Notice on Collection of Personal Information

Collection and Use of Personal Information. The Dental Board of California collects the information requested on this form as authorized by Business and Professions Code Section 1742. The Board uses this information to evaluate applicants for appointment to the Dental Assisting Council of the Dental Board of California.

Providing Personal Information Is Voluntary. You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your address, home telephone number, or employment experience, you may do so. In that case, however, the Board may not be able to communicate with you regarding your qualifications for appointment or to consider your eligibility for appointment to the Council.

Access to Your Information. You may review the records maintained by the Board that contain your personal information, as permitted by the Information Practices Act (Civ.Code, §§1798 et seq.). See below for contact information.

Possible Disclosure of Personal Information.

We make every effort to protect the personal information you provide us. In order to evaluate and verify your application information, however, we may need to share the information you give us with businesses or organizations you have referenced in your application.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant; or,
- In Board meeting materials, if selected as a final candidate for appointment (Bus.&Prof.Code, § 1742(c)).

Contact Information. For questions about this application, the Department's privacy policy, or access to your records, you may contact the Board's Executive Officer at the address and telephone number listed below.

I HAVE READ THIS APPLICATION AND HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT IF I AM SELECTED FOR APPOINTMENT I MUST EXECUTE AN OATH OF OFFICE AND WILL BE REQUIRED TO ABIDE BY THE LAWS AND RULES APPLICABLE TO OFFICERS OF THE STATE OF CALIFORNIA.

Signature :

Paula M. Peacock

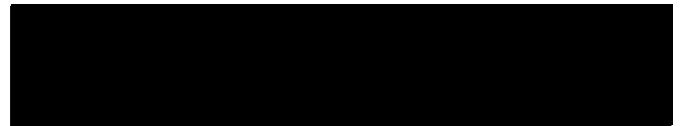
Date:

02/26/2018

**SUBMIT COVER LETTER, COMPLETED APPLICATION, RESUME, AND REFERENCES
BY MARCH 2, 2018 TO:**

Karen M. Fischer, MPA, Executive Officer
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815
(916) 263-2300

Pamela Mae Peacock



LEAD REGISTERED DENTAL ASSISTANT

Highly professional, dynamic and skilled Lead Registered Dental Assistant with extensive knowledge of dental care and treatments. Currently Lead Registered Dental Assistant utilizing my exceptional skills and knowledge.

Professional strengths

Team Player	Multi-tasking	Patient Scheduling
Detailed oriented	Coronal polishing	Implant Experience
Self-motivated	Impressions	Trim models
Excellent communication skills	X-ray	Extensive lab work
Oral Maxillofacial Experience	Epic skills	Office Manager Experience
Operating Room Experience	Medi Tec	Teaching Experience

Education

- Dental Assistant Certification, Contra Costa College, 1983
- Certified Sterile Processing Technician, Loma Vista Adult School, 2009

Licenses & Certificates

- Registered Dental Assistant License 1983-present
- Certified Sterile Processing and Distribution Technician 2009-present
- Coronal Polish Certificate 1983-present
- California Radiation Safety License 1983-present
- C.P.R Certificate-present
- O.S.H.A/Infection control-present
- Certified Sterile Processing and Distribution Technician, Certification Board for Sterile Processing and Distribution, Inc. 2009-present
- Oral Maxillofacial Surgery Assistant Certification, California Association of OMSA, 2010

Membership

- California Central Services Association
- The Golden West Central Service and Healthcare Chapter

Professional Experience

Contra Costa County, Martinez, CA. 94553

Lead Registered Dental Assistant, 2011-present

Registered Dental Assistant 1998-present

-Since 1998 – present working for the County performing all Registered Dental Assistant Duties. For the past 7 years I have performed related duties as required of Lead Registered Dental Assistant. I have been fortunate and had the pleasure in working on several areas listed.

- *Coordinates daily operation, planning, assigning, coordination work flow
- *Standardization of Dental policies and procedures
- *Acting as liaison to operating room, central supply, specialty clinic, sterile processing
- *Team Member on CCLINK Template design for "GO LIVE" July 2012
- *Team Member CC Link Dental Referral system "GO LIVE" February 2014.
- *Team Member West County Health Center Project, Clinic opened October 2012.
- *Dental Digital Imaging project 2016-2018
- *Implemented new X-Ray Processing cleaning and disposal of chemicals.
- *Team Member on Richmond High School Children Oral Health Dental Clinic Pilot Project opened October 3, 2013
- *JACHO standards and violations November 2016 with sterilization.
- *JACHO X-ray violation at Martinez Dental Detention Facility September 2017.
- *Standardization of Dental policies and procedures
- *Creation of Hospital Policy awaiting approval from Infection Control committee 2018;
 - New State Law disposal of infected teeth containing amalgam waste
 - Dental instruments from point of use to decontamination handling
 - Dental hand piece cleaning, maintenance according to IFU
 - Dental bur disposal and point of use to decontamination handling
- *Standardization and Implementation of Exchange Carts has lowered costs.
- *Restructured Dental Monthly Staff schedule
- *Experienced in Dentist Template changes and Appointment Unit
- *Renewals of all Dental Purchase Orders (P.O.) yearly
- *Create Special Orders; Research economically and quality items
- *Dental Department sole buyer on Medi tech system
- *Weekly review of all Invoices of products purchased in all dental clinics
- *Weekly site visits to all Ambulatory Care Clinics and Jail facilities
- *Designed and work with Appointment Manager daily template for all Ambulatory
- *Currently working to create Detention daily templates.
- *Requested to represent Dental for design to opening of New WCDF Dental Clinic

Currently Member on following County Committee's:

- Ambulatory Care Infection Control Committee
 - Nominated to this committee by past Chair of Dentistry Dr. Frank Camodeca, to represent Dental Department
- Detention Facilities Safety Committee
 - Nominated to Committee by members of Local One, to represent Dental Department
- Actively applying with Dental Board of California – Dental Assisting Council (DAC)

University of the Pacific School of Dentistry, San Francisco, CA. 94103

Registered Dental Assistant DAU Assistant-Teaching 2nd -3 year Dental Students-1983-1985

References upon request

DENTAL BOARD OF CALIFORNIA
Dental Assistant Council
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

February 11, 2018

To Whom It May Concern:

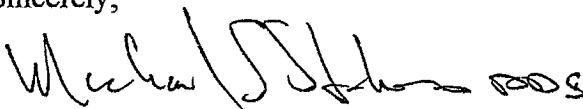
It is my pleasure to write this letter of recommendation for Ms. Pam Peacock. I understand she is applying for the Appointment to the Dental Assisting Council for the Dental Board of California.

Pam will be an excellent candidate for the Dental Assisting Council. Since I first met Pam approximately thirty years ago, I've seen the personal and professional growth – from the days when she was a chairside Registered Dental Assistant (RDA), to supervising and directing the daily operations, including administering and coordinating all aspects of dental assisting for the entire Contra Costa County's Dental Program. She is an intelligent, ethical and self-managed professional who has excellent people skills.

As the Lead RDA, Pam displays sound judgment and exceptional leadership – her selfless service to the community, her collaborative approach to her work and interactions with staff and dentists is strong. Clinically, she was instrumental in setting up protocols for dental assistants, including the management of daily schedules, tray setups, daily task management, dental supply inventory management, etc. As a supervisor, she has successfully trained and managed dental assistants in all four ambulatory and two detention-based dental clinics. Pam is conscientiousness, flexible and is able to perform multiple duties simultaneously and with ease.

I am very proud that Pam has decided to apply for the appointment to the Dental Assistant Council – another positive step she is taking to strengthen her leadership skills, to broaden, expand her professional development and to continue her commitment to her dental assisting career.

Sincerely,



Michael S. Stokes, D.D.S.
Contra Costa Dental Society
Board President

Staff Dentist, Contra Costa County

Faculty Instructor, Diablo Valley Community College
Department of Dental Hygiene

Kathleen M Ferris RN BSN

Manager Infection Prevention and Control

Contra Costa Regional Medical Center

2500 Alhambra Ave, Martinez, California 94553

Kathy.Ferris@hscd.cccounty.us phone 925 370-5089

February 14, 2018

Dental Board of California

Dental Assisting Council

To Whom It May Concern

I am writing this reference at the request of Pamela Mae Peacock, who is applying for a seat on the Dental Assisting Council. In my position as Manager of Infection Prevention and Control at Contra Costa Regional Medical Center and Health Centers. We are a county hospital with 11 Ambulatory Care Centers. I have known Pamela for 20 years worked closely with Pamela for the last 5 years. Pamela represents the Dental Department on the Infection Prevention and Control Committee.

Pamela has a number of strengths I'd like to share. She is highly motivated and knowledgably and very organized. She is the lead RDA for 6 dental clinics which are located throughout Contra Costa County. She is passionate about her profession and has excellent working knowledge of infection prevention and control in dental practice. She is diligent and has a strong work ethic. Pamela is currently working with dentists and Infection Prevention and Control to update the dental policies for our dental clinics.

I highly recommend Pamela for membership on the Dental Assisting Council. I believe she would be a positive and productive member of this group.

Sincerely,

Kathleen Ferris RN

Manager Infection Prevention and Control

WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

ANNA M. ROTH
CHIEF EXECUTIVE OFFICER
CONTRA COSTA REGIONAL MEDICAL CENTER



MEDICAL STAFF ADMINISTRATION

2500 Alhambra Avenue
Martinez, California
94553-3191
Ph (925) 370-5110
Fax (925) 370-5142

Gabriela Sullivan MD
Specialty Medical Director
Contra Costa County Regional Medical Center
2500 Alhambra Ave
Martinez, CA, 94553
Tel: 925-370-5467/ Assistant: 925-370-5895

To Whom It May Concern:

I am writing a letter of support on behalf of Pamela Peacock RDA for the Dental Board of California.

As a Medical Director I oversee DDS services at our county and have thus come into contact with Ms. Peacock for the last couple of years. I can honestly say that she is the most professional and hardworking member of the dental team, all disciplines considered. She is pivotal in maintaining our operations here and if it weren't for her talent, skill and dedication we would not be a shadow of what our operations look like today.

She knows everything about daily operations, duties and assignments over a very large dental program encompassing clinics all over the county, detention and school-based programs. Her scope of breadth and knowledge is truly remarkable. We are anxious to promote her and are currently looking at a position that would truly leverage all her skills.

On a personal level, she is very bright, friendly and remains calm under intense pressure. She deals extremely well with challenges and faces them with fortitude and grace. We have had many issues that have come under regulatory surveillance that she has handled with ease and professionalism.

I believe she would be a tremendous asset to the Dental Board of California. If she is chosen to the Board it will soon become evident to the Board that she will be indispensable. In due time, the Board will be asking the same question we do whenever there is a problem: "Where's Pam?"

Please feel free to contact me with any further questions

Sincerely,

Gabriela Sullivan MD

2/15/18



PAMELA MAE PEACOCK

February 25, 2018

Jeri Westerfeld –Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, California 95815
(916) 263-2212

Dear Ms. Jeri Westerfeld and Dental Board of California,

Please accept my enclosed application for the position of Dental Assisting Council (DAC). I noticed your job posting on Dental Board of California and am happy to say that with 35 years of Registered Dental Assistant experience meets the needs the Dental Board is seeking.

I noticed in your recruitment that you are looking for a candidate with specific qualifications. In addition to having the qualifications of your recruitment I also maintain Certification as Certified Sterile Processing and Distribution Technician, currently on the County Infection Control Committee and the County Detention Safety Committee.

Obtaining both licensures of RDA, CSPDT and being Lead Registered Dental Assistant in a County setting has come to be very valuable to not only to my employer but also to myself. I enjoy being a Registered Dental Assistant in many aspects of the Dental field. From helping patients in private and public community seating to being a Lead RDA to approx. 20 staff RDA, 7 Dental Clinics and Public Health. I have always personally found joy in helping others. Making a difference in patient's life, watching the transformation, the joy it brings to patient faces from start of treatment to completion. I value and enjoy being able to be part of the team that has helped bring those smile back to a patient is very rewarding.

In my career I have been part of State violations and solutions, creation and updating of policies to meet new standards, guidelines and regulations from AORN, AAMI, Ambulatory Care Hospital, Infection Control and Detention Nursing policies.

It would be a great honor to be part of the Dental Assisting Council not only on a professional level but on a personal level. Even with 35 years of experience and knowledge there is always room for growth personally and professionally. This is an area of Dental Assisting I would greatly like to be a part of and given the opportunity I would be honored if offered the position of Dental Assisting Council with Dental Board of California.

Best regards,



Pamela M. Peacock

Registered Dental Assistant



MEMORANDUM

DATE	April 30, 2018
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 8A: Staff Update on Dental Assisting Program

Background:

Sarah Wallace, Assistant Executive Officer, will give a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	April 1, 2018
TO	Members of the Dental Board of California
FROM	Laura Fisher, Educational Program Coordinator Dental Board of California
SUBJECT	Agenda Item 8B: Update on Dental Assisting Program and Course Applications

Table 1 identifies the total number of DA Program/Course curriculum applications approved in 2018 to date. Table 2 lists the number of DA Programs and Course site visits conducted in 2018 to date. Table 3 lists the DA Program and Course application status to date. Table 4 provides the total number of approved DA programs and courses. Table 5 identifies approved DA program or course providers by name and type of program. Table 6 identifies the DA approved program and course trends for 2018.

Table 1 Total DA Program and Course Applications Approved in 2018											
	RDA Programs	RDAEF Programs	RDAEF-ITR	Radiation Safety Course	Coronal Polish Course	Pit & Fissure Sealant	Ultrasonic Scaler	Infection Control	Orthodontic Assistant	Dental Sedation Assistant	Grand Total
Course Totals	3	2	0	0	1	1	0	2	4	1	14

Table 2 Total DA Program and Course Site Visits/Re-evaluations Conducted in 2018												
	RDA Programs		RDAEF	RDAEF-ITR	Radiation Safety	Coronal Polish	Pit and Fissure Sealants	Ultrasonic Scaler	Infection Control	Orthodontic Assistant	Dental Sedation Assistant	Grand Total
	Provisional	Full										
Totals	3	3	2	0	0	0	0	0	0	0	0	8

Table 3
DA Program & Course Application Status 2018

Program or Course	Approved	Denied	Curriculum Approved- Pending Provisional Site Visit	In the Review Process	Deficient
RDA Program/Curriculum	3	0	2	1	1
RDAEF Program/Curriculum	2	0	1	0	0
RDAEF-ITR	0	0	N/A	1	0
Radiation Safety	0	0	N/A	1	3
Coronal Polish	1	0	N/A	1	1
Pit & Fissure Sealant	1	0	N/A	1	2
Ultrasonic Scaler	0	0	N/A	0	1
Infection Control	2	0	N/A	1	4
OA Permit	4	0	N/A	0	2
DSA Permit	1	0	N/A	1	1
Total Applications	14	0	3	7	15

Table 4
Total Approved DA Programs and Courses

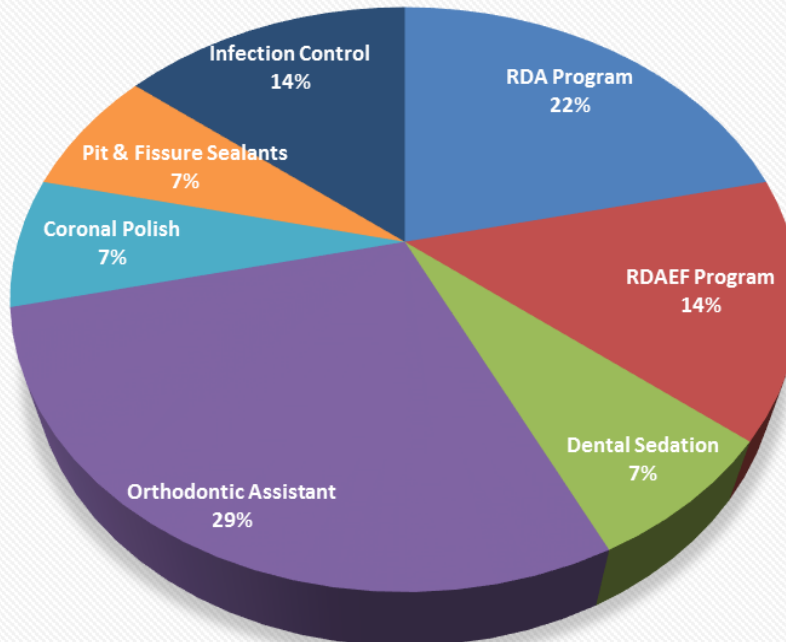
RDA Programs	RDAEF Programs	RDAEF- ITR Programs	Radiation Safety Course	Coronal Polish Course	Pit and Fissure Sealants Course	Ultrasonic Scaler Course	Infection Control Course	Orthodontic Assistant Course	Dental Sedation Assistant Course
97	11	2	136	88	119	30	118	147	26

Table 5
Approved DA Program and Courses by Provider for 2018

Provider	Approval Date	RDA Program	RDAEF Program	RDAEF-ITR	X-Ray	CP	P/F	US	IC	DSA	OA
Weideman Pediatric Dentistry and Orthodontics	1/11/2018										X
Dental Career Institute	1/23/2018	X									
Gold Coast Dental Academy	1/27/2018		X								
Central California Dental Academy	2/08/2018						X				
Gurnick Academy of Medical Arts	2/14/2018								X		
Gurnick Academy of Medical Arts	2/14/2018					X					
Palo Alto Orthodontic	2/25/2018										X
Wheeler and Seul Oral Surgery	2/25/2018									X	
Dental Specialties Institute, Inc.	2/28/2018		X								
West Los Angeles College	3/3/2018	X									
Ralph Callender III, DDS	3/16/2018										X
Western Dental Services - Bakersfield	3/19/2018										X
Dental Educators	3/26/2018								X		
Kairos Career College	3/28/2018	X									
INDIVIDUAL PROGRAM/COURSE TOTALS		3	2	0	0	1	1	0	2	1	4
TOTAL APPROVALS = 14											

Table 6
Trend in Approved Programs and Courses for 2018

*Data excludes programs and courses that are at 0%



■ RDA Program ■ RDAEF Program ■ Dental Sedation ■ Orthodontic Assistant ■ Coronal Polish ■ Pit & Fissure Sealants ■ Infection Control



MEMORANDUM

DATE	April 2, 2018
TO	Members of the Dental Board of California
FROM	Maria Collins, Educational Program Coordinator Dental Board of California
SUBJECT	Agenda Item 8C: Update regarding RDA Program Re-evaluations

The Dental Board of California (Board) is in the process of re-evaluating its approved dental assisting programs and courses. As an approved program or course provider, the Board may audit the program and courses for compliance with regulations in the event the Board deems it necessary.

Pursuant to Business and Professions Code, Section 1070 (a)(2), the Board may approve, provisionally approve, or deny approval of any program or course for which an application to the Board for approval is required. All Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) programs and dental assisting educational courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this Article and the Dental Practice Act (Act). Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of re-evaluation shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval or denial of approval.

A re-evaluation for the RDA Program curriculum was prioritized after reviewing the findings of the RDA Law and Ethics Exam and the RDA Written Examination School Statistics. Based on the overall student pass/fail percentage and the year that the last site visit was conducted, it was determined that 50 Board-approved programs and courses required a re-evaluation of their curriculum.

A strategic timeframe was set forth to effectively request, re-evaluate, and monitor the auditing process. On February 6, 2018, the first (5) five re-evaluation notification letters were mailed out and thereafter another (5) five will be mailed out on the first week of each month until November 5, 2018.

Upon the receipt of letter, the program will have six (6) weeks to return the enclosed application and all required attachments. As of April 2, 2018, six out of the ten program directors have requested extensions due to the extensive paperwork required for the audit.

The following is a list of Board-approved programs who have been notified of the re-evaluation.

TIMEFRAME – REQUEST FOR CURRICULUM REVIEW

PROGRAM	DATE	EXTENSION DATE REQUESTED
<i>SJVC-Visalia (446)</i>	<i>February 6, 2018</i>	<i>April 12, 2018</i>
<i>SJVC- Bakersfield (601)</i>	<i>February 6, 2018</i>	<i>April 12, 2018</i>
<i>Grossmont Community College - El Cajon</i>	<i>February 6, 2018</i>	<i>April 30, 2018</i>
<i>Contra Costa (745)</i>	<i>February 6, 2018</i>	
<i>SJVC - Fresno (602)</i>	<i>February 6, 2018</i>	<i>April 12, 2018</i>
<i>Hacienda La Puente (776)</i>	<i>March 5, 2018</i>	<i>April 23, 2018</i>
<i>Carrington - San Leandro (609)</i>	<i>March 5, 2018</i>	
<i>Allan Hancock (508)</i>	<i>March 5, 2018</i>	<i>April 30, 2018</i>
<i>College of the Redwoods (838)</i>	<i>March 5, 2018</i>	
<i>Pima - Chula Vista (871)</i>	<i>March 5, 2018</i>	
<i>Shasta/Trinity ROP (455)</i>	<i>April 2, 2018</i>	
<i>Butte County ROP (605)</i>	<i>April 2, 2018</i>	
<i>Concorde Career- San Diego (421)</i>	<i>April 2, 2018</i>	
<i>Concorde Career - North Hollywood (435)</i>	<i>April 2, 2018</i>	
<i>Concorde Career - San Bernardino (430)</i>	<i>April 2, 2018</i>	

After the completed application and attachments are submitted by the program to the Board, the application will then be referred to a RDA Program consultant for review. The evaluation process may take between 60 to 90 days for each re-evaluation to conclude. Based on the results of the re-evaluation, the Dental Board has the discretion to include a site visit to ensure compliance with all regulations.

Action Requested

No action requested

MEMORANDUM

DATE	April 9, 2018
TO	Members of the Dental Board of California
FROM	Tina Vallery, Examination Coordinator Dental Board of California
SUBJECT	Agenda Item 8D: Update on Dental Assisting Examination Statistics

Background:

The following table provides the written examination pass and fail statistics for candidates who took the examinations from April 2017 to March 2018.

Written Examination Statistics:

April 2017 – March 2018 - All Candidates

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Passed	% Failed
RDA	4306	2425	1881	56%	44%
RDA Law & Ethics	4083	2549	1534	62%	38%
RDAEF	141	81	60	57%	43%
Orthodontic Assistant	523	226	297	43%	57%
Dental Sedation	2	2	0	100%	0%

As of January 2018, Board Staff has been able to extract the First Time and Repeat test takers, by examination type, from BreZE. The following tables provide the written examination pass and fail statistics by First Time and Repeat candidates that took examinations from January 2018 to March 2018.

Written Examination Statistics:

January 2018 – March 2018 - First Time Candidates

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Passed	% Failed
RDA	375	222	153	59%	41%
RDA Law & Ethics	391	230	161	59%	41%
RDAEF	1	1	0	100%	0%
Orthodontic Assistant	67	42	25	63%	37%
Dental Sedation	0	0	0	0%	0%

Agenda Item 8D: Update on Dental Assisting Examination Statistics
 Dental Board of California
 May 16-17, 2018 Board Meeting

Written Examination Statistics:

April 2017 – March 2018 - Repeat Candidates

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Passed	% Failed
RDA	395	176	219	45%	55%
RDA Law & Ethics	288	142	146	49%	51%
RDAEF	12	4	8	33%	67%
Orthodontic Assistant	95	30	65	32%	68%
Dental Sedation	0	0	0	0%	0%

The following table provides the RDAEF clinical and practical examination statistics for the months of January 2017 through February 2018.

RDAEF Clinical/Practical Examination Statistics:

January 2017 through February 2018 - All Candidates

Clinical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – January 2017	3	86%	14%
RDAEF – June 2017	43	79%	21%
RDAEF – July 2017	19	84%	16%
RDAEF – October 2017	31	74%	26%
RDAEF – February 2018	2	50%	50%
Total for Year	98	76%	26%

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – January 2017	11	100%	0%
RDAEF – June 2017	46	82%	18%
RDAEF – July 2017	24	67%	33%
RDAEF – October 2017	36	58%	42%
RDAEF – February 2018	5	100%	100%
Total for Year	122	70%	30%

The following tables provide the clinical and practical examination pass and fail statistics by First Time and Repeat candidates, for candidates that took examinations in February 2018.

RDAEF Clinical/Practical Examination Statistics:

February 2018 – First Time Candidates

Clinical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – February 2018	0	0	0
Total for Year	0	0	0

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – February 2018	0	0	0
Total for Year	0	0	0

RDAEF Clinical/Practical Examination Statistics:

February 2018 – Repeat Candidates

Clinical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – February 2018	2	50%	50%
Total for Year	2	50%	50%

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – February 2018	5	100%	0%
Total for Year	5	100%	0%

Action Requested:

No action requested at this time.

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
4D College - Victorville (914)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	100%
pass								1			1		2
fail								0			0		0
Allan Hancock (508)	N/A	N/A	95%	100%	100%	100%	N/A	N/A	100%	N/A	N/A	100%	96%
pass			19	4	1	1			1			1	27
fail			1	0	0	0			0			0	1
American Career - Anaheim (896)	100%	33%	63%	50%	50%	N/A	50%	33%	25%	0%	50%	0%	45%
pass	1	2	10	1	1		3	2	1	0	3	0	24
fail	0	4	6	1	1		3	4	3	3	3	1	29
American Career - Long Beach (997)	N/A	0%	100%	67%	67%	50%	50%	67%	67%	N/A	N/A	N/A	61%
pass		0	1	2	2	1	1	2	2				11
fail		1	0	1	1	1	1	1	1				7
American Career - Los Angeles (867)	100%	33%	64%	75%	50%	29%	0%	75%	33%	0%	40%	67%	51%
pass	1	1	9	3	1	2	0	3	1	0	2	4	27
fail	0	2	5	1	1	5	3	1	2	1	3	2	26
American Career - Ontario (905)	N/A	60%	45%	67%	67%	0%	67%	50%	50%	100%	100%	25%	54%
pass		3	5	2	2	0	2	1	2	1	2	1	21
fail		2	6	1	1	1	1	1	2	0	0	3	18
Anthem College (503)	N/A	0%	N/A	0%	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	50%
pass		0		0	1		1						2
fail		1		1	0		0						2
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
pass													0
fail													0
Baldy View RegionaI Occupational Program (590)	N/A	33%	50%	67%	0%	0%	50%	0%	100%	100%	N/A	0%	44%
pass		1	1	2	0	0	1	0	1	1		0	7
fail		2	1	1	1	1	1	1	0	0		1	9
Blake Austin College (897)	100%	83%	100%	0%	N/A	100%	67%	40%	50%	100%	0%	100%	70%
pass	2	5	1	0		2	2	2	1	3	0	1	19
fail	0	1	0	1		0	1	3	1	0	1	0	8
Brightwood - Bakersfield (884)	0%	40%	58%	33%	100%	33%	N/A	33%	100%	33%	33%	25%	44%
pass	0	2	7	1	1	1		2	2	1	1	1	19
fail	1	3	5	2	0	2		4	0	2	2	3	24
Brightwood - Clovis (885)	100%	63%	77%	33%	50%	67%	60%	100%	25%	50%	67%	25%	59%
pass	1	5	10	1	1	2	3	1	1	2	2	1	30
fail	0	3	3	2	1	1	2	0	3	2	1	3	21
Brightwood - Modesto (499)/(890)	0%	38%	53%	63%	43%	0%	38%	33%	56%	33%	67%	67%	45%
pass	0	5	10	5	3	0	3	2	5	1	2	4	40
fail	2	8	9	3	4	5	5	4	4	2	1	2	49

YTD First Time Testers	YTD Repeat Testers
0%	100%
0	1
0	0
100%	0%
1	0
0	0
100%	22%
1	2
0	7
0%	0%
0	0
0	0
40%	57%
2	4
3	3
100%	40%
2	2
0	3
0%	0%
0	0
0	0
0%	0%
0	0
0	0
100%	0%
1	0
0	1
50%	100%
1	3
1	0
33%	29%
1	2
2	5
67%	20%
4	1
2	4
75%	50%
3	4
1	4

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Brightwood - Palm Springs (901)	N/A	33%	50%	N/A	33%	50%	0%	0%	50%	50%	100%	0%	41%
pass		1	3		1	1	0	0	1	1	1	0	9
fail		2	3		2	1	1	1	1	1	0	1	13
Brightwood - Riverside (898)	N/A	50%	0%	50%	N/A	50%	100%	0%	100%	0%	100%	100%	56%
pass		1	0	1		1	1	0	1	0	2	2	9
fail		1	2	1		1	0	1	0	1	0	0	7
Brightwood - Sacramento (888)	N/A	60%	40%	100%	50%	40%	33%	50%	20%	50%	50%	63%	47%
pass		3	4	1	2	2	1	2	1	2	1	5	24
fail		2	6	0	2	3	2	2	4	2	1	3	27
Brightwood - San Diego (899)	N/A	0%	29%	67%	100%	50%	100%	N/A	0%	100%	N/A	50%	50%
pass		0	2	2	2	1	1		0	1		2	11
fail		1	5	1	0	1	0		1	0		2	11
Brightwood - Stockton (611)	N/A	0%	100%	0%	0%	100%	100%	100%	N/A	50%	N/A	0%	54%
pass		0	1	0	0	1	1	3		1		0	7
fail		1	0	2	1	0	0	0		1		1	6
Brightwood - Vista (900)	N/A	67%	58%	50%	67%	100%	67%	67%	83%	0%	75%	0%	65%
pass		6	7	2	2	2	2	2	5	0	3	0	31
fail		3	5	2	1	0	1	1	1	1	1	1	17
Butte County Regional Occupational Program (605)	N/A	N/A	93%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	94%
pass			13	1	3								17
fail			1	0	0								1
Cabrillo College (001)	N/A	N/A	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	100%	N/A	33%
pass				0	0						1		1
fail				1	1						0		2
CA College of Vocational 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
pass													0
fail													0
Carrington - Antioch (886)	N/A	100%	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67%
pass		1	0	1									2
fail		0	1	0									1
Carrington - Citrus Heights (882)	N/A	89%	69%	50%	50%	60%	100%	100%	50%	50%	33%	29%	61%
pass		8	9	3	1	3	2	3	3	3	1	2	38
fail		1	4	3	1	2	0	0	3	3	2	5	24
Carrington - Emeryville (904)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass									1				1
fail									0				0
Carrington - Pleasant Hill (868)	100%	55%	58%	60%	100%	50%	75%	33%	67%	50%	50%	100%	63%
pass	2	6	7	3	3	1	3	1	4	1	1	2	34
fail	0	5	5	2	0	1	1	2	2	1	1	0	20
Carrington - Pomona (908)	N/A	100%	N/A	0%	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	60%
pass		2		0	0	1							3
fail		0		1	1	0							2

100%	33%
1	1
0	2
100%	50%
3	1
0	1
50%	58%
1	7
1	5
67%	50%
2	1
1	1
50%	0%
1	0
1	1
25%	100%
1	2
3	0
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
40%	36%
2	4
3	7
0%	0%
0	0
0	0
100%	60%
1	3
0	2
0%	0%
0	0
0	0

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Carrington - Sacramento (436)		0%	42%	73%	33%	50%	46%	36%	46%	31%	50%	33%	63%	49%
	pass	0	5	19	3	3	6	4	6	4	7	1	5	63
	fail	1	7	7	6	3	7	7	7	9	7	2	3	66
Carrington - San Jose (876)		N/A	71%	40%	83%	75%	50%	71%	40%	50%	100%	50%	43%	58%
	pass		5	4	5	3	1	5	2	1	1	1	3	31
	fail		2	6	1	1	1	2	3	1	0	1	4	22
Carrington - San Leandro (609)		100%	33%	50%	0%	75%	57%	67%	33%	25%	33%	40%	50%	48%
	pass	1	1	8	0	6	4	2	1	1	1	2	3	30
	fail	0	2	8	4	2	3	1	2	3	2	3	3	33
Carrington - Stockton (902)		N/A	64%	60%	67%	50%	56%	50%	25%	60%	83%	100%	67%	59%
	pass		7	9	2	2	5	2	2	3	5	2	4	43
	fail		4	6	1	2	4	2	6	2	1	0	2	30
Cerritos College (511)		N/A	100%	50%	100%	100%	0%	100%	100%	0%	N/A	50%	N/A	63%
	pass		2	2	1	1	0	3	2	0		1		12
	fail		0	2	0	0	3	0	0	1		1		7
Chabot College (513)		N/A	N/A	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
	pass			0	1									1
	fail			1	0									1
Chaffey College (514)		N/A	100%	75%	0%	75%	67%	100%	100%	N/A	N/A	N/A	N/A	76%
	pass		3	3	0	3	2	1	1					13
	fail		0	1	1	1	1	0	0					4
Charter College - Canyon Country (401)		N/A	100%	75%	0%	0%	100%	100%	0%	N/A	N/A	N/A	N/A	69%
	pass		4	3	0	0	1	1	0					9
	fail		0	1	1	1	0	0	1					4
Citrus College (515)		N/A	100%	0%	N/A	0%	67%	100%	67%	67%	50%	50%	100%	56%
	pass		2	0		0	2	3	2	2	1	1	1	14
	fail		0	2		4	1	0	1	1	1	1	0	11
City College of San Francisco (534)		100%	N/A	100%	100%	100%	100%	100%	100%	100%	0%	100%	N/A	91%
	pass	1		1	3	9	1	1	1	1	0	3		21
	fail	0		0	0	0	0	0	0	0	2	0		2
College of Alameda (506)		N/A	100%	50%	N/A	50%	83%	44%	88%	60%	67%	N/A	100%	68%
	pass		2	2		1	5	4	7	3	2		1	27
	fail		0	2		1	1	5	1	2	1		0	13
College of Marin (523)		100%	N/A	N/A	N/A	86%	100%	100%	N/A	0%	N/A	N/A	N/A	88%
	pass	1				6	5	3		0				15
	fail	0				1	0	0		1				2
College of San Mateo (536)		N/A	N/A	50%	N/A	100%	100%	0%	0%	67%	N/A	N/A	50%	62%
	pass			1		2	2	0	0	2			1	8
	fail			1		0	0	1	1	1			1	5
College of the Redwoods (838)		N/A	100%	100%	80%	80%	75%	100%	100%	N/A	N/A	N/A	100%	85%
	pass		1	2	4	4	3	1	1				1	17
	fail		0	0	1	1	1	0	0				0	3

43%	64%
6	7
8	4
50%	50%
3	2
3	2
33%	50%
2	4
4	4
88%	67%
7	4
1	2
100%	0%
1	0
0	1
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	75%
0	3
1	1
60%	0%
3	0
2	0
100%	67%
1	2
0	1
0%	0%
0	0
0	0
0%	50%
0	1
0	1
0%	100%
0	1
0	0

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Concorde Career - Garden Grove (425)	100%	67%	69%	50%	60%	100%	40%	29%	43%	43%	0%	43%	53%
pass	1	2	9	2	6	5	2	2	3	3	0	3	38
fail	0	1	4	2	4	0	3	5	4	4	3	4	34
Concorde Career - North Hollywood (435)	N/A	50%	38%	67%	100%	0%	25%	50%	N/A	0%	100%	0%	41%
pass		2	3	2	2	0	1	1		0	1	0	12
fail		2	5	1	0	1	3	1		1	0	3	17
Concorde Career - San Bernardino (430)	N/A	67%	53%	63%	67%	67%	50%	44%	25%	63%	33%	75%	59%
pass		18	10	5	6	2	1	4	1	5	1	6	59
fail		9	9	3	3	1	1	5	3	3	2	2	41
Concorde Career - San Diego (421)	N/A	40%	67%	43%	75%	75%	50%	0%	67%	100%	100%	0%	59%
pass		2	12	3	3	3	1	0	2	2	2	0	30
fail		3	6	4	1	1	1	2	1	0	0	2	21
Concorde Career - San Jose (400)	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
Contra Costa (745)	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
Cypress College (518)	N/A	100%	100%	0%	N/A	0%	N/A	N/A	N/A	0%	N/A	0%	43%
pass		1	2	0		0				0		0	3
fail		0	0	1		1				1		1	4
Diablo Valley College (516)	N/A	100%	N/A	N/A	100%	100%	100%	100%	0%	N/A	N/A	0%	89%
pass		1			3	5	4	3	0			0	16
fail		0			0	0	0	0	1			1	2
East Los Angeles Occupational Center (855)	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
Eden Area Regional Occupational Program (608) (856)	N/A	100%	0%	0%	100%	N/A	0%	N/A	100%	100%	0%	N/A	50%
pass		2	0	0	1		0		1	1	0		5
fail		0	1	1	0		2		0	0	1		5
Everest - Alhambra (406)	N/A	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	75%
pass		3	2	1						0		0	6
fail		0	0	0						1		1	2
Everest - Anaheim (403)/(600)	0%	100%	0%	0%	N/A	N/A	0%	100%	N/A	100%	N/A	0%	33%
pass	0	2	0	0			0	1		1		0	4
fail	1	0	1	2			2	0		0		2	8
Everest - City of Industry (875)	0%	100%	50%	N/A	100%	N/A	100%	100%	N/A	N/A	100%	N/A	75%
pass	0	1	1		1		1	1			1		6
fail	1	0	1		0		0	0			0		2
Everest - Gardena (870)	N/A	50%	50%	N/A	0%	N/A	N/A	N/A	100%	N/A	N/A	N/A	50%
pass		1	1		0				1				3
fail		1	1		1				0				3

57%	20%
4	2
3	8
25%	0%
1	0
3	1
69%	50%
9	3
4	3
50%	100%
2	2
2	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
1	0
0%	0%
0	0
0	0
100%	0%
1	0
0	1
0%	0%
0	0
1	1
100%	0%
1	0
0	2
0%	100%
0	1
0	0
0%	0%
0	0
0	0

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Everest - Los Angeles (410)	N/A	0%	67%	N/A	0%	N/A	100%	100%	N/A	N/A	N/A	N/A	55%
pass		0	4		0		1	1					6
fail		2	2		1		0	0					5
Everest - Ontario (501)	0%	N/A	50%	N/A	0%	50%	0%	0%	0%	0%	50%	33%	20%
pass	0		2		0	1	0	0	0	0	1	1	5
fail	1		2		3	1	2	4	2	2	1	2	20
Everest - Reseda (404)	0%	N/A	0%	100%	100%	100%	N/A	N/A	100%	100%	100%	50%	62%
pass	0		0	1	2	1			1	1	1	1	8
fail	1		3	0	0	0			0	0	0	1	5
Everest - San Bernardino (881)	N/A	100%	33%	0%	100%	N/A	100%	N/A	100%	N/A	N/A	N/A	63%
pass		1	1	0	1		1		1				5
fail		0	2	1	0		0		0				3
Everest - San Francisco (407)	N/A	N/A	75%	100%	50%	N/A	N/A	0%	0%	N/A	67%	0%	47%
pass			3	1	1			0	0		2	0	7
fail			1	0	1			2	2		1	1	8
Everest - San Jose (408)	N/A	100%	N/A	N/A	N/A	100%	N/A	0%	n/a	100%	100%	N/A	75%
pass		3				1		0		1	1		6
fail		0				0		2		0	0		2
Everest - Torrance (409)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%
pass									0				0
fail									1				1
Everest - W Los Angeles (874)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	67%
pass		2										0	2
fail		0										1	1
FADE, Inc. (999)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	67%	N/A	75%
pass										1	2		3
fail										0	1		1
Foothill College (517)	N/A	N/A	100%	N/A	100%	100%	N/A	100%	100%	0%	N/A	0%	81%
pass			3		4	2		2	2	0		0	13
fail			0		0	0		0	0	1		2	3
Galen - Fresno (413)	N/A	50%	83%	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	0%	73%
pass		1	5		1					1	0		8
fail		1	1		0					0	1		3
Galen - Modesto (497)	N/A	N/A	N/A	100%	N/A	0%	N/A	N/A	N/A	100%	N/A	N/A	75%
pass				1		0				2			3
fail				0		1				0			1
Galen - Visalia (445)	N/A	N/A	100%	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
Grossmont Community College - El Cajon (519)	N/A	67%	68%	40%	100%	50%	100%	N/A	0%	50%	67%	N/A	64%
pass		6	13	2	4	2	1		0	2	2		32
fail		3	6	3	0	2	0		1	2	1		18

0%	0%
0	0
0	0
0%	33%
0	2
1	4
100%	0%
3	0
0	1
0%	0%
0	0
0	0
100%	0%
2	0
0	2
100%	100%
1	1
0	0
0%	0%
0	0
0	0
0%	0%
0	0
1	0
75%	0%
3	0
1	0
0%	0%
100%	0%
1	0
0	1
0%	100%
0	2
0	0
0%	0%
0	0
0	0
100%	25%
3	1
0	3

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Hacienda La Puente (776)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%	0%	N/A	0%
pass						0				0	0		0
fail						1				1	1		3
Heald - Concord (891)	N/A	N/A	0%	100%	100%	50%	N/A	N/A	N/A	100%	N/A	100%	71%
pass			0	1	1	1				1		1	5
fail			1	0	0	1				0		0	2
Heald - Hayward (889)	N/A	50%	56%	100%	N/A	100%	N/A	0%	50%	N/A	N/A	0%	56%
pass		1	5	2		1		0	1			0	10
fail		1	4	0		0		1	1			1	8
Heald - Roseville (911)	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	50%
pass		0								1			1
fail		1								0			1
Heald - Salida (910)	N/A	0%	67%	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	71%
pass		0	2	2		1							5
fail		1	1	0		0							2
Heald - Stockton (887)	N/A	100%	75%	100%	0%	0%	100%	N/A	0%	100%	0%	N/A	62%
pass		1	3	1	0	0	2		0	1	0		8
fail		0	1	0	1	1	0		1	0	1		5
Intercoast College - El Cajon (883)	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
pass				0							0	0	0
fail				1							1	1	3
Intercoast College - Riverside (923)	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%
pass				0				0					0
fail				1				1					2
Milan Institute - Indio (906)	N/A	29%	25%	0%	0%	50%	N/A	N/A	33%	N/A	67%	100%	32%
pass		2	1	0	0	1			1		2	1	8
fail		5	3	2	3	1			2		1	0	17
Milan Institute - Visalia (907)	N/A	0%	45%	83%	0%	0%	40%	33%	80%	N/A	0%	0%	43%
pass		0	5	5	0	0	2	1	4		0	0	17
fail		3	6	1	2	1	3	2	1		2	2	23
Modesto Junior College (526)	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
Monterey Peninsula (527)	N/A	50%	100%	100%	60%	50%	100%	0%	80%	N/A	N/A	N/A	67%
pass		1	1	1	3	2	2	0	4				14
fail		1	0	0	2	2	0	1	1				7
Moreno Valley College (903)	N/A	N/A	100%	100%	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass			6	2	2				2				12
fail			0	0	0				0				0
Mt. Diablo/Loma Vista (500)	N/A	67%	100%	100%	100%	N/A	50%	67%	100%	N/A	0%	75%	68%
pass		4	2	1	1		3	2	1		0	3	17
fail		2	0	0	0		3	1	0		1	1	8

0%	0%
0	0
1	1
100%	100%
1	1
0	0
0%	0%
0	0
1	0
100%	0%
1	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
50%	100%
1	2
1	0
0%	0%
0	0
1	3
0	0
0	0
0	0
0%	0%
0	0
0	0
0%	0%
2	1
2	0

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

National Education Center (604)	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
North Orange County Regional Occupational Program (495)	0%	50%	25%	0%	33%	100%	0%	25%	40%	50%	0%	100%	31%
pass	0	1	1	0	1	1	0	1	2	1	0	2	10
fail	1	1	3	3	2	0	1	3	3	1	4	0	22
North-West College - Pomona (420)	0%	0%	100%	N/A	100%	0%	N/A	N/A	N/A	N/A	N/A	100%	50%
pass	0	0	1		1	0						1	3
fail	1	1	0		0	1						0	3
North-West College - West Covina (419)	N/A	67%	83%	0%	33%	N/A	0%	0%	20%	100%	100%	100%	50%
pass		2	5	0	1		0	0	1	1	1	3	14
fail		1	1	2	2		2	2	4	0	0	0	14
Orange Coast (528)	N/A	33%	93%	N/A	75%	100%	100%	N/A	N/A	N/A	N/A	N/A	83%
pass		1	13		3	1	2						20
fail		2	1		1	0	0						4
Palomar College (721)	N/A	N/A	50%	100%	100%	100%	N/A	N/A	N/A	100%	N/A	N/A	96%
pass			1	15	4	2				1			23
fail			1	0	0	0				0			1
Pasadena City College (529)	N/A	75%	67%	100%	50%	100%	75%	N/A	N/A	N/A	N/A	100%	78%
pass		3	2	5	2	2	3					1	18
fail		1	1	0	2	0	1					0	5
Pima Medical Center- Chula Vista (871)	100%	N/A	58%	67%	40%	100%	50%	25%	N/A	0%	33%	0%	49%
pass	1		7	2	2	2	1	1		0	1	0	17
fail	0		5	1	3	0	1	3		1	2	2	18
Reedley College (530)	N/A	100%	59%	50%	0%	100%	100%	100%	0%	50%	67%	N/A	61%
pass		1	16	3	0	3	1	1	0	1	2		28
fail		0	11	3	1	0	0	0	1	1	1		18
Riverside County Office of Education (921)	N/A	100%	N/A	N/A	0%	N/A	50%	100%	N/A	0%	N/A	N/A	57%
pass		1			0		1	2		0			4
fail		0			1		1	0		1			3
Riverside County Regional Occupational Program (498)	N/A	50%	100%	33%	40%	50%	50%	40%	33%	100%	N/A	0%	49%
pass		1	4	1	2	1	3	2	2	1		0	17
fail		1	0	2	3	1	3	3	4	0		1	18
Sacramento City College (532)	N/A	N/A	100%	100%	100%	92%	50%	100%	0%	0%	N/A	0%	84%
pass			3	1	9	12	1	1	0	0		0	27
fail			0	0	0	1	1	0	1	1		1	5
San Bernardino County Regional Occupational Program - Hesperia (454)	N/A	78%	38%	60%	75%	50%	33%	100%	75%	50%	50%	50%	57%
pass		7	5	3	3	4	1	2	3	2	1	1	32
fail		2	8	2	1	4	2	0	1	2	1	1	24
San Bernardino County Regional Occupational Program - Morongo USD (913)	N/A	0%	N/A	0%	N/A	50%	100%	N/A	N/A	N/A	N/A	0%	33%
pass		0		0		1	1					0	2
fail		1		1		1	0					1	4

0%	0%
0	0
0	0
50%	33%
1	2
1	4
100%	0%
1	0
0	0
100%	100%
2	3
0	0
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	100%
0	1
0	0
33%	0%
1	0
2	3
50%	67%
1	2
1	1
0%	0%
0	0
0	2
50%	50%
1	3
1	3
0%	0%
0	0
0	1

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

San Diego Mesa College (533)	N/A	100%	100%	100%	100%	N/A	100%	100%	100%	N/A	N/A	100%	100%
pass		1	6	1	1		3	1	4			1	18
fail		0	0	0	0		0	0	0			0	0
San Joaquin Valley College - Bakersfield (601)	N/A	75%	75%	50%	N/A	100%	50%	100%	0%	100%	N/A	N/A	67%
pass		3	3	2		1	1	1	0	3			14
fail		1	1	2		0	1	0	2	0			7
San Joaquin Valley College - Fresno (602)	N/A	60%	50%	100%	0%	50%	100%	100%	N/A	N/A	33%	67%	63%
pass		3	2	5	0	2	3	1			1	2	19
fail		2	2	0	2	2	0	0			2	1	11
San Joaquin Valley College - Rancho Cordova (880)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass					1								1
fail					0								0
San Joaquin Valley College - Temecula (919)	N/A	100%	86%	100%	50%	88%	100%	100%	75%	67%	N/A	100%	83%
pass		3	6	1	1	7	2	1	3	4		2	30
fail		0	1	0	1	1	0	0	1	2		0	6
San Joaquin Valley College - Visalia (446)	100%	71%	64%	67%	100%	100%	100%	0%	0%	N/A	100%	33%	65%
pass	1	5	9	2	3	2	3	0	0		1	2	28
fail	0	2	5	1	0	0	0	1	2		0	4	15
San Jose City College (535)	N/A	55%	79%	50%	100%	0%	80%	80%	100%	40%	100%	100%	70%
pass		6	11	1	1	0	4	4	3	2	2	1	35
fail		5	3	1	0	1	1	1	0	3	0	0	15
Santa Barbara City College (537)	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
Santa Rosa Junior College (538)	N/A	100%	0%	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A	94%
pass		1	0					7	5	2	1		16
fail		0	1					0	0	0	0		1
Shasta/Trinity Regional Occupational Program (455)	N/A	100%	N/A	100%	83%	0%	N/A	0%	N/A	N/A	N/A	100%	77%
pass		1		2	5	0		0				2	10
fail		0		0	1	1		1				0	3
Simi Valley Adult School (866)	N/A	100%	100%	N/A	N/A	100%	N/A	N/A	0%	100%	N/A	50%	71%
pass		1	1			1			0	1		1	5
fail		0	0			0			1	0		1	2
Southern California Regional Occupational Center - Torrance (612)	N/A	100%	100%	N/A	100%	100%	100%	100%	N/A	100%	N/A	N/A	100%
pass		2	2		4	3	1	1		1			14
fail		0	0		0	0	0	0		0			0
Southland College (428)	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
The Valley School of Dental Assisting (920)	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass				0									0
fail				1									1

100%	0%
1	0
0	0
100%	100%
1	2
0	0
25%	100%
1	2
3	0
0%	0%
0	0
0	0
75%	0%
6	0
2	0
40%	50%
2	1
3	1
75%	50%
3	2
1	2
0%	0%
0	0
0	0
100%	0%
3	0
0	0
100%	100%
1	1
0	0
50%	100%
1	1
1	0
0%	100%
0	1
0	0
0%	0%
0	0
0	0

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Tri Cities Regional Occupational Program (877)	N/A	100%	0%	N/A	100%	N/A	0%	100%	N/A	N/A	N/A	N/A	50%
pass		1	0		1		0	1					3
fail		0	2		0		1	0					3
United Education Institute - Anaheim (916)	N/A	0%	50%	0%	0%	100%	33%	0%	0%	0%	0%	100%	35%
pass		0	2	0	0	3	1	0	0	0	0	1	7
fail		1	2	1	1	0	2	1	1	1	3	0	13
United Education Institute - Bakersfield (926)	N/A	50%	50%	0%	0%	80%	40%	67%	50%	67%	N/A	14%	41%
pass		1	3	0	0	4	2	2	1	2		1	16
fail		1	3	4	2	1	3	1	1	1		6	23
United Education Institute - Chula Vista (879)	N/A	29%	67%	50%	17%	40%	40%	67%	25%	50%	50%	0%	42%
pass		2	8	1	1	2	2	2	1	1	1	0	21
fail		5	4	1	5	3	3	1	3	1	1	2	29
United Education Institute - El Monte (909)	N/A	67%	0%	0%	0%	0%	0%	50%	100%	0%	0%	0%	18%
pass		2	0	0	0	0	0	2	1	0	0	0	5
fail		1	4	4	2	1	5	2	0	2	1	1	23
United Education Institute - Encino (453)	N/A	50%	71%	100%	0%	100%	60%	100%	0%	N/A	N/A	0%	60%
pass		2	5	1	0	2	3	2	0			0	15
fail		2	2	0	1	0	2	0	2			1	10
United Education Institute - Fresno (927)	N/A	80%	0%	75%	33%	50%	50%	100%	67%	N/A	N/A	67%	53%
pass		4	0	3	1	2	1	1	2			2	16
fail		1	5	1	2	2	1	0	1			1	14
United Education Institute - Gardena (915)	N/A	60%	100%	33%	N/A	0%	N/A	0%	N/A	0%	0%	50%	40%
pass		3	1	1		0		0		0	0	1	6
fail		2	0	2		1		1		1	1	1	9
United Education Institute - Huntington Park (448)	0%	13%	38%	57%	40%	0%	22%	20%	75%	0%	0%	50%	27%
pass	0	1	5	4	2	0	2	1	3	0	0	1	19
fail	1	7	8	3	3	7	7	4	1	5	5	1	52
United Education Institute - Los Angeles (449)	N/A	N/A	100%	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
United Education Institute - Ontario (450)	100%	0%	71%	60%	0%	50%	50%	100%	100%	0%	50%	40%	46%
pass	1	0	5	3	0	1	1	1	1	0	1	2	16
fail	0	3	2	2	5	1	1	0	0	1	1	3	19
United Education Institute - Riverside (917)	N/A	0%	30%	50%	14%	25%	33%	50%	50%	0%	100%	100%	36%
pass		0	3	1	1	1	1	3	1	0	1	5	17
fail		4	7	1	6	3	2	3	1	3	0	0	30
United Education Institute - San Diego (451)	N/A	N/A	100%	N/A	0%	0%	0%	100%	100%	100%	N/A	N/A	63%
pass			2		0	0	0	1	1	1			5
fail			0		1	1	1	0	0	0			3
United Education Institute - San Marcos (918)	N/A	50%	57%	0%	N/A	N/A	100%	N/A	N/A	50%	0%	N/A	50%
pass		1	4	0			2			1	0		8
fail		1	3	1			0			1	2		8

0%	0%
0	0
0	0
0%	25%
0	1
1	3
38%	0%
3	0
5	2
0%	40%
0	2
1	3
0%	0%
0	0
1	3
0%	0%
0	0
1	0
0%	100%
0	2
1	0
0%	50%
0	1
2	1
0%	11%
0	1
3	8
0%	0%
0	0
0	0
33%	40%
1	2
2	3
33%	83%
1	5
2	1
100%	0%
1	0
0	0
0%	50%
0	1
2	1

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

United Education Institute - Stockton (925)	N/A	N/A	50%	N/A	0%	50%	0%	67%	N/A	100%	N/A	50%	53%
pass			2		0	1	0	2		2		1	8
fail			2		1	1	1	1		0		1	7
United Education Institute - Van Nuys (453)	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
Unitek - Concord (994)	N/A	N/A	N/A	100%	N/A	0%	N/A	0%	0%	N/A	0%	N/A	43%
pass			2	1		0		0	0		0		3
fail			0	0		1		1	1		1		4
Unitek - Sacramento (924)	N/A	N/A	N/A	100%	N/A	N/A	50%	50%	N/A	100%	100%	100%	80%
pass				2			1	1		2	1	1	8
fail				0			1	1		0	0	0	2
Unitek - San Jose (995)	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
pass			3					1					4
fail			0					0					0
National (ADA) Out of State	N/A	44%	67%	50%	67%	0%	0%	67%	0%	N/A	N/A	N/A	48%
pass		4	6	2	2	0	0	2	0				16
fail		5	3	2	1	1	2	1	2				17
Work Experience	45%	60%	61%	55%	46%	48%	57%	52%	55%	45%	52%	62%	55%
pass	10	77	159	62	44	48	62	66	47	33	41	56	705
fail	12	51	102	50	52	52	47	62	39	41	38	34	580
Mixed Education and Work Experience	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	56%	43%	73%	58%
pass										5	6	11	22
fail										4	8	4	16
PERCENT PASS	51%	59%	62%	58%	56%	57%	55%	52%	52%	50%	50%	54%	56%
TOTAL PASS	24	282	579	212	205	196	189	184	156	124	112	162	2,425
TOTAL FAIL	23	198	359	156	160	150	153	168	142	123	112	137	1,881

100%	0%
3	0
0	1
0%	0%
0	0
0	0
0%	0%
0	0
0	1
100%	100%
2	2
0	0
0%	0%
0	0
0%	0%
0	0
0	0
64%	42%
81	49
45	68
67%	47%
14	8
7	9
59%	45%
222	176
153	219

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

**Registered Dental Assistant Written Examination Statistics
January 2018**

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
American Career - Anaheim (896)	3	0	0%	3	100%	0	0	0%	0	0%	3	0	0%	3	100%
American Career - Los Angeles (867)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
American Career - Ontario (905)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Baldy View ROP (590)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Blake Austin College (897)	3	3	100%	0	0%	0	0	0%	0	0%	3	3	100%	0	0%
Brightwood - Bakersfield (884)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
Brightwood - Clovis (885)	4	2	50%	2	50%	2	2	100%	0	0%	2	0	0%	2	100%
Brightwood - Modesto (499)/(890)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
Brightwood - Palm Springs (901)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Brightwood - Riverside (898)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Brightwood - Sacramento (888)	4	2	50%	2	50%	0	0	0%	0	0%	4	2	50%	2	50%
Brightwood - San Diego (899)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Brightwood - Stockton (611)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Brightwood - Vista (900)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Carrington - Citrus Heights (882)	6	3	50%	3	50%	3	2	67%	1	33%	3	1	33%	2	67%
Carrington - Pleasant Hill (868)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Carrington - Sacramento (436)	14	7	50%	7	50%	8	4	50%	4	50%	6	3	50%	3	50%
Carrington - San Jose (876)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Carrington - San Leandro (609)	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
Carrington - Stockton (902)	6	5	83%	1	17%	5	4	80%	1	20%	1	1	100%	0	0%
Citrus College (515)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
City College of San Francisco (534)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
College of Alameda (506)	3	2	67%	1	33%	1	1	100%	0	0%	2	1	50%	1	50%
Concorde Career - Garden Grove (425)	7	3	43%	4	57%	2	2	100%	0	0%	5	1	20%	4	80%
Concorde Career - North Hollywood (435)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Concorde Career - San Bernardino (430)	8	5	63%	3	38%	5	4	80%	1	20%	3	1	33%	2	67%
Concorde Career - San Diego (421)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Cypress College (518)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Eden ROP (608) (856)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest - Alhambra (406)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Everest - Anaheim (403)/(600)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest - Ontario (501)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Everest - Reseda (404)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest - San Jose (408)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
FADE, Inc. (999)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Foothill Community College (517)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Galen - Modesto (497)	2	2	100%	0	0%	0	0	0%	0	0%	2	2	100%	0	0%
Grossmont Community College - El Cajon (519)	4	2	50%	2	50%	2	2	100%	0	0%	2	0	0%	2	100%
Hacienda La Puente (776)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Heald - Concord (891)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Heald - Roseville (911)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Heald - Stockton (887)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
North Orange County ROP (495)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
North-West - West Covina (419)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Palomar College (721)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Pima - Chula Vista (871)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Reedley College (530)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Riverside County Office of Education - Indio (921)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Riverside County Office of Education - Riverside (498)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Sacramento City College (532)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
San Bernardino Cty ROP - Hesperia (454)	4	2	50%	2	50%	1	0	0%	1	100%	3	2	67%	1	33%

**Registered Dental Assistant Written Examination Statistics
January 2018**

San Joaquin Valley College - Bakersfield (601)	3	3	100%	0	0%	1	1	100%	0	0%	2	2	100%	0	0%
San Joaquin Valley College - Temecula (919)	6	4	67%	2	33%	6	4	67%	2	33%	0	0	0%	0	0%
San Jose City College (535)	5	2	40%	3	60%	3	2	67%	1	33%	2	0	0%	2	100%
Santa Rosa Junior College (538)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Simi Valley Adult School (866)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Southern California ROC - Torrance (612)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
United Education Institute - Anaheim (916)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
United Education Institute - Bakersfield (926)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%
United Education Institute - Chula Vista (879)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
United Education Institute - El Monte (909)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
United Education Institute - Gardena (915)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - Huntington Park (448)	5	0	0%	5	100%	2	0	0%	2	100%	3	0	0%	3	100%
United Education Institute - Ontario (450)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - Riverside (917)	3	0	0%	3	100%	2	0	0%	2	100%	1	0	0%	1	100%
United Education Institute - San Diego (451)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
United Education Institute - San Marcos (918)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
United Education Institute - Stockton (925)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Unitek - Sacramento (924)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
TOTALS	164	86	52%	78	48%	88	55	63%	33	30%	76	31	41%	45	100%
NATIONAL (ADA)	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	74	33	45%	41	55%	38	23	61%	15	39%	36	10	28%	26	72%
MIXED EDUCATION AND WORK EXPERIENCE	9	5	56%	4	44%	5	3	60%	2	40%	4	2	50%	2	50%
GRAND TOTALS	247	124	50%	123	50%	131	81	62%	50	38%	116	43	37%	73	63%

**Registered Dental Assistant Written Examination Statistics
February 2018**

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
4D College (914)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
American Career - Anaheim (896)	6	3	50%	3	50%	1	1	100%	0	0%	5	2	40%	3	60%
American Career - Los Angeles (867)	5	2	40%	3	60%	2	1	50%	1	50%	3	1	33%	2	67%
American Career - Ontario (905)	2	2	100%	0	0%	0	0	0%	0	0%	2	2	100%	0	0%
Blake Austin College (897)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Brightwood - Bakersfield (884)	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
Brightwood - Clovis (885)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
Brightwood - Modesto (499)/(890)	3	2	67%	1	33%	0	0	0%	0	0%	3	2	67%	1	33%
Brightwood - Palm Springs (901)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Brightwood - Riverside (898)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Brightwood - Sacramento (888)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Brightwood - Vista (900)	4	3	75%	1	25%	2	1	50%	1	50%	2	2	100%	0	0%
Cabrillo College (001)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Carrington - Citrus Heights (882)	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
Carrington - Pleasant Hill (868)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Carrington - Sacramento (436)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
Carrington - San Jose (876)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Carrington - San Leandro (609)	5	2	40%	3	60%	1	1	100%	0	0%	4	1	25%	3	75%
Carrington - Stockton (902)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Cerritos Community College (511)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Citrus College (515)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
City College of San Francisco (534)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Concorde Career - Garden Grove (425)	3	0	0%	3	100%	1	0	0%	1	100%	2	0	0%	2	100%
Concorde Career - North Hollywood (435)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Concorde Career - San Bernardino (430)	3	1	33%	2	67%	3	1	33%	2	67%	0	0	0%	0	0%
Concorde Career - San Diego (421)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Eden ROP (608) (856)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Everest - City of Industry ((875)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Everest - Ontario (501)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Everest - Reseda (404)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest - San Francisco (407)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%
Everest - San Jose (408)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
FADE, Inc. (999)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Galen - Fresno (413)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Grossmont Community College - El Cajon (519)	3	2	67%	1	33%	1	1	100%	0	0%	2	1	50%	1	50%
Hacienda La Puente (776)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Heald - Stockton (887)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Intercoast College (883)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Milan Institute - Palm Desert (906)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
Milan Institute - Visalia (907)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Mt Diablo Adult Education (500)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
North Orange County ROP (495)	4	0	0%	4	100%	1	0	0%	1	100%	3	0	0%	3	100%
North-West - West Covina (419)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Pima - Chula Vista (871)	3	1	33%	2	67%	1	1	100%	0	0%	2	0	0%	2	100%
Reedley College (530)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
San Bernardino Cty ROP - Hesperia (454)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
San Joaquin Valley College - Fresno (602)	3	1	33%	2	67%	3	1	33%	2	67%	0	0	0%	0	0%
San Joaquin Valley College - Visalia (446)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
San Jose City College (535)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Santa Rosa Junior College (538)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%

Registered Dental Assistant Written Examination Statistics
February 2018

United Education Institute - Anaheim (916)	3	0	0%	3	100%	1	0	0%	1	100%	2	0	0%	2	100%
United Education Institute - Chula Vista (879)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
United Education Institute - El Monte (909)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - Gardena (915)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
United Education Institute - Huntington Park (448)	5	0	0%	5	100%	1	0	0%	1	100%	4	0	0%	4	100%
United Education Institute - Ontario (450)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
United Education Institute - Riverside (917)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
United Education Institute - San Marcos (918)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Unitek - Concord (994)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Unitek - Sacramento (924)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
TOTALS	131	65	50%	66	50%	58	32	55%	26	45%	73	33	45%	40	55%
NATIONAL (ADA)	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	79	41	52%	38	48%	44	25	57%	19	43%	35	16	46%	19	54%
MIXED EDUCATION AND WORK EXPERIENCE	14	6	43%	8	57%	8	5	63%	3	38%	6	1	17%	5	83%
GRAND TOTALS	224	112	50%	112	50%	110	62	56%	48	44%	114	50	44%	64	56%

**Registered Dental Assistant Written Examination Statistics
March 2018**

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Allan Hancock College (508)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
American Career - Anaheim (896)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
American Career - Los Angeles (867)	6	4	67%	2	33%	3	1	33%	2	67%	3	3	100%	0	0%
American Career - Ontario (905)	4	1	25%	3	75%	1	1	100%	0	0%	3	0	0%	3	100%
Baldy View Regional Occupational Program (590)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Blake Austin College (897)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Bakersfield (884)	4	1	25%	3	75%	0	0	0%	0	0%	4	1	25%	3	75%
Brightwood - Clovis (885)	4	1	25%	3	75%	2	1	50%	1	50%	2	0	0%	2	100%
Brightwood - Modesto (499)/(890)	6	4	67%	2	33%	2	2	100%	0	0%	4	2	50%	2	50%
Brightwood - Palm Springs (901)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Brightwood - Riverside (898)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Brightwood - Sacramento (888)	8	5	63%	3	38%	2	1	50%	1	50%	6	4	67%	2	33%
Brightwood - San Diego (899)	4	2	50%	2	50%	3	2	67%	1	33%	1	0	0%	1	100%
Brightwood - Stockton (611)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Brightwood - Vista (900)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Carrington - Citrus Heights (882)	7	2	29%	5	71%	1	0	0%	1	100%	6	2	33%	4	67%
Carrington - Pleasant Hill (868)	2	2	100%	0	0%	0	0	0%	0	0%	2	2	100%	0	0%
Carrington - Sacramento (436)	8	5	63%	3	38%	4	1	25%	3	75%	4	4	100%	0	0%
Carrington - San Jose (876)	7	3	43%	4	57%	3	1	33%	2	67%	4	2	50%	2	50%
Carrington - San Leandro (609)	6	3	50%	3	50%	4	1	25%	3	75%	2	2	100%	0	0%
Carrington - Stockton (902)	6	4	67%	2	33%	2	2	100%	0	0%	4	2	50%	2	50%
Citrus College (515)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
College of Alameda (506)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
College of San Mateo (536)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
College of the Redwoods (838)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Concorde Career - Garden Grove (425)	7	3	43%	4	57%	4	2	50%	2	50%	3	1	33%	2	67%
Concorde Career - North Hollywood (435)	3	0	0%	3	100%	2	0	0%	2	100%	1	0	0%	1	100%
Concorde Career - San Bernardino (430)	8	6	75%	2	25%	5	4	80%	1	20%	3	2	67%	1	33%
Concorde Career - San Diego (421)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Cypress College (518)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Diablo Valley College (516)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Everest - Alhambra (406)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Everest - Anaheim (403)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Everest - Ontario (501)	3	1	33%	2	67%	0	0	0%	0	0%	3	1	33%	2	67%
Everest - Los Angeles (874)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Everest - Reseda (404)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Everest - San Francisco (407)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Foothill Community College (517)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Galen - Fresno (413)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Heald - Concord (891)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Heald - Hayward (889)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Intercoast College (883)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Milan Institute -Palm Desert (906)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Milan Institute - Visalia (907)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Mt Diablo Adult Education (500)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
North Orange County ROP (495)	2	2	100%	0	0%	0	0	0%	0	0%	2	2	100%	0	0%
North-West - Pomona (420)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
North-West - West Covina (419)	3	3	100%	0	0%	2	2	100%	0	0%	1	1	100%	0	0%
Pasadena City College (529)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Pima - Chula Vista (871)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%

Registered Dental Assistant Written Examination Statistics
March 2018

Riverside County Office of Education (498)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Sacramento City College (532)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
San Bernardino Cty ROP - Hesperia (454)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
San Bernardino Cty ROP - Twentynine Palms (913)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
San Diego Mesa College (533)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Fresno (602)	3	2	67%	1	33%	1	0	0%	1	100%	2	2	100%	0	0%
San Joaquin Valley College - Temecula (919)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Visalia (446)	6	2	33%	4	67%	4	1	25%	3	75%	2	1	50%	1	50%
San Jose City College (535)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Shasta-Trinity ROP (455)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Simi Valley Adult School (866)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
United Education Institute - Anaheim (916)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
United Education Institute - Bakersfield (926)	7	1	14%	6	86%	6	1	17%	5	83%	1	0	0%	1	100%
United Education Institute - Chula Vista (879)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
United Education Institute - El Monte (909)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
United Education Institute - Encino (453)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - Fresno (927)	3	2	67%	1	33%	1	0	0%	1	100%	2	2	100%	0	0%
United Education Institute - Gardena (915)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
United Education Institute - Huntington Park (448)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
United Education Institute - Ontario (450)	5	2	40%	3	60%	1	0	0%	1	100%	4	2	50%	2	50%
United Education Institute - Riverside (917)	5	5	100%	0	0%	1	1	100%	0	0%	4	4	100%	0	0%
United Education Institute - Stockton (925)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Unitek - Sacramento (924)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
TOTALS	194	95	49%	99	51%	82	40	49%	42	51%	112	55	49%	57	51%
NATIONAL (ADA)	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	90	56	62%	34	38%	44	33	75%	11	25%	46	23	50%	23	50%
MIXED EDUCATION AND WORK EXPERIENCE	15	11	73%	4	27%	8	6	75%	2	25%	7	5	71%	2	29%
GRAND TOTALS	299	162	54%	137	46%	134	79	59%	55	41%	165	83	50%	82	50%

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
4D College - Victorville (914)	N/A	N/A	N/A	N/A	N/A	N/A	33%	N/A	N/A	N/A	N/A	N/A	33%
pass							1						1
fail							2						2
Allan Hancock (508)	N/A	N/A	95%	N/A	100%	100%	N/A	N/A	0%	N/A	N/A	100%	86%
pass			18	3	1	1			0			1	24
fail			1	2	0	0			1			0	4
American Career - Anaheim (896)	N/A	67%	50%	100%	0%	N/A	57%	67%	50%	0%	67%	N/A	54%
pass		4	6	1	0		4	4	1	0	2		22
fail		2	6	0	2		3	2	1	2	1		19
American Career - Long Beach (997)	N/A	0%	100%	67%	0%	67%	0%	67%	50%	N/A	N/A	N/A	53%
pass		0	1	2	0	2	0	2	1				8
fail		1	0	1	1	1	1	1	1				7
American Career - Los Angeles (867)	67%	50%	57%	100%	50%	60%	100%	60%	67%	N/A	100%	50%	64%
pass	2	4	4	5	2	3	2	3	2		1	2	30
fail	1	4	3	0	2	2	0	2	1		0	2	17
American Career - Ontario (905)	0%	57%	63%	67%	0%	N/A	50%	100%	50%	N/A	33%	75%	53%
pass	0	4	5	2	0		2	2	1		1	3	20
fail	3	3	3	1	2		2	0	1		2	1	18
Anthem College (503)	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
pass			1					1					2
fail			0					0					0
Bakersfield College	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
fail											0		0
Baldy View ROP (590)	N/A	N/A	100%	100%	0%	0%	100%	0%	100%	N/A	0%	0%	40%
pass			1	1	0	0	1	0	1		0	0	4
fail			0	0	1	1	0	1	0		2	1	6
Blake Austin College (897)	50%	60%	50%	67%	N/A	100%	33%	100%	100%	100%	N/A	100%	70%
pass	1	3	1	2		2	1	2	2	1		1	16
fail	1	2	1	1		0	2	0	0	0		0	7
Brightwood - Bakersfield (884)	40%	83%	45%	75%	0%	67%	0%	33%	50%	50%	50%	50%	52%
pass	2	5	5	3	0	2	0	1	1	1	1	1	22
fail	3	1	6	1	1	1	1	2	1	1	1	1	20
Brightwood - Clovis (885)	83%	80%	90%	60%	0%	67%	50%	67%	100%	60%	100%	17%	67%
pass	5	4	9	3	0	2	1	2	1	3	1	1	32
fail	1	1	1	2	1	1	1	1	0	2	0	5	16
Brightwood - Modesto (499)/(890)	67%	50%	67%	60%	38%	100%	80%	50%	67%	0%	50%	60%	59%
pass	2	5	8	3	3	2	8	1	4	0	1	3	40
fail	1	5	4	2	5	0	2	1	2	3	1	2	28
Brightwood - Palm Springs (901)	50%	33%	100%	N/A	67%	0%	100%	50%	50%	100%	N/A	0%	53%

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	0
100%	0%
1	0
0	0
100%	25%
1	1
0	3
0%	0%
0	0
0	0
75%	0%
3	0
1	1
100%	40%
2	2
0	3
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	0%
0	0
0	3
100%	100%
1	1
0	0
67%	33%
2	1
1	2
50%	25%
4	1
4	3
33%	50%
2	2
4	2
100%	0%

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
pass	1	1	1		2	0	1	1	1	1		0	9
fail	1	2	0		1	1	0	1	1	0		1	8
Brightwood - Riverside (898)	100%	100%	50%	50%	N/A	100%	50%	N/A	100%	100%	100%	100%	75%
pass	1	1	2	1		1	1		1	1	1	2	12
fail	0	0	2	1		0	1		0	0	0	0	4
Brightwood - Sacramento (888)	67%	50%	50%	33%	67%	40%	100%	33%	40%	25%	100%	75%	52%
pass	2	2	4	1	2	2	1	1	2	1	3	3	24
fail	1	2	4	2	1	3	0	2	3	3	0	1	22
Brightwood - San Diego (899)	100%	33%	80%	50%	50%	100%	100%	N/A	50%	0%	0%	100%	57%
pass	2	1	4	1	1	1	1		1	0	0	1	13
fail	0	2	1	1	1	0	0		1	1	3	0	10
Brightwood - Stockton (611)	N/A	100%	N/A	N/A	N/A	N/A	100%	0%	100%	0%	N/A	100%	63%
pass		1					2	0	1	0		1	5
fail		0					0	1	0	2		0	3
Brightwood - Vista (900)	N/A	83%	85%	0%	100%	100%	100%	67%	0%	100%	100%	0%	82%
pass		5	11	0	3	1	3	2	0	6	1	0	32
fail		1	2	1	0	0	0	1	1	0	0	1	7
Butte County Regional Occupational Program (605)	100%	N/A	100%	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass	1		13		2	1							17
fail	0		0		0	0							0
Cabrillo College (001)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
pass								1					1
fail								0					0
CA College of Vocational 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
pass													0
fail													0
Carrington - Antioch (886)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass			2										2
fail			0										0
Carrington - Citrus Heights (882)	75%	77%	100%	63%	67%	33%	67%	83%	67%	50%	75%	50%	73%
pass	3	10	9	5	2	1	2	5	2	1	3	1	44
fail	1	3	0	3	1	2	1	1	1	1	1	1	16
Carrington - Emeryville (904)	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass									1				1
fail									0				0
Carrington - Pleasant Hill (868)	100%	71%	71%	75%	50%	0%	100%	50%	75%	33%	N/A	100%	69%
pass	2	5	5	3	1	0	4	2	3	1		1	27
fail	0	2	2	1	1	1	0	2	1	2		0	12
Carrington - Pomona (908)	N/A	0%	100%	0%	N/A	N/A	0%	33%	N/A	N/A	N/A	N/A	29%
pass		0	1	0			0	1					2
fail		1	0	1			1	2					5

YTD First Time Testers	YTD Repeat Testers
1	0
0	1
100%	100%
3	1
0	0
67%	63%
2	5
1	3
0%	50%
0	1
3	1
33%	0%
1	0
2	0
80%	100%
4	3
1	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
60%	67%
3	2
2	1
0	0
0	0
0	0
50%	50%
1	1
1	1
0%	0%
0	0
0	0

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
Carrington - Sacramento (436)	100%	60%	67%	33%	75%	64%	50%	71%	63%	63%	100%	56%	63%
pass	7	6	16	3	6	7	5	5	5	5	1	5	71
fail	0	4	8	6	2	4	5	2	3	3	0	4	41
Carrington - San Jose (876)	100%	71%	90%	86%	100%	75%	67%	50%	100%	N/A	75%	75%	80%
pass	2	5	9	6	5	3	4	2	1		3	3	43
fail	0	2	1	1	0	1	2	2	0		1	1	11
Carrington - San Leandro (609)	100%	56%	67%	25%	67%	25%	75%	33%	50%	50%	33%	67%	54%
pass	1	5	10	1	2	2	6	1	2	2	1	2	35
fail	0	4	5	3	1	6	2	2	2	2	2	1	30
Carrington - Stockton (902)	N/A	56%	73%	83%	57%	100%	75%	N/A	100%	75%	100%	100%	74%
pass		9	11	5	4	7	3		2	3	2	2	48
fail		7	4	1	3	0	1		0	1	0	0	17
Cerritos College (511)	0%	100%	100%	N/A	67%	100%	75%	100%	100%	N/A	50%	100%	78%
pass	0	3	2		2	3	3	1	2		1	1	18
fail	2	0	0		1	0	1	0	0		1	0	5
Chabot College - Hayward (513)	N/A	100%	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
Chaffey College (514)	100%	100%	83%	0%	100%	75%	100%	N/A	N/A	N/A	100%	0%	75%
pass	1	2	5	0	1	3	2				1	0	15
fail	0	0	1	2	0	1	0				0	1	5
Charter College - Canyon Country (401)	0%	80%	50%	0%	100%	50%	100%	N/A	N/A	N/A	N/A	0%	53%
pass	0	4	2	0	2	1	1					0	10
fail	2	1	2	2	0	1	0					1	9
Citrus College (515)	75%	100%	100%	N/A	50%	75%	100%	50%	N/A	0%	50%	N/A	71%
pass	3	2	1		1	3	4	2		0	1		17
fail	1	0	0		1	1	0	2		1	1		7
City College of San Francisco (534)	0%	N/A	50%	100%	88%	100%	N/A	100%	100%	67%	100%	N/A	83%
pass	0		1	2	7	5		1	1	2	1		20
fail	1		1	0	1	0		0	0	1	0		4
College of Alameda (506)	N/A	50%	50%	N/A	100%	50%	71%	57%	0%	67%	50%	0%	54%
pass		1	2		2	3	5	4	0	2	1	0	20
fail		1	2		0	3	2	3	3	1	1	1	17
College of Marin (523)	N/A	N/A	100%	N/A	100%	88%	100%	100%	N/A	100%	0%	100%	90%
pass			1		6	7	1	1		1	0	1	18
fail			0		0	1	0	0		0	1	0	2
College of San Mateo (536)	0%	N/A	100%	N/A	100%	100%	100%	N/A	33%	N/A	N/A	0%	62%
pass	0		1		2	2	2		1			0	8
fail	2		0		0	0	0		2			1	5
College of the Redwoods (838)	N/A	N/A	100%	100%	100%	N/A	0%	N/A	N/A	N/A	N/A	50%	89%

YTD First Time Testers	YTD Repeat Testers
58%	67%
7	4
5	2
80%	67%
4	2
1	1
67%	25%
4	1
2	3
86%	100%
6	1
1	0
100%	50%
1	1
0	1
0%	0%
0	0
0	0
50%	0%
1	0
1	0
0%	0%
0	0
0	0
0%	33%
0	1
0	2
75%	0%
3	0
1	0
33%	67%
1	2
2	1
100%	50%
1	1
0	1
0%	0%
0	0
0	1
0%	50%

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
pass			4	5	6		0					1	16
fail			0	0	0		1					1	2
Concorde Career - Garden Grove (425)	0%	33%	83%	67%	67%	75%	75%	40%	50%	50%	67%	100%	65%
pass	0	2	10	4	4	6	6	2	2	1	2	1	40
fail	1	4	2	2	2	2	2	3	2	1	1	0	22
Concorde Career - North Hollywood (435)	0%	33%	80%	100%	100%	N/A	0%	33%	100%	100%	0%	0%	59%
pass	0	1	8	1	1		0	1	2	2	0	0	16
fail	2	2	2	0	0		1	2	0	0	1	1	11
Concorde Career - San Bernardino (430)	0%	77%	50%	60%	67%	33%	86%	33%	60%	57%	67%	43%	60%
pass	0	17	10	3	8	1	6	2	3	4	4	3	61
fail	1	5	10	2	4	2	1	4	2	3	2	4	40
Concorde Career - San Diego (421)	100%	100%	43%	67%	25%	40%	29%	67%	50%	75%	50%	100%	53%
pass	2	4	6	2	1	2	2	2	2	3	2	1	29
fail	0	0	8	1	3	3	5	1	2	1	2	0	26
Concorde Career - San Jose (400)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A	N/A	N/A	N/A	50%
pass								1					1
fail								1					1
Contra Costa (745)	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
Cypress College (518)	N/A	N/A	100%	N/A	N/A	0%	N/A	N/A	N/A	0%	N/A	0%	40%
pass			2			0				0		0	2
fail			0			1				1		1	3
Diablo Valley College (516)	N/A	N/A	N/A	N/A	100%	100%	N/A	75%	N/A	N/A	N/A	100%	94%
pass					3	8		3				1	15
fail					0	0		1				0	1
East Los Angeles Occupational Center (855)	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
Eden Area Regional Occupational Program (608) (856)	N/A	100%	0%	N/A	0%	100%	N/A	0%	100%	100%	N/A	0%	50%
pass		1	0		0	1		0	1	1		0	4
fail		0	1		1	0		1	0	0		1	4
Everest - Alhambra (406)	N/A	33%	100%	100%	N/A	N/A	N/A	0%	N/A	0%	N/A	50%	58%
pass		1	3	2				0		0		1	7
fail		2	0	0				1		1		1	5
Everest - Anaheim (403)/(600)	N/A	100%	50%	N/A	N/A	0%	0%	100%	0%	0%	100%	100%	50%
pass		1	2			0	0	1	0	0	1	1	6
fail		0	2			1	1	0	1	1	0	0	6
Everest - City of Industry (875)	N/A	100%	50%	N/A	50%	N/A	N/A	0%	50%	N/A	0%	N/A	40%
pass		1	1		1			0	1		0		4
fail		0	1		1			2	1		1		6

YTD First Time Testers	YTD Repeat Testers
0	1
0	1
75%	50%
3	1
1	1
33%	100%
1	1
2	0
42%	75%
5	6
7	2
67%	67%
2	4
1	2
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	1
0	0
0%	0%
0	0
0	0
50%	0%
1	0
1	0
0%	50%
0	1
1	1
0%	100%
0	2
1	0
0%	0%
0	0
1	0

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
Everest - Gardena (870)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	67%
pass			2							0			2
fail			0							1			1
Everest - Los Angeles (410)	N/A	0%	33%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	55%
pass		0	2	2	1		1						6
fail		1	4	0	0		0						5
Everest - Ontario (501)	0%	N/A	100%	100%	N/A	100%	50%	0%	N/A	0%	0%	100%	57%
pass	0		2	1		2	2	0		0	0	1	8
fail	1		0	0		0	2	1		1	1	0	6
Everest - Reseda (404)	100%	100%	100%	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	50%	89%
pass	1	1	1			1	1		2			1	8
fail	0	0	0			0	0		0			1	1
Everest - San Bernardino (881)	0%	N/A	67%	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	71%
pass	0		2		1	1		1					5
fail	1		1		0	0		0					2
Everest - San Francisco (407)	50%	N/A	50%	N/A	100%	0%	50%	100%	100%	N/A	50%	100%	59%
pass	1		3		1	0	1	1	1		1	1	10
fail	1		3		0	1	1	0	0		1	0	7
Everest - San Jose (408)	100%	100%	N/A	N/A	N/A	N/A	100%	0%	N/A	N/A	N/A	100%	75%
pass	2	2					1	0				1	6
fail	0	0					0	2				0	2
Everest - Torrance (409)	N/A	100%	N/A	N/A	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	1
pass		1			0	1							2
fail		0			1	0							1
Everest - W Los Angeles (874)	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass		1			1								2
fail		0			0								0
FADE, Inc. (999)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
pass											2	1	3
fail											0	0	0
Foothill College (517)	100%	100%	100%	N/A	50%	100%	N/A	100%	100%	50%	N/A	N/A	84%
pass	1	2	2		2	3		4	1	1			16
fail	0	0	0		2	0		0	0	1			3
Galen - Fresno (413)	N/A	0%	80%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	0%	63%
pass		0	4						1			0	5
fail		1	1						0			1	3
Galen - Modesto (497)	N/A	N/A	N/A	0%	N/A	100%	N/A	N/A	N/A	0%	100%	N/A	50%
pass				0		1				0	1		2
fail				1		0				1	0		2
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													0

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	1
0%	0%
0	0
0	0
0%	100%
0	1
2	0
100%	0%
1	0
0	1
0%	0%
0	0
0	0
50%	100%
1	1
1	0
0%	100%
0	1
0	0
0	0
100%	0%
3	0
0	0
50%	0%
1	0
1	0
0%	0%
0	0
0	1
0%	100%
0	1
1	0
0	0
0	0

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
fail													0
Grossmont Community College - El Cajon (519)	75%	77%	78%	100%	75%	0%	33%	N/A	0%	75%	N/A	100%	71%
pass	3	10	7	4	6	0	1		0	3		1	35
fail	1	3	2	0	2	1	2		2	1		0	14
Grossmont Community College - Santee (610)	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
fail											0		0
Hacienda La Puente (776)	N/A	0%	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass		0				0							0
fail		1				1							2
Heald - Concord (891)	N/A	N/A	33%	67%	100%	100%	N/A	0%	100%	N/A	N/A	N/A	60%
pass			1	2	1	1		0	1				6
fail			2	1	0	0		1	0				4
Heald - Hayward (889)	N/A	75%	67%	100%	100%	N/A	N/A	N/A	0%	N/A	0%	N/A	69%
pass		3	2	2	2				0		0		9
fail		1	1	0	0				1		1		4
Heald - Roseville (911)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass									1				1
fail									0				0
Heald - Salida (910)	N/A	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass		1	2	1									4
fail		0	0	0									0
Heald - Stockton (887)	100%	N/A	75%	67%	N/A	100%	N/A	N/A	0%	100%	0%	N/A	69%
pass	1		3	2		2			0	1	0		9
fail	0		1	1		0			1	0	1		4
Intercoast College - El Cajon (883)	N/A	N/A	50%	N/A	N/A	N/A	100%	N/A	N/A	0%	N/A	N/A	50%
pass			1				1			0			2
fail			1				0			1			2
Los Angeles City College (522)	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
Milan Institute - Indio (906)	50%	67%	67%	0%	0%	100%	N/A	N/A	0%	N/A	50%	N/A	50%
pass	1	2	4	0	0	1			0		1		9
fail	1	1	2	1	1	0			2		1		9
Milan Institute - Visalia (907)	100%	50%	67%	67%	67%	50%	75%	N/A	67%	0%	0%	N/A	62%
pass	1	1	6	2	2	1	3		2	0	0		18
fail	0	1	3	1	1	1	1		1	1	1		11
Modesto Junior College (526)	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

YTD First Time Testers	YTD Repeat Testers
0	0
100%	0%
4	0
0	1
0%	100%
0	1
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	1
0%	0%
0	0
0	0
0%	0%
0	1
0	1
0%	0%
0	0
1	0
0%	0%
0	0
0	0
50%	0%
1	0
1	0
0%	0%
0	0
2	0
0	0
0	0

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
Monterey Peninsula (527)	N/A	N/A	100%	100%	67%	40%	100%	33%	100%	N/A	0%	0%	60%
pass			2	1	2	2	2	1	5		0	0	15
fail			0	0	1	3	0	2	0		3	1	10
Moreno Valley College (903)	N/A	100%	83%	100%	100%	100%	N/A	N/A	N/A	50%	0%	N/A	80%
pass		1	5	3	1	1				1	0		12
fail		0	1	0	0	0				1	1		3
Mt. Diablo/Loma Vista (500)	100%	80%	100%	100%	100%	33%	100%	0%	75%	0%	50%	75%	76%
pass	2	4	5	1	1	1	5	0	3	0	1	3	26
fail	0	1	0	0	0	2	0	1	1	1	1	1	8
National Education Center (604)	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
North Orange County Regional Occupational Program (495)	50%	100%	75%	100%	N/A	33%	N/A	50%	50%	67%	N/A	0%	55%
pass	1	1	3	1		1		1	1	2		0	11
fail	1	0	1	0		2		1	1	1		2	9
North-West - Pomona (420)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
pass		1										1	2
fail		0										0	0
North-West - West Covina (419)	0%	75%	40%	0%	20%	0%	0%	0%	33%	50%	0%	60%	35%
pass	0	3	2	0	1	0	0	0	1	1	0	3	11
fail	1	1	3	1	4	1	1	1	2	1	2	2	20
Orange Coast (528)	N/A	67%	92%	75%	100%	100%	100%	N/A	N/A	N/A	N/A	100%	88%
pass		2	12	3	2	1	2					1	23
fail		1	1	1	0	0	0					0	3
Palomar College (721)	N/A	N/A	100%	100%	100%	100%	N/A	100%	N/A	100%	N/A	N/A	100%
pass			4	11	5	2		1		1			24
fail			0	0	0	0		0		0			0
Pasadena City College (529)	100%	100%	100%	80%	67%	100%	100%	N/A	N/A	N/A	N/A	100%	89%
pass	3	1	3	4	2	1	2					1	17
fail	0	0	0	1	1	0	0					0	2
Pima - Chula Vista (871)	N/A	29%	60%	67%	75%	100%	N/A	33%	100%	0%	N/A	0%	51%
pass		2	9	2	3	1		1	2	0		0	20
fail		5	6	1	1	0		2	0	1		3	19
Reedley College (530)	50%	40%	83%	100%	100%	100%	0%	100%	100%	N/A	N/A	100%	76%
pass	1	2	19	2	1	4	0	1	1			1	32
fail	1	3	4	0	0	0	2	0	0			0	10
Riverside County Office of Education - Indio (921)	N/A	100%	N/A	N/A	100%	N/A	100%	100%	N/A	N/A	N/A	N/A	100%
pass		1			1		2	1					5
fail		0			0		0	0					0
Riverside ROP - Riverside (498)	N/A	50%	67%	67%	67%	100%	50%	40%	75%	0%	0%	50%	54%

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
1	3
50%	0%
1	0
1	1
67%	50%
2	2
1	2
0%	0%
0	0
0	0
50%	0%
2	0
2	1
100%	0%
1	0
0	0
33%	50%
1	3
2	3
100%	0%
1	0
0	0
0%	100%
0	1
0	0
0%	0%
0	0
3	1
0%	100%
0	1
0	0
0%	0%
0	0
0	0
0%	20%

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
pass		1	4	2	2	2	2	2	3	0	0	1	19
fail		1	2	1	1	0	2	3	1	2	2	1	16
Sacramento City College (532)	N/A	50%	100%	N/A	100%	100%	100%	0%	N/A	N/A	N/A	100%	94%
pass		1	4		11	11	1	0				1	29
fail		1	0		0	0	0	1				0	2
San Bernardino County Regional Occupational Program - Hesperia (454)	N/A	73%	56%	100%	33%	75%	50%	0%	50%	33%	100%	100%	59%
pass		8	10	3	1	3	1	0	3	1	2	2	34
fail		3	8	0	2	1	1	4	3	2	0	0	24
San Bernardino County Regional Occupational Program - Morongo USD (913)	N/A	0%	67%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	40%
pass		0	2									0	2
fail		1	1									1	3
San Diego Mesa (533)	N/A	100%	100%	N/A	100%	100%	100%	100%	100%	N/A	N/A	N/A	100%
pass		1	9		1	1	3	2	3				20
fail		0	0		0	0	0	0	0				0
San Joaquin Valley College - Bakersfield (601)	N/A	50%	80%	100%	N/A	100%	N/A	100%	100%	100%	N/A	100%	86%
pass		1	4	2		1		1	1	1		1	12
fail		1	1	0		0		0	0	0		0	2
San Joaquin Valley College - Fresno (602)	60%	63%	75%	67%	33%	100%	100%	50%	0%	100%	100%	67%	67%
pass	3	5	3	2	1	2	3	1	0	1	1	2	24
fail	2	3	1	1	2	0	0	1	1	0	0	1	12
San Joaquin Valley College - Rancho Cordova (880)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass					1								1
fail					0								0
San Joaquin Valley College - Temecula (919)	100%	80%	80%	100%	100%	100%	67%	100%	100%	100%	50%	100%	89%
pass	4	4	4	1	3	8	2	1	1	3	1	2	34
fail	0	1	1	0	0	0	1	0	0	0	1	0	4
San Joaquin Valley College - Visalia (446)	100%	88%	90%	50%	100%	100%	100%	N/A	N/A	N/A	100%	40%	81%
pass	1	7	9	2	2	1	3				2	2	29
fail	0	1	1	2	0	0	0				0	3	7
San Jose City College (535)	50%	88%	60%	75%	100%	33%	67%	60%	75%	67%	67%	N/A	67%
pass	2	7	9	3	3	1	2	3	3	2	2		37
fail	2	1	6	1	0	2	1	2	1	1	1		18
Santa Barbara City College (537)	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
Santa Rosa Junior College (538)	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	80%	67%	100%	100%	89%
pass		1						7	4	2	2	1	17
fail		0						0	1	1	0	0	2
Shasta/Trinity Regional Occupational Program (455)	100%	67%	N/A	100%	86%	100%	N/A	N/A	N/A	N/A	N/A	0%	80%
pass	1	2		1	6	2						0	12
fail	0	1		0	1	0						1	3

YTD First Time Testers	YTD Repeat Testers
0	1
1	4
0%	100%
0	1
0	0
67%	75%
2	3
1	1
0%	0%
0	0
0	1
0%	0%
0	0
0	0
100%	0%
2	0
0	0
67%	100%
2	2
1	0
0%	0%
0	0
0	0
86%	0%
6	0
1	0
50%	100%
3	1
3	0
75%	50%
3	1
1	1
0	0
0	0
0	0
67%	100%
2	3
1	0
0%	0%
0	0
1	0

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total	
Simi Valley Adult School (866)	N/A	N/A	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	
pass		1	1		1								3	6
fail		0	0		0								0	0
Southern California Regional Occupational Center - Torrance (612)	N/A	N/A	100%	100%	50%	75%	0%	50%	100%	100%	50%	0%	64%	
pass			3	2	2	3	0	1	1	1	1	0	14	
fail			0	0	2	1	1	1	0	0	1	2	8	
Southland College (428)	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	
The Valley School of Dental Assisting (920)	N/A	N/A	0%	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	
Tri Cities Regional Occupational Program (877)	N/A	100%	50%	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	86%	
pass		1	1	3				1					6	
fail		0	1	0				0					1	
United Education Institute - Anaheim (916)	N/A	N/A	25%	50%	0%	50%	0%	0%	N/A	0%	0%	50%	26%	
pass			1	1	0	2	0	0		0	0	2	6	
fail			3	1	1	2	3	1		1	3	2	17	
United Education Institute - Bakersfield (926)	0%	0%	22%	0%	43%	50%	44%	75%	25%	0%	50%	83%	41%	
pass		0	2	0	3	1	4	3	1	0	1	5	20	
fail		2	7	2	4	1	5	1	3	2	1	1	29	
United Education Institute - Chula Vista (879)	50%	80%	67%	100%	43%	40%	N/A	100%	N/A	50%	0%	50%	58%	
pass	1	4	6	1	3	2		3		1	0	1	22	
fail	1	1	3	0	4	3		0		1	2	1	16	
United Education Institute - El Monte (909)	N/A	75%	33%	0%	0%	50%	100%	0%	0%	0%	N/A	N/A	36%	
pass		3	2	0	0	1	2	0	0	0			8	
fail		1	4	2	3	1	0	1	1	1			14	
United Education Institute - Fresno (927)	50%	67%	43%	100%	25%	67%	0%	0%	50%	100%	N/A	N/A	50%	
pass	1	2	3	2	1	4	0	0	2	1			16	
fail	1	1	4	0	3	2	1	2	2	0			16	
United Education Institute - Gardena (915)	50%	100%	50%	33%	N/A	100%	N/A	0%	N/A	0%	N/A	0%	38%	
pass	2	1	1	1		1		0		0		0	6	
fail	2	0	1	2		0		2		2		1	10	
United Education Institute - Huntington Park (448)	50%	45%	71%	43%	75%	50%	0%	100%	100%	0%	0%	0%	47%	
pass	1	5	5	3	3	3	0	2	2	0	0	0	24	
fail	1	6	2	4	1	3	1	0	0	3	4	2	27	
United Education Institute - Los Angeles (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	
pass													0	
fail													0	
United Education Institute - Ontario (450)	67%	67%	67%	0%	0%	67%	33%	N/A	100%	N/A	100%	0%	49%	
pass	2	2	6	0	0	2	1		3		1	0	17	

YTD First Time Testers	YTD Repeat Testers
100%	0%
3	0
0	0
100%	25%
1	1
0	3
0	0
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	33%
0	2
2	4
60%	60%
3	3
2	2
33%	33%
1	1
2	2
0%	0%
0	0
0	1
0%	100%
0	1
0	0
0%	0%
0	0
2	1
0%	0%
0	0
3	6
0%	0%
0	0
0	0
0%	50%
0	1

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
fail	1	1	3	2	5	1	2		0		0	3	18
United Education Institute - Riverside (917)	100%	29%	29%	20%	50%	0%	67%	50%	50%	0%	N/A		39%
pass	2	2	2	1	2	0	2	1	1	0		2	15
fail	0	5	5	4	2	3	1	1	1	1		0	23
United Education Institute - San Diego (451)	0%	100%	0%	100%	N/A	0%	100%	N/A	100%	100%	N/A	N/A	63%
pass	0	1	0	1		0	1		1	1			5
fail	1	0	1	0		1	0		0	0			3
United Education Institute - San Marcos (918)	N/A	33%	57%	0%	N/A	N/A	50%	100%	N/A	33%	100%	N/A	50%
pass		1	4	0			1	1		1	1		9
fail		2	3	1			1	0		2	0		9
United Education Institute - Stockton (925)	N/A	N/A	25%	100%	0%	100%	0%	100%	N/A	0%	100%	100%	56%
pass			1	1	0	1	0	2		0	1	3	9
fail			3	0	1	0	1	0		2	0	0	7
United Education Institute - Van Nuys (453)	0%	57%	57%	60%	50%	100%	75%	N/A	50%	100%	N/A	N/A	58%
pass	0	4	4	3	1	1	3		1	1		0	18
fail	1	3	3	2	1	0	1		1	0		1	13
Unitek - Concord (994)	N/A	N/A	100%	N/A	100%	0%	N/A	N/A	N/A	N/A	100%	N/A	80%
pass			2		1	0					1		4
fail			0		0	1					0		1
Unitek - Sacramento (924)	N/A	0%	100%	100%	N/A	N/A	0%	100%	N/A	75%	N/A	N/A	64%
pass		0	2	1			0	1		3			7
fail		2	0	0			1	0		1			4
Unitek - San Jose (995)	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
pass			3					1					4
fail			0					0					0
West Wood College (922)	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
NATIONAL (ADA)	50%	50%	88%	50%	100%	N/A	N/A	100%	0%	0%	0%	0%	67%
pass	1	2	7	3	2			1	0	0	0	0	16
fail	1	2	1	3	0			0	1	0	0	0	8
WORK EXPERIENCE	N/A	67%	61%	57%	61%	55%	65%	44%	52%	56%	56%	58%	58%
pass		93	151	66	55	52	69	49	52	44	40	49	720
fail		46	95	49	35	42	37	62	48	34	32	35	515
MIXED EDUCATION AND WORK EXPERIENCE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	63%	43%	50%	50%
pass										5	6	8	19
fail										3	8	8	19
PERCENT PASS	63%	65%	67%	64%	65%	65%	66%	53%	59%	54%	53%	57%	62%
TOTAL PASS	79	324	591	220	224	218	210	155	156	121	106	145	2,549
TOTAL FAIL	47	171	285	126	122	117	110	140	109	105	93	109	1,534

YTD First Time Testers	YTD Repeat Testers
2	1
0%	100%
0	2
1	0
100%	0%
1	0
0	0
50%	50%
1	1
1	1
50%	75%
1	3
1	1
0%	100%
0	1
0	0
67%	100%
2	1
1	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
64%	45%
93	40
53	48
48%	53%
11	8
12	7
59%	49%
230	142
161	146

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

Registered Dental Assistant Law Ethics Examination Statistics
January 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
American Career - Anaheim (896)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Blake Austin College (897)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Brightwood - Bakersfield (884) <i>formerly Kaplan</i>	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Brightwood - Clovis (885) <i>formerly Kaplan</i>	5	3	60%	2	40%	3	2	67%	1	33%	2	1	50%	1	50%
Brightwood - Modesto (499)/(890) <i>formerly Kaplan</i>	3	0	0%	3	100%	3	0	0%	3	100%	0	0	0%	0	0%
Brightwood - Palm Springs (901) <i>formerly Kaplan</i>	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Riverside (898) <i>formerly Kaplan</i>	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Brightwood - Sacramento (888) <i>formerly Kaplan</i>	4	1	25%	3	75%	1	1	100%	0	0%	3	0	0%	3	100%
Brightwood - San Diego (899) <i>formerly Kaplan</i>	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Brightwood - Stockton (611) <i>formerly Kaplan</i>	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Brightwood - Vista (900) <i>formerly Kaplan</i>	6	6	100%	0	0%	3	3	100%	0	0%	3	3	100%	0	0%
Carrington - Citrus Heights (882)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Carrington - Pleasant Hill (868)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
Carrington - Sacramento (436)	8	5	63%	3	38%	6	4	67%	2	33%	2	1	50%	1	50%
Carrington - San Leandro (609)	4	2	50%	2	50%	2	1	50%	1	50%	2	1	50%	1	50%
Carrington - Stockton (902)	4	3	75%	1	25%	4	3	75%	1	25%	0	0	0%	0	0%
Citrus College (515)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
City College of San Francisco (534)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
College of Alameda (506)	3	2	67%	1	33%	1	0	0%	1	100%	2	2	100%	0	0%
College of Marin (523)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Concorde Career - Garden Grove (425)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Concorde Career - North Hollywood (435)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Concorde Career - San Bernardino (430)	7	4	57%	3	43%	5	2	40%	3	60%	2	2	100%	0	0%
Concorde Career - San Diego (421)	4	3	75%	1	25%	2	1	50%	1	50%	2	2	100%	0	0%
Cypress College (518)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Eden ROP (608) (856)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest - Alhambra (406)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Everest - Anaheim (403)/(600)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Everest - Gardena (870)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Everest - Ontario (501)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Foothill College (517)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Galen - Modesto (497)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Grossmont Community College - El Cajon (519)	4	3	75%	1	25%	3	3	100%	0	0%	1	0	0%	1	100%
Heald - Stockton (887)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Intercoast College - El Cajon (883)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Milan Institute - Visalia (907)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Moreno Valley College (903)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Mt. Diablo/Loma Vista (500)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
North Orange County ROP (495) <i>formerly Valley Career College</i>	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
North-West - West Covina (419)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Palomar College (721)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Pasadena City College (529)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Pima - Chula Vista (871)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Riverside ROP - Riverside (498)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
San Bernardino Cty ROP - Hesperia (454)	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
SJVC - Bakersfield (601)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
SJVC - Fresno (602)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
SJVC - Temecula (919)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
San Jose City College (535)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%

Registered Dental Assistant Law Ethics Examination Statistics
January 2018

Santa Rosa Junior College (538)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
Southern California ROC - Torrance (612)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
UEI - Anaheim (916)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
UEI - Bakersfield (926)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
UEI - Chula Vista (879)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
UEI - El Monte (909)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
UEI - Fresno (927)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
UEI - Gardena (915)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
UEI - Huntington Park (448)	3	0	0%	3	100%	2	0	0%	2	100%	1	0	0%	1	100%
UEI - Riverside (917)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
UEI - San Diego (451)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
UEI - San Marcos (918)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
UEI - Stockton (925)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
UEI - Van Nuys (453)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Unitek - Sacramento (924)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
TOTALS	140	72	51%	68	49%	89	48	54%	41	45%	51	24	47%	27	100%
NATIONAL (ADA)	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	78	44	56%	34	44%	51	31	61%	20	39%	27	13	48%	14	52%
MIXED EDUCATION AND WORK EXPERIENCE	8	5	63%	3	38%	7	5	71%	2	29%	1	0	0%	1	100%
GRAND TOTALS	226	121	54%	105	46%	147	84	57%	63	43%	79	37	47%	42	53%

**Registered Dental Assistant Law Ethics Examination Statistics
February 2018**

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
American Career - Anaheim (896)	3	2	67%	1	33%	1	1	100%	0	0%	2	1	50%	1	50%
American Career - Los Angeles (867)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
American Career - Ontario (905)	3	1	33%	2	67%	0	0	0%	0	0%	3	1	33%	2	67%
Bakersfield College (509)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Baldy View ROP (590)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Brightwood - Bakersfield (884) <i>formerly Kaplan</i>	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Brightwood - Clovis (885) <i>formerly Kaplan</i>	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Modesto (499)/(890) <i>formerly Kaplan</i>	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Brightwood - Riverside (898) <i>formerly Kaplan</i>	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Sacramento (888) <i>formerly Kaplan</i>	3	3	100%	0	0%	0	0	0%	0	0%	3	3	100%	0	0%
Brightwood - San Diego (899) <i>formerly Kaplan</i>	3	0	0%	3	100%	3	0	0%	3	100%	0	0	0%	0	0%
Brightwood - Vista (900) <i>formerly Kaplan</i>	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Carrington - Citrus Heights (882)	4	3	75%	1	25%	2	1	50%	1	50%	2	2	100%	0	0%
Carrington - Sacramento (436)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Carrington - San Jose (876)	4	3	75%	1	25%	2	2	100%	0	0%	2	1	50%	1	50%
Carrington - San Leandro (609)	3	1	33%	2	67%	1	1	100%	0	0%	2	0	0%	2	100%
Carrington - Stockton (902)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Cerritos Community College (511)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Chaffey Community College (514)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Citrus College (515)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
City College of San Francisco (534)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
College of Alameda (506)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
College of Marin (523)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Concorde Career - Garden Grove (425)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
Concorde Career - North Hollywood (435)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Concorde Career - San Bernardino (430)	6	4	67%	2	33%	2	1	50%	1	50%	4	3	75%	1	25%
Concorde Career - San Diego (421)	4	2	50%	2	50%	1	1	100%	0	0%	3	1	33%	2	67%
Everest - Anaheim (403)/(600)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Everest - City of Industry (875)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Everest - Ontario (501)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Everest - San Francisco (407)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
FADE, Inc (999)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Galen - Modesto (497)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Grossmont Community College - Santee (610)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Heald - Hayward (889)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Heald - Stockton (887)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Milan Institute - Palm Desert (906)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Milan Institute - Visalia (907)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Monterey Peninsula College (527)	3	0	0%	3	100%	1	0	0%	1	100%	2	0	0%	2	100%
Moreno Valley College (903)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Mt. Diablo/Loma Vista (500)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
North-West - West Covina (419)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Riverside ROP - Riverside (498)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
San Bernardino Cty ROP - Hesperia (454)	2	2	100%	0	0%	0	0	0%	0	0%	2	2	100%	0	0%
SJVC - Fresno (602)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
SJVC - Temecula (919)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
SJVC - Visalia (446)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
San Jose City College (535)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
Santa Rosa Junior College (538)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%

**Registered Dental Assistant Law Ethics Examination Statistics
February 2018**

Southern California ROC - Torrance (612)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
UEI - Anaheim (916)	3	0	0%	3	100%	2	0	0%	2	100%	1	0	0%	1	100%
UEI - Bakersfield (926)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
UEI - Chula Vista (879)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
UEI - Huntington Park (448)	4	0	0%	4	100%	1	0	0%	1	100%	3	0	0%	3	100%
UEI - Ontario (450)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
UEI - San Marcos (918)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
UEI - Stockton (925)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Unitek - Concord (994)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
TOTALS	113	60	53%	53	47%	53	31	58%	22	42%	60	29	48%	31	52%
NATIONAL (ADA)	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	72	40	56%	32	44%	52	33	63%	19	37%	20	7	35%	13	65%
MIXED EDUCATION AND WORK EXPERIENCE	14	6	43%	8	57%	8	3	38%	5	63%	6	3	50%	3	50%
GRAND TOTALS	199	106	53%	93	47%	113	67	59%	46	41%	86	39	45%	47	55%

Registered Dental Assistant Law Ethics Examination Statistics
March 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Allan Hancock College - Santa Maria (508)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
American Career - Los Angeles (867)	4	2	50%	2	50%	3	2	67%	1	33%	1	0	0%	1	100%
American Career - Ontario (905)	4	3	75%	1	25%	2	2	100%	0	0%	2	1	50%	1	50%
Baldy View ROP (590)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Blake Austin College (897)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Bakersfield (884) <i>formerly Kaplan</i>	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Brightwood - Clovis (885) <i>formerly Kaplan</i>	6	1	17%	5	83%	4	1	25%	3	75%	2	0	0%	2	100%
Brightwood - Modesto (499)/(890) <i>formerly Kaplan</i>	5	3	60%	2	40%	3	2	67%	1	33%	2	1	50%	1	50%
Brightwood - Palm Springs (901) <i>formerly Kaplan</i>	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Brightwood - Riverside (898) <i>formerly Kaplan</i>	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Brightwood - Sacramento (888) <i>formerly Kaplan</i>	4	3	75%	1	25%	2	1	50%	1	50%	2	2	100%	0	0%
Brightwood - San Diego (899) <i>formerly Kaplan</i>	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Brightwood - Stockton (611) <i>formerly Kaplan</i>	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Vista (900) <i>formerly Kaplan</i>	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Carrington - Citrus Heights (882)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Carrington - Pleasant Hill (868)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Carrington - Sacramento (436)	9	5	56%	4	44%	5	2	40%	3	60%	4	3	75%	1	25%
Carrington - San Jose (876)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
Carrington - San Leandro (609)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Carrington - Stockton (902)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Cerritos Community College (511)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Chaffey Community College (514)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Charter College (401)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
College of Alameda (506)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
College of Marin (523)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
College of San Mateo (536)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
College of the Redwoods (838)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Concorde Career - Garden Grove (425)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Concorde Career - North Hollywood (435)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Concorde Career - San Bernardino (430)	7	3	43%	4	57%	5	2	40%	3	60%	2	1	50%	1	50%
Concorde Career - San Diego (421)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Cypress College (518)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Diablo Valley College (516)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Eden Area Regional Occupational Center (608)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Everest - Alhambra (406)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Everest - Anaheim (403)/(600)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Everest - Ontario (501)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Everest - Reseda (404)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Everest - San Francisco (407)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Everest - San Jose (408)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
FADE, Inc (999)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Galen - Fresno (413)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Grossmont Community College - El Cajon (519)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Monterey Peninsula College (527)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Mt. Diablo/Loma Vista (500)	4	3	75%	1	25%	2	2	100%	0	0%	2	1	50%	1	50%
North Orange County Regional Occupational Program (495)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
North-West - Pomona (420)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
North-West - West Covina (419)	5	3	60%	2	40%	2	1	50%	1	50%	3	2	67%	1	33%
Orange Coast College (528)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%

Registered Dental Assistant Law Ethics Examination Statistics
March 2018

Pasadena City College (529)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Pima Medical Institute - Chula Vista (871)	3	0	0%	3	100%	2	0	0%	2	100%	1	0	0%	1	100%
Reedley College (530)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Riverside ROP - Riverside (498)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Sacramento City College (532)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
San Bernardino Cty ROP - Hesperia (454)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
San Bernardino Cty ROP - Twentynine Palms (913)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
San Joaquin Valley College - Bakersfield (601)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Fresno (602)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
San Joaquin Valley College - Temecula (919)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Visalia (446)	5	2	40%	3	60%	4	1	25%	3	75%	1	1	100%	0	0%
Santa Rosa Junior College (538)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Shasta Trinity Regional Occupational Program (455)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Simi Valley Adult School (866)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Southern California ROC - Torrance (612)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
United Education Institute - Anaheim (916)	4	2	50%	2	50%	0	0	0%	0	0%	4	2	50%	2	50%
United Education Institute - Bakersfield (926)	6	5	83%	1	17%	4	3	75%	1	25%	2	2	100%	0	0%
United Education Institute - Chula Vista (879)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
United Education Institute - Encino (453)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - Gardena (915)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - Huntington Park (448)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
United Education Institute - Ontario (450)	3	0	0%	3	100%	2	0	0%	2	100%	1	0	0%	1	100%
United Education Institute - Riverside (917)	2	2	100%	0	0%	0	0	0%	0	0%	2	2	100%	0	0%
United Education Institute - Stockton (925)	3	3	100%	0	0%	1	1	100%	0	0%	2	2	100%	0	0%
TOTALS	154	88	57%	66	43%	80	47	59%	33	41%	74	41	55%	33	45%
NATIONAL (ADA)	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	84	49	58%	35	42%	43	29	67%	14	33%	41	20	49%	21	51%
MIXED EDUCATION AND WORK EXPERIENCE	16	8	50%	8	50%	8	3	38%	5	63%	8	5	63%	3	38%
GRAND TOTALS	254	145	57%	109	43%	131	79	60%	52	40%	123	66	54%	57	46%

RDAEF CLINICAL PRACTICAL EXAMINATION SCHOOL STATISTICS

	Jan-17	Jun-17	Jul-17	Oct-17	Feb-18	Total
Expanded Functions Dental Assistants Association (004)						
Amalgam and Composite	100%	82%	N/A	82%	100%	85%
pass	3	9		9	1	22
fail	0	2		2	0	4
Cord Retraction & Final Impression	100%	60%	N/A	93%	N/A	80%
Pass	1	6		13		20
Fail	0	4		1		5
FADE (010)						
Amalgam and Composite	N/A	N/A	80%	67%	100%	77%
pass			4	4	2	10
fail			1	2	0	3
Cord Retraction & Final Impression	N/A	N/A	100%	75%	100%	89%
pass			4	3	1	8
fail			0	1	0	1
Howard Healthcare Academy (009)						
Amalgam and Composite		60%	N/A	50%	N/A	57%
pass		3		1		4
fail		2		1		3
Cord Retraction & Final Impression		20%	N/A	50%	N/A	33%
pass		1		2		3
fail		4		2		6
J Production (005)						
Amalgam and Composite	N/A	94%	0%	0%	N/A	85%
pass		17	0	0		17
fail		1	1	1		3
Cord Retraction & Final Impression	N/A	100%	N/A	N/A	N/A	100%
pass		18				18
fail		0				0

YTD First Time Testers	YTD Repeat Testers
0%	100%
0	1
0	0
N/A	N/A
0	0
0	0
0%	100%
0	2
0	0
0%	100%
0	1
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0

RDAEF CLINICAL PRACTICAL EXAMINATION SCHOOL STATISTICS

Loma Linda University (007)						
Amalgam and Composite	N/A	N/A	N/A	N/A	N/A	N/A
pass						0
fail						0
Cord Retraction & Final Impression	N/A	N/A	N/A	N/A	N/A	N/A
pass						0
fail						0
University of California, Los Angeles (002)						
Amalgam and Composite	100%	33%	N/A	40%	100%	44%
pass	2	4		4	1	11
fail	0	8		6	0	14
Cord Retraction & Final Impression	100%	70%	N/A	25%	N/A	60%
pass	1	7		1		9
fail	0	3		3		6
University of the Pacific (006)						
Amalgam and Composite	100%	N/A	67%	50%	100%	71%
pass	6		12	3	1	22
fail	0		6	3	0	9
Cord Retraction & Final Impression	0%	N/A	80%	80%	0%	73%
pass	0		12	4	0	16
fail	1		3	1	1	6
AMALGAM AND COMPOSITE						
100%	72%	67%	58%	100%	70%	
TOTAL PASS	11	33	16	21	5	86
TOTAL FAIL	0	13	8	15	0	36
CORD RETRACTION & FINAL						
67%	74%	84%	74%	50%	76%	
TOTAL PASS	2	32	16	23	1	74
TOTAL FAIL	1	11	3	8	1	24

0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	100%
0	1
0	0
0%	0%
0	0
0	0
0%	100%
0	1
0	0
0%	0%
0	0
0	1
0%	100%
0	5
0	0
0%	50%
0	1
0	1

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

RDAEF WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
Expanded Functions Dental Assistants Association (004)	N/A	N/A	40%	80%	50%	100%	75%	N/A	N/A	0%	N/A	N/A	71%
pass			2	4	1	6	9			0			22
fail			3	1	1	0	3			1			9
FADE (009)	N/A	N/A	N/A	N/A	60%	100%	N/A	100%	50%	N/A	0%	100%	67%
pass					3	1		2	1		0	1	8
fail					2	0		0	1		1	0	4
Howard University (009)	N/A	N/A	N/A	0%	0%	0%	50%	0%	50%	N/A	100%	50%	31%
pass				0	0	0	2	0	1		1	1	5
fail				2	2	1	2	2	1		0	1	11
J Production (005)	N/A	100%	67%	60%	100%	N/A	0%	N/A	N/A	N/A	0%	N/A	64%
pass		1	12	3	2		0				0		18
fail		0	6	2	0		1				1		10
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	N/A
pass													0
fail													0
University of California, Los Angeles (001)	N/A	N/A	78%	40%	50%	0%	100%	N/A	N/A	N/A	N/A	0%	58%
pass			7	2	1	0	1					0	11
fail			2	3	1	1	0					1	8
University of California, San Francisco (002)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	67%
pass			2								0		2
fail			0								1		1
University of the Pacific (006)	N/A	0%	N/A	73%	0%	43%	100%	0%	100%	0%	N/A	67%	47%
pass		0		8	0	3	1	0	1	0		2	15
fail		3		3	3	4	0	2	0	1		1	17
PERCENT PASS	0%	25%	68%	61%	44%	63%	68%	33%	60%	0%	25%	57%	57%
TOTAL PASS	0	1	23	17	7	10	13	2	3	0	1	4	81
TOTAL FAIL	0	3	11	11	9	6	6	4	2	2	3	3	60

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	1
0%	50%
0	1
0	1
100%	50%
1	1
0	1
0%	0%
0	0
0	0
0%	0%
0	0
0	1
0%	50%
0	2
0	2
100%	33%
1	4
0	8

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics
January 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Expanded Functions Dental Assistants Association (004)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
University of the Pacific (006)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
TOTALS	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%

Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics
February 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
FADE - The Foundation of Allied Dental Education, Inc. (010E)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Howard Healthcare Academy (009E)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
J Productions (005E)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
University of California, Los Angeles (001E)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
TOTALS	4	1	25%	3	75%	0	0	0%	0	0%	4	1	25%	3	75%

Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics
March 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
FADE - The Foundation of Allied Dental Education, Inc. (010E)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Howard Healthcare Academy (009E)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
University of California, Los Angeles (001E)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
University of the Pacific (006E)	3	2	67%	1	33%	0	0	0%	0	0%	3	2	67%	1	33%
TOTALS	7	4	57%	3	43%	0	0	0%	0	0%	7	4	57%	3	43%

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD Total
American Canyon Orthodontics (092)	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass			2			1							3
fail			0			0							0
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
pass													0
fail													0
Bakersfield Orthodontic Dental group (126)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass						0							0
fail						1							1
Bart R. Boulton, DDS (038)	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
Brian H Bergh, DDS (111)	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass	1	2											3
fail	0	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
pass													0
fail													0
Bernstein Orthodontics (047)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A	N/A	50%
pass										1			1
fail										1			1
Braces - San Diego (113)	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
Cameron Mashouf, DDS (066)	100%	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
Dental Advantage (123)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67%	50%	0%	50%	50%
pass									2	1	0	2	5
fail									1	1	1	2	5
Dental Career Institute (006)	100%	N/A	50%	N/A	33%	100%	N/A	100%	N/A	N/A	N/A	N/A	63%
pass	1		1		1	1		1					5
fail	0		1		2	0		0					3
Dental Pros (007)	100%	0%	50%	0%	33%	0%	100%	33%	0%	100%	0%	25%	39%
pass	2	0	1	0	2	0	4	2	0	1	0	1	13
fail	0	1	1	1	4	2	0	4	3	0	1	3	20
Dental Specialties Institute Inc. (015)	50%	0%	50%	N/A	20%	50%	17%	42%	50%	20%	40%	67%	37%
pass	1	0	1		1	3	1	5	2	1	2	4	21
fail	1	4	1		4	3	5	7	2	4	3	2	36

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
50%	0%
1	0
1	0
0%	0%
0	0
0	0
50%	33%
2	1
2	2
0%	0%
0	0
0	0
50%	25%
1	1
1	3
50%	42%
2	5
2	7

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD Total
Diablo Orthodontic Specialities (096)	N/A	N/A	N/A	N/A	6%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6%
pass					1								1
fail					15								15
Downey Adult School (004)	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%
pass	0										0		0
fail	1										1		2
Dr. Brian C Crawford (086)	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
pass			1				2						3
fail			0				0						0
Dr. Christopher C. Cruz (081)	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
Dr. Douglas Nguyen (012)	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	50%	0%	25%
pass				0							1	0	1
fail				1							1	1	3
Dr. Efstatios Righellis (029)	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	100%
pass							1	1					2
fail							0	0					0
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
pass													0
fail													0
Dr. Jason M. Cohen (085)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%
pass										1			1
fail										0			0
Dr. Jeffrey Kwong (083)	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass	0	1											1
fail	1	0											1
Dr. Joel Brodskey (013)	N/A	N/A	N/A	N/A	N/A	100%	N/A	0%	N/A	0%	N/A	N/A	25%
pass						1			0	0			1
fail						0			1	2			3
Dr. Joseph Gray (009)	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
Dr. Kurt Stromberg (014)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	100%	33%
pass										0	0	1	1
fail										1	1	0	2
Dr. Lili Mirtorabi Orthodontics (021)	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	100%	100%	50%		67%
pass						0			0	1	1	3	6
fail						1			1	0	1	0	3

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	0
0%	0%
0	0
0	1
0%	0%
0	0
0	0
0%	100%
0	1
2	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	50%
0	1
1	1
67%	100%
2	3
1	0

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Dr. Michael Payne/Cao (005)	N/A	N/A	100%	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. Paul J. Styr (067)	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
Dr. Waleed Soliman Brite Dental Group At Western Dental Natomas (20B)	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	100%	0%	N/A	0%	60%
pass		1				1			1	0		0	3
fail		0				0			0	1		1	2
Elite Orthodontics (031)	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass			2			1							3
fail			0			0							0
Expanded Functions Dental Assistant Assoc (001)	100%	50%	60%	38%	N/A	33%	75%	63%	20%	40%	42%	55%	50%
pass	1	5	3	3		4	9	5	1	2	5	12	50
fail	0	5	2	5		8	3	3	4	3	7	10	50
Garrett Orthodontics (017)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
pass												1	1
fail												0	0
Hamid Barkhovdar, DDS (124)	0%	67%	50%	100%	0%	25%	100%	50%	67%	50%	83%	100%	63%
pass	0	4	1	2	0	1	1	1	2	1	5	2	20
fail	1	2	1	0	1	3	0	1	1	1	1	0	12
Howard Healthcare Academy, LLC (084)	0%	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	0%
pass	0		0							0		0	0
fail	1		1							1		1	4
Image Orthodontics (114)	0%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass	0			1									1
fail	1			0									1
Irvine Children's Dentistry (97)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass				1									1
fail				0									0
J Productions (003)	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
Joseph K. Buchanan DDS, Inc (036)	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
Kairos Career College (117)	N/A	N/A	N/A	N/A	0%	0%	N/A	0%	N/A	0%	N/A	0%	0%
pass					0	0		0		0		0	0
fail					2	1		2		1		1	7

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
2	0
0%	0%
0	0
0	0
58%	40%
11	8
8	12
100%	0%
1	0
0	0
100%	33%
7	1
0	2
0%	0%
0	0
0	2
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	2

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Karrisham B Jumani, Inc (112)	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
fail											0		0
Kubisch A Dental Corporation (028)	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
Loma Linda University (090)	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
M. John Redmond, DDS (024)	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
Melanie Parker, DDS (049)	N/A	0%	N/A	N/A	0%	100%	N/A	100%	N/A	N/A	N/A	N/A	50%
pass		0			0	1		1					2
fail		1			1	0		0					2
OC Dental Specialists (128)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%
pass									0				0
fail									1				1
Orthoworks Dental Group, Dr. David Shen (043)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass				1									1
fail				0									0
Parkside Dental (041)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass						0							0
fail						1							1
Pasadena City College (011)	100%	N/A	N/A	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	0%	75%
pass	1			1		1						0	3
fail	0			0		0						1	1
Raymond J. Kieffer, DDS (069)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
pass								1					1
fail								0					0
Riverside County Office of Education (087)	N/A	N/A	N/A	N/A	0%	0%	100%	N/A	N/A	N/A	100%	N/A	50%
pass					0	0	1				1		2
fail					1	1	0				0		2
Robert Sheffield, DDS Inc. (018)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass									1				1
fail									0				0
Sacramento City College (002)	100%	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	0%	N/A	33%
pass	1				0						0		1
fail	0				1						1		2

YTD First Time Testers	YTD Repeat Testers
100%	0%
1	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	1

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Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD Total
Susan S. So, DDS (121)	N/A	N/A	N/A	N/A	0%	0%	50%	100%	N/A	N/A	N/A	N/A	33%
pass					0	0	2	1					3
fail					2	2	2	0					6
Tal D. Jeregensen, DDS (042)	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
Thao Nguyen, DDS (038)	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
The FADE Institute, Inc. (137)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67%	80%	100%	67%	75%	80%
pass								2	4	5	2	3	16
fail								1	1	0	1	1	4
Thompson Tom, DDS (030)	0%	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	80%
pass	0				2	2							4
fail	1				0	0							1
Toth and Torossian Partnership (110)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass													0
fail													0
Tri-Valley Orthodontics (101)	0%	100%	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	80%
pass	0	2			1				1				4
fail	1	0			0				0				1
Tsai & Snowden Esthetic Partners Dental Group (106)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass													0
fail													0
Valley School of Dental Assisting (027)	N/A	50%	75%	0%	0%	N/A	33%	0%	0%	0%	50%	50%	32%
pass		2	3	0	0		1	0	0	0	1	1	8
fail		2	1	3	3		2	1	2	1	1	1	17
Western Career College (025)	N/A	N/A	N/A	0%	N/A	0%	N/A	0%	N/A	N/A	0%	0%	0%
pass				0		0		0			0	0	0
fail				1		1		1			1	1	5
Western Dental - Corona (102)	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	100%	0%	100%	33%
pass							0		0	1	0	1	2
fail							1		2	0	1	0	4
Western Dental - Sacramento (104)	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%	N/A	N/A	0%
pass							0			0			0
fail							1			2			3
Western Dental & Orthodontics - Lodi (130)	N/A	N/A	N/A	N/A	N/A	50%	0%	N/A	50%	0%	0%	100%	33%
pass						1	0		1	0	0	1	3
fail						1	1		1	1	2	0	6
Western Dental Services - Bakersfield (053)	0%	50%	0%	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A	N/A	14%

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
91%	0%
10	0
1	1
0%	0%
0	0
0	0
0%	0%
0	0
0	0
100%	25%
1	1
0	3
0%	0%
0	0
0	2
0%	67%
0	2
0	1
0%	0%
0	0
0	2
0%	33%
0	1
1	2
0%	0%

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Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD Total
pass	0	1	0					0	0				1
fail	1	1	1					1	2				1
Western Dental Services - Banning (078)	0%	0%	0%	0%	N/A	0%	N/A	N/A	100%	0%	N/A	50%	20%
pass	0	0	0	0		0			1	0		1	2
fail	1	1	1	2		1			0	1		1	8
Western Dental Services - Fontana (079)	N/A	N/A	0%	N/A	0%	N/A	0%	N/A	0%	0%	N/A	N/A	0%
pass			0		0		0		0	0			0
fail			1		1		2		1	2			7
Western Dental Services - Fresno (131)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	0%	50%	N/A	40%
pass								1	0	0	1		2
fail								0	1	1	1		3
Western Dental Services - Los Angeles (052)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	N/A	50%
pass						0			1				1
fail						1			0				1
Western Dental Services - Manteca (062)	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
Western Dental Services - Modesto (064)	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
Western Dental Services - Oceanside (055)	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
Western Dental Services - Orange (044)	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	
Western Dental Services - Oxnard (103)	0%	N/A	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
Western Dental Services - Redwood City (076)	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%	0%	0%	0%	0%
pass					0				0	0	0	0	0
fail					1				1	1	2	6	
Western Dental Services - Riverside (057)	N/A	N/A	N/A	N/A	0%	0%	50%	N/A	N/A	N/A	0%	N/A	13%
pass					0	0	1				0		1
fail					2	3	1				1		7
Western Dental Services - N. Sacramento (020)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass													0
fail													0
Western Dental Services - Sacramento (051)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass						0							0
fail						1							1

YTD First Time Testers	YTD Repeat Testers
0	0
0	0
0%	50%
0	1
1	1
0%	0%
0	0
0	2
0%	33%
0	1
0	2
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	4
0%	0%
0	0
0	1
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD Total
Western Dental Services - Salinas (088)	N/A	50%	N/A	N/A	0%	N/A	0%	50%	100%	33%	0%	N/A	31%
pass		1			0		0	1	1	1	0		4
fail		1			1		1	1	0	2	3		9
Western Dental Services - San Leandro (050)	100%	0%	0%	0%	100%	N/A	N/A	0%	33%	100%	N/A	N/A	46%
pass	2	0	0	0	2			0	1	1			6
fail	0	1	1	2	0			1	2	0			7
Western Dental Services - Santa Ana (056)	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass												0	0
fail												1	1
Western Dental Services - Santa Clara (054)	N/A	N/A	N/A	0%	N/A	N/A	0%	0%	100%	0%	N/A	0%	11%
pass				0			0	0	1	0		0	1
fail				1			2	2	0	2		1	8
Western Dental Services - Salinas (088)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67%	75%
pass		1										2	3
fail		0										1	1
Western Dental Services - Tracy (063)	N/A	100%	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
Zhi Meng, DDS (044)	N/A	N/A	N/A	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20%
pass				1	0								1
fail				1	3								4
PERCENT PASS	50%	53%	57%	37%	19%	39%	52%	45%	46%	37%	40%	53%	43%
TOTAL PASS	11	21	16	10	10	20	23	22	21	17	20	35	226
TOTAL FAIL	11	19	12	17	44	31	21	27	25	29	30	31	297

YTD First Time Testers	YTD Repeat Testers
100%	0%
1	0
0	5
0%	100%
0	1
0	0
0%	0%
0	0
0	1
0%	0%
0	0
1	2
0%	67%
0	2
0	1
0%	0%
0	0
0	0
0%	0%
0	0
0	0
63%	32%
42	30
25	65

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

Orthodontic Assistant Written Examination Statistics
January 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Bernstein Orthodontics (047)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Dental Advantage (123)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Dental Pros (007)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Dental Specialties Institute Inc. (015)	5	1	20%	4	80%	1	0	0%	1	100%	4	1	25%	3	75%
Dr. Jason M. Cohen (085)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Dr. Joel Brodsky (013)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Dr. Kurt Stromberg (014)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Dr. Lili Mirtorabi Orthodontics (021)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Dr. Waleed Soliman Brite Dental Group At Western Dental Natomas (20B)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Expanded Functions Dental Assistant Assoc (001)	5	2	40%	3	60%	2	0	0%	2	100%	3	2	67%	1	33%
Hamid Barkhovdar, DDS (124)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Howard Healthcare Academy, LLC (084)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Kairos Career College (117)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
The FADE Institute, Inc. (137)	5	5	100%	0	0%	5	5	100%	0	0%	0	0	0%	0	0%
Valley School of Dental Assisting (027)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental - Corona (102)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental - Sacramento (104)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Western Dental & Orthodontics - Lodi (130)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Western Dental Services - Banning (078)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Western Dental Services - Fontana (079)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Western Dental Services - Fresno (131)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Redwood City (076)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Salinas (088)	3	1	33%	2	67%	1	1	100%	0	0%	2	0	0%	2	100%
Western Dental Services - San Leandro (050)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental Services - Santa Clara (054)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
TOTALS	46	17	37%	29	63%	19	9	47%	10	53%	27	8	30%	19	70%

Orthodontic Assistant Written Examination Statistics
February 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Dental Advantage (123)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Dental Pros (007)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Dental Specialties Institute Inc. (015)	5	2	40%	3	60%	0	0	0%	0	0%	5	2	40%	3	60%
Downey Adult School (004)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Dr. Douglas Nguyen (012)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Dr. Kurt Stromberg (014)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Dr. Lili Mirtorabi Orthodontics (021)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Expanded Functions Dental Assistant Assoc (001)	12	5	42%	7	58%	6	2	33%	4	67%	6	3	50%	3	50%
Hamid Barkhovdar, DDS (124)	6	5	83%	1	17%	4	4	100%	0	0%	2	1	50%	1	50%
Karrisham B Jumani, Inc (112)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Riverside County Office of Education (087)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Sacramento City College (002)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
The FADE Institute, Inc (137)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%
Valley School of Dental Assisting (027)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Western Career College (025)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental - Corona (102)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental & Orthodontics - Lodi (130)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Western Dental Services - Fresno (131)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Western Dental Services - Redwood City (076)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Riverside (057)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Salinas (088)	3	0	0%	3	100%	0	0	0%	0	0%	3	0	0%	3	100%
TOTALS	50	20	40%	30	60%	17	11	65%	6	35%	33	9	27%	24	73%

Orthodontic Assistant Written Examination Statistics
March 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Dental Advantage (123)	4	2	50%	2	50%	3	2	67%	1	33%	1	0	0%	1	100%
Dental Pros (007)	4	1	25%	3	75%	2	1	50%	1	50%	2	0	0%	2	100%
Dental Specialties Institute Inc. (015)	6	4	67%	2	33%	3	2	67%	1	33%	3	2	67%	1	33%
Dr. Douglas Nguyen (012)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Dr. Kurt Stromberg (014)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Dr. Lili Mirtorabi Orthodontics (021)	3	3	100%	0	0%	2	2	100%	0	0%	1	1	100%	0	0%
Dr, Walled Soliman, Brite Dental Group (020)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Expanded Functions Dental Assistant Assoc (001)	22	12	55%	10	45%	11	9	82%	2	18%	11	3	27%	8	73%
Garrett Orthodontics (017)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Hamid Barkhovdar, DDS (124)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Howard Healthcare Academy, LLC (084)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Kairos Career College (117)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Pasadena City College (011)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
The FADE Institute, Inc (137)	4	3	75%	1	25%	4	3	75%	1	25%	0	0	0%	0	0%
Valley School of Dental Assisting (027)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Western Career College (025)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental - Corona (102)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental & Orthodontics - Lodi (130)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental Services - Banning (078)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Western Dental Services - Redwood City (076)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Western Dental Services - Santa Ana (056)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Santa Clara (054)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Salinas (088)	3	2	67%	1	33%	0	0	0%	0	0%	3	2	67%	1	33%
TOTALS	66	35	53%	31	47%	31	22	71%	9	29%	35	13	37%	22	63%

DSA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
Pacific Oral and Maxillofacial Surgery	N/A	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												0	0
Robert E. Bell, DDS, Inc.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		100%
pass				2								0	2
fail				0								0	0
PERCENT PASS	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
TOTAL PASS				2									2
TOTAL FAIL				0									0

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

MEMORANDUM

DATE	April 2, 2018
TO	Members of the Dental Board of California
FROM	Laura Fisher, Educational Program Coordinator Dental Board of California
SUBJECT	Agenda Item 8E: Update on Dental Assisting Licensing Statistics

The following table provides current license status statistics by license type as of
April 2, 2018

License Type	Registered Dental Assistant (RDA)	Registered Dental Assistant in Extended Functions (RDAEF)
Current & Active	30,054	1,425
Current & Inactive	4,709	82
Delinquent	10,809	206
Total Population (Current & Delinquent)	45,572	1,713
Total Cancelled Since Implementation	43,264	290

The following table provides current permit status statistics by permit type as of
April 2, 2018

Permit Type	Orthodontic Assistant (OA)	Dental Sedation Assistant (DSA)	Total Permits
Current & Active	836	28	864
Current & Inactive	14	1	15
Delinquent	56	11	67
Total Population (Current & Delinquent)	906	40	946
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; has paid the renewal fees but cannot perform the duties of the license unless the license is re-activated. Continuing education units are not required for inactive license renewal.
Delinquent	An individual who does not comply with renewal requirements receives this status until renewal requirements are met.
Cancelled	An individual who fails to comply with renewal requirements by a set deadline will receive this status.
Deficient	Application processed lacking one or more requirements

Delinquent License Aging Status

License Type	Within 30 Days	30 - 60 Days	61 - 90 Days	90 Days – 1 Year	1 – 2 Years	2 – 3 Years	3 – 4 Years	4 – 5 Years
RDA	573	337	281	2,243	2,396	2,226	1,711	1,422
RDAEF	14	8	7	48	40	57	25	18
OA	4	3	2	20	18	8	5	0
DSA	0	0	1	2	4	2	1	1

Active Licensees by County as of April 2, 2018

County	RDA	Population	Population per RDA	DDS	Ratio of RDA to DDS
Alameda	1266	1,645,359	1,299	1,458	1:1
Alpine	0	1,151	N/A	0	N/A
Amador	55	38,382	698	21	3:1
Butte	273	226,404	829	146	2:1
Calaveras	58	45,168	779	15	4:1
Colusa	27	22,043	816	5	5:1
Contra Costa	1,350	1,139,513	844	1,080	1:1
Del Norte	28	27,124	969	15	2:1
El Dorado	223	185,062	830	164	1:1
Fresno	837	995,975	1,190	591	1:1
Glenn	47	28,731	611	12	4:1
Humboldt	177	136,953	774	73	2:1
Imperial	85	188,334	2,216	38	2:1
Inyo	12	18,619	1,552	10	1:1
Kern	590	895,112	1,517	332	2:1
Kings	129	149,537	1,159	69	2:1
Lake	65	64,945	999	43	1:1
Lassen	46	30,918	672	20	2:1
Los Angeles	4,654	10,241,278	2,201	8,288	1:2
Madera	132	156,492	1,186	51	3:1
Marin	185	263,604	1,425	317	1:2

County	RDA	Population	Population per RDA	DDS	Ratio of RDA to DDS
Mariposa	12	18,148	1,512	8	2:1
Mendocino	98	89,134	909	58	2:1
Merced	196	274,665	1,401	92	2:1
Modoc	6	9,580	1,596	5	1:1
Mono	5	13,713	2,743	4	1:1
Monterey	400	442,365	1,106	267	1:1
Napa	141	142,408	1009	110	1:1
Nevada	85	98,828	1,163	82	1:1
Orange	1,844	3,194,024	1,732	3,778	1:2
Placer	512	382,837	748	444	1:1
Plumas	19	19,819	1,043	15	1:1
Riverside	1,930	2,384,783	1,236	1,041	2:1
Sacramento	1,673	1,514,770	905	1,090	2:1
San Benito	89	56,854	639	21	4:1
San Bernardino	1,516	2,160,256	1,425	1,325	1:1
San Diego	2,585	3,316,192	1,283	2,670	1:1
San Francisco	460	874,228	1,900	1,245	1:3
San Joaquin	746	746,868	1,001	367	2:1
San Luis Obispo	225	280,101	1,245	220	1:1
San Mateo	665	770,203	1,144	867	1:1
Santa Barbara	317	450,663	1,431	316	1:1
Santa Clara	1,684	1,938,180	1,151	2,242	1:1
Santa Cruz	226	276,603	1,229	181	1:1
Shasta	208	178,605	859	113	2:1
Sierra	4	3,207	802	1	4:1
Siskiyou	26	44,688	1,719	23	1:1
Solano	589	436,023	740	279	2:1
Sonoma	724	505,120	698	402	2:1
Stanislaus	576	548,057	951	276	2:1
Sutter	106	96,956	915	48	2:1
Tehama	68	63,995	941	25	3:1
Trinity	6	13,628	2,271	4	1:1
Tulare	425	471,842	1,110	206	2:1
Tuolumne	91	54,707	601	50	2:1
Ventura	538	857,386	1,594	666	1:1
Yolo	193	218,896	1,134	116	2:1
Yuba	85	74,577	877	12	7:1
Out of State/Country	307				
TOTAL	29,619	39,523,613			

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

**Ratios are rounded to the nearest whole number

The counties with the highest Population per RDA are:

1. Mono County (1:2,743)
2. Trinity County (1:2,271)
3. Imperial County (1:2,216)
4. Los Angeles County (1:2,201)
5. San Francisco County (1:1,900)

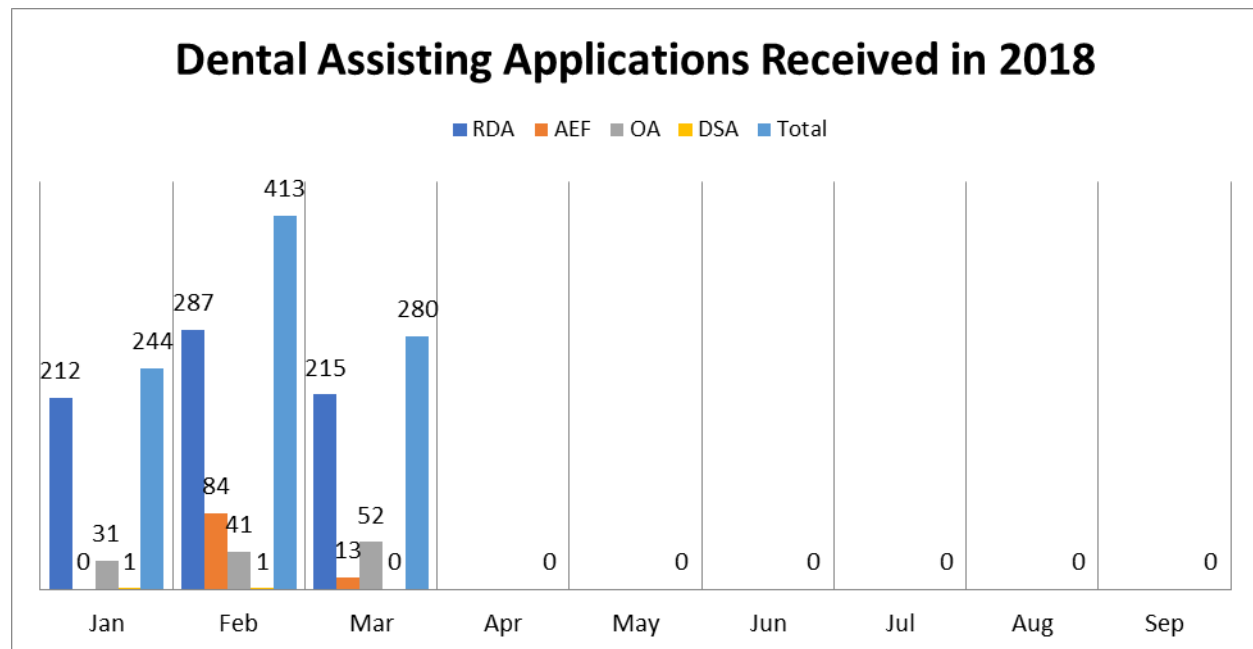
The counties with the lowest Population per RDA are:

1. Alpine County (No RDAs)
2. Tuolumne County (1:601)
3. Glenn County (1:611)
4. San Benito County (1:639)
5. Lassen County (1:672)

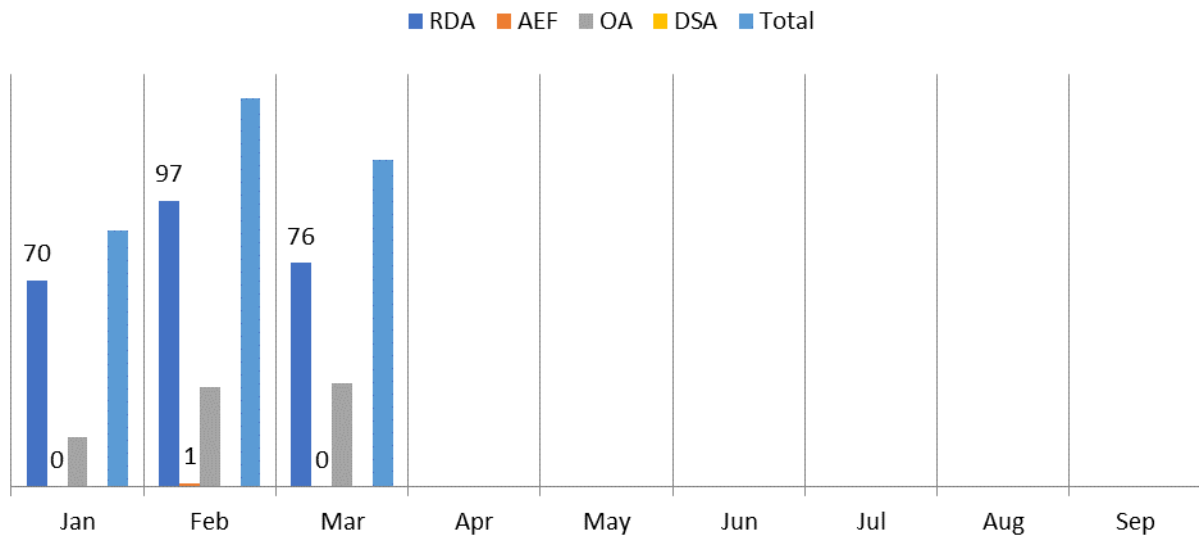
B. Following are monthly dental statistics by license type as of April 2, 2018

Dental Assistant Applications Received by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	212	287	215										714
RDAEF	0	84	13										97
OA	31	41	52										124
DSA	1	1	0										2
Total	244	413	280										937
Dental Assistant Applications Approved by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	70	97	76										243
RDAEF	0	1	0										1
OA	17	34	35										86
DSA	0	0	0										0
Total	87	132	111	0	0	0	0	0	0	0	0	0	330
Dental Assistant Licenses Issued by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	150	108	101										359
RDAEF	1	0	7										8
OA	18	20	28										66
DSA	0	0	0										0
Total	169	128	136	0	0	0	0	0	0	0	0	0	433
Cancelled Dental Assistant Applications by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	0	0										0
RDAEF	0	0	0										0
OA	0	0	0										0
DSA	0	0	0										0
Total	0	0	0										0

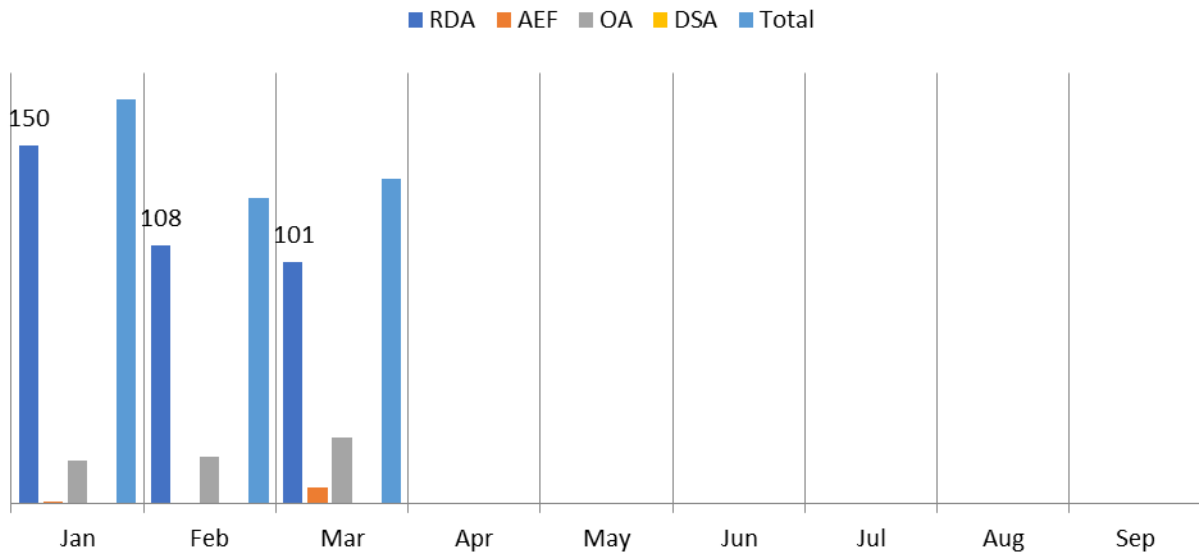
Withdrawn Dental Assistant Applications by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	0	0										0
RDAEF	0	0	0										0
OA	0	0	0										0
DSA	0	0	0										0
Total	0	0	0										0
Denied Dental Assistant Applications by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	0	0										0
RDAEF	0	0	0										0
OA	0	0	0										0
DSA	0	0	0										0
Total	0	0	0										0



Dental Assisting Applications Approved in 2018

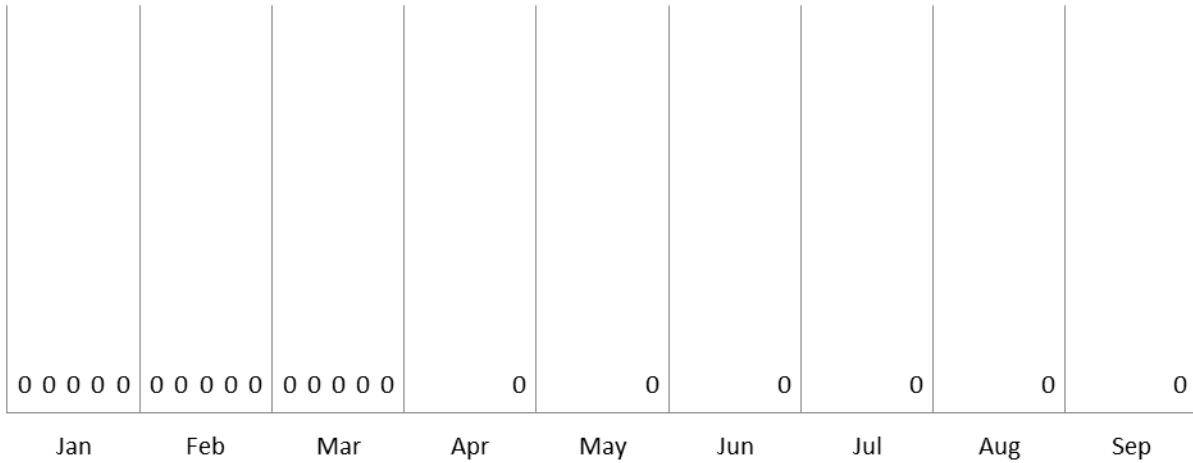


Dental Assisting Licenses Issued in 2018



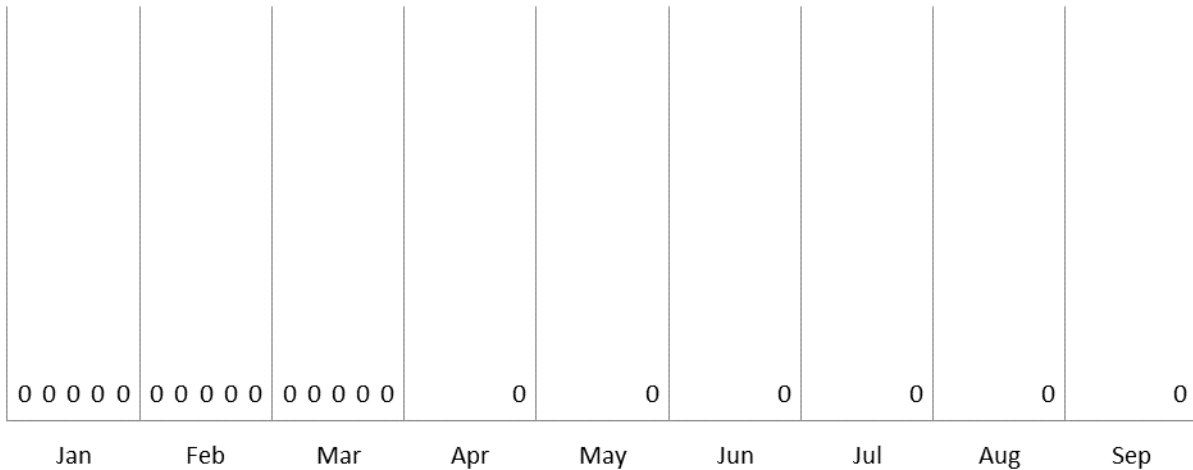
Cancelled Dental Assisting Applications in 2018

■ RDA ■ AEF ■ OA ■ DSA ■ Total



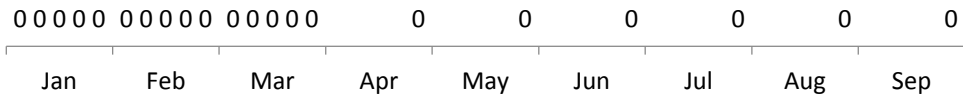
Withdrawn Dental Assisting Applications in 2018

■ RDA ■ AEF ■ OA ■ DSA ■ Total



Denied Dental Assisting Applications in 2018

■ RDA ■ AEF ■ OA ■ DSA ■ Total





MEMORANDUM

DATE	April 10, 2018
TO	Members of the Dental Board of California
FROM	Tina Vallery, Examination Coordinator Dental Board of California
SUBJECT	Agenda Item 8F: Update Regarding the Combining of the Registered Dental Assistant (RDA) Law & Ethics and General Written Examinations

Background:

At the December 2016 meeting, the Dental Board of California (Board) and the Dental Assisting Council (Council) agreed to combine both the Registered Dental Assistant (RDA) Written and the RDA Law and Ethics examinations into one examination. The Board worked with the Department of Consumer Affairs' (DCA) Office of Professional Examination Services (OPES) to implement the combined test plan based on the results of the 2016 RDA Occupational Analysis (OA) to ensure that the combined examination is legally defensible and meets the requirements of Business and Professions Code Section 139. The examination plan for the combined RDA Written and Law and Ethics Examination was posted on the Board's web site in November 2017 and minor revisions were made to the document in January 2018. The examination plan is posted on the Board's web site at: http://www.dbc.ca.gov/formspubs/rda_law_ethics_combined.pdf.

At the February 2018 meeting, the Board received a request from dental assisting educators to delay the implementation of the examination so the dental assisting programs would have an opportunity to prepare their students for the new examination. Additionally, those dental assisting educators were concerned that the examination plan posted on the Board's web site did not include references to specific textbooks used for the development of examination questions. Additionally, they were concerned the Psychological Services Incorporated (PSI) Candidate Handbook was not yet available for their students to begin reviewing in preparation for the anticipated May 2018 launch of the combined examination. In response to these concerns, the Board requested staff consult with the OPES to see if delaying the implementation of the examination was feasible.

The OPES advised that a delay would not be warranted and that sufficient notice has been provided regarding the examination format changes because this is the combination of two existing examinations and not the development of an entirely new examination. The question pool will be very much the same. All study guide references remain the same, with the exception that references to the Dental Assisting National

Board (DANB) have been removed. As a result of the findings of the OPES, the Board will continue to move forward with the launch of the combined examination in May 2018.

Board staff continues to assist the OPES in coordinating the Workshops for the Registered Dental Assistant (RDA) Combined Written and Law and Ethics Examination. Review/Item Writing Workshops have been held on February 3-4, 2017, August 4-5, 2017, October 27-28, 2017, December 8-9, 2017, and February 16-17, 2018, as well as, an Exam Construction Workshop was held on January 12-13, 2018. During these workshops and under the facilitation of an OPES testing specialist, licensees participated in reviewing test items and writing new test items.

The implementation of the combined RDA Written and Law and Ethics Examination is anticipated to occur on Thursday, May 24, 2018. To prepare for the conversion to the singular exam, PSI will not administer the separate RDA Law and Ethics and the RDA Written Examinations from Tuesday, May 15 through Wednesday, May 23. Current applicants may schedule their RDA Law and Ethics and the RDA Written Examinations with PSI through Monday, May 14. If a candidate does not successfully pass both the RDA Law and Ethics and the RDA Written Examinations by Monday, May 14, the candidate will be required to take the combined RDA Written and Law and Ethics examination once it becomes available on May 24.

The combined RDA Written and Law and Ethics examination will consist of one-hundred-fifty (150) questions. The fee for the examination will be \$38.50. Comparable to any new examination, there will be a slight delay in providing results due to the Board performing a quality assurance assessment on examination items. Candidates will receive a letter of participation, after completing their examination, that will explain that their exam results are being held for a period of four to six (4-6) weeks and that they will receive their examination scores by mail. Once the assessment has been completed, immediate release of examination results will resume.

In March 2018, the Board posted the PSI Candidate Handbook for the new combined RDA Law and Ethics and Written Examination. Board staff received feedback from stakeholders regarding the PSI examination handbook; as a result, the OPES made some minor revisions to the document. The updated examination handbook has been posted to the Board's web site at:
http://www.dbc.ca.gov/formspubs/rdac_handbook_2018.pdf.

The implementation of the combined RDA Written and Law and Ethics Examination remains contingent upon the DCA BreEZe system. Issues related to the DCA BreEZe conversion are outside the Board's control and delayed implementation of the combined examination is possible. If in the event, the implementation is delayed the Board staff will provide notification on the web site as well as send out an email to all subscribers.

Action Requested:
No action requested.



MEMORANDUM

DATE	April 30, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	Agenda Item 8G: Discussion and Possible Action Regarding the Scope of Practice for the RDAEF2 as submitted by Joan Greenfield, representative of RDAEF Association and J Productions Dental Seminar's Inc

Background:

Ms. Joan Greenfeld, representative of RDAEF Association and J Productions Dental Seminar's Inc, requested the following items be included on the meeting agenda for the Board's discussion and consideration. Ms. Greenfield will present these items to the Board and will be available to answer any questions.

- i. Placement of Gingival Retraction Cord
At the time these duties were originally formulated, placement of gingival retraction cord was the primary modality for management of gingival tissue for prosthodontics. Since that time several less invasive methods of managing gingival tissue have been popularized. It is the opinion of the RDAEF Association that the current function should be changed to "Tissue management for prosthodontic procedures." This change would allow approved programs to teach a variety of different techniques, and allow the RDAEF2 to utilize their dentist's preferred method of tissue management.
- ii. Removal of the Placement of Gingival Retraction Cord from the RDAEF Clinical Examination as a Separately Graded Item.
If the function is changed to "Tissue management for prosthodontic procedures", the change would no longer lend itself to a separate gradable function. In grading the final impression, any tissue damage could certainly be noted at that time.
- iii. Change the procedures on the RDAEF restorative examination
The current restorative examination requires the placement of a posterior amalgam and an anterior composite. The greater majority of dental offices and clinics no longer utilize amalgam as a restorative material. A survey conducted by the RDAEF Association in September of 2015 showed that 60% of the respondents never use amalgam and an additional 32% very seldom use amalgam. That means the 92% of the individuals that answered the survey seldom or never utilize amalgam as a restorative material. However, the same individuals routinely place anterior and posterior composites. The RDAEF Association recommends the following change to

the Restoration Examination, so that the examination represents a more valid sampling of the materials which are being used now and into the future. “The restorative examination shall consist of both an anterior and posterior restoration utilizing current widely used contemporary restorative materials specified by the board.” This will give the examination committee the option of deciding which materials will be utilized for each examination cycle. Also by not specifying materials in regulations it allows for the use of other materials that may be developed in the future without causing regulatory change.

iv. Addition of the Administration of Local Anesthesia

Local anesthesia is an important component of restorative dental treatment. Adding local anesthesia to the scope of practice of the RDAEF2 as an optional permit after an individual has obtained their RDAEF2 license will help enhance the efficiency of the dental team.

Many RDAEF2s are performing full quadrant or full arch dental treatment. They are also placing retraction cord and taking impressions for multiple unit indirect restorations. The average more commonly used local anesthetics only provide pulpal anesthesia for 30-60 minutes. That means that most of these procedures may require additional anesthesia during treatment. If a patient needs additional anesthesia the patient could wait 10-15 minutes or more in discomfort until the dentist is available to administer additional anesthesia. In September of 2015 the EF Association conduct a survey which is attached. The survey results verify that 70% of respondents needed to have their patients re-injected on a daily basis.

Hygienists were able to add the administration of local anesthesia to their scope of practice because it is a component of the procedures they perform. The same concept is even more true for the RDEAF2.

An excellent model already exists in California for teaching local anesthesia to dental auxiliaries. It contains all the components for the safe, knowledgeable administration of local anesthesia and has been taught for over 32 years. During that time there has never been an enforcement issues or complaints brought before the Dental Board, COMDA or the Hygiene Committee regarding local anesthesia administered by a licensed dental auxiliary.

Additional information

In 1984, the duties of local anesthesia, nitrous oxide, and soft tissue curettage were added to the California hygienists' scope of practice, amid much controversy and claims that only dentists had the skills and education to perform these procedures.

Since that time, thousands of hygienists have become certified to provide these important services, and no disciplinary actions have been filed against a dental hygienist regarding the administration of local anesthesia.

One of the primary reasons hygienists sought this change was so that they could provide better delivery of dental services themselves without interrupting the dentist's schedule.

It has been 8 years since the licensure of the first group of individuals as RDAEF2s. Since that time RDAEF2 professionals have proven themselves to be a very

important and welcome part of the dental team. The services provided by the RDAEF2 are technical in nature, are the same procedures routinely performed by a dentist. In order to provide more continuity in services and a safer and more efficient workflow, an optional permit for local anesthesia should become part of the scope of practice for the RDAEF2 once they have successfully become licensed.

v. Addition of the Administration of Nitrous Oxide

If the DDS utilizes nitrous oxide in their office, the RDAEF2 is already performing restorative procedures on that same patient, under nitrous oxide sedation once the doctor has completed the preparation(s). Currently there is not a regulation that allows the RDAEF2 to make any adjustments to the flow of gases to that patient including the completion of nitrous/oxygen administration unless the DDS is present, at chairside giving instructions to either adjust the flow of gases or stop the administration of gases.

Typically, the RDAEF2 performs restorative procedures for 30-90 minutes or longer per patient. During that timeframe it is necessary to monitor the patient and make any adjustments needed. The ADA has developed very specific guidelines for education of anyone administering nitrous oxide. In order to provide more continuity in services and a safer and more efficient workflow, we urge the Board members to consider utilizing those important guidelines to add an optional permit post EF2 licensure, to the scope of practice for the RDAEF2.

Action Requested:

Discuss and possibly consider Ms. Greenfield's requests.



MEMORANDUM

DATE	April 17, 2018
TO	Members of the Dental Board of California
FROM	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 9A: 2018 Tentative Legislative Calendar—Information Only

The 2018 Tentative Legislative Calendar for both the Senate and Assembly are enclosed.

Action Requested:
No action necessary.

2018 TENTATIVE LEGISLATIVE CALENDAR
COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 11/16/16

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. 3** **Legislature Reconvenes** (J.R. 51(a)(4)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 12** Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the **odd-numbered year** (J.R. 61(b)(1)).
- Jan. 15** Martin Luther King, Jr. Day.
- Jan. 19** Last day for any committee to hear and report to the **floor** bills introduced in that house in the odd-numbered year (J.R. 61(b)(2)). Last day to **submit bill requests** to the Office of Legislative Counsel.
- Jan. 31** Last day for each house to **pass bills introduced** in that house in the odd-numbered year (J.R. 61(b)(3), (Art. IV, Sec. 10(c)).

- Feb. 16** Last day for bills to be **introduced** (J.R. 61(b)(4), (J.R. 54(a)).

- Feb. 19** Presidents’ Day.

- Mar. 22** **Spring Recess** begins upon adjournment of this day’s session (J.R. 51(b)(1)).
- Mar. 30** Cesar Chavez Day observed.

- Apr. 2** **Legislature Reconvenes** from Spring Recess (J.R. 51(b)(1)).
- Apr. 27** Last day for **policy committees** to hear and report to **fiscal committees** **fiscal bills** introduced in their house (J.R. 61(b)(5)).

- May 11** Last day for **policy committees** to hear and report to the floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 18** Last day for **policy committees** to meet prior to June 4 (J.R. 61(b)(7)).
- May 25** Last day for **fiscal committees** to hear and report to the floor bills introduced in their house (J.R. 61(b)(8)). Last day for **fiscal committees** to meet prior to June 4 (J.R. 61(b)(9)).
- May 28** Memorial Day.
- May 29- June 1 Floor Session only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61 (b)(10)).

*Holiday schedule subject to Senate Rules committee approval

2018 TENTATIVE LEGISLATIVE CALENDAR
COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 11/16/16

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 1** Last day for each **house to pass bills** introduced in that house (J.R. 61(b)(11)).
- June 4** Committee meetings may resume (J.R. 61(b)(12)).
- June 15** Budget Bill must be passed by **midnight** (Art. IV, Sec. 12(c)(3)).
- June 28** Last day for a legislative measure to qualify for the Nov. 6 General Election ballot (Elections code Sec. 9040).
- June 29** Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(b)(13)).

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.
- July 6** Last day for **policy committees** to meet and report bills (J.R. 61(b)(14)). **Summer Recess** begins upon adjournment provided Budget Bill has been passed (J.R. 51(b)(2)).

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. 6** **Legislature Reconvenes** (J.R. 51(b)(2)).
- Aug. 17** Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).
- Aug. 20-31 Floor Session only.** No committees, other than Conference and Rules Committees, may meet for any purpose (J.R. 61(b)(16)).
- Aug. 24** Last day to **amend** on the floor (J.R. 61(b)(17)).
- Aug. 31** Last day for **each house to pass bills**, except bills that take effect immediately or bills in Extraordinary Session (Art. IV, Sec. 10(c), (J.R. 61(b)(18)). **Final Recess** begins upon adjournment (J.R. 51(b)(3)).

*Holiday schedule subject to Senate Rules committee approval

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

- 2018**
- Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor’s possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
- Nov. 6 General Election
- Nov. 30 Adjournment *Sine Die* at midnight (Art. IV, Sec. 3(a)).
- Dec. 3 12 Noon convening of the 2019-20 Regular Session (Art. IV, Sec. 3(a)).
- 2019**
- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

2018 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK

Revised 9-20-17

JANUARY							
	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
Wk. 1	28	29	30	31			

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 1					1	2	3
Wk. 2	4	5	6	7	8	9	10
Wk. 3	11	12	13	14	15	16	17
Wk. 4	18	19	20	21	22	23	24
Wk. 1	25	26	27	28			

MARCH							
	S	M	T	W	TH	F	S
Wk. 1					1	2	3
Wk. 2	4	5	6	7	8	9	10
Wk. 3	11	12	13	14	15	16	17
Wk. 4	18	19	20	21	22	23	24
Spring Recess	25	26	27	28	29	30	31

APRIL							
	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					

MAY							
	S	M	T	W	TH	F	S
Wk. 1			1	2	3	4	5
Wk. 2	6	7	8	9	10	11	12
Wk. 3	13	14	15	16	17	18	19
Wk. 4	20	21	22	23	24	25	26
No Hrgs.	27	28	29	30	31		

DEADLINES

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 3** Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 12** Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- Jan. 15** Martin Luther King, Jr. Day.
- Jan. 19** Last day for any committee to hear and report to the **Floor** bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)). Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31** Last day for each house to pass bills introduced in that house in the odd-numbered year (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).

- Feb. 16** Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).
- Feb. 19** Presidents' Day.

- Mar. 22** **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Mar. 30** Cesar Chavez Day observed.

- Apr. 2** Legislature reconvenes from Spring Recess (J.R. 51 (b)(1)).
- Apr. 27** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).

- May 11** Last day for **policy committees** to hear and report to the Floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 18** Last day for **policy committees** to meet prior to June 4 (J.R. 61(b)(7)).
- May 25** Last day for **fiscal committees** to hear and report to the **Floor** bills introduced in their house (J.R. 61 (b)(8)). Last day for **fiscal committees** to meet prior to June 4 (J.R. 61 (b)(9)).
- May 28** Memorial Day.
- May 29 – June 1** **Floor session only.** No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).

*Holiday schedule subject to final approval by Rules Committee.

2018 TENTATIVE LEGISLATIVE CALENDAR
COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised 9-20-17

JUNE							
	S	M	T	W	TH	F	S
No Hrgs.						1	2
Wk. 1	3	4	5	6	7	8	9
Wk. 2	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
Wk. 4	24	25	26	27	28	29	30

- June 1** Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).
- June 4** Committee meetings may resume (J.R. 61(b)(12)).
- June 15** Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)).
- June 28** Last day for a legislative measure to qualify for the Nov. 6 General Election ballot. (Elec. Code Sec. 9040)
- June 29** Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(b)(13)).

JULY							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Summer Recess	8	9	10	11	12	13	14
Summer Recess	15	16	17	18	19	20	21
Summer Recess	22	23	24	25	26	27	28
Summer Recess	29	30	31				

- July 4** Independence Day.
- July 6** Last day for **policy committees** to meet and report bills (J.R. 61(b)(14)). **Summer Recess** begins on adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess				1	2	3	4
Wk. 2	5	6	7	8	9	10	11
Wk. 3	12	13	14	15	16	17	18
No Hrgs.	19	20	21	22	23	24	25
No Hrgs.	26	27	28	29	30	31	

- Aug. 6** Legislature reconvenes from Summer Recess (J.R. 51(b)(2)).
- Aug. 17** Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).
- Aug. 20 – 31 Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(16)).
- Aug. 24** Last day to **amend** on Floor (J.R. 61(b)(17)).
- Aug. 31** Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(18)). **Final Recess** begins on adjournment (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2018

- Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec.10(b)(2)).
- Oct. 1 Bills enacted on or before this date take effect January 1, 2019 (Art. IV, Sec. 8(c)).
- Nov. 6 General Election.
- Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).
- Dec. 3 2019-20 Regular Session convenes for Organizational Session at 12 noon (Art. IV, Sec. 3(a)).

2019

- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

*Holiday schedule subject to final approval by Rules Committee.



MEMORANDUM

DATE	April 13, 2018
TO	Members of the Dental Board of California
FROM	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 9B: Discussion and Possible Action on Legislation

Background:

Board staff is currently tracking forty-nine (49) bills, pertaining to the review of administrative regulations, dentistry as it relates anesthesia and sedation, Department of Consumer Affairs, healing arts boards and their respective licensees, licensing boards, and the CURES database. In the interest of time, staff will be presenting the following thirteen (13) bills to the Legislative and Regulatory Committee for review and consideration at the May meeting:

- i. [AB 224](#) (Thurmond) Dentistry: anesthesia and sedation
- ii. [AB 2086](#) (Gallagher) Controlled substances: CURES database
- iii. [AB 2138](#) (Chiu) Licensing boards: denial of application: revocation or suspension of licensure: criminal convictions
- iv. [AB 2483](#) (Voepel) Indemnification of public officers and employees: antitrust awards
- v. [AB 2643](#) (Irwin) Dentistry: general anesthesia: health coverage
- vi. [AB 2789](#) (Wood) Health Care Practitioners: prescriptions: electronic data transmissions
- vii. [SB 392](#) (Bates) Dentistry: report: access to care: pediatric dental patients
- viii. [SB 501](#) (Glazer) Dentistry: Anesthesia and Sedation Report
- ix. [SB 1148](#) (Pan) Medi-Cal: Restorative Dental Services
- x. [SB 1238](#) (Roth) Patient records: maintenance and storage
- xi. [SB 1298](#) (Skinner) Increasing Access to Employment Act
- xii. [SB 1482](#) (Hill) Dental Hygienists
- xiii. [SB 1491](#) (Senate Business, Professions & Economic Development Committee) Healing Arts

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 staff analyses.

The following nine (9) bills have been listed for **informational purposes only**; no discussion or action will be taken during this agenda item.

- i. [AB 1751](#) (Low) Controlled substances: CURES database
- ii. [AB 1752](#) (Low) Controlled substances: CURES database
- iii. [AB 1753](#) (Low) Controlled substances: CURES database
- iv. [AB 2174](#) (Waldron) Heroin and Opioid Public Education (HOPE) Act
- v. [AB 2783](#) (O'Donnell) Controlled substances: hydrocodone combination products: schedules
- vi. [SB 641](#) (Lara) Controlled Substance Utilization Review and Evaluation System: privacy
- vii. [SB 984](#) (Skinner) State boards and commissions: representation: women
- viii. [SB 1125](#) (Atkins) Federally qualified health center and rural health clinic services
- ix. [SB 1240](#) (Stone) Prescription drugs: CURES database

If you would like more information on any of the bills, the following websites are excellent resources for viewing proposed legislation and finding additional information:

www.leginfo.ca.gov
www.assembly.ca.gov
www.senate.ca.gov

Action Requested:

The Board may take one of the following actions regarding each bill:

Support
Support if Amended
Oppose
Watch
Neutral
No Action

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 16 - MAY 17, 2018 BOARD MEETING**

BILL NUMBER: Assembly Bill 224

AUTHOR: Thurmond

SPONSOR: American Academy
of Pediatrics,
California

VERSION: Amended 05/30/2017

INTRODUCED: 01/26/2017

BILL STATUS: 07/10/2017 – In Senate Com.
On B., P. & E.D: Set, first
hearing. Testimony taken.
Further hearing to be set.

BILL LOCATION: Senate

SUBJECT: Dentistry: anesthesia and
sedation.

**RELATED
BILLS:** SB 392,
SB 501

SUMMARY

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California, which is within the Department of Consumer Affairs. The act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. The act makes it unprofessional conduct for a dentist to engage in certain conduct, including failing to obtain written consent prior to administering general anesthesia or conscious sedation. The act also makes a willful violation of its provisions, including practicing without a valid certificate or license, a crime, and defines various terms relating to anesthesia and sedation.

This bill, on or before January 1, 2019, would require the board to contract with a nonprofit research organization for the purpose of obtaining high-quality pediatric sedation and anesthesia-related data.

This bill, on and after January 1, 2019, would redefine general anesthesia for these purposes. The bill would define “deep sedation” to mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation, as specified.

The Dental Practice Act prohibits a dentist from administering or ordering the administration of general anesthesia on an outpatient basis for dental patients unless the dentist meets certain licensing criteria.

This bill would extend that licensing criteria to dentists administering deep sedation. The bill would require dentists to have a pediatric endorsement of their general anesthesia permit and have completed a Commission on Dental Accreditation accredited or equivalent residency training program providing competency in the administration of deep sedation or general anesthesia to be eligible to administer these drugs to patients under 13 years of age. The bill also would require dentists to have completed at least 20 cases to establish competency for patients under 7 years of age, and would require dentists to perform a physical evaluation and a medical history before administering deep sedation or general anesthesia. The bill would further require that, for any procedure involving deep sedation or general anesthesia for patients between 7 and 13 years of age, the dentist and at least 2 support staff be present, except as specified, and would require the dentist and at least one support staff to have certain advanced life support and airway management training, as specified. The bill also would require an operating dentist, an assistant, and a dedicated monitor, as defined, to be present during procedures on children under 7 years of age, and would require the dedicated monitor to have certain advanced life support and airway management training, as specified. The bill would make these provisions operative on January 1, 2019.

The Dental Practice Act prohibits a dentist from administering or ordering the administration of conscious sedation, as defined, on an outpatient basis unless the dentist meets certain licensing criteria.

This bill would replace the term “conscious sedation” with “moderate sedation” and, on and after January 1, 2020, would define “moderate sedation” as a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands and meets other criteria. The bill would prohibit a dentist from administering or ordering the administration of moderate sedation on an outpatient basis to a dental patient unless the dentist meets specified licensing criteria and has applied to the board, submitted an application fee, and shown successful completion of training in moderate sedation. The bill would require a dentist who orders the administration of moderate sedation to be physically present in the treatment facility while the patient is sedated. The bill would specify that training in the administration of moderate sedation for patients 13 years of age or older is acceptable if it consists of a certain number of instructional hours and completion of cases and complies with certain guidelines for teaching pain control and sedation. The bill would require a dentist, prior to performing any procedure involving moderate sedation of a patient under 13 years of age, to obtain a pediatric endorsement, requiring a specified number of didactic instruction and clinical cases as well as advanced life support and airway management training. The bill also would require for a child under 7 years of age that there be at least 2 support staff persons in addition to the practicing dentist present at all times during the procedure, with one staff person member serving as a dedicated patient monitor. The bill would make these provisions operative on January 1, 2020.

This bill also would establish new requirements for dentists administering or ordering the administration of minimal sedation, defined as a drug-induced state during which patients respond normally to verbal commands, as specified, for pediatric patients under

13 years of age. These new requirements would include that the dentist possess specified licensing credentials, and would require any dentist who desires to administer or order the administration of minimal sedation to apply to the board, as specified, and to submit an application fee. The bill would make a violation of these provisions governing minimal sedation unprofessional conduct, constituting grounds for the revocation or suspension of the dentist's permit or other forms of reprimand. The bill would make these provisions operative on January 1, 2020.

By placing new requirements on dentists and other practitioners, this bill would expand the scope of an existing crime for violations of the Dental Practice Act, and would, therefore, impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

ANALYSIS

AB 224 has been withdrawn by the Author at the Senate Business, Professions and Economic Development.

REGISTERED SUPPORT/OPPOSITION

Support

American Academy of Pediatrics, California (Sponsor)
California Society of Dentist Anesthesiologists
Happy Bear Surgery Center
Pediatric Dental Initiative Surgery Center
Several Individuals

Oppose

California Dental Association
California Association of Oral and Maxillofacial Surgeons

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ **OPPOSE:**_____ **NEUTRAL:**_____ **WATCH:**_____

AMENDED IN ASSEMBLY MAY 30, 2017

AMENDED IN ASSEMBLY MAY 17, 2017

AMENDED IN ASSEMBLY MAY 2, 2017

AMENDED IN ASSEMBLY APRIL 20, 2017

AMENDED IN ASSEMBLY MARCH 27, 2017

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 224

Introduced by Assembly Member Thurmond

January 26, 2017

An act to amend Sections 1646, 1646.1, 1646.2, 1646.3, 1646.4, 1646.5, 1646.8, 1646.9, 1647, 1647.1, 1647.2, 1647.3, 1647.5, 1647.6, 1647.7, 1647.11, 1647.12, 1647.19, 1682, 1724, and 1750.5 of, to amend the heading of Article 2.7 (commencing with Section 1646) and Article 2.8 (commencing with Section 1647) of Chapter 4 of Division 2 of, to add Section 1616.1 to, and to add Article 2.87 (commencing with Section 1647.30) to Chapter 4 of Division 2 of, the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL’S DIGEST

AB 224, as amended, Thurmond. Dentistry: anesthesia and sedation.

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California, which is within the Department of Consumer Affairs. The act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. The act makes it unprofessional conduct for a dentist to engage in certain conduct, including failing to obtain written consent

prior to administering general anesthesia or conscious sedation. The act also makes a willful violation of its provisions, including practicing without a valid certificate or license, a crime, and defines various terms relating to anesthesia and sedation.

This bill, on or before January 1, 2019, would require the board to contract with a nonprofit research organization for the purpose of obtaining high-quality pediatric sedation and anesthesia-related data.

~~This bill~~ *bill, on and after January 1, 2019, would redefine general anesthesia for these purposes and additionally purposes. The bill would define “deep sedation” to mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation, as specified.*

The Dental Practice Act prohibits a dentist from administering or ordering the administration of general anesthesia on an outpatient basis for dental patients unless the dentist meets certain licensing criteria.

This bill would extend that licensing criteria to dentists administering deep sedation. The bill would require dentists to have a pediatric endorsement of their general anesthesia permit and have completed a Commission on Dental Accreditation accredited or equivalent residency training program providing competency in the administration of deep sedation or general anesthesia to be eligible to administer these drugs to patients under 13 years of age. The bill also would require dentists to have completed at least ~~52~~ 20 cases to establish competency for patients under 7 years of age, and would require dentists to perform a physical evaluation and a medical history before administering deep sedation or general anesthesia. The bill would further require that, for any procedure involving deep sedation or general anesthesia for patients between 7 and 13 years of age, the dentist and at least 2 support staff be present, except as specified, and would require the dentist and at least one support staff to have certain advanced life support and airway management training, as specified. The bill also would require an operating dentist, an assistant, and a dedicated monitor, as defined, to be present during procedures on children under 7 years of age, and would require the dedicated monitor to have certain advanced life support and airway management training, as specified. *The bill would make these provisions operative on January 1, 2019.*

The Dental Practice Act prohibits a dentist from administering or ordering the administration of conscious sedation, as defined, on an outpatient basis unless the dentist meets certain licensing criteria.

This bill would replace the term “conscious sedation” with “moderate sedation,” ~~meaning sedation~~ *and, on and after January 1, 2020, would define “moderate sedation” as a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands and meets other criteria.* The bill would prohibit a dentist from administering or ordering the administration of moderate sedation on an outpatient basis to a dental patient unless the dentist meets specified licensing criteria and has applied to the board, submitted an application fee, and shown successful completion of training in moderate sedation. The bill would require a dentist who orders the administration of moderate sedation to be physically present in the treatment facility while the patient is sedated. The bill would specify that training in the administration of moderate sedation for patients 13 years of age or older is acceptable if it consists of a certain number of instructional hours and completion of cases and complies with certain guidelines for teaching pain control and sedation. The bill would require a dentist, prior to performing any procedure involving moderate sedation of a patient under 13 years of age, to obtain a pediatric endorsement, requiring a specified number of didactic instruction and clinical cases as well as advanced life support and airway management training. The bill also would require for a child under 7 years of age that there be at least 2 support staff persons in addition to the practicing dentist present at all times during the procedure, with one staff person member serving as a dedicated patient monitor. *The bill would make these provisions operative on January 1, 2020.*

~~The~~

This bill also would establish new requirements for dentists administering or ordering the administration of minimal sedation, defined as a drug-induced state during which patients respond normally to verbal commands, as specified, for pediatric patients under 13 years of age. These new requirements would include that the dentist possess specified licensing credentials, and would require any dentist who desires to administer or order the administration of minimal sedation to apply to the board, as specified, and to submit an application fee. The bill would make a violation of these provisions governing minimal sedation unprofessional conduct, constituting grounds for the revocation or suspension of the dentist’s permit or other forms of reprimand. Additionally, by expanding *The bill would make these provisions operative on January 1, 2020.*

By placing new requirements on dentists and other practitioners, this bill would expand the scope of an existing crime for violations of the Dental Practice Act, the bill would and would, therefore, impose a state-mandated local program. This bill also would authorize the board to contract with a nonprofit research organization for the purpose of obtaining high-quality pediatric sedation and anesthesia-related data.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1616.1 is added to the Business and
2 Professions Code, to read:

3 1616.1. On or before January 1, 2019, the board shall contract
4 with a nonprofit research organization for the purpose of obtaining
5 high-quality data about outcomes and complications related to
6 pediatric dental sedation and anesthesia. It is the intent of this
7 section that the collection of data shall lead to further quality
8 improvement and safety.

9 SEC. 2. The heading of Article 2.7 (commencing with Section
10 1646) of Chapter 4 of Division 2 of the Business and Professions
11 Code is amended to read:

12
13 Article 2.7. Use of Deep Sedation and General Anesthesia
14

15 SEC. 3. Section 1646 of the Business and Professions Code is
16 amended to read:

17 1646. As used in this article, the following definitions shall
18 apply:

19 (a) "Deep sedation" means a drug-induced depression of
20 consciousness during which patients cannot be easily aroused but
21 respond purposefully following repeated or painful stimulation.
22 The ability to independently maintain ventilatory function may be
23 impaired. Patients may require assistance in maintaining a patent

1 airway, and spontaneous ventilation may be inadequate.
2 Cardiovascular function is usually maintained.

3 (b) (1) (A) “General anesthesia” ~~means as used in this article,~~
4 *means a controlled state of depressed consciousness or*
5 *unconsciousness, accompanied by partial or complete loss of*
6 *protective reflexes, produced by a pharmacologic or*
7 *nonpharmacologic method, or a combination thereof.*

8 (B) *This paragraph shall become inoperative on January 1,*
9 *2019.*

10 (2) *On and after January 1, 2019, “general anesthesia” means*
11 *a drug-induced loss of consciousness during which patients are*
12 *not arousable, even by painful stimulation. The ability to*
13 *independently maintain ventilatory function is often impaired.*
14 *Patients often require assistance in maintaining a patent airway,*
15 *and positive pressure ventilation may be required because of*
16 *depressed spontaneous ventilation or drug-induced depression of*
17 *neuromuscular function. Cardiovascular function may be impaired.*

18 SEC. 4. Section 1646.1 of the Business and Professions Code
19 is amended to read:

20 1646.1. (a) A dentist shall not administer or order the
21 administration of deep sedation or general anesthesia on an
22 outpatient basis for dental patients unless the dentist either
23 possesses a current license in good standing to practice dentistry
24 in this state and holds a valid general anesthesia permit issued by
25 the board or possesses a current permit under Section 1638 or 1640
26 and holds a valid general anesthesia permit issued by the board.

27 (b) ~~A—~~*On and after January 1, 2019, a* dentist shall not
28 administer or order the administration of deep sedation or general
29 anesthesia to patients under 13 years of age unless that dentist
30 holds a pediatric endorsement for the general anesthesia permit,
31 as required by the board, allowing the administration of deep
32 sedation or general anesthesia for patients 12 years of age or
33 younger.

34 (c) A dentist shall not order the administration of general
35 anesthesia unless the dentist is physically within the dental office
36 at the time of the administration.

37 (d) A general anesthesia permit shall expire on the date provided
38 in Section 1715 that next occurs after its issuance, unless it is
39 renewed as provided in this article.

1 (e) ~~The~~ *On and after January 1, 2019, a* dentist shall have
2 completed a Commission on Dental Accreditation (CODA)
3 accredited or equivalent residency training program that provides
4 competency in the administration of deep sedation and general
5 anesthesia in order to be eligible to perform deep sedation or
6 general anesthesia on children under 13 years of age. ~~For~~ *On and*
7 *after January 1, 2019, for* patients under seven years of age, the
8 applicant shall provide proof of completion of at least ~~52~~ 20 cases
9 to establish competency, both at the time of initial application and
10 at renewal.

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

13 SEC. 5. Section 1646.2 of the Business and Professions Code
14 is amended to read:

15 1646.2. (a) A dentist who desires to administer or order the
16 administration of ~~deep sedation or general anesthesia~~ *anesthesia,*
17 *or, on and after January 1, 2019, to administer or order the*
18 *administration of deep sedation or general anesthesia,* shall apply
19 to the board on an application form prescribed by the board. The
20 dentist ~~must~~ *shall* submit an application fee and produce evidence
21 showing that he or she has successfully completed a minimum of
22 one year of advanced training in anesthesiology and related
23 academic subjects approved by the board, or equivalent training
24 or experience approved by the board, beyond the undergraduate
25 school level.

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

28 SEC. 6. Section 1646.3 of the Business and Professions Code
29 is amended to read:

30 1646.3. (a) ~~A physical evaluation and medical history shall~~
31 ~~be taken before the administration of deep sedation or general~~
32 ~~anesthesia. Any~~ *(1) Any* dentist holding a permit shall maintain
33 medical history, physical evaluation, and ~~deep sedation and general~~
34 ~~anesthesia records as required by board regulations.~~

35 *(2) On and after January 1, 2019, a physical evaluation and*
36 *medical history shall be taken before the administration of deep*
37 *sedation or general anesthesia. On and after January 1, 2019, any*
38 *dentist holding a permit shall, in addition to the requirements in*
39 *paragraph (1), maintain deep sedation records as required by*
40 *board regulations.*

1 (b) ~~For~~ *On and after January 1, 2019, for* patients 7 to 13 years
2 of age, inclusive, the dentist and at least two support staff shall be
3 present, unless there is a dedicated general anesthesia provider
4 present. ~~The~~ *On and after January 1, 2019, the* dentist and at least
5 one support staff member shall be trained in Pediatric Advanced
6 Life Support (PALS) and airway management, equivalent to the
7 American Academy of Pediatrics and American Academy of
8 Pediatric Dentistry (AAP-AAPD) Guidelines or as determined by
9 the board. ~~That~~ *On and after January 1, 2019, that* staff member
10 shall be dedicated to monitoring the patient throughout the
11 procedure.

12 (c) ~~For~~ *On and after January 1, 2019, for* children under seven
13 years of age, there shall be present during the procedure all of the
14 following:

15 (1) An operating dentist.

16 (2) An assistant.

17 (3) A dedicated monitor. For purposes of this paragraph,
18 “dedicated monitor” means a person licensed under Division 2 of
19 this code whose license authorizes the person to monitor the
20 patient’s airway through recovery. The dedicated monitor shall be
21 trained in PALS and airway management, equivalent to the
22 AAP-AAPD Guidelines or as determined by the board.

23 SEC. 7. Section 1646.4 of the Business and Professions Code
24 is amended to read:

25 1646.4. (a) *(1)* Prior to the issuance or renewal of a permit
26 for the use of ~~deep sedation or~~ general anesthesia, the board may,
27 at its discretion, require an onsite inspection and evaluation of the
28 licensee and the facility, equipment, personnel, and procedures
29 utilized by the licensee. *This subdivision shall not be construed*
30 *to require, as a condition of issuance or renewal of a permit, an*
31 *onsite inspection and evaluation by the board.* The permit of any
32 dentist who has failed an onsite inspection and evaluation shall be
33 automatically suspended 30 days after the date on which the board
34 notifies the dentist of the failure, unless within that time period
35 the dentist has retaken and passed an onsite inspection and
36 evaluation. Every dentist issued a permit under this article shall
37 have an onsite inspection and evaluation at least once every five
38 years. Refusal to submit to an inspection shall result in automatic
39 denial or revocation of the permit.

(2) *On and after January 1, 2019, paragraph (1) shall also apply to the issuance or renewal of a permit for the use of deep sedation.*

(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.

SEC. 8. Section 1646.5 of the Business and Professions Code is amended to read:

1646.5. (a) (1) A permittee shall be required to complete 24 hours of approved courses of study related to ~~deep sedation or~~ 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.

(2) *This subdivision shall become inoperative on January 1, 2019.*

(b) *On and after January 1, 2019, a permittee shall be required to complete 24 hours of approved courses of study related to deep sedation or general anesthesia as a condition of renewal of a permit. On and after January 1, 2019, those courses of study shall be credited toward any continuing education required by the board pursuant to Section 1645.*

SEC. 9. Section 1646.8 of the Business and Professions Code is amended to read:

1646.8. Nothing in this chapter shall be construed to authorize a dentist to administer or directly supervise the administration of general anesthesia or deep sedation for reasons other than dental treatment, as defined in Section 1625.

SEC. 10. Section 1646.9 of the Business and Professions Code is amended to read:

1646.9. (a) (1) Notwithstanding any other law, including, but not limited to, Section 1646.1, a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) may administer ~~deep sedation or~~ general anesthesia in the office of a licensed dentist for dental patients, without regard to whether the dentist possesses a permit issued pursuant to this article, if both of the following conditions are met:

(+)

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

3 ~~(2)~~

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

7 *(2) This subdivision shall become inoperative on January 1,*
8 *2019.*

9 (b) (1) A physician and surgeon who desires to administer ~~deep~~
10 ~~sedation or~~ general anesthesia as set forth in subdivision (a) shall
11 apply to the Dental Board of California on an application form
12 prescribed by the board and shall submit all of the following:

13 (A) The payment of an application fee prescribed by this article.

14 (B) Evidence satisfactory to the Medical Board of California
15 showing that the applicant has successfully completed a
16 postgraduate residency training program in anesthesiology that is
17 recognized by the American Council on Graduate Medical
18 Education, as set forth in Section 2079.

19 (C) Documentation demonstrating that all equipment and drugs
20 required by the Dental Board of California are possessed by the
21 applicant and shall be available for use in any dental office in
22 which he or she administers ~~deep sedation or~~ general anesthesia.

23 (D) Information relative to the current membership of the
24 applicant on hospital medical staffs.

25 (2) Prior to issuance or renewal of a permit pursuant to this
26 section, the Dental Board of California may, at its discretion,
27 require an onsite inspection and evaluation of the facility,
28 equipment, personnel, including, but not limited to, the physician
29 and surgeon, and procedures utilized. *This subdivision shall not*
30 *be construed to require, as a condition of issuance or renewal of*
31 *a permit, an onsite inspection and evaluation by the board.* At
32 least one of the persons evaluating the procedures utilized by the
33 physician and surgeon shall be a licensed physician and surgeon
34 expert in outpatient ~~deep sedation or~~ general anesthesia who has
35 been authorized or retained under contract by the Dental Board of
36 California for this purpose.

37 (3) The permit of a physician and surgeon who has failed an
38 onsite inspection and evaluation shall be automatically suspended
39 30 days after the date on which the board notifies the physician
40 and surgeon of the failure unless within that time period the

1 physician and surgeon has retaken and passed an onsite inspection
2 and evaluation. Every physician and surgeon issued a permit under
3 this article shall have an onsite inspection and evaluation at least
4 once every six years. Refusal to submit to an inspection shall result
5 in automatic denial or revocation of the permit.

6 *(4) This subdivision shall become inoperative on January 1,*
7 *2019.*

8 *(c) On and after January 1, 2019, notwithstanding any other*
9 *law, including, but not limited to, Section 1646.1, a physician and*
10 *surgeon licensed pursuant to Chapter 5 (commencing with Section*
11 *2000) may administer deep sedation or general anesthesia in the*
12 *office of a licensed dentist for dental patients, without regard to*
13 *whether the dentist possesses a permit issued pursuant to this*
14 *article, if both of the following conditions are met:*

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

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

20 *(d) (1) On and after January 1, 2019, a physician and surgeon*
21 *who desires to administer deep sedation or general anesthesia as*
22 *set forth in subdivision (c) shall apply to the Dental Board of*
23 *California on an application form prescribed by the board and*
24 *shall submit all of the following:*

25 *(A) The payment of an application fee prescribed by this article.*

26 *(B) Evidence satisfactory to the Medical Board of California*
27 *showing that the applicant has successfully completed a*
28 *postgraduate residency training program in anesthesiology that*
29 *is recognized by the American Council on Graduate Medical*
30 *Education, as set forth in Section 2079.*

31 *(C) Documentation demonstrating that all equipment and drugs*
32 *required by the Dental Board of California are possessed by the*
33 *applicant and shall be available for use in any dental office in*
34 *which he or she administers deep sedation or general anesthesia.*

35 *(D) Information relative to the current membership of the*
36 *applicant on hospital medical staffs.*

37 *(2) On and after January 1, 2019, prior to issuance or renewal*
38 *of a permit pursuant to this section, the Dental Board of California*
39 *may, at its discretion, require an onsite inspection and evaluation*
40 *of the facility, equipment, personnel, including, but not limited to,*

1 *the physician and surgeon, and procedures utilized. This*
2 *subdivision shall not be construed to require, as a condition of*
3 *issuance or renewal of a permit, an onsite inspection and*
4 *evaluation by the board. On and after January 1, 2019, at least*
5 *one of the persons evaluating the procedures utilized by the*
6 *physician and surgeon shall be a licensed physician and surgeon*
7 *expert in outpatient deep sedation or general anesthesia who has*
8 *been authorized or retained under contract by the Dental Board*
9 *of California for this purpose.*

10 (3) *On and after January 1, 2019, the permit of a physician and*
11 *surgeon who has failed an onsite inspection and evaluation shall*
12 *be automatically suspended 30 days after the date on which the*
13 *board notifies the physician and surgeon of the failure unless*
14 *within that time period the physician and surgeon has retaken and*
15 *passed an onsite inspection and evaluation. On and after January*
16 *1, 2019, every physician and surgeon issued a permit under this*
17 *article shall have an onsite inspection and evaluation at least once*
18 *every six years. Refusal to submit to an inspection shall result in*
19 *automatic denial or revocation of the permit.*

20 SEC. 11. The heading of Article 2.8 (commencing with Section
21 1647) of Chapter 4 of Division 2 of the Business and Professions
22 Code is amended to read:

23
24 Article 2.8. Use of Moderate Sedation
25

26 SEC. 12. Section 1647 of the Business and Professions Code
27 is amended to read:

28 1647. (a) The Legislature finds and declares that a
29 commendable patient safety record has been maintained in the past
30 by dentists and those other qualified providers of anesthesia
31 services who, pursuant to a dentist's authorization, administer
32 patient sedation, and that the increasing number of pharmaceuticals
33 and techniques used to administer them for patient sedation require
34 additional regulation to maintain patient safety in the future.

35 (b) The Legislature further finds and declares all of the
36 following:

37 (1) That previous laws enacted in 1980 contained separate and
38 distinct definitions for general anesthesia and the state of
39 consciousness.

1 (2) That in dental practice, there is a continuum of sedation used
2 which cannot be adequately defined in terms of consciousness and
3 general anesthesia.

4 (3) That the administration of sedation through this continuum
5 results in different states of consciousness that may or may not be
6 predictable in every instance.

7 (4) That in most instances, the level of sedation will result in a
8 predictable level of consciousness during the entire time of
9 sedation.

10 (c) The Legislature further finds and declares that the
11 educational standards presently required for deep sedation and
12 general anesthesia should be required when the degree of sedation
13 in the continuum of sedation is such that there is a reasonable
14 possibility that loss of consciousness may result, even if
15 unintended. However, achieving the degree of moderate sedation,
16 previously referred to as “conscious sedation,” where a margin of
17 safety exists wide enough to render unintended loss of
18 consciousness unlikely, requires educational standards appropriate
19 to the administration of the resulting predictable level of
20 consciousness.

21 SEC. 13. Section 1647.1 of the Business and Professions Code
22 is amended to read:

23 1647.1. (a) (1) (A) As used in this article, “moderate sedation”
24 means a ~~drug-induced~~ *minimally depressed level of consciousness*
25 *produced by a pharmacologic or nonpharmacologic method, or*
26 *a combination thereof, that retains the patient’s ability to maintain*
27 *independently and continuously an airway, and respond*
28 *appropriately to physical stimulation or verbal command.*

29 (B) “Moderate sedation” does not include the administration
30 of oral medications or the administration of a mixture of nitrous
31 oxide and oxygen, whether administered alone or in combination
32 with each other.

33 (C) This paragraph shall become inoperative on January 1,
34 2020.

35 (2) On and after January 1, 2020, as used in this article,
36 “moderate sedation” means a drug-induced depression of
37 consciousness during which a patient responds purposefully to
38 verbal commands, either alone or accompanied by light tactile
39 stimulation, no interventions are required to maintain a patient’s

1 airway, spontaneous ventilation is adequate, and cardiovascular
2 function is usually maintained.

3 (b) The drugs and techniques used in moderate sedation shall
4 have a margin of safety wide enough to render unintended loss of
5 consciousness unlikely. Further, patients whose only response is
6 reflex withdrawal from painful stimuli shall not be considered to
7 be in a state of moderate sedation.

8 (c) For the very young or patients with intellectual disabilities,
9 incapable of the usually expected verbal response, a minimally
10 depressed level of consciousness for that individual should be
11 maintained.

12 SEC. 14. Section 1647.2 of the Business and Professions Code
13 is amended to read:

14 1647.2. (a) A dentist shall not administer or order the
15 administration of moderate sedation on an outpatient basis for a
16 dental patient unless one of the following conditions is met:

17 (1) The dentist possesses a current license in good standing to
18 practice dentistry in California and either holds a valid general
19 anesthesia permit or obtains a permit issued by the board
20 authorizing the dentist to administer moderate sedation.

21 (2) The dentist possesses a current permit under Section 1638
22 or 1640 and either holds a valid general anesthesia permit or
23 obtains a permit issued by the board authorizing the dentist to
24 administer moderate sedation.

25 (b) A moderate sedation permit shall expire on the date specified
26 in Section 1715 that next occurs after its issuance, unless it is
27 renewed as provided in this article.

28 (c) A dentist who orders the administration of moderate sedation
29 shall be physically present in the treatment facility while the patient
30 is sedated.

31 (d) This article shall not apply to the administration of local
32 anesthesia, minimal sedation, deep sedation, or general anesthesia.

33 SEC. 15. Section 1647.3 of the Business and Professions Code
34 is amended to read:

35 1647.3. (a) A dentist who desires to administer or to order the
36 administration of moderate sedation shall apply to the board on
37 an application form prescribed by the board. The dentist shall
38 submit an application fee and produce evidence showing that he
39 or she has successfully completed training in moderate sedation

1 that meets the requirements of subdivision ~~(e)~~. (c) or (d), as
2 applicable.

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

5 (c) (1) Training in the administration of moderate sedation for
6 patients 13 years of age or older shall be acceptable if it meets all
7 of the following as approved by the board:

8 ~~(1)~~

9 (A) Consists of at least 60 hours of instruction.

10 ~~(2)~~

11 (B) Requires satisfactory completion of at least 20 cases of
12 administration of moderate sedation for a variety of dental
13 procedures.

14 ~~(3)~~

15 (C) Complies with the requirements of the Guidelines for
16 Teaching Pain Control and Sedation to Dentists and Dental
17 Students of the American Dental Association, including, but not
18 limited to, certification of competence in rescuing patients from a
19 deeper level of sedation than intended, and managing the airway,
20 intravascular or intraosseous access, and reversal medications; the
21 Comprehensive Control of Anxiety and Pain in Dentistry of the
22 American Dental Association.

23 (2) This subdivision shall become inoperative on January 1,
24 2020.

25 (d) On and after January 1, 2020, training in the administration
26 of moderate sedation for patients 13 years of age or older shall
27 be acceptable if it meets all of the following as approved by the
28 board:

29 (1) Consists of at least 60 hours of instruction.

30 (2) Requires satisfactory completion of at least 20 cases of
31 administration of moderate sedation for a variety of dental
32 procedures.

33 (3) Complies with the requirements of the Guidelines for
34 Teaching Pain Control and Sedation to Dentists and Dental
35 Students of the American Dental Association, including, but not
36 limited to, certification of competence in rescuing patients from a
37 deeper level of sedation than intended, and managing the airway,
38 intravascular or intraosseous access, and reversal medications.

39 ~~(d) Before~~

1 ~~(e)~~ *On and after January 1, 2020, before performing any*
2 *procedure involving moderate sedation of a patient under 13 years*
3 *of age, the dentist shall obtain a pediatric endorsement of his or*
4 *her moderate sedation permit.* ~~To~~ *On and after January 1, 2020,*
5 *to be eligible for the pediatric moderate sedation permit, the dentist*
6 *shall have completed any of the following:*

7 (1) A moderate sedation course consisting of at least 60 hours
8 of didactic instruction and at least 20 clinical cases, as described
9 in subdivision ~~(e)~~; (d), but that is directed at treating pediatric
10 patients under 13 years of age.

11 (2) A moderate sedation course, as described in subdivision ~~(e)~~;
12 (d), that is directed at treating patients 13 years of age or older, in
13 addition to at least 24 hours of didactic instruction in pediatric
14 moderate sedation and at least 10 clinical cases in pediatric
15 moderate sedation.

16 (3) A moderate sedation course that is directed at treating
17 patients 13 years of age or older, as described in subdivision ~~(e)~~;
18 (d), in addition to completion of an accredited pediatric dental
19 residency program. The pediatric moderate sedation permit holder
20 shall provide proof of completion of at least ~~52~~ 20 cases to establish
21 competency, both at the time of the initial application and at
22 renewal.

23 ~~(e)~~ ~~The~~

24 (f) *On and after January 1, 2020, the dentist and at least one*
25 *member of the support staff shall be trained in Pediatric Advanced*
26 *Life Support (PALS) and airway management, equivalent to the*
27 *American Academy of Pediatrics and the American Academy of*
28 *Pediatric Dentistry (AAP-AAPD) Guidelines, or as determined by*
29 *the board.*

30 ~~(f)~~ ~~For~~

31 (g) *On and after January 1, 2020, for a child under seven years*
32 *of age, there shall be at least two support staff persons, in addition*
33 *to the practicing dentist, present at all times during the procedure.*
34 ~~One~~ *On and after January 1, 2020, one staff member shall serve*
35 *as a dedicated patient monitor.*

36 SEC. 16. Section 1647.5 of the Business and Professions Code
37 is amended to read:

38 1647.5. A permittee shall be required to complete 15 hours of
39 approved courses of study related to moderate sedation as a
40 condition of renewal of a permit. Those courses of study shall be

1 credited toward any continuing education required by the board
2 pursuant to Section 1645.

3 SEC. 17. Section 1647.6 of the Business and Professions Code
4 is amended to read:

5 1647.6. A physical evaluation and medical history shall be
6 taken before the administration of moderate sedation. Any dentist
7 holding a permit shall maintain records of the physical evaluation,
8 medical history, and moderate sedation procedures used as required
9 by board regulations.

10 SEC. 18. Section 1647.7 of the Business and Professions Code
11 is amended to read:

12 1647.7. (a) Prior to the issuance or renewal of a permit to
13 administer moderate sedation, the board may, at its discretion,
14 require an onsite inspection and evaluation of the licensee and
15 the facility, equipment, personnel, and procedures utilized by the
16 licensee. *This subdivision shall not be construed to require, as a*
17 *condition of issuance or renewal of a permit, an onsite inspection*
18 *and evaluation by the board.* The permit of any dentist who has
19 failed an onsite inspection and evaluation shall be automatically
20 suspended 30 days after the date on which the board notifies the
21 dentist of the failure unless, within that time period, the dentist
22 has retaken and passed an onsite inspection and evaluation. Every
23 dentist issued a permit under this article shall have an onsite
24 inspection and evaluation at least once in every six years. Refusal
25 to submit to an inspection shall result in automatic denial or
26 revocation of the permit.

27 (b) An applicant who has successfully completed the course
28 required by Section 1647.3 may be granted a one-year temporary
29 permit by the board prior to the onsite inspection and evaluation.
30 Failure to pass the inspection and evaluation shall result in the
31 immediate and automatic termination of the temporary permit.

32 (c) The board may contract with public or private organizations
33 or individuals expert in dental outpatient moderate sedation to
34 perform onsite inspections and evaluations. The board may not,
35 however, delegate its authority to issue permits or to determine
36 the persons or facilities to be inspected.

37 SEC. 19. Section 1647.11 of the Business and Professions
38 Code is amended to read:

39 1647.11. (a) Notwithstanding subdivision (a) of Section
40 1647.2, a dentist may not administer oral conscious sedation on

1 an outpatient basis to a minor patient unless one of the following
2 conditions is met:

3 (1) The dentist possesses a current license in good standing to
4 practice dentistry in California and either holds a valid general
5 anesthesia permit, moderate sedation permit, or has been certified
6 by the board, pursuant to Section 1647.12, to administer oral
7 sedation to minor patients.

8 (2) The dentist possesses a current permit issued under Section
9 1638 or 1640 and either holds a valid general anesthesia permit,
10 moderate sedation permit, or possesses a certificate as a provider
11 of oral conscious sedation to minor patients in compliance with,
12 and pursuant to, this article.

13 (b) Certification as a provider of oral conscious sedation to
14 minor patients expires at the same time the license or permit of
15 the dentist expires unless renewed at the same time the dentist's
16 license or permit is renewed after its issuance, unless certification
17 is renewed as provided in this article.

18 (c) This article shall not apply to the administration of local
19 anesthesia or a mixture of nitrous oxide and oxygen or to the
20 administration, dispensing, or prescription of postoperative
21 medications.

22 SEC. 20. Section 1647.12 of the Business and Professions
23 Code is amended to read:

24 1647.12. A dentist who desires to administer, or order the
25 administration of, oral conscious sedation for minor patients, who
26 does not hold a general anesthesia permit, as provided in Sections
27 1646.1 and 1646.2, or a moderate sedation permit, as provided in
28 Sections 1647.2 and 1647.3, shall register his or her name with
29 the board on a board-prescribed registration form. The dentist shall
30 submit the registration fee and evidence showing that he or she
31 satisfies any of the following requirements:

32 (a) Satisfactory completion of a postgraduate program in oral
33 and maxillofacial surgery or pediatric dentistry approved by either
34 the Commission on Dental Accreditation or a comparable
35 organization approved by the board.

36 (b) Satisfactory completion of a periodontics or general practice
37 residency or other advanced education in a general dentistry
38 program approved by the board.

39 (c) Satisfactory completion of a board-approved educational
40 program on oral medications and sedation.

SEC. 21. Section 1647.19 of the Business and Professions Code is amended to read:

1647.19. (a) Notwithstanding subdivision (a) of Section 1647.2, a dentist may not administer oral conscious sedation on an outpatient basis to an adult patient unless the dentist possesses a current license in good standing to practice dentistry in California, and one of the following conditions is met:

(1) The dentist holds a valid general anesthesia permit, holds a moderate sedation permit, has been certified by the board, pursuant to Section 1647.20, to administer oral sedation to adult patients, or has been certified by the board, pursuant to Section 1647.12, to administer oral conscious sedation to minor patients.

(2) The dentist possesses a current permit issued under Section 1638 or 1640 and either holds a valid general anesthesia permit, or moderate sedation permit, or possesses a certificate as a provider of oral conscious sedation to adult patients in compliance with, and pursuant to, this article.

(b) Certification as a provider of oral conscious sedation to adult patients expires at the same time the license or permit of the dentist expires unless renewed at the same time the dentist's license or permit is renewed after its issuance, unless certification is renewed as provided in this article.

(c) This article shall not apply to the administration of local anesthesia or a mixture of nitrous oxide and oxygen, or to the administration, dispensing, or prescription of postoperative medications.

SEC. 22. Article 2.87 (commencing with Section 1647.30) is added to Chapter 4 of Division 2 of the Business and Professions Code, to read:

Article 2.87. Use of Pediatric Minimal Sedation

1647.30. (a) As used in this article, "minimal sedation" means a drug-induced state during which patients respond normally to verbal commands. Cognitive function and physical coordination may be impaired, but airway reflexes, ventilatory functions, and cardiovascular functions are unaffected.

(b) The drugs and techniques used in minimal sedation shall have a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is

1 reflex withdrawal from painful stimuli shall not be considered to
2 be in a state of minimal sedation.

3 (c) For the very young or developmentally delayed individual,
4 incapable of the usually expected verbal response, a minimally
5 depressed level of consciousness should be maintained.

6 1647.31. (a) A dentist shall not administer or order the
7 administration of minimal sedation on an outpatient basis for
8 pediatric dental patients, defined as under 13 years of age, unless
9 one of the following conditions is met:

10 (1) The dentist possesses a current license in good standing to
11 practice dentistry in California and either holds a valid pediatric
12 minimal sedation permit or obtains a permit issued by the board
13 authorizing the dentist to administer minimal sedation.

14 (2) The dentist possesses a current permit under Section 1638
15 or 1640 and either holds a valid anesthesia permit or obtains a
16 permit issued by the board authorizing the dentist to administer
17 moderate sedation, deep sedation, or general anesthesia.

18 (b) A dentist who orders the administration of minimal sedation
19 shall be physically present in the treatment facility while the patient
20 is sedated.

21 (c) This article does not apply to the administration of local
22 anesthesia, moderate sedation, deep sedation, or general anesthesia.

23 1647.32. (a) A dentist who desires to administer or order the
24 administration of pediatric minimal sedation shall apply to the
25 board on an application form prescribed by the board. The dentist
26 shall submit an application fee and produce evidence showing that
27 he or she has successfully completed training in minimal sedation
28 that meets the requirements of subdivision (c).

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

31 (c) Training in the administration of minimal sedation shall be
32 acceptable if it meets both of the following as approved by the
33 board:

34 (1) Consists of at least 24 hours of pediatric sedation instruction
35 in addition to one clinical case. The pediatric sedation instruction
36 shall include training in airway management and patient rescue
37 from moderate sedation.

38 (2) Includes completion of an accredited residency in pediatric
39 dentistry.

1 (d) A dentist is limited to administering a single dose of a single
2 drug via the oral route, plus a mix of nitrous oxide and oxygen
3 that is unlikely to produce a state of unintended moderate sedation.

4 (e) A minimum of one staff member, in addition to the dentist,
5 trained in the monitoring and resuscitation of pediatric patients
6 shall be present.

7 1647.33. (a) The application fee for a pediatric minimal
8 sedation permit or renewal under this article shall not exceed the
9 amount prescribed in Section 1724.

10 (b) It is the intent of the Legislature that the board hire sufficient
11 staff to administer the program and that the fees established
12 pursuant to this section be equivalent to administration and
13 enforcement costs incurred by the board in carrying out this article.

14 1647.34. A violation of any provision of this article constitutes
15 unprofessional conduct and is grounds for the revocation or
16 suspension of the dentist's permit or license, or both, or the dentist
17 may be reprimanded or placed on probation. The proceedings
18 under this section shall be conducted in accordance with Chapter
19 5 (commencing with Section 11500) of Part 1 of Division 3 of
20 Title 2 of the Government Code, and the board shall have all the
21 powers granted therein.

22 1647.35. *This article shall become operative on January 1,*
23 *2020.*

24 SEC. 23. Section 1682 of the Business and Professions Code
25 is amended to read:

26 1682. In addition to other acts constituting unprofessional
27 conduct under this chapter, it is unprofessional conduct for:

28 (a) Any dentist performing dental procedures to have more than
29 one patient undergoing moderate sedation or general anesthesia
30 on an outpatient basis at any given time unless each patient is being
31 continuously monitored on a one-to-one ratio while sedated by
32 either the dentist or another licensed health professional authorized
33 by law to administer moderate sedation or general anesthesia.

34 (b) Any dentist with patients recovering from moderate sedation
35 or general anesthesia to fail to have the patients closely monitored
36 by licensed health professionals experienced in the care and
37 resuscitation of patients recovering from moderate sedation or
38 general anesthesia. If one licensed professional is responsible for
39 the recovery care of more than one patient at a time, all of the
40 patients shall be physically in the same room to allow continuous

1 visual contact with all patients and the patient to recovery staff
2 ratio should not exceed three to one.

3 (c) Any dentist with patients who are undergoing moderate
4 sedation to fail to have these patients continuously monitored
5 during the dental procedure with a pulse oximeter or similar or
6 superior monitoring equipment required by the board.

7 (d) Any dentist with patients who are undergoing moderate
8 sedation to have dental office personnel directly involved with the
9 care of those patients who are not certified in basic cardiac life
10 support (CPR) and recertified biennially.

11 (e) (1) Any dentist to fail to obtain the written informed consent
12 of a patient prior to administering general anesthesia or moderate
13 sedation. In the case of a minor, the consent shall be obtained from
14 the child's parent or guardian.

15 (2) The written informed consent, in the case of a minor, shall
16 include, but not be limited to, the following information:

17 "The administration and monitoring of general anesthesia may
18 vary depending on the type of procedure, the type of practitioner,
19 the age and health of the patient, and the setting in which anesthesia
20 is provided. Risks may vary with each specific situation. You are
21 encouraged to explore all the options available for your child's
22 anesthesia for his or her dental treatment, and consult with your
23 dentist or pediatrician as needed."

24 (3) Nothing in this subdivision shall be construed to establish
25 the reasonable standard of care for administering or monitoring
26 oral conscious sedation, moderate sedation, or general anesthesia.

27 SEC. 24. Section 1724 of the Business and Professions Code
28 is amended to read:

29 1724. The amount of charges and fees for dentists licensed
30 pursuant to this chapter shall be established by the board as is
31 necessary for the purpose of carrying out the responsibilities
32 required by this chapter as it relates to dentists, subject to the
33 following limitations:

34 (a) The fee for an application for licensure qualifying pursuant
35 to paragraph (1) of subdivision (c) of Section 1632 shall not exceed
36 one thousand five hundred dollars (\$1,500). The fee for an
37 application for licensure qualifying pursuant to paragraph (2) of
38 subdivision (c) of Section 1632 shall not exceed one thousand
39 dollars (\$1,000).

1 (b) The fee for an application for licensure qualifying pursuant
2 to Section 1634.1 shall not exceed one thousand dollars (\$1,000).

3 (c) The fee for an application for licensure qualifying pursuant
4 to Section 1635.5 shall not exceed one thousand dollars (\$1,000).

5 (d) The fee for an initial license and for the renewal of a license
6 is five hundred twenty-five dollars (\$525). On and after January
7 1, 2016, the fee for an initial license shall not exceed six hundred
8 fifty dollars (\$650), and the fee for the renewal of a license shall
9 not exceed six hundred fifty dollars (\$650). On and after January
10 1, 2018, the fee for an initial license shall not exceed eight hundred
11 dollars (\$800), and the fee for the renewal of a license shall not
12 exceed eight hundred dollars (\$800).

13 (e) The fee for an application for a special permit shall not
14 exceed one thousand dollars (\$1,000), and the renewal fee for a
15 special permit shall not exceed six hundred dollars (\$600).

16 (f) The delinquency fee shall be 50 percent of the renewal fee
17 for such a license or permit in effect on the date of the renewal of
18 the license or permit.

19 (g) The penalty for late registration of change of place of
20 practice shall not exceed seventy-five dollars (\$75).

21 (h) The fee for an application for an additional office permit
22 shall not exceed seven hundred fifty dollars (\$750), and the fee
23 for the renewal of an additional office permit shall not exceed three
24 hundred seventy-five dollars (\$375).

25 (i) The fee for issuance of a replacement pocket license,
26 replacement wall certificate, or replacement engraved certificate
27 shall not exceed one hundred twenty-five dollars (\$125).

28 (j) The fee for a provider of continuing education shall not
29 exceed five hundred dollars (\$500) per year.

30 (k) The fee for application for a referral service permit and for
31 renewal of that permit shall not exceed twenty-five dollars (\$25).

32 (l) The fee for application for an extramural facility permit and
33 for the renewal of a permit shall not exceed twenty-five dollars
34 (\$25).

35 (m) The fee for an application for an elective facial cosmetic
36 surgery permit shall not exceed four thousand dollars (\$4,000),
37 and the fee for the renewal of an elective facial cosmetic surgery
38 permit shall not exceed eight hundred dollars (\$800).

39 (n) The fee for an application for an oral and maxillofacial
40 surgery permit shall not exceed one thousand dollars (\$1,000), and

1 the fee for the renewal of an oral and maxillofacial surgery permit
2 shall not exceed one thousand two hundred dollars (\$1,200).

3 (o) The fee for an application for a general anesthesia permit
4 shall not exceed one thousand dollars (\$1,000), and the fee for the
5 renewal of a general anesthesia permit shall not exceed six hundred
6 dollars (\$600).

7 (p) The fee for an onsite inspection and evaluation related to a
8 general anesthesia or conscious sedation permit shall not exceed
9 four thousand five hundred dollars (\$4,500).

10 (q) The fee for an application for a moderate sedation permit
11 shall not exceed one thousand dollars (\$1,000), and the fee for the
12 renewal of a moderate sedation permit shall not exceed six hundred
13 dollars (\$600).

14 (r) The fee for an application for an oral conscious sedation
15 permit shall not exceed one thousand dollars (\$1,000), and the fee
16 for the renewal of an oral conscious sedation permit shall not
17 exceed six hundred dollars (\$600).

18 (s) The fee for a certification of licensure shall not exceed one
19 hundred twenty-five dollars (\$125).

20 (t) The fee for an application for the law and ethics examination
21 shall not exceed two hundred fifty dollars (\$250).

22 The board shall report to the appropriate fiscal committees of
23 each house of the Legislature whenever the board increases any
24 fee pursuant to this section and shall specify the rationale and
25 justification for that increase.

26 SEC. 25. Section 1750.5 of the Business and Professions Code
27 is amended to read:

28 1750.5. A person holding a dental sedation assistant permit
29 pursuant to Section 1750.4 may perform the following duties under
30 the direct supervision of a licensed dentist or other licensed health
31 care professional authorized to administer conscious sedation or
32 general anesthesia in the dental office:

33 (a) All duties that a dental assistant is allowed to perform.

34 (b) Monitor patients undergoing moderate sedation or general
35 anesthesia utilizing data from noninvasive instrumentation such
36 as pulse oximeters, electrocardiograms, capnography, blood
37 pressure, pulse, and respiration rate monitoring devices. Evaluation
38 of the condition of a sedated patient shall remain the responsibility
39 of the dentist or other licensed health care professional authorized
40 to administer conscious sedation or general anesthesia, who shall

1 be at the patient's chairside while conscious sedation or general
2 anesthesia is being administered.

3 (c) Drug identification and draw, limited to identification of
4 appropriate medications, ampule and vial preparation, and
5 withdrawing drugs of correct amount as verified by the supervising
6 licensed dentist.

7 (d) Add drugs, medications, and fluids to intravenous lines using
8 a syringe, provided that a supervising licensed dentist is present
9 at the patient's chairside, limited to determining patency of
10 intravenous line, selection of injection port, syringe insertion into
11 injection port, occlusion of intravenous line and blood aspiration,
12 line release and injection of drugs for appropriate time interval.
13 The exception to this duty is that the initial dose of a drug or
14 medication shall be administered by the supervising licensed
15 dentist.

16 (e) Removal of intravenous lines.

17 (f) Any additional duties that the board may prescribe by
18 regulation.

19 (g) The duties listed in subdivisions (b) to (e), inclusive, may
20 not be performed in any setting other than a dental office or dental
21 clinic.

22 SEC. 26. No reimbursement is required by this act pursuant to
23 Section 6 of Article XIII B of the California Constitution because
24 the only costs that may be incurred by a local agency or school
25 district will be incurred because this act creates a new crime or
26 infraction, eliminates a crime or infraction, or changes the penalty
27 for a crime or infraction, within the meaning of Section 17556 of
28 the Government Code, or changes the definition of a crime within
29 the meaning of Section 6 of Article XIII B of the California
30 Constitution.

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 16 - MAY 17, 2018 BOARD MEETING**

BILL NUMBER: Assembly Bill 2086

AUTHOR: Gallagher

SPONSOR: Assemblymember
Gallagher

VERSION: Amended 04/03/2018

INTRODUCED: 02/07/2018

BILL STATUS: 05/03/2018 – In Senate. Read
first time. To Senate Rules
Committee for assignment.

BILL LOCATION: Senate

SUBJECT: Controlled substances:
CURES database

**RELATED
BILLS:** AB 1751,
AB 1752, AB
1753, AB 1963,
AB 2384, AB
2486, AB 2487,
AB 2741, AB
2760, AB 2783,
AB 2789, AB
2859

SUMMARY

Existing law classifies certain controlled substances into designated schedules. Additionally, existing law requires the Department of Justice (DOJ) 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 any of the aforementioned schedule controlled substances.

This bill would allow prescribers to access the CURES database for a list of patients for whom that prescriber is listed as a prescriber in the database.

ANALYSIS

In October 2017, the White House declared the opioid crisis a public health emergency. Opioids are a class of drugs prescribed and administered by health professionals to manage pain. Modern use of the term “opioid” typically describes both naturally occurring opiates derived from the opium poppy as well as their manufactured synthetics. Common examples of prescription opioids include oxycodone (OxyContin,

Percocet); hydrocodone (Vicodin, Norco, Lorcet); codeine; morphine; and fentanyl. Heroin is also an opioid.

In addition to providing pain relief, opioids can be used as a cough suppressant, an antidiarrheal, a method of sedation, and a treatment for shortness of breath. The majority of pharmaceutical opioids are Schedule II drugs under the federal Controlled Substances Act, considered by the federal Drug Enforcement Agency (DEA) to have a high potential for abuse that may lead to severe psychological or physical dependence. However, combination drugs containing lower doses of opioids combined with other active ingredients are typically less restricted; for example, cough syrups containing low doses of codeine are frequently classified Schedule V medications.

The author noted that “AB 2086 will help authorities identify fraudulent prescriptions of controlled substances by allowing prescribers to request a list for patients for whom they are listed as being the prescriber in the CURES database.”

In addition to preventing fraudulent prescriptions, the hope is to keep medication from those who should not have them. Research shows that opioid abuse is very prevalent in California, particularly in rural counties. The opioid crisis must be addressed on many levels including by health professionals.

Supporters of the bill noted that allowing prescribers to review their prescribing history to verify their accuracy, flag fraudulent activity (i.e. a prescription pad was stolen from an office), and utilize the CURES database to its full extent will help save lives.

This bill would not have a fiscal impact upon the Dental Board of California (Board). AB 2086 may lead to the Board’s licensees assisting in detecting fraud and prescription abuse.

REGISTERED SUPPORT/OPPOSITION

Support

Cal Chiefs
California Dental Association
California District Attorneys Association
CaliforniaHealth+ Advocates
California Hospital Association
California Medical Association
California Society of Anesthesiologists
America’s Physician Group
California Academy of Family Physicians
California Chiropractic Association

Oppose

None on file.

STAFF RECOMMENDATION

Support.

BOARD POSITION:

SUPPORT:_____ **OPPOSE:**_____ **NEUTRAL:**_____ **WATCH:**_____

AMENDED IN ASSEMBLY APRIL 3, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 2086

**Introduced by Assembly Member Gallagher
(Coauthors: Assembly Members Gipson and Mathis)**

February 7, 2018

An act to amend Section 11165 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL’S DIGEST

AB 2086, as amended, Gallagher. Controlled substances: CURES database.

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 allow prescribers to ~~request from the Department of Justice~~ *access the CURES database* for a list of patients for whom that prescriber is listed as a prescriber in the CURES database.

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. Section 11165 of the Health and Safety Code is amended to read:

11165. (a) To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds in the CURES Fund, maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and Internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

(b) The Department of Justice may seek and use grant funds to pay the costs incurred by the operation and maintenance of CURES. The department shall annually report to the Legislature and make available to the public the amount and source of funds it receives for support of CURES.

(c) (1) The operation of CURES shall comply with all applicable federal and state privacy and security laws and regulations.

(2) (A) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the Department of Justice, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Data may be provided to public or private entities, as approved by the Department of Justice, for educational, peer review, statistical, or research purposes, provided that patient information, including any information that may identify the patient, is not compromised. Further, data disclosed to any individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to any third party, unless authorized by, or pursuant to, state and

1 federal privacy and security laws and regulations. The Department
2 of Justice shall establish policies, procedures, and regulations
3 regarding the use, access, evaluation, management, implementation,
4 operation, storage, disclosure, and security of the information
5 within CURES, consistent with this subdivision.

6 (B) Notwithstanding subparagraph (A), a regulatory board whose
7 licensees do not prescribe, order, administer, furnish, or dispense
8 controlled substances shall not be provided data obtained from
9 CURES.

10 (C) A prescriber ~~may request from the Department of Justice~~
11 *shall be allowed to access the CURES database for* a list of patients
12 for whom that prescriber is listed as a prescriber in the CURES
13 database.

14 (3) In accordance with federal and state privacy laws and
15 regulations, a health care practitioner may provide a patient with
16 a copy of the patient's CURES patient activity report as long as
17 no additional CURES data is provided and keep a copy of the
18 report in the patient's medical record in compliance with
19 subdivision (d) of Section 11165.1.

20 (d) For each prescription for a Schedule II, Schedule III, or
21 Schedule IV controlled substance, as defined in the controlled
22 substances schedules in federal law and regulations, specifically
23 Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21
24 of the Code of Federal Regulations, the dispensing pharmacy,
25 clinic, or other dispenser shall report the following information to
26 the Department of Justice as soon as reasonably possible, but not
27 more than seven days after the date a controlled substance is
28 dispensed, in a format specified by the Department of Justice:

29 (1) Full name, address, and, if available, telephone number of
30 the ultimate user or research subject, or contact information as
31 determined by the Secretary of the United States Department of
32 Health and Human Services, and the gender, and date of birth of
33 the ultimate user.

34 (2) The prescriber's category of licensure, license number,
35 national provider identifier (NPI) number, if applicable, the federal
36 controlled substance registration number, and the state medical
37 license number of any prescriber using the federal controlled
38 substance registration number of a government-exempt facility.

39 (3) Pharmacy prescription number, license number, NPI number,
40 and federal controlled substance registration number.

- 1 (4) National Drug Code (NDC) number of the controlled
- 2 substance dispensed.
- 3 (5) Quantity of the controlled substance dispensed.
- 4 (6) International Statistical Classification of Diseases, 9th
- 5 revision (ICD-9) or 10th revision (ICD-10) Code, if available.
- 6 (7) Number of refills ordered.
- 7 (8) Whether the drug was dispensed as a refill of a prescription
- 8 or as a first-time request.
- 9 (9) Date of origin of the prescription.
- 10 (10) Date of dispensing of the prescription.
- 11 (e) The Department of Justice may invite stakeholders to assist,
- 12 advise, and make recommendations on the establishment of rules
- 13 and regulations necessary to ensure the proper administration and
- 14 enforcement of the CURES database. All prescriber and dispenser
- 15 invitees shall be licensed by one of the boards or committees
- 16 identified in subdivision (d) of Section 208 of the Business and
- 17 Professions Code, in active practice in California, and a regular
- 18 user of CURES.
- 19 (f) The Department of Justice shall, prior to upgrading CURES,
- 20 consult with prescribers licensed by one of the boards or
- 21 committees identified in subdivision (d) of Section 208 of the
- 22 Business and Professions Code, one or more of the boards or
- 23 committees identified in subdivision (d) of Section 208 of the
- 24 Business and Professions Code, and any other stakeholder
- 25 identified by the department, for the purpose of identifying
- 26 desirable capabilities and upgrades to the CURES Prescription
- 27 Drug Monitoring Program (PDMP).
- 28 (g) The Department of Justice may establish a process to educate
- 29 authorized subscribers of the CURES PDMP on how to access and
- 30 use the CURES PDMP.

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 16 - MAY 17, 2018 BOARD MEETING**

BILL NUMBER: Assembly Bill 2138

AUTHOR: Chiu and Low

SPONSOR: Anti-Recidivism
Coalition, East Bay
Community Law
Center, Legal
Services for
Prisoners with
Children, Root &
Rebound

VERSION: Amended 04/24/2018

INTRODUCED: 02/12/2018

BILL STATUS: 04/24/2018 – Assembly
Business and Professions
Committee: Do pass to
Assembly Appropriations
Committee.

BILL LOCATION: Assembly

SUBJECT: Licensing boards: denial of
application: revocation or
suspension of licensure:
criminal conviction

**RELATED
BILLS:** AB 3039,
AB 2409, SB
1298

SUMMARY

Assembly Bill (AB) 2138 would authorize licensing boards (boards) to, among other things, deny, revoke, or suspend a license if the applicant or licensee has been convicted of a crime only if the applicant or licensee is presently incarcerated or if the conviction occurred within the preceding five (5) years (except for violent felonies). The crime must be “directly and adversely” related to the qualifications, functions, or duties of the business or profession. Additionally, this bill would require boards to develop criteria for determining whether a crime is “directly and adversely” related.

AB 2138 would prohibit boards from denying a person a license based on the conviction of a crime, the acts that underlie a conviction for a crime, a conviction that has been dismissed or expunged, if the person has made a showing of rehabilitation, a person that has been granted clemency or a pardon, or if an arrest resulted in a disposition other than a conviction. This bill would provide that these provisions relating to denial, revocation, or suspension of a license would supersede contradictory provisions in specified existing law.

AB 2138 would require a board to find that a person has made a showing of rehabilitation if certain conditions are met. AB 2138 would require boards to follow certain procedures when requesting or acting on an applicant's or licensee's criminal history information. If boards were to deny an application based solely or in part on an applicant's conviction history, the board shall notify the applicant of the denial as well as their right to challenge or appeal the board's decision, as well as obtain a copy of their own rap sheet.

This bill would also require a board to annually submit a report to the Legislature and post the report on its Internet Web site containing specified deidentified information regarding actions taken by a board based on an applicant or licensee's criminal history information.

AB 2138 would prohibit a board from denying a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had the fact been disclosed. Additionally, this bill would repeal authority that allows a board to suspend a license if a licensee is not in compliance with a child support order or judgment.

AB 2138 would prohibit a board from taking disciplinary action against a licensee or denying a license for professional misconduct if the licensee has successfully completed certain diversion programs, alcohol and drug problem assessment programs, or if a person has entered a deferred entry of judgment.

This bill would additionally authorize a board to grant the license and immediately issue a public reproval. AB 2138 would limit probationary terms or restrictions placed on a license by a board to two (2) years or less and would authorize additional conditions to be imposed only if the board determines that there is clear and convincing evidence that additional conditions are necessary to address a risk shown by clear and convincing evidence. This bill would require a board to develop criteria to aid it in considering the imposition of probationary conditions and to determine what conditions may be imposed. AB 2138 would authorize a licensee or registrant whose license or registration has been placed on probation to petition the board for a change to that probation one year from the effective date of the board's decision, would require the board to issue a decision on the petition within 90 days, and would deem the petition granted if the board does not file a decision denying the petition within 90 days.

ANALYSIS

Today, the Department of Consumer Affairs (DCA) oversees 38 boards, bureaus, and other regulatory bodies. The practice act for each profession licensed by a regulatory board under the DCA typically includes sunset provisions providing for regular review by the Legislature. Due to the unique nature of each individual profession licensed and regulated by entities under the DCA, the various professional practice acts contain their own standards and enforcement criteria for individuals applying for or in receipt of

special occupational privileges from the state. There are some umbrella statutes that govern the discretion of these regulatory bodies generally.

In 2017, the Assembly Business and Professions Committee discussed barriers to licensure generally in its sunset background paper for the DCA. Specifically, the committee considered how criminal convictions eligible for license disqualification in California are limited in the sense that they must be “substantially related” to the profession into which the license allows entry. Concern was expressed that there is a “serious lack of clarity for applicants as to what ‘substantially related’ means and this determination is often left to the discretion of individual boards.” The Assembly Business and Professions Committee staff recommendation was for the DCA to take steps to improve transparency and consistency in the use of applicants’ criminal histories by boards and bureaus.

Each regulatory board under the DCA has the broad authority to take disciplinary action against its licensees based on the provisions of its specific practice act and the standard of conduct for its licensee population. Additionally, existing law (Business and Professions Code [B&PC] Section 490) allows a board to suspend or revoke a license on the ground that a licensee has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. A number of disciplinary actions against licensees have been identified as cases resulting directly from the result of parallel criminal proceedings. Many stakeholders have voiced concern that these cases are overly punitive and can frequently be cause for a licensee to be unable to practice his or her profession long after the criminal misconduct has occurred. AB 2138 intends to reform this process in addition to amend to provisions governing the issuance of initial licensure applications.

Additionally, AB 2138 would add Section 481.5 to the B&PC which would limit the term of probation to two years or less and would limit a board’s ability to add additional conditions. Furthermore, B&PC Section 481.5 would allow a licensee that is on probation to petition for modification or termination after one year of probation. Currently, the Dental Board of California’s (Board’s) Enforcement Unit (Enforcement) limits the term of probation to three years or less and they are able to add additional conditions. Licensees that are on probation are able to petition for modification or termination after two years of probation.

AB 2138 would amend B&PC Section 480 to require boards to retain application forms and other documents submitted by applicant (including notice provided to an applicant, communication and criminal history). B&PC Section 480 would also mandate data collection and public reporting in regards to how criminal convictions are used to deny or revoke or suspend licenses. The Board currently does not do this and would likely require additional staff to complete this requirement. AB 2138 also requires boards to annually submit a report to the Legislature and make available to the public through their website deidentified information collected regarding the number of applicants with a criminal record who: received notice of denial or disqualification of licensure, provided evidence of mitigation or rehabilitation, or appealed any denial or disqualification of a

license. Although the Board does retain application forms the Board does not currently make information available to the public regarding the number of applicants with criminal records. This would require more staff time and possibly an additional staff member to obtain the information, compile the data into a report for the Legislature, and provide data online to the public.

AB 2138 would amend the term “substantially related” to “directly and adversely related” as it denotes to a crime in relation to whether a board would be able to deny a license. This amendment may allow a greater proclivity for the individual to engage in misconduct while exercising their professional privileges. However, boards would still have the authority to develop their own specified standards to show how a particular crime(s) are “directly and adversely related”. The criteria for determining whether a crime is directly or adversely related to the qualifications, functions or duties shall include all of the following: the nature and gravity of the offense, the number of years elapsed since the date of the offense, and the nature and duties of the profession. The effect of this bill as it relates to specifying and determining this criterion is unknown. The Board reviews each applicant on a case by case basis. Although the application review process would remain the same. The Board would have to document, communicate, and specify the reason for a denial as it relates to the specific criteria. Additional staff time would be required to create the Board’s criteria, train staff, and update our applications and website.

Specifically, it would remove the Board’s authority to deny an application for licensure based on “acts” for which there has been no due process in a criminal or disciplinary proceeding. The effect of this provision is unknown however, the potential consequences of removing this could mean that inappropriate or illegal behavior where a city or private individual chooses not to pursue criminal charges could not be a basis for denying a license. Thus, in effect, creating a “it doesn’t count unless you were convicted” mentality.

The bill would institute a five-year “washout period” for criminal convictions. Under these provisions, crimes that are older than five years may no longer be considered for purposes of denying a licensure application or revoking or suspending a current license. Notably, this five-year period would apply only to convictions and not sentence completion. Which could mean an applicant could still be completing requirements a result of the sentencing but would not be required to disclose this information when applying for license with the Board.

However, this washout period would not apply to violent felonies, which are already codified under Penal Code Section 667.5. However, many other laws regarding the use of criminal history in licensure or employment contexts currently feature a washout period of seven years. To make provisions of this bill consistent with other areas of law, the Assembly Business and Professions Committee recommended that the bill be amended to extend the bill’s washout period to seven years.

AB 2138 has the potential to significantly impact the Board because this bill would change how the Board can assess the fitness of an applicant as it relates to convictions and could provide a fragmented view of an applicant. Specifically, B&PC Section 480 would be amended to remove the require that an applicant disclose their criminal history. The Board currently allows applicants the ability to disclose on their application if he or she has ever been convicted of a crime. Specifically, the Board requests an applicant provide certified copies of the arresting agency report, certified copies of court documents, and a descriptive explanation of the circumstances surrounding the conviction (i.e., dates and location of the incident(s) and all circumstances surrounding the incident(s)). However, an applicant's failure to disclose a conviction is not an automatic bar to licensure. A comprehensive background is necessary to promoting public protection and ensuring licensees have the qualification needed to work with the public. Although bills like Senate Bill (SB) 1238 to change the amount of criminal history report, AB 2138 the Board would be prohibited from requiring an applicant to disclose any information or provide documentation regarding their criminal history. If AB 2138 passes in its current form, Board staff will need to update their applications and as a result regulation, which incorporate some of these applications by reference, to reflect the changes as required by law.

Additionally, AB 2138 would narrow the Board's discretion to deny a professional license to when an applicant has been subjected to formal discipline by a licensing board within the preceding five that would've been for discipline before the Board. This could be a potential issue for the Board especially if the misconduct was egregious but would not be considered because it falls outside of the five-year period.

Furthermore, this bill would amend B&PC Section 490 to state that boards cannot revoke a license on the basis of a conviction that has been dismissed or deferred. Therefore, any deferred prosecutions will not be considered in assessing the fitness of an applicant. Crimes that may result in deferred prosecution may include driving under the influence, forgery, and domestic violence acts. Crimes such as these are acts that we have considered when assessing the fitness of an applicant that works consistently with the public. Currently, the Board may grant probationary licenses and monitor them as a part of probation until they are provided a full license or they violate probations. Without this information, the Board's ability to grant the probationary licenses based on dismissals or differed prosecutions would be eliminated as the applicant is not required to provide this information nor would the criminal records provide this information.

AB 2138 would also amend B&PC Section 493 to state that a board shall not categorically bar an applicant based solely on the type of conviction without considering evidence of rehabilitation. AB 2138 would also amend B&PC Section 492 to state that completion of any diversion program shall prohibit any board from taking action against a licensee or from denying a license for professional misconduct. This would affect the Board because these diversion program may include drug and alcohol treatment and sex offender treatment. Removing the Board's ability to take action against a licensee for behavior such as that listed above is detrimental to consumer protection and a

particular action should be left to the Board's authority to be handled on a case by case basis.

The Pacific Advocacy Group, representing the Plumbing-Heating-Cooling Contractors Association of California; the Western Electrical Contractors Association; and the San Diego, Southern and Central California Chapters of Associated Builders and Contractors opposes the bill. These groups argue that "the number of applicants denied licensure at [the Contractors State Licensing Board] CSLB because of a criminal conviction is very low." They requested that CSLB should be exempt from changes in AB 2138.

REGISTERED SUPPORT/OPPOSITION

Support

Anti-Recidivism Coalition (Sponsor)
East Bay Community Law Center (Sponsor)
Legal Services for Prisoners with Children (Sponsor)
Root & Rebound (Sponsor)
American Civil Liberties Union (ACLU)
American Federation of State, County, and Municipal Employees (AFSCME)
Alameda County Public Defender
All of Us or None
Alliance for Boys and Men of Color
Anchor of Hope Ministries
Bay Area Legal Aid
Bayview Hunters Point Foundation
Because Black is Still Beautiful
California Immigrant Policy Center
Californians for Prop 57
Californians for Safety and Justice
California Workforce Organization
Center for Employment Opportunities (CEO)
Center for Juvenile and Criminal Justice
Center for Living and Learning
Checkr
Courage Campaign
Downtown Women's Center
Ella Baker Center for Human Rights
Hillview Mental Health Center
Homeboy Industries
Hunters Point Family
Lawyer's Committee for Civil Rights
Leadership for Urban Renewal Network
Legal Services of North California
Leonard Carter
Los Angeles Regional Reentry Partnership (LARRP)

National Association of Social Workers - California Chapter
National Employment Law Project
New Door Ventures
Oakland Private Industry Council
Planting Justice
Prisoner Reentry Network
Project Rebound: Expanded
REDF (Roberts Enterprise Development Fund)
Rise Together Bay Area
Rubicon Programs
San Francisco Adult Probation Department
San Francisco Conservation Corps
San Francisco Public Defender Jeff Adachi
San Francisco State University Project Rebound
San Jose State University Record Clearance Project
The Rock Found
The Young Women's Freedom Center
Three Individuals

Oppose

Plumbing-Heating Cooling Contractors Association of California
Western Electrical Contractors Association
San Diego, Southern and Central California Chapters of Associated Builders and Contractors

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ **OPPOSE:**_____ **NEUTRAL:**_____ **WATCH:**_____

AMENDED IN ASSEMBLY APRIL 2, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 2138

Introduced by Assembly Members Chiu and Low

February 12, 2018

An act to amend ~~Sections 480 and~~ Sections 7.5, 480, 481, 482, 488, 490, 492, 493, 1005, and 11345.2 ~~of~~ of, to add Section 481.5 to, and to repeal Section 490.5 of, the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL’S DIGEST

AB 2138, as amended, Chiu. Licensing boards: denial of application: *revocation or suspension of licensure*: criminal conviction.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs and Affairs. Existing law authorizes a board to ~~deny~~ deny, suspend, or revoke a license or take disciplinary action against a licensee on the grounds that the applicant or licensee has, among other things, been convicted of a crime, as specified. Existing law provides that a person shall not be denied a license solely on the basis that the person has been convicted of a felony if he or she has obtained a certificate of rehabilitation or that the person has been convicted of a misdemeanor if he or she has met applicable requirements of rehabilitation developed by the board, as specified. Existing law also prohibits a person from being denied a license solely on the basis of a conviction that has been dismissed, as specified. Existing law requires a board to develop criteria to aid it when considering the denial, suspension, or revocation of a license to determine whether a crime is substantially related to the qualifications, functions, or duties of the

business or profession the board regulates and requires a board to develop criteria to evaluate the rehabilitation of a person when considering the denial, suspension, or revocation of a license.

~~This bill would instead prohibit a person from being denied a license solely on the basis that he or she has been convicted of a nonviolent crime and would make conforming changes.~~ *revise and recast those provisions to instead authorize a board to, among other things, deny, revoke, or suspend a license on the grounds that the applicant or licensee has been convicted of a crime only if the applicant or licensee is presently incarcerated or if the conviction, as defined, occurred within the preceding 5 years, except for violent felonies, and would require the crime to be directly and adversely related to the qualifications, functions, or duties of the business or profession. The bill would prohibit a board from denying a person a license based on the conviction of a crime, or on the basis of acts underlying a conviction for a crime, if the conviction has been dismissed or expunged, if the person has made a showing of rehabilitation, if the person has been granted clemency or a pardon, or if an arrest resulted in a disposition other than a conviction. The bill would provide that these provisions relating to denial, revocation, or suspension of a license would supersede contradictory provisions in specified existing law.*

The bill would require the board to develop criteria for determining whether a crime is directly and adversely related to the qualifications, functions, or duties of the business or profession. The bill would require a board to find that a person has made a showing of rehabilitation if certain conditions are met. The bill would require a board to follow certain procedures when requesting or acting on an applicant's or licensee's criminal history information. The bill would also require a board to annually submit a report to the Legislature and post the report on its Internet Web site containing specified deidentified information regarding actions taken by a board based on an applicant or licensee's criminal history information.

Existing law authorizes a board to deny a license on the grounds that an applicant knowingly made a false statement of fact that is required to be revealed in the application for licensure.

This bill would prohibit a board from denying a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had the fact been disclosed.

Existing law authorizes a board to suspend a license if a licensee is not in compliance with a child support order or judgment.

This bill would repeal that authorization.

Existing law authorizes specified agencies to take disciplinary action against a licensee or deny a license for professional misconduct if the licensee has successfully completed certain diversion programs or alcohol and drug problem assessment programs.

This bill would instead prohibit a board from taking disciplinary action against a licensee or denying a license for professional misconduct if the licensee has successfully completed certain diversion programs or alcohol and drug problem assessment programs or deferred entry of judgment.

Existing law authorizes a board after a specified hearing requested by an applicant for licensure to take various actions, including imposing probationary conditions on the license.

This bill would additionally authorize a board to grant the license and immediately issue a public reproof. The bill would limit probationary terms or restrictions placed on a license by a board to 2 years or less and would authorize additional conditions to be imposed only if the board determines that there is clear and convincing evidence that additional conditions are necessary to address a risk shown by clear and convincing evidence. The bill would require a board to develop criteria to aid it in considering the imposition of probationary conditions and to determine what conditions may be imposed. The bill would authorize a licensee or registrant whose license or registration has been placed on probation to petition the board for a change to that probation one year from the effective date of the board's decision, would require the board to issue a decision on the petition within 90 days, and would deem the petition granted if the board does not file a decision denying the petition within 90 days.

This bill would also make necessary conforming changes.

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 7.5 of the Business and Professions Code*
- 2 *is amended to read:*
- 3 7.5. (a) A conviction within the meaning of this code means
- 4 a judgment following a plea or verdict of guilty or ~~a conviction~~
- 5 ~~following a plea of nolo contendere, contendere or finding of guilt.~~
- 6 Any action which a board is permitted to take following the

1 establishment of a conviction may be taken when the time for
2 appeal has elapsed, or the judgment of conviction has been affirmed
3 on appeal or when an order granting probation is made suspending
4 the imposition of sentence, ~~irrespective of a subsequent order under~~
5 ~~the provisions of Section 1203.4 of the Penal Code.~~ sentence.
6 However, a board may not deny a license to an applicant who is
7 otherwise qualified pursuant to subdivision (b) *or (c)* of Section
8 480.

9 **Nothing**

10 (b) *Nothing* in this section shall apply to the licensure of persons
11 pursuant to Chapter 4 (commencing with Section 6000) of Division
12 3.

13 (c) *Except as provided in subdivision (b), this section controls*
14 *over and supersedes the definition of conviction contained within*
15 *individual practice acts under this code.*

16 **SECTION 1.**

17 SEC. 2. Section 480 of the Business and Professions Code is
18 amended to read:

19 480. (a) ~~A-(1) Notwithstanding any other provision of this~~
20 ~~code, a board may deny a license regulated by this code on the~~
21 ~~grounds that the applicant has one of the following: been convicted~~
22 ~~of a crime or has been subject to formal discipline only if either~~
23 ~~of the following conditions are met:~~

24 ~~(1) Been convicted of a crime. A conviction within the meaning~~
25 ~~of this section means a plea or verdict of guilty or a conviction~~
26 ~~following a plea of nolo contendere. Any action that a board is~~
27 ~~permitted to take following the establishment of a conviction may~~
28 ~~be taken when the time for appeal has elapsed, or the judgment of~~
29 ~~conviction has been affirmed on appeal, or when an order granting~~
30 ~~probation is made suspending the imposition of sentence,~~
31 ~~irrespective of a subsequent order under the provisions of Section~~
32 ~~1203.4, 1203.4a, or 1203.41 of the Penal Code.~~

33 ~~(2) Done any act involving dishonesty, fraud, or deceit with the~~
34 ~~intent to substantially benefit himself or herself or another, or~~
35 ~~substantially injure another.~~

36 ~~(3) (A) Done any act that if done by a licensee of the business~~
37 ~~or profession in question, would be grounds for suspension or~~
38 ~~revocation of license.~~

39 (B) The board may deny a license pursuant to this subdivision
40 only if the crime or act is substantially related to the qualifications;

1 ~~functions, or duties of the business or profession for which~~
2 ~~application is made.~~

3 (A) *The applicant has been convicted of a crime for which the*
4 *applicant is presently incarcerated or for which the conviction*
5 *occurred within the preceding five years. However, the preceding*
6 *five year limitation shall not apply to a conviction for a violent*
7 *felony, as defined in Section 667.5 of the Penal Code.*

8 *The board may deny a license pursuant to this subparagraph*
9 *only if the crime is directly and adversely related to the*
10 *qualifications, functions, or duties of the business or profession*
11 *for which application is made.*

12 (B) *The applicant has been subjected to formal discipline by a*
13 *licensing board within the preceding five years based on*
14 *professional misconduct that would have been cause for discipline*
15 *before the board for which the present application is made and*
16 *that is directly and adversely related to the qualifications,*
17 *functions, or duties of the business or profession for which the*
18 *present application is made. However, prior disciplinary action*
19 *by a licensing board within the preceding five years shall not be*
20 *the basis for denial of a license if the basis for that disciplinary*
21 *action was a conviction that has been dismissed pursuant to Section*
22 *1203.4, 1203.4a, or 1203.41 of the Penal Code or a comparable*
23 *dismissal or expungement.*

24 (2) *Denial of a license includes denial of an unrestricted license*
25 *by issuance of a restricted or probationary license.*

26 (b) *Notwithstanding any other provision of this code, a person*
27 *shall not be denied a license solely on the basis that he or she has*
28 *been convicted of a ~~nonviolent crime.~~ crime, or on the basis of*
29 *acts underlying a conviction for a crime, if he or she has obtained*
30 *a certificate of rehabilitation under Chapter 3.5 (commencing with*
31 *Section 4852.01) of Title 6 of Part 3 of the Penal Code, has been*
32 *granted clemency or a pardon by a state or federal executive, or*
33 *has made a showing of rehabilitation pursuant to Section 482.*

34 (c) *Notwithstanding any other provision of this code, a person*
35 *shall not be denied a license on the basis of any conviction, or on*
36 *the basis of the acts underlying the conviction, that has been*
37 *dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the*
38 *Penal Code, or a comparable dismissal or expungement. An*
39 *applicant who has a conviction that has been dismissed pursuant*
40 *to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code*

1 *shall provide proof of the dismissal if it is not reflected on the*
2 *report furnished by the Department of Justice.*

3 *(d) Notwithstanding any other provision of this code, a board*
4 *shall not deny a license on the basis of an arrest that resulted in*
5 *a disposition other than a conviction, including an arrest that*
6 *resulted in an infraction, citation, or a juvenile adjudication.*

7 ~~*(e)*~~

8 *(e) A board may deny a license regulated by this code on the*
9 *ground that the applicant knowingly made a false statement of fact*
10 *that is required to be revealed in the application for the license. A*
11 *board shall not deny a license based solely on an applicant's*
12 *failure to disclose a fact that would not have been cause for denial*
13 *of the license had it been disclosed.*

14 *(f) A board shall follow the following procedures in requesting*
15 *or acting on an applicant's criminal history information:*

16 *(1) A board shall not require an applicant for licensure to*
17 *disclose any information or documentation regarding the*
18 *applicant's criminal history.*

19 *(2) If a board decides to deny an application based solely or in*
20 *part on the applicant's conviction history, the board shall notify*
21 *the applicant in writing of all of the following:*

22 *(A) The denial or disqualification of licensure.*

23 *(B) Any existing procedure the board has for the applicant to*
24 *challenge the decision or to request reconsideration.*

25 *(C) That the applicant has the right to appeal the board's*
26 *decision.*

27 *(D) The processes for the applicant to request a copy of his or*
28 *her complete conviction history and question the accuracy or*
29 *completeness of the record pursuant to Sections 11122 to 11127*
30 *of the Penal Code.*

31 *(g) (1) For a minimum of three years, each board under this*
32 *code shall retain application forms and other documents submitted*
33 *by an applicant, any notice provided to an applicant, all other*
34 *communications received from and provided to an applicant, and*
35 *criminal history reports of an applicant.*

36 *(2) Each board under this code shall retain the number of*
37 *applications received for each license and the number of*
38 *applications requiring inquiries regarding criminal history. In*
39 *addition, each licensing authority shall retain all of the following*
40 *information:*

1 (A) The number of applicants with a criminal record who
2 received notice of denial or disqualification of licensure.

3 (B) The number of applicants with a criminal record who
4 provided evidence of mitigation or rehabilitation.

5 (C) The number of applicants with a criminal record who
6 appealed any denial or disqualification of licensure.

7 (D) The final disposition and demographic information,
8 including, but not limited to, voluntarily provided information on
9 race or gender, of any applicant described in subparagraph (A),
10 (B), or (C).

11 (3) (A) Each board under this code shall annually make
12 available to the public through the board's Internet Web site and
13 through a report submitted to the appropriate policy committees
14 of the Legislature deidentified information collected pursuant to
15 this subdivision. Each board shall ensure confidentiality of the
16 individual applicants.

17 (B) A report pursuant to subparagraph (A) shall be submitted
18 in compliance with Section 9795 of the Government Code.

19 (h) "Conviction" as used in this section shall have the same
20 meaning as defined in Section 7.5.

21 (i) This section supersedes any contradictory provision in a
22 licensing act under this code or initiative act referred to in Division
23 2 (commencing with Section 500) that authorizes license denial
24 based on a criminal conviction, arrest, or the acts underlying an
25 arrest or conviction.

26 SEC. 3. Section 481 of the Business and Professions Code is
27 amended to read:

28 481. (a) Each board under ~~the provisions of~~ this code shall
29 develop criteria to aid it, when considering the denial, ~~suspension~~
30 ~~suspension~~, or revocation of a license, to determine whether a
31 ~~crime or act is substantially~~ is directly and adversely related to the
32 qualifications, functions, or duties of the business or profession it
33 regulates.

34 (b) Criteria for determining whether a crime is directly and
35 adversely related to the qualifications, functions, or duties of the
36 business or profession a board regulates shall include all of the
37 following:

38 (1) The nature and gravity of the offense.

39 (2) The number of years elapsed since the date of the offense.

1 (3) *The nature and duties of the profession in which the*
2 *applicant seeks licensure or in which the licensee is licensed.*

3 (c) *A board shall not deny a license based in whole or in part*
4 *on a conviction without considering evidence of rehabilitation.*

5 (d) *Each board shall post on its Internet Web site a summary*
6 *of the criteria used to consider whether a crime is considered to*
7 *be directly and adversely related to the qualifications, functions,*
8 *or duties of the business or profession it regulates consistent with*
9 *this section.*

10 SEC. 4. *Section 481.5 is added to the Business and Professions*
11 *Code, to read:*

12 481.5. (a) *Probationary terms or restrictions placed on a*
13 *license by a board shall be limited to two years or less. Any*
14 *additional conditions may be imposed only if the board determines*
15 *that there is clear and convincing evidence that additional*
16 *conditions are necessary to address a risk shown by clear and*
17 *convincing evidence.*

18 (b) *Each board under this code shall develop criteria to aid it*
19 *when considering the imposition of probationary conditions or*
20 *restrictions to determine what conditions may be imposed to*
21 *address a risk shown by clear and convincing evidence.*

22 (c) (1) *A licensee or registrant whose license or registration*
23 *has been placed on probation may petition the board for a change*
24 *to the probation, including modification or termination of*
25 *probation, one year from the effective date of the decision. The*
26 *board shall issue its decision on the petition within 90 days of*
27 *submission of the petition. The petition shall be deemed granted*
28 *by operation of law if the board does not file a decision denying*
29 *the petition within 90 days of submission of the petition.*

30 (2) *The one-year time period to petition for modification or*
31 *termination of penalty shall control over longer time periods under*
32 *a licensing act under this code or initiative act referred to in*
33 *Division 2 (commencing with Section 500).*

34 SEC. 5. *Section 482 of the Business and Professions Code is*
35 *amended to read:*

36 482. (a) ~~Each board under the provisions of this code shall~~
37 ~~develop criteria to evaluate the rehabilitation of a person when:~~
38 ~~when doing either of the following:~~

39 ~~(a)~~

1 (1) Considering the denial of a license by the board under
2 Section ~~480~~, or 480.

3 ~~(b)~~

4 (2) Considering suspension or revocation of a license under
5 Section 490.

6 ~~Each~~

7 ~~(b) Each board shall take into account all competent evidence~~
8 ~~of rehabilitation furnished by the applicant or licensee. find that~~
9 ~~an applicant or licensee has made a showing of rehabilitation if~~
10 ~~any of the following are met:~~

11 ~~(1) The applicant or licensee has completed the criminal~~
12 ~~sentence at issue without a violation of parole or probation.~~

13 ~~(2) (A) The applicant or licensee documents that he or she has~~
14 ~~worked in a related field continuously for at least one year prior~~
15 ~~to licensure or successfully completed a course of training in a~~
16 ~~related field, unless the board finds a public record of an official~~
17 ~~finding that the applicant committed professional misconduct in~~
18 ~~the course of that work.~~

19 ~~(B) Work in a related field may include, but is not limited to,~~
20 ~~work performed without compensation and work performed while~~
21 ~~incarcerated.~~

22 ~~(C) "Related field," for purposes of this paragraph, means a~~
23 ~~field of employment whose duties are substantially similar to the~~
24 ~~field regulated by the board.~~

25 ~~(3) The applicant or licensee has satisfied criteria for~~
26 ~~rehabilitation developed by the board.~~

27 *SEC. 6. Section 488 of the Business and Professions Code is*
28 *amended to read:*

29 488. Except as otherwise provided by law, following a hearing
30 requested by an applicant pursuant to subdivision (b) of Section
31 485, the board may take any of the following actions:

32 (a) Grant the license effective upon completion of all licensing
33 requirements by the applicant.

34 (b) Grant the license effective upon completion of all licensing
35 requirements by the applicant, *grant the license and immediately*
36 *issue a public reproof pursuant to Section 495,* immediately
37 revoke the license, stay the revocation, and impose probationary
38 conditions on the license, which may include suspension.

39 (c) Deny the license.

(d) Take other action in relation to denying or granting the license as the board in its discretion may deem proper.

SEC. 7. Section 490 of the Business and Professions Code is amended to read:

490. (a) (1) In addition to any other action that a board is permitted to take against a licensee, a board may suspend or revoke a license on the ground that the licensee has been convicted of a crime, ~~if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.~~ *crime for which the applicant is presently incarcerated or for which the conviction occurred within the preceding five years. However, the preceding five year limitation shall not apply to a conviction for a violent felony, as defined in Section 667.5 of the Penal Code.*

(2) *The board may suspend or revoke a license pursuant to this subdivision only if the crime is directly and adversely related to the qualifications, functions, or duties of the business or profession for which application is made.*

(b) Notwithstanding any other provision of law, a board may exercise any authority to discipline a licensee for conviction of a crime that is independent of the authority granted under subdivision (a) only if ~~the both of the following are met:~~

(1) ~~The crime is substantially~~ *directly and adversely* related to the qualifications, functions, or duties of the business or profession for which the licensee's license was issued.

(2) *The licensee was convicted of the crime within the preceding five years or is presently incarcerated for the crime. However, the preceding five year limitation shall not apply to a conviction for a violent felony, as defined in Section 667.5 of the Penal Code.*

~~(e) A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. An action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code.~~

~~(d) The Legislature hereby finds and declares that the application of this section has been made unclear by the holding in *Petropoulos v. Department of Real Estate* (2006) 142 Cal.App.4th 554, and~~

1 ~~that the holding in that case has placed a significant number of~~
2 ~~statutes and regulations in question, resulting in potential harm to~~
3 ~~the consumers of California from licensees who have been~~
4 ~~convicted of crimes. Therefore, the Legislature finds and declares~~
5 ~~that this section establishes an independent basis for a board to~~
6 ~~impose discipline upon a licensee, and that the amendments to this~~
7 ~~section made by Chapter 33 of the Statutes of 2008 do not~~
8 ~~constitute a change to, but rather are declaratory of, existing law.~~

9 *(c) Notwithstanding any other provision of this code, a board*
10 *shall not suspend or revoke a license on the basis of a conviction,*
11 *or of the acts underlying a conviction, where that conviction has*
12 *been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or*
13 *1203.42 of the Penal Code or a comparable dismissal or*
14 *expungement.*

15 *(d) Notwithstanding any other provision of this code, a board*
16 *shall not suspend or revoke a license on the basis of an arrest that*
17 *resulted in a disposition other than a conviction, including an*
18 *arrest that resulted in an infraction, citation, or juvenile*
19 *adjudication.*

20 *(e) The board shall use the following procedures in requesting*
21 *or acting on a licensee's criminal history information:*

22 *(1) A board shall not require a licensee to disclose any*
23 *information or documentation regarding the licensee's criminal*
24 *history.*

25 *(2) If a board chooses to file an accusation against a licensee*
26 *based solely or in part on the licensee's conviction history, the*
27 *board shall notify the licensee in writing of the processes for the*
28 *licensee to request a copy of the licensee's complete conviction*
29 *history and question the accuracy or completeness of his or her*
30 *criminal record pursuant to Sections 11122 to 11127, inclusive,*
31 *of the Penal Code.*

32 *(f) (1) For a minimum of three years, each board under this*
33 *code shall retain all documents submitted by a licensee, notices*
34 *provided to a licensee, all other communications received from or*
35 *provided to a licensee, and criminal history reports of a licensee.*

36 *(2) Each board under this code shall retain all of the following*
37 *information:*

38 *(A) The number of licensees with a criminal record who received*
39 *notice of potential revocation or suspension of their license or who*
40 *had their license suspended or revoked.*

1 (B) The number of licensees with a criminal record who
2 provided evidence of mitigation or rehabilitation.

3 (C) The number of licensees with a criminal record who
4 appealed any suspension or revocation of a license.

5 (D) The final disposition and demographic information,
6 including, but not limited to, voluntarily provided information on
7 race or gender, of any applicant described in subparagraph (A),
8 (B), or (C).

9 (3) (A) Each board under this code shall annually make
10 available to the public through the board's Internet Web site and
11 through a report submitted to the appropriate policy committees
12 of the Legislature deidentified information collected pursuant to
13 this subdivision. Each board shall ensure the confidentiality of the
14 individual licensees.

15 (B) A report pursuant to subparagraph (A) shall be submitted
16 in compliance with Section 9795 of the Government Code.

17 (g) (1) This section supersedes any contradictory provision in
18 a licensing act under this code or initiative act referred to in
19 Division 2 (commencing with Section 500) that authorizes action
20 based on a criminal conviction, arrest, or the acts underlying an
21 arrest or conviction.

22 (2) This section shall not prohibit any agency from taking
23 disciplinary action against a licensee for professional misconduct
24 in the course and scope of the licensee's profession that is based
25 on evidence that is independent of an arrest.

26 SEC. 8. Section 490.5 of the Business and Professions Code
27 is repealed.

28 ~~490.5. A board may suspend a license pursuant to Section~~
29 ~~17520 of the Family Code if a licensee is not in compliance with~~
30 ~~a child support order or judgment.~~

31 SEC. 9. Section 492 of the Business and Professions Code is
32 amended to read:

33 492. (a) Notwithstanding any other provision of law, successful
34 completion of any diversion program under the Penal Code,
35 successful completion by a licensee or applicant of any
36 nonstatutory diversion program, deferred entry of judgment, or
37 successful completion of an alcohol and drug problem assessment
38 program under Article 5 (commencing with Section 23249.50) of
39 Chapter 12 of Division 11 of the Vehicle Code, shall not prohibit
40 any agency established under Division 2 (commencing with Section

1 500) of this code, or any initiative act referred to in that division,
2 board from taking disciplinary action against a licensee or from
3 denying a license for professional misconduct, notwithstanding
4 that evidence of that misconduct may be recorded in a record
5 pertaining to an arrest. *misconduct.*

6 This section shall not be construed to apply to any drug diversion
7 program operated by any agency established under Division 2
8 (commencing with Section 500) of this code, or any initiative act
9 referred to in that division.

10 (b) *This section shall not prohibit any agency established under*
11 *Division 2 (commencing with Section 500) of this code, or any*
12 *initiative act referred to in that division, from taking disciplinary*
13 *action against a licensee for professional misconduct in the course*
14 *and scope of the profession, which is based on evidence that is*
15 *independent of an arrest.*

16 SEC. 10. Section 493 of the Business and Professions Code is
17 amended to read:

18 493. (a) Notwithstanding any other provision of law, in a
19 proceeding conducted by a board within the department pursuant
20 to law to deny an application for a license or to suspend or revoke
21 a license or otherwise take disciplinary action against a person
22 who holds a license, upon the ground that the applicant or the
23 licensee has been convicted of a crime ~~substantially directly and~~
24 ~~adversely~~ related to the qualifications, functions, and duties of the
25 licensee in question, the record of conviction of the crime shall be
26 conclusive evidence of the fact that the conviction occurred, but
27 only of that fact, and the board may inquire into the circumstances
28 surrounding the commission of the crime in order to fix the degree
29 of discipline or to determine if the conviction is substantially
30 related to the qualifications, functions, and duties of the licensee
31 in question. *fact.*

32 (b) (1) *Criteria for determining whether a crime is directly and*
33 *adversely related to the qualifications, functions, or duties of the*
34 *business or profession the board regulates shall include all of the*
35 *following:*

36 (A) *The nature and gravity of the offense.*

37 (B) *The number of years elapsed since the date of the offense.*

38 (C) *The nature and duties of the profession.*

1 (2) *A board shall not categorically bar an applicant based solely*
2 *on the type of conviction without considering evidence of*
3 *rehabilitation.*

4 ~~As~~

5 (c) *As used in this section, “license” includes “certificate,”*
6 *“permit,” “authority,” and “registration.”*

7 *SEC. 11. Section 1005 of the Business and Professions Code*
8 *is amended to read:*

9 1005. The provisions of Sections 12.5, 23.9, 29.5, 30, 31, 35,
10 104, 114, 115, 119, 121, 121.5, 125, 125.6, 136, 137, 140, 141,
11 143, 163.5, 461, 462, 475, 480, 484, 485, 487, 489, 490, ~~490.5~~,
12 491, 494, 495, 496, 498, 499, 510, 511, 512, 701, 702, 703, 704,
13 710, 716, 730.5, 731, and 851 are applicable to persons licensed
14 by the State Board of Chiropractic Examiners under the
15 Chiropractic Act.

16 ~~SEC. 2:~~

17 *SEC. 12. Section 11345.2 of the Business and Professions Code*
18 *is amended to read:*

19 11345.2. (a) An individual shall not act as a controlling person
20 for a registrant if any of the following apply:

21 (1) The individual has entered a plea of guilty or no contest to,
22 or been convicted of, a felony. If the individual’s felony conviction
23 has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41
24 of the Penal Code, the bureau may allow the individual to act as
25 a controlling person.

26 (2) The individual has had a license or certificate to act as an
27 appraiser or to engage in activities related to the transfer of real
28 property refused, denied, canceled, or revoked in this state or any
29 other state.

30 (b) Any individual who acts as a controlling person of an
31 appraisal management company and who enters a plea of guilty
32 or no contest to, or is convicted of, a felony, or who has a license
33 or certificate as an appraiser refused, denied, canceled, or revoked
34 in any other state shall report that fact or cause that fact to be
35 reported to the office, in writing, within 10 days of the date he or
36 she has knowledge of that fact.

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 16 - MAY 17, 2018 BOARD MEETING**

BILL NUMBER: Assembly Bill 2483

AUTHOR: Voepel

SPONSOR: Voepel

VERSION: Amended 04/09/2018

INTRODUCED: 02/14/2018

BILL STATUS: 04/10/2018 – Re-referred to
Assembly Approp. Committee

BILL LOCATION: Assembly

SUBJECT: Indemnification of public
officers and employees:
antitrust awards

**RELATED
BILLS:**

SUMMARY

The Government Claims Act, except as provided, requires a public entity to pay any judgment or any compromise or settlement of a claim or action against an employee or former employee of the public entity if the employee or former employee requests the public entity to defend him or her against any claim or action against him or her for an injury arising out of an act or omission occurring within the scope of his or her employment as an employee of the public entity, the request is made in writing not less than 10 days before the day of trial, and the employee or former employee reasonably cooperates in good faith in the defense of the claim or action. That act prohibits the payment of punitive or exemplary damages by a public entity, except as specified.

This bill would require a public entity to pay a judgment or settlement for treble damage antitrust awards against a member of a regulatory board within the Department of Consumer Affairs for an act or omission occurring within the scope of the member's official capacity as a member of that regulatory board. The bill would specify that treble damages awarded pursuant to a specified federal law for violation of another federal law are not punitive or exemplary damages within the act.

ANALYSIS

In March 2016, the Assembly Business and Professions Committee and the Senate Business, Professions and Economic Development Committee (Committees) conducted multiple joint oversight hearings to review 11 regulatory boards within the DCA and one regulatory entity outside of the DCA. One of the specific issues raised in the Committees' 2016 Background Paper was the potential antitrust liability for boards under the DCA.

The concerns arose in the wake of the Supreme Court's 2015 decision in "United States in North Carolina State Board of Dental Examiners (NC Dental) v. Federal Trade

Commission (FTC).” The case involved actions taken by NC Dental to stop shopping mall kiosks and other retail settings from offering teeth whitening services. NC Dental argued that shopping mall kiosks and other retail settings that offered teeth whitening services constituted the unlicensed practice of dentistry. The FTC, noting that the majority of NC Dental was comprised of active dentists with a financial incentive to reduce competition in a lucrative market, brought antitrust charges against the board.

Prior to the “NC Dental” case, the common presumption was that licensing board members were subordinate agency actors who needed only to further a state policy for their actions to be immunized from antitrust charges. However, in the Court’s decision, it was ruled that “a state board on which a controlling number of decision makers are active market participants in the occupation the board regulates” must meet the requirement for active state supervision to receive immunity. In effect, “NC Dental” called into question whether certain regulatory schemes were vulnerable to litigation alleging deliberate anticompetitive behavior.

Concerned that boards under the DCA may be at risk of antitrust litigation similar to the charges filed in “NC Dental,” Senator Jerry Hill requested an attorney general (AG) opinion regarding “what constitutes ‘active state supervision’ of a state licensing board for purposes of the state action immunity doctrine in antitrust actions, and what measures might be taken to guard against antitrust liability for board members.”

The AG explained that although, the Government Claims Act (Act) allows a public employee to request its agency to pay the amount of a judgment secured against official conduct this would not apply to punitive damages. Furthermore, it was unclear whether treble damages authorized in antitrust litigation fit either category. The AG’s recommended that uncertainty about the legal status of treble damages as it relates to board members “...could be reduced significantly by amending state law to specify that treble damage antitrust awards are not punitive damages within the meaning of the..Act.” AB 2483 seeks to enact the AG’s recommendation.

REGISTERED SUPPORT/OPPOSITION

Support

None on file since the bill was gutted and amended.

Oppose

None on file since the bill was gutted and amended.

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ OPPOSE:_____ NEUTRAL:_____ WATCH:_____

AMENDED IN ASSEMBLY APRIL 9, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 2483

Introduced by Assembly Member Voepel

February 14, 2018

An act to add Chapter 10 (commencing with Section 473) to Division 1 of the Business and Professions Code, relating to professions: liability.

LEGISLATIVE COUNSEL'S DIGEST

AB 2483, as amended, Voepel. ~~Department of Consumer Affairs: Office of Supervision of Occupational Boards: Indemnification of public officers and employees: antitrust awards.~~

The Government Claims Act, except as provided, requires a public entity to pay any judgment or any compromise or settlement of a claim or action against an employee or former employee of the public entity if the employee or former employee requests the public entity to defend him or her against any claim or action against him or her for an injury arising out of an act or omission occurring within the scope of his or her employment as an employee of the public entity, the request is made in writing not less than 10 days before the day of trial, and the employee or former employee reasonably cooperates in good faith in the defense of the claim or action. That act prohibits the payment of punitive or exemplary damages by a public entity, except as specified.

This bill would require a public entity to pay a judgment or settlement for treble damage antitrust awards against a member of a regulatory board within the Department of Consumer Affairs for an act or omission occurring within the scope of the member's official capacity as a member of that regulatory board. The bill would specify that treble

damages awarded pursuant to a specified federal law for violation of another federal law are not punitive or exemplary damages within the act.

Under existing law, the Department of Consumer Affairs is composed of various boards, bureaus, commissions, committees, and similarly constituted agencies that license and regulate the practice of various professions and vocations for the purpose of protecting the people of California. With certain exceptions, decisions of these entities with respect to setting standards, conducting examinations, passing candidates, and revoking licenses, are final and are not subject to review by the Director of Consumer Affairs.

This bill would establish an Office of Supervision of Occupational Boards within the department to exercise active supervision over a “covered board,” defined as specific licensing and regulatory agencies within the department, to ensure compliance with specific policies established in the bill regarding licensing and enforcement (established policies). The bill would require the office, in the exercise of active supervision, to be involved in the development of a covered board’s rules and policies, to disapprove the use of any board rule or policy and terminate any enforcement action that is not consistent with the established policies, and to review and affirmatively approve only rules, policies, and enforcement actions consistent with the established policies. The bill would require the office to review and approve or reject any rule, policy, enforcement action, or other occupational licensure action proposed by each covered board before adoption or implementation. The bill would establish procedures for complaints, investigation, remedial action, and appeal relating to a rule, policy, enforcement action, or other occupational licensure action of a covered board inconsistent with the established policies.

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 825 of the Government Code is amended
- 2 to read:
- 3 825. (a) Except as otherwise provided in this section, if an
- 4 employee or former employee of a public entity requests the public
- 5 entity to defend him or her against any claim or action against him
- 6 or her for an injury arising out of an act or omission occurring

1 within the scope of his or her employment as an employee of the
2 public entity and the request is made in writing not less than 10
3 days before the day of trial, and the employee or former employee
4 reasonably cooperates in good faith in the defense of the claim or
5 action, the public entity shall pay any judgment based thereon or
6 any compromise or settlement of the claim or action to which the
7 public entity has agreed.

8 If the public entity conducts the defense of an employee or
9 former employee against any claim or action with his or her
10 reasonable good-faith cooperation, the public entity shall pay any
11 judgment based thereon or any compromise or settlement of the
12 claim or action to which the public entity has agreed. However,
13 where the public entity conducted the defense pursuant to an
14 agreement with the employee or former employee reserving the
15 rights of the public entity not to pay the judgment, compromise,
16 or settlement until it is established that the injury arose out of an
17 act or omission occurring within the scope of his or her
18 employment as an employee of the public entity, the public entity
19 is required to pay the judgment, compromise, or settlement only
20 if it is established that the injury arose out of an act or omission
21 occurring in the scope of his or her employment as an employee
22 of the public entity.

23 Nothing in this section authorizes a public entity to pay that part
24 of a claim or judgment that is for punitive or exemplary damages.

25 (b) Notwithstanding subdivision (a) or any other provision of
26 law, a public entity is authorized to pay that part of a judgment
27 that is for punitive or exemplary damages if the governing body
28 of that public entity, acting in its sole discretion except in cases
29 involving an entity of the state government, finds all of the
30 following:

31 (1) The judgment is based on an act or omission of an employee
32 or former employee acting within the course and scope of his or
33 her employment as an employee of the public entity.

34 (2) At the time of the act giving rise to the liability, the employee
35 or former employee acted, or failed to act, in good faith, without
36 actual malice and in the apparent best interests of the public entity.

37 (3) Payment of the claim or judgment would be in the best
38 interests of the public entity.

39 As used in this subdivision with respect to an entity of state
40 government, “a decision of the governing body” means the

1 approval of the Legislature for payment of that part of a judgment
2 that is for punitive damages or exemplary damages, upon
3 recommendation of the appointing power of the employee or
4 former employee, based upon the finding by the Legislature and
5 the appointing authority of the existence of the three conditions
6 for payment of a punitive or exemplary damages claim. The
7 provisions of subdivision (a) of Section 965.6 shall apply to the
8 payment of any claim pursuant to this subdivision.

9 The discovery of the assets of a public entity and the introduction
10 of evidence of the assets of a public entity shall not be permitted
11 in an action in which it is alleged that a public employee is liable
12 for punitive or exemplary damages.

13 The possibility that a public entity may pay that part of a
14 judgment that is for punitive damages shall not be disclosed in any
15 trial in which it is alleged that a public employee is liable for
16 punitive or exemplary damages, and that disclosure shall be
17 grounds for a mistrial.

18 (c) Except as provided in subdivision (d), if the provisions of
19 this section are in conflict with the provisions of a memorandum
20 of understanding reached pursuant to Chapter 10 (commencing
21 with Section 3500) of Division ~~4 of Title 1, 4~~, the memorandum
22 of understanding shall be controlling without further legislative
23 action, except that if those provisions of a memorandum of
24 understanding require the expenditure of funds, the provisions
25 shall not become effective unless approved by the Legislature in
26 the annual Budget Act.

27 (d) The subject of payment of punitive damages pursuant to this
28 section or any other provision of law shall not be a subject of meet
29 and confer under the provisions of Chapter 10 (commencing with
30 Section 3500) of Division ~~4 of Title 1, 4~~, or pursuant to any other
31 law or authority.

32 (e) Nothing in this section shall affect the provisions of Section
33 818 prohibiting the award of punitive damages against a public
34 entity. This section shall not be construed as a waiver of a public
35 entity's immunity from liability for punitive damages under Section
36 1981, 1983, or 1985 of Title 42 of the United States Code.

37 (f) (1) Except as provided in paragraph (2), a public entity shall
38 not pay a judgment, compromise, or settlement arising from a
39 claim or action against an elected official, if the claim or action is
40 based on conduct by the elected official by way of tortiously

1 intervening or attempting to intervene in, or by way of tortiously
2 influencing or attempting to influence the outcome of, any judicial
3 action or proceeding for the benefit of a particular party by
4 contacting the trial judge or any commissioner, court-appointed
5 arbitrator, court-appointed mediator, or court-appointed special
6 referee assigned to the matter, or the court clerk, bailiff, or marshal
7 after an action has been filed, unless he or she was counsel of
8 record acting lawfully within the scope of his or her employment
9 on behalf of that party. Notwithstanding Section 825.6, if a public
10 entity conducted the defense of an elected official against such a
11 claim or action and the elected official is found liable by the trier
12 of fact, the court shall order the elected official to pay to the public
13 entity the cost of that defense.

14 (2) If an elected official is held liable for monetary damages in
15 the action, the plaintiff shall first seek recovery of the judgment
16 against the assets of the elected official. If the elected official's
17 assets are insufficient to satisfy the total judgment, as determined
18 by the court, the public entity may pay the deficiency if the public
19 entity is authorized by law to pay that judgment.

20 (3) To the extent the public entity pays any portion of the
21 judgment or is entitled to reimbursement of defense costs pursuant
22 to paragraph (1), the public entity shall pursue all available
23 creditor's remedies against the elected official, including
24 garnishment, until that party has fully reimbursed the public entity.

25 (4) This subdivision shall not apply to any criminal or civil
26 enforcement action brought in the name of the people of the State
27 of California by an elected district attorney, city attorney, or
28 attorney general.

29 (g) *Notwithstanding subdivision (a), a public entity shall pay*
30 *for a judgment or settlement for treble damage antitrust awards*
31 *against a member of a regulatory board within the Department of*
32 *Consumer Affairs for an act or omission occurring within the scope*
33 *of the member's official capacity as a member of that regulatory*
34 *board.*

35 (h) *For purposes of this section, treble damages awarded*
36 *pursuant to the federal Clayton Act (Sections 12 to 27, inclusive,*
37 *of Title 15 of, and Sections 52 and 53 of Title 29 of, the United*
38 *States Code) for a violation of the federal Sherman Act (Sections*
39 *1 to 7, inclusive, of Title 15 of the United States Code) are not*
40 *punitive or exemplary damages under this division.*

1 ~~SECTION 1. Chapter 10 (commencing with Section 473) is~~
2 ~~added to Division 1 of the Business and Professions Code, to read:~~

3
4 ~~CHAPTER 10. OFFICE OF SUPERVISION OF OCCUPATIONAL~~
5 ~~BOARDS~~

6
7 ~~473. The following are policies of the state:~~

8 ~~(a) Occupational licensing laws should be construed and applied~~
9 ~~to increase economic opportunity, promote competition, and~~
10 ~~encourage innovation.~~

11 ~~(b) Regulators should displace competition through occupational~~
12 ~~licensing only where less restrictive regulation will not suffice to~~
13 ~~protect consumers from present, significant, and substantiated~~
14 ~~harms that threaten public health, safety, or welfare.~~

15 ~~(c) An occupational licensing restriction should be enforced~~
16 ~~against an individual only to the extent the individual sells goods~~
17 ~~and services that are included explicitly in the statute or regulation~~
18 ~~that defines the occupation's scope of practice.~~

19 ~~473.1. As used in this chapter:~~

20 ~~(a) "Covered board" means any entity listed in Section 101.~~

21 ~~(b) "Office" means the Office of Supervision of Occupational~~
22 ~~Boards established in Section 473.2.~~

23 ~~473.2. (a) There is hereby established an Office of Supervision~~
24 ~~of Occupational Boards within the department.~~

25 ~~(b) (1) Notwithstanding Section 109, the office shall be~~
26 ~~responsible for exercising active supervision over each covered~~
27 ~~board to ensure compliance with the policies in Section 473.~~

28 ~~(2) In exercising active supervision over covered boards under~~
29 ~~paragraph (1), the office shall independently do the following:~~

30 ~~(A) Play a substantial role in the development of a covered~~
31 ~~board's rules and policies to ensure they benefit consumers and~~
32 ~~do not serve the private interests of providers of goods and services~~
33 ~~regulated by the covered board.~~

34 ~~(B) Disapprove the use of any rule or policy of a covered board~~
35 ~~and terminate any enforcement action, including any action pending~~
36 ~~on January 1, 2019, that is not consistent with Section 473.~~

37 ~~(C) Exercise control over each covered board by reviewing and~~
38 ~~affirmatively approving only rules, policies, and enforcement~~
39 ~~actions that are consistent with Section 473.~~

1 ~~(D) Analyze existing and proposed rules and policies and~~
2 ~~conduct investigations to gain additional information to promote~~
3 ~~compliance with Section 473, including, but not limited to, less~~
4 ~~restrictive regulatory approaches.~~

5 ~~(3) In exercising active supervision over covered boards under~~
6 ~~paragraph (1), the office shall be staffed by not fewer than one~~
7 ~~attorney who does not provide general counsel to any covered~~
8 ~~board.~~

9 ~~(e) (1) Notwithstanding Section 109, the office shall review~~
10 ~~and approve or reject any rule, policy, enforcement action, or other~~
11 ~~occupational licensure action proposed by each covered board~~
12 ~~before the covered board may adopt or implement the rule, policy,~~
13 ~~enforcement action, or other occupational licensure action.~~

14 ~~(2) For purposes of paragraph (1), approval by the office shall~~
15 ~~be express and silence or failure to act shall not constitute approval.~~

16 ~~473.3. (a) Any person may file a complaint to the office about~~
17 ~~a rule, policy, enforcement action, or other occupational licensure~~
18 ~~action of a covered board that the person believes is not consistent~~
19 ~~with Section 473.~~

20 ~~(b) Not later than 90 days after the date on which the office~~
21 ~~receives a complaint filed under paragraph (1), notwithstanding~~
22 ~~Section 109, the office shall investigate the complaint, identify~~
23 ~~remedies, and instruct the covered board to take action as the office~~
24 ~~determines to be appropriate, and respond in writing to the~~
25 ~~complainant.~~

26 ~~(c) (1) There shall be no right to appeal a decision of the office~~
27 ~~under subdivision (b) unless the challenged rule, policy,~~
28 ~~enforcement action, or other occupational licensure action would~~
29 ~~prevent the complainant from engaging in a lawful occupation or~~
30 ~~employing or contracting others for the performance of a lawful~~
31 ~~occupation and the complainant has taken material steps in an~~
32 ~~attempt to engage in a lawful occupation or employ or contract~~
33 ~~others for the performance of a lawful occupation.~~

34 ~~(2) Any appeal authorized under paragraph (1) shall be to the~~
35 ~~superior court.~~

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 16 - MAY 17, 2018 BOARD MEETING**

BILL NUMBER: Assembly Bill 2643

AUTHOR: Irwin

SPONSOR: California Dental Association,
California Society of Pediatric Dentistry

VERSION: 04/26/2018

INTRODUCED: 02/15/2018

BILL STATUS: 04/30/2018 – Referred to the Assembly Appropriations Committee.

BILL LOCATION: Assembly

SUBJECT: Dentistry: general anesthesia: health care coverage

**RELATED
BILLS:** SB 392,
SB 501

SUMMARY

Assembly Bill (AB) 2643 would revise the required written informed consent statement with respect to the use of anesthesia, applicable to minors, to specify that it is required in the case of general anesthesia. The bill also revises the content of that statement to require inclusion of a provision to encourage exploring nonsurgical dental treatment options, as specified.

Existing law provides that specified health care service plan contracts and disability insurance policies and certificates are deemed to cover general anesthesia and associated facility charges for dental procedures if certain other conditions are present. Under existing law, these provisions apply to those procedures rendered in a hospital or surgery center. This bill, with respect to contracts or policies issued, amended, or renewed on or after January 1, 2019, would remove the language that limits coverage to procedures rendered in a hospital or surgery center.

ANALYSIS

Board staff does not anticipate a significant fiscal impact if AB 2643 were to pass in its current form. This bill clarifies that written informed consent is required specifically for general anesthesia pursuant to Business and Professions Code (Bus. and Prof. Code) Section 1682. Additionally, this bill clarifies within Bus. and Prof. Code Section 1682 options available for a child's anesthesia to include nonsurgical treatment options. Furthermore, the written informed consent encourages a consultation with the minor's dentist for surgical dental treatment options available that may reduce, delay, or eliminate the need for anesthesia for surgical dental treatment prior to granting this

consent. This would not result an additional cost for BreEZe nor would the Board need to implement regulations as a result of this bill as the information to be added to Bus. and Prof. Code Section 1682 provides sufficient clarity. The bill would not result in a change in how investigations are conducted nor will it result in a fiscal cost.

The remainder of this bill (Health and Safety Code 1367.71 and Insurance Code Section 10119.9) deals with removing language that limits coverage to procedures rendered in a hospital or surgery center. Health care service plan contracts and insurance coverage changes would not affect the Board because we do not handle billing of dental services.

REGISTERED SUPPORT/OPPOSITION

Support

California Dental Association (cosponsor)
California Society of Pediatric Dentistry (cosponsor)
California Association of Oral and Maxillofacial Surgeons
California Society of Anesthesiologists
California Society of Nurse Anesthetists

Oppose

America's Health Insurance Plans
Association of California Life and Health Insurance Companies
California Association of Health Plans
California Chamber of Commerce
California Society of Health Plans
Local Health Plans of California

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ **OPPOSE:**_____ **NEUTRAL:**_____ **WATCH:**_____

ASSEMBLY BILL

No. 2643

Introduced by Assembly Member Irwin

February 15, 2018

An act to amend Section 1682 of the Business and Professions Code, to amend Section 1367.71 of the Health and Safety Code, and to amend Section 10119.9 of the Insurance Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 2643, as introduced, Irwin. Dentistry: general anesthesia: health care coverage.

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California. The act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. The act makes it unprofessional conduct for any dentist to fail to obtain the written informed consent of a patient prior to administering general anesthesia or conscious sedation. With respect to a minor, the act also requires that the written informed consent include a specified statement that, among other things, encourages the parent or guardian to explore all the options available for a child's anesthesia for his or her dental treatment.

This bill would revise the required written informed consent statement, applicable for minors, to specify that it is required in the case of general anesthesia. The bill would also revise the content of that statement to require it to include a provision to encourage exploring nonsurgical treatment options.

Existing law, the Knox-Keene Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and make a willful violation of

that act a crime. Existing law also provides for the regulation of policies of disability insurance by the Insurance Commissioner.

Existing law provides that specified health care service plan contracts and disability insurance policies and certificates are deemed to cover general anesthesia and associated facility charges for dental procedures, upon specified authorization for enrollees or insureds under 7 years of age, enrollees or insureds who are developmentally disabled, or enrollees or insureds whose health is compromised and for whom general anesthesia is medically necessary, if certain other conditions are present. Under existing law, these provisions apply to those procedures rendered in a hospital or surgery center.

This bill, with respect to contracts or policies issued, amended, or renewed on or after January 1, 2019, would remove the language that limits coverage to procedures rendered in a hospital or surgery center.

Because a willful violation of that requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1682 of the Business and Professions
- 2 Code is amended to read:
- 3 1682. In addition to other acts constituting unprofessional
- 4 conduct under this chapter, it is unprofessional conduct for:
- 5 (a) Any dentist performing dental procedures to have more than
- 6 one patient undergoing conscious sedation or general anesthesia
- 7 on an outpatient basis at any given time unless each patient is being
- 8 continuously monitored on a one-to-one ratio while sedated by
- 9 either the dentist or another licensed health professional authorized
- 10 by law to administer conscious sedation or general anesthesia.
- 11 (b) Any dentist with patients recovering from conscious sedation
- 12 or general anesthesia to fail to have the patients closely monitored
- 13 by licensed health professionals experienced in the care and

1 resuscitation of patients recovering from conscious sedation or
2 general anesthesia. If one licensed professional is responsible for
3 the recovery care of more than one patient at a time, all of the
4 patients shall be physically in the same room to allow continuous
5 visual contact with all patients and the patient to recovery staff
6 ratio should not exceed three to one.

7 (c) Any dentist with patients who are undergoing conscious
8 sedation to fail to have these patients continuously monitored
9 during the dental procedure with a pulse oximeter or similar or
10 superior monitoring equipment required by the board.

11 (d) Any dentist with patients who are undergoing conscious
12 sedation to have dental office personnel directly involved with the
13 care of those patients who are not certified in basic cardiac life
14 support (CPR) and recertified biennially.

15 (e) (1) Any dentist to fail to obtain the written informed consent
16 of a patient prior to administering general anesthesia or conscious
17 sedation. In the case of a minor, the consent shall be obtained from
18 the child's parent or guardian.

19 (2) The written informed—~~consent~~, *consent for general*
20 *anesthesia*, in the case of a minor, shall include, but not be limited
21 to, the following information:

22 “The administration and monitoring of general anesthesia may
23 vary depending on the type of procedure, the type of practitioner,
24 the age and health of the patient, and the setting in which anesthesia
25 is provided. Risks may vary with each specific situation. You are
26 encouraged to explore all the options available for your child's
27 anesthesia for his or her dental—~~treatment~~, *treatment, including*
28 *nonsurgical treatment options*, and consult with your dentist or
29 pediatrician as needed.”

30 (3) Nothing in this subdivision shall be construed to establish
31 the reasonable standard of care for administering or monitoring
32 oral conscious sedation, conscious sedation, or general anesthesia.

33 SEC. 2. Section 1367.71 of the Health and Safety Code is
34 amended to read:

35 1367.71. (a) Every health care service plan contract, other than
36 a specialized health care service plan contract, that is issued,
37 amended, renewed, or delivered on or after January 1, ~~2000~~, 2019,
38 shall be deemed to cover general anesthesia and associated facility
39 charges for dental procedures—~~rendered in a hospital or surgery~~
40 ~~center setting~~, when the clinical status or underlying medical

1 condition of the patient requires dental procedures that ordinarily
2 would not require general ~~anesthesia to be rendered in a hospital~~
3 ~~or surgery center setting.~~ *anesthesia*. The health care service plan
4 may require prior authorization of general anesthesia and associated
5 charges required for dental care procedures in the same manner
6 that prior authorization is required for other covered diseases or
7 conditions.

8 (b) This section shall apply only to general anesthesia and
9 associated facility charges for only the following enrollees, and
10 only if the enrollees meet the criteria in subdivision (a):

11 (1) Enrollees who are under seven years of age.

12 (2) Enrollees who are developmentally disabled, regardless of
13 age.

14 (3) Enrollees whose health is compromised and for whom
15 general anesthesia is medically necessary, regardless of age.

16 (c) Nothing in this section shall require the health care service
17 plan to cover any charges for the dental procedure itself, including,
18 but not limited to, the professional fee of the dentist. Coverage for
19 anesthesia and associated facility charges pursuant to this section
20 shall be subject to all other terms and conditions of the plan that
21 apply generally to other benefits.

22 (d) Nothing in this section shall be construed to allow a health
23 care service plan to deny coverage for basic health care services,
24 as defined in Section 1345.

25 (e) A health care service plan may include coverage specified
26 in subdivision (a) at any time prior to January 1, ~~2000~~; 2019.

27 SEC. 3. Section 10119.9 of the Insurance Code is amended to
28 read:

29 10119.9. (a) A disability insurance policy or certificate
30 covering hospital, surgical, or medical expenses, that meets the
31 definition of "health benefit plan" in subdivision (a) of Section
32 10198.6, that is issued, amended, renewed, or delivered on or after
33 January 1, ~~2000~~; 2019, shall be deemed to cover general anesthesia
34 and associated facility charges for dental procedures ~~rendered in~~
35 ~~a hospital or surgery center setting~~, when the clinical status or
36 underlying medical condition of the insured requires dental
37 procedures that ordinarily would not require general ~~anesthesia to~~
38 ~~be rendered in a hospital or surgery center setting.~~ *anesthesia*. The
39 disability insurance policy or certificate may require prior
40 authorization of general anesthesia and associated charges required

1 for dental care procedures in the same manner that prior
2 authorization is required for other covered diseases or conditions.

3 (b) This section shall apply only to general anesthesia and
4 associated facility charges for only the following insureds, and
5 only if the insureds meet the criteria in subdivision (a):

6 (1) Insureds who are under seven years of age.

7 (2) Insureds who are developmentally disabled, regardless of
8 age.

9 (3) Insureds whose health is compromised and for whom general
10 anesthesia is medically necessary, regardless of age.

11 (c) Nothing in this section shall require insurers to cover any
12 charges for the dental procedure itself, including the professional
13 fee of the dentist. Coverage for anesthesia and associated facility
14 charges pursuant to this section shall be subject to all other terms
15 and conditions of the policy or certificate that apply generally to
16 other benefits.

17 (d) Nothing in this section shall require insurers to cover
18 anesthesia or related facility charges for dental procedures that
19 ordinarily would require general anesthesia and that do not meet
20 the requirements of subdivision (a), (b), or (c).

21 (e) A disability insurance policy may include coverage specified
22 in subdivision (a) at any time prior to January 1, ~~2000~~ 2019.

23 SEC. 4. No reimbursement is required by this act pursuant to
24 Section 6 of Article XIII B of the California Constitution because
25 the only costs that may be incurred by a local agency or school
26 district will be incurred because this act creates a new crime or
27 infraction, eliminates a crime or infraction, or changes the penalty
28 for a crime or infraction, within the meaning of Section 17556 of
29 the Government Code, or changes the definition of a crime within
30 the meaning of Section 6 of Article XIII B of the California
31 Constitution.

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 16 - MAY 17, 2018 BOARD MEETING**

BILL NUMBER: Assembly Bill 2789

AUTHOR: Wood

SPONSOR:

VERSION: Amended 04/03/2018

INTRODUCED: 02/16/2018

BILL STATUS: 04/30/2018 – In Senate. Read first time. To Senate Rules Committee for assignment.

BILL LOCATION: Senate

SUBJECT: Health care practitioners: prescriptions: electronic data transmission.

**RELATED
BILLS:**

SUMMARY

Existing law provides for the regulation of health care practitioners and requires prescription drugs to be ordered and dispensed in accordance with the Pharmacy Law. The Pharmacy Law provides that a prescription is an oral, written, or electronic data transmission order and requires electronic data transmission prescriptions to be transmitted and processed in accordance with specified requirements.

Assembly Bill (AB) 2789 would require, on and after January 1, 2020, health care practitioners authorized to issue prescriptions to have the capability to transmit electronic data transmission prescriptions, and would require pharmacies to have the capability to receive those transmissions. Additionally, this bill, on and after January 1, 2021, would require those health care practitioners to issue prescriptions as an electronic data transmission prescription, unless specified exceptions are met.

AB 2789 would not require the pharmacy to verify that a written, oral, or faxed prescription satisfies the specified exemptions. The bill would require the pharmacy receiving the electronic data transmission prescription to immediately notify the prescriber if the electronic data transmission prescription fails, is incomplete, or is otherwise not appropriately received. Additionally, this bill would authorize the pharmacy to transmit the prescription to another pharmacy at the request of the patient, as specified.

AB 2789 would make a violation of any of the aforementioned provisions unprofessional conduct and would subject the health care practitioner to discipline by the board charged with regulating his or her license.

ANALYSIS

Supporters of AB 2789 noted that this bill would address the opioid crisis by providing stronger consumer protection, ensuring the quantity prescribed is correct, reducing both prescriber and pharmacist prescription errors.

The Board staff does not anticipate a significant fiscal impact if AB 2789 passed in its current form. Pursuant to Business and Professions Code Section 1680 (m) violating a provision of law in regards to the procurement, dispensing or administration of a dangerous drugs outlined as a form of unprofessional conduct. If necessary, to further clarify that a failure to comply with these provisions (transmitting electronic transmission prescriptions) would be deemed unprofessional conduct as a result of AB 2789, the Board would likely need to update regulations regarding unprofessional conduct (California Code of Regulations Section 1018.05) to refer to the added Business and Professions Code sections as a result of this bill. This bill this would not result in a change in how investigations are conducted nor result in a fiscal cost.

REGISTERED SUPPORT/OPPOSITION

Support

Aegis Treatment Centers
America's Physician Groups
California Association of Health Underwriters
California Pharmacists Association
California State Board of Pharmacy
Healthcare Distribution Alliance
Imprivata
McKesson Corporation

Oppose

California Medical Association

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ **OPPOSE:**_____ **NEUTRAL:**_____ **WATCH:**_____

AMENDED IN ASSEMBLY APRIL 3, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 2789

Introduced by Assembly Member Wood

February 16, 2018

An act to add Section 688 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL’S DIGEST

AB 2789, as amended, Wood. Health care practitioners: prescriptions: electronic *data* transmission.

Existing law provides for the regulation of health care practitioners and requires prescription drugs to be ordered and dispensed in accordance with the Pharmacy Law. ~~Existing law, the~~ *The Pharmacy Law*, Law provides that a prescription is an oral, written, or electronic *data* transmission order and requires electronic *data* transmission prescriptions to be transmitted and processed in accordance with specified requirements.

This bill, on and after January 1, 2020, would require health care practitioners authorized to issue prescriptions to have the capability to transmit electronic *data* transmission prescriptions, and would require pharmacies to have the capability to receive those transmissions. The bill, on and after January 1, 2021, would require those health care practitioners to issue prescriptions as an electronic *data* transmission prescription, unless specified exceptions are met. The bill would not require the pharmacy to verify that a written, oral, or faxed prescription satisfies the specified exemptions. The bill would require the pharmacy receiving the electronic *data* transmission prescription to immediately notify the prescriber if the electronic *data* transmission prescription

fails, is incomplete, or is otherwise not appropriately received. The bill would authorize the pharmacy to transmit the prescription to another pharmacy at the request of the patient, as specified. The bill would make a violation of these provisions unprofessional conduct and would subject the health care practitioner to discipline by the board charged with regulating his or her license.

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 688 is added to the Business and
2 Professions Code, to read:

3 688. (a) On and after January 1, 2020, a health care practitioner
4 authorized to issue a prescription pursuant to Section 4040 shall
5 have the capability to issue an electronic *data* transmission
6 prescription, as defined under Section 4040, on behalf of a patient
7 and to transmit that electronic *data* transmission prescription to a
8 pharmacy selected by the patient.

9 (b) On and after January 1, 2020, a pharmacy, pharmacist, or
10 other practitioner authorized under California law to dispense or
11 furnish a prescription pursuant to Section 4040 shall have the
12 capability to receive an electronic *data* transmission prescription
13 on behalf of a patient.

14 (c) For a prescription for a controlled substance, as defined by
15 Section 4021, generation and transmission of the electronic *data*
16 transmission prescription shall comply with Parts 1300, 1304,
17 1306, and 1311 of Title 21 of the Code of Federal Regulations, as
18 amended from time to time.

19 (d) On and after January 1, 2021, a prescription prescribed by
20 a health care practitioner shall be issued as an electronic *data*
21 transmission prescription. This subdivision shall not apply to
22 prescriptions issued pursuant to subdivision (e).

23 (e) Subdivision (d) shall not apply to any of the following:

24 (1) The prescription is issued pursuant to Section 11159.2 of
25 the Health and Safety Code.

26 (2) An electronic *data* transmission prescription is not available
27 due to a temporary technological or electrical failure. For purposes
28 of this paragraph, “temporary technological or electrical failure”
29 means failure of a computer system, application, or device, or the

1 loss of electrical power to that system, application, or device, or
2 any other service interruption affecting the certified electronic *data*
3 transmission prescription application used to transmit the
4 prescription.

5 (3) The prescribing health care practitioner is issuing a
6 prescription to be dispensed by a pharmacy located outside
7 California.

8 (4) The prescription is issued by a veterinarian.

9 (5) *The prescription is for eyeglasses or contact lenses.*

10 ~~(5)~~

11 (6) The prescribing health care practitioner and the dispenser
12 are the same entity.

13 ~~(6)~~

14 (7) The prescription is issued by a prescribing health care
15 practitioner under circumstances whereby the practitioner
16 reasonably determines that it would be impractical for the patient
17 to obtain controlled substances prescribed by an electronic *data*
18 transmission prescription in a timely manner, and the delay would
19 adversely impact the patient's medical condition.

20 (8) *The prescription that is issued includes elements not covered*
21 *by the latest version of the National Council for Prescription Drug*
22 *Programs' SCRIPT standard, as amended from time to time.*

23 (f) A health care practitioner who issues a prescription for a
24 controlled substance but does not transmit the prescription as an
25 electronic *data* transmission prescription shall document the reason
26 in the patient's medical record as soon as practicable and within
27 72 hours of the end of the technological or electrical failure that
28 prevented the electronic *data* transmission of the prescription.

29 (g) A pharmacy that receives an electronic *data* transmission
30 prescription from a prescribing health care practitioner who has
31 issued the prescription but has not dispensed the medication to the
32 patient may, at the request of the patient or a person authorized to
33 make a request on behalf of the patient, immediately transfer or
34 forward the electronic *data* transmission prescription to an
35 alternative pharmacy designated by the requester.

36 (h) If a pharmacy, or its staff, is aware that an attempted
37 transmission of an electronic *data* transmission prescription failed,
38 is incomplete, or is otherwise not appropriately received, the
39 pharmacy shall immediately notify the prescribing health care
40 practitioner.

- 1 (i) A pharmacist who receives a written, oral, or faxed
2 prescription shall not be required to verify that the prescription
3 properly falls under one of the exceptions in subdivision (e).
4 Pharmacists may continue to dispense medications from legally
5 valid written, oral, or fax prescriptions pursuant to this division.
6 (j) Notwithstanding any other law, a violation of this section
7 constitutes unprofessional conduct and grounds for disciplinary
8 action by the health care practitioner's licensing board.

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 16 - MAY 17, 2018 BOARD MEETING**

BILL NUMBER: Senate Bill 392

AUTHOR: Bates

SPONSOR: California
Association of Oral
and Maxillofacial
Surgeons

VERSION: Amended 05/26/2017

INTRODUCED: 02/15/2017

BILL STATUS: 06/12/2017 – Referred to
Com. on B & P.

BILL LOCATION: Assembly

SUBJECT: Dentistry: report: access to
care: pediatric dental patients.

**RELATED
BILLS:** AB 224,
SB 501

SUMMARY

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California within the Department of Consumer Affairs. The act, among other things, prescribes requirements for a dentist who administers or orders the administration of general anesthesia on an outpatient basis for dental patients, including a requirement that the dentist holds a valid anesthesia permit issued by the board.

This bill, on or before January 1, 2019, would require the board to provide to the Legislature a report and analysis, as specified, of the effects on access to care for pediatric dental patients specifically as it relates to requiring the addition of a 2nd general anesthesia permitholder to be present during the administration of general anesthesia on a patient 7 years of age or younger, if the provider is currently a general anesthesia permitholder.

ANALYSIS

SB 392 has missed the legislative deadline. It is Board staffs understanding that this bill will not be moving forward.

REGISTERED SUPPORT/OPPOSITION

Support

California Association of Oral and Maxillofacial Surgery (Sponsor)
California Dental Association

Oppose

American Academy of Pediatrics, California

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ **OPPOSE:**_____ **NEUTRAL:**_____ **WATCH:**_____

AMENDED IN SENATE MAY 26, 2017

AMENDED IN SENATE APRIL 17, 2017

AMENDED IN SENATE APRIL 4, 2017

SENATE BILL

No. 392

Introduced by Senator Bates

February 15, 2017

An act to add Section 1645.2 to, and to add and repeal Section 1601.7 of, of the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

SB 392, as amended, Bates. Dentistry: report: access to care: pediatric dental patients: continuing education: *patients*.

(1) The

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California within the Department of Consumer Affairs. The act, among other things, prescribes requirements for a dentist who administers or orders the administration of general anesthesia on an outpatient basis for dental patients, including a requirement that the dentist holds a valid anesthesia permit issued by the board.

This bill, on or before January 1, 2019, would require the board to provide to the Legislature a report and analysis, as specified, of the effects on access to care for pediatric dental patients specifically as it relates to requiring the addition of a 2nd general anesthesia permitholder to be present during the administration of general anesthesia on a patient 7 years of age or younger, if the provider is currently a general anesthesia permitholder.

~~(2) Existing law also authorizes the board to require licensees to complete continuing education hours as a condition of license renewal.~~

~~This bill would require the board to develop, by January 1, 2019, a course in pediatric life support and airway management, as specified. The bill would provide the board with discretion over the solicitation and subsequent acceptance of proposals from continuing education vendors to provide the course.~~

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 1601.7 is added to the Business and
2 Professions Code, to read:

3 1601.7. (a) On or before January 1, 2019, the board shall
4 provide to the Legislature a report and analysis of the effects on
5 access to care for pediatric dental patients specifically as it relates
6 to requiring the addition of a second general anesthesia
7 permitholder to be present during the administration of general
8 anesthesia on a patient seven years of age or younger, if the
9 provider is currently a general anesthesia permitholder. The
10 analysis should include costs of sedation and anesthesia, resource
11 constraints of the healthcare system, including Denti-Cal compared
12 to private insurance, and feasibility issues that include, but are not
13 limited to, time, skills, staff availability, and equipment availability
14 for the provider to carry out necessary dental procedures. The
15 board shall make the report publicly available on the board's
16 Internet Web site.

17 (b) (1) A report to be submitted pursuant to subdivision (a)
18 shall be submitted in compliance with Section 9795 of the
19 Government Code.

20 (2) Pursuant to Section 10231.5 of the Government Code, this
21 section is repealed on January 1, 2023.

22 SEC. 2. ~~Section 1645.2 is added to the Business and Professions~~
23 ~~Code, to read:~~

24 ~~1645.2. By January 1, 2019, the board shall develop a course~~
25 ~~in pediatric life support and airway management equivalent to the~~
26 ~~American Academy of Pediatrics and American Academy of~~
27 ~~Pediatric Dentistry guidelines or guidelines determined by the~~
28 ~~board in order to protect the public health and safety consistent~~

1 ~~with Section 1601.2. The board shall have discretion, consistent~~
2 ~~with the guidelines, over the solicitation and subsequent acceptance~~
3 ~~of proposals from continuing education vendors to provide the~~
4 ~~course.~~

O

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 16 - MAY 17, 2018 BOARD MEETING**

BILL NUMBER: Senate Bill 501

AUTHOR: Glazer

SPONSOR: California
Association of Oral
and Maxillofacial
Surgeons

VERSION: Amended 05/01/2017

INTRODUCED: 02/16/2017

BILL STATUS: 09/01/2017 – Joint Rule 62(a)
suspended; 09/01/17 hearing
suspended by the Assembly
Appropriations Committee.

BILL LOCATION: Assembly

SUBJECT: Dentistry: anesthesia and
sedation: report.

**RELATED
BILLS:** AB 224,
SB 392

SUMMARY

Senate Bill (SB) 501 would broadly enact recommendations from the Dental Board of California's (Board) Pediatric Anesthesia Study of 2016. Senator Jerry Hill requested an investigation of the present laws, regulations, and policies related to pediatric dental anesthesia to ensure patient safety. The Board recommended updating terminology, staffing requirements, educational requirements, and monitoring standards to further improve the safety of pediatric dental anesthesia and sedation.

Current law states that dentists are licensed and regulated by the Board. In order to administer general anesthesia (GA) to a dental patient, a licensed dentist must also have a GA permit from the Board. This requirement also applies to physicians who administer GA in a dental office. Dentists that administer drugs that result in conscious sedation are required to have either a GA permit or a conscious sedation permit from the Board.

This bill as amended will have various effects on current statutes and regulations in place as it relates to the administration of outpatient anesthesia and sedation by dentists. Aside from the workload required to update regulations, the requirements of SB 501 are not absorbable by the Board and will most likely require fee increases. The Board will be required to update statutes and regulations, solicit vendors, develop contracts to produce reports, increase fees, and hire staff by 2019.

SB 501 repeals provisions related to producing a pediatric anesthesia report to the Legislature. Additionally, the bill requires the Board to produce two new reports (regarding pediatric deaths and access to care with the implementation of a second general anesthesia (GA) permitholder) for the Legislature as well as requiring the Board to conduct a review of pediatric morbidity and mortality.

This bill also repeals provisions related to oral conscious sedation for pediatric and adult patients. Additionally, this bill redefines the terms GA, deep sedation, moderate sedation (formerly known as conscious sedation), and minimal sedation. SB 501 extends the licensing criteria and outlines the permit requirements for dentists who wish to administer GA or deep sedation, and moderate sedation on an outpatient basis. This bill also outlines the requirements for dentists who wish to perform procedures on children under the age of 13. Moreover, this bill authorizes a current licensed physician and surgeon to administer deep sedation and GA in a licensed dentist's office, even if the dentist does not have a GA permit, if the surgeon or physician meets certain requirements. Furthermore, this bill requires a patient to submit to a physical examination and disclose medical history to the dentist before any deep sedation or GA may be administered.

SB 501 extends the licensing criteria and outlines the permit requirements to dentists who administer minimal sedation on an outpatient basis and who wish to perform procedures utilizing the administration of pediatric minimal sedation. Notably, any pediatric endorsements for the aforementioned permits will require a dentist to obtain specified training as outlined in the bill. Violations of any of the provisions would constitute unprofessional conduct and could result in the revocation or suspension of the dentist's permit or license.

ANALYSIS

Business and Professions Code (Code) Section (§) 1601.4, 1601.7, and 1616.1 *Reports*

SB 501 deletes provisions in law that requires the Board to submit a report to the Legislature, on or before January 1, 2017, in relation to the adequacy of patient protection in regards to pediatric anesthesia. However, the Board would be required to submit a report to the Legislature on pediatric deaths related to GA and deep sedation in dentistry at its 2020 sunset review. Additionally, on or before January 1, 2019, the Board would be required to submit a report to the Legislature that addresses the effects on access to care for pediatric dental patients related to the addition of requiring a second GA permitholder be present when the patient is seven years of age or younger during the administration of GA by a current GA permitholder. Furthermore, on or before January 1, 2019, the Board would be required to conduct a review of pediatric morbidity and mortality data since January 1, 2017 to improve safety.

The cost of the data collection, analysis, and review necessary to develop the reports cannot be absorbed by the Board due to the significant increase on costs and workload. Additionally, the Board lacks the authority to track the impact on access to care for

pediatric dental patients and the Board would be required to contract out to a research entity to conduct the study and analysis.

Additionally, the request to complete a review of pediatric mobility and mortality data cannot be absorbed by the Board. The Board would likely need to contract out to a research authority to complete this review and this cost could not be absorbed. Additionally, this statute does not specify the type of data collected.

Code § 1646, 1647.1, and 1647.30 *GA, Deep Sedation, Moderate Sedation, and Minimal Sedation Definitions*

SB 501 repeals the provisions pertaining to the use of oral conscious sedation for both pediatric and adult patients. Additionally, the bill redefines the GA, deep sedation, moderate sedation (formerly known as conscious sedation), and minimal sedation.

The Board would be required to update regulations to define GA, deep sedation, moderate sedation, and minimal sedation consistent with this bill.

Code § 1646.1, 1646.3 *GA or deep sedation for Outpatient Basis Requirements*

SB 501 extends the licensing criteria to dentists who administer GA or deep sedation on an outpatient basis for dental patients. Dentists would be required to: (1) possess a GA permit issued by the Board; (2) possess a pediatric endorsement on their GA permit to administer GA or deep sedation to patients under seven; (3) physically be within the dental office at the time of ordering, and during administration of, GA or deep sedation; (4) have at least two support staff, in addition to the dentist, present during a procedure involving GA or deep sedation if the patient is between the ages of seven to 13 (the dentist must be certified in Pediatric Advanced Life Support [PALS] and at least one support staff must be trained in pediatric life support and airway management, this staff member will be dedicated to monitoring the patient throughout the procedure); and (5) have at least two people, in addition to the dentist, present during a procedure involving GA or deep sedation if the patient is under the age of seven (both people must be trained in pediatric life support and airway management, however one person must be dedicated to monitoring the patient throughout the procedure while the other person assist in the procedure as needed. Special requirements are necessary if a dedicated anesthesia provider is utilized). As a requirement of renewal of the GA permit, a permittee is also required to complete 24 hours of approved course in relation to GA or deep sedation. This bill prohibits dentists from administering deep sedation for reasons other than dental treatment. This bill also requires a patient undergo a physical examination and medical history before the administration deep sedation or GA. Any dentist that holds a GA permit will be required to maintain a patient's medical history, physical evaluation, deep sedation, and GA records as required by the Board's regulations.

SB 501 would require the Board to change the current permit title from "GA" to "deep sedation or GA". However, further clarification is needed to identify whether the title or name of the permit would need to be updated to identify the type of sedation/anesthesia provided (ex: GA permit vs. GA permit, under 13).

The Board would need to update regulations to define the requirements to obtain a permit for GA or deep sedation and how many staff members are required to be present depending upon the age of the patient. Additionally, it is unclear whether the current GA permit holders must reapply for new permits for the administration of GA to treat a patient under the age of seven, pursuant to § 1646.1(b) or if this is only a requirement for new applicants that apply as of January 1, 2019. Specifically, the requirement of a pediatric endorsement to treat patients under seven may be an issue for the GA permittees since the permits do not have that designation currently. Further clarification is needed to explain if existing GA permit holders will be grandfathered into the program. Additionally, with the pediatric endorsement, the Board would likely need to modify the current on-site inspection and evaluation programs. It is unclear whether permit holders will need to be evaluated separately in the administration of GA/deep sedation on adult, under 13, and under seven patients.

SB 501 bill does not explicitly state whether the Board or the GA permit holder would be responsible for maintaining proof that at least one support staff is trained in PALS and airway management (as required by this bill) to treat a patient between the ages of seven to 13. Currently, the Board does not have a license for dental auxiliaries that would capture this information.

SB 501 would require the Board to update regulations defining the rules and requirements regarding the need to perform a physical evaluation and medical history before the administration of GA or deep sedation and maintenance of those records.

Code § 1646.2 *Dentist Requirements to Administer GA or Deep Sedation Pediatric Endorsement*

This bill extends the licensing criteria to obtain a GA permit to administer GA and deep sedation. However, beginning January 1, 2019, SB 501 requires dentists who wish to have a pediatric endorsement on their GA permit to have: (1) completed a Commission on Dental Accreditation (CODA) accredited or equivalent residency training program providing competency in the administration of deep sedation and GA on children under seven years of age; (2) provided proof of successful completion of at least 20 cases of pediatric sedation to patients under seven years of age to establish competency, for both the initial application and renewal; and (3) provided proof of current and continuous certification in Advanced Cardiac Life Support (ACLS) and PALS for the duration of holding the permit. Dentists who would otherwise qualify for the endorsement but lack sufficient cases in pediatric sedation are allowed to provide deep sedation and GA to patients under seven under direct supervision of a GA permitholder that possess a pediatric endorsement.

This bill does not specify what is to be submitted as “proof of completion” of at least 20 cases of pediatric sedation to patients under seven years of age to establish competency.

Because of the pediatric endorsement, the Board may need to modify the current on-site inspection and evaluation programs. It is unclear whether permit holders will need to be evaluated separately in the administration of GA/deep sedation on adult, under 13, and under seven patients. The Board would also be required to create three new permits for GA (adult, under 13, and under 7) and request numerous updates to the Breeze system. Currently, the Board does not track permit holders performing pediatric dentistry. If all GA permit holders are required to reapply for a permit, there will be an influx of applications for review. This would likely lead to an increased workload of GA permits.

Code § 1646.9 *Deep Sedation or GA License for Surgeon and Physician*

SB 501 authorizes a current licensed physician and surgeon to administer deep sedation (in addition to GA which is in the statute) in a licensed dentist's office for dental patients if the physician/surgeon could provide proof of their license to practice medicine in California (CA) and a valid GA permit issued by the Board. This bill would require physicians and surgeons to provide proof of the following before obtaining the GA permit: training that provides competency in the administration of deep sedation and GA on children, as well as submit current and continuous certification in ACLS and PALS for the duration of holding the permit.

The Board would be required to update regulations defining the rules and educational requirements to obtain a GA permit for surgeons and physicians.

Code § 1647.2 *Moderate Sedation for Outpatient Basis Requirements*

SB 501 extends the licensing criteria to dentists who administer moderate sedation on an outpatient basis for dental patients. Dentists would be required to: (1) possess a GA permit or possess a moderate sedation permit; (2) possess a pediatric endorsement on their moderate sedation permit to administer moderate sedation to patients under 13; (3) be physically present within the treatment facility while the patient is sedated; (4) have at least one other support staff present at all times during a procedure involving moderate sedation if a patient is between the ages of seven to 13 and that staff member must be trained in pediatric life support and airway management; and (5) have at least two support staff present, in addition to the dentist, at all times during a procedure involving moderate sedation if a patient is under seven with one staff member trained in pediatric life support and airway management and dedicated to monitoring the patient throughout the procedure.

The Board would be required to update regulations defining the rules and revise the educational requirement to obtain a moderate sedation permit, and for consistency, to change the designation from conscious sedation to moderate sedation.

Additionally, pursuant to § 1682(b) a dentist can allow a licensed health professional experienced in the care and resuscitation of patients recovering from conscious sedation or GA, to monitor a patient while recovering from sedation. Further clarification is needed to explain the where the dentist must be in the facility, while the patient is

under moderate sedation, when it appears that § 1682(b) allows a licensed health professional experience to fill the dentist's role while a patient is recovering.

The Board would be required to update regulations regarding the number of staff members required to be present during moderate sedation. Additionally, it is unclear whether the current conscious sedation permit holders must reapply for new permits for the administration of GA to treat a patient under the age of seven, or if this is just for new applicants applying as of January 1, 2019. Specifically, the requirement of a pediatric endorsement to treat patients under seven may be an issue for the permittees since the permits do not have that designation because it was not initially required. Further clarification is needed to explain if existing permit holders will be grandfathered into the program. Moreover, in regards to the pediatric endorsement, the Board may need to modify the current on-site inspection and evaluation programs. It is unclear whether permit holders will need to be evaluated separately in the administration of moderate sedation on adult, under 13, and under seven patients.

The Board would also be required to create three new permits for moderate sedation (adult, under 13, and under 7) and request numerous updates to the Breeze system. As stated previously, the Board does not track permitholders performing pediatric dentistry. If all moderate sedation permit holders are required to reapply for a permit, there will be an influx of applications for review.

Code § 1647.3 Moderate Sedation Permit Requirements for Dentists

SB 501 requires dentists to apply for a moderate sedation permit from the board before performing and administering moderate sedation. This bill would include new training requirements in the administration of moderate sedation to comply with the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students of the ADA. Pediatric endorsements for moderate sedation would require the dentist to be trained in PALS and airway management and completion of moderate sedation courses. This bill would also require physical examination and medical history to be taken of the patient before administering moderate sedation. Any dentist that holds a GA permit would be required to maintain medical history, physical evaluations, and moderate sedation records as required by the Board's regulations.

The Board would be required to update regulations defining the rules and requirement regarding moderate sedation to remain consistent with this bill. The Board would also need to update regulations to define the new permit application process. There are approximately 515 Conscious Sedation permit holders in CA (which the Board assumes would be now defined as moderate sedation). This bill would change the permit process with several different pathways for permits, which includes submitting 20 cases for review by staff and SME for competency.

The Board would be required to update regulations defining the rules and requirements regarding the need to perform a physical evaluation and medical history before the administration of moderate sedation and maintenance of those records.

Code§ 1647.31 *Pediatric Minimal Sedation Licensing Permit Requirements*

This bill would extend the licensing criteria in regards to dentists who administer minimal sedation on an outpatient basis for dental patients under the age of 13, if they hold: a valid pediatric minimal sedation permit, GA permit issued by the board, or a valid anesthesia permit issued by the Board that authorizes moderate sedation, deep sedation, or GA. However, the dentist who would administer minimal sedation must be physically present in the treatment facility while the patient is sedated.

In relation to § 1647.31, regarding who can administer minimal sedation, the Board would need to update regulations defining the rules and requirement which may be absorbable.

Code § 1647.32 *Pediatric Minimal Sedation Permit Requirements*

This bill would require dentists who wish to perform and administer pediatric minimal sedation to apply for a pediatric minimal sedation permit with the Board. Dentists would be required to include documentation that the equipment and drugs required by the Board are on the premises and training in the administration of pediatric minimal sedation. This training is to include: proof of 24 hours of pediatric minimal sedation (in addition to one clinical case) that covers training in airway management and patient rescue from moderate sedation, as well as provide completion of an accredited residency in pediatric dentistry. Dentists are limited to administering a single dose that is unlikely to produce a state of unintended moderate sedation. A minimum of one staff member, in addition to the dentist, must be present during the procedure as well as trained in the monitoring and resuscitation of pediatric patients.

SB 501 would require that to qualify for a pediatric minimal sedation permit a dentist must include completion of an accredited residency in pediatric dentistry but does not specify if this a program approved by CODA. Additionally, further clarification is needed to explain the training required for the additional staff member in monitoring and resuscitation of pediatric patients.

Code § 1647.33 *Request for Board to be Responsible for Pediatric Minimal Sedation Program*

It is the intent of the Legislature, and this bill, that the Board hire staff to administer the pediatric minimal sedation program and establish fees sufficient to the administration and enforcement costs incurred by the Board in carrying out this program.

This would require the Board to create a new permit issued by the Board. The Board would need to work with developers to create an additional license, make additions to Breeze, correspondence, certificates, and cashiering. The Board would also need to make changes to the current website and applications/forms.

Code § 1647.34 *Consequences of Violating the Provisions*

A violation of any provision of the provisions outlined in this bill constitutes unprofessional conducts and is grounds for the revocation or suspension of the dentist's permit or license, or both.

The only costs that may be incurred by a local agency relate to crimes and infractions.

Fiscal Impact

As noted in the Senate Appropriations Committee, this bill would result in changes to the current use and regulation of anesthesia and sedation by dentists. These include one-time costs of over \$5 million to prepare the reports, hire new staff to review permit applications, and obtain additional office space to house the new staff to achieve the requirements implemented by the bill. Additionally, another \$1.1 million in ongoing costs would be required for additional staff and office space. An estimated \$3.6 million will be needed per year for additional site inspections at dental offices and clinics to ensure compliance with the requirements outlined in this bill.

REGISTERED SUPPORT/OPPOSITION

Support

California Association of Oral and Maxillofacial Surgery (sponsor)
California Dental Association

Oppose

American Academy of Pediatrics
California Society of Dentist Anesthesiologists
PDI Surgery Center

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ **OPPOSE:**_____ **NEUTRAL:**_____ **WATCH:**_____

AMENDED IN SENATE MAY 1, 2017
AMENDED IN SENATE APRIL 20, 2017
AMENDED IN SENATE APRIL 17, 2017

SENATE BILL

No. 501

Introduced by Senator Glazer

February 16, 2017

An act to amend Sections 1601.4, 1646, 1646.1, 1646.2, 1646.3, 1646.4, 1646.5, 1646.8, 1646.9, 1647, 1647.1, 1647.2, 1647.3, 1647.5, 1647.6, and 1647.7 of, to amend the heading of Article 2.7 (commencing with Section 1646) of Chapter 4 of Division 2 of, to add Sections 1601.7, 1616.1, 1646.6.5, and 1647.8.5 to, to add Article 2.87 (commencing with Section 1647.30) to Chapter 4 of Division 2 of, and to repeal Article 2.85 (commencing with Section 1647.10) and Article 2.86 (commencing with Section 1647.18) of Chapter 4 of Division 2 of, the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

SB 501, as amended, Glazer. Dentistry: anesthesia and sedation: report.

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California within the Department of Consumer Affairs. The act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. The act makes it unprofessional conduct for a dentist to engage in certain conduct, including failing to obtain written consent prior to administering general anesthesia or conscious sedation. The act also makes a willful violation of its provisions, including practicing without

a valid certificate or license, a crime, and defines various terms relating to anesthesia and sedation.

This bill would repeal those provisions relating to the use of oral ~~conscious~~ *conscious* sedation for pediatric and adult patients. The bill would redefine general anesthesia for these purposes and additionally would define “deep sedation” to mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation, as specified.

The Dental Practice Act prohibits a dentist from administering or ordering the administration of general anesthesia on an outpatient basis for dental patients unless the dentist meets certain licensing criteria.

This bill would extend that licensing criteria to dentists administering deep sedation. The bill would require dentists, beginning January 1, 2019, to have a pediatric endorsement of their general anesthesia permit and have completed a Commission on Dental Accreditation accredited or equivalent residency training program providing competency in the administration of deep sedation or general anesthesia to be eligible to administer these drugs to patients under 7 years of age. The bill also would require dentists, beginning January 1, 2019, to have completed at least 20 cases to establish competency for patients under 7 years of age, and would require dentists to perform a physical evaluation and a medical history before administering deep sedation or general anesthesia. The bill would further require that, for any procedure involving deep sedation or general anesthesia for patients between 7 and 13 years of age, the dentist and at least 2 support staff be present and would require the dentist and at least one support staff to have certain advanced life support and airway management training, as specified. The bill also would require at least 3 people to be present during procedures on children under 7 years of age and would require the other attendees to hold specified certifications and have certain advanced life support and airway management training, as specified.

The Dental Practice Act prohibits a dentist from administering or ordering the administration of conscious sedation, as defined, on an outpatient basis unless the dentist meets certain licensing criteria.

This bill would replace the term “conscious sedation” with “moderate sedation,” meaning a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands and meets other criteria. The bill would authorize a dentist to administer or order the administration of moderate sedation on an outpatient basis to a

dental patient if the dentist meets specified licensing criteria and has applied to the board, submitted an application fee, and shown successful completion of training in moderate sedation. The bill would require a dentist who orders the administration of moderate sedation to be physically present in the treatment facility while the patient is sedated. The bill would specify that training in the administration of moderate sedation is acceptable if it consists of a certain number of instructional hours and completion of cases and complies with certain guidelines for teaching pain control and sedation. The bill would specify that a pediatric endorsement requires a dentist to obtain specified training. The bill also would require for a child under 7 years of age that there be at least 2 support staff persons in addition to the practicing dentist at all times during the procedure, with one staff member serving as a dedicated patient monitor.

The bill also would establish new requirements for dentists administering or ordering the administration of minimal sedation, defined as a drug-induced state during which patients respond normally to verbal commands, as specified, for pediatric patients under 13 years of age. These new requirements would include that the dentist possess specified licensing credentials, and would require any dentist who desires to administer or order the administration of minimal sedation to apply to the board, as specified, and to submit an application fee. The bill would make a violation of these provisions governing minimal sedation unprofessional conduct, constituting grounds for the revocation or suspension of the dentist's ~~permit or other forms of reprimand~~, *permit, or both*. Additionally, by expanding the scope of an existing crime for violations of the Dental Practice Act, the bill would impose a state-mandated local program. This bill also would authorize the board to conduct a review of pediatric morbidity and mortality data, as provided, for the purpose of obtaining high-quality pediatric sedation and anesthesia-related data.

This bill, on or before January 1, 2019, would require the board to provide to the Legislature a report and analysis, as specified, of the effects on access to care for pediatric dental patients specifically as it relates to requiring the addition of a 2nd general anesthesia permitholder to be present during the administration of general anesthesia on a patient 7 years of age or younger, if the provider is currently a general anesthesia permitholder.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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. The board shall provide a report on pediatric deaths
4 related to general anesthesia and deep sedation in dentistry at the
5 time of its sunset review pursuant to subdivision (d) of Section
6 1601.1.

7 SEC. 2. Section 1601.7 is added to the Business and Professions
8 Code, to read:

9 1601.7. (a) On or before January 1, 2019, the board shall
10 provide to the Legislature a report and analysis of the effects on
11 access to care for pediatric dental patients specifically as it relates
12 to requiring the addition of a second general anesthesia
13 permitholder to be present during the administration of general
14 anesthesia on a patient seven years of age or younger, if the
15 provider is currently a general anesthesia permitholder. The
16 analysis should include costs of sedation and anesthesia, resource
17 constraints of the health care system, including Denti-Cal compared
18 to private insurance, and feasibility issues that include, but are not
19 limited to, time, skills, staff availability, and equipment availability
20 for the provider to carry out necessary dental procedures. The
21 board shall make the report publicly available on the board's
22 Internet Web site.

23 (b) (1) A report to be submitted pursuant to subdivision (a)
24 shall be submitted in compliance with Section 9795 of the
25 Government Code.

26 (2) Pursuant to Section 10231.5 of the Government Code, this
27 section is repealed on January 1, 2023.

28 SEC. 3. Section 1616.1 is added to the Business and Professions
29 Code, to read:

1 1616.1. On or before January 1, 2019, the board shall conduct
2 a review of pediatric morbidity and mortality data beginning
3 January 1, 2017, for the purpose of obtaining high-quality data
4 about outcomes and complications related to pediatric dental
5 sedation and anesthesia. It is the intent of this section that the
6 collection of data shall lead to further quality improvement and
7 safety.

8 SEC. 4. The heading of Article 2.7 (commencing with Section
9 1646) of Chapter 4 of Division 2 of the Business and Professions
10 Code is amended to read:

11
12 Article 2.7. Use of Deep Sedation and General Anesthesia
13

14 SEC. 5. Section 1646 of the Business and Professions Code is
15 amended to read:

16 1646. As used in this article, the following definitions apply:

17 (a) “Deep sedation” means a drug-induced depression of
18 consciousness during which patients cannot be easily aroused but
19 respond purposefully following repeated or painful stimulation.
20 The ability to independently maintain ventilatory function may be
21 impaired. Patients may require assistance in maintaining a patent
22 airway, and spontaneous ventilation may be inadequate.
23 Cardiovascular function is usually maintained.

24 (b) “General anesthesia” means a drug-induced loss of
25 consciousness during which patients are not arousable, even by
26 painful stimulation. The ability to independently maintain
27 ventilatory function is often impaired. Patients often require
28 assistance in maintaining a patent airway, and positive
29 pressureventilation may be required because of depressed
30 spontaneous ventilation or drug-induced depression of
31 neuromuscular function. Cardiovascular function may be impaired.

32 SEC. 6. Section 1646.1 of the Business and Professions Code
33 is amended to read:

34 1646.1. (a) A dentist must possess either a general anesthesia
35 permit issued by the board or a permit under Section 1638 or 1640
36 and a general anesthesia permit issued by the board in order to
37 administer or order the administration of deep sedation or general
38 anesthesia on an outpatient basis for dental patients.

39 (b) A dentist must possess a pediatric endorsement for the
40 general anesthesia permit to administer or order the administration

1 of deep sedation or general anesthesia to patients under seven years
2 of age.

3 (c) A dentist must be physically within the dental office at the
4 time of ordering, and during the administration of, general
5 anesthesia or deep sedation.

6 (d) For patients seven to 13 years of age, inclusive, the dentist
7 and at least two support staff shall be present for the procedure
8 involving general anesthesia or deep sedation. The dentist shall
9 be currently certified in Pediatric Advanced Life Support (PALS)
10 and at least one support staff member shall be trained in pediatric
11 life support and airway management, equivalent to the American
12 Academy of Pediatrics and American Academy of Pediatric
13 Dentistry (AAP-AAPD) Guidelines or as determined by the board.
14 That staff member shall be dedicated to monitoring the patient
15 throughout the procedure.

16 (e) For children under seven years of age, there shall be at least
17 three people present during the procedure involving general
18 anesthesia or deep sedation, including the dentist. One person
19 present shall be solely dedicated to monitoring the patient and shall
20 be trained in pediatric life support and airway management,
21 equivalent to the AAP-AAPD Guidelines or as determined by the
22 board. The second person shall also be trained in pediatric life
23 support and airway management, equivalent to the AAP-AAPD
24 Guidelines or as determined by the board, and may assist in the
25 procedure as needed. If a dedicated anesthesia provider is utilized,
26 that person shall be a general anesthesia permitholder with a current
27 pediatric endorsement and shall be certified in ACLS and PALS.

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

30 SEC. 7. Section 1646.2 of the Business and Professions Code
31 is amended to read:

32 1646.2. (a) A dentist who desires to administer or order the
33 administration of deep sedation or general anesthesia shall apply
34 to the board on an application form prescribed by the board. The
35 dentist must submit an application fee and produce evidence
36 showing that he or she has successfully completed a minimum of
37 one year of advanced training in anesthesiology and related
38 academic subjects approved by the board, or equivalent training
39 or experience approved by the board, beyond the undergraduate
40 school level.

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

3 (c) Beginning January 1, 2019, a dentist may apply for a
4 pediatric endorsement for the general anesthesia permit by:

5 (1) Providing proof of successful completion of a Commission
6 on Dental Accreditation (CODA) accredited or equivalent residency
7 training program that provides competency in the administration
8 of deep sedation and general anesthesia on children under seven
9 years of age.

10 (2) Providing proof of successful completion of at least 20 cases
11 of pediatric sedation to patients under seven years of age to
12 establish competency, both at the time of initial application and at
13 renewal.

14 (3) Providing evidence of current and continuous certification
15 in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced
16 Life Support (PALS) for the duration of holding the permit.

17 (d) Initial applicants for a pediatric endorsement who otherwise
18 qualify for the pediatric endorsement but lack sufficient cases of
19 pediatric sedation to patients under age seven years of age shall
20 be allowed to provide deep sedation and general anesthesia on
21 patients under seven years of age under the direct supervision of
22 a general anesthesia permitholder with a pediatric endorsement.
23 The applicant may count these cases toward the 20 necessary in
24 order to qualify for the applicant's pediatric endorsement.

25 SEC. 8. Section 1646.3 of the Business and Professions Code
26 is amended to read:

27 1646.3. (a) A physical evaluation and medical history shall
28 be taken before the administration of deep sedation or general
29 anesthesia.

30 (b) Any dentist holding a permit shall maintain medical history,
31 physical evaluation, deep sedation, and general anesthesia records
32 as required by board regulations.

33 SEC. 9. Section 1646.4 of the Business and Professions Code
34 is amended to read:

35 1646.4. (a) Prior to the issuance or renewal of a permit for the
36 use of deep sedation or general anesthesia, the board may, at its
37 discretion, require an onsite inspection and evaluation of the
38 licensee and the facility, equipment, personnel, and procedures
39 utilized by the licensee. The permit of any dentist who has failed
40 an onsite inspection and evaluation shall be automatically

1 suspended 30 days after the date on which the board notifies the
2 dentist of the failure, unless within that time period the dentist has
3 retaken and passed an onsite inspection and evaluation. Every
4 dentist issued a permit under this article shall have an onsite
5 inspection and evaluation at least once every five years. Refusal
6 to submit to an inspection shall result in automatic denial or
7 revocation of the permit.

8 (b) The board may contract with public or private organizations
9 or individuals expert in dental outpatient general anesthesia to
10 perform onsite inspections and evaluations. The board may not,
11 however, delegate its authority to issue permits or to determine
12 the persons or facilities to be inspected.

13 SEC. 10. Section 1646.5 of the Business and Professions Code
14 is amended to read:

15 1646.5. A permittee shall be required to complete 24 hours of
16 approved courses of study related to deep sedation or general
17 anesthesia as a condition of renewal of a permit. Those courses of
18 study shall be credited toward any continuing education required
19 by the board pursuant to Section 1645.

20 SEC. 11. Section 1646.6.5 is added to the Business and
21 Professions Code, to read:

22 1646.6.5. A general anesthesia permit shall expire on the date
23 provided in Section 1715 that next occurs after its issuance, unless
24 it is renewed as provided in this article.

25 SEC. 12. Section 1646.8 of the Business and Professions Code
26 is amended to read:

27 1646.8. Nothing in this chapter shall be construed to authorize
28 a dentist to administer or directly supervise the administration of
29 general anesthesia or deep sedation for reasons other than dental
30 treatment, as defined in Section 1625.

31 SEC. 13. Section 1646.9 of the Business and Professions Code
32 is amended to read:

33 1646.9. (a) Notwithstanding any other provision of law,
34 including, but not limited to, Section 1646.1, a physician and
35 surgeon licensed pursuant to Chapter 5 (commencing with Section
36 2000) may administer deep sedation or general anesthesia in the
37 office of a licensed dentist for dental patients, without regard to
38 whether the dentist possesses a permit issued pursuant to this
39 article, if both of the following conditions are met:

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

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

6 (b) (1) A physician and surgeon who desires to administer deep
7 sedation or general anesthesia as set forth in subdivision (a) shall
8 apply to the Dental Board of California on an application form
9 prescribed by the board and shall submit all of the following:

10 (A) The payment of an application fee prescribed by this article.

11 (B) Evidence satisfactory to the Medical Board of California
12 showing that the applicant has successfully completed a
13 postgraduate residency training program in anesthesiology that is
14 recognized by the American Council on Graduate Medical
15 Education, as set forth in Section 2079, and provides competency
16 in the administration of deep sedation and general anesthesia on
17 children under seven years of age. The applicant shall show proof
18 of successful completion of at least 20 cases of pediatric sedation
19 to patients under seven years of age to establish competency, both
20 at the time of initial application and at renewal.

21 (C) Documentation demonstrating that all equipment and drugs
22 required by the Dental Board of California are possessed by the
23 applicant and shall be available for use in any dental office in
24 which he or she administers deep sedation or general anesthesia.

25 (D) Information relative to the current membership of the
26 applicant on hospital medical staffs.

27 (E) Evidence of current and continuous certification in Advanced
28 Cardiac Life Support (ACLS) and Pediatric Advanced Life Support
29 (PALS) for the duration of holding the permit.

30 (2) Prior to issuance or renewal of a permit pursuant to this
31 section, the Dental Board of California may, at its discretion,
32 require an onsite inspection and evaluation of the facility,
33 equipment, personnel, including, but not limited to, the physician
34 and surgeon, and procedures utilized. At least one of the persons
35 evaluating the procedures utilized by the physician and surgeon
36 shall be a licensed physician and surgeon expert in outpatient deep
37 sedation or general anesthesia who has been authorized or retained
38 under contract by the Dental Board of California for this purpose.

39 (3) The permit of a physician and surgeon who has failed an
40 onsite inspection and evaluation shall be automatically suspended

1 30 days after the date on which the board notifies the physician
2 and surgeon of the failure unless within that time period the
3 physician and surgeon has retaken and passed an onsite inspection
4 and evaluation. Every physician and surgeon issued a permit under
5 this article shall have an onsite inspection and evaluation at least
6 once every five years. Refusal to submit to an inspection shall
7 result in automatic denial or revocation of the permit.

8 SEC. 14. Section 1647 of the Business and Professions Code
9 is amended to read:

10 1647. (a) The Legislature finds and declares that a
11 commendable patient safety record has been maintained in the past
12 by dentists and those other qualified providers of anesthesia
13 services who, pursuant to a dentist's authorization, administer
14 patient sedation, and that the increasing number of pharmaceuticals
15 and techniques used to administer them for patient sedation require
16 additional regulation to maintain patient safety in the future.

17 (b) The Legislature further finds and declares all of the
18 following:

19 (1) That previous laws enacted in 1980 contained separate and
20 distinct definitions for general anesthesia and the state of
21 consciousness.

22 (2) That in dental practice, there is a continuum of sedation used
23 which cannot be adequately defined in terms of consciousness and
24 general anesthesia.

25 (3) That the administration of sedation through this continuum
26 results in different states of consciousness that may or may not be
27 predictable in every instance.

28 (4) That in most instances, the level of sedation will result in a
29 predictable level of consciousness during the entire time of
30 sedation.

31 (c) The Legislature further finds and declares that the
32 educational standards presently required for deep sedation and
33 general anesthesia should be required when the degree of sedation
34 in the continuum of sedation is such that there is a reasonable
35 possibility that loss of consciousness may result, even if
36 unintended. However, achieving the degree of moderate sedation,
37 where a margin of safety exists wide enough to render unintended
38 loss of consciousness unlikely, requires educational standards
39 appropriate to the administration of the resulting predictable level
40 of consciousness.

1 SEC. 15. Section 1647.1 of the Business and Professions Code
2 is amended to read:

3 1647.1. (a) As used in this article, “moderate sedation” means
4 a drug-induced depression of consciousness during which a patient
5 responds purposefully to verbal commands, either alone or
6 accompanied by light tactile stimulation, no interventions are
7 required to maintain a patient’s airway, spontaneous ventilation
8 is adequate, and cardiovascular function is usually maintained.

9 (b) The drugs and techniques used in moderate sedation shall
10 have a margin of safety wide enough to render unintended loss of
11 consciousness unlikely. Further, patients whose only response is
12 reflex withdrawal from painful stimuli shall not be considered to
13 be in a state of moderate sedation.

14 (c) For very young patients or patients with intellectual
15 disabilities, incapable of the usually expected verbal response, a
16 minimally depressed level of consciousness for that patient should
17 be maintained.

18 SEC. 16. Section 1647.2 of the Business and Professions Code
19 is amended to read:

20 1647.2. (a) A dentist may administer or order the
21 administration of moderate sedation on an outpatient basis for a
22 dental patient if one of the following conditions is met:

23 (1) The dentist either holds a valid general anesthesia permit or
24 obtains a moderate sedation permit.

25 (2) The dentist possesses a current permit under Section 1638
26 or 1640 and either holds a valid general anesthesia permit or
27 obtains a moderate sedation permit.

28 (b) A dentist must obtain a pediatric endorsement on the
29 moderate sedation permit prior to performing moderate sedation
30 on a patient under 13 years of age.

31 (c) A dentist who orders the administration of moderate sedation
32 shall be physically present in the treatment facility while the patient
33 is sedated.

34 (d) For patients seven to 13 years of age, inclusive, there shall
35 be at least one support staff in addition to the dentist present at all
36 times during the procedure involving moderate sedation. That staff
37 member shall be trained in pediatric life support and airway
38 management, equivalent to the AAP-AAPD Guidelines or as
39 determined by the board.

(e) For a patient under seven years of age, there shall be at least two support staff persons, in addition to the dentist, present at all times during the procedure involving moderate sedation. One staff member shall be solely dedicated to monitoring the patient, and shall be trained in pediatric life support and airway management, equivalent to the AAP-AAPD Guidelines or as determined by the board.

(f) This article shall not apply to the administration of local anesthesia, minimal sedation, deep sedation, or general anesthesia.

SEC. 17. Section 1647.3 of the Business and Professions Code is amended to read:

1647.3. (a) A dentist who desires to administer or to order the administration of moderate sedation shall apply to the board on an application form prescribed by the board. The dentist shall submit an application fee and produce evidence showing that he or she has successfully completed training in moderate sedation that meets the requirements of subdivision (c).

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

(c) Training in the administration of moderate sedation shall be acceptable if it meets all of the following as approved by the board:

(1) Consists of at least 60 hours of instruction.

(2) Requires satisfactory completion of at least 20 cases of administration of moderate sedation for a variety of dental procedures.

(3) Complies with the requirements of the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students of the American Dental Association, including, but not limited to, certification of competence in rescuing patients from a deeper level of sedation than intended, and managing the airway, intravascular or intraosseous access, and reversal medications.

(d) A pediatric endorsement requires the dentist to be trained in Pediatric Advanced Life Support (PALS) and airway management, equivalent to the American Academy of Pediatrics and the American Academy of Pediatric Dentistry (AAP-AAPD) Guidelines, or as determined by the board, and successful completion of any of the following:

(1) A moderate sedation course consisting of at least 60 hours of didactic instruction and at least 20 clinical cases, as described

1 in subdivision (c), but that is directed at treating pediatric patients
2 under 13 years of age.

3 (2) A moderate sedation course, as described in subdivision (c),
4 that is directed at treating patients 13 years of age or older, in
5 addition to at least 24 hours of didactic instruction in pediatric
6 moderate sedation and at least 10 clinical cases in pediatric
7 moderate sedation.

8 (3) A moderate sedation course that is directed at treating
9 patients 13 years of age or older, as described in subdivision (c),
10 in addition to completion of an accredited pediatric dental residency
11 program. The pediatric moderate sedation permitholder shall
12 provide proof of completion of at least 20 cases to establish
13 competency, both at the time of the initial application and at
14 renewal.

15 SEC. 18. Section 1647.5 of the Business and Professions Code
16 is amended to read:

17 1647.5. A permittee shall be required to complete 15 hours of
18 approved courses of study related to moderate sedation as a
19 condition of renewal of a permit. Those courses of study shall be
20 credited toward any continuing education required by the board
21 pursuant to Section 1645.

22 SEC. 19. Section 1647.6 of the Business and Professions Code
23 is amended to read:

24 1647.6. A physical evaluation and medical history shall be
25 taken before the administration of moderate sedation. Any dentist
26 holding a permit shall maintain records of the physical evaluation,
27 medical history, and moderate sedation procedures used as required
28 by board regulations.

29 SEC. 20. Section 1647.7 of the Business and Professions Code
30 is amended to read:

31 1647.7. (a) Prior to the issuance or renewal of a permit to
32 administer moderate sedation, the board may, at its discretion,
33 require an onsite inspection and evaluation of the licentiate and
34 the facility, equipment, personnel, and procedures utilized by the
35 licentiate. The permit of any dentist who has failed an onsite
36 inspection and evaluation shall be automatically suspended 30
37 days after the date on which the board notifies the dentist of the
38 failure unless, within that time period, the dentist has retaken and
39 passed an onsite inspection and evaluation. Every dentist issued a
40 permit under this article shall have an onsite inspection and

1 evaluation at least once in every six years. Refusal to submit to an
2 inspection shall result in automatic denial or revocation of the
3 permit.

4 (b) An applicant who has successfully completed the course
5 required by Section 1647.3 may be granted a one-year temporary
6 permit by the board prior to the onsite inspection and evaluation.
7 Failure to pass the inspection and evaluation shall result in the
8 immediate and automatic termination of the temporary permit.

9 (c) The board may contract with public or private organizations
10 or individuals expert in dental outpatient moderate sedation to
11 perform onsite inspections and evaluations. The board may not,
12 however, delegate its authority to issue permits or to determine
13 the persons or facilities to be inspected.

14 SEC. 21. Section 1647.8.5 is added to the Business and
15 Professions Code, to read:

16 1647.8.5. A moderate sedation permit shall expire on the date
17 specified in Section 1715 that next occurs after its issuance, unless
18 it is renewed as provided in this article.

19 SEC. 22. Article 2.85 (commencing with Section 1647.10) of
20 Chapter 4 of Division 2 of the Business and Professions Code is
21 repealed.

22 SEC. 23. Article 2.86 (commencing with Section 1647.18) of
23 Chapter 4 of Division 2 of the Business and Professions Code is
24 repealed.

25 SEC. 24. Article 2.87 (commencing with Section 1647.30) is
26 added to Chapter 4 of Division 2 of the Business and Professions
27 Code, to read:

28
29 Article 2.87. Use of Pediatric Minimal Sedation
30

31 1647.30. (a) As used in this article, “minimal sedation” means
32 a drug-induced state during which patients respond normally to
33 verbal commands. Cognitive function and physical coordination
34 may be impaired, but airway reflexes, ventilatory functions, and
35 cardiovascular functions are unaffected.

36 (b) The drugs and techniques used in minimal sedation shall
37 have a margin of safety wide enough to render unintended loss of
38 consciousness unlikely. Further, patients whose only response is
39 reflex withdrawal from painful stimuli shall not be considered to
40 be in a state of minimal sedation.

1 (c) For the very young or developmentally delayed individual,
2 incapable of the usually expected verbal response, a minimally
3 depressed level of consciousness should be maintained.

4 1647.31. (a) A dentist may administer or order the
5 administration of minimal sedation on an outpatient basis for
6 pediatric dental patients under 13 years of age, if one of the
7 following conditions is met:

8 (1) The dentist holds a valid pediatric minimal sedation permit.

9 (2) The dentist possesses a current permit under Section 1638
10 or 1640 and either holds a valid general anesthesia permit or
11 obtains a permit issued by the board authorizing the dentist to
12 administer moderate sedation, deep sedation, or general anesthesia.

13 (b) A dentist who orders the administration of minimal sedation
14 shall be physically present in the treatment facility while the patient
15 is sedated.

16 (c) This article does not apply to the administration of local
17 anesthesia, moderate sedation, deep sedation, or general anesthesia.

18 1647.32. (a) A dentist who desires to administer or order the
19 administration of pediatric minimal sedation shall apply to the
20 board on an application form prescribed by the board. The dentist
21 shall submit an application fee and produce evidence showing that
22 he or she has successfully completed training in pediatric minimal
23 sedation that meets the requirements of subdivision (c).

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

26 (c) Training in the administration of pediatric minimal sedation
27 shall be acceptable if it meets both of the following as approved
28 by the board:

29 (1) Consists of at least 24 hours of pediatric minimal sedation
30 instruction in addition to one clinical case. The pediatric minimal
31 sedation instruction shall include training in airway management
32 and patient rescue from moderate sedation.

33 (2) Includes completion of an accredited residency in pediatric
34 dentistry.

35 (d) A dentist is limited to administering a single dose of a single
36 drug via the oral route, plus a mix of nitrous oxide and oxygen
37 that is unlikely to produce a state of unintended moderate sedation.

38 (e) A minimum of one staff member, in addition to the dentist,
39 trained in the monitoring and resuscitation of pediatric patients
40 shall be present.

1 1647.33. (a) The application fee for a pediatric minimal
2 sedation permit or renewal under this article shall not exceed the
3 amount prescribed in Section 1724.

4 (b) It is the intent of the Legislature that the board hire sufficient
5 staff to administer the program and that the fees established
6 pursuant to this section be equivalent to administration and
7 enforcement costs incurred by the board in carrying out this article.

8 1647.34. A violation of any provision of this article constitutes
9 unprofessional conduct and is grounds for the revocation or
10 suspension of the dentist's permit or license, ~~or both, or the dentist~~
11 ~~may be reprimanded or placed on probation. both.~~ The proceedings
12 under this section shall be conducted in accordance with Chapter
13 5 (commencing with Section 11500) of Part 1 of Division 3 of
14 Title 2 of the Government Code, and the board shall have all the
15 powers granted therein.

16 SEC. 25. No reimbursement is required by this act pursuant to
17 Section 6 of Article XIII B of the California Constitution because
18 the only costs that may be incurred by a local agency or school
19 district will be incurred because this act creates a new crime or
20 infraction, eliminates a crime or infraction, or changes the penalty
21 for a crime or infraction, within the meaning of Section 17556 of
22 the Government Code, or changes the definition of a crime within
23 the meaning of Section 6 of Article XIII B of the California
24 Constitution.

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 16 - MAY 17, 2018 BOARD MEETING**

BILL NUMBER: Senate Bill 1148

AUTHOR: Pan

SPONSOR: California Dental Association

VERSION: Amended 04/10/2018

INTRODUCED: 02/14/2018

BILL STATUS: 04/10/2018 – Read second time and amended. Re-referred to Senate Appropriations Committee.

BILL LOCATION: Senate

SUBJECT: Medi-Cal: restorative dental services.

**RELATED
BILLS:** SB 1464

SUMMARY

Existing law provides for the Medi-Cal program, under which qualified low-income individuals receive health care services. Eligible recipients under the Medi-Cal program may receive emergency and essential diagnostic and restorative dental services, dental prophylaxis cleanings, and dental examinations may be provided to patients within their scope of benefits. Existing law authorizes specified Medi-Cal providers to recommend, after consultation with the beneficiary, and to receive reimbursement for, certain dental restorative materials other than the covered benefit of amalgam.

This bill additionally would authorize a provider of services for the treatment of dental caries to provide, and receive reimbursement for, silver diamine fluoride (SDF) when used as a caries arresting agent and billed as specified, if the provider first consults with the beneficiary and obtains written informed consent, and if the treatment is included as part of a comprehensive treatment plan.

SDF is a non-invasive antimicrobial liquid that is applied topically to help stop tooth decay and to treat tooth sensitivity. SDF can be applied every six to 12 months, but may be applied as necessary at a frequency determined by the dental provider. The procedure involves drying the affected area, placing a small amount of SDF on the affected area, allowing SDF to dry for one minute, and rinsing the area with water.

SDF applied to dental decay or other tissues of the mouth, lips and skin causes significant, irreversible black staining due to formation of silver oxide. Superficial black staining of the skin and oral mucosa tends to resolve within days as epithelial cells

slough off. In contrast, unrestored caries lesions treated with SDF remain black permanently.

ANALYSIS

SB 1148 would expand the options available for treating dental decay by requiring SDF to be a covered benefit under Medi-Cal's Denti-Cal program. Tooth decay remains the most common chronic disease of childhood. SDF would reduce the burden of disease by slowing or stopping disease progression with the application of a topical liquid. Due to the simplicity of the application, requiring no anesthesia or drilling, makes it particularly beneficial for young children, elderly, or others who may be unable to receive traditional dental treatment.

SB 1148's sponsor, the California Dental Association (CDA), noted that SDF is currently being incorporated into many dental practices across the state and is growing in use and popularity among dentists and the public as an alternative to traditional treatment for dental decay. Additionally, CDA noted that while SDF not a remedy for all dental caries, it is a low-cost, safe, nonsurgical disease management approach that, while it may not fully eliminate the need for additional dental care or treatment, its use can be beneficial in the care of people with disabilities, frail elderly patients, young children and children with special care needs who are not able to receive traditional restorative treatment.

This bill would not have a fiscal impact upon the Dental Board of California (Board) because the Board does not currently bill for dental services nor does it administer the Medi-Cal's Denti-Cal program.

REGISTERED SUPPORT/OPPOSITION

Support

California Dental Association (sponsor)
Gary and Mary West Senior Dental

Oppose

None on file.

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ **OPPOSE:**_____ **NEUTRAL:**_____ **WATCH:**_____

AMENDED IN SENATE APRIL 10, 2018

SENATE BILL

No. 1148

Introduced by Senator Pan

February 14, 2018

An act to ~~amend Section 14132.22 of~~ *add Section 14132.22* to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 1148, as amended, Pan. Medi-Cal: restorative dental services.

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 includes emergency and essential diagnostic and restorative dental services, and dental prophylaxis cleanings and dental examinations within the scope of benefits that may be provided to eligible recipients under the Medi-Cal program. Existing law authorizes specified Medi-Cal providers to recommend, after consultation with the beneficiary, and to receive reimbursement for, certain dental restorative materials other than the covered benefit of amalgam.

This bill additionally would authorize a provider of services ~~that includes the provision of dental restorative materials to provide for the use of~~ *for the treatment of dental caries to provide, and receive reimbursement for, silver diamine fluoride when used as a caries arresting agent after consultation and billed as specified, if the provider first consults with the beneficiary, including beneficiary and obtains written informed consent, and if the treatment is included as part of a comprehensive treatment plan, as specified. plan.*

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 14132.225 is added to the Welfare and
2 Institutions Code, immediately following Section 14132.22, to
3 read:

4 14132.225. (a) A provider of services for the treatment of
5 dental caries may provide, and receive reimbursement for, silver
6 diamine fluoride when used as a caries arresting agent and when
7 billed pursuant to Code D1354 of the American Dental
8 Association's Current Dental Terminology, effective January 1,
9 2018, if all of the following conditions are met:

10 (1) There is a consultation with the beneficiary, or his or her
11 designee.

12 (2) The beneficiary, or his or her designee, signs a written
13 informed consent form that is approved by the department.

14 (3) The treatment is part of a comprehensive treatment plan.

15 (b) This section does not preclude the use of silver diamine
16 fluoride for preventative services, when appropriate.

17 SECTION 1. Section 14132.22 of the Welfare and Institutions
18 Code is amended to read:

19 14132.22. ~~(a) For purposes of this section, dental restorative~~
20 ~~materials are limited to composite resin, glass ionomer cement,~~
21 ~~resin ionomer cement, and amalgam, as described on the Dental~~
22 ~~Board of California's dental materials factsheet.~~

23 ~~(b) A provider of services that includes the provision of dental~~
24 ~~restorative materials to a beneficiary under this chapter may~~
25 ~~recommend, after consultation with the beneficiary, a dental~~
26 ~~restorative material other than the covered benefit of amalgam.~~

27 ~~(c) A provider may claim and receive the reimbursement rate~~
28 ~~for an amalgam restoration when using a different dental restorative~~
29 ~~material.~~

30 ~~(d) (1) A provider of services that includes the provision of~~
31 ~~dental restorative materials to a beneficiary under this chapter may~~
32 ~~provide for the use of silver diamine fluoride as a caries-arresting~~
33 ~~agent, pursuant to paragraph (2), after consultation with the~~
34 ~~beneficiary that includes appropriate informed consent required~~
35 ~~by the department, and as part of a comprehensive treatment plan.~~

1 ~~(2) The authorization provided by paragraph (1) applies to~~
2 ~~interim caries arresting medicament application, per tooth, for the~~
3 ~~conservative treatment of an active, nonsymptomatic carious lesion~~
4 ~~by topical application of a caries arresting or inhibiting medicament~~
5 ~~without mechanical removal of sound tooth structure, as described~~
6 ~~in Code D1354 of the American Dental Association's Current~~
7 ~~Dental Terminology, effective January 1, 2018.~~

O

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 16 - MAY 17, 2018 BOARD MEETING**

BILL NUMBER: Senate Bill 1238

AUTHOR: Roth

SPONSOR:

VERSION: Amended 04/09/2018

INTRODUCED: 02/15/2018

BILL STATUS: 04/252018 – Re-referred to Senate Appropriations Committee.

BILL LOCATION: Senate

SUBJECT: Patient records: maintenance and storage.

**RELATED
BILLS:**

SUMMARY

Existing law establishes procedures for providing access to various types of health care records, including patient records, as defined, by patients and persons having responsibility for decisions respecting the health care of others. Existing law gives health care providers, as defined, various responsibilities in connection with providing access to these records.

This bill would require a physician and surgeon, podiatrist, dentist, psychologist, optometrist, chiropractor, marriage and family therapist, clinical social worker, physical therapist, occupational therapist, and a professional clinical counselor to provide patients with a statement regarding their right to inspect and obtain copies of their medical records and the intended retention period for the records. This bill would also require these health care providers to notify a patient at least 60 days before their records will be destroyed. The bill would require a health care provider to provide a patient with his or her original medical records that the provider plans to destroy if the patient makes a request for the records to the provider before the date of the proposed destruction of the records. The bill would authorize a health care provider to charge a patient for the actual costs of copying, mailing, or shipping the patient's records under that provision. The bill would authorize the issuance of citations and the assessment of administrative penalties for violations.

ANALYSIS

The Dental Board of California (Board) staff does not anticipate a significant fiscal impact if Senate Bill (SB) 1238 were to pass in its current form. If necessary, to further clarify that failing to notify a patient 60 days before a patients records are to be destroyed as a result of SB 1238, the Board would likely need to update their regulations regarding unprofessional conduct (California Code of Regulations Section

1018.05) to refer to the added Health Safety Code Section 123106 as a result of this bill. Board staff has additionally confirmed with the Enforcement Unit that this would not result in a change in how they conduct investigations or result in a fiscal cost.

Supporters of this bill noted that this would allow patients to obtain copies of their medical records which may be helpful for future use. However, those in opposition noted that SB 1238 would create an excessive administrative burden that would increase the cost of providing health care for a minimal benefit to consumers, rural and smaller providers would not have the resources to comply with SB 1238, and would result in operational compliance issues (specifically, who would have control of patient records? Would it be a Facility, Physician, and/or an Electronic Health Record [EHR] Vendors?). Additionally, those in oppositions noted compliance issues for physicians who have switched to EHR or Cloud Based EHR, prior to the inception of this bill, because SB 1238 would require physicians to let their patient know during the visit how to obtain their records as well as notify their patients a subsequent time before destruction of their records. However, if these physicians have already destroyed the records because they have switched to an EHR platform they would not be in compliance with this bill. Additional amendments may be necessary to address this issue.

It is currently unknown the effect this bill would have on the Board's licensees. It is unclear how many dentists (if any) have switched to EHR. As noted above, there may be compliance issues if a dentist has switched to utilizing EHRs to store patient records. Amendments may be necessary to allow those licensees that utilize EHRs to store patient records to be exempted from the notification requirement prior to destruction of patient records because an EHR would not be destroyed. Additionally, amendments should be made to SB 1238 to allow for licensees to allow for an exception for those who have switched to an EHR system and did not notify their patients prior to the destruction of the hard copy record so long as the patients records are accessible through the EHR system. SB 1238 appears to be aimed at licensees that utilize hard copy recording systems and therefore should allow for notification exceptions (specifically, notification prior to destruction of records) for licensees that use EHR systems if the records are still accessible on the electronic platform.

REGISTERED SUPPORT/OPPOSITION

Support

California Advocates for Nursing Home Reform
California School Employees Association
Consumers Union
Congress of California Seniors
California Labor Federation

Oppose

California Medical Association
California Health Information Association

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ OPPOSE:_____ NEUTRAL:_____ WATCH:_____

AMENDED IN SENATE APRIL 9, 2018

AMENDED IN SENATE MARCH 19, 2018

SENATE BILL

No. 1238

Introduced by Senator Roth

February 15, 2018

An act to add Section 123106 to the Health and Safety Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 1238, as amended, Roth. Patient records: maintenance and storage.

Existing law establishes procedures for providing access to various types of health care records, including patient records, as defined, by patients and persons having responsibility for decisions respecting the health care of others. Existing law gives health care providers, as defined, various responsibilities in connection with providing access to these records.

This bill would require certain health care providers at the time of creation of a patient record to provide a statement to the patient, or the patient's representative, that sets forth the patient's rights and the intended retention period for the records. The bill would require certain health care providers that plan to destroy patient records to notify the patient at least 60 days before a patient's records are to be destroyed, as provided. The bill would require a health care provider to provide a patient with his or her original medical records that the provider plans to destroy if the patient makes a request for the records to the provider before the date of the proposed destruction of the records. The bill would authorize a health care provider to charge a patient for the actual costs of copying, ~~archiving~~, mailing, or shipping the patient's records under

that provision. The bill would authorize the issuance of citations and the assessment of administrative penalties for violations.

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 123106 is added to the Health and Safety
2 Code, to read:

3 123106. (a) A health care provider described in paragraphs
4 (4), (5), (6), (8), and (9) of subdivision (a) of Section 123105, who
5 creates patient records, as defined in subdivision (d) of Section
6 123105, shall, at the time the initial patient record is created,
7 provide a statement to be signed by the patient, or the patient's
8 representative, that sets forth both of the following:

9 (1) The patient's rights under this chapter to inspect his or her
10 medical records, obtain copies of his or her medical records, and
11 to provide a written addendum, pursuant to Section 123111, with
12 respect to any item or statement in the patient's records that the
13 patient believes to be incomplete or incorrect.

14 (2) The intended retention period for the records, as specified
15 in applicable law or by the health care provider's retention policy.

16 (b) A copy of the signed statement required pursuant to
17 subdivision (a) shall be provided to the patient.

18 (c) If a patient, or the patient's representative, is provided a
19 statement at the time that the initial patient record is created, and
20 the patient refuses to sign the statement, the patient's record shall
21 indicate that the patient refused to sign the statement.

22 (d) *The statement required by subdivision (a) may be included*
23 *in another form or statement provided to the patient, or the*
24 *patient's representative, at the time the initial patient record is*
25 *created.*

26 ~~(d)~~

27 (e) If a health care provider to whom subdivision (a) applies
28 plans to destroy patient records, the health care provider shall, no
29 fewer than 60 days before a patient's records are to be destroyed,
30 notify the patient, via first-class mail, electronic mail, or both, to
31 the patient's last known mailing or electronic mail address, or both.
32 The notification shall inform the patient that his or her records are
33 scheduled to be destroyed and the date of the proposed destruction

1 of records. The notification shall also inform the patient of his or
2 her rights under this chapter to inspect his or her medical records.
3 A health care provider to whom subdivision (a) applies shall
4 provide a patient with his or her original medical records that the
5 provider plans to destroy earlier than the period specified in the
6 signed statement if the patient makes a request for the records to
7 the health care provider before the date of the proposed destruction
8 of the records. The patient or the patient's authorized representative
9 may designate delivery of patient records either by personal pickup,
10 mail, overnight delivery, or other delivery means. This section
11 does not reduce the length of record retention as otherwise required
12 by law.

13 ~~(e)~~

14 (f) A health care provider may charge a patient for the actual
15 costs incurred by the health care provider for copying, ~~archiving,~~
16 mailing, or shipping the patient's records under this ~~section.~~ *section*
17 *in accordance with subdivision (k) of Section 123110.* This section
18 does not authorize a health care provider to charge a patient for
19 maintenance of any patient records that the health care provider
20 is obligated by law to maintain.

21 ~~(f)~~

22 (g) A health care provider to whom subdivision (a) applies shall
23 not be subject to this section for medical records that are created
24 for a patient who is referred to the provider solely for a diagnostic
25 evaluation, if the provider does not provide treatment to the patient
26 and reports the results of the diagnostic evaluation to the patient's
27 referring provider.

28 (h) *A health care provider to whom subdivision (a) applies shall*
29 *not be subject to this section if the health care provider utilizes*
30 *electronic health records and those records are stored in*
31 *perpetuity.*

32 ~~(g)~~

33 (i) A health care provider who violates this section may be cited
34 and assessed an administrative penalty in accordance with Section
35 125.9 of the Business and Professions Code. A citation shall not
36 be issued and a penalty shall not be assessed upon the first violation
37 by a licensee of this section. Upon the second and each subsequent
38 violation by a health care provider of this section, a citation may
39 be issued and an administrative penalty may be assessed after
40 appropriate notice and opportunity for hearings. Notwithstanding

1 any other law, the remedy described in this subdivision constitutes
2 the exclusive remedy for a violation of this section. This section
3 does not affect other existing rights, duties, or remedies provided
4 by law.

5 ~~(h)~~

6 (j) The patient records created by a psychiatrist, including
7 psychotherapy notes, as defined in Section 164.501 of Title 45 of
8 the Code of Federal Regulations, are not subject to this section.
9 For the purposes of this subdivision, “psychiatrist” means a
10 physician and surgeon licensed pursuant to Chapter 5 (commencing
11 with Section 2000) of Division 2 of the Business and Professions
12 Code or pursuant to the Osteopathic Initiative Act, who devotes,
13 or is reasonably believed by the patient to devote, a substantial
14 portion of his or her time to the practice of psychiatry.

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 16 - MAY 17, 2018 BOARD MEETING**

BILL NUMBER: Senate Bill 1298

AUTHOR: Skinner

SPONSOR: Californians for
Safety and Justice

VERSION: Amended 04/04/2018

INTRODUCED: 02/16/2018

BILL STATUS: 05/7/2018 –From Senate
Appropriations Committee: To
Suspense File.

BILL LOCATION: Senate

SUBJECT: Increasing Access to
Employment Act.

**RELATED
BILLS:** AB 2138,
AB 2409

SUMMARY

Senate Bill (SB) 1298 would prohibit the Department of Justice (DOJ) from releasing the record of convictions that were dismissed pursuant to specified provisions. This bill would require that only convictions from the prior seven years or for which the person was incarcerated or on probation or parole within seven years of the request be provided. SB 1298 would require the DOJ to furnish a copy of the Criminal Offender Record Information (CORI) to the subject of the request and require the DOJ to allow the subject a reasonable opportunity of not less than five days to challenge the accuracy or completeness of any matter contained in the CORI prior to furnishing a report to a third party. Furthermore, this bill would require the DOJ to make specified corrections prior to furnishing the information to the requester.

ANALYSIS

SB 1298 would prohibit the DOJ from providing information concerning a conviction that was dismissed or expunged if: the person has withdrawn their plea of guilty or no contest after satisfying the terms of a misdemeanor, plea has been withdrawn after serving a jail felony, the conviction has been expunged, the crime occurred when the person was a minor and the juvenile records have been sealed, the crime was a result of human trafficking and the person has been granted relief, or if the person alleges they committed the offense as a result of sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems stemming from service in the United States military

A CORI printout provides “Criminal History” information regarding a specific person. SB 1298 would reduce the criminal history reported by CORI from 10 years to 7 years. SB 1298 has the potential to significantly impact the Dental Board of California (Board)

because this bill would change how the Board can assess the fitness of an applicant as it relates to convictions and could provide a fragmented view of an applicant. The Board currently allows applicants the ability to disclose on their application if he or she has ever been convicted of a crime. Specifically, the Board requests an applicant provide certified copies of the arresting agency report, certified copies of court documents, and a descriptive explanation of the circumstances surrounding the conviction (i.e., dates and location of the incident(s) and all circumstances surrounding the incident(s)). However, an applicant's failure to disclose a conviction is not an automatic bar to licensure. A comprehensive background is necessary to promoting public protection and ensuring licensees have the qualification needed to work with the public.

If SB 1298 passes in its current form, Board staff will need to update their applications and as a result regulations, which incorporated some of these applications by reference, to reflect the changes as required by law.

REGISTERED SUPPORT/OPPOSITION

Support

Californians for Safety and Justice (Sponsor)
Service Employees Internal Union (SEIU)
Youth Justice Coalition
Project Rebound at California State University of Los Angeles
Independence Youth Court
After Innocence
Ella Baker Center for Human Rights

Oppose

None on file.

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ **OPPOSE:**_____ **NEUTRAL:**_____ **WATCH:**_____

AMENDED IN SENATE APRIL 4, 2018

SENATE BILL

No. 1298

Introduced by Senator Skinner

February 16, 2018

An act to amend Sections 11105, 11121, 11126, and 13300 of, to add Section 11128 to, and to repeal and add Section 11122 of, *Section 11105* of the Penal Code, relating to criminal records.

LEGISLATIVE COUNSEL'S DIGEST

SB 1298, as amended, Skinner. The Increasing Access to Employment Act.

~~(1) Existing~~

Existing law requires the Department of Justice to maintain state summary criminal history information, as defined, and requires the Attorney General to furnish state summary criminal history information to specified entities and individuals if needed in the course of their duties: individuals, including an authorized entity for employment, licensing, or certification relative to community care facilities, residential care facilities, and other specified health facilities. Existing law requires the department to provide the requester with every conviction of an offense rendered against the applicant, except for a conviction for which relief was granted to a victim of human trafficking, as specified.

~~This bill would limit the information the department provides to specified requesters to more recent misdemeanors and felonies, generally within 5 years, and other information, as specified, including offenses for which registration as a sex offender is required. The bill would, for specified requesters, prohibit the disclosure of a conviction that has been dismissed, an arrest that was subsequently deemed a detention, or~~

~~an arrest that resulted in the successful completion of a diversion program, exoneration, or an arrest that has been sealed. The bill would specify what information is to be provided to a consumer reporting agency, as defined. prohibit the department from releasing, for these purposes, the record of convictions that were dismissed pursuant to specified provisions.~~

Existing law requires the department to provide an agency, organization, or individual, including, but not limited to, a cable corporation, in-home supportive services recipient, or property security organization, requesting the information for specified employment purposes with every conviction for which registration as a sex offender is required and, except as specified, every conviction that occurred within 10 years of the date of the request or for which the person was incarcerated within 10 years of the request for information.

This bill would require that only convictions from the prior 7 years or for which the person was incarcerated or on probation or parole within 7 years of the request be provided.

Existing law requires, when state summary criminal history information is furnished as a result of specified requests, and the information is to be used for employment, licensing, or certification purposes, that the requester furnish the information to the person to whom the information relates if the information is a basis for an adverse employment, licensing, or certification decision.

This bill would instead require the department to furnish a copy of the Criminal Offender Record Information (CORI) to the subject when a state or federal summary criminal history information is requested and the information is to be used for employment, licensing, or certification purposes of the request and would require the department to allow the subject a reasonable opportunity of not less than five days to challenge the accuracy or completeness of any matter contained in the CORI prior to furnishing a report to a third party. The bill would require the department to make specified corrections prior to furnishing the information to the requester.

~~Existing law requires a person who wants a copy of the his or her state summary criminal history information to obtain an application form furnished by the department and provide his or her fingerprints, in addition to other information specified by the department.~~

~~This bill would remove the requirement that a person submit fingerprints to obtain his or her state summary criminal history~~

~~information and would require only that information the department deems necessary.~~

~~(2) Existing law authorizes a person who desires to question the accuracy or completeness of any material matter contained in the record to submit a written request to the department and, if the accuracy of the source document is questioned, requires the department to forward it to the person or agency that furnished the questioned information. Existing law gives person or agency 30 days from the receipt of the written request for clarification, to review its information and forward to the department the results of the review. Under existing law, if the person or agency that created the source document concurs in the allegations of inaccuracy or incompleteness in the record, and finds that the error is material, it is required to correct its record and inform the department. Existing law provides the department 30 within which to inform the applicant of its correction of the record.~~

~~This bill would authorize an applicant to question the accuracy or completeness of any matter and, if the source document is questioned, would require the department, within 5 days, to verify the accuracy of the source document with the person or agency that furnished the questioned information. The bill would require the department to correct its record, destroy and purge the incorrect information if the department is unable to verify the accuracy or completeness of the source document and would require to destroy and purge the incorrect information. The bill would require the department to inform the applicant of the correction and destruction of the record within 10 days. The bill would also require a person or agency to which the incorrect record has been disseminated to, upon notification, correct the record accordingly and destroy and purge the incorrect information within 30 days. By increasing the requirements on local agencies that supply the source documents, this bill would impose a state-mandated local program.~~

~~(3) This bill would establish the Increasing Access to Employment Fund and would make funds available, upon appropriation, to the California Workforce Investment Board to administer a grant program aimed at improving rehabilitation, reentry, and employment and licensing outcomes for people with criminal convictions, as specified.~~

~~(4) Existing law requires the disclosure of local summary criminal history information by a local criminal justice agency to certain authorized entities and authorizes the disclosure of that information to other entities in specified circumstances.~~

~~The bill would require a local agency to disclose local summary criminal history information to the subject of the request or to an individual who is the subject of the record requested when needed in conjunction with an application to enter the United States or any foreign nation. By increasing the duties of local criminal justice agencies, this bill would impose a state-mandated local program. The bill would also reduce the entities to which local summary criminal history is required to be disclosed and to which that information is authorized to be disclosed, as specified.~~

~~Existing law prohibits a local criminal justice agency from releasing information under specified circumstances, including information concerning an arrest or detention followed by a dismissal or release without attempting to determine whether the individual was exonerated.~~

~~This bill would prohibit a local criminal justice agency from releasing information relating to convictions that were dismissed, arrests subsequently deemed a detention, arrests that resulted in the successful completion of a diversion program, exoneration, or arrests that were sealed. The bill would also limit the information that a local criminal justice agency can disclose to convictions for which registration as a sex offender is required, information concerning misdemeanor convictions that occurred before 2 years of the date of the request for information, and felony convictions that occurred before 5 years of the date of the request for information.~~

~~The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.~~

~~This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: ~~yes~~-no.

The people of the State of California do enact as follows:

- 1 SECTION 1. (a) This act shall be known, and may be cited,
- 2 as the Increasing Access to Employment Act.
- 3 (b) It is the intent of the Legislature that criminal conviction
- 4 records not operate as an automatic bar to employment, licensure,
- 5 and certification. It is the intent of the Legislature not to change

or impact in any way the role or authority of a licensing board or state agency to assess the fitness of applicants seeking licensure, certification, and employment pursuant to provisions of the Business and Professions Code, Health and Safety Code, Insurance Code, and Welfare and Institutions Code, as applicable. This act supercedes any statute, regulation, rule, or decision directing a licensing board, state agency, employer, or any other applicable person or entity, to obtain criminal history records in a manner that conflicts with the intent of this act.

(c) ~~It is the intent of the Legislature to create the Increasing Access to Employment Fund for rehabilitation and reentry services to improve prospects for licensing, certification, and professional employment for people with criminal conviction records.~~ Recidivism is reduced when people with criminal convictions are given the opportunity to secure employment and engage in a trade, occupation, or profession. It is in the interest of public safety to assist in the rehabilitation of criminal offenders by removing impediments and restrictions on an offenders' ability to obtain employment or engage in a trade, occupation, or profession when those impediments and restrictions are based solely upon the existence of a criminal record. Increasing opportunities for people with criminal records improves the economic well-being of families and communities and is a path to full employment in California.

SEC. 2. Section 11105 of the Penal Code is amended to read:

11105. (a) (1) The Department of Justice shall maintain state summary criminal history information.

(2) As used in this section:

(A) "State summary criminal history information" means the master record of information compiled by the Attorney General pertaining to the identification and criminal history of a person, ~~such as~~ *including* name, date of birth, physical description, fingerprints, photographs, dates of arrests, arresting agencies and booking numbers, charges, dispositions, sentencing information, and similar data about the person.

(B) "State summary criminal history information" does not refer to records and data compiled by criminal justice agencies other than the Attorney General, nor does it refer to records of complaints ~~to or~~ *to*, investigations conducted by, or records of intelligence information or security procedures of, the office of the Attorney General and the Department of Justice.

(b) The Attorney General shall furnish state summary criminal history information to the following, if needed in the course of their duties, provided that when information is furnished to assist an agency, officer, or official of state or local government, a public utility, or any other entity, in fulfilling employment, certification, or licensing duties, Chapter 1321 of the Statutes of 1974 and Section 432.7 of the Labor Code shall apply:

(1) The courts of the state.

(2) Peace officers of the state, as defined in Section 830.1, subdivisions (a) and (e) of Section 830.2, subdivision (a) of Section 830.3, subdivision (a) of Section 830.31, and subdivisions (a) and (b) of Section 830.5.

(3) District attorneys of the state.

(4) Prosecuting city attorneys or city prosecutors of a city within the state.

(5) City attorneys pursuing civil gang injunctions pursuant to Section 186.22a, or drug abatement actions pursuant to Section 3479 or 3480 of the Civil Code, or Section 11571 of the Health and Safety Code.

(6) Probation officers of the state.

(7) Parole officers of the state.

(8) A public defender or attorney of record when representing a person in proceedings upon a petition for a certificate of rehabilitation and pardon pursuant to ~~Section 4852.08.~~ 4852.01.

(9) A public defender or attorney of record when representing a person in a criminal case, or a parole, mandatory supervision pursuant to paragraph (5) of subdivision (h) of Section 1170, or postrelease community supervision revocation or revocation extension proceeding, and if authorized access by statutory or decisional law.

(10) An agency, officer, or official of the state if the state summary criminal history information is required to implement a statute or regulation that expressly refers to specific criminal conduct applicable to the subject person of the state summary criminal history information, and contains requirements or exclusions, or both, expressly based upon that specified criminal conduct. The agency, officer, or official ~~of the state~~ authorized by this paragraph to receive state summary criminal history information may also transmit fingerprint images and related

1 information to the Department of Justice to be transmitted to the
2 Federal Bureau of Investigation.

3 (11) ~~A city or city, county, city and county, district, or an officer~~
4 ~~or official thereof thereof~~, if access is needed in order to assist that
5 agency, officer, or official in fulfilling employment, certification,
6 or licensing duties, and if the access is specifically authorized by
7 the city council, board of supervisors, or governing board of the
8 city, county, or district if the state summary criminal history
9 information is required to implement a statute, ordinance, or
10 regulation that expressly refers to specific criminal conduct
11 applicable to the subject person of the state summary criminal
12 history information, and contains requirements or exclusions, or
13 both, expressly based upon that specified criminal conduct. The
14 ~~city or city, county, city and county, district, or the officer or~~
15 ~~official thereof~~ authorized by this paragraph may also transmit
16 fingerprint images and related information to the Department of
17 Justice to be transmitted to the Federal Bureau of Investigation.

18 (12) The subject of the state summary criminal history
19 information under procedures established under Article 5
20 (commencing with Section 11120).

21 (13) A person or entity when access is expressly authorized by
22 statute if the criminal history information is required to implement
23 a statute or regulation that expressly refers to specific criminal
24 conduct applicable to the subject person of the state summary
25 criminal history information, and contains requirements or
26 exclusions, or both, expressly based upon that specified criminal
27 conduct.

28 (14) Health officers of a city, county, city and county, or district
29 when in the performance of their official duties enforcing Section
30 120175 of the Health and Safety Code.

31 (15) A managing or supervising correctional officer of a county
32 jail or other county correctional facility.

33 (16) A humane society, or society for the prevention of cruelty
34 to animals, for the specific purpose of complying with Section
35 14502 of the Corporations Code for the appointment of humane
36 officers.

37 (17) Local child support agencies established by Section 17304
38 of the Family Code. When a local child support agency closes a
39 support enforcement case containing state summary criminal
40 history information, the agency shall delete or purge from the file

1 and destroy any documents or information concerning or arising
2 from offenses for or of which the parent has been arrested, charged,
3 or convicted, other than for offenses related to the parent's having
4 failed to provide support for minor children, consistent with the
5 requirements of Section 17531 of the Family Code.

6 (18) County child welfare agency personnel who have been
7 delegated the authority of county probation officers to access state
8 summary criminal history information pursuant to Section 272 of
9 the Welfare and Institutions Code for the purposes specified in
10 Section 16504.5 of the Welfare and Institutions Code. Information
11 from criminal history records provided pursuant to this subdivision
12 shall not be used for a purpose other than those specified in this
13 section and Section 16504.5 of the Welfare and Institutions Code.
14 When an agency obtains records both on the basis of name checks
15 and fingerprint checks, final placement decisions shall be based
16 only on the records obtained pursuant to the fingerprint check.

17 (19) The court of a tribe, or court of a consortium of tribes, that
18 has entered into an agreement with the state pursuant to Section
19 10553.1 of the Welfare and Institutions Code. This information
20 may be used only for the purposes specified in Section 16504.5
21 of the Welfare and Institutions Code and for tribal approval or
22 tribal licensing of foster care or adoptive homes. Article 6
23 (commencing with Section 11140) shall apply to officers, members,
24 and employees of a tribal court receiving state summary criminal
25 history information pursuant to this section.

26 (20) Child welfare agency personnel of a tribe or consortium
27 of tribes that has entered into an agreement with the state pursuant
28 to Section 10553.1 of the Welfare and Institutions Code and to
29 whom the state has delegated duties under paragraph (2) of
30 subdivision (a) of Section 272 of the Welfare and Institutions Code.
31 The purposes for use of the information shall be for the purposes
32 specified in Section 16504.5 of the Welfare and Institutions Code
33 and for tribal approval or tribal licensing of foster care or adoptive
34 homes. When an agency obtains records on the basis of name
35 checks and fingerprint checks, final placement decisions shall be
36 based only on the records obtained pursuant to the fingerprint
37 check. Article 6 (commencing with Section 11140) shall apply to
38 child welfare agency personnel receiving criminal record offender
39 information pursuant to this section.

1 (21) An officer providing conservatorship investigations
2 pursuant to Sections 5351, 5354, and 5356 of the Welfare and
3 Institutions Code.

4 (22) A court investigator providing investigations or reviews
5 in conservatorships pursuant to Section 1826, 1850, 1851, or
6 2250.6 of the Probate Code.

7 (23) A person authorized to conduct a guardianship investigation
8 pursuant to Section 1513 of the Probate Code.

9 (24) A humane officer pursuant to Section 14502 of the
10 Corporations Code for the purposes of performing his or her duties.

11 (25) A public agency described in subdivision (b) of Section
12 15975 of the Government Code, for the purpose of oversight and
13 enforcement policies with respect to its contracted providers.

14 (26) (A) A state entity, or its designee, that receives federal tax
15 information. A state entity or its designee that is authorized by this
16 paragraph to receive state summary criminal history information
17 also may transmit fingerprint images and related information to
18 the Department of Justice to be transmitted to the Federal Bureau
19 of Investigation for the purpose of the state entity or its designee
20 obtaining federal level criminal offender record information from
21 the Department of Justice. This information shall be used only for
22 the purposes set forth in Section 1044 of the Government Code.

23 (B) For purposes of this paragraph, “federal tax information,”
24 “state entity” and “designee” are as defined in paragraphs (1), (2),
25 and (3), respectively, of subdivision (f) of Section 1044 of the
26 Government Code.

27 (c) The Attorney General may furnish state summary criminal
28 history information and, when specifically authorized by this
29 subdivision, federal level criminal history information upon a
30 showing of a compelling need to any of the following, provided
31 that when information is furnished to assist an agency, officer, or
32 official of state or local government, a public utility, or any other
33 entity in fulfilling employment, certification, or licensing duties,
34 Chapter 1321 of the Statutes of 1974 and Section 432.7 of the
35 Labor Code shall apply:

36 (1) A public utility, as defined in Section 216 of the Public
37 Utilities Code, that operates a nuclear energy facility when access
38 is needed in order to assist in employing persons to work at the
39 facility, provided that, if the Attorney General supplies the data,

1 he or she shall furnish a copy of the data to the person to whom
2 the data relates.

3 (2) To a peace officer of the state other than those included in
4 subdivision (b).

5 (3) To an illegal dumping enforcement officer as defined in
6 subdivision (j) of Section 830.7.

7 (4) To a peace officer of another country.

8 (5) To ~~a public-officers, officer, other than a peace-officers,~~
9 ~~officer, of the United States, other states, or possessions or~~
10 ~~territories another state, or a possession or territory of the United~~
11 ~~States, provided that access to records similar to state summary~~
12 ~~criminal history information is expressly authorized by a statute~~
13 ~~of the United States, other states, or possessions or territories the~~
14 ~~other state, or the possession or territory of the United States if~~
15 ~~the information is needed for the performance of their official~~
16 ~~duties.~~

17 (6) To a person ~~when~~ *if* disclosure is requested by a probation,
18 parole, or peace officer with the consent of the subject of the state
19 summary criminal history information and for purposes of
20 furthering the rehabilitation of the subject.

21 (7) The courts of the United States, other states, or territories
22 or possessions of the United States.

23 (8) Peace officers of the United States, other states, or territories
24 or possessions of the United States.

25 (9) To an individual who is the subject of the record requested
26 if needed in conjunction with an application to enter the United
27 States or a foreign nation.

28 (10) (A) (i) A public utility, as defined in Section 216 of the
29 Public Utilities Code, or a cable corporation as defined in
30 subparagraph (B), if receipt of *state summary* criminal history
31 information is needed in order to assist in employing current or
32 prospective employees, contract employees, or subcontract
33 employees who, in the course of their employment, may be seeking
34 entrance to private residences or adjacent grounds. The information
35 provided shall be limited to the record of convictions and arrests
36 for which the person is released on bail or on his or her own
37 recognizance pending trial.

38 (ii) If the Attorney General supplies the data pursuant to this
39 paragraph, the Attorney General shall furnish a copy of the data
40 to the current or prospective employee to whom the data relates.

1 (iii) State summary criminal history information is confidential
2 and the receiving public utility or cable corporation shall not
3 disclose its contents, other than for the purpose for which it was
4 acquired. The state summary criminal history information in the
5 possession of the public utility or cable corporation and all copies
6 made from it shall be destroyed not more than 30 days after
7 employment or promotion or transfer is denied or granted, except
8 for those cases where a current or prospective employee is out on
9 bail or on his or her own recognizance pending trial, in which case
10 the state summary criminal history information and all copies shall
11 be destroyed not more than 30 days after the case is resolved.

12 (iv) A violation of this paragraph is a misdemeanor, and shall
13 give the current or prospective employee who is injured by the
14 violation a cause of action against the public utility or cable
15 corporation to recover damages proximately caused by the
16 violations. A public utility's or cable corporation's request for
17 state summary criminal history information for purposes of
18 employing current or prospective employees who may be seeking
19 entrance to private residences or adjacent grounds in the course
20 of their employment shall be deemed a "compelling need" as
21 required to be shown in this subdivision.

22 (v) This section shall not be construed as imposing a duty upon
23 public utilities or cable corporations to request state summary
24 criminal history information on current or prospective employees.

25 (B) For purposes of this paragraph, "cable corporation" means
26 a corporation or firm that transmits or provides television,
27 computer, or telephone services by cable, digital, fiber optic,
28 satellite, or comparable technology to subscribers for a fee.

29 (C) Requests for federal level criminal history information
30 received by the Department of Justice from entities authorized
31 pursuant to subparagraph (A) shall be forwarded to the Federal
32 Bureau of Investigation by the Department of Justice. Federal level
33 criminal history information received or compiled by the
34 Department of Justice may then be disseminated to the entities
35 referenced in subparagraph (A), as authorized by law.

36 (11) To a campus of the California State University or the
37 University of California, or a four-year college or university
38 accredited by a regional accreditation organization approved by
39 the United States Department of Education, if needed in
40 conjunction with an application for admission by a convicted felon

1 to a special education program for convicted felons, including, but
2 not limited to, university alternatives and halfway houses. Only
3 conviction information shall be furnished. The college or university
4 may require the convicted felon to be fingerprinted, and any inquiry
5 to the department under this section shall include the convicted
6 felon's fingerprints and any other information specified by the
7 department.

8 (12) To a foreign government, if requested by the individual
9 who is the subject of the record requested, if needed in conjunction
10 with the individual's application to adopt a minor child who is a
11 citizen of that foreign nation. Requests for information pursuant
12 to this paragraph shall be in accordance with the process described
13 in Sections 11122 to 11124, inclusive. The response shall be
14 provided to the foreign government or its designee and to the
15 individual who requested the information.

16 (d) ~~Whenever~~ *When* an authorized request for state summary
17 criminal history information pertains to a person whose fingerprints
18 are on file with the Department of Justice and the department has
19 no criminal history of that person, and the information is to be
20 used for employment, licensing, or certification purposes, the
21 fingerprint card accompanying the request for information, if any,
22 may be stamped "no criminal record" and returned to the person
23 or entity making the request.

24 (e) ~~Whenever~~ *When* state summary criminal history information
25 is furnished as the result of an application and is to be used for
26 employment, licensing, or certification purposes, the Department
27 of Justice may charge the person or entity making the request a
28 fee that it determines to be sufficient to reimburse the department
29 for the cost of furnishing the information. In addition, the
30 Department of Justice may add a surcharge to the fee to fund
31 maintenance and improvements to the systems from which the
32 information is obtained. Notwithstanding any other law, a person
33 or entity required to pay a fee to the department for information
34 received under this section may charge the applicant a fee sufficient
35 to reimburse the person or entity for this expense. All moneys
36 received by the department pursuant to this section, Sections
37 11105.3 and 26190, and former Section 13588 of the Education
38 Code shall be deposited in a special account in the General Fund
39 to be available for expenditure by the department to offset costs
40 incurred pursuant to those sections and for maintenance and

1 improvements to the systems from which the information is
2 obtained upon appropriation by the Legislature.

3 (f) Whenever there is a conflict, the processing of criminal
4 fingerprints and fingerprints of applicants for security guard or
5 alarm agent registrations or firearms qualification permits
6 submitted pursuant to Section 7583.9, 7583.23, 7596.3, or 7598.4
7 of the Business and Professions Code shall take priority over the
8 processing of other applicant fingerprints.

9 (g) It is not a violation of this section to disseminate statistical
10 or research information obtained from a record, provided that the
11 identity of the subject of the record is not disclosed.

12 (h) It is not a violation of this section to include information
13 obtained from a record in (1) a transcript or record of a judicial or
14 administrative proceeding or (2) any other public record if the
15 inclusion of the information in the public record is authorized by
16 a court, statute, or decisional law.

17 (i) Notwithstanding any other law, the Department of Justice
18 or a state or local law enforcement agency may require the
19 submission of fingerprints for the purpose of conducting state
20 summary criminal history information checks that are authorized
21 by law.

22 (j) The state summary criminal history information shall include
23 any finding of mental incompetence pursuant to Chapter 6
24 (commencing with Section 1367) of Title 10 of Part 2 arising out
25 of a complaint charging a felony offense specified in Section 290.

26 (k) (1) This subdivision shall apply whenever state or federal
27 summary criminal history information is furnished by the
28 Department of Justice as the result of an application by an
29 authorized agency or organization and the information is to be
30 used for peace officer employment or certification purposes. As
31 used in this subdivision, a peace officer is defined in Chapter 4.5
32 (commencing with Section 830) of Title 3 of Part 2.

33 (2) Notwithstanding any other law, whenever state summary
34 criminal history information is initially furnished pursuant to
35 paragraph (1), the Department of Justice shall disseminate the
36 following information:

37 (A) Every conviction rendered against the applicant.

38 (B) Every arrest for an offense for which the applicant is
39 presently awaiting trial, whether the applicant is incarcerated or

1 has been released on bail or on his or her own recognizance
2 pending trial.

3 (C) Every arrest or detention, except for an arrest or detention
4 resulting in an exoneration, provided, however, that where the
5 records of the Department of Justice do not contain a disposition
6 for the arrest, the Department of Justice first makes a genuine effort
7 to determine the disposition of the arrest.

8 (D) Every successful diversion.

9 (E) Every date and agency name associated with all retained
10 peace officer or nonsworn law enforcement agency employee
11 preemployment criminal offender record information search
12 requests.

13 (F) Sex offender registration status of the applicant.

14 (G) Sentencing information, if present in the department's
15 records at the time of the response.

16 (I) (1) This subdivision shall apply whenever state or federal
17 summary criminal history information is furnished by the
18 Department of Justice as the result of an application by a criminal
19 justice agency or organization as defined in Section 13101, and
20 the information is to be used for criminal justice employment,
21 licensing, or certification purposes.

22 (2) Notwithstanding any other law, whenever state summary
23 criminal history information is initially furnished pursuant to
24 paragraph (1), the Department of Justice shall disseminate the
25 following information:

26 (A) Every conviction rendered against the applicant.

27 (B) Every arrest for an offense for which the applicant is
28 presently awaiting trial, whether the applicant is incarcerated or
29 has been released on bail or on his or her own recognizance
30 pending trial.

31 (C) Every arrest for an offense for which the records of the
32 Department of Justice do not contain a disposition or ~~which~~ *that*
33 did not result in a conviction, provided that the Department of
34 Justice first makes a genuine effort to determine the disposition
35 of the arrest. However, information concerning an arrest shall not
36 be disclosed if the records of the Department of Justice ~~indicate~~
37 *indicate*, or if the genuine effort ~~reveals~~ *reveals*, that the subject
38 was exonerated, successfully completed a diversion or deferred
39 entry of judgment program, or the arrest was deemed a detention,
40 or the subject was granted relief pursuant to Section 851.91.

1 (D) Every date and agency name associated with all retained
2 peace officer or nonsworn law enforcement agency employee
3 preemployment criminal offender record information search
4 requests.

5 (E) Sex offender registration status of the applicant.

6 (F) Sentencing information, if present in the department's
7 records at the time of the response.

8 (m) (1) This subdivision shall apply whenever state or federal
9 summary criminal history information is furnished by the
10 Department of Justice as the result of an application by an
11 authorized agency or organization pursuant to Section 1522,
12 1568.09, 1569.17, or 1596.871 of the Health and Safety Code, or
13 a statute that incorporates the criteria of any of those sections or
14 this subdivision by reference, and the information is to be used for
15 employment, licensing, or certification purposes.

16 (2) Notwithstanding any other law, whenever state summary
17 criminal history information is initially furnished pursuant to
18 paragraph (1), the Department of Justice shall disseminate the
19 following information:

20 (A) Every conviction of an offense rendered against the
21 applicant, except a conviction for which relief has been granted
22 pursuant to Section ~~1203.49~~: *1203.4, 1203.4a, 1203.41, 1203.42,*
23 *1203.45, 1203.49, or 1170.9.*

24 (B) Every arrest for an offense for which the applicant is
25 presently awaiting trial, whether the applicant is incarcerated or
26 has been released on bail or on his or her own recognizance
27 pending trial.

28 (C) Every arrest for an offense for which the Department of
29 Social Services is required by paragraph (1) of subdivision (a) of
30 Section 1522 of the Health and Safety Code to determine if an
31 applicant has been arrested. However, if the records of the
32 Department of Justice do not contain a disposition for an arrest,
33 the Department of Justice shall first make a genuine effort to
34 determine the disposition of the arrest.

35 (D) Sex offender registration status of the applicant.

36 (E) Sentencing information, if present in the department's
37 records at the time of the response.

38 (3) Notwithstanding the requirements of the sections referenced
39 in paragraph ~~(1)~~ of this subdivision, *(1)*, the Department of Justice
40 shall not disseminate information about an arrest subsequently

1 deemed a detention or an arrest that resulted in the successful
2 completion of a diversion program, exoneration, or a grant of relief
3 pursuant to Section 851.91.

4 (n) (1) This subdivision shall apply whenever state or federal
5 summary criminal history information, to be used for employment,
6 licensing, or certification purposes, is furnished by the Department
7 of Justice as the result of an application by an authorized agency,
8 organization, or individual pursuant to any of the following:

9 (A) Paragraph (10) of subdivision (c), when the information is
10 to be used by a cable corporation.

11 (B) Section 11105.3 or 11105.4.

12 (C) Section 15660 of the Welfare and Institutions Code.

13 (D) A statute that incorporates the criteria of any of the statutory
14 provisions listed in subparagraph (A), (B), or (C), or of this
15 subdivision, by reference.

16 (2) With the exception of applications submitted by
17 transportation companies authorized pursuant to Section 11105.3,
18 and notwithstanding any other law, whenever state summary
19 criminal history information is initially furnished pursuant to
20 paragraph (1), the Department of Justice shall disseminate the
21 following information:

22 (A) Every conviction, except a conviction for which relief has
23 been granted pursuant to Section ~~1203.49~~, 1203.4, 1203.4a,
24 1203.41, 1203.42, 1203.45, 1203.49, or 1170.9, rendered against
25 the applicant for a violation or attempted violation of an offense
26 specified in subdivision (a) of Section 15660 of the Welfare and
27 Institutions Code. However, with the exception of those offenses
28 for which registration is required pursuant to Section 290, the
29 Department of Justice shall not disseminate information pursuant
30 to this subdivision unless the conviction occurred within ~~10~~ seven
31 years of the date of the agency's request for information or the
32 conviction is over ~~10~~ seven years old but the subject of the request
33 was incarcerated *or on probation or parole* within ~~10~~ seven years
34 of the agency's request for information.

35 (B) Every arrest for a violation or attempted violation of an
36 offense specified in subdivision (a) of Section 15660 of the Welfare
37 and Institutions Code for which the applicant is presently awaiting
38 trial, whether the applicant is incarcerated or has been released on
39 bail or on his or her own recognizance pending trial.

40 (C) Sex offender registration status of the applicant.

1 (D) Sentencing information, if present in the department's
2 records at the time of the response.

3 (o) (1) This subdivision shall apply whenever state or federal
4 summary criminal history information is furnished by the
5 Department of Justice as the result of an application by an
6 authorized agency or organization pursuant to Section 379 or 550
7 of the Financial Code, or a statute that incorporates the criteria of
8 either of those sections or this subdivision by reference, and the
9 information is to be used for employment, licensing, or certification
10 purposes.

11 (2) Notwithstanding any other law, whenever state summary
12 criminal history information is initially furnished pursuant to
13 paragraph (1), the Department of Justice shall disseminate the
14 following information:

15 (A) Every conviction rendered against the applicant for a
16 violation or attempted violation of an offense specified in Section
17 550 of the Financial Code, except a conviction for which relief
18 has been granted pursuant to Section ~~1203.49~~, *1203.4*, *1203.4a*,
19 *1203.41*, *1203.42*, *1203.45*, *1203.49*, or *1170.9*.

20 (B) Every arrest for a violation or attempted violation of an
21 offense specified in Section 550 of the Financial Code for which
22 the applicant is presently awaiting trial, whether the applicant is
23 incarcerated or has been released on bail or on his or her own
24 recognizance pending trial.

25 (C) Sentencing information, if present in the department's
26 records at the time of the response.

27 (p) (1) This subdivision shall apply whenever state or federal
28 criminal history information is furnished by the Department of
29 Justice as the result of an application by an agency, organization,
30 or individual not defined in subdivision (k), (l), (m), (n), or (o), or
31 by a transportation company authorized pursuant to Section
32 11105.3, or a statute that incorporates the criteria of that section
33 or this subdivision by reference, and the information is to be used
34 for employment, licensing, or certification purposes.

35 (2) Notwithstanding any other law, whenever state summary
36 criminal history information is initially furnished pursuant to
37 paragraph (1), the Department of Justice shall disseminate the
38 following information:

39 (A) Every conviction rendered against the applicant, except a
40 conviction for which relief has been granted pursuant to Section

1 ~~1203.49. 1203.4, 1203.4a, 1203.41, 1203.42, 1203.45, 1203.49,~~
2 ~~or 1170.9.~~

3 (B) Every arrest for an offense for which the applicant is
4 presently awaiting trial, whether the applicant is incarcerated or
5 has been released on bail or on his or her own recognizance
6 pending trial.

7 (C) Sex offender registration status of the applicant.

8 (D) Sentencing information, if present in the department's
9 records at the time of the response.

10 (q) All agencies, organizations, or individuals defined in
11 subdivisions (k), (l), (m), (n), (o), and (p) may contract with the
12 Department of Justice for subsequent notification pursuant to
13 Section 11105.2. This subdivision shall not supersede sections that
14 mandate an agency, organization, or individual to contract with
15 the Department of Justice for subsequent notification pursuant to
16 Section 11105.2.

17 (r) This section does not require the Department of Justice to
18 cease compliance with any other statutory notification
19 requirements.

20 (s) The provisions of Section 50.12 of Title 28 of the Code of
21 Federal Regulations are to be followed in processing federal
22 criminal history information.

23 (t) Whenever state or federal summary criminal history
24 information is furnished by the Department of Justice as the result
25 of an application by an authorized agency, organization, or
26 individual defined in subdivisions (k) to (p), inclusive, and the
27 information is to be used for employment, licensing, or certification
28 purposes, ~~the authorized agency, organization, or individual shall~~
29 ~~expeditiously furnish a copy of the information to the person to~~
30 ~~whom the information relates if the information is a basis for an~~
31 ~~adverse employment, licensing, or certification decision. When~~
32 ~~furnished other than in person, the copy shall be delivered to the~~
33 ~~last contact information provided by the applicant. purposes, the~~
34 ~~department shall first furnish a copy of the Criminal Offender~~
35 ~~Record Information (CORI) to the subject of the request. After~~
36 ~~furnishing a copy to the subject, but prior to furnishing a report~~
37 ~~to a third party, the department shall allow the subject a reasonable~~
38 ~~opportunity of not less than five days to challenge the accuracy~~
39 ~~or completeness of any matter contained in the CORI. The~~
40 ~~department shall make the necessary corrections pursuant to~~

1 *Section 11126 prior to furnishing the information to the requesting*
2 *agency, organization, or individual.*
3

4
5 **All matter omitted in this version of the bill**
6 **appears in the bill as introduced in the**
7 **Senate, February 16, 2018. (JR11)**
8

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 16 - MAY 17, 2018 BOARD MEETING**

BILL NUMBER: Senate Bill 1482

AUTHOR: Hill

SPONSOR: Senator Hill

VERSION: Amended 05/02/2018

INTRODUCED: 02/16/2018

BILL STATUS: 05/02/2018 – Read second time and amended. Re-referred to Senate Appropriations Committee.

BILL LOCATION: Senate

SUBJECT: Dental Hygienists

**RELATED
BILLS:**

SUMMARY

The Dental Practice Act (Act) provides for the licensure and regulation of the practice of dental hygienists by the Dental Hygiene Committee of California (DHCC), which is comprised of nine members appointed by the Governor, within the jurisdiction of the Dental Board of California (Board). Senate Bill (SB) 1482 would remove the DHCC from the jurisdiction of the Board and continue the DHCC by creating the Dental Hygiene Board of California within the Department of Consumer Affairs. The bill would change the manner of appointment of the hygiene board by requiring one public member to be appointed by the Senate Rules Committee Rules and one public member to be appointed by the Speaker of the Assembly rather than the Governor. The bill would extend the repeal date of the hygiene board and related appointment provisions to January 1, 2023.

Additionally, this bill would require an out-of-state applicant or licensee to instead furnish a hard copy of fingerprint cards if electronic fingerprint images do not exist.

Moreover, this bill would delete the requirement that the committee make a determination and would require the hygiene board to conduct random audits of licensees to ensure compliance with the continuing education requirements.

This bill would instead require, within the preceding 5 years, satisfactory completion of the dental hygiene examination given by the Western Regional Examining Board (WREB) or any other clinical or dental hygiene examination approved by the hygiene board. Additionally, this bill would require the hygiene board to renew approval of educational programs for dental hygienist and authorizes the hygiene board to place a noncompliant educational program on probation, issue a citation and fine, or have its

approval withdrawn. This bill would also specify limitations for fees limits the fee for a site evaluation for dental hygienist educational programs that are not accredited to no more than \$2,100.

ANALYSIS

SB 1482 would provide the name change to establish the DHCC as a Board and establish their authority as an independent agency, eliminate confusion on whether the DHCC is an autonomous body or under the authority of the Board, add provisions to the Act would help staff complete tasks in a more efficient matter, issue moderate penalties for Dental Educational programs that have less severe deficiencies, and relieve the burden for out of state applicants to travel to California for electronic fingerprinting. DHCC's Executive Officer, Mr. Anthony Lum has stated that the DHCC would continue to present their recommendations regarding scope of practice changes to the Board for review, discussion, and recommendation.

The California Dental Association (CDA) voiced concerns regarding this bill. CDA noted concern regarding the removal of jurisdictional language and the DHCC becoming a Board. CDA explained that amending obsolete language would further separate hygiene and dentistry that may lead to the promulgation of conflicting regulations. CDA explained that there may be conflicting regulations if the jurisdictional language was removed. CDA noted that changing the DHCC to a Board would increase confusion as to why the two entities are separate.

REGISTERED SUPPORT/OPPOSITION

Support

California Dental Hygienists Association
Dental Hygiene Committee of California

Oppose

None on File.

Concern

CDA

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ **OPPOSE:**_____ **NEUTRAL:**_____ **WATCH:**_____

AMENDED IN SENATE APRIL 18, 2018

SENATE BILL

No. 1482

Introduced by Senator Hill

February 16, 2018

An act to amend Sections ~~1917~~ 1901, 1902, 1902.1, 1903, 1905, 1905.2, 1916, 1917, 1936.1, and 1944 of, and to add Section 1941.5 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1482, as amended, Hill. Dental hygienists.

~~Existing~~

(1) *Existing* law, the Dental Practice Act, provides for the licensure and regulation of the practice of dental hygienists by the Dental Hygiene Committee of ~~California~~ California, which is comprised of 9 members appointed by the Governor, within the jurisdiction of the Dental Board of California. Existing law repeals the committee on January 1, 2019, at which time the committee is subject to review by the appropriate policy committees of the Legislature. ~~Existing~~

This bill would remove the Dental Hygiene Committee from the jurisdiction of the Dental Board of California and continue the Dental Hygiene Committee of California by creating the Dental Hygiene Board of California within the Department of Consumer Affairs. The bill would change the manner of appointment of the hygiene board by requiring one public member to be appointed by the Senate Committee on Rules and one public member to be appointed by the Speaker of the Assembly rather than the Governor. The bill would extend the repeal date of the hygiene board and related appointment provisions to January 1, 2023.

(2) *Existing law requires an applicant for licensure as a registered dental hygienist to furnish electronic fingerprint images.*

This bill would require an out-of-state applicant or licensee to instead furnish a hard copy of fingerprint cards if electronic fingerprint images do not exist.

(3) Existing law authorizes the committee to condition dental hygienist licensure renewal on a licensee's submission of assurances that he or she will complete specified continuing education if the committee makes a specified determination.

This bill would delete the requirement that the committee make a determination and would require the hygiene board to conduct random audits of licensees to ensure compliance with the continuing education requirements.

(4) Existing law requires the committee to grant initial licensure as a registered dental hygienist to a person who satisfies specified requirements, including satisfactory performance on the state clinical examination or satisfactory completion of the dental hygiene examination given by the Western Regional Examining Board, or any other clinical dental hygiene examination approved by the committee.

This bill would instead require, within the preceding 5 years, satisfactory completion of the dental hygiene examination given by the Western Regional Examining Board or any other clinical or dental hygiene examination approved by the ~~committee~~ hygiene board.

~~Existing~~

(5) Existing law requires the committee to grant approval of educational programs for dental hygienists that meet specified standards and requirements.

This bill would require the ~~committee~~ hygiene board to renew approval of educational programs for dental hygienists that certify to the ~~committee~~ hygiene board that the program continues to meet the requirements prescribed by the ~~committee~~ hygiene board, would authorize the ~~committee~~ hygiene board to conduct periodic surveys, evaluations, and site visits to educational programs, and would authorize the ~~committee~~ hygiene board to place a noncompliant educational program on probation, issue a citation and fine, or have its approval withdrawn.

~~Existing~~

(6) Existing law requires the committee to establish the amount of fees relating to the licensing of dental hygienists and ~~imposes limitations on those fees~~. limits the fee for a site evaluation for dental hygienist educational programs that are not accredited to no more than \$2,100.

~~This bill would also specify limitations for fees imposed for the committee would delete the limit for conducting the site evaluations specified above and would instead specify that the fee to conduct a site visit to educational programs for dental hygienists and shall not exceed the actual costs incurred by the hygiene board. The bill would limit the fee for a retired license, license to $\frac{1}{2}$ of the current license renewal fee.~~

The bill would make other conforming changes.

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 1901 of the Business and Professions
2 Code is amended to read:
3 1901. (a) There is hereby created ~~within the jurisdiction of the~~
4 ~~Dental Board of California in the Department of Consumer Affairs~~
5 a Dental Hygiene Committee Board of California in which the
6 administration of this article is vested.
7 ~~(b) This section shall remain in effect only until January 1, 2019,~~
8 ~~and as of that date is repealed, unless a later enacted statute, that~~
9 ~~is enacted before January 1, 2019, deletes or extends that date.~~
10 ~~Notwithstanding any other law, the repeal of this section renders~~
11 ~~the committee subject to review by the appropriate policy~~
12 ~~committees of the Legislature.~~
13 (b) Whenever the terms “Dental Hygiene Committee of
14 California” or “committee” are used in this article, they mean
15 the Dental Hygiene Board of California.
16 (c) Whenever the term “Dental Hygiene Committee of
17 California” is used in any other law, it means the Dental Hygiene
18 Board of California.
19 (d) This section shall remain in effect only until January 1, 2023,
20 and as of that date is repealed. Notwithstanding any other law,
21 the repeal of this section renders the hygiene board subject to
22 review by the appropriate policy committees of the Legislature.
23 SEC. 2. Section 1902 of the Business and Professions Code is
24 amended to read:
25 1902. For purposes of this article, the following definitions
26 apply:
27 (a) ~~“Committee”~~ “Hygiene board” means the Dental Hygiene
28 Committee Board of California.

1 (b) “Dental board” means the Dental Board of California.

2 (c) “Direct supervision” means the supervision of dental
3 procedures based on instructions given by a licensed dentist who
4 is required to be physically present in the treatment facility during
5 the performance of those procedures.

6 (d) “General supervision” means the supervision of dental
7 procedures based on instructions given by a licensed dentist who
8 is not required to be physically present in the treatment facility
9 during the performance of those procedures.

10 (e) “Oral prophylaxis” means preventive and therapeutic dental
11 procedures that include bacterial debridements with complete
12 removal, supra and subgingivally, of calculus, soft deposits, plaque,
13 and stains, and the smoothing of tooth surfaces. The objective of
14 this treatment is to create an environment in which the patient can
15 maintain healthy hard and soft tissues.

16 *SEC. 3. Section 1902.1 of the Business and Professions Code*
17 *is amended to read:*

18 1902.1. Protection of the public shall be the highest priority
19 for the ~~committee~~ hygiene board in exercising its licensing,
20 regulatory, and disciplinary functions. Whenever the protection
21 of the public is inconsistent with other interests sought to be
22 promoted, the protection of the public shall be paramount.

23 *SEC. 4. Section 1903 of the Business and Professions Code is*
24 *amended to read:*

25 1903. (a) (1) The ~~committee~~ hygiene board shall consist of
26 nine members ~~appointed by the Governor. Four shall be public~~
27 ~~members, one as follows:~~

28 (A) *Seven members appointed by the Governor as follows:*

29 (i) *Two members shall be public members.*

30 (ii) *One member shall be a practicing general or public health*
31 *dentist who holds a current license in* ~~California, and four~~
32 *California.*

33 (iii) *Four members shall be registered dental hygienists who*
34 *hold current licenses in California. Of the registered dental*
35 *hygienists members, one shall be licensed either in alternative*
36 *practice or in extended functions, one shall be a dental hygiene*
37 *educator, and two shall be registered dental hygienists. No public*
38 *member shall have been licensed under this chapter within five*
39 *years of the date of his or her appointment or have any current*
40 *financial interest in a dental-related business.*

1 (B) One public member appointed by the Senate Committee on
2 Rules.

3 (C) One public member appointed by the Speaker of the
4 Assembly.

5 (2) (A) The first appointment by the Senate Committee on Rules
6 or the Speaker of the Assembly pursuant to this subdivision shall
7 be made upon the expiration of the term of a public member that
8 is scheduled to occur, or otherwise occurs, on or after January 1,
9 2019.

10 (B) It is the intent of the Legislature that committee members
11 appointed prior to January 1, 2019, remain as hygiene board
12 members until their term expires or except as otherwise provided
13 in law, whichever occurs first.

14 ~~(2)~~

15 (3) For purposes of this subdivision, a public health dentist is
16 a dentist whose primary employer or place of employment is in
17 any of the following:

18 (A) A primary care clinic licensed under subdivision (a) of
19 Section 1204 of the Health and Safety Code.

20 (B) A primary care clinic exempt from licensure pursuant to
21 subdivision (c) of Section 1206 of the Health and Safety Code.

22 (C) A clinic owned or operated by a public hospital or health
23 system.

24 (D) A clinic owned and operated by a hospital that maintains
25 the primary contract with a county government to fill the county's
26 role under Section 17000 of the Welfare and Institutions Code.

27 (b) (1) Except as specified in paragraph (2), members of the
28 ~~committee~~ hygiene board shall be appointed for a term of four
29 years. Each member shall hold office until the appointment and
30 qualification of his or her successor or until one year shall have
31 lapsed since the expiration of the term for which he or she was
32 appointed, whichever comes first.

33 (2) For the term commencing on January 1, 2012, two of the
34 public members, the general or public health dentist member, and
35 two of the registered dental hygienist members, other than the
36 dental hygiene educator member or the registered dental hygienist
37 member licensed in alternative practice or in extended functions,
38 shall each serve a term of two years, expiring January 1, 2014.

39 (c) Notwithstanding any other provision of law and subject to
40 subdivision (e), the Governor may appoint to the ~~committee~~

1 *hygiene board* a person who previously served as a member of the
2 ~~committee~~ *former committee or hygiene board* even if his or her
3 previous term expired.

4 (d) The ~~committee~~ *hygiene board* shall elect a president, a vice
5 president, and a secretary from its membership.

6 (e) No person shall serve as a member of the ~~committee~~ *hygiene*
7 *board* for more than two consecutive terms.

8 (f) A vacancy in the ~~committee~~ *hygiene board* shall be filled by
9 appointment to the unexpired term.

10 (g) Each member of the ~~committee~~ *hygiene board* shall receive
11 a per diem and expenses as provided in Section 103.

12 (h) The Governor shall have the power to remove any member
13 from the ~~committee~~ *hygiene board* for neglect of a duty required
14 by law, for incompetence, or for unprofessional or dishonorable
15 conduct.

16 (i) The ~~committee~~, *hygiene board*, with the approval of the
17 director, may appoint a person exempt from civil service who shall
18 be designated as an executive officer and who shall exercise the
19 powers and perform the duties delegated by the ~~committee~~ *hygiene*
20 *board* and vested in him or her by this article.

21 ~~(j) This section shall remain in effect only until January 1, 2019,~~
22 ~~and as of that date is repealed, unless a later enacted statute, that~~
23 ~~is enacted before January 1, 2019, deletes or extends that date.~~

24 (j) *This section shall remain in effect only until January 1, 2023,*
25 *and as of that date is repealed.*

26 SEC. 5. *Section 1905 of the Business and Professions Code is*
27 *amended to read:*

28 1905. (a) The ~~committee~~ *hygiene board* shall perform the
29 following functions:

30 (1) Evaluate all registered dental hygienist, registered dental
31 hygienist in alternative practice, and registered dental hygienist in
32 extended functions educational programs that apply for approval
33 and grant or deny approval of those applications in accordance
34 with regulations adopted by the ~~committee~~, *hygiene board*. Any
35 such educational programs approved by the dental board on or
36 before June 30, 2009, shall be deemed approved by the ~~committee~~,
37 *hygiene board*. Any dental hygiene program accredited by the
38 Commission on Dental Accreditation may be approved.

39 (2) Withdraw or revoke its prior approval of a registered dental
40 hygienist, registered dental hygienist in alternative practice, or

1 registered dental hygienist in extended functions educational
2 program in accordance with regulations adopted by the ~~committee~~.
3 ~~The committee hygiene board~~. *The hygiene board* may withdraw
4 or revoke a dental hygiene program approval if the Commission
5 on Dental Accreditation has indicated an intent to withdraw
6 approval or has withdrawn approval.

7 (3) Review and evaluate all registered dental hygienist,
8 registered dental hygienist in alternative practice, and registered
9 dental hygienist in extended functions applications for licensure
10 to ascertain whether the applicant meets the appropriate licensing
11 requirements specified by statute and regulations, maintain
12 application records, cashier application fees, issue and renew
13 licenses, and perform any other tasks that are incidental to the
14 application and licensure processes.

15 (4) Determine the appropriate type of license examination
16 consistent with the provisions of this article, and develop or cause
17 to be developed and administer examinations in accordance with
18 regulations adopted by the ~~committee~~. *hygiene board*.

19 (5) Determine the amount of fees assessed under this article,
20 not to exceed the actual cost.

21 (6) Determine and enforce the continuing education
22 requirements specified in Section 1936.1.

23 (7) Deny, suspend, or revoke a license under this article, or
24 otherwise enforce the provisions of this article. Any such
25 proceedings shall be conducted in accordance with Chapter 5
26 (commencing with Section 11500) of Part 1 of Division 3 of Title
27 2 of the Government Code, and the ~~committee~~ *hygiene board* shall
28 have all of the powers granted therein.

29 (8) Make recommendations to the dental board regarding dental
30 hygiene scope of practice issues.

31 (9) Adopt, amend, and revoke rules and regulations to implement
32 the provisions of this article, including the amount of required
33 supervision by a registered dental hygienist, a registered dental
34 hygienist in alternative practice, or a registered dental hygienist
35 in extended functions of a registered dental assistant.

36 (b) ~~The committee~~ *hygiene board* may employ employees and
37 examiners that it deems necessary to carry out its functions and
38 responsibilities under this article.

39 *SEC. 6. Section 1905.2 of the Business and Professions Code*
40 *is amended to read:*

1 1905.2. Recommendations by the ~~committee~~ *hygiene board*
2 regarding scope of practice issues, as specified in paragraph (8)
3 of subdivision (a) of Section 1905, shall be approved, modified,
4 or rejected by the board within 90 days of submission of the
5 recommendation to the board. If the board rejects or significantly
6 modifies the intent or scope of the recommendation, the ~~committee~~
7 *hygiene board* may request that the board provide its reasons in
8 writing for rejecting or significantly modifying the
9 recommendation, which shall be provided by the board within 30
10 days of the request.

11 SEC. 7. Section 1916 of the Business and Professions Code is
12 amended to read:

13 1916. (a) (1) An applicant for licensure under this article shall
14 furnish electronic fingerprint images for submission to state and
15 federal criminal justice agencies, including, but not limited to, the
16 Federal Bureau of Investigation, in order to establish the identity
17 of the applicant and for the other purposes described in this section.

18 (2) *Notwithstanding paragraph (1), an out-of-state applicant*
19 *or licensee residing out-of-state for whom an electronic record of*
20 *the licensee's fingerprints does not exist shall furnish a hard copy*
21 *of his or her fingerprint card if electronic fingerprint images are*
22 *not available or shared in the applicant's or licensee's state of*
23 *residence.*

24 (b) The ~~committee~~ *hygiene board* shall submit the fingerprint
25 images *or card* to the Department of Justice for the purposes of
26 obtaining criminal offender record information regarding state and
27 federal level convictions and arrests, including arrests for which
28 the Department of Justice establishes that the person is free on bail
29 or on his or her own recognizance pending trial or appeal.

30 (c) When received, the Department of Justice shall forward to
31 the Federal Bureau of Investigation requests for federal summary
32 criminal history information received pursuant to this section. The
33 Department of Justice shall review the information returned from
34 the Federal Bureau of Investigation and compile and disseminate
35 the response to the ~~committee~~ *hygiene board*.

36 (d) The Department of Justice shall provide a response to the
37 ~~committee~~ *hygiene board* pursuant to subdivision (p) of Section
38 11105 of the Penal Code.

1 (e) The ~~committee~~ *hygiene board* shall request from the
2 Department of Justice subsequent arrest notification service, as
3 provided pursuant to Section 11105.2 of the Penal Code.

4 (f) The information obtained as a result of the fingerprinting
5 shall be used in accordance with Section 11105 of the Penal Code,
6 and to determine whether the applicant is subject to denial of
7 licensure pursuant to Division 1.5 (commencing with Section 475)
8 or Section 1943.

9 (g) The Department of Justice shall charge a fee sufficient to
10 cover the cost of processing the request described in this section.

11 **SECTION 1.**

12 *SEC. 8.* Section 1917 of the Business and Professions Code is
13 amended to read:

14 1917. The ~~committee~~ *hygiene board* shall grant initial licensure
15 as a registered dental hygienist to a person who satisfies all of the
16 following requirements:

17 (a) Completion of an educational program for registered dental
18 hygienists, approved by the ~~committee~~, *hygiene board*, accredited
19 by the Commission on Dental Accreditation, and conducted by a
20 degree-granting, postsecondary institution.

21 (b) Within the preceding five years, satisfactory completion of
22 the dental hygiene examination given by the Western Regional
23 Examining Board or any other clinical or dental hygiene
24 examination approved by the ~~committee~~, *hygiene board*.

25 (c) Satisfactory completion of the National Dental Hygiene
26 Board Examination.

27 (d) Satisfactory completion of the examination in California
28 law and ethics as prescribed by the ~~committee~~, *hygiene board*.

29 (e) Submission of a completed application form and all fees
30 required by the ~~committee~~, *hygiene board*.

31 (f) Satisfactory completion of ~~committee-approved~~ *hygiene*
32 *board-approved* instruction in gingival soft tissue curettage, nitrous
33 oxide-oxygen analgesia, and local anesthesia.

34 *SEC. 9.* Section 1936.1 of the Business and Professions Code
35 is amended to read:

36 1936.1. (a) ~~If the committee determines that the public health~~
37 ~~and safety would be served by requiring all holders of licenses~~
38 ~~under this article to continue their education after receiving a~~
39 ~~license, the committee may require, The hygiene board shall~~
40 *require*, as a condition of license renewal, that licensees submit

1 assurances satisfactory to the ~~committee~~ *hygiene board* that they
2 will, during the succeeding two-year period, inform themselves
3 of the developments in the practice of dental hygiene occurring
4 since the original issuance of their licenses by pursuing one or
5 more courses of study satisfactory to the ~~committee~~, *hygiene board*,
6 or by other means deemed equivalent by the ~~committee~~. The
7 ~~committee~~ *hygiene board*. The *hygiene board* shall adopt, amend,
8 and revoke regulations providing for the suspension of the licenses
9 at the end of the two-year period until compliance with the
10 assurances provided for in this section is accomplished. The
11 *hygiene board* shall conduct random audits of at least 5 percent
12 of the licensee population each year to ensure compliance of the
13 continuing education requirement.

14 (b) The ~~committee~~ *may hygiene board* shall also, as a condition
15 of license renewal, require licensees to successfully complete a
16 portion of the required continuing education hours in specific areas
17 adopted in regulations by the ~~committee~~. The ~~committee~~ *hygiene*
18 *board*. The *hygiene board* may prescribe this mandatory
19 coursework within the general areas of patient care, health and
20 safety, and law and ethics. The mandatory coursework prescribed
21 by the ~~committee~~ *hygiene board* shall not exceed seven and
22 one-half hours per renewal period. Any mandatory coursework
23 required by the ~~committee~~ *hygiene board* shall be credited toward
24 the continuing education requirements established by the ~~committee~~
25 *hygiene board* pursuant to subdivision (a).

26 (c) The providers of courses referred to in this section shall be
27 approved by the ~~committee~~, *hygiene board*. Providers approved
28 by the dental board shall be deemed approved by the ~~committee~~.
29 *hygiene board*.

30 ~~SEC. 2.~~

31 *SEC. 10.* Section 1941.5 is added to the Business and
32 Professions Code, to read:

33 1941.5. (a) The ~~committee~~ *hygiene board* shall renew approval
34 of educational programs for a registered dental hygienist, a
35 registered dental hygienist in alternative practice, or a registered
36 dental hygienist in extended functions that certify to the ~~committee~~
37 *hygiene board* on a form prescribed by the ~~committee~~ *hygiene*
38 *board* that the program continues to meet the requirements
39 proscribed by the ~~committee~~, *hygiene board*.

1 (b) The ~~committee~~ *hygiene board* may conduct periodic surveys,
2 evaluations, and announced and unannounced site visits to existing
3 and new educational programs for a registered dental hygienist, a
4 registered dental hygienist in alternative practice, or a registered
5 dental hygienist in extended functions to ensure continued
6 compliance of educational program requirements and Commission
7 on Dental Accreditation standards for continued approval.

8 (c) An existing or new educational program for a registered
9 dental hygienist, a registered dental hygienist in alternative practice,
10 or a registered dental hygienist in extended functions that is found
11 to be noncompliant with the educational program requirements
12 and Commission on Dental Accreditation standards may be placed
13 on probation with terms, issued a citation and fine, or have its
14 approval withdrawn if compliance is not met within reasonable
15 specified timelines.

16 (d) The ~~committee~~, *hygiene board*, or through an authorized
17 representative, may issue a citation containing fines and orders of
18 abatement for any approved educational program for a registered
19 dental hygienist, a registered dental hygienist in alternative practice,
20 or a registered dental hygienist in extended functions for any
21 violation of this section or the regulations adopted pursuant to this
22 section.

23 ~~SEC. 3.~~

24 *SEC. 11.* Section 1944 of the Business and Professions Code
25 is amended to read:

26 1944. (a) The ~~committee~~ *hygiene board* shall establish by
27 resolution the amount of the fees that relate to the licensing of a
28 registered dental hygienist, a registered dental hygienist in
29 alternative practice, and a registered dental hygienist in extended
30 functions. The fees established by board resolution in effect on
31 June 30, 2009, as they relate to the licensure of registered dental
32 hygienists, registered dental hygienists in alternative practice, and
33 registered dental hygienists in extended functions, shall remain in
34 effect until modified by the ~~committee~~ *hygiene board*. The fees
35 are subject to the following limitations:

36 (1) The application fee for an original license and the fee for
37 issuance of an original license shall not exceed two hundred fifty
38 dollars (\$250).

39 (2) The fee for examination for licensure as a registered dental
40 hygienist shall not exceed the actual cost of the examination.

1 (3) The fee for examination for licensure as a registered dental
2 hygienist in extended functions shall not exceed the actual cost of
3 the examination.

4 (4) The fee for examination for licensure as a registered dental
5 hygienist in alternative practice shall not exceed the actual cost of
6 administering the examination.

7 (5) The biennial renewal fee shall not exceed five hundred
8 dollars (\$500).

9 (6) The delinquency fee shall not exceed one-half of the renewal
10 fee. Any delinquent license may be restored only upon payment
11 of all fees, including the delinquency fee, and compliance with all
12 other applicable requirements of this article.

13 (7) The fee for issuance of a duplicate license to replace one
14 that is lost or destroyed, or in the event of a name change, shall
15 not exceed twenty-five dollars (\$25) or one-half of the renewal
16 fee, whichever is greater.

17 (8) The fee for certification of licensure shall not exceed one-half
18 of the renewal fee.

19 (9) The fee for each curriculum ~~review~~; *review and feasibility*
20 ~~study review, and site evaluation review~~ for educational programs
21 for dental hygienists who are not accredited by a
22 ~~committee-approved~~ *hygiene board-approved* agency shall not
23 exceed two thousand one hundred dollars (\$2,100).

24 (10) The fee for each review or approval of course requirements
25 for licensure or procedures that require additional training shall
26 not exceed seven hundred fifty dollars (\$750).

27 (11) The initial application and biennial fee for a provider of
28 continuing education shall not exceed five hundred dollars (\$500).

29 (12) The amount of fees payable in connection with permits
30 issued under Section 1962 is as follows:

31 (A) The initial permit fee is an amount equal to the renewal fee
32 for the applicant's license to practice dental hygiene in effect on
33 the last regular renewal date before the date on which the permit
34 is issued.

35 (B) If the permit will expire less than one year after its issuance,
36 then the initial permit fee is an amount equal to 50 percent of the
37 renewal fee in effect on the last regular renewal date before the
38 date on which the permit is issued.

39 (13) The fee for the ~~committee~~ *hygiene board* to conduct a site
40 visit to educational programs for a registered dental hygienist, a

1 registered dental hygienist in alternative practice, or a registered
2 dental hygienist in extended functions to ensure compliance of
3 educational program requirements shall not exceed the actual cost
4 incurred by the ~~committee~~ *hygiene board* for cost recovery of site
5 visit expenditures.

6 (14) The fee for a retired license shall not exceed one-half of
7 the current license renewal fee.

8 (b) The renewal and delinquency fees shall be fixed by the
9 ~~committee~~ *hygiene board* by resolution at not more than the current
10 amount of the renewal fee for a license to practice under this article
11 nor less than five dollars (\$5).

12 (c) Fees fixed by the ~~committee~~ *hygiene board* by resolution
13 pursuant to this section shall not be subject to the approval of the
14 Office of Administrative Law.

15 (d) Fees collected pursuant to this section shall be collected by
16 the ~~committee~~ *hygiene board* and deposited into the State Dental
17 Hygiene Fund, which is hereby created. All money in this fund
18 shall, upon appropriation by the Legislature in the annual Budget
19 Act, be used to implement this article.

20 (e) No fees or charges other than those listed in this section shall
21 be levied by the ~~committee~~ *hygiene board* in connection with the
22 licensure of registered dental hygienists, registered dental
23 hygienists in alternative practice, or registered dental hygienists
24 in extended functions.

25 (f) The fee for registration of an extramural dental facility shall
26 not exceed two hundred fifty dollars (\$250).

27 (g) The fee for registration of a mobile dental hygiene unit shall
28 not exceed one hundred fifty dollars (\$150).

29 (h) The biennial renewal fee for a mobile dental hygiene unit
30 shall not exceed two hundred fifty dollars (\$250).

31 (i) The fee for an additional office permit shall not exceed two
32 hundred fifty dollars (\$250).

33 (j) The biennial renewal fee for an additional office as described
34 in Section 1926.4 shall not exceed two hundred fifty dollars (\$250).

35 (k) The initial application and biennial special permit fee is an
36 amount equal to the biennial renewal fee specified in paragraph
37 (6) of subdivision (a).

- 1 *(l)* The fees in this section shall not exceed an amount sufficient
- 2 to cover the reasonable regulatory cost of carrying out this article.

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 16 - MAY 17, 2018 BOARD MEETING**

BILL NUMBER: Senate Bill 1491

AUTHOR: Senate Business, Professions
and Economic Development
Committee

SPONSOR:

VERSION: Amended 04/02/2018

INTRODUCED: 02/21/2018

BILL STATUS: 04/24/2018 – From Senate
Committee on Business,
Professions and Economic
Development: Do pass and re-
refer to Senate Appropriations
Committee with
recommendation: To Consent
Calendar.

BILL LOCATION: Senate

SUBJECT: Healing Arts

**RELATED
BILLS:** SB 1492

SUMMARY

Senate Bill (SB) 1491 is the Omnibus Bill containing non-controversial language for various healing arts boards.

This bill is one of two “committee bills” authored by the Business, Professions, and Economic Development Committee (Committee) and is intended to consolidate non-controversial provisions related to various health related regulatory programs and professions governed by the Business and Professions Code (B&PC). Consolidating the provisions in one bill is designed to relieve the various licensing boards, bureaus, professions, and other regulatory agencies from the necessity and burden of having separate measures for a number of non-controversial revisions.

ANALYSIS

Many of the provisions of this bill are minor, technical, and updating changes, while other provisions are substantive changes intended to improve the ability of various licensing programs and other entities to efficiently and effectively administer their respective laws. However, as a committee bill, if controversy or opposition should arise regarding any provision that cannot be resolved, then that provision will be removed from the bill. This will eliminate the chance of placing any of the other provisions in jeopardy.

The Dental Board of California (Board) approved language for submission for the Omnibus Bill proposal at their November 2017 meeting. All of the provisions requested by the Board were included in SB 1482.

B&PC Section 1607 requires the Board to meet once a year in both Los Angeles and San Francisco after dental school commencement for the purpose of examining applicants. This language was necessary when the Board, formerly the Board of Dental Examiners of California, administered exams. However, the Board no longer administers examinations so the requirement is no longer necessary. This bill would remove this obsolete provision.

There are several provisions within the Dental Practice Act that reference or include dental assistants or dental assisting. However, several relevant sections currently do not reference either dental assistants or dental assisting, including sections specifying the requirements for continued education for licensure or permitting renewal. This bill would include dental assistants or dental assisting in certain sections to provide consistency across licensing statutes.

Current statute specifies the requirements an individual must meet to become an examiner for the licensure examination. B&PC Section 1621 requires possession of a valid license in one of the dental assistant categories, but does not currently specify that the license must be from one of the registered dental assistant categories. Additionally, B&PC Section 1621 does not currently provide an exemption to the licensure requirement for portfolio examiners who hold a position at a college or school. Examiners for the Licensure by Portfolio pathway for dentist licensure typically hold a position as an officer or faculty member and provide instruction in the same license category, and therefore should be allowed to be an examiner for the licensure examination. This bill would clarify the licensure requirements to be an examiner for the licensure examination and provide an exemption to this requirement for portfolio examiners.

REGISTERED SUPPORT/OPPOSITION

Support

California Board of Behavioral Sciences
Dental Board of California

Oppose

None on file.

STAFF RECOMMENDATION

Watch.

BOARD POSITION:

SUPPORT:_____ OPPOSE:_____ NEUTRAL:_____ WATCH:_____

AMENDED IN SENATE APRIL 2, 2018

SENATE BILL

No. 1491

Introduced by Committee on Business, Professions and Economic Development (Senators Hill (Chair), Dodd, Fuller, Galgiani, Glazer, Hernandez, Newman, Pan, and Wilk)

February 21, 2018

An act to amend Sections 27, 865, 1607, 1611, 1611.3, 1611.5, 1612, 1614, 1615, 1621, 1645, 1750, 1750.2, 1750.4, 1751, 1753.7, 2290.5, 3004, 3146, 3735, 3751, 4848, 4980.37, 4980.39, 4980.41, 4980.72, 4980.78, 4980.79, 4990.30, 4992, 4996.17, 4999.14, 4999.22, 4999.32, 4999.48, 4999.60, 4999.62, 4999.63, and 4999.100 of, and to repeal ~~Section~~ *Sections 650.4 and 1601.5* of, the Business and Professions Code, and to amend Section 6924 of the Family Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1491, as amended, Committee on Business, Professions and Economic Development. Healing arts.

(1) The Dental Practice Act provides for the licensure and regulation of dentists and registered dental assistants by the Dental Board of California, which is within the Department of Consumer Affairs, and requires the board to meet regularly once in San Francisco and once in Los Angeles each year after the commencement of dental schools for the purpose of examining applicants and at such other times as the board may designate. The act entitles the secretary of the board to traveling and other expenses and prohibits the secretary from receiving a salary. The act requires the board to examine all applicants for licensure to practice dentistry in the state and to issue licenses to those applicants that pass the examination of the board. That act requires the board to

adopt reasonably necessary rules concerning, among other things, the establishment of standards for the approval of dental colleges. That act requires the board to only use examiners who have been appointed by the board and meet specified criteria, including that the examiner holds no position as an officer or faculty member at any college, school, or institution that provides dental instruction in the same licensure category as that held by the examiner.

This bill would delete the requirement that the board meet after the commencement of dental schools for the purpose of examining applicants, would delete the authorization for the secretary to receive expenses, and would delete the prohibition on the secretary receiving a salary. The bill would specify that the board is required to also examine applicants for a license to practice dental assisting and is required to issue a license to practice dentistry or a permit to practice dental assisting to an applicant who has successfully passed all licensing and permitting examinations administered by the board or any regional or national testing entity designated to administer an exam. The bill would require the board to adopt regulations instead of reasonably necessary rules concerning, among other things, the establishment of standards for the approval of dental assisting programs and educational courses. The bill would exempt a portfolio examiner from the above-described prohibition that he or she hold no position as an officer or faculty member.

The Dental Practice Act authorizes the board to inspect the books, records, and premises of any licensed dentist and makes failure to allow an inspection grounds for suspension or revocation of a license. That act requires the board to, among other things, keep a record of the names of all persons issued licenses to practice dentistry and issue a specified notice that it is the entity that regulates dentists.

This bill would specify that the above provisions also apply to the practice of dental assisting and to permitted dentists.

The Dental Practice Act also authorizes the board to require licensees to continue their education as a condition of licensure renewal and to submit assurances to the board that the licensees will inform themselves of new developments in the practice of dentistry since the licensees were originally licensed. The act authorizes a dental assistant to perform basic supportive dental procedures without a license under the supervision of a dentist if he or she meets certain requirements, including a board-approved course regarding the Dental Practice Act and a board-approved course in infection control, and requires the employer of the dental assistant to ensure that he or she has successfully completed

or does successfully complete those required courses. The act authorizes the board to issue an orthodontic assistant permit or a dental sedation assistant permit to a person who files an application and meets specified requirements, including completion of at least 12 months of work experience as a dental assistant and completion of a board-approved course regarding the Dental Practice Act and a board-approved course in infection control.

This bill would instead require a licensee under the chapter to continue his or her education as a condition of licensure renewal and would require a licensee to obtain evidence satisfactory to the board that he or she has, in the preceding 2 years, obtained continuing education relevant to the developments in the practice of dentistry or dental assisting consistent with regulations established by the board. The bill would require a dental assistant and an applicant for an orthodontic assistant permit or a dental sedation assistant permit to complete a 2-hour board-approved course in the Dental Practice Act and an 8-hour board-approved course in infection control. The bill would also require an applicant for an orthodontic assistant permit or a dental sedation assistant permit to have a current, active and valid licensure as a registered dental assistant and at least 12 months of verifiable work experience as a dental assistant.

(2) The Optometry Practice Act provides for the licensure and regulation of the practice of optometry by the State Board of Optometry, which is within the Department of Consumer Affairs, and requires a license issued under the act to expire at midnight in the last day of the licensee's birth month following its original issuance and thereafter at midnight on the last day of the licensee's birth month every 2 years if not renewed.

This bill would change the name of the State Board of Optometry to the California State Board of Optometry, and would require an optometric license to expire at midnight in the last day of the month in which the license was issued during the second year of a 2-year term if not renewed.

(3) The Respiratory Care Practice Act establishes the Respiratory Care Board of California, which is within the Department of Consumer Affairs, for the licensure and regulation of respiratory care practitioners. That act prohibits an applicant for licensure from receiving a license without first successfully passing all parts of the national registered respiratory therapist examination, but exempts a person from taking that exam who provides evidence that he or she passed the National

Certified Respiratory Therapist Examination prior to January 1, 2015, if there is no evidence of prior license or job related discipline as determined by the board. *That act authorizes a person whose license has been revoked, surrendered, or suspended to petition the board for reinstatement and requires a person petitioning for reinstatement of his or her license that has been revoked or surrendered for 3 or more years to meet current education requirements required for licensure.*

This bill would—~~instead~~ require an applicant for licensure to successfully pass the National Board for Respiratory Care’s Therapist Multiple-Choice Examination, at the cut-off level required to qualify for the Clinical Stimulation Examination, and the Clinical Stimulation Examination, or any succeeding examinations, and would deem a person who took the National Certified Respiratory Therapist Examination prior to January 1, 2015, if there is no evidence of prior license or job related discipline as determined by the board, to meet that requirement. *The bill would require a person petitioning the board for reinstatement of his or her license that has been revoked or surrendered for 3 or more years to also meet current examination requirements for initial licensure.*

(4) The Veterinary Medicine Practice Act provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the Veterinary Medical Board, which is within the Department of Consumer Affairs, and requires an applicant for licensure to demonstrate his or her competency by examination. That act requires the examination to consist of certain components, including an examination concerning the act that is required to be administered by the board by mail.

This bill would require that component of the examination to be administered by the board by regular mail, email, or by both regular mail and email.

~~(4)~~

(5) The Board of Behavioral Sciences, which is within the Department of Consumer Affairs, licenses and regulates marriage and family therapists under the Licensed Marriage and Family Therapist Act, clinical social workers under the Clinical Social Worker Practice Act, and professional clinical counselors under the Licensed Professional Clinical Counselor Act.

(A) Those acts require applicants for licensure to, among other things, take a clinical examination, and authorize an applicant for licensure who obtained a license or registration under another jurisdiction to apply

for licensure with the board without taking that examination if specified conditions are met.

This bill would instead provide that such an applicant can qualify for licensure with the board if they obtained a license or registration under another jurisdiction and meet the specified conditions.

(B) The Licensed Marriage and Family Therapist Act and the Licensed Professional Clinical Counselor Act provide that any reference in the act to the term “intern” means an “associate.” Those acts require an applicant for licensure to meet specified education requirements, including 6 semester units or 9 quarter units of practicum. *Those acts also require applicants for licensure or registration who began graduate study before August 1, 2012, and completed that study on or before December 31, 2018, to comply with specified educational and experience requirements and repeal those provisions on January 1, 2019.*

This bill would make conforming changes by changing references to the term “intern” to “associate.” This bill would also require the above practicum requirement to be supervised. The bill would allow an applicant for a professional clinical counselor license to have field study experience instead of the required supervised practicum. *The bill would also delete the repeal date for the provisions relating to applicants for licensure or registration who began graduate study before August 1, 2012, and completed that study on or before December 31, 2018.*

(C) *Under existing law, the offer, delivery, receipt, or acceptance by any person licensed as a healing arts professional of any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration as compensation or inducement for referring patients is unlawful and punishable as a crime. Existing law, however, authorizes the participation in or operation of a group advertising and referral service for licensed marriage and family therapists if certain conditions are met.*

This bill would repeal that authorization for licensed marriage and family therapists to participate in or operate a group advertising and referral service. By deleting that authorization, this bill would expand an existing crime and thereby impose a state-mandated local program.

(5)

(6) The bill would also make nonsubstantive changes.

(7) *The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.*

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: ~~no~~-yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 27 of the Business and Professions Code
2 is amended to read:

3 27. (a) Each entity specified in subdivisions (c), (d), and (e)
4 shall provide on the Internet information regarding the status of
5 every license issued by that entity in accordance with the California
6 Public Records Act (Chapter 3.5 (commencing with Section 6250)
7 of Division 7 of Title 1 of the Government Code) and the
8 Information Practices Act of 1977 (Chapter 1 (commencing with
9 Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code).
10 The public information to be provided on the Internet shall include
11 information on suspensions and revocations of licenses issued by
12 the entity and other related enforcement action, including
13 accusations filed pursuant to the Administrative Procedure Act
14 (Chapter 3.5 (commencing with Section 11340) of Part 1 of
15 Division 3 of Title 2 of the Government Code) taken by the entity
16 relative to persons, businesses, or facilities subject to licensure or
17 regulation by the entity. The information may not include personal
18 information, including home telephone number, date of birth, or
19 social security number. Each entity shall disclose a licensee's
20 address of record. However, each entity shall allow a licensee to
21 provide a post office box number or other alternate address, instead
22 of his or her home address, as the address of record. This section
23 shall not preclude an entity from also requiring a licensee, who
24 has provided a post office box number or other alternative mailing
25 address as his or her address of record, to provide a physical
26 business address or residence address only for the entity's internal
27 administrative use and not for disclosure as the licensee's address
28 of record or disclosure on the Internet.

29 (b) In providing information on the Internet, each entity specified
30 in subdivisions (c) and (d) shall comply with the Department of
31 Consumer Affairs' guidelines for access to public records.

1 (c) Each of the following entities within the Department of
2 Consumer Affairs shall comply with the requirements of this
3 section:

4 (1) The Board for Professional Engineers, Land Surveyors, and
5 Geologists shall disclose information on its registrants and
6 licensees.

7 (2) The Bureau of Automotive Repair shall disclose information
8 on its licensees, including auto repair dealers, smog stations, lamp
9 and brake stations, smog check technicians, and smog inspection
10 certification stations.

11 (3) The Bureau of Electronic and Appliance Repair, Home
12 Furnishings, and Thermal Insulation shall disclose information on
13 its licensees and registrants, including major appliance repair
14 dealers, combination dealers (electronic and appliance), electronic
15 repair dealers, service contract sellers, and service contract
16 administrators.

17 (4) The Cemetery and Funeral Bureau shall disclose information
18 on its licensees, including cemetery brokers, cemetery salespersons,
19 cemetery managers, crematory managers, cemetery authorities,
20 crematories, cremated remains disposers, embalmers, funeral
21 establishments, and funeral directors.

22 (5) The Professional Fiduciaries Bureau shall disclose
23 information on its licensees.

24 (6) The Contractors' State License Board shall disclose
25 information on its licensees and registrants in accordance with
26 Chapter 9 (commencing with Section 7000) of Division 3. In
27 addition to information related to licenses as specified in
28 subdivision (a), the board shall also disclose information provided
29 to the board by the Labor Commissioner pursuant to Section 98.9
30 of the Labor Code.

31 (7) The Bureau for Private Postsecondary Education shall
32 disclose information on private postsecondary institutions under
33 its jurisdiction, including disclosure of notices to comply issued
34 pursuant to Section 94935 of the Education Code.

35 (8) The California Board of Accountancy shall disclose
36 information on its licensees and registrants.

37 (9) The California Architects Board shall disclose information
38 on its licensees, including architects and landscape architects.

39 (10) The State Athletic Commission shall disclose information
40 on its licensees and registrants.

1 (11) The State Board of Barbering and Cosmetology shall
2 disclose information on its licensees.

3 (12) The State Board of Guide Dogs for the Blind shall disclose
4 information on its licensees and registrants.

5 (13) The Acupuncture Board shall disclose information on its
6 licensees.

7 (14) The Board of Behavioral Sciences shall disclose
8 information on its licensees and registrants.

9 (15) The Dental Board of California shall disclose information
10 on its licensees.

11 (16) The State Board of Optometry shall disclose information
12 on its licensees and registrants.

13 (17) The Board of Psychology shall disclose information on its
14 licensees, including psychologists, psychological assistants, and
15 registered psychologists.

16 (18) The Veterinary Medical Board shall disclose information
17 on its licensees, registrants, and permit holders.

18 (d) The State Board of Chiropractic Examiners shall disclose
19 information on its licensees.

20 (e) The Structural Pest Control Board shall disclose information
21 on its licensees, including applicators, field representatives, and
22 operators in the areas of fumigation, general pest and wood
23 destroying pests and organisms, and wood roof cleaning and
24 treatment.

25 (f) The Bureau of Medical Cannabis Regulation shall disclose
26 information on its licensees.

27 (g) “Internet” for the purposes of this section has the meaning
28 set forth in paragraph (6) of subdivision (f) of Section 17538.

29 *SEC. 2. Section 650.4 of the Business and Professions Code*
30 *is repealed.*

31 ~~650.4. (a) Notwithstanding Section 650, subdivision (o) of~~
32 ~~Section 4982, or any other provision of law, it shall not be unlawful~~
33 ~~for a person licensed pursuant to Chapter 13 (commencing with~~
34 ~~Section 4980) or any other person, to participate in or operate a~~
35 ~~group advertising and referral service for marriage and family~~
36 ~~therapists if all of the following conditions are met:~~

37 ~~(1) The patient referrals by the service are the result of~~
38 ~~patient-initiated responses to service advertising.~~

39 ~~(2) The service advertises, if at all, in conformity with Section~~
40 ~~651 and subdivision (p) of Section 4982.~~

1 ~~(3) The service does not employ a solicitor to solicit prospective~~
2 ~~patients or clients.~~

3 ~~(4) The service does not impose a fee on the member marriage~~
4 ~~and family therapists that is dependent upon the number of referrals~~
5 ~~or amount of professional fees paid by the patient to the marriage~~
6 ~~and family therapist.~~

7 ~~(5) Participating marriage and family therapists charge no more~~
8 ~~than their usual and customary fees to any patient referred.~~

9 ~~(6) The service registers with the Board of Behavioral Sciences,~~
10 ~~providing its name, street address, and telephone number.~~

11 ~~(7) The service files with the Board of Behavioral Sciences a~~
12 ~~copy of the standard form contract that regulates its relationship~~
13 ~~with member marriage and family therapists, which contract shall~~
14 ~~be confidential and not open to public inspection.~~

15 ~~(8) If more than 50 percent of its referrals are made to one~~
16 ~~individual, association, partnership, corporation, or group of three~~
17 ~~or more marriage and family therapists, the service discloses that~~
18 ~~fact in all public communications, including, but not limited to,~~
19 ~~communications by means of television, radio, motion picture,~~
20 ~~newspaper, book, list, or directory of healing arts practitioners.~~

21 ~~(9) (A) When member marriage and family therapists pay any~~
22 ~~fee to the service, any advertisement by the service shall clearly~~
23 ~~and conspicuously disclose that fact by including a statement as~~
24 ~~follows: "Paid for by participating marriage and family therapists."~~
25 ~~In print advertisements, the required statement shall be in at least~~
26 ~~9-point type. In radio advertisements, the required statement shall~~
27 ~~be articulated so as to be clearly audible and understandable by~~
28 ~~the radio audience. In television advertisements, the required~~
29 ~~statement shall be either clearly audible and understandable to the~~
30 ~~television audience, or displayed in a written form that remains~~
31 ~~clearly visible to the television audience for at least five seconds.~~

32 ~~(B) The Board of Behavioral Sciences may suspend or revoke~~
33 ~~the registration of any service that fails to comply with~~
34 ~~subparagraph (A). No service may reregister with the board if its~~
35 ~~registration currently is under suspension for a violation of~~
36 ~~subparagraph (A), nor may a service reregister with the board for~~
37 ~~a period of one year after it has had a registration revoked by the~~
38 ~~board for a violation of subparagraph (A).~~

39 ~~(b) The Board of Behavioral Sciences may adopt regulations~~
40 ~~necessary to enforce and administer this section.~~

~~(e) The Board of Behavioral Sciences or 10 individual licensed marriage and family therapists may petition the superior court of any county for the issuance of an injunction restraining any conduct that constitutes a violation of this section.~~

~~(d) It is unlawful and shall constitute a misdemeanor for a person to operate a group advertising and referral service for marriage and family therapists without providing its name, address, and telephone number to the Board of Behavioral Sciences.~~

~~(e) It is the intent of the Legislature in enacting this section not to otherwise affect the prohibitions of Section 650. The Legislature intends to allow the pooling of resources by marriage and family therapists for the purpose of advertising.~~

~~(f) This section shall not be construed in any manner that would authorize a referral service to engage in the practice of marriage and family therapy.~~

~~SEC. 2.~~

SEC. 3. Section 865 of the Business and Professions Code is amended to read:

865. For the purposes of this article, the following terms shall have the following meanings:

(a) “Mental health provider” means a physician and surgeon specializing in the practice of psychiatry, a psychologist, a psychological assistant, intern, or trainee, a licensed marriage and family therapist, a registered associate marriage and family therapist, a marriage and family therapist trainee, a licensed educational psychologist, a credentialed school psychologist, a licensed clinical social worker, an associate clinical social worker, a licensed professional clinical counselor, a registered associate clinical counselor, a professional clinical counselor trainee, or any other person designated as a mental health professional under California law or regulation.

(b) (1) “Sexual orientation change efforts” means any practices by mental health providers that seek to change an individual’s sexual orientation. This includes efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex.

(2) “Sexual orientation change efforts” does not include psychotherapies that: (A) provide acceptance, support, and understanding of clients or the facilitation of clients’ coping, social support, and identity exploration and development, including sexual

1 orientation-neutral interventions to prevent or address unlawful
2 conduct or unsafe sexual practices; and (B) do not seek to change
3 sexual orientation.

4 ~~SEC. 3.~~

5 *SEC. 4.* Section 1601.5 of the Business and Professions Code
6 is repealed.

7 ~~SEC. 4.~~

8 *SEC. 5.* Section 1607 of the Business and Professions Code is
9 amended to read:

10 1607. The board shall meet regularly once each year in San
11 Francisco and once each year in Los Angeles, and at such other
12 times and places as the board may designate, for the purpose of
13 transacting its business.

14 ~~SEC. 5.~~

15 *SEC. 6.* Section 1611 of the Business and Professions Code is
16 amended to read:

17 1611. The board shall carry out the purposes and enforce the
18 provisions of this chapter. It shall examine all applicants for a
19 license or permit to practice dentistry and dental assisting,
20 according to the provisions of this chapter, and shall issue licenses
21 and permits to practice dentistry and dental assisting in this state
22 to such applicants as successfully pass all applicable licensing and
23 permitting examinations administered by the board, or any regional
24 or national testing entity designated to administer licensing or
25 permitting examinations, and otherwise comply with the provisions
26 of this chapter. The board shall collect and apply all fees as directed
27 by this chapter.

28 ~~SEC. 6.~~

29 *SEC. 7.* Section 1611.3 of the Business and Professions Code
30 is amended to read:

31 1611.3. The board shall comply with the requirements of
32 Section 138 by January 1, 2013. The board shall require that the
33 notice under that section include a provision that the board is the
34 entity that regulates dentists and dental assistants and provide the
35 telephone number and Internet address of the board. The board
36 shall require the notice to be posted in a conspicuous location
37 accessible to public view.

38 ~~SEC. 7.~~

39 *SEC. 8.* Section 1611.5 of the Business and Professions Code
40 is amended to read:

1 1611.5. (a) The board may inspect the books, records, and
2 premises of any dentist licensed under this chapter and the licensing
3 documents, records, and premises of any dental assistant permitted
4 under this chapter in response to a complaint that a dentist or dental
5 assistant has violated any law or regulation that constitutes grounds
6 for disciplinary action by the board, and may employ inspectors
7 for this purpose.

8 (b) Failure to allow an inspection or any part thereof shall be
9 grounds for suspension or revocation of the license or permit in
10 accordance with Section 1670.

11 ~~SEC. 8.~~

12 *SEC. 9.* Section 1612 of the Business and Professions Code is
13 amended to read:

14 1612. The board shall keep a record of the names of all persons
15 to whom licenses or permits have been granted by it to practice
16 dentistry, dental assisting, or any other function requiring a permit,
17 and such other records as may be necessary to show plainly all of
18 its acts and proceedings.

19 ~~SEC. 9.~~

20 *SEC. 10.* Section 1614 of the Business and Professions Code
21 is amended to read:

22 1614. The board may adopt regulations pursuant to this chapter
23 concerning:

- 24 (a) The holding of meetings.
- 25 (b) The holding of examinations.
- 26 (c) The manner of issuance and reissuance of licenses.
- 27 (d) The establishment of standards for the approval of dental
28 colleges and dental assisting programs and educational courses.
- 29 (e) Prescribing subjects in which applicants are to be examined.
- 30 (f) The administration and enforcement of this chapter.

31 Such rules shall be adopted, amended, or repealed in accordance
32 with the provisions of the Administrative Procedure Act.

33 ~~SEC. 10.~~

34 *SEC. 11.* Section 1615 of the Business and Professions Code
35 is amended to read:

36 1615. Each member of the board shall receive a per diem and
37 expenses as provided in Section 103.

38 ~~SEC. 11.~~

39 *SEC. 12.* Section 1621 of the Business and Professions Code
40 is amended to read:

1 1621. The board shall utilize in the administration of its
2 licensure examinations only examiners whom it has appointed and
3 who meet the following criteria:

4 (a) Possession of a valid license to practice dentistry in this state
5 or possession of a valid license in one of the registered dental
6 assistant categories licensed under this chapter.

7 (b) Practice as a licensed dentist or in a licensure category
8 described in subdivision (a) for at least five years preceding his or
9 her appointment.

10 (c) Hold no position as an officer or faculty member at any
11 college, school, or institution that provides instruction in the same
12 licensure category as that held by the examiner. This subdivision
13 shall not apply to a portfolio examiner.

14 ~~SEC. 12.~~

15 *SEC. 13.* Section 1645 of the Business and Professions Code
16 is amended to read:

17 1645. (a) (1) All holders of licenses under this chapter shall
18 continue their education after receiving a license as a condition to
19 the renewal thereof, and shall obtain evidence satisfactory to the
20 board that they have, during the preceding two-year period,
21 obtained continuing education relevant to developments in the
22 practice of dentistry and dental assisting consistent with regulations
23 established by the board.

24 (2) The board shall adopt regulations providing for the
25 suspension of the licenses at the end of the two-year period until
26 compliance with this section is accomplished.

27 (b) The board may also, as a condition of license renewal,
28 require licentiates to successfully complete a portion of the required
29 continuing education hours in specific areas adopted in regulations
30 by the board. The board may prescribe this mandatory coursework
31 within the general areas of patient care, health and safety, and law
32 and ethics. The mandatory coursework prescribed by the board
33 shall not exceed fifteen hours per renewal period for dentists, and
34 seven and one-half hours per renewal period for dental auxiliaries.
35 Any mandatory coursework required by the board shall be credited
36 toward the continuing education requirements established by the
37 board pursuant to subdivision (a).

38 (c) For a retired dentist who provides only uncompensated care,
39 the board shall not require more than 60 percent of the hours of
40 continuing education that are required of other licensed dentists.

1 Notwithstanding subdivision (b), all of the hours of continuing
2 education as described in this subdivision shall be gained through
3 courses related to the actual delivery of dental services to the
4 patient or the community, as determined by the board. Nothing in
5 this subdivision shall be construed to reduce any requirements
6 imposed by the board pursuant to subdivision (b).

7 (d) The board shall report on the outcome of subdivision (c)
8 pursuant to, and at the time of, its regular sunset review process,
9 as provided in Section 1601.1.

10 ~~SEC. 13.~~

11 *SEC. 14.* Section 1750 of the Business and Professions Code
12 is amended to read:

13 1750. (a) A dental assistant is an individual who, without a
14 license, may perform basic supportive dental procedures, as
15 authorized by Section 1750.1 and by regulations adopted by the
16 board, under the supervision of a licensed dentist. “Basic supportive
17 dental procedures” are those procedures that have technically
18 elementary characteristics, are completely reversible, and are
19 unlikely to precipitate potentially hazardous conditions for the
20 patient being treated.

21 (b) The supervising licensed dentist shall be responsible for
22 determining the competency of the dental assistant to perform the
23 basic supportive dental procedures, as authorized by Section
24 1750.1.

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

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

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

33 (3) A course in basic life support offered by an instructor
34 approved by the American Red Cross or the American Heart
35 Association, or any other course approved by the board as
36 equivalent and that provides the student the opportunity to engage
37 in hands-on simulated clinical scenarios.

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

1 (e) This section shall become operative on January 1, 2010.

2 ~~SEC. 14.~~

3 *SEC. 15.* Section 1750.2 of the Business and Professions Code
4 is amended to read:

5 1750.2. (a) The board may issue an orthodontic assistant permit
6 to a person who files a completed application including a fee and
7 provides evidence, satisfactory to the board, of all of the following
8 eligibility requirements:

9 (1) Current, active, and valid licensure as a registered dental
10 assistant or completion of at least 12 months of verifiable work
11 experience as a dental assistant.

12 (2) Successful completion of a two-hour board-approved course
13 in the Dental Practice Act and an eight-hour board-approved course
14 in infection control.

15 (3) Successful completion of a course in basic life support
16 offered by an instructor approved by the American Red Cross or
17 the American Heart Association, or any other course approved by
18 the board as equivalent.

19 (4) Successful completion of a board-approved orthodontic
20 assistant course, which may commence after the completion of six
21 months of work experience as a dental assistant.

22 (5) Passage of a written examination administered by the board
23 after completion of all of the other requirements of this subdivision.
24 The written examination shall encompass the knowledge, skills,
25 and abilities necessary to competently perform the duties specified
26 in Section 1750.3.

27 (b) A person who holds an orthodontic assistant permit pursuant
28 to this section shall be subject to the same continuing education
29 requirements for registered dental assistants as established by the
30 board pursuant to Section 1645 and the renewal requirements of
31 Article 6 (commencing with Section 1715).

32 ~~SEC. 15.~~

33 *SEC. 16.* Section 1750.4 of the Business and Professions Code
34 is amended to read:

35 1750.4. (a) The board may issue a dental sedation assistant
36 permit to a person who files a completed application including a
37 fee and provides evidence, satisfactory to the board, of all of the
38 following eligibility requirements:

1 (1) Current, active, and valid licensure as a registered dental
2 assistant or completion of at least 12 months of verifiable work
3 experience as a dental assistant.

4 (2) Successful completion of a two-hour board-approved course
5 in the Dental Practice Act and an eight-hour board-approved course
6 in infection control.

7 (3) Successful completion of a course in basic life support
8 offered by an instructor approved by the American Red Cross or
9 the American Heart Association, or any other course approved by
10 the board as equivalent.

11 (4) Successful completion of a board-approved dental sedation
12 assistant course, which may commence after the completion of six
13 months of work experience as a dental assistant.

14 (5) Passage of a written examination administered by the board
15 after completion of all of the other requirements of this subdivision.
16 The written examination shall encompass the knowledge, skills,
17 and abilities necessary to competently perform the duties specified
18 in Section 1750.5.

19 (b) A person who holds a permit pursuant to this section shall
20 be subject to the continuing education requirements established
21 by the board pursuant to Section 1645 and the renewal requirements
22 of Article 6 (commencing with Section 1715).

23 ~~SEC. 16.~~

24 *SEC. 17.* Section 1751 of the Business and Professions Code
25 is amended to read:

26 1751. At least once every seven years, the board shall review
27 the allowable duties for dental assistants, registered dental
28 assistants, registered dental assistants in extended functions, dental
29 sedation assistant permitholders, and orthodontic assistant
30 permitholders, the supervision level for these categories, and the
31 settings under which these duties may be performed, and shall
32 update the regulations as necessary to keep them current with the
33 state of the dental practice.

34 ~~SEC. 17.~~

35 *SEC. 18.* Section 1753.7 of the Business and Professions Code
36 is amended to read:

37 1753.7. A licensed dentist may simultaneously utilize in his
38 or her practice no more than three registered dental assistants in
39 extended functions or registered dental hygienists in extended
40 functions licensed pursuant to Section 1753 or 1918.

~~SEC. 18.~~

SEC. 19. Section 2290.5 of the Business and Professions Code is amended to read:

2290.5. (a) For purposes of this division, the following definitions shall apply:

(1) “Asynchronous store and forward” means the transmission of a patient’s medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) “Distant site” means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) “Health care provider” means either of the following:

(A) A person who is licensed under this division.

(B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.

(4) “Originating site” means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) “Synchronous interaction” means a real-time interaction between a patient and a health care provider located at a distant site.

(6) “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a specified course

1 of health care and treatment after agreeing to receive services via
2 telehealth.

3 (d) The failure of a health care provider to comply with this
4 section shall constitute unprofessional conduct. Section 2314 shall
5 not apply to this section.

6 (e) This section shall not be construed to alter the scope of
7 practice of any health care provider or authorize the delivery of
8 health care services in a setting, or in a manner, not otherwise
9 authorized by law.

10 (f) All laws regarding the confidentiality of health care
11 information and a patient's rights to his or her medical information
12 shall apply to telehealth interactions.

13 (g) This section shall not apply to a patient under the jurisdiction
14 of the Department of Corrections and Rehabilitation or any other
15 correctional facility.

16 (h) (1) Notwithstanding any other provision of law and for
17 purposes of this section, the governing body of the hospital whose
18 patients are receiving the telehealth services may grant privileges
19 to, and verify and approve credentials for, providers of telehealth
20 services based on its medical staff recommendations that rely on
21 information provided by the distant-site hospital or telehealth
22 entity, as described in Sections 482.12, 482.22, and 485.616 of
23 Title 42 of the Code of Federal Regulations.

24 (2) By enacting this subdivision, it is the intent of the Legislature
25 to authorize a hospital to grant privileges to, and verify and approve
26 credentials for, providers of telehealth services as described in
27 paragraph (1).

28 (3) For the purposes of this subdivision, "telehealth" shall
29 include "telemedicine" as the term is referenced in Sections 482.12,
30 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

31 ~~SEC. 19.~~

32 *SEC. 20.* Section 3004 of the Business and Professions Code
33 is amended to read:

34 3004. (a) As used in this chapter, "board" means the State
35 Board of Optometry.

36 (b) Any reference in this code or any other code to the "State
37 Board of Optometry" shall be deemed to refer to the "California
38 State Board of Optometry."

1 ~~SEC. 20.~~

2 ~~SEC. 21.~~ Section 3146 of the Business and Professions Code
3 is amended to read:

4 3146. An optometric license issued under this chapter expires
5 at midnight on the last day of the month in which the license was
6 issued during the second year of a two-year term if not renewed.
7 To renew an unexpired license, the optometrist shall apply for
8 renewal on a form prescribed by the board and pay the renewal
9 fee prescribed by this chapter.

10 ~~SEC. 21.~~

11 ~~SEC. 22.~~ Section 3735 of the Business and Professions Code
12 is amended to read:

13 3735. (a) Except as otherwise provided in this chapter, an
14 applicant shall not receive a license under this chapter without first
15 successfully passing the National Board for Respiratory Care's
16 Therapist Multiple-Choice Examination, at the cut-off level
17 required to qualify for the Clinical Simulation Examination, and
18 the Clinical Simulation Examination, or any succeeding
19 examinations.

20 (b) Notwithstanding subdivision (a), any person applying for
21 licensure who provides evidence that he or she passed the national
22 Certified Respiratory Therapist Examination or Written Registry
23 Examination prior to January 1, 2015, shall be deemed to have
24 met the examination requirement of subdivision (a), provided there
25 is no evidence of prior license or job-related discipline, as
26 determined by the board in its discretion.

27 ~~SEC. 23.~~ *Section 3751 of the Business and Professions Code*
28 *is amended to read:*

29 3751. (a) A person whose license has been revoked,
30 surrendered, or suspended, or placed on probation, may petition
31 the board for reinstatement, modification, or termination of
32 probation, provided the person has paid all outstanding fees, fines,
33 and cost recovery in full, and monthly probation monitoring
34 payments are current.

35 (b) A person petitioning for reinstatement of his or her license
36 that has been revoked or surrendered for three or more years shall
37 also meet the current education *and examination* requirements
38 required for initial licensure.

1 (c) A petition may be filed only after a period of time has
2 elapsed, but not less than the following minimum periods from
3 the effective date of the decision ordering that disciplinary action:

4 (1) At least three years for reinstatement of a license that has
5 been revoked or surrendered.

6 (2) At least two years for early termination of probation of three
7 years or more.

8 (3) At least one year for modification of a condition, or
9 reinstatement of a license revoked or surrendered for mental or
10 physical illness, or termination of probation of less than three years.

11 (d) The petition shall state any facts as may be required by the
12 board. The petition shall be accompanied by at least two verified
13 recommendations from licensed health care practitioners who have
14 personal knowledge of the professional activities of the petitioner
15 since the disciplinary penalty was imposed. The board may accept
16 or reject the petition.

17 (e) Written or oral argument may be provided by the petitioner
18 or, at the request of the board, by the Attorney General. Unless
19 the board or the petitioner requests the presentation of oral
20 argument, the petition shall be considered and voted upon by mail.
21 If the petitioner or the board requests the opportunity for oral
22 argument, the petition shall be heard by the board or the board
23 may assign the petition to an administrative law judge.

24 (f) Consideration shall be given to all activities of the petitioner
25 since the disciplinary action was taken, the offense for which the
26 petitioner was disciplined, the petitioner's activities during the
27 time the license was in good standing, and the petitioner's
28 rehabilitative efforts, general reputation for truth, and professional
29 ability.

30 (g) The board may deny the petition for reinstatement, reinstate
31 the license without terms and conditions, require an examination
32 for the reinstatement, restoration, or modification of probation, or
33 reinstate the license with terms and conditions as it deems
34 necessary. Where a petition is heard by an administrative law
35 judge, the administrative law judge shall render a proposed decision
36 to the board denying the petition for reinstatement, reinstating the
37 license without terms and conditions, requiring an examination
38 for the reinstatement, or reinstating the license with terms and
39 conditions as he or she deems necessary. The board may take any

1 action with respect to the proposed decision and petition as it deems
2 appropriate.

3 (h) No petition shall be considered under either of the following
4 circumstances:

5 (1) If the petitioner is under sentence for any criminal offense
6 including any period during which the petitioner is on
7 court-imposed probation or parole.

8 (2) If an accusation or a petition to revoke probation is pending
9 against the person.

10 (i) The board may deny without a hearing or argument any
11 petition filed pursuant to this section within a period of three years
12 from the effective date of the prior decision.

13 (j) Petitions for reinstatement shall include a processing fee
14 equal to fees charged pursuant to subdivisions (a) and (h) of Section
15 3775. In addition, petitions for reinstatement that are granted shall
16 include a fee equal to the fee charged pursuant to subdivision (d)
17 of Section 3775, before the license may be reinstated.

18 (k) Nothing in this section shall be deemed to alter Sections 822
19 and 823.

20 *SEC. 24. Section 4848 of the Business and Professions Code*
21 *is amended to read:*

22 4848. (a) (1) The board shall, by means of examination,
23 ascertain the professional qualifications of all applicants for
24 licenses to practice veterinary medicine in this state and shall issue
25 a license to every person whom it finds to be qualified. No license
26 shall be issued to anyone who has not demonstrated his or her
27 competency by examination.

28 (2) The examination shall consist of each of the following:

29 (A) A licensing examination that is administered on a national
30 basis.

31 (B) A California state board examination.

32 (C) An examination concerning those statutes and regulations
33 of the Veterinary Medicine Practice Act administered by the board.
34 The examination shall be administered by ~~mail~~ *regular mail, email,*
35 *or by both regular mail and email,* and provided to applicants
36 within 10 to 20 days of eligibility determination. The board shall
37 have 10 to 20 days from the date of receipt to process the
38 examination and provide candidates with the results of the
39 examination. The applicant shall certify that he or she personally
40 completed the examination. Any false statement is a violation

1 subject to Section 4831. University of California and Western
2 University of Health Sciences veterinary medical students who
3 have successfully completed a board-approved course on veterinary
4 law and ethics covering the Veterinary Medicine Practice Act shall
5 be exempt from this provision.

6 (3) The examinations may be given at the same time or at
7 different times as determined by the board. For examination
8 purposes, the board may make contractual arrangements on a sole
9 source basis with organizations furnishing examination material
10 as it may deem desirable and shall be exempt from Section 10115
11 of the Public Contract Code.

12 (4) The licensing examination may be waived by the board in
13 any case in which it determines that the applicant has taken and
14 passed an examination for licensure in another state substantially
15 equivalent in scope and subject matter to the licensing examination
16 last given in California before the determination is made, and has
17 achieved a score on the out-of-state examination at least equal to
18 the score required to pass the licensing examination administered
19 in California.

20 (5) Nothing in this chapter shall preclude the board from
21 permitting a person who has completed a portion of his or her
22 educational program, as determined by the board, in a veterinary
23 college recognized by the board under Section 4846 to take any
24 examination or any part thereof prior to satisfying the requirements
25 for application for a license established by Section 4846.

26 (b) For purposes of reciprocity, the board shall waive the
27 examination requirements of subdivision (a), and issue a license
28 to an applicant to practice veterinary medicine if the applicant
29 meets all of the following requirements and would not be denied
30 issuance of a license by any other provision of this code:

31 (1) The applicant holds a current valid license in good standing
32 in another state, Canadian province, or United States territory and,
33 within three years immediately preceding filing an application for
34 licensure in this state, has practiced clinical veterinary medicine
35 for a minimum of two years and completed a minimum of 2,944
36 hours of clinical practice. Experience obtained while participating
37 in an American Veterinary Medical Association (AVMA)
38 accredited institution's internship, residency, or specialty board
39 training program shall be valid for meeting the minimum
40 experience requirement.

1 The term “in good standing” means that an applicant under this
2 section:

3 (A) Is not currently under investigation nor has been charged
4 with an offense for any act substantially related to the practice of
5 veterinary medicine by any public agency, nor entered into any
6 consent agreement or been subject to an administrative decision
7 that contains conditions placed by an agency upon an applicant’s
8 professional conduct or practice, including any voluntary surrender
9 of license, nor been the subject of an adverse judgment resulting
10 from the practice of veterinary medicine that the board determines
11 constitutes evidence of a pattern of incompetence or negligence.

12 (B) Has no physical or mental impairment related to drugs or
13 alcohol, and has not been found mentally incompetent by a
14 physician so that the applicant is unable to undertake the practice
15 of veterinary medicine in a manner consistent with the safety of a
16 patient or the public.

17 (2) At the time of original licensure, the applicant passed the
18 national licensing requirement in veterinary science with a passing
19 score or scores on the examination or examinations equal to or
20 greater than the passing score required to pass the national licensing
21 examination or examinations administered in this state.

22 (3) The applicant has either graduated from a veterinary college
23 recognized by the board under Section 4846 or possesses a
24 certificate issued by the Educational Commission for Foreign
25 Veterinary Graduates (ECFVG) or the Program for the Assessment
26 of Veterinary Education Equivalence (PAVE).

27 (4) The applicant passes an examination concerning the statutes
28 and regulations of the Veterinary Medicine Practice Act,
29 administered by the board, pursuant to subparagraph (C) of
30 paragraph (2) of subdivision (a).

31 (5) The applicant completes an approved educational curriculum
32 on regionally specific and important diseases and conditions. The
33 board, in consultation with the California Veterinary Medical
34 Association (CVMA), shall approve educational curricula that
35 cover appropriate regionally specific and important diseases and
36 conditions that are common in California. The curricula shall focus
37 on small and large animal diseases consistent with the current
38 proportion of small and large animal veterinarians practicing in
39 the state. The approved curriculum shall not exceed 30 hours of
40 educational time. The approved curriculum may be offered by

1 multiple providers so that it is widely accessible to candidates
2 licensed under this subdivision.

3 (c) The board shall issue a temporary license valid for one year
4 to an applicant to practice veterinary medicine under the
5 supervision of another California-licensed veterinarian in good
6 standing if the applicant satisfies all of the following requirements:

7 (1) The applicant meets the requirements of paragraphs (1) to
8 (4), inclusive, of subdivision (b).

9 (2) The applicant would not be denied issuance of a license
10 under any other provision of this chapter.

11 (3) The applicant agrees to complete the approved educational
12 curriculum described in paragraph (5) of subdivision (b) on
13 regionally specific and important diseases and conditions during
14 the period of temporary licensure.

15 (d) Upon completion of the curriculum described in paragraph
16 (5) of subdivision (b), a temporary licensee shall submit an
17 application for full licensure accompanied by verification of
18 completion of that curriculum and all applicable fees.

19 (e) The board, in its discretion, may extend the expiration date
20 of a temporary license issued pursuant to subdivision (c) for not
21 more than one year for reasons of health, military service, or undue
22 hardship. An application for an extension shall be submitted on a
23 form provided by the board.

24 *SEC. 25. Section 4980.37 of the Business and Professions Code*
25 *is amended to read:*

26 4980.37. (a) This section shall apply to applicants for licensure
27 or registration who ~~begin~~ *began* graduate study before August 1,
28 2012, and ~~complete~~ *completed* that study on or before December
29 31, 2018. Those applicants may alternatively qualify under
30 paragraph (2) of subdivision (a) of Section 4980.36.

31 (b) To qualify for a license or registration, applicants shall
32 possess a doctor's or master's degree in marriage, family, and child
33 counseling, marriage and family therapy, couple and family
34 therapy, psychology, clinical psychology, counseling psychology,
35 or counseling with an emphasis in either marriage, family, and
36 child counseling or marriage and family therapy, obtained from a
37 school, college, or university accredited by a regional or national
38 institutional accrediting agency that is recognized by the United
39 States Department of Education or approved by the Bureau for
40 Private Postsecondary Education. The board has the authority to

1 make the final determination as to whether a degree meets all
2 requirements, including, but not limited to, course requirements,
3 regardless of accreditation or approval. In order to qualify for
4 licensure pursuant to this section, a doctor's or master's degree
5 program shall be a single, integrated program primarily designed
6 to train marriage and family therapists and shall contain no less
7 than 48 semester or 72 quarter units of instruction. This instruction
8 shall include no less than 12 semester units or 18 quarter units of
9 coursework in the areas of marriage, family, and child counseling,
10 and marital and family systems approaches to treatment. The
11 coursework shall include all of the following areas:

12 (1) The salient theories of a variety of psychotherapeutic
13 orientations directly related to marriage and family therapy, and
14 marital and family systems approaches to treatment.

15 (2) Theories of marriage and family therapy and how they can
16 be utilized in order to intervene therapeutically with couples,
17 families, adults, children, and groups.

18 (3) Developmental issues and life events from infancy to old
19 age and their effect on individuals, couples, and family
20 relationships. This may include coursework that focuses on specific
21 family life events and the psychological, psychotherapeutic, and
22 health implications that arise within couples and families,
23 including, but not limited to, childbirth, child rearing, childhood,
24 adolescence, adulthood, marriage, divorce, blended families,
25 stepparenting, abuse and neglect of older and dependent adults,
26 and geropsychology.

27 (4) A variety of approaches to the treatment of children.

28 The board shall, by regulation, set forth the subjects of instruction
29 required in this subdivision.

30 (c) (1) In addition to the 12 semester or 18 quarter units of
31 coursework specified in subdivision (b), the doctor's or master's
32 degree program shall contain not less than six semester or nine
33 quarter units of supervised practicum in applied psychotherapeutic
34 technique, assessments, diagnosis, prognosis, and treatment of
35 premarital, couple, family, and child relationships, including
36 dysfunctions, healthy functioning, health promotion, and illness
37 prevention, in a supervised clinical placement that provides
38 supervised fieldwork experience within the scope of practice of a
39 marriage and family therapist.

1 (2) For applicants who enrolled in a degree program on or after
2 January 1, 1995, the practicum shall include a minimum of 150
3 hours of face-to-face experience counseling individuals, couples,
4 families, or groups.

5 (3) The practicum hours shall be considered as part of the 48
6 semester or 72 quarter unit requirement.

7 (d) As an alternative to meeting the qualifications specified in
8 subdivision (b), the board shall accept as equivalent degrees those
9 master's or doctor's degrees granted by educational institutions
10 whose degree program is approved by the Commission on
11 Accreditation for Marriage and Family Therapy Education.

12 (e) In order to provide an integrated course of study and
13 appropriate professional training, while allowing for innovation
14 and individuality in the education of marriage and family therapists,
15 a degree program that meets the educational qualifications for
16 licensure or registration under this section shall do all of the
17 following:

18 (1) Provide an integrated course of study that trains students
19 generally in the diagnosis, assessment, prognosis, and treatment
20 of mental disorders.

21 (2) Prepare students to be familiar with the broad range of
22 matters that may arise within marriage and family relationships.

23 (3) Train students specifically in the application of marriage
24 and family relationship counseling principles and methods.

25 (4) Encourage students to develop those personal qualities that
26 are intimately related to the counseling situation such as integrity,
27 sensitivity, flexibility, insight, compassion, and personal presence.

28 (5) Teach students a variety of effective psychotherapeutic
29 techniques and modalities that may be utilized to improve, restore,
30 or maintain healthy individual, couple, and family relationships.

31 (6) Permit an emphasis or specialization that may address any
32 one or more of the unique and complex array of human problems,
33 symptoms, and needs of Californians served by marriage and
34 family therapists.

35 (7) Prepare students to be familiar with cross-cultural mores
36 and values, including a familiarity with the wide range of racial
37 and ethnic backgrounds common among California's population,
38 including, but not limited to, Blacks, Hispanics, Asians, and Native
39 Americans.

1 (f) Educational institutions are encouraged to design the
2 practicum required by this section to include marriage and family
3 therapy experience in low income and multicultural mental health
4 settings.

5 ~~(g) This section shall remain in effect only until January 1, 2019,~~
6 ~~and as of that date is repealed, unless a later enacted statute, that~~
7 ~~is enacted before January 1, 2019, deletes or extends that date.~~

8 *SEC. 26. Section 4980.39 of the Business and Professions Code*
9 *is amended to read:*

10 4980.39. (a) An applicant for licensure whose education
11 qualifies him or her under Section 4980.37 shall complete, as a
12 condition of licensure, a minimum of 10 contact hours of
13 coursework in aging and long-term care, which may include, but
14 is not limited to, the biological, social, and psychological aspects
15 of aging. On and after January 1, 2012, this coursework shall
16 include instruction on the assessment and reporting of, as well as
17 treatment related to, elder and dependent adult abuse and neglect.

18 (b) Coursework taken in fulfillment of other educational
19 requirements for licensure pursuant to this chapter, or in a separate
20 course of study, may, at the discretion of the board, fulfill the
21 requirements of this section.

22 (c) In order to satisfy the coursework requirement of this section,
23 the applicant shall submit to the board a certification from the chief
24 academic officer of the educational institution from which the
25 applicant graduated stating that the coursework required by this
26 section is included within the institution's required curriculum for
27 graduation, or within the coursework, that was completed by the
28 applicant.

29 (d) The board shall not issue a license to the applicant until the
30 applicant has met the requirements of this section.

31 ~~(e) This section shall remain in effect only until January 1, 2019,~~
32 ~~and as of that date is repealed, unless a later enacted statute, that~~
33 ~~is enacted before January 1, 2019, deletes or extends that date.~~

34 *SEC. 27. Section 4980.41 of the Business and Professions Code*
35 *is amended to read:*

36 4980.41. (a) An applicant for licensure whose education
37 qualifies him or her under Section 4980.37 shall complete the
38 following coursework or training in order to be eligible to sit for
39 the licensing examinations as specified in subdivision (d) of Section
40 4980.40:

1 (1) A two semester or three quarter unit course in California
2 law and professional ethics for marriage and family therapists,
3 which shall include, but not be limited to, the following areas of
4 study:

5 (A) Contemporary professional ethics and statutory, regulatory,
6 and decisional laws that delineate the profession's scope of
7 practice.

8 (B) The therapeutic, clinical, and practical considerations
9 involved in the legal and ethical practice of marriage and family
10 therapy, including family law.

11 (C) The current legal patterns and trends in the mental health
12 profession.

13 (D) The psychotherapist-patient privilege, confidentiality, the
14 patient dangerous to self or others, and the treatment of minors
15 with and without parental consent.

16 (E) A recognition and exploration of the relationship between
17 a practitioner's sense of self and human values and his or her
18 professional behavior and ethics.

19 This course may be considered as part of the 48 semester or 72
20 quarter unit requirements contained in Section 4980.37.

21 (2) A minimum of seven contact hours of training or coursework
22 in child abuse assessment and reporting as specified in Section 28
23 and any regulations promulgated thereunder.

24 (3) A minimum of 10 contact hours of training or coursework
25 in human sexuality as specified in Section 25, and any regulations
26 promulgated thereunder. When coursework in a master's or
27 doctor's degree program is acquired to satisfy this requirement, it
28 shall be considered as part of the 48 semester or 72 quarter unit
29 requirement contained in Section 4980.37.

30 (4) For persons who began graduate study on or after January
31 1, 1986, a master's or doctor's degree qualifying for licensure shall
32 include specific instruction in alcoholism and other chemical
33 substance dependency as specified by regulation. When coursework
34 in a master's or doctor's degree program is acquired to satisfy this
35 requirement, it shall be considered as part of the 48 semester or
36 72 quarter unit requirement contained in Section 4980.37.
37 Coursework required under this paragraph may be satisfactory if
38 taken either in fulfillment of other educational requirements for
39 licensure or in a separate course. The applicant may satisfy this
40 requirement by successfully completing this coursework from a

1 master's or doctoral degree program at an accredited or approved
2 institution, as described in subdivision (b) of Section 4980.37, or
3 from a board-accepted provider of continuing education, as
4 described in Section 4980.54.

5 (5) For persons who began graduate study during the period
6 commencing on January 1, 1995, and ending on December 31,
7 2003, a master's or doctor's degree qualifying for licensure shall
8 include coursework in spousal or partner abuse assessment,
9 detection, and intervention. For persons who began graduate study
10 on or after January 1, 2004, a master's or doctor's degree qualifying
11 for licensure shall include a minimum of 15 contact hours of
12 coursework in spousal or partner abuse assessment, detection, and
13 intervention strategies, including knowledge of community
14 resources, cultural factors, and same gender abuse dynamics.
15 Coursework required under this paragraph may be satisfactory if
16 taken either in fulfillment of other educational requirements for
17 licensure or in a separate course. The applicant may satisfy this
18 requirement by successfully completing this coursework from a
19 master's or doctoral degree program at an accredited or approved
20 institution, as described in subdivision (b) of Section 4980.37, or
21 from a board-accepted provider of continuing education, as
22 described in Section 4980.54.

23 (6) For persons who began graduate study on or after January
24 1, 2001, an applicant shall complete a minimum of a two semester
25 or three quarter unit survey course in psychological testing. When
26 coursework in a master's or doctor's degree program is acquired
27 to satisfy this requirement, it may be considered as part of the 48
28 semester or 72 quarter unit requirement of Section 4980.37.

29 (7) For persons who began graduate study on or after January
30 1, 2001, an applicant shall complete a minimum of a two semester
31 or three quarter unit survey course in psychopharmacology. When
32 coursework in a master's or doctor's degree program is acquired
33 to satisfy this requirement, it may be considered as part of the 48
34 semester or 72 quarter unit requirement of Section 4980.37.

35 ~~(8)~~

36 *(b)* The requirements added by paragraphs (6) and (7) of
37 *subdivision (a)* are intended to improve the educational
38 qualifications for licensure in order to better prepare future
39 licentiates for practice and are not intended in any way to expand

1 or restrict the scope of practice for licensed marriage and family
2 therapists.

3 ~~(b) This section shall remain in effect only until January 1, 2019,~~
4 ~~and as of that date is repealed, unless a later enacted statute, that~~
5 ~~is enacted before January 1, 2019, deletes or extends that date.~~

6 ~~SEC. 22.~~

7 *SEC. 28.* Section 4980.72 of the Business and Professions Code
8 is amended to read:

9 4980.72. (a) This section applies to a person who is licensed
10 outside of California and applies for licensure on or after January
11 1, 2016.

12 (b) The board may issue a license to a person who, at the time
13 of submitting an application for a license pursuant to this chapter,
14 holds a valid license in good standing issued by a board of marriage
15 counselor examiners, board of marriage and family therapists, or
16 corresponding authority, of any state or country, if all of the
17 following conditions are satisfied:

18 (1) The applicant's education is substantially equivalent, as
19 defined in Section 4980.79. The applicant's degree title need not
20 be identical to that required by Section 4980.36 or 4980.37.

21 (2) The applicant complies with Section 4980.76, if applicable.

22 (3) The applicant's supervised experience is substantially
23 equivalent to that required for a license under this chapter. The
24 board shall consider hours of experience obtained outside of
25 California during the six-year period immediately preceding the
26 date the applicant initially obtained the license described above.
27 If the applicant has less than 3,000 hours of qualifying supervised
28 experience, time actively licensed as a marriage and family
29 therapist shall be accepted at a rate of 100 hours per month, up to
30 a maximum of 1,200 hours, if the applicant's degree meets the
31 practicum requirement described in subparagraph (C) of paragraph
32 (1) of subdivision (b) of Section 4980.79 without exemptions or
33 remediation.

34 (4) The applicant passes the California law and ethics
35 examination.

36 (5) The applicant passes a clinical examination designated by
37 the board. An applicant who obtained his or her license or
38 registration under another jurisdiction may qualify for licensure
39 with the board without taking the clinical examination if both of
40 the following conditions are met:

1 (A) The applicant obtained a passing score on the clinical
2 licensing examination set forth in regulation as accepted by the
3 board.

4 (B) The applicant's license or registration in that jurisdiction is
5 active, in good standing at the time of his or her application, and
6 is not revoked, suspended, surrendered, denied, or otherwise
7 restricted or encumbered.

8 ~~SEC. 23.~~

9 *SEC. 29.* Section 4980.78 of the Business and Professions Code
10 is amended to read:

11 4980.78. (a) This section applies to persons who apply for
12 licensure or registration on or after January 1, 2016, and who do
13 not hold a license as described in Section 4980.72.

14 (b) For purposes of Section 4980.74, education is substantially
15 equivalent if all of the following requirements are met:

16 (1) The degree is obtained from a school, college, or university
17 accredited by a regional or national institutional accrediting agency
18 that is recognized by the United States Department of Education
19 and consists of, at a minimum, the following:

20 (A) (i) For an applicant who obtained his or her degree within
21 the timeline prescribed by subdivision (a) of Section 4980.36, the
22 degree shall contain no less than 60 semester units or 90 quarter
23 units of instruction.

24 (ii) Up to 12 semester units or 18 quarter units of instruction
25 may be remediated, if missing from the degree. The remediation
26 may occur while the applicant is registered as an intern.

27 (B) For an applicant who obtained his or her degree within the
28 timeline prescribed by subdivision (a) of Section 4980.37, the
29 degree shall contain no less than 48 semester units or 72 quarter
30 units of instruction.

31 (C) Six semester units or nine quarter units of supervised
32 practicum, including, but not limited to, a minimum of 150 hours
33 of face-to-face experience counseling individuals, couples, families,
34 or groups, and an additional 75 hours of either face-to-face
35 experience counseling individuals, couples, families, or groups or
36 client centered advocacy, or a combination of face-to-face
37 experience counseling individuals, couples, families, or groups
38 and client centered advocacy.

39 (D) Twelve semester units or 18 quarter units in the areas of
40 marriage, family, and child counseling and marital and family

1 systems approaches to treatment, as specified in subparagraph (A)
2 of paragraph (1) of subdivision (d) of Section 4980.36.

3 (2) The applicant shall complete coursework in California law
4 and ethics as follows:

5 (A) An applicant who completed a course in law and
6 professional ethics for marriage and family therapists as specified
7 in paragraph (8) of subdivision (a) of Section 4980.81, that did not
8 contain instruction in California law and ethics, shall complete an
9 18-hour course in California law and professional ethics. The
10 content of the course shall include, but not be limited to,
11 advertising, scope of practice, scope of competence, treatment of
12 minors, confidentiality, dangerous patients, psychotherapist-patient
13 privilege, recordkeeping, patient access to records, state and federal
14 laws relating to confidentiality of patient health information, dual
15 relationships, child abuse, elder and dependent adult abuse, online
16 therapy, insurance reimbursement, civil liability, disciplinary
17 actions and unprofessional conduct, ethics complaints and ethical
18 standards, termination of therapy, standards of care, relevant family
19 law, therapist disclosures to patients, differences in legal and ethical
20 standards in different types of work settings, and licensing law
21 and licensing process. This coursework shall be completed prior
22 to registration as an intern.

23 (B) An applicant who has not completed a course in law and
24 professional ethics for marriage and family therapists as specified
25 in paragraph (8) of subdivision (a) of Section 4980.81 shall
26 complete this required coursework. The coursework shall contain
27 content specific to California law and ethics. This coursework shall
28 be completed prior to registration as an intern.

29 (3) The applicant completes the educational requirements
30 specified in Section 4980.81 not already completed in his or her
31 education. The coursework may be from an accredited school,
32 college, or university as specified in paragraph (1), from an
33 educational institution approved by the Bureau for Private
34 Postsecondary Education, or from a continuing education provider
35 that is acceptable to the board as defined in Section 4980.54.
36 Undergraduate courses shall not satisfy this requirement.

37 (4) The applicant completes the following coursework not
38 already completed in his or her education from an accredited
39 school, college, or university as specified in paragraph (1) from
40 an educational institution approved by the Bureau for Private

1 Postsecondary Education, or from a continuing education provider
2 that is acceptable to the board as defined in Section 4980.54.
3 Undergraduate courses shall not satisfy this requirement.

4 (A) At least three semester units, or 45 hours, of instruction
5 regarding the principles of mental health recovery-oriented care
6 and methods of service delivery in recovery-oriented practice
7 environments, including structured meetings with various
8 consumers and family members of consumers of mental health
9 services to enhance understanding of their experience of mental
10 illness, treatment, and recovery.

11 (B) At least one semester unit, or 15 hours, of instruction that
12 includes an understanding of various California cultures and the
13 social and psychological implications of socioeconomic position.

14 (5) An applicant may complete any units and course content
15 requirements required under paragraphs (3) and (4) not already
16 completed in his or her education while registered as an intern,
17 unless otherwise specified.

18 (6) The applicant's degree title need not be identical to that
19 required by subdivision (b) of Section 4980.36.

20 ~~SEC. 24.~~

21 *SEC. 30.* Section 4980.79 of the Business and Professions Code
22 is amended to read:

23 4980.79. (a) This section applies to persons who apply for
24 licensure or registration on or after January 1, 2016, and who hold
25 a license as described in Section 4980.72.

26 (b) For purposes of Section 4980.72, education is substantially
27 equivalent if all of the following requirements are met:

28 (1) The degree is obtained from a school, college, or university
29 accredited by a regional or national institutional accrediting agency
30 recognized by the United States Department of Education and
31 consists of, at a minimum, the following:

32 (A) (i) For an applicant who obtained his or her degree within
33 the timeline prescribed by subdivision (a) of Section 4980.36, the
34 degree shall contain no less than 60 semester units or 90 quarter
35 units of instruction.

36 (ii) Up to 12 semester units or 18 quarter units of instruction
37 may be remediated, if missing from the degree. The remediation
38 may occur while the applicant is registered as an intern.

39 (B) For an applicant who obtained his or her degree within the
40 timeline prescribed by subdivision (a) of Section 4980.37, the

1 degree shall contain no less than 48 semester units or 72 quarter
2 units of instruction.

3 (C) Six semester units or nine quarter units of supervised
4 practicum, including, but not limited to, a minimum of 150 hours
5 of face-to-face experience counseling individuals, couples, families,
6 or groups, and an additional 75 hours of either face-to-face
7 experience counseling individuals, couples, families, or groups or
8 client centered advocacy, or a combination of face-to-face
9 experience counseling individuals, couples, families, or groups
10 and client centered advocacy.

11 (i) An out-of-state applicant who has been licensed for at least
12 two years in clinical practice, as verified by the board, is exempt
13 from this requirement.

14 (ii) An out-of-state applicant who has been licensed for less
15 than two years in clinical practice, as verified by the board, who
16 does not meet the supervised practicum requirement, shall
17 remediate it by obtaining 150 hours of face-to-face experience
18 counseling individuals, couples, families, or groups, and an
19 additional 75 hours of either face-to-face experience counseling
20 individuals, couples, families, or groups or client centered
21 advocacy, or a combination of face-to-face experience counseling
22 individuals, couples, families, or groups and client centered
23 advocacy. These hours are in addition to the 3,000 hours of
24 experience required by this chapter, and shall be gained while
25 registered as an intern.

26 (D) Twelve semester units or 18 quarter units in the areas of
27 marriage, family, and child counseling and marital and family
28 systems approaches to treatment, as specified in subparagraph (A)
29 of paragraph (1) of subdivision (d) of Section 4980.36.

30 (2) An applicant shall complete coursework in California law
31 and ethics as follows:

32 (A) An applicant who completed a course in law and
33 professional ethics for marriage and family therapists as specified
34 in paragraph (8) of subdivision (a) of Section 4980.81 that did not
35 include instruction in California law and ethics, shall complete an
36 18-hour course in California law and professional ethics. The
37 content of the course shall include, but not be limited to,
38 advertising, scope of practice, scope of competence, treatment of
39 minors, confidentiality, dangerous patients, psychotherapist-patient
40 privilege, recordkeeping, patient access to records, state and federal

1 laws relating to confidentiality of patient health information, dual
2 relationships, child abuse, elder and dependent adult abuse, online
3 therapy, insurance reimbursement, civil liability, disciplinary
4 actions and unprofessional conduct, ethics complaints and ethical
5 standards, termination of therapy, standards of care, relevant family
6 law, therapist disclosures to patients, differences in legal and ethical
7 standards in different types of work settings, and licensing law
8 and licensing process. This coursework shall be completed prior
9 to registration as an intern.

10 (B) An applicant who has not completed a course in law and
11 professional ethics for marriage and family therapists as specified
12 in paragraph (8) of subdivision (a) of Section 4980.81 shall
13 complete this required coursework. The coursework shall include
14 content specific to California law and ethics. An applicant shall
15 complete this coursework prior to registration as an intern.

16 (3) The applicant completes the educational requirements
17 specified in Section 4980.81 not already completed in his or her
18 education. The coursework may be from an accredited school,
19 college, or university as specified in paragraph (1), from an
20 educational institution approved by the Bureau for Private
21 Postsecondary Education, or from a continuing education provider
22 that is acceptable to the board as defined in Section 4980.54.
23 Undergraduate coursework shall not satisfy this requirement.

24 (4) The applicant completes the following coursework not
25 already completed in his or her education from an accredited
26 school, college, or university as specified in paragraph (1) above,
27 from an educational institution approved by the Bureau for Private
28 Postsecondary Education, or from a continuing education provider
29 that is acceptable to the board as defined in Section 4980.54.
30 Undergraduate coursework shall not satisfy this requirement.

31 (A) At least three semester units, or 45 hours, of instruction
32 pertaining to the principles of mental health recovery-oriented care
33 and methods of service delivery in recovery-oriented practice
34 environments, including structured meetings with various
35 consumers and family members of consumers of mental health
36 services to enhance understanding of their experience of mental
37 illness, treatment, and recovery.

38 (B) At least one semester unit, or 15 hours, of instruction that
39 includes an understanding of various California cultures and the
40 social and psychological implications of socioeconomic position.

1 (5) An applicant's degree title need not be identical to that
2 required by subdivision (b) of Section 4980.36.

3 (6) An applicant may complete any units and course content
4 requirements required under paragraphs (3) and (4) not already
5 completed in his or her education while registered as an intern,
6 unless otherwise specified.

7 ~~SEC. 25.~~

8 *SEC. 31.* Section 4990.30 of the Business and Professions Code
9 is amended to read:

10 4990.30. (a) A licensed marriage and family therapist, associate
11 marriage and family therapist, licensed clinical social worker,
12 associate clinical social worker, licensed professional clinical
13 counselor, associate professional clinical counselor, or licensed
14 educational psychologist whose license or registration has been
15 revoked, suspended, or placed on probation, may petition the board
16 for reinstatement or modification of the penalty, including
17 modification or termination of probation. The petition shall be on
18 a form provided by the board and shall state any facts and
19 information as may be required by the board including, but not
20 limited to, proof of compliance with the terms and conditions of
21 the underlying disciplinary order. The petition shall be verified by
22 the petitioner who shall file an original and sufficient copies of
23 the petition, together with any supporting documents, for the
24 members of the board, the administrative law judge, and the
25 Attorney General.

26 (b) The licensee or registrant may file the petition on or after
27 the expiration of the following timeframes, each of which
28 commences on the effective date of the decision ordering the
29 disciplinary action or, if the order of the board, or any portion of
30 it, is stayed by the board itself or by the superior court, from the
31 date the disciplinary action is actually implemented in its entirety:

32 (1) Three years for reinstatement of a license or registration that
33 was revoked for unprofessional conduct, except that the board
34 may, in its sole discretion, specify in its revocation order that a
35 petition for reinstatement may be filed after two years.

36 (2) Two years for early termination of any probation period of
37 three years or more.

38 (3) One year for modification of a condition, reinstatement of
39 a license or registration revoked for mental or physical illness, or
40 termination of probation of less than three years.

1 (c) The petition may be heard by the board itself or the board
2 may assign the petition to an administrative law judge pursuant to
3 Section 11512 of the Government Code.

4 (d) The petitioner may request that the board schedule the
5 hearing on the petition for a board meeting at a specific city where
6 the board regularly meets.

7 (e) The petitioner and the Attorney General shall be given timely
8 notice by letter of the time and place of the hearing on the petition
9 and an opportunity to present both oral and documentary evidence
10 and argument to the board or the administrative law judge.

11 (f) The petitioner shall at all times have the burden of production
12 and proof to establish by clear and convincing evidence that he or
13 she is entitled to the relief sought in the petition.

14 (g) The board, when it is hearing the petition itself, or an
15 administrative law judge sitting for the board, may consider all
16 activities of the petitioner since the disciplinary action was taken,
17 the offense for which the petitioner was disciplined, the petitioner's
18 activities during the time his or her license or registration was in
19 good standing, and the petitioner's rehabilitative efforts, general
20 reputation for truth, and professional ability.

21 (h) The hearing may be continued from time to time as the board
22 or the administrative law judge deems appropriate but in no case
23 may the hearing on the petition be delayed more than 180 days
24 from its filing without the consent of the petitioner.

25 (i) The board itself, or the administrative law judge if one is
26 designated by the board, shall hear the petition and shall prepare
27 a written decision setting forth the reasons supporting the decision.
28 In a decision granting a petition reinstating a license or modifying
29 a penalty, the board itself, or the administrative law judge, may
30 impose any terms and conditions that the agency deems reasonably
31 appropriate, including those set forth in Sections 823 and 4990.40.
32 If a petition is heard by an administrative law judge sitting alone,
33 the administrative law judge shall prepare a proposed decision and
34 submit it to the board. The board may take action with respect to
35 the proposed decision and petition as it deems appropriate.

36 (j) The petitioner shall pay a fingerprinting fee and provide a
37 current set of his or her fingerprints to the board. The petitioner
38 shall execute a form authorizing release to the board or its designee,
39 of all information concerning the petitioner's current physical and
40 mental condition. Information provided to the board pursuant to

1 the release shall be confidential and shall not be subject to
2 discovery or subpoena in any other proceeding, and shall not be
3 admissible in any action, other than before the board, to determine
4 the petitioner's fitness to practice as required by Section 822.

5 (k) The board may delegate to its executive officer authority to
6 order investigation of the contents of the petition.

7 (l) No petition shall be considered while the petitioner is under
8 sentence for any criminal offense, including any period during
9 which the petitioner is on court-imposed probation or parole or
10 the petitioner is required to register pursuant to Section 290 of the
11 Penal Code. No petition shall be considered while there is an
12 accusation or petition to revoke probation pending against the
13 petitioner.

14 (m) Except in those cases where the petitioner has been
15 disciplined for violation of Section 822, the board may in its
16 discretion deny without hearing or argument any petition that is
17 filed pursuant to this section within a period of two years from the
18 effective date of a prior decision following a hearing under this
19 section.

20 ~~SEC. 26.~~

21 *SEC. 32.* Section 4992 of the Business and Professions Code
22 is amended to read:

23 4992. (a) Every applicant for a license under this chapter shall
24 file an application with the board accompanied by the application
25 fee prescribed by this chapter. Every application shall also be
26 accompanied by the applicable examination fee prescribed by this
27 chapter.

28 (b) The application shall contain information showing that the
29 applicant has all the qualifications required by the board for
30 admission to an examination.

31 ~~SEC. 27.~~

32 *SEC. 33.* Section 4996.17 of the Business and Professions Code
33 is amended to read:

34 4996.17. (a) (1) Experience gained outside of California shall
35 be accepted toward the licensure requirements if it is substantially
36 the equivalent of the requirements of this chapter.

37 (2) Commencing January 1, 2014, an applicant with education
38 gained outside of California shall complete an 18-hour course in
39 California law and professional ethics. The content of the course
40 shall include, but not be limited to, the following: advertising,

1 scope of practice, scope of competence, treatment of minors,
2 confidentiality, dangerous patients, psychotherapist-patient
3 privilege, recordkeeping, patient access to records, state and federal
4 laws related to confidentiality of patient health information, dual
5 relationships, child abuse, elder and dependent adult abuse, online
6 therapy, insurance reimbursement, civil liability, disciplinary
7 actions and unprofessional conduct, ethics complaints and ethical
8 standards, termination of therapy, standards of care, relevant family
9 law, therapist disclosures to patients, differences in legal and ethical
10 standards in different types of work settings, and licensing law
11 and process.

12 (b) The board may issue a license to any person who, at the time
13 of application, holds a valid clinical social work license issued by
14 a board of clinical social work examiners or corresponding
15 authority of any state, if the person passes, or has passed, the
16 licensing examinations as specified in Section 4996.1 and pays
17 the required fees. Issuance of the license is conditioned upon all
18 of the following:

19 (1) The applicant has supervised experience that is substantially
20 the equivalent of that required by this chapter. If the applicant has
21 less than 3,200 hours of qualifying supervised experience, time
22 actively licensed as a clinical social worker shall be accepted at a
23 rate of 100 hours per month up to a maximum of 1,200 hours.

24 (2) Completion of the following coursework or training in or
25 out of this state:

26 (A) A minimum of seven contact hours of training or coursework
27 in child abuse assessment and reporting as specified in Section 28,
28 and any regulations promulgated thereunder.

29 (B) A minimum of 10 contact hours of training or coursework
30 in human sexuality as specified in Section 25, and any regulations
31 promulgated thereunder.

32 (C) A minimum of 15 contact hours of training or coursework
33 in alcoholism and other chemical substance dependency, as
34 specified by regulation.

35 (D) A minimum of 15 contact hours of coursework or training
36 in spousal or partner abuse assessment, detection, and intervention
37 strategies.

38 (3) Commencing January 1, 2014, completion of an 18-hour
39 course in California law and professional ethics. The content of
40 the course shall include, but not be limited to, the following:

1 advertising, scope of practice, scope of competence, treatment of
2 minors, confidentiality, dangerous patients, psychotherapist-patient
3 privilege, recordkeeping, patient access to records, state and federal
4 laws related to confidentiality of patient health information, dual
5 relationships, child abuse, elder and dependent adult abuse, online
6 therapy, insurance reimbursement, civil liability, disciplinary
7 actions and unprofessional conduct, ethics complaints and ethical
8 standards, termination of therapy, standards of care, relevant family
9 law, therapist disclosures to patients, differences in legal and ethical
10 standards in different types of work settings, and licensing law
11 and process.

12 (4) The applicant's license is in good standing and is not
13 suspended, revoked, restricted, sanctioned, or voluntarily
14 surrendered in any state.

15 (5) The applicant is not currently under investigation in any
16 other state, and has not been charged with an offense for any act
17 substantially related to the practice of social work by any public
18 agency, entered into any consent agreement or been subject to an
19 administrative decision that contains conditions placed by an
20 agency upon an applicant's professional conduct or practice,
21 including any voluntary surrender of license, or been the subject
22 of an adverse judgment resulting from the practice of social work
23 that the board determines constitutes evidence of a pattern of
24 incompetence or negligence.

25 (6) The applicant shall provide a certification from each state
26 where he or she holds a license pertaining to licensure, disciplinary
27 action, and complaints pending.

28 (7) The applicant is not subject to denial of licensure under
29 Section 480, 4992.3, 4992.35, or 4992.36.

30 (c) The board may issue a license to any person who, at the time
31 of application, holds a valid clinical social work license issued by
32 a board of clinical social work examiners or a corresponding
33 authority of any state, if the person has held that license for at least
34 four years immediately preceding the date of application, the person
35 passes, or has passed, the licensing examinations as specified in
36 Section 4996.1, and the person pays the required fees. Issuance of
37 the license is conditioned upon all of the following:

38 (1) Completion of the following coursework or training in or
39 out of state:

1 (A) A minimum of seven contact hours of training or coursework
2 in child abuse assessment and reporting as specified in Section 28,
3 and any regulations promulgated thereunder.

4 (B) A minimum of 10 contact hours of training or coursework
5 in human sexuality as specified in Section 25, and any regulations
6 promulgated thereunder.

7 (C) A minimum of 15 contact hours of training or coursework
8 in alcoholism and other chemical substance dependency, as
9 specified by regulation.

10 (D) A minimum of 15 contact hours of coursework or training
11 in spousal or partner abuse assessment, detection, and intervention
12 strategies.

13 (2) Commencing January 1, 2014, completion of an 18-hour
14 course in California law and professional ethics. The content of
15 the course shall include, but not be limited to, the following:
16 advertising, scope of practice, scope of competence, treatment of
17 minors, confidentiality, dangerous patients, psychotherapist-patient
18 privilege, recordkeeping, patient access to records, state and federal
19 laws related to confidentiality of patient health information, dual
20 relationships, child abuse, elder and dependent adult abuse, online
21 therapy, insurance reimbursement, civil liability, disciplinary
22 actions and unprofessional conduct, ethics complaints and ethical
23 standards, termination of therapy, standards of care, relevant family
24 law, therapist disclosures to patients, differences in legal and ethical
25 standards in different types of work settings, and licensing law
26 and process.

27 (3) The applicant has been licensed as a clinical social worker
28 continuously for a minimum of four years prior to the date of
29 application.

30 (4) The applicant's license is in good standing and is not
31 suspended, revoked, restricted, sanctioned, or voluntarily
32 surrendered in any state.

33 (5) The applicant is not currently under investigation in any
34 other state, and has not been charged with an offense for any act
35 substantially related to the practice of social work by any public
36 agency, entered into any consent agreement or been subject to an
37 administrative decision that contains conditions placed by an
38 agency upon an applicant's professional conduct or practice,
39 including any voluntary surrender of license, or been the subject
40 of an adverse judgment resulting from the practice of social work

1 that the board determines constitutes evidence of a pattern of
2 incompetence or negligence.

3 (6) The applicant provides a certification from each state where
4 he or she holds a license pertaining to licensure, disciplinary action,
5 and complaints pending.

6 (7) The applicant is not subject to denial of licensure under
7 Section 480, 4992.3, 4992.35, or 4992.36.

8 (d) An applicant who obtained his or her license or registration
9 under another jurisdiction may qualify for licensure with the board
10 without taking the clinical examination specified in Section 4996.1
11 if both of the following conditions are met:

12 (1) The applicant obtained a passing score on the clinical
13 licensing examination set forth in regulation as accepted by the
14 board.

15 (2) The applicant's license or registration in that jurisdiction is
16 active, in good standing at the time of his or her application, and
17 is not revoked, suspended, surrendered, denied, or otherwise
18 restricted or encumbered.

19 ~~SEC. 28.~~

20 *SEC. 34.* Section 4999.14 of the Business and Professions Code
21 is amended to read:

22 4999.14. The board shall do all of the following:

23 (a) Communicate information about its activities, the
24 requirements and qualifications for licensure, and the practice of
25 professional clinical counseling to the relevant educational
26 institutions, supervisors, professional associations, applicants,
27 clinical counselor trainees, associates, and the public.

28 (b) Develop policies and procedures to assist educational
29 institutions in meeting the educational qualifications of Sections
30 4999.32 and 4999.33.

31 ~~SEC. 29.~~

32 *SEC. 35.* Section 4999.22 of the Business and Professions Code
33 is amended to read:

34 4999.22. (a) Nothing in this chapter shall prevent qualified
35 persons from doing work of a psychosocial nature consistent with
36 the standards and ethics of their respective professions. However,
37 these qualified persons shall not hold themselves out to the public
38 by any title or description of services incorporating the words
39 "licensed professional clinical counselor" and shall not state that
40 they are licensed to practice professional clinical counseling, unless

1 they are otherwise licensed to provide professional clinical
2 counseling services.

3 (b) Nothing in this chapter shall be construed to constrict, limit,
4 or withdraw provisions of the Medical Practice Act, the Clinical
5 Social Worker Practice Act, the Nursing Practice Act, the
6 Psychology Licensing Law, or the Licensed Marriage and Family
7 Therapist Act.

8 (c) This chapter shall not apply to any priest, rabbi, or minister
9 of the gospel of any religious denomination who performs
10 counseling services as part of his or her pastoral or professional
11 duties, or to any person who is admitted to practice law in this
12 state, or who is licensed to practice medicine, who provides
13 counseling services as part of his or her professional practice.

14 (d) This chapter shall not apply to an employee of a
15 governmental entity or a school, college, or university, or of an
16 institution both nonprofit and charitable, if his or her practice is
17 performed solely under the supervision of the entity, school,
18 college, university, or institution by which he or she is employed,
19 and if he or she performs those functions as part of the position
20 for which he or she is employed.

21 (e) All persons registered as associates or licensed under this
22 chapter shall not be exempt from this chapter or the jurisdiction
23 of the board.

24 *SEC. 36. Section 4999.32 of the Business and Professions Code*
25 *is amended to read:*

26 4999.32. (a) This section shall apply to applicants for licensure
27 or registration who ~~begin~~ *began* graduate study before August 1,
28 2012, and ~~complete~~ *completed* that study on or before December
29 31, 2018. Those applicants may alternatively qualify under
30 paragraph (2) of subdivision (a) of Section 4999.33.

31 (b) To qualify for licensure or registration, applicants shall
32 possess a master's or doctoral degree that is counseling or
33 psychotherapy in content and that meets the requirements of this
34 section, obtained from an accredited or approved institution, as
35 defined in Section 4999.12. For purposes of this subdivision, a
36 degree is "counseling or psychotherapy in content" if it contains
37 the supervised practicum or field study experience described in
38 paragraph (3) of subdivision (c) and, except as provided in
39 subdivision (d), the coursework in the core content areas listed in

1 subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision
2 (c).

3 (c) The degree described in subdivision (b) shall contain not
4 less than 48 graduate semester or 72 graduate quarter units of
5 instruction, which shall, except as provided in subdivision (d),
6 include all of the following:

7 (1) The equivalent of at least three semester units or four and
8 one-half quarter units of graduate study in each of the following
9 core content areas:

10 (A) Counseling and psychotherapeutic theories and techniques,
11 including the counseling process in a multicultural society, an
12 orientation to wellness and prevention, counseling theories to assist
13 in selection of appropriate counseling interventions, models of
14 counseling consistent with current professional research and
15 practice, development of a personal model of counseling, and
16 multidisciplinary responses to crises, emergencies, and disasters.

17 (B) Human growth and development across the lifespan,
18 including normal and abnormal behavior and an understanding of
19 developmental crises, disability, psychopathology, and situational
20 and environmental factors that affect both normal and abnormal
21 behavior.

22 (C) Career development theories and techniques, including
23 career development decisionmaking models and interrelationships
24 among and between work, family, and other life roles and factors,
25 including the role of multicultural issues in career development.

26 (D) Group counseling theories and techniques, including
27 principles of group dynamics, group process components,
28 developmental stage theories, therapeutic factors of group work,
29 group leadership styles and approaches, pertinent research and
30 literature, group counseling methods, and evaluation of
31 effectiveness.

32 (E) Assessment, appraisal, and testing of individuals, including
33 basic concepts of standardized and nonstandardized testing and
34 other assessment techniques, norm-referenced and
35 criterion-referenced assessment, statistical concepts, social and
36 cultural factors related to assessment and evaluation of individuals
37 and groups, and ethical strategies for selecting, administering, and
38 interpreting assessment instruments and techniques in counseling.

39 (F) Multicultural counseling theories and techniques, including
40 counselors' roles in developing cultural self-awareness, identity

1 development, promoting cultural social justice, individual and
2 community strategies for working with and advocating for diverse
3 populations, and counselors' roles in eliminating biases and
4 prejudices, and processes of intentional and unintentional
5 oppression and discrimination.

6 (G) Principles of the diagnostic process, including differential
7 diagnosis, and the use of current diagnostic tools, such as the
8 current edition of the Diagnostic and Statistical Manual, the impact
9 of co-occurring substance use disorders or medical psychological
10 disorders, established diagnostic criteria for mental or emotional
11 disorders, and the treatment modalities and placement criteria
12 within the continuum of care.

13 (H) Research and evaluation, including studies that provide an
14 understanding of research methods, statistical analysis, the use of
15 research to inform evidence-based practice, the importance of
16 research in advancing the profession of counseling, and statistical
17 methods used in conducting research, needs assessment, and
18 program evaluation.

19 (I) Professional orientation, ethics, and law in counseling,
20 including professional ethical standards and legal considerations,
21 licensing law and process, regulatory laws that delineate the
22 profession's scope of practice, counselor-client privilege,
23 confidentiality, the client dangerous to self or others, treatment of
24 minors with or without parental consent, relationship between
25 practitioner's sense of self and human values, functions and
26 relationships with other human service providers, strategies for
27 collaboration, and advocacy processes needed to address
28 institutional and social barriers that impede access, equity, and
29 success for clients.

30 (2) In addition to the course requirements described in paragraph
31 (1), a minimum of 12 semester units or 18 quarter units of advanced
32 coursework to develop knowledge of specific treatment issues,
33 special populations, application of counseling constructs,
34 assessment and treatment planning, clinical interventions,
35 therapeutic relationships, psychopathology, or other clinical topics.

36 (3) Not less than six semester units or nine quarter units of
37 supervised practicum or field study experience that involves direct
38 client contact in a clinical setting that provides a range of
39 professional clinical counseling experience, including the
40 following:

- 1 (A) Applied psychotherapeutic techniques.
- 2 (B) Assessment.
- 3 (C) Diagnosis.
- 4 (D) Prognosis.
- 5 (E) Treatment.
- 6 (F) Issues of development, adjustment, and maladjustment.
- 7 (G) Health and wellness promotion.
- 8 (H) Other recognized counseling interventions.
- 9 (I) A minimum of 150 hours of face-to-face supervised clinical
- 10 experience counseling individuals, families, or groups.
- 11 (d) (1) (A) An applicant whose degree is deficient in no more
- 12 than two of the required areas of study listed in subparagraphs (A)
- 13 to (I), inclusive, of paragraph (1) of subdivision (c) may satisfy
- 14 those deficiencies by successfully completing post-master's or
- 15 postdoctoral degree coursework at an accredited or approved
- 16 institution, as defined in Section 4999.12.
- 17 (B) Notwithstanding subparagraph (A), no applicant shall be
- 18 deficient in the required areas of study specified in subparagraphs
- 19 (E) or (G) of paragraph (1) of subdivision (c).
- 20 (2) Coursework taken to meet deficiencies in the required areas
- 21 of study listed in subparagraphs (A) to (I), inclusive, of paragraph
- 22 (1) of subdivision (c) shall be the equivalent of three semester units
- 23 or four and one-half quarter units of study.
- 24 (3) The board shall make the final determination as to whether
- 25 a degree meets all requirements, including, but not limited to,
- 26 course requirements, regardless of accreditation.
- 27 (e) In addition to the degree described in this section, or as part
- 28 of that degree, an applicant shall complete the following
- 29 coursework or training prior to registration as an associate:
- 30 (1) A minimum of 15 contact hours of instruction in alcoholism
- 31 and other chemical substance abuse dependency, as specified by
- 32 regulation.
- 33 (2) A minimum of 10 contact hours of training or coursework
- 34 in human sexuality as specified in Section 25, and any regulations
- 35 promulgated thereunder.
- 36 (3) A two semester unit or three quarter unit survey course in
- 37 psychopharmacology.
- 38 (4) A minimum of 15 contact hours of instruction in spousal or
- 39 partner abuse assessment, detection, and intervention strategies,

1 including knowledge of community resources, cultural factors,
2 and same gender abuse dynamics.

3 (5) A minimum of seven contact hours of training or coursework
4 in child abuse assessment and reporting as specified in Section 28
5 and any regulations adopted thereunder.

6 (6) A minimum of 18 contact hours of instruction in California
7 law and professional ethics for professional clinical counselors
8 that includes, but is not limited to, instruction in advertising, scope
9 of practice, scope of competence, treatment of minors,
10 confidentiality, dangerous clients, psychotherapist-client privilege,
11 recordkeeping, client access to records, dual relationships, child
12 abuse, elder and dependent adult abuse, online therapy, insurance
13 reimbursement, civil liability, disciplinary actions and
14 unprofessional conduct, ethics complaints and ethical standards,
15 termination of therapy, standards of care, relevant family law,
16 therapist disclosures to clients, and state and federal laws related
17 to confidentiality of patient health information. When coursework
18 in a master's or doctoral degree program is acquired to satisfy this
19 requirement, it shall be considered as part of the 48 semester unit
20 or 72 quarter unit requirement in subdivision (c).

21 (7) A minimum of 10 contact hours of instruction in aging and
22 long-term care, which may include, but is not limited to, the
23 biological, social, and psychological aspects of aging. On and after
24 January 1, 2012, this coursework shall include instruction on the
25 assessment and reporting of, as well as treatment related to, elder
26 and dependent adult abuse and neglect.

27 (8) A minimum of 15 contact hours of instruction in crisis or
28 trauma counseling, including multidisciplinary responses to crises,
29 emergencies, or disasters, and brief, intermediate, and long-term
30 approaches.

31 ~~(f) This section shall remain in effect only until January 1, 2019,~~
32 ~~and as of that date is repealed, unless a later enacted statute that~~
33 ~~is enacted before January 1, 2019, deletes or extends that date.~~

34 ~~SEC. 30.~~

35 *SEC. 37.* Section 4999.48 of the Business and Professions Code
36 is amended to read:

37 4999.48. The board shall adopt regulations regarding the
38 supervision of associates that may include, but not be limited to,
39 the following:

40 (a) Supervisor qualifications.

1 (b) Continuing education requirements of supervisors.

2 (c) Registration or licensing of supervisors, or both.

3 (d) General responsibilities of supervisors.

4 (e) The board's authority in cases of noncompliance or gross
5 or repeated negligence by supervisors.

6 ~~SEC. 31.~~

7 *SEC. 38.* Section 4999.60 of the Business and Professions Code
8 is amended to read:

9 4999.60. (a) This section applies to persons who are licensed
10 outside of California and apply for licensure on or after January
11 1, 2016.

12 (b) The board may issue a license to a person who, at the time
13 of submitting an application for a license pursuant to this chapter,
14 holds a valid license in good standing as a professional clinical
15 counselor, or other counseling license that allows the applicant to
16 independently provide clinical mental health services, in another
17 jurisdiction of the United States, if all of the following conditions
18 are satisfied:

19 (1) The applicant's education is substantially equivalent, as
20 defined in Section 4999.63.

21 (2) The applicant complies with subdivision (c) of Section
22 4999.40, if applicable.

23 (3) The applicant's supervised experience is substantially
24 equivalent to that required for a license under this chapter. The
25 board shall consider hours of experience obtained outside of
26 California during the six-year period immediately preceding the
27 date the applicant initially obtained the license described above.
28 If the applicant has less than 3,000 hours of qualifying supervised
29 experience, time actively licensed as a professional clinical
30 counselor shall be accepted at a rate of 100 hours per month up to
31 a maximum of 1,200 hours if the applicant's degree meets the
32 practicum requirement described in subparagraph (C) of paragraph
33 (1) of subdivision (b) of Section 4999.63 without exemptions or
34 remediation.

35 (4) The applicant passes the examinations required to obtain a
36 license under this chapter. An applicant who obtained his or her
37 license or registration under another jurisdiction may qualify for
38 licensure with the board without taking the clinical examination
39 if both of the following conditions are met:

1 (A) The applicant obtained a passing score on the clinical
2 licensing examination set forth in regulation as accepted by the
3 board.

4 (B) The applicant's license or registration in that jurisdiction is
5 active, in good standing at the time of his or her application, and
6 is not revoked, suspended, surrendered, denied, or otherwise
7 restricted or encumbered.

8 ~~SEC. 32.~~

9 *SEC. 39.* Section 4999.62 of the Business and Professions Code
10 is amended to read:

11 4999.62. (a) This section applies to persons who apply for
12 licensure or registration on or after January 1, 2016, and who do
13 not hold a license as described in Section 4999.60.

14 (b) For purposes of Section 4999.61, education is substantially
15 equivalent if all of the following requirements are met:

16 (1) The degree is obtained from an accredited or approved
17 institution, as defined in Section 4999.12, and consists of, at a
18 minimum, the following:

19 (A) (i) For an applicant who obtained his or her degree within
20 the timeline prescribed by subdivision (a) of Section 4999.33 the
21 degree shall contain no less than 60 graduate semester units or 90
22 graduate quarter units of instruction.

23 (ii) Up to 12 semester units or 18 quarter units of instruction
24 may be remediated, if missing from the degree. The remediation
25 may occur while the applicant is registered as an associate.

26 (B) For an applicant who obtained his or her degree within the
27 timeline prescribed by subdivision (a) of Section 4999.32 the
28 degree shall contain no less than 48 graduate semester units or 72
29 graduate quarter units of instruction.

30 (C) Six semester units or nine quarter units of supervised
31 practicum or field study experience, including, but not limited to,
32 a minimum of 280 hours of face-to-face supervised clinical
33 experience counseling individuals, families, or groups.

34 (D) The required areas of study listed in subparagraphs (A) to
35 (M), inclusive, of paragraph (1) of subdivision (c) of Section
36 4999.33.

37 (i) (I) An applicant whose degree is deficient in no more than
38 six of the required areas of study listed in subparagraphs (A) to
39 (M), inclusive, of paragraph (1) of subdivision (c) of Section
40 4999.33 may satisfy those deficiencies by successfully completing

1 graduate level coursework at an accredited or approved institution,
2 as defined in Section 4999.12. Coursework taken to meet any
3 deficiencies shall be the equivalent of three semester units or four
4 and one-half quarter units of study.

5 (II) Notwithstanding subclause (I), no applicant shall be deficient
6 in the required areas of study specified in subparagraph (E) or (G)
7 of paragraph (1) of subdivision (c) of Section 4999.33.

8 (ii) An applicant who completed a course in professional
9 orientation, ethics, and law in counseling as required by
10 subparagraph (I) of paragraph (1) of subdivision (c) of Section
11 4999.33 that did not contain instruction in California law and ethics
12 shall complete an 18-hour course in California law and professional
13 ethics that includes, but is not limited to, instruction in advertising,
14 scope of practice, scope of competence, treatment of minors,
15 confidentiality, dangerous clients, psychotherapist-client privilege,
16 recordkeeping, client access to records, state and federal laws
17 relating to confidentiality of patient health information, dual
18 relationships, child abuse, elder and dependent adult abuse, online
19 therapy, insurance reimbursement, civil liability, disciplinary
20 actions and unprofessional conduct, ethics complaints and ethical
21 standards, termination of therapy, standards of care, relevant family
22 law, and therapist disclosures to clients. An applicant shall
23 complete this coursework prior to registration as an associate.

24 (iii) An applicant who has not completed a course in professional
25 orientation, ethics, and law in counseling as required by
26 subparagraph (I) of paragraph (1) of subdivision (c) of Section
27 4999.33 shall complete this required coursework, including content
28 in California law and ethics. An applicant shall complete this
29 coursework prior to registration as an associate.

30 (2) The applicant completes any units required by subdivision
31 (c) of Section 4999.33 not already completed in his or her education
32 as follows:

33 (A) At least 15 semester units or 22.5 quarter units of advanced
34 coursework to develop knowledge of specific treatment issues or
35 special populations. This coursework is in addition to the course
36 requirements described in subparagraph (D) of paragraph (1).

37 (B) Coursework shall be from an accredited or approved school,
38 college, or university as defined in Section 4999.12.

39 (3) (A) The applicant completes the following coursework not
40 already completed in his or her education:

1 (i) A minimum of 10 contact hours of training in human
2 sexuality, as specified in Section 25 and any regulations
3 promulgated thereunder, including the study of the physiological,
4 psychological, and social cultural variables associated with sexual
5 behavior, gender identity, and the assessment and treatment of
6 psychosexual dysfunction.

7 (ii) A minimum of 15 contact hours of instruction in spousal or
8 partner abuse assessment, detection, intervention strategies, and
9 same-gender abuse dynamics.

10 (iii) A minimum of seven contact hours of training or
11 coursework in child abuse assessment and reporting as specified
12 in Section 28 and any regulations promulgated thereunder.

13 (iv) A minimum of 10 contact hours of instruction in aging and
14 long-term care, including biological, social, cognitive, and
15 psychological aspects of aging. This coursework shall include
16 instruction on the assessment and reporting of, as well as treatment
17 related to, elder and dependent adult abuse and neglect.

18 (B) This coursework may be from an accredited or approved
19 school, college, or university as defined in Section 4999.12, or
20 from a continuing education provider that is acceptable to the board
21 as defined in Section 4999.76. Undergraduate coursework shall
22 not satisfy this requirement.

23 (4) The applicant completes the following coursework not
24 already completed in his or her education from an accredited or
25 approved school, college, or university as defined in Section
26 4999.12, or from a continuing education provider that is acceptable
27 to the board as defined in Section 4999.76. Undergraduate
28 coursework shall not satisfy this requirement.

29 (A) At least three semester units, or 45 hours, of instruction
30 regarding the principles of mental health recovery-oriented care
31 and methods of service delivery in recovery-oriented practice
32 environments, including structured meetings with various
33 consumers and family members of consumers of mental health
34 services to enhance understanding of their experiences of mental
35 illness, treatment, and recovery.

36 (B) At least one semester unit, or 15 hours, of instruction that
37 includes an understanding of various California cultures and the
38 social and psychological implications of socioeconomic position.

39 (5) An applicant may complete any units and course content
40 requirements required under paragraph (2), (3), or (4) not already

1 completed in his or her education while registered with the board
2 as an associate.

3 ~~SEC. 33.~~

4 *SEC. 40.* Section 4999.63 of the Business and Professions Code
5 is amended to read:

6 4999.63. (a) This section applies to persons who apply for
7 licensure or registration on or after January 1, 2016, and who hold
8 a license as described in Section 4999.60.

9 (b) For purposes of Section 4999.60, education is substantially
10 equivalent if all of the following requirements are met:

11 (1) The degree is obtained from an accredited or approved
12 institution, as defined in Section 4999.12, and consists of the
13 following:

14 (A) (i) For an applicant who obtained his or her degree within
15 the timeline prescribed by subdivision (a) of Section 4999.33 the
16 degree shall contain no less than 60 graduate semester or 90
17 graduate quarter units of instruction.

18 (ii) Up to 12 semester units or 18 quarter units of instruction
19 may be remediated, if missing from the degree. The remediation
20 may occur while the applicant is registered as an associate.

21 (B) For an applicant who obtained his or her degree within the
22 timeline prescribed by subdivision (a) of Section 4999.32 the
23 degree shall contain no less than 48 graduate semester or 72
24 graduate quarter units of instruction.

25 (C) Six semester units or nine quarter units of supervised
26 practicum or field study experience, including, but not limited to,
27 a minimum of 280 hours of face-to-face supervised clinical
28 experience counseling individuals, families, or groups.

29 (i) An applicant who has been licensed for at least two years in
30 clinical practice, as verified by the board, is exempt from this
31 requirement.

32 (ii) An out-of-state applicant who has been licensed for less
33 than two years in clinical practice, as verified by the board, who
34 does not meet the supervised practicum or field study experience
35 requirement, shall remediate the requirement by demonstrating
36 completion of a total of 280 hours of face-to-face supervised
37 clinical experience, as specified in subparagraph (K) of paragraph
38 (3) of subdivision (c) of Section 4999.33. Any postdegree hours
39 gained to meet this requirement are in addition to the 3,000 hours

1 of experience required by this chapter, and shall be gained while
2 the applicant is registered with the board as an associate.

3 (D) The required areas of study specified in subparagraphs (A)
4 to (M), inclusive, of paragraph (1) of subdivision (c) of Section
5 4999.33.

6 (i) (I) An applicant whose degree is deficient in no more than
7 six of the required areas of study specified in subparagraphs (A)
8 to (M), inclusive, of paragraph (1) of subdivision (c) of Section
9 4999.33 may satisfy those deficiencies by successfully completing
10 graduate level coursework at an accredited or approved institution,
11 as defined in Section 4999.12. Coursework taken to meet any
12 deficiencies shall be the equivalent of three semester units or four
13 and one-half quarter units of study.

14 (II) Notwithstanding subclause (I), no applicant shall be deficient
15 in the required areas of study specified in subparagraphs (E) or
16 (G) of paragraph (1) of subdivision (c) of Section 4999.33.

17 (ii) An applicant who completed a course in professional
18 orientation, ethics, and law in counseling as required by
19 subparagraph (I) of paragraph (1) of subdivision (c) of Section
20 4999.33 that did not contain instruction in California law and ethics
21 shall complete an 18-hour course in California law and professional
22 ethics that includes, but is not limited to, instruction in advertising,
23 scope of practice, scope of competence, treatment of minors,
24 confidentiality, dangerous clients, psychotherapist-client privilege,
25 recordkeeping, client access to records, state and federal laws
26 relating to confidentiality of patient health information, dual
27 relationships, child abuse, elder and dependent adult abuse, online
28 therapy, insurance reimbursement, civil liability, disciplinary
29 actions and unprofessional conduct, ethics complaints and ethical
30 standards, termination of therapy, standards of care, relevant family
31 law, and therapist disclosures to clients. An applicant shall
32 complete this coursework prior to registration as an associate.

33 (iii) An applicant who has not completed a course in professional
34 orientation, ethics, and law in counseling as required by
35 subparagraph (I) of paragraph (1) of subdivision (c) of Section
36 4999.33 shall complete this required coursework, including content
37 in California law and ethics. An applicant shall complete this
38 coursework prior to registration as an associate.

(2) The applicant completes any units required under subdivision (c) of Section 4999.33 not already completed in his or her education as follows:

(A) At least 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations. This coursework is in addition to the course requirements described in subparagraph (D) of paragraph (1).

(B) Coursework shall be from an accredited or approved school, college, or university as defined in Section 4999.12.

(3) The applicant completes the following coursework not already completed in his or her education:

(A) A minimum of 10 contact hours of training in human sexuality, as specified in Section 25 and any regulations promulgated thereunder, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(B) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(C) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated under that section.

(D) A minimum of 10 contact hours of instruction in aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(E) This coursework may be from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

1 (A) At least three semester units or 45 hours of instruction
2 regarding the principles of mental health recovery-oriented care
3 and methods of service delivery in recovery-oriented practice
4 environments, including structured meetings with various
5 consumers and family members of consumers of mental health
6 services to enhance understanding of their experience of mental
7 illness, treatment, and recovery.

8 (B) At least one semester unit or 15 hours of instruction that
9 includes an understanding of various California cultures and the
10 social and psychological implications of socioeconomic position.

11 (5) An applicant may complete any units and course content
12 requirements required by subparagraph (D) of paragraph (1) or
13 paragraphs (2), (3), and (4) not already completed in his or her
14 education while registered with the board as an associate, unless
15 otherwise specified.

16 ~~SEC. 34.~~

17 *SEC. 41.* Section 4999.100 of the Business and Professions
18 Code is amended to read:

19 4999.100. (a) An associate registration shall expire one year
20 from the last day of the month in which it was issued.

21 (b) To renew a registration, the registrant on or before the
22 expiration date of the registration, shall do the following:

23 (1) Apply for a renewal on a form prescribed by the board.

24 (2) Pay a renewal fee prescribed by the board.

25 (3) Notify the board whether he or she has been convicted, as
26 defined in Section 490, of a misdemeanor or felony, or whether
27 any disciplinary action has been taken by any regulatory or
28 licensing board in this or any other state, subsequent to the
29 registrant's last renewal.

30 (4) Participate in the California law and ethics examination
31 pursuant to Section 4999.53 each year until successful completion
32 of this examination.

33 (c) The associate registration may be renewed a maximum of
34 five times. Registration shall not be renewed or reinstated beyond
35 six years from the last day of the month during which it was issued,
36 regardless of whether it has been revoked. When no further
37 renewals are possible, an applicant may apply for and obtain a
38 subsequent associate registration number if the applicant meets
39 the educational requirements for registration in effect at the time
40 of the application for a subsequent associate registration number

1 and has passed the California law and ethics examination described
2 in Section 4999.53. An applicant who is issued a subsequent
3 associate registration number pursuant to this subdivision shall
4 not be employed or volunteer in a private practice.

5 ~~SEC. 35.~~

6 *SEC. 42.* Section 6924 of the Family Code is amended to read:

7 6924. (a) As used in this section:

8 (1) “Mental health treatment or counseling services” means the
9 provision of mental health treatment or counseling on an outpatient
10 basis by any of the following:

11 (A) A governmental agency.

12 (B) A person or agency having a contract with a governmental
13 agency to provide the services.

14 (C) An agency that receives funding from community united
15 funds.

16 (D) A runaway house or crisis resolution center.

17 (E) A professional person, as defined in paragraph (2).

18 (2) “Professional person” means any of the following:

19 (A) A person designated as a mental health professional in
20 Sections 622 to 626, inclusive, of Article 8 of Subchapter 3 of
21 Chapter 1 of Title 9 of the California Code of Regulations.

22 (B) A marriage and family therapist as defined in Chapter 13
23 (commencing with Section 4980) of Division 2 of the Business
24 and Professions Code.

25 (C) A licensed educational psychologist as defined in Article 5
26 (commencing with Section 4986) of Chapter 13 of Division 2 of
27 the Business and Professions Code.

28 (D) A credentialed school psychologist as described in Section
29 49424 of the Education Code.

30 (E) A clinical psychologist as defined in Section 1316.5 of the
31 Health and Safety Code.

32 (F) The chief administrator of an agency referred to in paragraph
33 (1) or (3).

34 (G) A person registered as an associate marriage and family
35 therapist, as defined in Chapter 13 (commencing with Section
36 4980) of Division 2 of the Business and Professions Code, while
37 working under the supervision of a licensed professional specified
38 in subdivision (g) of Section 4980.03 of the Business and
39 Professions Code.

1 (H) A licensed professional clinical counselor, as defined in
2 Chapter 16 (commencing with Section 4999.10) of Division 2 of
3 the Business and Professions Code.

4 (I) A person registered as an associate professional clinical
5 counselor, as defined in Chapter 16 (commencing with Section
6 4999.10) of Division 2 of the Business and Professions Code, while
7 working under the supervision of a licensed professional specified
8 in subdivision (h) of Section 4999.12 of the Business and
9 Professions Code.

10 (3) “Residential shelter services” means any of the following:

11 (A) The provision of residential and other support services to
12 minors on a temporary or emergency basis in a facility that services
13 only minors by a governmental agency, a person or agency having
14 a contract with a governmental agency to provide these services,
15 an agency that receives funding from community funds, or a
16 licensed community care facility or crisis resolution center.

17 (B) The provision of other support services on a temporary or
18 emergency basis by any professional person as defined in paragraph
19 (2).

20 (b) A minor who is 12 years of age or older may consent to
21 mental health treatment or counseling on an outpatient basis, or
22 to residential shelter services, if both of the following requirements
23 are satisfied:

24 (1) The minor, in the opinion of the attending professional
25 person, is mature enough to participate intelligently in the
26 outpatient services or residential shelter services.

27 (2) The minor (A) would present a danger of serious physical
28 or mental harm to self or to others without the mental health
29 treatment or counseling or residential shelter services, or (B) is
30 the alleged victim of incest or child abuse.

31 (c) A professional person offering residential shelter services,
32 whether as an individual or as a representative of an entity specified
33 in paragraph (3) of subdivision (a), shall make his or her best
34 efforts to notify the parent or guardian of the provision of services.

35 (d) The mental health treatment or counseling of a minor
36 authorized by this section shall include involvement of the minor’s
37 parent or guardian unless, in the opinion of the professional person
38 who is treating or counseling the minor, the involvement would
39 be inappropriate. The professional person who is treating or
40 counseling the minor shall state in the client record whether and

1 when the person attempted to contact the minor's parent or
2 guardian, and whether the attempt to contact was successful or
3 unsuccessful, or the reason why, in the professional person's
4 opinion, it would be inappropriate to contact the minor's parent
5 or guardian.

6 (e) The minor's parents or guardian are not liable for payment
7 for mental health treatment or counseling services provided
8 pursuant to this section unless the parent or guardian participates
9 in the mental health treatment or counseling, and then only for
10 services rendered with the participation of the parent or guardian.
11 The minor's parents or guardian are not liable for payment for any
12 residential shelter services provided pursuant to this section unless
13 the parent or guardian consented to the provision of those services.

14 (f) This section does not authorize a minor to receive convulsive
15 therapy or psychosurgery as defined in subdivisions (f) and (g) of
16 Section 5325 of the Welfare and Institutions Code, or psychotropic
17 drugs without the consent of the minor's parent or guardian.

18 *SEC. 43. No reimbursement is required by this act pursuant*
19 *to Section 6 of Article XIII B of the California Constitution because*
20 *the only costs that may be incurred by a local agency or school*
21 *district will be incurred because this act creates a new crime or*
22 *infraction, eliminates a crime or infraction, or changes the penalty*
23 *for a crime or infraction, within the meaning of Section 17556 of*
24 *the Government Code, or changes the definition of a crime within*
25 *the meaning of Section 6 of Article XIII B of the California*
26 *Constitution.*



MEMORANDUM

DATE	May 4, 2018
TO	Members of the Dental Board of California
FROM	Karen M. Fischer, MPA Executive Officer
SUBJECT	Agenda Item 9C: Discussion and Possible Action Regarding Draft Statutory Language to Update Definitions of General Anesthesia, Conscious Sedation, and Oral Sedation for Pediatrics and Adults

As you will recall, 2016 was an active year where the Board devoted considerable time to respond to Senator Jerry Hill's request to research California's present laws, regulations and policies related to pediatric dental anesthesia in order to determine whether or not they are sufficient to guard against unnecessary use of general anesthesia in the treatment of pediatric patients; and whether these laws assure patient safety. The report was submitted by January 1, 2017. While the Board was conducting the research and compiling its report, Assembly Member Thurmond introduced AB 2235 – Caleb's Law which also required this report to be submitted to the Legislature. In its report, the Board concluded that California's present laws, regulations and policies are sufficient to provide protection to pediatric patients during dental sedation. However, the Board also made five recommendations to enhance current statutes and regulations in order to provide an even greater level of public protection.

During 2017, there were a number of bills introduced to implement the Board's recommendations. The Board observed the progress of SB 392(Bates), SB 501(Glazer), and AB 224(Thurmond), all of which were held in Committees.

Early this year I was approached by a stakeholder organization asking the Board to consider drafting new language that would address only two of the Board's recommendations – updating the definitions of general anesthesia, conscious sedation, and oral sedation for pediatric patients and adults and requiring the use of capnography for moderate sedation. After discussions with the Board's President and Vice President (also the Legislative Committee Chair) we decided to have staff draft language that addresses only these two recommendations. Staff utilized parts of SB 501 and AB 224 that already were agreed upon by stakeholder groups. We are hopeful that introducing this simplified language, addressing only two recommendations, will move the Board's recommendations forward. Attached is the draft language.

ARTICLE 6. Unearned Rebates, Refunds and Discounts [650 - 657]

654.3.

(a) For purposes of this section, the following definitions shall apply:

(1) "Licensee" means an individual, firm, partnership, association, corporation, limited liability company, or cooperative association licensed under this division or under any initiative act or division referred to in this division.

(2) "Licensee's office" means either of the following:

(A) An office of a licensee in solo practice.

(B) An office in which services or goods are personally provided by the licensee or by employees in that office, or personally by independent contractors in that office, in accordance with law. Employees and independent contractors shall be licensed or certified when licensure or certification is required by law.

(3) "Open-end credit" means credit extended by a creditor under a plan in which the creditor reasonably contemplates repeated transactions, the creditor may impose a finance charge from time to time on an outstanding unpaid balance, and the amount of credit that may be extended to the debtor during the term of the plan, up to any limit set by the creditor, is generally made available to the extent that any outstanding balance is repaid.

(4) "Patient" includes, but is not limited to, the patient's parent or other legal representative.

(b) It is unlawful for a licensee, or employee or agent of that licensee, to charge treatment or costs to an open-end credit or loan, that is extended by a third party and that is arranged for, or established in, that licensee's office, before the date upon which the treatment is rendered or costs are incurred, without first providing the patient with a treatment plan, as required by subdivision (e) and a list of which treatment and services are being charged in advance of rendering or incurring of costs.

(c) A licensee shall, within 15 business days of a patient's request, refund to the lender any payment received through credit or a loan extended by a third party that is arranged for, or established in, that licensee's office for treatment that has not been rendered or costs that have not been incurred.

(d) A licensee, or an employee or agent of that licensee, shall not arrange for or establish credit or a loan extended by a third party for a patient without first providing the following written or electronic notice, on one page or screen, respectively, in at least 14-point type, and obtaining a signature from the patient:

"Credit or Loan for Health Care Services

The attached application and information is for a credit card/line of credit or loan to help you finance your health care treatment. You should know that:

You are applying for a ____ credit card/line of credit or a ____ loan for \$____.

You do not have to apply for the credit card/line of credit or loan. You may pay your health care provider for treatment in another manner.

This credit card/line of credit or loan is not a payment plan with the provider's office; it is credit with, or a loan made by, [name of company issuing the credit card/line of credit or loan]. Your health care provider does not work for this company.

Before applying for this credit card/line of credit or loan, you have the right to a written treatment plan from your health care provider that includes the anticipated treatment to be provided and the estimated costs of each service.

If you are approved for a credit card/line of credit or loan, your health care provider can only charge treatment and laboratory costs to that credit card/line of credit or loan when you get the treatment or the health care provider incurs costs unless your health care provider has first given you a list of treatments that you are paying for in advance and the cost for each treatment or service.

You have the right to receive a credit to your credit card/line of credit or loan account refunded for any costs charged to the credit card/line of credit or loan for treatment that has not been rendered or costs that your health care provider has not incurred. Your health care provider must refund the amount of the charges to the lender within 15 business days of your request, after which the lender will credit your account.

Please read carefully the terms and conditions of this credit card/line of credit or loan, including any promotional offers.

You may be required to pay interest rates on the amount charged to the credit card/line of credit or the amount of the loan. If you miss a payment or do not pay on time, you may have to pay a penalty on the entire cost of your procedure and a higher interest rate.

You may use this credit card/line of credit or loan for payments toward subsequent health care services.

If you do not pay the money that you owe the company that provides you with a credit card/line of credit or loan, your missed payments can appear on your credit report and could hurt your credit rating. You could also be sued.

[Patient's Signature]"

(e) Prior to arranging for or establishing credit or a loan extended by a third party, a licensee shall give a patient a written treatment plan. The treatment plan shall include each anticipated service to be provided and the estimated cost of each service. If a patient is covered by a private or government medical benefit plan or medical insurance, from which the licensee takes assignment of benefits, the treatment plan shall indicate the patient's private or government-estimated share of cost for each service. If the licensee does not take assignment of benefits from a patient's medical benefit plan or insurance, the treatment plan shall indicate that the treatment may or may not be covered by a patient's medical benefit or insurance plan, and that the patient has the right to confirm medical benefit or insurance information from the patient's plan, insurer, or employer before beginning treatment.

(f) A licensee, or an employee or agent of that licensee, shall not arrange for or establish credit or a loan extended by a third party for a patient with whom the licensee, or an employee or agent of that licensee, communicates primarily in a language other than English that is one of the Medi-Cal threshold languages, unless the written notice information required by subdivision (d) is also provided in that language.

(g) A licensee, or an employee or agent of that licensee, shall not arrange for or establish credit or a loan that is extended by a third party for a patient who has been administered or is under the influence of general anesthesia, deep sedation, moderate conscious sedation, oral conscious sedation, or nitrous oxide.

(h) A patient who suffers any damage as a result of the use or employment by any person of a method, act, or practice that willfully violates this section may seek the relief provided by Chapter 4 (commencing with Section 1780) of Title 1.5 of Part 4 of Division 3 of the Civil Code.

(i) The rights, remedies, and penalties established by this article are cumulative, and shall not supersede the rights, remedies, or penalties established under other laws.

ARTICLE 2.7. Use of Deep Sedation or General Anesthesia [1646 - 1646.9]

1646.

(a) "Deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

~~(b) "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 means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.~~

1646.1.

(a) No dentist shall administer or order the administration of deep sedation or 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. A dentist shall be~~

physically within the dental office at the time of ordering, and during the administration of, deep sedation or general anesthesia.

(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 moderate conscious patient sedation,~~ or oral conscious sedation.

1646.2.

(a) A dentist who desires to administer or order the administration of deep sedation or general anesthesia shall apply to the board on an application form prescribed by the board. The dentist must submit an application fee and produce evidence showing that he or she 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.

1646.3.

(a) A physical evaluation and medical history shall be taken before the administration of deep sedation or general anesthesia.

(b) Any dentist holding a permit shall maintain medical history, physical evaluation, and deep sedation or general anesthesia records as required by board regulations.

1646.4.

(a) Prior to the issuance or renewal of a permit for the use of deep sedation, 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 deep sedation or 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.

(c) It is the intent of the Legislature that the board hire sufficient staff to administer the program and that the fees established pursuant to this section be equivalent to administration and enforcement costs incurred by the board in carrying out this article.

1646.5.

A permittee shall be required to complete 24 hours of approved courses of study related to deep sedation or 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.

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.

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.

1646.8.

Nothing in this chapter shall be construed to authorize a dentist to administer or directly supervise the administration of deep sedation or general anesthesia for reasons other than dental treatment, as defined in Section 1625.

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 deep sedation or general anesthesia in the office of a licensed dentist for dental patients, without regard to whether the dentist possesses a permit issued pursuant to this article, if 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 deep sedation or 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 deep sedation or 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 deep sedation or 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~~five years. Refusal to submit to an inspection shall result in automatic denial or revocation of the permit.

ARTICLE 2.8. Use of Moderate Conscious Sedation [1647 - 1647.9]

1647.

(a) The Legislature finds and declares that a commendable patient safety record has been maintained in the past by dentists and those other qualified providers of anesthesia services who, pursuant to a dentist's authorization, administer patient sedation, and that the increasing number of pharmaceuticals and techniques used to administer them for patient sedation require additional regulation to maintain patient safety in the future.

(b) The Legislature further finds and declares all of the following:

(1) That previous laws enacted in 1980 contained separate and distinct definitions for general anesthesia and the state of consciousness.

(2) That in dental practice, there is a continuum of sedation used which cannot be adequately defined in terms of consciousness and general anesthesia.

(3) That the administration of sedation through this continuum results in different states of consciousness that may or may not be predictable in every instance.

(4) That in most instances, the level of sedation will result in a predictable level of consciousness during the entire time of sedation.

(c) The Legislature further finds and declares that the educational standards presently required for deep sedation and general anesthesia should be required when the degree of sedation in the continuum of sedation is such that there is a reasonable possibility that loss of consciousness may result, even if unintended. ~~These degrees of sedation have been referred to as "deep sedation" and "light general anesthesia" in dental literature. However, achieving the degree of moderate sedation, commonly referred to as "light conscious sedation," where a margin of safety exists wide enough to render unintended loss of consciousness unlikely, requires educational standards appropriate to the administration of the resulting predictable level of consciousness.~~

1647.1.

(a) As used in this article, "moderate conscious sedation" means a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained, a minimally depressed level of consciousness produced by a pharmacologic or nonpharmacologic method, or a combination thereof, that retains the patient's ability to maintain independently and continuously an airway, and respond appropriately to physical stimulation or verbal

~~command. "Conscious sedation" does not include the administration of oral medications or the administration of a mixture of nitrous oxide and oxygen, whether administered alone or in combination with each other.~~

(b) The drugs and techniques used in moderate ~~conscious~~ sedation shall have a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from painful stimuli shall not be considered to be in a state of moderate ~~conscious~~ sedation.

(c) For the very young or ~~an handicapped~~ individual, incapable of the usually expected verbal response, a minimally depressed level of consciousness for that individual should be maintained.

1647.2.

(a) No dentist shall administer or order the administration of, moderate ~~conscious~~ sedation on an outpatient basis for dental patients unless one of the following conditions is met:

(1) The dentist possesses a current license in good standing to practice dentistry in California and either holds a valid general anesthesia permit or obtains a permit issued by the board authorizing the dentist to administer moderate ~~conscious~~ sedation.

(2) The dentist possesses a current permit under Section 1638 or 1640 and either holds a valid general anesthesia permit or obtains a permit issued by the board authorizing the dentist to administer moderate ~~conscious~~ sedation.

(b) A moderate ~~conscious~~ sedation permit shall expire on the date specified in Section 1715 which next occurs after its issuance, unless it is renewed as provided in this article.

(c) This article shall not apply to the administration of local anesthesia, oral conscious sedation, deep sedation, or ~~to~~ general anesthesia.

(d) A dentist who orders the administration of moderate ~~conscious~~ sedation shall be physically present in the treatment facility while the patient is sedated.

(e) A dentist with a moderate sedation permit shall possess the training, equipment, and supplies to rescue a patient from an unintended deeper level of sedation.

1647.3.

(a) A dentist who desires to administer or order the administration of moderate ~~conscious~~ sedation, shall apply to the board on an application form prescribed by the board. The dentist shall submit an application fee and produce evidence showing that he or she has successfully completed ~~a course of training in~~ moderate ~~conscious~~ sedation that meets the requirements of subdivision (c).

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

(c) ~~Training A course~~ in the administration of moderate conscious sedation shall be acceptable if it meets the following as approved by the board:

(1) ~~Consists of at least~~ A minimum of 60 hours of instruction; plus management of at least 20 cases of administration of moderate sedation for a variety of dental procedures.

(2) ~~Requires satisfactory completion of at least 20 cases of administration of conscious sedation for a variety of dental procedures.~~

(23) Complies with the requirements of the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students ~~the Comprehensive Control of Anxiety and Pain in Dentistry~~ of the American Dental Association.

1647.4

A moderate sedation permit shall expire on the date specified in Section 1715 that next occurs after its issuance, unless it is renewed as provided in this article.

1647.5.

A permittee shall be required to complete 15 hours of approved courses of study related to moderate conscious sedation 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.

1647.6.

A physical evaluation and medical history shall be taken before the administration of moderate conscious sedation. Any dentist holding a permit shall maintain records of the physical evaluation, medical history, and moderate conscious sedation procedures used as required by board regulations.

1647.7.

(a) Prior to the issuance or renewal of a permit to administer moderate conscious sedation, 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 in every six years. Refusal to submit to an inspection shall result in automatic denial or revocation of the permit.

~~(b) An applicant who has successfully completed the training course required by Section 1647.3 may be granted a one-year temporary permit by the board prior to the onsite~~

~~inspection and evaluation. Failure to pass the inspection and evaluation shall result in the immediate and automatic termination of the temporary permit.~~

(eb) The board may contract with public or private organizations or individuals expert in dental outpatient moderate ~~conscious~~ sedation 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.

1647.8.

(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 the board hire sufficient staff to administer the program and that the fees established pursuant to this section be equivalent to administration and enforcement costs incurred by the board in carrying out this article.

1647.9.

A violation of any provision 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. 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 board shall have all the powers granted therein.

ARTICLE 2.85. Use of Oral Conscious Sedation for PediatricMinor Patients
[1647.10 - 1647.17]

1647.10.

As used in this article:

(a) "Oral conscious sedation" is defined as minimal sedation, and means a drug-induced state produced by oral medication during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes and ventilatory and cardiovascular functions are unaffected. ~~a minimally depressed level of consciousness produced by oral medication that retains the patient's ability to maintain independently and continuously an airway, and respond appropriately to physical stimulation or verbal command.~~

(1) The drugs and techniques used in oral conscious sedation shall have a margin of safety wide enough to render unintended moderate sedation or loss of consciousness unlikely. ~~Further, patients whose only response is reflex withdrawal from painful stimuli would not be considered to be in a state of oral~~

~~conscious sedation~~ Patients who require tactile stimulation to elicit a response to verbal commands shall not be considered to be in a state of minimal sedation.

2) For the very young or an handicapped individual, incapable of the usually expected verbal response, a minimally depressed level of consciousness should be maintained.

b) "Minor patient" means a dental patient under the age of 13 years.

~~(c) "Certification" means the issuance of a certificate to a dentist licensed by the board who provides the board with his or her name, and the location where the administration of oral conscious sedation will occur, and fulfills the requirements specified in Sections 1647.12 and 1647.13.~~

1647.11.

(a) Notwithstanding subdivision (a) of Section 1647.2, a dentist may not administer oral conscious sedation on an outpatient basis to a minor patient unless one of the following conditions is met:

(1) The dentist possesses a current license in good standing to practice dentistry in California and either holds a valid general anesthesia permit, moderate conscious sedation permit, or has been issued a permit ~~certified~~ by the board, pursuant to Section 1647.12, to administer oral conscious sedation to minor patients.

(2) The dentist possesses a current permit issued under Section 1638 or 1640 and either holds a valid general anesthesia permit, or moderate conscious sedation permit, or has been issued an ~~possesses a certificate as a provider of~~ oral conscious sedation ~~tefor~~ for minor patients in compliance with, and pursuant to, this article.

~~(b) An oral conscious sedation permit for minor patients shall expire on the date provided in Section 1715 which next occurs after its issuance, unless it is renewed as provided in this article. Certification as a provider of oral conscious sedation to minor patients expires at the same time the license or permit of the dentist expires unless renewed at the same time the dentist's license or permit is renewed after its issuance, unless certification is renewed as provided in this article.~~

(c) This article shall not apply to the administration of local anesthesia or a mixture of nitrous oxide and oxygen or to the administration, dispensing, or prescription of postoperative medications.

1647.12.

A dentist who desires to administer, or order the administration of, oral conscious sedation for minor patients, who does not hold a general anesthesia permit, as provided in Sections 1646.1 and 1646.2, or a moderate conscious sedation permit, as provided in Sections 1647.2 and 1647.3, shall apply to the board on an application form prescribed by the board ~~register his or her name with the board on a board-prescribed registration form~~. The dentist shall submit the application ~~registration~~ fee and evidence showing that he or she satisfies any of the following requirements:

- (a) Satisfactory completion of a postgraduate program in oral and maxillofacial surgery or pediatric dentistry approved by either the Commission on Dental Accreditation or a comparable organization approved by the board.
- (b) Satisfactory completion of a periodontics or general practice residency or other advanced education in a general dentistry program approved by the board.
- (c) Satisfactory completion of a board-approved educational program on oral medications and sedation.

1647.13.

A permit ~~certificate~~ holder shall be required to complete a minimum of 7seven hours of approved courses of study related to oral conscious sedation of minor patients as a condition of ~~certification-renewal-as-an-oral-conscious-sedation-provider~~. Those courses of study shall be accredited toward any continuing education required by the board pursuant to Section 1645.

1647.14.

(a) A physical evaluation and medical history shall be taken before the administration of, oral conscious sedation to a minor. Any dentist who administers, or orders the administration of, oral conscious sedation to a minor shall maintain records of the physical evaluation, medical history, and oral conscious sedation procedures used as required by the board regulations.

(b) A dentist who administers, or who orders the administration of, oral conscious sedation for a minor patient shall be physically present in the treatment facility while the patient is sedated and shall be present until discharge of the patient from the facility.

(c) The drugs and techniques used in oral conscious sedation to minors shall have a margin of safety wide enough to render unintended loss of consciousness unlikely.

1647.15.

The fee for an application for ~~the initial permit certification~~ or renewal under this article shall not exceed the amount necessary to cover administration and enforcement costs incurred by the board in carrying out this article. ~~The listed fee may be prorated based upon the date of the renewal of the dentist's license or permit.~~

1647.16.

Any office in which oral conscious sedation of minor patients is conducted pursuant to this article shall, unless otherwise provided by law, meet the facilities and equipment standards set forth by the board in regulation.

1647.17.

A violation of any provision of this article constitutes unprofessional conduct and is grounds for the revocation or suspension of the dentist's permit, ~~certificate~~, license, or ~~both~~ all three, or the dentist may be reprimanded or placed on probation. The proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part I of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.

ARTICLE 2.86. Use of Oral Conscious Sedation for Adult Patients [1647.18 - 1647.26]

1647.18.

As used in this article, the following terms have the following meanings:

(a) "Adult patient" means a dental patient 13 years of age or older.

~~(b) "Certification" means the issuance of a certificate to a dentist licensed by the board who provides the board with his or her name and the location at which the administration of oral conscious sedation will occur, and fulfills the requirements specified in Sections 1647.12 and 1647.13.~~

~~(c)~~ "Oral conscious sedation" means a minimally depressed level of consciousness produced by oral medication that retains the patient's ability to maintain independently and continuously an airway, and respond appropriately to physical stimulation or verbal command "Oral conscious sedation" does not include dosages less than or equal to the single maximum recommended dose that can be prescribed for home use.

(1) The drugs and techniques used in oral conscious sedation shall have a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from painful stimuli would not be considered to be in a state of oral conscious sedation.

(2) For ~~the an handicapped~~ individual, incapable of the usually expected verbal response, a minimally depressed level of consciousness for that individual should be maintained.

1647.19.

(a) Notwithstanding subdivision (a) of Section 1647.2, a dentist may not administer oral conscious sedation on an outpatient basis to an adult patient unless the dentist possesses a current license in good standing to practice dentistry in California, and one of the following conditions is met:

(1) The dentist holds a valid general anesthesia permit, holds a moderate conscious sedation permit, has been issued a permit ~~certified~~ by the board, pursuant to Section 1647.20, to administer oral conscious sedation to adult patients, or has been issued a permit ~~certified~~ by the board, pursuant to Section 1647.12, to administer oral conscious sedation to minor patients.

(2) The dentist possesses a current permit issued under Section 1638 or 1640 and either holds a valid general anesthesia permit, ~~or moderate conscious sedation permit~~, or possesses a permit ~~certificate~~ as a provider of oral conscious-sedation to adult or ~~minor~~ patients in compliance with, and pursuant to, this article.

(b) An oral conscious sedation permit for adult patients shall expire on the date provided in Section 1715 which next occurs after its issuance, unless it is renewed as provided in this article. ~~Certification as a provider of oral conscious sedation to adult patients expires at the same time the license or permit of the dentist expires unless renewed at the same time the dentist's license or permit is renewed after its issuance, unless certification is renewed as provided in this article.~~

(c) This article shall not apply to the administration of local anesthesia or a mixture of nitrous oxide and oxygen, or to the administration, dispensing, or prescription of postoperative medications.

1647.20.

A dentist who desires to administer, or order the administration of, oral conscious sedation for adult patients, who does not hold a general anesthesia permit, as provided in Sections 1646.1 and 1646.2, does not hold a moderate conscious sedation permit, as provided in Sections 1647.2 and 1647.3, and has not been permitted ~~certified~~ by the board, pursuant to Section 1647.12, to administer oral conscious sedation to minor patients, shall apply to the board on an application form prescribed by the board ~~register his or her name with the board on a registration form prescribed by the board~~. The dentist shall submit the application ~~registration~~ fee and evidence showing that he or she satisfies any of the following requirements:

(a) Satisfactory completion of a postgraduate program in oral and maxillofacial surgery approved by either the Commission on Dental Accreditation or a comparable organization approved by the board.

(b) Satisfactory completion of a periodontics or general practice residency or other advanced education in a general dentistry program approved by the board.

(c) Satisfactory completion of a board-approved educational program on oral medications and sedation.

~~(d) For an applicant who has been using oral conscious sedation in connection with the treatment of adult patients, submission of documentation as required by the board of 10 cases of oral conscious sedation satisfactorily performed by the applicant on adult patients in any three-year period ending no later than December 31, 2005.~~

1647.21.

A ~~permit certificate~~ holder shall be required to complete a minimum of seven hours of approved courses of study related to oral conscious sedation of adult patients as a condition of certification renewal ~~as an oral conscious sedation provider~~. Those courses of study shall be accredited toward any continuing education required by the board pursuant to Section 1645.

1647.22.

(a) A physical evaluation and medical history shall be taken before the administration of oral conscious sedation to an adult. Any dentist who administers, or orders the administration of, oral conscious sedation to an adult shall maintain records of the physical evaluation, medical history, and oral conscious sedation procedures used as required by the board regulations.

(b) A dentist who administers, or who orders the administration of, oral conscious sedation for an adult patient shall be physically present in the treatment facility while the patient is sedated, and shall be present until discharge of the patient from the facility.

(c) The drugs and techniques used in oral conscious sedation to adults shall have a margin of safety wide enough to render unintended loss of consciousness unlikely.

1647.23.

The fee for an application for initial ~~permit certificate~~ or renewal under this article shall not exceed the amount necessary to cover administration and enforcement costs incurred by the board in carrying out this article. ~~The listed fee may be prorated based upon the date of the renewal of the dentist's license or permit.~~

1647.24.

Any office in which oral conscious sedation of adult patients is conducted pursuant to this article shall, unless otherwise provided by law, meet the facilities and equipment standards set forth by the board in regulation.

1647.25.

A violation of any provision of this article constitutes unprofessional conduct and is grounds for the revocation or suspension of the dentist's permit, ~~certificate~~, license, or ~~all three both~~, or the dentist may be reprimanded or placed on probation. The proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part I of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.

1647.26.

~~The sum of forty-seven thousand dollars (\$47,000) is hereby appropriated for the 2005-06 fiscal year from the State Dentistry Fund to the Department of Consumer Affairs for the purpose of processing applications for adult conscious sedation certificates pursuant to this article.~~

ARTICLE 4. Suspension and Revocation of Licenses [1670 - 1687]

1680.

Unprofessional conduct by a person licensed under this chapter is defined as, but is not limited to, any one of the following:

- (a) The obtaining of any fee by fraud or misrepresentation.
- (b) The employment directly or indirectly of any student or suspended or unlicensed dentist to practice dentistry as defined in this chapter.
- (c) The aiding or abetting of any unlicensed person to practice dentistry.
- (d) The aiding or abetting of a licensed person to practice dentistry unlawfully.
- (e) The committing of any act or acts of sexual abuse, misconduct, or relations with a patient that are substantially related to the practice of dentistry.
- (f) The use of any false, assumed, or fictitious name, either as an individual, firm, corporation, or otherwise, or any name other than the name under which he or she is licensed to practice, in advertising or in any other manner indicating that he or she is practicing or will practice dentistry, except that name as is specified in a valid permit issued pursuant to Section 1701.5.
- (g) The practice of accepting or receiving any commission or the rebating in any form or manner of fees for professional services, radiograms, prescriptions, or other services or articles supplied to patients.
- (h) The making use by the licensee or any agent of the licensee of any advertising statements of a character tending to deceive or mislead the public.
- (i) The advertising of either professional superiority or the advertising of performance of professional services in a superior manner. This subdivision shall not prohibit advertising permitted by subdivision (h) of Section 651.
- (j) The employing or the making use of solicitors.
- (k) The advertising in violation of Section 651.

- (l) The advertising to guarantee any dental service, or to perform any dental operation painlessly. This subdivision shall not prohibit advertising permitted by Section 651.
 - (m) The violation of any of the provisions of law regulating the procurement, dispensing, or administration of dangerous drugs, as defined in Chapter 9 (commencing with Section 4000) or controlled substances, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code.
 - (n) The violation of any of the provisions of this division.
 - (o) The permitting of any person to operate dental radiographic equipment who has not met the requirements of Section 1656.
 - (p) The clearly excessive prescribing or administering of drugs or treatment, or the clearly excessive use of diagnostic procedures, or the clearly excessive use of diagnostic or treatment facilities, as determined by the customary practice and standards of the dental profession.
- Any person who violates this subdivision is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars (\$100) or more than six hundred dollars (\$600), or by imprisonment for a term of not less than 60 days or more than 180 days, or by both a fine and imprisonment.
- (q) The use of threats or harassment against any patient or licensee for providing evidence in any possible or actual disciplinary action, or other legal action; or the discharge of an employee primarily based on the employee's attempt to comply with the provisions of this chapter or to aid in the compliance.
 - (r) Suspension or revocation of a license issued, or discipline imposed, by another state or territory on grounds that would be the basis of discipline in this state.
 - (s) The alteration of a patient's record with intent to deceive.
 - (t) Unsanitary or unsafe office conditions, as determined by the customary practice and standards of the dental profession.
 - (u) 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.
 - (v) The willful misrepresentation of facts relating to a disciplinary action to the patients of a disciplined licensee.
 - (w) Use of fraud in the procurement of any license issued pursuant to this chapter.
 - (x) Any action or conduct that would have warranted the denial of the license.
 - (y) The aiding or abetting of a licensed dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to practice dentistry in a negligent or incompetent manner.

(z) (1) The failure to report to the board in writing within seven days any of the following: (A) the death of his or her patient during the performance of any dental or dental hygiene procedure; (B) the discovery of the death of a patient whose death is related to a dental or dental hygiene procedure performed by him or her; or (C) except for a scheduled hospitalization, the removal to a hospital or emergency center for medical treatment of any patient to whom oral conscious sedation, moderate conscious sedation, ~~or general anesthesia~~, or deep sedation was administered, or any patient as a result of dental or dental hygiene treatment. With the exception of patients to whom oral conscious sedation, moderate conscious sedation, ~~or general anesthesia~~, or deep sedation was administered, removal to a hospital or emergency center that is the normal or expected treatment for the underlying dental condition is not required to be reported. Upon receipt of a report pursuant to this subdivision the board may conduct an inspection of the dental office if the board finds that it is necessary. A dentist shall report to the board all deaths occurring in his or her practice with a copy sent to the Dental Hygiene Committee of California if the death was the result of treatment by a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions shall report to the Dental Hygiene Committee of California all deaths occurring as the result of dental hygiene treatment, and a copy of the notification shall be sent to the board.

(2) The report required by this subdivision shall be on a form or forms approved by the board. The form or forms approved by the board shall require the licensee to include, but not be limited to, the following information for cases in which patients received anesthesia: the date of the procedure; the patient's age in years and months, weight, and sex; the patient's American Society of Anesthesiologists (ASA) physical status; the patient's primary diagnosis; the patient's coexisting diagnoses; the procedures performed; the sedation setting; the medications used; the monitoring equipment used; the category of the provider responsible for sedation oversight; the category of the provider delivering sedation; the category of the provider monitoring the patient during sedation; whether the person supervising the sedation performed one or more of the procedures; the planned airway management; the planned depth of sedation; the complications that occurred; a description of what was unexpected about the airway management; whether there was transportation of the patient during sedation; the category of the provider conducting resuscitation measures; and the resuscitation equipment utilized. Disclosure of individually identifiable patient information shall be consistent with applicable law. A report required by this subdivision shall not be admissible in any action brought by a patient of the licensee providing the report.

(3) For the purposes of paragraph (2), categories of provider are: General Dentist, Pediatric Dentist, Oral Surgeon, Dentist Anesthesiologist, Physician Anesthesiologist, Dental Assistant, Registered Dental Assistant, Dental Sedation Assistant, Registered Nurse, Certified Registered Nurse Anesthetist, or Other.

(4) The form shall state that this information shall not be considered an admission of guilt, but is for educational, data, or investigative purposes.

(5) The board may assess a penalty on any licensee who fails to report an instance of an adverse event as required by this subdivision. The licensee may dispute the failure

to file within 10 days of receiving notice that the board had assessed a penalty against the licensee.

(aa) Participating in or operating any group advertising and referral services that are in violation of Section 650.2.

(ab) The failure to use a fail-safe machine with an appropriate exhaust system in the administration of nitrous oxide. The board shall, by regulation, define what constitutes a fail-safe machine.

(ac) Engaging in the practice of dentistry with an expired license.

(ad) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of bloodborne infectious diseases from dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to patient, from patient to patient, and from patient to dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, guidelines, and regulations pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne pathogens in health care settings. The board shall review infection control guidelines, if necessary, on an annual basis and proposed changes shall be reviewed by the Dental Hygiene Committee of California to establish a consensus. The committee shall submit any recommended changes to the infection control guidelines for review to establish a consensus. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians, to encourage appropriate consistency in the implementation of this subdivision.

The board shall seek to ensure that all appropriate dental personnel are informed of the responsibility to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of bloodborne infectious diseases.

(ae) The utilization by a licensed dentist of any person to perform the functions of any registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions who, at the time of initial employment, does not possess a current, valid license or permit to perform those functions.

(af) The prescribing, dispensing, or furnishing of dangerous drugs or devices, as defined in Section 4022, in violation of Section 2242.1.

ARTICLE 4. Suspension and Revocation of Licenses [1670 - 1687]

1682.

In addition to other acts constituting unprofessional conduct under this chapter, it is unprofessional conduct for:

(a) Any dentist performing dental procedures to have more than one patient undergoing oral conscious sedation, moderate ~~conscious~~ sedation, or general anesthesia, or deep sedation on an outpatient basis at any given time unless each patient is being continuously monitored on a one-to-one ratio while sedated by either the dentist or another licensed health professional authorized by law to administer moderate ~~conscious~~ sedation, or general anesthesia, or deep sedation.

(b) Any dentist with patients recovering from oral conscious sedation, moderate ~~conscious~~ sedation, or general anesthesia, or deep sedation to fail to have the patients closely monitored by licensed health professionals experienced in the care and resuscitation of patients recovering from oral conscious sedation, moderate ~~conscious~~ sedation, or general anesthesia, or deep sedation. If one licensed professional is responsible for the recovery care of more than one patient at a time, all of the patients shall be physically in the same room to allow continuous visual contact with all patients and the patient to recovery staff ratio should not exceed three to one.

(c) Any dentist with patients who are undergoing general anesthesia, deep sedation, moderate ~~conscious~~ sedation, or oral conscious sedation to fail to have these patients continuously monitored during the dental procedure with a pulse oximeter or similar or superior monitoring equipment required by the board, and ventilation continuously monitored using at least two of the three following methods:

(1) Auscultation of breath sounds using a precordial stethoscope.

(2) Monitoring for the presence of exhaled carbon dioxide with capnography.

(3) Verbal communication with a patient under moderate sedation or oral conscious sedation. This method shall not be used for a patient under deep sedation or general anesthesia.

(d) Any dentist with patients who are undergoing moderate ~~conscious~~ sedation to have dental office personnel directly involved with the care of those patients who are not certified in basic cardiac life support (CPR) and recertified biennially.

(e) (1) Any dentist to fail to obtain the written informed consent of a patient prior to administering deep sedation, general anesthesia, moderate sedation, or oral conscious sedation. In the case of a minor, the consent shall be obtained from the child's parent or guardian.

(2) The written informed consent, in the case of a minor, shall include, but not be limited to, the following information:

"The administration and monitoring of deep sedation or 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."

(3) Nothing in this subdivision shall be construed to establish the reasonable standard of care for administering or monitoring oral conscious sedation, moderate conscious sedation, or general anesthesia, or deep sedation.

ARTICLE 6. Fees [1715 - 1725]

1724.

The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the responsibilities required by this chapter as it relates to dentists, subject to the following limitations:

(a) The fee for an application for licensure qualifying pursuant to paragraph (1) of subdivision (c) of Section 1632 shall not exceed one thousand five hundred dollars (\$1,500). The fee for an application for licensure qualifying pursuant to paragraph (2) of subdivision (c) of Section 1632 shall not exceed one thousand dollars (\$1,000).

(b) The fee for an application for licensure qualifying pursuant to Section 1634.1 shall not exceed one thousand dollars (\$1,000).

(c) The fee for an application for licensure qualifying pursuant to Section 1635.5 shall not exceed one thousand dollars (\$1,000).

(d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars (\$525). On and after January 1, 2016, the fee for an initial license shall not exceed six hundred fifty dollars (\$650), and the fee for the renewal of a license shall not exceed six hundred fifty dollars (\$650). On and after January 1, 2018, the fee for an initial license shall not exceed eight hundred dollars (\$800), and the fee for the renewal of a license shall not exceed eight hundred dollars (\$800).

(e) The fee for an application for a special permit shall not exceed one thousand dollars (\$1,000), and the renewal fee for a special permit shall not exceed six hundred dollars (\$600).

(f) The delinquency fee shall be 50 percent of the renewal fee for such a license or permit in effect on the date of the renewal of the license or permit.

(g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars (\$75).

(h) The fee for an application for an additional office permit shall not exceed seven hundred fifty dollars (\$750), and the fee for the renewal of an additional office permit shall not exceed three hundred seventy-five dollars (\$375).

(i) The fee for issuance of a replacement pocket license, replacement wall certificate, or replacement engraved certificate shall not exceed one hundred twenty-five dollars (\$125).

(j) The fee for a provider of continuing education shall not exceed five hundred dollars (\$500) per year.

- (k) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars (\$25).
- (l) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars (\$25).
- (m) The fee for an application for an elective facial cosmetic surgery permit shall not exceed four thousand dollars (\$4,000), and the fee for the renewal of an elective facial cosmetic surgery permit shall not exceed eight hundred dollars (\$800).
- (n) The fee for an application for an oral and maxillofacial surgery permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an oral and maxillofacial surgery permit shall not exceed one thousand two hundred dollars (\$1,200).
- (o) The fee for an application for a general anesthesia permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a general anesthesia permit shall not exceed six hundred dollars (\$600).
- (p) The fee for an onsite inspection and evaluation related to a general anesthesia or moderate conscious sedation permit shall not exceed four thousand five hundred dollars (\$4,500).
- (q) The fee for an application for a moderate conscious sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a moderate conscious sedation permit shall not exceed six hundred dollars (\$600).
- (r) The fee for an application for an oral conscious sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an oral conscious sedation permit shall not exceed six hundred dollars (\$600).
- (s) The fee for a certification of licensure shall not exceed one hundred twenty-five dollars (\$125).
- (t) The fee for an application for the law and ethics examination shall not exceed two hundred fifty dollars (\$250).

The board shall report to the appropriate fiscal committees of each house of the Legislature whenever the board increases any fee pursuant to this section and shall specify the rationale and justification for that increase.

ARTICLE 7. Dental Auxiliaries [1740 - 1777]

1750.1.

- (a) A dental assistant may perform the following duties under the general supervision of a supervising licensed dentist:
- (1) Extra-oral duties or procedures specified by the supervising licensed dentist, provided that these duties or procedures meet the definition of a basic supportive procedure specified in Section 1750.
 - (2) Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656.

(3) Perform intraoral and extraoral photography.

(b) A dental assistant may perform the following duties under the direct supervision of a supervising licensed dentist:

(1) Apply nonaerosol and noncaustic topical agents.

(2) Apply topical fluoride.

(3) Take intraoral impressions for all nonprosthodontic appliances.

(4) Take facebow transfers and bite registrations.

(5) Place and remove rubber dams or other isolation devices.

(6) Place, wedge, and remove matrices for restorative procedures.

(7) Remove postextraction dressings after inspection of the surgical site by the supervising licensed dentist.

(8) Perform measurements for the purposes of orthodontic treatment.

(9) Cure restorative or orthodontic materials in operative site with a light-curing device.

(10) Examine orthodontic appliances.

(11) Place and remove orthodontic separators.

(12) Remove ligature ties and archwires.

(13) After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.

(14) Remove periodontal dressings.

(15) Remove sutures after inspection of the site by the dentist.

(16) Place patient monitoring sensors.

(17) Monitor patient sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure.

(18) Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions. This paragraph shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.

(c) Notwithstanding subdivision (b), when operating in a school-based setting or a public health program created or administered by a federal, state, county, or local governmental entity pursuant to Sections 104762 and 104830 of the Health and Safety Code, a dental assistant may apply topical fluoride under the general direction of a licensed dentist or physician.

(d) Under the supervision of a registered dental hygienist in alternative practice, a dental assistant may perform intraoral retraction and suctioning.

(e) The board may specify additional allowable duties by regulation.

(f) The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation do not include any of the following procedures unless specifically allowed by law:

(1) Diagnosis and comprehensive treatment planning.

(2) Placing, finishing, or removing permanent restorations.

(3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.

(4) Prescribing medication.

(5) Starting or adjusting ~~local or general anesthesia or oral or parenteral conscious sedation~~ oral local, conscious sedation, moderate sedation, deep sedation, or general anesthesia, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law.

(g) The duties of a dental assistant are defined in subdivision (a) of Section 1750 and do not include any duty or procedure that only an orthodontic assistant permit holder, dental sedation assistant permit holder, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in alternative practice is allowed to perform.

(h) This section shall become operative on January 1, 2010.

ARTICLE 7. Dental Auxiliaries [1740 - 1777]

1750.5.

A person holding a dental sedation assistant permit pursuant to Section 1750.4 may perform the following duties under the direct supervision of a licensed dentist or other licensed health care professional authorized to administer moderate conscious sedation, or general anesthesia, or deep sedation in the dental office:

(a) All duties that a dental assistant is allowed to perform.

(b) Monitor patients undergoing moderate conscious sedation, or general anesthesia, or deep sedation utilizing data from noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography, blood pressure, pulse, and respiration rate monitoring devices. Evaluation of the condition of a sedated patient shall remain the responsibility of the dentist or other licensed health care professional authorized to administer moderate conscious sedation, or general anesthesia, or deep sedation, who shall be at the patient's chairside while moderate conscious sedation, or general anesthesia, or deep sedation is being administered.

(c) Drug identification and draw, limited to identification of appropriate medications, ampule and vial preparation, and withdrawing drugs of correct amount as verified by the supervising licensed dentist.

(d) Add drugs, medications, and fluids to intravenous lines using a syringe, provided that a supervising licensed dentist is present at the patient's chairside, limited to determining patency of intravenous line, selection of injection port, syringe insertion into injection port, occlusion of intravenous line and blood aspiration, line release and injection of drugs for appropriate time interval. The exception to this duty is that the initial dose of a drug or medication shall be administered by the supervising licensed dentist.

(e) Removal of intravenous lines.

(f) Any additional duties that the board may prescribe by regulation.

(g) The duties listed in subdivisions (b) to (e), inclusive, may not be performed in any setting other than a dental office or dental clinic.

ARTICLE 9. Dental Hygienists [1900 - 1966.6]

1908.

(a) The practice of dental hygiene includes dental hygiene assessment and development, planning, and implementation of a dental hygiene care plan. It also includes oral health education, counseling, and health screenings.

(b) The practice of dental hygiene does not include any of the following procedures:

(1) Diagnosis and comprehensive treatment planning.

(2) Placing, condensing, carving, or removal of permanent restorations.

(3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.

(4) Prescribing medication.

(5) Administering local or general anesthesia or oral or parenteral moderate conscious sedation or deep sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other, or local anesthesia pursuant to Section 1909.

ARTICLE 3. License Required and Exemptions [2050 - 2079]

2079.

(a) A physician and surgeon who desires to administer general anesthesia or deep sedation in the office of a dentist pursuant to Section 1646.9, shall provide the Medical Board of California with a copy of the application submitted to the Dental Board of California pursuant to subdivision (b) of Section 1646.9 and a fee established by the board not to exceed the costs of processing the application as provided in this section.

(b) The Medical Board of California shall review the information submitted and take action as follows:

(1) Inform the Dental Board of California whether the physician and surgeon has a current license in good standing to practice medicine in this state.

(2) Verify whether the applicant has successfully completed a postgraduate residency training program in anesthesiology and whether the program has been recognized by the American Council on Graduate Medical Education.

(3) Inform the Dental Board of California whether the Medical Board of California has determined that the applicant has successfully completed the postgraduate residency training program in anesthesiology recognized by the American Council on Graduate Medicine.



MEMORANDUM

DATE	April 19, 2018
TO	Members of the Dental Board of California
FROM	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 9D: 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.



MEMORANDUM

DATE	April 19, 2018
TO	Members of the Dental Board of California
FROM	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 9E: Update on Pending Regulatory Packages

i. Continuing Education Requirements and Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1017):

In March 2013, the Dental Board of California's (Board) Executive Officer received a letter from Mr. Ralph Shenefelt, Senior Vice President of the Health and Safety Institute, petitioning the Board to amend the 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, Assembly Bill (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 and Board staff tabled presenting proposed language at the August meeting for the Board's consideration to research whether they had the regulatory authority to accept anything

approved by the Medical Board. Board staff presented their findings and the proposed language at the November meeting for the Board's consideration to initiate the rulemaking. At its November 2017 meeting, the Board approved proposed regulatory language and directed staff to initiate the rulemaking. Board staff has drafted the initial rulemaking file documents and it is pending the review and approval process.

ii. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division Chapter 3):

The Dental Assisting Council has held several stakeholder workshops to develop its comprehensive rulemaking proposal relative to dental assisting. 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. The final workshop took place on March 2, 2018 Board staff continues to work on the development of final proposed language and will present it to the Board for consideration at a future meeting.

iii. Determination of Radiographs and Placement of Interim Therapeutic Restorations (New Regulation)

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. At its August 2017 meeting, the Board approved proposed regulatory language and directed staff to initiate the rulemaking. The initial rulemaking documents are being prepared.

iv. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal Requirements (Cal. Code of Regs., 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 has drafted the initial rulemaking file documents and it is pending the review and approval process.

v. Institutional Standards (Cal. Code of Regs., Title 16, Section 1024.1)

During the August 2016 meeting, the Board voted to include updating the institutional standards found in the Cal. Code of Regs., 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 Cal. Code of Regs., 1024.1 and directed staff to initiate the rulemaking. After drafting the initial rulemaking documents and presenting those documents to DCA Legal's review, it was determined that a legislative solution might be better aligned with the Board's goals as it relates to Institutional Standards for both foreign and domestic dental schools. Board staff will continue to research this and present their findings and recommendations at a future Board meeting.

vi. Licensure by Credential Application Requirements (Cal. Code of Regs., Title 16, Section 1028.6):

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 (Dr. Whitcher and Dr. 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 a future Board meeting. After reviewing the current regulations, it was determined that a legislative solution would be better aligned with the Board's goals as it relates to the Licensure by Credential pathway to licensure. Board staff will present their findings and recommendations at the May 2018 Board meeting that outlines this legislative solution in a separate agenda item during the review of new issues regarding the Board's Sunset review report.

vii. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049):

Senate Bill 562 (Galgiani, Chapter 562, Statutes 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 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. Staff presented revised language at the

August 2017 meeting for the Board's consideration which was approved unanimously. However, after receiving feedback from the California Dental Hygienists' Association (CDHA) and the Dental Hygiene Committee of California (DHCC), Board staff revised the proposed language and presented it to the Board for consideration. The language was approved at the February 2018 Board Meeting which allowed Board staff to continue the rulemaking. The initial rulemaking documents are being prepared.

viii. Citation and Fine (Cal. Code of Regs., Title 16, Section 1023.2 and 1023.7):

During the August 2017 meeting, the Board approved proposed regulatory language relative to the citation and fine requirements found in the Cal. Code of Regs., Title 16, Section 1023.2 and 1023.7 to remain consistent with Business and Professions Code Section 125.9. Board staff has drafted the initial rulemaking file documents and it is currently pending the review and approval process.

ix. Minimum Standards for Infection Control (CCR, Title 16, Section 1005):

Assembly Bill 1277 (Daly, Chapter 413, Statutes of 2017) required the Board to amend regulation on the minimum standards for infection control to require water or other methods used for irrigation to be sterile or contain recognized disinfecting or antibacterial properties when performing dental procedures that expose dental pulp. This bill requires the Board to adopt emergency regulations and prepare an emergency rulemaking for the OAL to meet the December 31, 2018 deadline for the final regulations. Board staff presented proposed language at the November 2017 Board Meeting for the Board's consideration to initiate the emergency rulemaking.

At the November 2017 Board Meeting, staff presented proposed language for the Board's consideration to initiate the emergency rulemaking. However, during this meeting Board members expressed concern over the presented language citing that it would result in unforeseen consequences because the wording presented was all encompassing and would impose a burden to dentists who may invade or expose dental pulp unintentionally. Board staff deferred to CDA who offered an amendment to address the issue raised by Board members. Mr. Michael Santiago, DCA (Department of Consumer Affairs) Legal Counsel, stated he would prefer the Board take the original language which was initially presented at the Board Meeting. The Board unanimously approved the revised language that was presented by CDA Staff at the meeting. The Board directed staff to initiate the emergency rulemaking documents. Board staff drafted the initial emergency rulemaking documents and submitted the documents to DCA Legal Affairs for review. The Executive Officer and the Assistant Executive Officer met with DCA Legal Affairs concerning the revised language the Board approved at the November 2017 Board Meeting. DCA Legal Affairs was concerned the language would not meet OAL's review standard. Board staff presented the originally proposed language from statute to the Board for possible consideration and this language was approved at the February 2018 meeting. The emergency rulemaking documents were submitted to DCA Legal on March 14, 2018, and it is currently being reviewed.

Board staff met with the Infection Control Subcommittee in March 2018 regarding possible amendments to the minimum standards for infection control regulations that would meet the statutory required deadline as well as clarify existing language within Section 1005. The DHCC presented this proposed regulatory language at their April

2018 meeting, and the language was approved. Board staff will present the proposed language for the Board's consideration to initiate the regular rulemaking during a separate agenda item at the May 2018 meeting.

Action Requested:

No action requested.



MEMORANDUM

DATE	April 23, 2018
TO	Members of the Dental Board of California
FROM	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 10: Discussion and Possible Action Regarding Rulemaking to Amend California Code of Regulations, Title 16, Section 1005 Relating to Minimum Standards for Infection Control

Background:

Pursuant to Business and Professions Code Section 1680(ad), except for good cause, the knowing failure to protect patients by failing to follow the infection control guidelines of the Dental Board of California (Board), thereby risking transmission of bloodborne infectious diseases, is deemed unprofessional conduct.

The Board is required to review the infection control guidelines, if necessary, on an annual basis and proposed changes are required to be reviewed by the Dental Hygiene Committee of California (DHCC) to establish a consensus. California Code of Regulations (Cal. Code of Regs.), Title 16, Section 1005 specifies the minimum standards for infection control for the Board and the DHCC. This regulation was last updated in 2011.

While the Board has conducted the required annual review of the regulations with DHCC, the Infection Control Subcommittee (Subcommittee) has not deemed it necessary to revise the regulations until this last year when the Centers for Disease Control updated its *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* in October 2016.

The Subcommittee, consisting of Dr. Huong Le and Noel Kelsch, M.S., RDHAP met in February 2017 to review potential amendments to Cal. Code of Regs, Title 16, Section 1005 to maintain consistency with the CDC guidelines. Board staff began drafting proposed language with the hope that the rulemaking could be initiated in May 2017. However, legislation related to infection control was introduced that would impact the development of the regulatory proposal.

Assembly Bill 1277 (Daly, Chapter 413, Statute of 2017) required the Board to amend regulation on the minimum standards for infection control to require water or other methods used for irrigation to be sterile or contain recognized disinfecting or

antibacterial properties when performing dental procedures that expose dental pulp. This bill required the Board to adopt emergency regulations and prepare an emergency rulemaking for the Office of Administrative Law to meet the December 31, 2018, deadline for the final regulations. The proposed language for the emergency regulation was presented to the Board and approved at the February 2018 meeting. The emergency rulemaking documents were submitted to DCA Legal on March 14, 2018, and are pending the DCA review and approval process.

In March 2018, Board staff met with the Subcommittee regarding possible amendments to the Minimum Standards for Infection Control regulations. Proposed amendments were presented to the DHCC at their April 2018 Committee meeting, thereby establishing a consensus.

Therefore, Board staff is presenting the proposed language at this May meeting for the Board's consideration to initiate the regular rulemaking process.

Action Requested:

Consider and possibly approve the proposed regulatory language relative to the minimum standards for infection control, 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 delegating authority to the Executive Officer to make any technical or 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, delegate authority to the Executive Officer to make any technical or 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 1005 as noticed in the proposed text.

**DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS**

PROPOSED LANGUAGE

Amend Section 1005 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1005. Minimum Standards for Infection Control.

(a) Definitions of terms used in this section:

(1) “Standard precautions” are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status.

(2) “Critical items” confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone.

(3) “Semi-critical items” are instruments, devices and other items that are not used to penetrate soft tissue or bone, but [enter the oral cavity and](#) contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM).

(4) “Non-critical items” are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, [Other Potentially Infectious Materials](#) (OPIM) and intact skin, but not oral mucous membranes.

(5) “Low-level disinfection” is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.

(6) “Intermediate-level disinfection” kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores.

(7) “High-level disinfection” kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.

(8) “Germicide” is a chemical agent that can be used to disinfect items and

surfaces based on the level of contamination.

(9) “Sterilization” is a validated process used to render a product free of all forms of viable microorganisms.

(10) “Cleaning” is the removal of **visible** soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products.

(11) “Personal Protective Equipment” (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids, OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE. [PPE must comply with Cal/OSHA Bloodborne Pathogens \(BPP\) standards \(Title 8, Cal. Code of Regs., Section 5193\).](#)

(12) “Other Potentially Infectious Materials” (OPIM) means any one of the following:

(A) Human body fluids [and](#) ~~such as~~ saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

(B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

~~(C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV):~~

~~1. (C)~~ Cell, tissue, or organ cultures from humans or experimental animals;

~~2. (D)~~ Blood, organs, or other tissues from experimental animals; or

~~3. (E)~~ Culture medium or other solutions.

(13) “Dental Healthcare Personnel” (DHCP), are all paid and non-paid personnel in the dental healthcare setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not

directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).

(b) All DHCP shall comply with infection control precautions and enforce the following minimum precautions to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

(1) Standard precautions shall be practiced in the care of all patients.

(2) A written protocol shall be developed, maintained, reviewed annually, and ~~periodically~~ updated for proper instrument processing, operator cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.

(3) A copy of this regulation shall be conspicuously posted in each dental office.

~~Personal Protective Equipment~~ (PPE):

(4) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical and puncture resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment, masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed. Single-use PPE's shall be disposed of after each use on an individual.

(5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code of Regs., ~~s~~Section 5193).

Hand Hygiene:

(6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or ~~visibly~~ soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning

gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.

(7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.

Gloves:

(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, and items or when handling hazardous chemicals, DHCP shall wear heavy-duty chemical and puncture resistant utility gloves to prevent puncture wounds ~~or exposure to chemicals~~. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Exam ~~G~~gloves shall not be washed before or after use.

Needle and Sharps Safety:

(9) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations.

Sterilization and Disinfection:

(10) All DHCP shall follow manufacturer's instructions for use regarding products and critical items.

~~(10)~~(11) All germicides must be used in accordance with intended use and label instructions for use from the manufacturer.

~~(11)~~(12) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions for use from the manufacturer.

~~(12)~~(13) Critical ~~instruments~~, items ~~and devices~~ shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a

critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These ~~instruments, critical~~ items, ~~and devices~~, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the critical items shall be recleaned, packaged in new wrap, and sterilized again.

(~~13~~14) Semi-critical ~~instruments~~, items, ~~and devices~~ shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the semi-critical items shall be recleaned, packaged in new wrap, and sterilized again.

(~~14~~15) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is ~~visibly~~ contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.

(~~15~~16) All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be pre-cleaned, packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.

(~~16~~17) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.

(~~17~~18) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.

Irrigation:

(19) Water or other methods used for irrigation shall be sterile or contain recognized disinfecting or antibacterial properties when performing procedures that expose dental pulp.

(~~18~~²⁰) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.

Facilities:

(21) Dental unit water lines shall be anti-retractive. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds.

(22) Dental unit water lines shall be monitored following the instructions for use from the manufacturer of the dental unit or the dental unit waterline treatment product.

(~~19~~²³) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when ~~visibly~~ soiled or damaged and between patients.

(~~20~~²⁴) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions for use from the manufacturer.

~~(21) Dental unit water lines shall be anti-retractive. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds.~~

(~~22~~²⁵) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

Lab Areas:

(~~23~~²⁶) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices

shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. ~~If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again.~~ Sterilized items will be stored in a manner so as to prevent contamination.

(~~24~~27) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.

¹Cal/EPA contacts: WEBSITE www.cdpr.ca.gov or Main Information Center (916) 324-0419.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1680, Business and Professions Code.

HISTORY

1. New section filed 6-29-94; operative 7-29-94 (Register 94, No. 26).
2. Repealer and new section filed 7-8-96; operative 8-7-96 (Register 96, No. 28).
3. Repealer of subsection (a)(5) and subsection renumbering, amendment of subsections (b)(7), (b)(10), (b)(18)-(19) and (b)(23) and repealer of subsection (c) and subsection relettering filed 10-23-97; operative 11-22-97 (Register 97, No. 43).
4. Change without regulatory effect amending subsection (b)(4) filed 12-7-98 pursuant to section 100, title 1, California Code of Regulations (Register 98, No. 50).
5. Amendment of subsections (b)(11), (b)(13) and (b)(15) filed 6-30-99; operative 7-30-99 (Register 99, No. 27).
6. Amendment filed 3-1-2005; operative 3-31-2005 (Register 2005, No. 9).
7. Amendment filed 7-21-2011; operative 8-20-2011 (Register 2011, No. 29).



MEMORANDUM

DATE	May 4, 2018
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer Dental Board of California
SUBJECT	Agenda Item 11: Update Regarding Status of Two-year Provisional Approval of the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry- Schools Response to Deficiencies Outlined by the Dental Board of California

The Dental Board of California (Board) granted a two-year provisional approval to the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry on December 2, 2016.

Provisional approval was granted by the Board upon the Site Visit Team’s (Site Team) finding that the institution’s dental education program was substantially in compliance with the required educational standards found in CCR Section 1024.1, with the exception of two standards:

- 1. CCR Institutional Standards Section 1024.1 (c)(6), and**
- 2. CCR Institutional Standards Section 1024.1 (c)(8)**

The School has responded quickly to all requests from the SiteTeam for additional documentation to support compliance with the educational standards outlined in CCR Section 1024.1. The most recent response to deficiencies was received by the Board on May 3rd and was forwarded to the Site Team for review and comment. Based on the Site Team’s review of this information, a verbal report will be given regarding the School’s compliance.



MEMORANDUM

DATE	April 19, 2018
TO	Members of the Dental Board of California
FROM	Daniel Yoon, Licensing Analyst Dental Board of California
SUBJECT	Agenda Item 12A: Update on the Portfolio Pathway to Licensure

At the February 2018 meeting, the Dental Board of California's (Board) staff gave an update on four short-term goals that were outlined at the November 2017 Board meeting. The four short-term goals were as follows:

- 1) Clarifying Patient Criteria Regarding Each Competency Exam;
- 2) Researching Reciprocity Requirements in Other States;
- 3) Informing the Public and Interested Parties About the Portfolio Pathway; and,
- 4) Digitizing the Portfolio Rubrics and Grading Sheets

The first three short-term goals were completed and were presented at the February 2018 Board meeting. First, a matrix was created using research from the Portfolio rulemaking files and the California Code of Regulations to clarify the patient criteria for each Portfolio competency exam. Similarly, a matrix was created to present which states would accept a Portfolio-licensed dentist through reciprocity. Finally, Board staff has updated the Board's website to include information regarding the Portfolio pathway to licensure, including the requirements, forms, and publications.

Board staff is currently working on completing the fourth short-term goal. In March 2018, Board staff sent sample digital Portfolio forms to each California dental school for review and feedback. Once feedback is received from each school, Board staff will review the forms and make any necessary changes. Board staff will continue to research how a Portfolio application may be submitted electronically. Board staff anticipates this short-term goal to be completed in time to be used by the California dental schools for the 2018-19 Portfolio candidates.

On May 17, 2018, the California Dental Association (CDA) is hosting an event in Anaheim, California. With the help of CDA, Board staff plans to meet with all six (6) California Dental School Deans to address questions and concerns, and discuss the Portfolio examination.

Board staff will continue to keep the Board apprised of updates to the Portfolio Pathway to Licensure.

Action Requested:
No action requested.



MEMORANDUM

DATE	April 19, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	Agenda Item 12(B): Western Regional Examination Board (WREB) Report

Background:

Dr. Huong Le, DDS, MA will provide a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	April 9, 2018
TO	Members of the Dental Board of California
FROM	Steve Long, Staff Services Analyst Dental Board of California
SUBJECT	Agenda Item 13A: Review of Dental Licensure and Permit Statistics

The Dental Board of California (Board) oversees dental licensees in California. All dentists are initially licensed as active. When licensees renew their license, they may either keep their license in active or inactive status.

Licensees with an active status can actively practice dentistry in the state of California. To renew and keep one's license in an active status, the Board requires submission of renewal fee, furnishing a set of fingerprints to the Department of Justice (DOJ), certification of fifty (50) units of continuing education, and disclosing whether he/she has been convicted of any violation in the prior renewal cycle.

Licensees with an inactive status cannot engage in the practice of dentistry in the state of California. To renew and keep one's license in an inactive status, the Board requires submission of the renewal fee and a fully completed renewal form. The holder thereof need not comply with any continuing education requirement for a renewal of an inactive license.

Licensees with an inactive status who would like to re-activate their license must submit the Application to Activate License form and evidence of completing fifty (50) units of continuing education within the last two (2) years, as required by the Dental Practice Act.

A. Following are statistics of current license/permits by type as of April 6, 2018

Dental License (DDS) Status	Licensee Population
Active	34,089
Inactive	1,955
Retired	1,743
Disabled	129
Renewal in Process	322
Delinquent	5,056
Total Cancelled Since Licensing was required	15,840

*Active: Current and can practice without restrictions. (BPC §1625)

Inactive: Current, but cannot practice. Continuing education is not required. (CCR §1017.2)

Retired: Current and has practiced over 20 years. Eligible for Social Security and can practice with restrictions. (BPC §1716.1a)

Disabled: Current with a 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 01/01/18-03/31/18	Total Issued in 2017	Total Issued in 2016	Total Issued to Date	Date Pathway Implemented
WREB Exam	75	758	786	8,423	January 1, 2006
Licensure by Residency	12	161	154	1,791	January 1, 2007
Licensure by Credential	33	181	142	3,249	July 1, 2002
(LBC Clinic Contract	3	10	9	46	July 1, 2002)
(LBC Faculty Contract	1	4	6	19	July 1, 2002)
Portfolio	1	20	34	61	November 5, 2014
Total	121	1,120	1,116		

License/Permit /Certification/Registration Type	Current Active Permits	Delinquent	Total Cancelled Since Permit was Required
Additional Office Permit	2,517	705	6,356
Conscious Sedation	530	37	465
Continuing Education Registered Provider Permit	1,000	757	1,940
Elective Facial Cosmetic Surgery Permit	28	4	0
Extramural Facility Registration*	159	N/A	N/A
Fictitious Name Permit	6,685	1,397	5,806
General Anesthesia Permit	852	35	931
Mobile Dental Clinic Permit	45	36	40
Medical General Anesthesia	73	43	169
Oral Conscious Sedation Certification (Adult Only 1,177; Adult & Minors 1,272)	2,449	618	658
Oral & Maxillofacial Surgery Permit	87	8	17
Referral Service Registration*	154	N/A	N/A
Special Permits	39	9	173

*Current population for Extramural Facilities and Referral Services are approximated because they are not automated programs

Active Licensees by County as of April 5, 2018

County	DDS	Population	Population per DDS
Alameda	1,461	1,645,359	1,126
Alpine	0	1,151	N/A
Amador	21	38,382	1,827
Butte	147	226,404	1,540
Calaveras	15	45,168	3,011
Colusa	5	22,043	4,408
Contra Costa	1,081	1,139,513	1,054
Del Norte	15	27,124	1,808
El Dorado	164	185,062	1,128
Fresno	594	995,975	1,676
Glenn	12	28,731	2,394
Humboldt	73	136,953	1,876
Imperial	39	188,334	4,829

County	DDS	Population	Population per DDS
Inyo	10	18,619	1,861
Kern	332	895,112	2,696
Kings	69	149,537	2,167
Lake	43	64,945	1,510
Lassen	20	30,918	1,545
Los Angeles	8,292	10,241,278	1,235
Madera	51	156,492	3,068
Marin	318	263,604	828
Mariposa	8	18,148	2,268
Mendocino	58	89,134	1,536
Merced	91	274,665	3,018
Modoc	5	9,580	1,916
Mono	4	13,713	3,428
Monterey	267	442,365	1,656
Napa	111	142,408	1,282
Nevada	82	98,828	1,205
Orange	3,780	3,194,024	844
Placer	444	382,837	862
Plumas	15	19,819	1,321
Riverside	1,042	2,384,783	2,288
Sacramento	1,094	1,514,770	1,384
San Benito	21	56,854	2,707
San Bernardino	1,327	2,160,256	1,627
San Diego	2,670	3,316,192	1,242
San Francisco	1,245	874,228	702
San Joaquin	367	746,868	2,035
San Luis Obispo	220	280,101	1,273
San Mateo	867	770,203	888
Santa Barbara	315	450,663	1,430
Santa Clara	2,244	1,938,180	863
Santa Cruz	181	276,603	1,528
Shasta	113	178,605	1,580
Sierra	1	3,207	3,207
Siskiyou	23	44,688	1,942
Solano	278	436,023	1,568
Sonoma	403	505,120	1,253
Stanislaus	276	548,057	1,985
Sutter	48	96,956	2,019
Tehama	25	63,995	2,559
Trinity	4	13,628	3,407
Tulare	207	471,842	2,279
Tuolumne	50	54,707	1,094
Ventura	667	857,386	1,285
Yolo	116	218,896	1,887
Yuba	12	74,577	6,214
Out of State/Country	2,636		
TOTAL	34,079	39,523,613	

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

*The counties with the highest Population per DDS are:

1. Yuba County (1:6,214)
2. Imperial County (1:4,829)
3. Colusa County (1:4,408)
4. Mono County (1:3,428)
5. Trinity County (1:3,407)

The counties with the lowest Population per DDS are:

1. San Francisco County (1:702)
2. Marin County (1:828)
3. Orange County (1:844)
4. Placer County (1:862)
5. Santa Clara County (1:863)

*The counties with the biggest increase in active license dentists as of April 5, 2018 were Fresno and Sacramento with 5 additional dentists each. Los Angeles had a decrease of 67 dentists.

*Alpine County has no active dentists.

B. Following are monthly dental statistics by pathway as of April 9, 2018

Dental Applications Received by Month (2018)												Total Apps: 175	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	36	31	36										103
Residency	5	1	11										17
Credential	17	21	16										54
Portfolio	0	0	1										1
Total	58	53	64										175
Dental Applications Approved by Month (2018)												% of All Apps: 72.0	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	31	14	31										76
Residency	3	2	4										9
Credential	12	15	13										40
Portfolio	1	0	0										1
Total	47	31	48										126
Dental Licenses Issued by Month (2018)												% of All Apps: 71.4	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	27	20	28										75
Residency	3	2	7										12
Credential	11	13	13										37
Portfolio	1	0	0										1
Total	42	35	48										125
Cancelled Dental Applications by Month (2018)												% of All Apps: 2.9	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	5	0	0										5
Residency	0	0	0										0
Credential	0	0	0										0
Portfolio	0	0	0										0
Total	5	0	0										5

Withdrawn Dental Applications by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	4	0	5										9
Residency	1	0	0										1
Credential	1	1	1										3
Portfolio	0	0	0										0
Total	6	1	6										13
Denied Dental Applications by Month (2018) % of All Apps: 0.6													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	0	0	0										0
Residency	0	0	0										0
Credential	0	0	1										1
Portfolio	0	0	0										0
Total	0	0	1										1

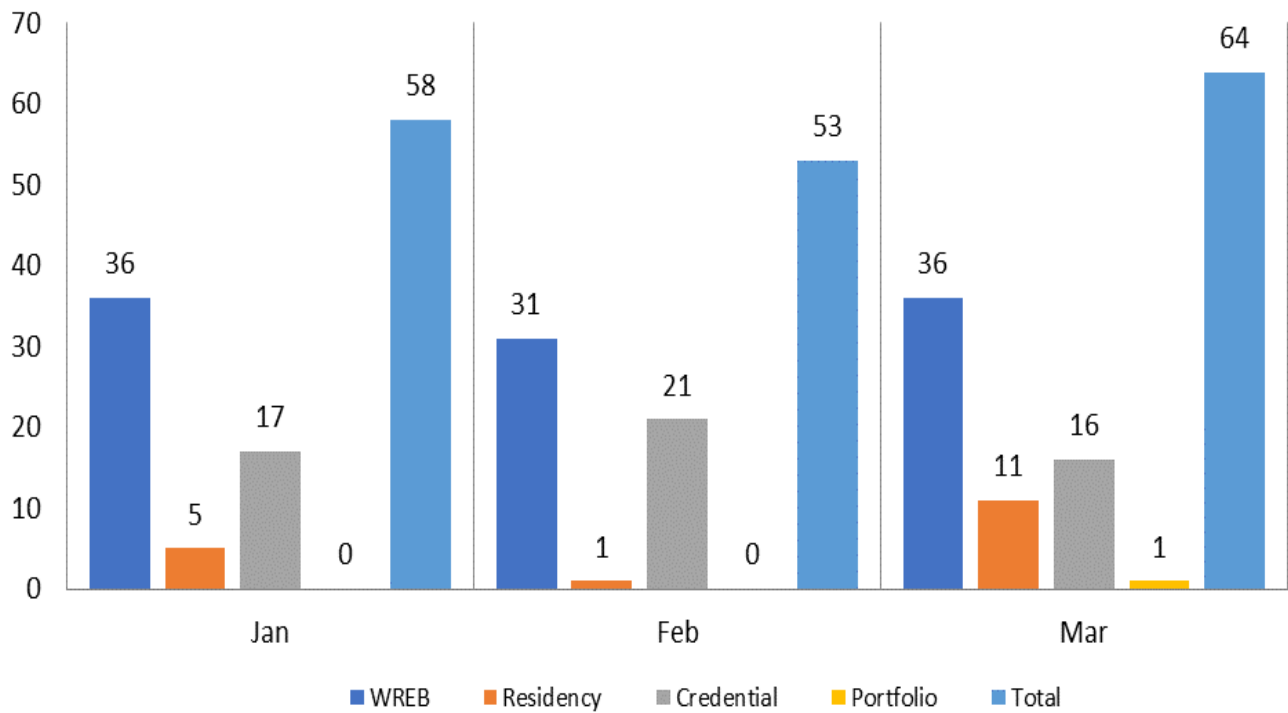
*Deficient Applications by pathway: WREB – 113, Residency – 40, Credential – 77, Portfolio – 1, **Total – 231**

Application Definitions

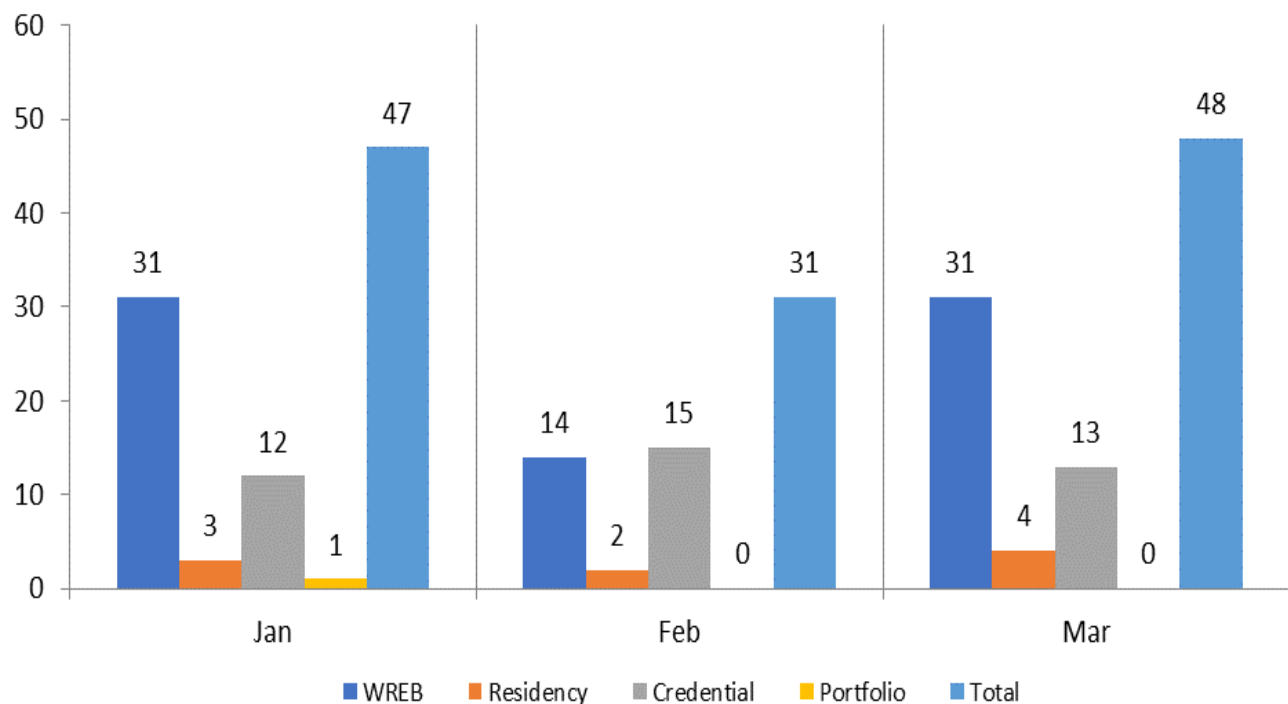
Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial license.
Cancelled	Board 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 January 16, 2018

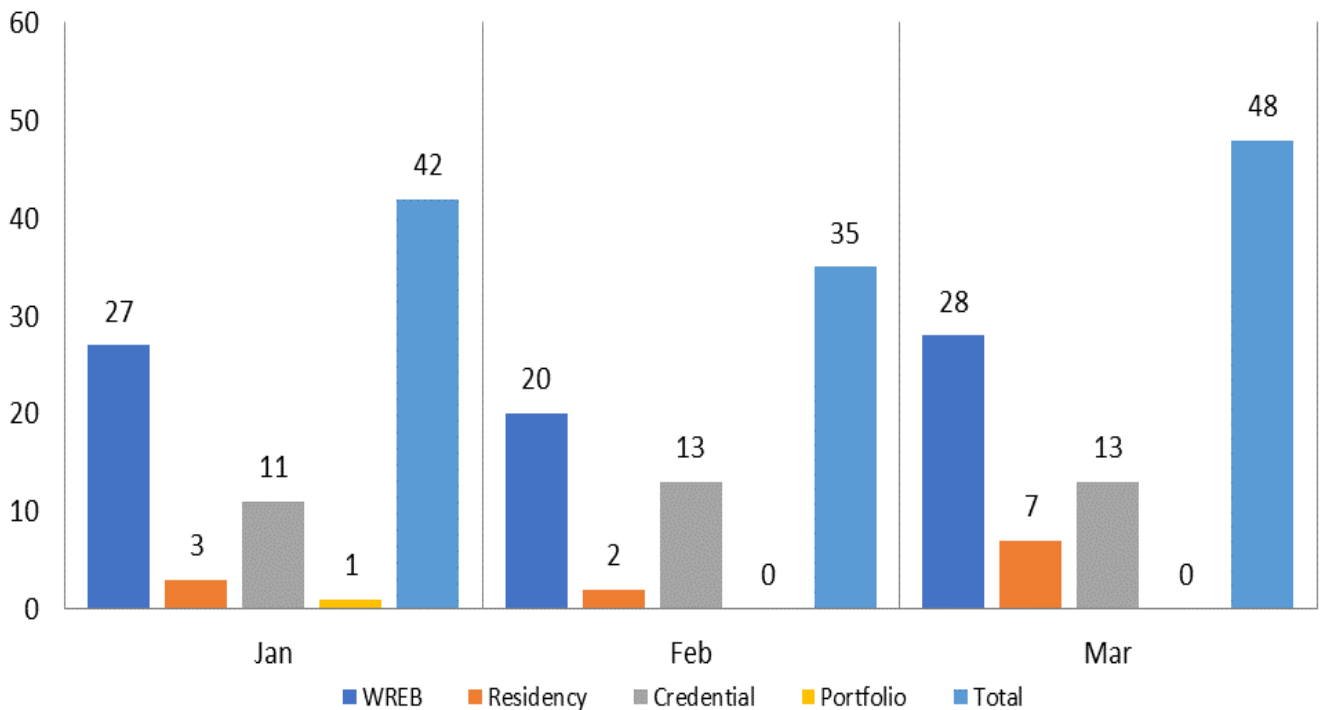
Dental Applications Received in 2018



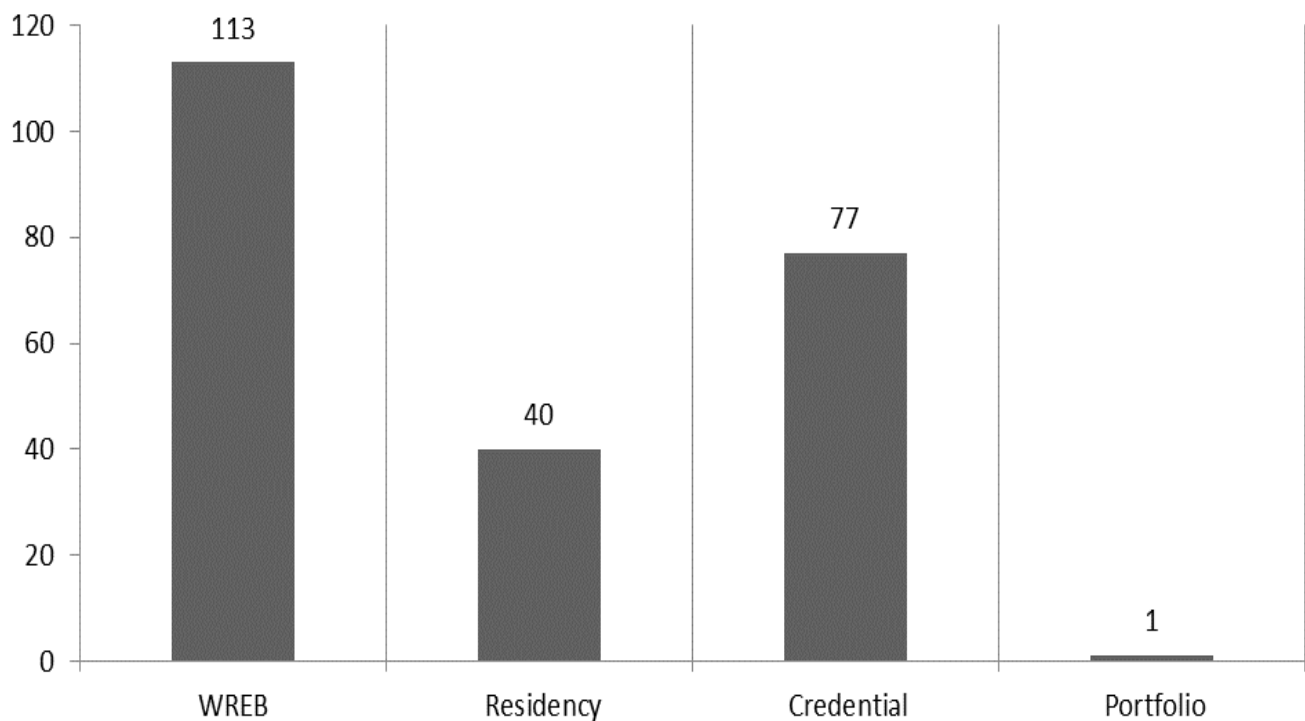
Dental Applications Approved in 2018



Dental Licenses Issued in 2018

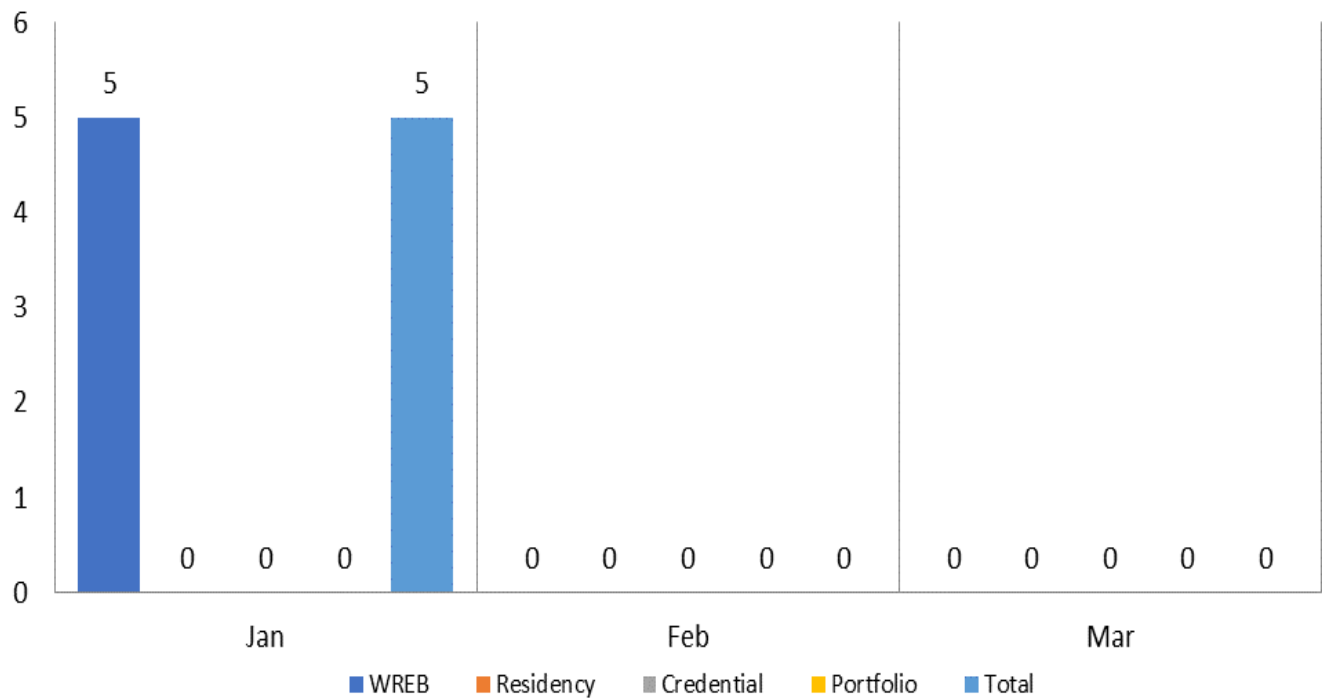


Deficient Applications as of April 9, 2018

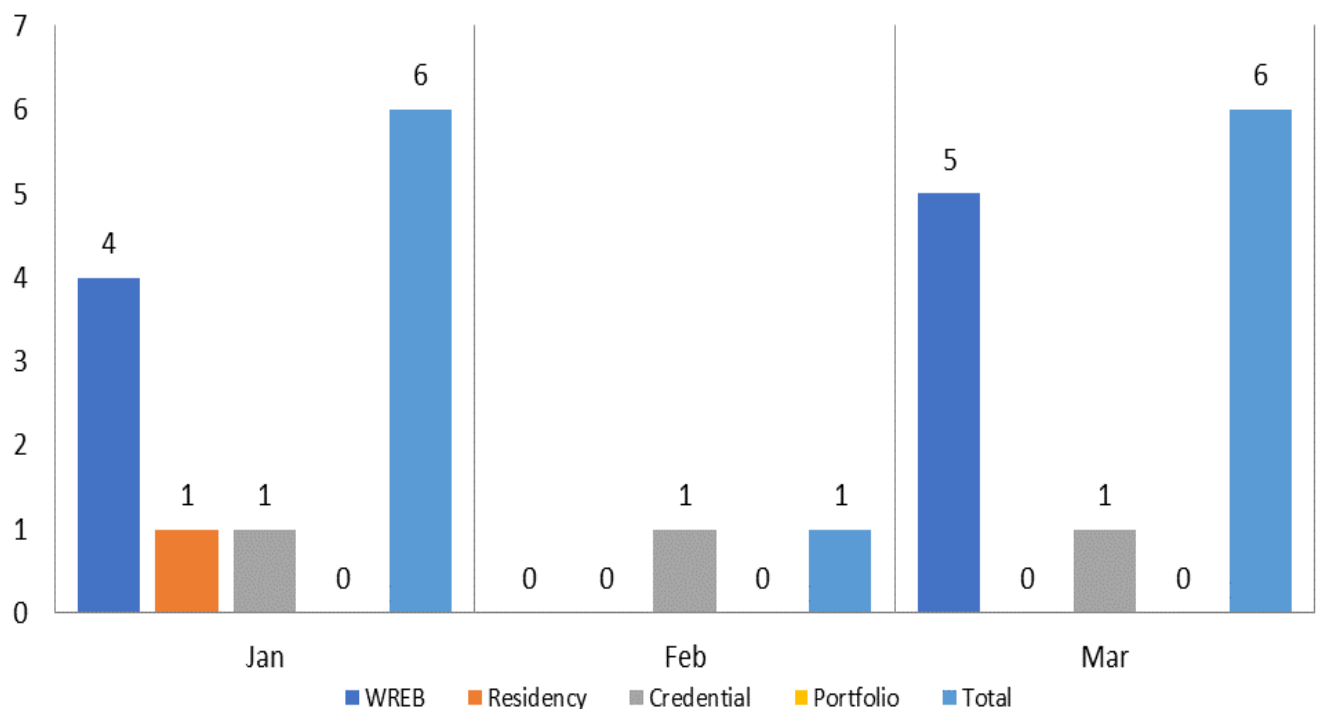


*Deficient: Pending with one or more requirements missing in application

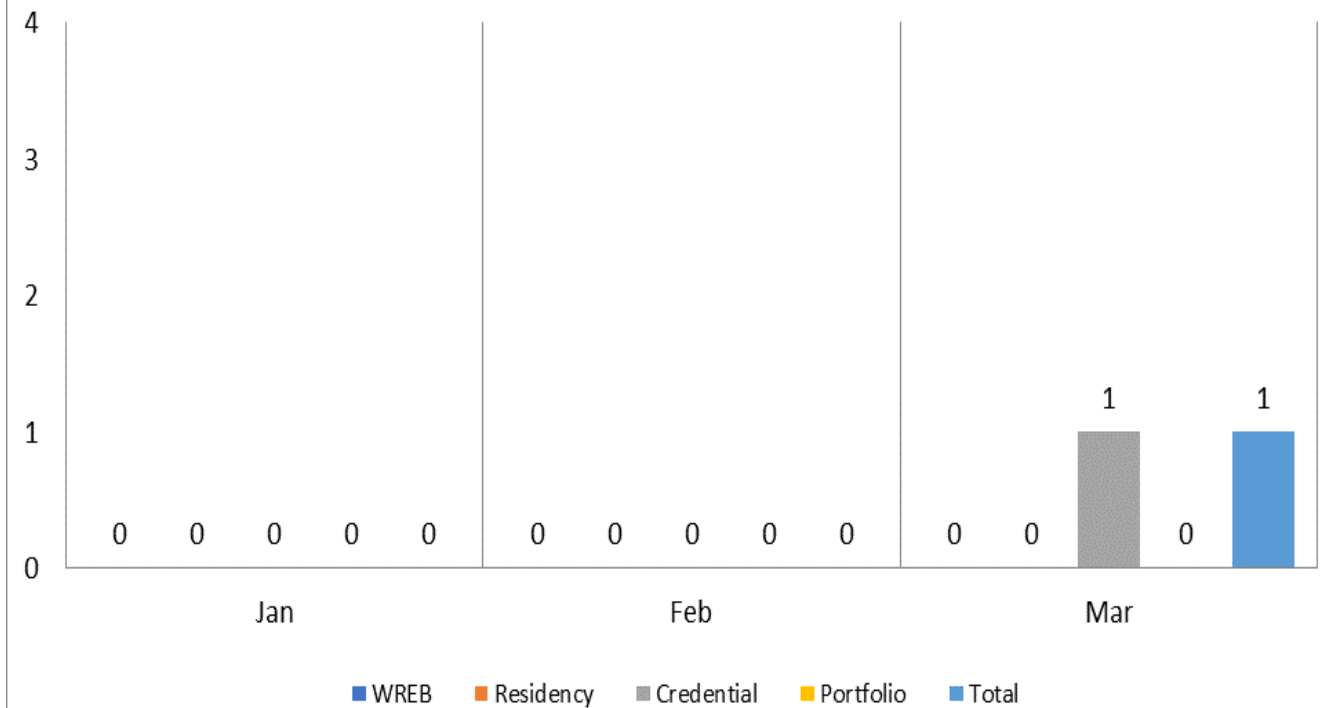
Cancelled Dental Applications in 2018



Withdrawn Dental Applications in 2018



Denied Dental Applications in 2018





MEMORANDUM

DATE	April 5, 2018
TO	Members of the Dental Board of California
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 13B: General Anesthesia and Conscious Sedation Evaluation Statistics

2017-2018 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
April 2017	12	2	2	1	3	2
May 2017	14	1	4	1	1	2
June 2017	18	0	0	0	2	0
July 2017	13	1	0	1	2	0
Aug 2017	12	1	0	0	2	4
Sept 2017	15	0	3	1	4	1
Oct 2017	14	0	3	2	4	4
Nov 2017	18	0	1	0	4	2
Dec 2017	12	0	1	1	2	1
Jan 2018	14	0	1	1	2	3
Feb 2018	15	0	1	1	2	6
Mar 2018	16	0	2	0	1	3
April 2018*	14	0	0	1	3	1
May 2018*	23	0	0	0	1	3
Total	210	5	18	10	33	32

*Approximate schedule for April, and May 2018.

Conscious Sedation Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
April 2017	6	1	0	1	2	2
May 2017	5	0	1	1	1	1
June 2017	5	1	0	0	2	0
July 2017	5	0	0	1	2	1
Aug 2017	3	0	1	2	2	2
Sept 2017	4	1	4	1	0	1
Oct 2017	6	1	0	0	1	1
Nov 2017	3	1	3	1	2	1
Dec 2017	3	1	1	2	2	1
Jan 2018	7	1	1	1	2	1
Feb 2018	5	0	0	0	2	4
Mar 2018	5	1	1	1	1	3
April 2018*	10	0	0	0	1	0
May 2018	13	0	0	0	0	1
Total	80	8	12	11	20	19

*Approximate schedule for April and May 2018.

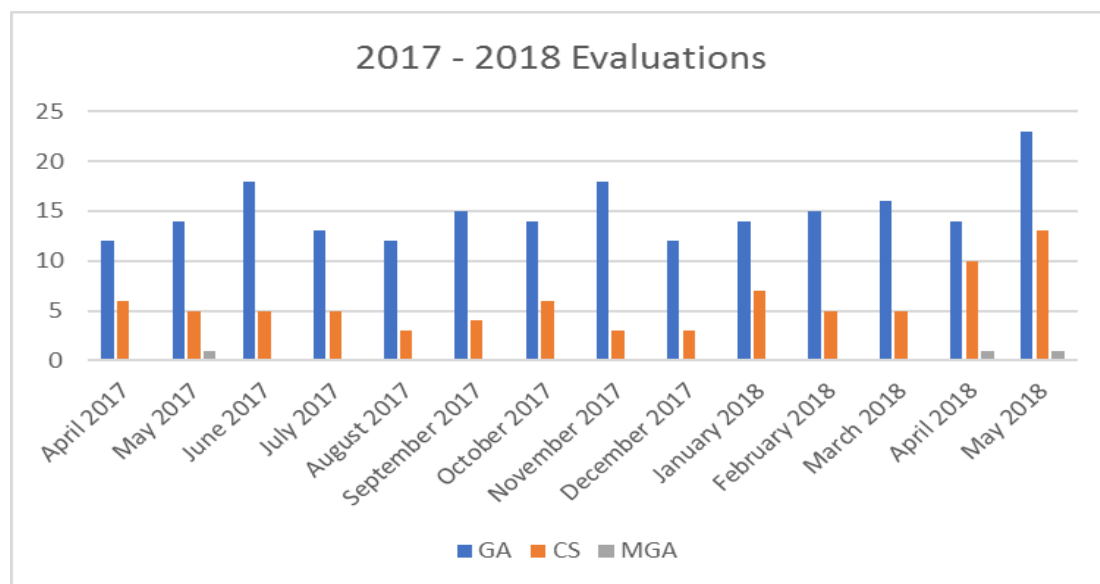
There is a great need for conscious sedation evaluators throughout California. Several evaluations have been postponed recently due to a lack of available evaluators. The Board is actively recruiting for the evaluation program.

Medical General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
2017	0	0	0	1	0	1
May 2017	1	0	0	0	0	1
June 2017	0	0	0	1	0	0
July 2017	0	0	0	1	0	0
Aug 2017	0	0	0	1	0	0
Sept 2017*	0	0	0	1	0	0
Oct 2017*	0	0	0	0	1	0
Nov 2017	0	0	0	1	0	0
Dec 2017	0	0	0	0	1	0
Jan 2018*	0	0	0	0	1	0
Feb 2018*	0	0	0	0	1	0
Mar 2018	0	0	2	0	1	0
April 2018*	1	0	0	0	0	0
May 2018*	1	0	0	0	0	0
Total	3	0	2	6	5	2

*Approximate schedule for April and May 2018 as all results have not been received.

Completed evaluations per month



Current Evaluators per Region

Region	GA	CS	MGA
Northern California	124	63	9
Southern California	162	88	10

Action Requested:

No action requested, informational only.



MEMORANDUM

DATE	May 1, 2018
TO	Members of the Dental Board of California
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 13C: Discussion and Action Regarding Evaluators for Onsite Inspections and Evaluations

Background:

The Dental Board of California's (Board) current requirements for the onsite inspection and evaluation of general anesthesia (GA) permits, medical general anesthesia (MGA) permits, and conscious sedation (CS) permits are included in Article 2.7 (Section 1646 et seq.) and Article 2.8 (Section 1647 et seq.) of Chapter 4 of Division 2 of the Business and Professions Code and in Article 5 (Section 1043 et seq.) of Chapter 2 of Division 10 of Title 16 of the California Code of regulations.

Existing law, Business and Professions Code Sections 1646.4 and 1647.7 specify the Board's onsite inspection and evaluation requirement for the GA permits, MGA permits, and CS permits. At its discretion, the Board may require an onsite inspection and evaluation prior to the issuance of a permit and at least once every five (5) years for GA and MGA permit holders, and every six (6) years for CS permit holders. The sections also specify that the permit of any dentist who has failed an onsite inspection and evaluation shall be automatically suspended unless the permit holder has retaken and passed the onsite inspection and evaluation.

Existing law, California Code of Regulations, Title 16, Section 1043.2 specifies the number of people needed for an evaluation team. This section requires that all onsite inspection and evaluations take place with two (2) independent evaluators. Existing law, California Code of Regulations, Title 16, Section 1043.6 establishes the procedure for a permit holder who has failed the evaluation.

The Board currently regulates approximately 900 GA permit holders, 560 CS permit holders, and 110 MGA permit holders.

Identification of the Issue and Staff Recommendation:

The Board's current regulation specify that two (2) evaluators are needed for each onsite inspection and evaluation for GA permits, MGA permits, and CS permits. Current statute and regulation do not require remedial education after two (2) failed inspections.

The current requirement of two (2) evaluators per evaluation is placing a great strain on the limited evaluator pool. Although Board staff has attempted to recruit new evaluators, the current number of evaluators may not be adequate to sustain this program in the future.

Staff is requesting the Board consider changing this requirement to two (2) evaluators for the first evaluation, and one (1) evaluator for each subsequent evaluation which is required every five (5) years for a GA or MGA permit and every six (6) years for a CS permit. In the event of a failure of the onsite inspection and evaluation, two (2) evaluators would be required for a re-evaluation. Reducing the number of evaluators required for each onsite inspection and evaluation would make the scheduling of onsite inspections and evaluations more accessible and timely.

Staff is also requesting the Board consider requiring the completion of remedial education in the event of two failed onsite inspection and evaluations. Currently, a permit holder who has failed two onsite inspection and evaluations are sent to the Board for review during a quarterly Board meeting. The Board can grant or deny the permit, or grant a third evaluation with a Board Member or other Board appointed representative present. If the permit is denied by the Board, the permit holder can reapply for a new permit without completing remedial education. To provide the highest level of public protection and ensure that anesthesia and sedation are being administered by competent permit holders who can demonstrate knowledge and ability in an emergency scenario, staff recommends that if a permit holder is denied a permit and must reapply for a new permit, or if a third onsite inspection and evaluation is granted, a course in remedial education shall also be required prior to the issuance of a new permit. By requiring remedial education, the Board can enhance consumer protection by ensuring the administration of anesthesia is provided by competent providers.

Specifically, Board staff is recommending the following amendments to regulations:

§ 1043.2. Composition of Onsite Inspection and Evaluation Teams.

(a) An evaluation team shall consist of two or more persons chosen and approved by the board for the first evaluation or in the event that an applicant has failed an evaluation. For each subsequent evaluation only one evaluator shall be required.

(b) The evaluators must meet one of the criteria in subdivision (b) of section 1043.1 for general anesthesia or the criteria in section 1647.3 of the code for conscious sedation and must have utilized general anesthesia or conscious sedation, whichever is applicable, in a dental practice setting for a minimum of three years immediately preceding their application to be an evaluator, exclusive of any general anesthesia or conscious sedation training.

(c) At least one of the evaluators must have experience in evaluation of dentists administering general anesthesia or conscious sedation. At least one member of the

team must have substantial experience in the administration of the method of delivery of anesthesia or sedation used by the dentist being evaluated.

(d) The board may appoint a licensee member of the board to serve as a consultant at any evaluation.

§ 1043.6. Grading of Inspection and Evaluation.

(a) The inspection and evaluation shall be graded on a pass/fail system. The grade shall be determined by the board, based upon a recommendation of the evaluators, who shall make independent evaluations and recommendations.

(b) An applicant who has failed the evaluation may appeal that decision to the board and request a reevaluation. This appeal must be made in writing to the board stating the grounds for the appeal within thirty (30) days after the date on which the evaluation results were mailed. However, pursuant to sections 1646.4(a) and 1647.7(a) of the code, the permit of any applicant who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the board notifies the applicant of the failure unless, within that time period, the applicant has retaken and passed an onsite inspection and evaluation. Upon receipt of the appeal request and an additional evaluation fee, the board will schedule an independent reevaluation of the appellant. If an applicant has failed two evaluations, the board will decide the matter and may grant or deny a permit or request further evaluation of the appellant with a board member or other board appointed representative being present. The applicant must successfully complete Board approved remedial education in a subject within the scope of the onsite inspection and evaluation as determined by the Board prior to being retested if a third onsite inspection and evaluation is granted or prior to the issuance of a new permit.

(c) An applicant who has failed the inspection and evaluation solely on the basis of a failure to demonstrate knowledge and ability in recognition and treatment of any or all of the simulated emergencies may be reevaluated only on the simulated emergencies provided the reevaluation is within 30 days.

Action Requested:

The Board may discuss and consider whether to consider decreasing the number of required evaluators required per on-site inspection and evaluation, and require remedial education in the event that a permit holder fails the on-site inspection and evaluation two times. The Board may direct staff to prepare proposed regulatory language to initiate as a rulemaking at a future meeting.



MEMORANDUM

DATE	April 24, 2018
TO	Members of the Dental Board of California
FROM	Zachary Raske, Budget Analyst Dental Board of California
SUBJECT	Agenda Item 14: Presentation Regarding Dental Anesthesia Data Collection Tool

Assembly Bill 2235 (Chapter 519, Statutes of 2016), also known as “Caleb’s Law”, was signed by Governor Brown on September 23, 2016, and became law on January 1, 2017. It was the Legislature’s intent that the Dental Board of California (Board) encourage all dental sedation providers in California to submit data regarding pediatric sedation events to a pediatric sedation research database maintained by a nonprofit organization. It was the goal of the Legislature that the data submitted will be used to formulate a systems-based approach to improve the quality of services provided to pediatric dental anesthesia patients in outpatient settings.

AB 2235 required the Board to provide a report to the legislature (by January 1, 2017) which addressed whether current statutes and regulations for the administration and monitoring of pediatric anesthesia in dentistry provide adequate protection for pediatric dental patients. While the Board concluded that California’s present laws, regulations and policies are sufficient to provide protection of pediatric patients during dental sedation, it recommended five enhancements to current statute and regulations to provide an even greater level of public protection. One of the Board’s recommendations was to continue to research the collection of high quality pediatric dental sedation and anesthesia related data to inform decision making.

Jung-Wei Chen, DDS, MSS, PhD, Rita Agarwal, MD, and James W. Tom, DDS, MS, FACD will give a presentation on the dental anesthesia data collection tool created by two organizations: The Pediatric Sedation Research Consortium and the American Academy of Pediatric Dentistry. Curricula vitae for each presenter follows.

Bioinformatics Service Center (BSC)

Computer Resources

The data management activities will be implemented on the robust technical infrastructure already in place at Dartmouth. The Bioinformatics Service Center (BSC) hardware, network, and security infrastructure - in place and proven reliable - includes development, test, and production environments for all system layers, including database and web.

The information security framework model for configuration of servers deployed by the BSC adapts with minor changes in oversight the information security controls developed by the Dartmouth Information Security Committee (DISC) to protect the availability, integrity and confidentiality of information contained within these servers. By aligning to the established DISC information security framework the servers will meet the necessary information security regulatory requirements and support BSC in furthering its mission.

The BSC computing infrastructure is managed by the BSC Systems Administrators and includes a centralized system of 50+ web, database, application, and resource servers located within a secured facility. A variety of operating systems are used by BSC for both servers and user's desktops and laptops including Microsoft Windows 7 and 10, MS Server 2008 and 2012, Mac OSX 10.1x, Ubuntu 14.x and 16.x, and Red Hat Linux 5.x and 6.x.

All servers are stored within a dedicated server room in the BSC suite of offices within the Williamson Translational Science Building in Lebanon, New Hampshire. The server room has dedicated cooling and humidity control, redundant uninterruptable power supplies (UPS) feeding redundant power distribution units (PDU) installed in each server rack to minimize interruptions to electrical power delivery and for safety is protected with a fire detection and suppression system. Physical access to the server room is controlled with electronic locks using ID cards in combination with personal identification numbers (PINs).

The BSC subnet is connected to the Internet via Dartmouth College's fiber optic backbone. This backbone has redundant paths and provides a 10 Gbps connection to the campus network. The campus network has two 2 Gbps connections to the Internet via two independent ISPs: a level one provider, Level3 and a regional ISP, VermontTel.

There are several layers of defense beginning with the perimeter network connecting to the border routers for access to the Internet. The perimeter defenses are managed by Dartmouth College's Network Services. Between the border routers and Dartmouth College network there exist multiple devices and appliances working in conjunction with load balancers to eliminate the potential for a single point of failure. These systems include packet filtering hardware based firewalls, network based network and host intrusion detection systems (IDS), and intrusion prevention systems (IPS). The IPS and IDS also monitor the internal Dartmouth network for threats. The systems in place on the perimeter network and within the Dartmouth College network add layers of security that help to protect the BSC network from external threats. Even so additional measures are necessary to protect the BSC network from threats that would be considered internal to the Dartmouth College network but are external threats to the BSC network. As an additional layer of defense a hardware based stateful packet filtering firewall is implemented at the perimeter of the BSC network. Access Control Lists (ACL) control outbound and

inbound traffic. Host based firewalls further enforce a network traffic policy that restricts inbound connections to required services only. System administration logging includes audit logs recording sysadmin and sysop activities, exceptions, and information security events are produced, protected against tampering and unauthorized access, and kept for 90 days to assist in future investigations and access control monitoring.

Access to the BSC network is limited to authorized users who have either authenticated to the physical local wired network or have authenticated to the network via the BSC VPN utilizing multi-factor authentication. All physical network jacks located within the BSC' offices, public areas, and conference rooms use network access controls (NAC) to determine the level of access a device and/or user may have that is based on the device and user authentication. A device and the user must be registered ahead of time to gain access to the "Internal User" VLAN. Otherwise the device is placed on a public network with limited network access. The BSC network does not provide direct network access via wireless access points. Access to the Dartmouth College or other wireless networks can be used instead and the BSC VPN utilized to gain the necessary level of access if required.

Network segmentation is implemented within the BSC network with several internal and external virtual networks (VLANs) segmenting different types of users, devices, servers, and types of resources including separation of development, test, and production systems. By segmenting the different types of systems and users the resources can be better protected by limiting the spread of a potential threat. The VLANs use private IP addressing to limit public facing IP addresses further reducing the potential attack surface from external threats. Network address translation (NAT) is used for those hosts requiring a public presence and those hosts are placed in the appropriate external DMZ.

The BSC network administrators manage the networks proactively using Dartware, Inc.'s InterMapper®, a network monitoring and alerting system. InterMapper® allows system administrators and users to be notified about potential network problems before downtime or degraded performance is experienced by monitoring servers and network devices in real-time and directly providing traffic, errors, utilization and outage information. The backup system is a multi-layered backup system incorporating disk-to-disk-to-disk backup and recovery. Backup procedures account for graduated backups into the past, along with both on-site and off-site storage of backup data. All data and data systems are backed up nightly to prevent loss of data and system features. The system administrators regularly test backup and recovery procedures, including updating of procedure documentation. Documentation is stored on the BSC intranet, with documents stored on the group's servers. BSC staff reviews the procedures regularly to act as alternative administrators, if necessary.

Patching of user's computers and BSC servers are performed on a regular basis and is aligned with Dartmouth's information security policy (DISC) with high risk systems being patched as soon as possible but within one week, medium risk systems patched within two weeks, and low risk systems patched within one month.

All communications to and from servers require encrypted sessions using Secure Shell (SSH) or SSL (HTTPS). PGP's Whole Disk Encryption (WDE) software is used for hard disk encryption of any desktop or laptop used by study staff. PGP WDE is FIPS 140-2 validated and centrally managed by PGP Universal Server to simplify deployment, policy creation and distribution, and reporting.

BIOGRAPHICAL SKETCH

NAME: Jung-Wei Chen, DDS, MS, PhD

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE: Program Director, Professor

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Taipei Medical University, Taiwan, Republic of China	DDS	09/1996	Dentistry
University of Maryland, Baltimore, Maryland	Adv. Ed. in Pediatric Dentistry	06/2000	Pediatric Dentistry
University of Maryland, Baltimore, Maryland	MS	06/2000	Oral Biology
University of Texas at Houston, Texas	MS	05/2002	Health Informatics
University of Texas at Houston, Texas	PhD	12/2007	Health Informatics

A. Personal Statement

I earned my Doctorate of Dental Surgery in 1996 at the Taipei Medical University School of Dentistry in Taipei, Taiwan, Republic of China. I then moved to Maryland and attended the University of Maryland at Baltimore in 2000, receiving my Certificate in Pediatric Dentistry and a Master's Degree in Oral Biology. I taught as an Assistant and then Associate Professor in the Department of Pediatric Dentistry at the University of Texas's Dental Branch at Houston, and studied at the University of Texas Health Science Center at Houston, School of Health Information Science, where I earned my Master's and Doctoral degrees in Health Informatics in 2002 and 2007, respectively. I have been a full-time Associate Professor (2008), Professor (2014) and Program Director at the Loma Linda University School of Dentistry in the Advanced Specialty Education Program in Pediatric Dentistry since 2008.

I am a board-certified Diplomate and Board Examiner for the American Board of Pediatric Dentistry. I have also served on the Board of Directors, Chair of Continuing Education and as Editor for the California Society of Pediatric Dentistry. I currently serve as a member of the Council on Scientific Affairs of American Academy of Pediatric Dentistry and the Education Committee of International Association Paediatric Dentistry. More recently, I was given the title of Secretary and Treasurer for the International Association for Dental Research's Pediatric Oral Health Scientific Group. I am also a fellow of the American College of Dentists, and am the recipient of several national and international awards, scholarships, and grants. I've published numerous articles and am a nationally and internationally invited speaker. Working as an attending faculty the pediatric dentistry department for almost a decade has shown that there is a constant need for coverage in our clinic. I know I am well suited for the role of PI for this grant, and hope to attract and retain faculty by using it as an incentive to good quality candidates.

B. Positions and Honors

Positions

2007-2008	Program Director, Associate Professor – University of Texas, Houston
2008-	Program Director, Associate Professor – LLUSD Advanced Specialty Education Program in Pediatric Dentistry
2013-	American College of Dentists; Fellow
2013-	Fellow of the American College (ACD)
2014-	American Cleft Palate-Craniofacial Association
2015-	Commission of Dental Accreditation – Site Visitor
2015-	International Association of Paediatric Dentistry; Education Committee Member ; Scientific Committee Member, 2017 – Present; Reviewing Committee Member, 2017 – Present
2017-	AAPD Speakers Bureau Committee Member

2017- International Association for Dental Research; Pediatric Oral Health Research Scientific Group Secretary and Treasurer

Honors

2013 America's Top Dentist Award 2013: Consumers' Research Council of America
2016 Dean's Scholar, The University of Texas Health Science Center at Houston, School of Biomedical Informatics
2017 Taipei Medical University's Outstanding Academic Achievement Award Recipient

C. Contribution to Science/Research Support

Published Research Articles

J. Machado, **J-W. Chen**, X. Lam. Use of a Clinical Decision Support Tool for the Management of Traumatic Dental Injuries in the Primary Dentition by Novice and Expert Clinicians. Dental Traumatology, 2018. Article ID 10.1111/edt.12390.

W-J. Chang, A. Shinichi, S. Kamakura, R-Y. Huang, and **J-W. Chen**. Bioengineering Materials in Dental Application. BioMed Research International, vol. 2017, Article ID 2135036, 2017.

K. Truong, **J-W. Chen**, S. Lee. H. Riter. Changes of Surface Properties of Composite Preveneered Stainless Steel Crowns after Prophylaxis to Remove Stains. AAPD Journal of Pediatric Dentistry, April 2017, 217-224.

M. Shin, **J-W. Chen**, C-Y. Tsai, R. Aprecio, W. Zhang, J-M. Yochim, N. Teng, M. Torabinejad. Cytotoxicity and Antimicrobial Effects of a New Fast-Set MTA. BioMed Research International 2017.

J. Lee, **J-W. Chen**, S. Omar, SR. Kwon, and M. Meharry. Evaluation of Stain Penetration by Beverages in Demineralized Enamel Treated With Resin Infiltration. Operative Dentistry 2016 41:1, 93-102.

DeLeon M, **J-W. Chen**. Effects of Preparation Design on the Compressive Strength of Primary Anterior Zirconia Crowns, an In-Vitro Study. Articulator Magazine of Loma Linda University School of Dentistry, 2016; 26(2): 32-37.

S. Omar, J. Choi, B. Nelson, M. Shin, **J-W. Chen**. Pre-Eruptive Intracoronal Resorption (PEIR): Literature Review and Case Report. J Cal Dent Asso 2015;43(5):255-260.

A. Marghalani, S. Omar, **J-W. Chen**. Clinical and Radiographic Success of Mineral Trioxide Aggregate Compared with Formocresol as a Pulpotomy Treatment in Primary Molars: A Systematic Review and Meta-Analysis. JADA 2014; 145(7): 7:14-21.

D. Other Support

2017 Health Resources and Services Administration Faculty Loan Repayment Grant (\$864,000)

2017 California Society of Pediatric Dentistry Foundation Program Enrichment Grant (\$4000)

2015 California Society of Pediatric Dentistry Foundation Program Enrichment Grant (\$6000)

2013 California Society of Pediatric Dentistry - Research Award (\$1000.00)

2012 Bridging the Gap Grant--California Society of Pediatric Dentistry Foundation (\$25,000.00)

CURRICULUM VITAE

RITA AGARWAL MD.

Clinical Professor of Anesthesiology

Stanford School of Medicine

[REDACTED]

PERSONAL INFORMATION

Citizenship: USA

Marital Status:

[REDACTED]

Home Address:

[REDACTED]

Palo Alto, CA, 94306

Phone:

[REDACTED]

[REDACTED]

EDUCATION

COLLEGE:

Texas A&M University

College Station, TX

1979-1982

Degree: BA. 1982

MEDICAL SCHOOL:

Baylor College of Medicine

Houston, TX

1982-1986

Degree: MD. 1986

INTERNSHIP:

Surgery

Baylor College of Medicine

Houston, TX

1986-1987

RESIDENCY: Anesthesiology
 Baylor College of Medicine
 Houston, TX
 1987-1990
 Chief Resident
 1989- 1990

FELLOWSHIP Pediatric Anesthesiology
 The Children's Hospital
 Denver, Colorado
 1990-1991

CERTIFICATION:

Diplomat of the American Board of Anesthesiology: Anesthesiology

Diplomat of the American Board of Anesthesiology: Pediatric Anesthesiology

LICENSURE:

Texas , Colorado, California, DEA

ACADEMIC APPOINTMENTS:

1991-1992: Instructor, Department of Anesthesiology

 Baylor College of Medicine

1992-1999 Assistant professor of Anesthesiology

 University of Colorado

1999-2011 Associate Professor of Anesthesiology

 University of Colorado

2011-2014 Professor of Anesthesiology

 University of Colorado

1995-2002 Director of Acute Pain Service

The Children's Hospital, Denver

1997-2014 Pediatric Anesthesia Program Director
The Children's Hospital, Denver

2011-2014 Director of Education for Pediatric Anesthesiology

2014-present Clinical Professor of Anesthesiology
Stanford School of Medicine

2014-present Director of Pediatric Anesthesia Education
Lucille Packard Children's Hospital, Stanford

HOSPITAL APPOINTMENTS:

2014- present Attending Anesthesiologist LPCH. Stanford CA

2015-present Inpatient Pain Service Attending, Lucille Packard Children's
Hospital, Stanford CA

2014-present Attending Anesthesiologist, Stanford Hospital

HONORS AND AWARDS:

Research Fellowship – UTHSC, June to August, 1979

Honor's Program - Texas A&M University

Dean's List, 1979-1982

Anesthesia Chief Resident, 1989-1990

PROFESSIONAL SOCIETIES: current

American Society of Anesthesiologist

California Society of Anesthesiologist

American Academy of Pediatrics

Society for Pediatric Anesthesia

International Anesthesiology Research Society

Society for Pediatric Pain Medicine

COMMITTEES:

Stanford School of Medicine/Lucille Packard Children's Hospital

Pediatric Anesthesia Education Committee-Chair

Pediatric Anesthesia Leadership Council

Pediatric Trauma Committee

Website Redesign-Chair

Medical School Admissions Committee

University of Colorado/Children Hospital Committees

Department of Anesthesiology

Resident Selection Committee 1993-2014

Clinical Competency Committee 1994 - 2014

Fellows Clinical Competence Committee 1994-2014. **Chair from 1996-2011**

Pediatric Anesthesia Executive Committee 2008-2014

Pediatric Anesthesiology QI Committee 2008-2014

Director of Education for Pediatric Anesthesiology 2008-2014

The Children's Hospital

Pediatric Pain Management Conference Planning Committee 1993, 1994

Co-Chairman 1996-1997

Pharmacy and Therapeutics Committee 1995 - 1998

University of Colorado Health Science Center

Medical Student, Admission Committee 1997-2004

National Committees

American Society of Anesthesiologist,

Subcommittee on Pediatric Anesthesia 1994-1995. 2006-7

Education: Subcommittee of Pediatric Anesthesia 2009

Annual Meeting: Pediatric Anesthesia Track: 2010-2012

International Society for Anesthesia Research:

Abstract Reviewer 2003-present

Society for Pediatric Anesthesia:

Editor: Newsletter 2001-2006

Board of Directors 2006-2014

Enduring Materials Committee 2008-2014

Member: Publications Committee 1996-2001

Member: Education Committee 1999-present

Member: Communications Committee 2001-present

Chair: Communications Committee 2001-2007

Assistant Editor: Newsletter 1996-2001

American Academy of Pediatrics:

Re-Imbursement Committee 2000-2006

Chair RVU Committee: Section of Anesthesiology and Pain Management 2006-2015

American Academy of Pediatrics: Section on Anesthesiology and Pain

Management:

Member: Executive Committee 1999-2006

Chair: Membership Committee 2001-2006

Member Education Committee 1997-2006

Chair Elect 2014-15

Chair 2015-2017

Past Chair 2017-present

SOA Liaison to SAMSHA Grant to provide educational webinars for PCSS-O 2014-2017

Academy Liaison to AMA SAMSHA grant 2015-2018

ABA/ASA Joint Council on In -Training Examinations

Question Writer

1997-2002

Associate Editor: In-Training Exam 2009-2012

Senior Editor Joint Council on Anesthesiology Examination 2012-present

Associate Editor: Pediatric Anesthesiology Subspecialty Exam 2011-present

Society for Pediatric Pain Management

Vice President 2017-present

Treasurer 2013-2017

Co-Founder of Special Interest Group in Pediatric Pain Management and SPPM
2010

Organizing Committee for each of the SIG-PPM conferences from 2011-2013

Organizing Committee for SPPM conference 2014-present

Education and Planning Committee SPPM Annual Conference 2015-present

Colorado Review of Anesthesiology for SurgiCenter and Hospitals(CRASH)

Co-Director, 1997-1999

Course Director, 1999 –2015

International Symposium on the Pediatric Airway

Organizing and Course Committee: 2011 and 2013

BIBLIOGRAPHY

Peer Reviewed Publications:

1. Burch JM, **Agarwal R**, Mattox K, Feliciano D, Jordan GL. The Treatment Of Crotalid Envenomation Without Antivenin, The Journal of Trauma, 28: 35-43, 1988.
2. **Agarwal R**, Gutlove D, Lockhart CHL. Seizures Occurring In Pediatric Patients Receiving Continuous Infusion Of Bupivacaine. Anesthesia and Analgesia, 75: 284-287, 1992.
3. **Agarwal R**, Roitman KJ, Stokes MA. Improvement of Intraoperative somatosensory Evoked Potentials by Ketamine. Paediatric Anaesthesia. 8: 263-266, 1998.
4. **Agarwal R**. Anesthesia for Pediatric Chest Trauma. Seminars in Cardiothoracic and Vascular Anesthesia 6: 83-95, 2002
5. [Sedation, risk, and safety: do we really have data at last?](#)
6. Polaner DM, Houck CS, Rockoff MA, Mancuso TJ, Finley GA, Maxwell LG, Cravero J, Kain ZN, Bell C, Bosenberg A, Zwass M, Valley R, Agarwal R, Savarese A, Rice LJ, Coté CJ, Davidson PJ, Ferrari LR, Davis PJ. Pediatrics. 2001 Oct;108(4):1006-8.
7. [Prevention and Management of Procedural Pain in the Neonate: An Update.](#) Committee On Fetus And Newborn And Section On Anesthesiology And Pain Medicine. Pediatrics. 2016 Feb;137(2):1-13. doi: 10.1542/peds.2015-4271. Epub 2016 Jan 25. PMID: 26810788
8. [Critical Elements for the Pediatric Perioperative Anesthesia Environment.](#) Section on Anesthesiology and Pain Medicine. Pediatrics. 2015 Dec;136(6):1200-5. doi: 10.1542/peds.2015-3595. PMID: 26620064
9. [Airway management in laryngotracheal injuries from blunt neck trauma in children.](#) Chatterjee D, Agarwal R, Bajaj L, Teng SN, Prager JD. Paediatr Anaesth. 2016 Feb;26(2):132-8. doi: 10.1111/pan.12791. Epub 2015 Nov 4. Review. PMID: 26530711
10. Agarwal R, Kimiko-Furukawa, L. PC PBLD7 Adverse Event Disclosure. Anesthesia ToolBox. https://collectedmed.com/index.php/article/article/article_display/14/3849
11. Agarwal R, Casavant D. Acute Pain Management: Changes and Challenges [online course]. PediaLink. <http://bit.ly/acute-pain-management>. 9/27/2016.
12. [Codeine: Time to Say "No".](#) Tobias JD, Green TP, Coté CJ; Section On Anesthesiology And Pain Medicine; Committee On Drugs. Pediatrics. 2016 Oct;138(4). pii: e20162396. Epub 2016 Sep 19. PMID. 27647717

13. Agarwal R, Houck C, Riefe J. 50 Years of the American Academy of Pediatrics Section on Anesthesiology: A History of our Subspecialty-Pediatrics, June 2017, 28332249
14. Agarwal R, Brown R, Cote C, Kaplan A, The Single Operator model is obsolete in all settings, Pediatrics, in press
15. Multiple authors, Opioid Recommendation for Children in the Postoperative Period-multiple authors, submitted and accepted for publication Anesthesia and Analgesia
16. [The Pediatric Anesthesiology Workforce: Projecting Supply and Trends 2015-2035](#). Muffly MK, Singleton M, Agarwal R, Scheinker D, Miller D, Muffly TM, Honkanen A. Anesth Analg. 2017 Nov 7. doi: 10.1213/ANE.0000000000002535. [Epub ahead of print] PMID: 29116973
17. Multiple authors, Society for Pediatric Anesthesiology Information Network Analgesia for Patients undergoing Pectus Excavatum repair-submitted Anesthesia and Analgesia
18. The Assessment and Management of Pain in Infants, Children and Adolescents, an Update, Anderson C, Jimenez N, Agarwal R, Brown R, approved for release by Pediatrics and AAP SOA, in preparation.
19. Cannabinoids and Marijuana in Pediatric Anesthesia. Flannery, K, D'Souza G, Agarwal R, in preparation

Chapters

1. Griffiths C, **Agarwal R**. Hypotension. In *Anesthesia Secrets*, Duke J, Rosenberg SG, eds., Hanley & Belfus, Inc. Philadelphia 1996
2. **Agarwal R**. Pediatric Anesthesia. In *Anesthesia Secrets*, Duke J, Rosenberg SG, eds., Hanley & Belfus, Inc. Philadelphia 1996.
3. **Agarwal R**. Neonatal Anesthesia. In *Anesthesia Secrets*, Duke J, Rosenberg SG, eds., Hanley & Belfus, Inc. Philadelphia 1996.
4. **Agarwal R**, Hagedorn MIE, Gardner SL. Pain and Pain Relief. In *Handbook of Neonatal Intensive Care*. Merenstein GB, Gardner SL, editors, Mosby Year Book, St Louis, 1998.
5. Griffiths C, **Agarwal R**. Hypotension. In *Anesthesia Secrets*, Duke J, Rosenberg SG, eds., Hanley & Belfus, Inc. Philadelphia 2000
6. **Agarwal R**. Pediatric Anesthesia. In *Anesthesia Secrets*, Duke J, Rosenberg SG, eds., Hanley & Belfus, Inc. Philadelphia 2000.
7. **Agarwal R**. Neonatal Anesthesia. In *Anesthesia Secrets*, Duke J, Rosenberg SG, eds., Hanley & Belfus, Inc. Philadelphia 2000.
8. **Agarwal R**. Foreign Body Aspiration in a child, *Anesthesia Pearls*, Duke editor Hanley & Belfus, Philadelphia 2003
9. **Agarwal R**. Inguinal Hernia Repair in a former Premature Infant, *Anesthesia Pearls*, Duke J, ed Hanley & Belfus, Philadelphia 2003

10. **Agarwal R.** Pediatric Anesthesia. In *Anesthesia Secrets*, Duke J, Hanley & Belfus, Inc. Philadelphia 2006. 2009, in press 2014
11. **Agarwal R.** Neonatal Anesthesia. In *Anesthesia Secrets*, Duke J, editor Hanley & Belfus, Inc. Philadelphia 2006, 2009, in press 2014
12. **Agarwal R, Polaner David.** Acute Pain Services in *Pediatric Anesthesia: Basic Principles, State of the Art, Future – Update*, Bissonnette, Engelhardt editors, 2011, PMPH-USA
13. Dean K, **Agarwal R.** A Practical Approach to Pediatric Neurosurgical Patient in *A Practical Approach to Neuroanesthesia*, Soriano, Sloan Monghan Editors- 2013
14. **Agarwal R.** Pediatric Anesthesia. In *Anesthesia Secrets*, Duke J, Hanley & Belfus, Inc. Philadelphia 2006. 2009, 2013, 2015
15. **Agarwal R.** Neonatal Anesthesia. In *Anesthesia Secrets*, Duke J, editor Hanley & Belfus, Inc. Philadelphia 2006, 2009, 2013 2015
16. Gardner SL, Hagedorn M E, Agarwal R. Pain and Pain Relief in Handbook of Neonatal Intensive Care, 2015
17. Agarwal R, Furukawa F. Schendel S. Anesthesia for Craniofacial Surgery in Anesthesia for Surgical Procedures, in preparation

Other Publications

Editors Corner: Society for Pediatric Anesthesia Newsletter 3-4 columns/year 2001-2006 <http://www.pedsanesthesia.org/newsletters>:

Enduring Materials: Module 2008 www.pedsanesthesia.org (no longer available on line)

Multiple reviews and articles for Pediatric Anesthesiology Newsletter (on line at www.pedsanesthesia.org)

Society for Pediatric Pain Medicine Newsletter Editorials and other contributions 2014-present:

<http://www.pedspainmedicine.org/newsletters/>

[http://www.pedspainmedicine.org/wp-](http://www.pedspainmedicine.org/wp-content/uploads/newsletters/2015/fall/aapupdate.html)

[content/uploads/newsletters/2015/fall/aapupdate.html](http://www.pedspainmedicine.org/wp-content/uploads/newsletters/2015/fall/aapupdate.html)

[http://www.pedspainmedicine.org/wp-](http://www.pedspainmedicine.org/wp-content/uploads/newsletters/2016/winter/aapupdate.html)

[content/uploads/newsletters/2016/winter/aapupdate.html](http://www.pedspainmedicine.org/wp-content/uploads/newsletters/2016/winter/aapupdate.html)

Use of oral opioids during, after tonsillectomy re-evaluated

Rita Agarwal

AAP News, Aug 2014, 35 (8) 13

Educate parents on benefits of smoking cessation before child's surgery. Sarena

N. Teng, Rita Agarwal  AAP News, Sep 2015, 36 (9) 13

Survey highlights barriers to post-residency training for combined pediatrics, anesthesia residents Jewel Sheehan, M.D., Jennifer Wagner, M.D. and Rita Agarwal, M.D., FAAP AAP News July 26, 2016

AAP Responds to FDA Warning on Anesthesia use in Children:

Brown R, Agarwal R, AAP New Jan 2017

<http://www.aappublications.org/news/2017/01/10/Anesthesia011017>

FDA warning on anesthesia calls attention to malpractice risks associated with medications, failure to timely refer. AAP News Sept 2017 Raeford Brown MD, FAAP, Rita Agarwal. MD, FAAP <http://www.aappublications.org/news/2017/09/27/>

Poster Created on Safe Storage and Disposal of controlled substances. AAP News Oct 2017 Lucien Gonzales, Rita Agarwal, Constance Houck.

<http://www.aappublications.org/news/2017/10/20/SafeStorage101017>

Finding the Right Balance: A physicians Story, KevinMD

<http://www.kevinmd.com/blog/2016/08/finding-right-balance-pain-relief-physicians-story.html>

After Las Vegas: What is the Change that needs to Occur? KevinMD, Oct 10, 2017

<http://www.kevinmd.com/blog/2017/10/las-vegas-change-needs-occur.html>

Parent Information AAP Healthy Children : Anesthesia Safety for Infants and

Toddlers: FAQ: <https://www.healthychildren.org/English/health-issues/conditions/treatments/Pages/Anesthesia-Safety-Infants-Toddlers-Parent-FAQs.aspx>

Dental Anesthesia and Sedation:

<https://www.healthychildren.org/English/healthy-living/oral-health/Pages/Anesthesia-or-Sedation-for-Your-Childs-Dental-Work.aspx>

Agarwal R, Toms, J, Cote C, Anesthesia and Surgery: Should one Provider do both? Shift Magazine, fall 2017, pp 62-63. American Academy of Pediatric Dentists. https://issuu.com/ezpedo/docs/shift_magazine_-_fall_-_2017/76

California Society of Anesthesiologist:

<http://csahq.org/news/blog/detail/csa-online-first/2018/01/08/sexism-harassment-and-women-in-anesthesiology>

<https://csahq.org/news/blog/detail/csa-online-first/2017/01/23/anesthesia-safety-for-mothers-and-children-what-does-the-fda-warning-mean>

<https://csahq.org/news/blog/detail/csa-online-first/2016/08/22/gun-violence-when-will-we-make-a-change>

<https://csahq.org/news/blog/detail/csa-online-first/2016/07/05/finding-the-right-balance-in-pain-relief>

Agarwal R, Rowe E. Perioperative Preparation and Management of Pheochromocytomas and Paragangliomas in Pediatric Patients. The Frost Series, Anesthesiology News, in preparation.

Multiple articles in Vital Times 2017, 2018

Peer-Reviewed Abstracts Presented at Scientific Meetings (last 17 years)

1. **Agarwal R**, Viet A, Lockhart CH, Foster RL. Continuous Fascia Iliaca Block In Children, International Symposium on Pediatric Pain, London, England, 6/2000
2. **Agarwal R**, Veit A, Lockhart CH, Foster RL. Continuous Fascia Iliaca Block In Children, Pediatric Anesthesiology, 2001
3. Schellpfeffer R, **Agarwal R**, Active Herpes labialis in a patient undergoing Ventriculo-peritoneal shunt replacement. Western Anesthesia Resident's Conference, 2006
4. Schellpfeffer R, **Agarwal R**, Active Herpes labialis in a patient undergoing Ventriculo-peritoneal shunt replacement. Pediatric Anesthesiology 2007, Phoenix, Arizona 2007
5. Szolnoki J, **Agarwal R**, Galinkin J. Extreme Hypothermia in a Neonate with a Giant Cystic Lymphangioma, Pediatric Anesthesiology 2008, San Diego, CA
6. Management of an immune deficient child with epiglottitis, meningitis, thrombocytopenia and DIC
Hansen, J, Schwartz, L, **Agarwal, R**. Pediatric Anesthesiology Vegas 2013
7. Postdural Puncture Headache in Children: Eisedorfer s. Agarwal R. Pediatric Anesthesiology AAP/SPA Joint Meeting, 2014
8. Neonatal Abstinence Syndrome in a neonate with OI. D'Souza G, Agarwal R, poster presented at the International Society for pediatric pain, Kuala Lumpur, 2017

9. Anesthetic Management of a Child with Aicardi Syndrome, Swenson A, Agarwal R, submitted to Pediatric Anesthesiology 2018

Invited Lectures National/ Regional Meetings (past 15 years)

1. Pediatric Jeopardy. SPA/AAP Annual Meeting Pediatric Anesthesiology, 2002
2. Pediatric Head Trauma, Colorado Review of Anesthesiology for Surgicenters and Hospital (CRASH), Vail, CO, 2002
3. Practical Pediatric Blocks, CRASH 2002
4. Pediatric Emergencies, CRASH 2002
5. Outpatient Pediatric Pain Management, Wisconsin Society of Anesthesiology, September, 2002
6. Laryngeal Mask Airway in Tonsillectomy-The Con, SPA Annual Meeting, Orlando, 2002
7. Pediatric Clinical Forum, American Society of Anesthesiologist (ASA), San Francisco, 2003
8. Pediatric Clinical Forum, ASA, Las Vegas, 2004
9. Tonsillectomy in a Child with Severe Asthma, SPA/AAP Annual Meeting Pediatric Anesthesiology, Miami, 2005
10. Pediatric Controversies, CRASH 2005,
11. Outpatient anesthesia in Children, CRASH 2005
12. What's New in Pediatric Anesthesia, CRASH 2006
13. Pediatric Controversies. CRASH 2006
14. Work/Life Balance-workshop SPA/AAP Pediatric Anesthesiology, Sanibel Island Florida, Feb 2006
15. **PBLD** Former Ex-Preemie with a difficult airway in MRI, SPA/AAP Annual Meeting Pediatric Anesthesiology Sanibel Island, Florida, Feb 2006
16. **PBLD** Former Ex-Preemie with a difficult airway in MRI, SPA/AAP Annual Meeting Pediatric Anesthesiology, Phoenix, Arizona 2007
17. **PBLD**: Toddler with OSA undergoing strabismus repair, SPA/AAP Pediatric Phoenix Arizona, 2007
18. What's New in Pediatric Anesthesia 2007, CRASH 2007, Vail CO
19. Pediatric Controversies CRASH 2007, Vail CO
20. What's New in Pediatric Anesthesia 2008, CRASH 2007, Vail CO
21. Pediatric Controversies CRASH 2008, Vail CO
22. **PBLD**: Unexpected difficult airway in an infant in MRI SPA/AAP Pediatric Anesthesiology 2008, San Diego, CA
23. **PBLD**: Unexpected Difficult Airway in an Infant in MRI ASA, Orlando 2008
24. **PBLD**: Unexpected Difficult Airway in an Infant in MRI ASA New Orleans 2009

25. **PBLD:** Difficult Airway in a Toddler with Toddler with A Difficult Airway, Recent Pneumonia For A Laparoscopic Nissen Fundoplication presented at the ASA 2008 Orlando
26. **PBLD:** Difficult Airway in a Toddler with Toddler with a Difficult Airway, Recent Pneumonia For A Laparoscopic Nissen Fundoplication, ASA New Orleans 2009.
27. **Panel:** Infectious Disease in the Operating Room and the Pediatric Patient: Yours, Mine and Ours, Moderator ASA, New Orleans 2009
28. Pediatric Pain presented at the Western Pain Society's 2009 Annual Clinical Pain Meeting, Denver.
29. Malignant Hyperthermia, New Horizons in Anesthesiology, Vail 2010
30. Pediatric Anesthesia Update, New Horizons in Anesthesiology, Vail 2010
31. Cystic Fibrosis, New Horizons in Anesthesiology, Vail 2010
32. Outpatient Anesthesia in Children, New Horizons in Anesthesiology, Vail 2010
33. Pediatric Controversies, CRASH 2010
34. Pediatric Anesthesia Update, CRASH 2010
35. Emergence Agitation, Pediatric Panel, ASA Annual Meeting, San Diego October, 2010
36. Postoperative encephalopathy and fever: A diagnostic hot potato, Thompson, Mark and Agarwal Rita Presented at the SPA/AAP Pediatric Anesthesiology Meeting San Diego, 2011
37. Pediatric Anesthesia Update CRASH 2011 and 2012, 2013
38. Pain Catheters in Kids: I've got it in now what do I do with it? ASA 2011, Chicago. Moderator
39. PBLD: ASA 2012 Washington
40. Special Interest Group in Pediatric Pain Management, conference organizer 2012, moderator 2013,
41. Outpatient Anesthesia in Children; CRASH 2013
42. Pediatric Anesthesia Update: CRASH 2013
43. Intensive Review on Pediatric Anesthesiology: Dallas 2013: Neonatal Cardiac and pulmonary Physiology
44. Intensive Review on Pediatric Anesthesiology: Dallas 2013: A Primer on ENT
45. Controversies in Pediatric Outpatient Anesthesia: CRASH 2014
46. Pediatric Anesthesia Update CRASH 2014
47. Teenager with SMA, Chronic Pain and Opioid Misuse: PBLD at the 1st Annual Society for Pediatric Pain Medicine Meeting, Ft Lauderdale, 2014 (with Dr Robin Slover)
48. Clothesline injury and complete transection of the trachea: PBLD, SPA/AAP Pediatric Anesthesiology, Ft Lauderdale, 2014 (with Dr Debnath Chatterjee)

49. Pediatric Anesthesia Update 2015, Colorado Review of Anesthesiology for Surgicenters and Hospitals, (CRASH) Vail, Colorado 2015
50. Pediatric Ambulatory Anesthesia, CRASH 2015, Vail Colorado 2015
51. My resident just administered an overdose of local anesthetic and the surgeon is closing. Now What? PBLD with Dr Jennifer Zieg, Society for Pediatric Pain Medicine 2015, Arizona
52. Communication Workshop, with Drs. Susan Staudt and Louise Furukawa, Pediatric Anesthesia Leadership Council (PALC) Conference on Professionalism, Dallas 2015
53. Disclosing Adverse Events, with Dr. Louise Furukawa PALC Conference on Professionalism, Dallas 2015
54. Perioperative Inter-Professional Conflict and its Resolution: Workshop with Dr. Susan Staudt ASA San Diego 2015
55. PBLD: Fatal Attraction: Cardiac Arrest in MRI, with Dr. Sam Mireles, Society for Pediatric Anesthesia, Winter Meeting San Diego, Oct 2015
56. PBLD: T-wave elevation and Tachycardia in a Ten-month-old? What's going on? Society for Pediatric Pain Medicine 2016, Colorado Springs,
57. Pediatric Jeopardy, Pediatric Anesthesiology 2016, "Contestant" Colorado Springs 2016
58. Communication and Perioperative Conflict: Conflict resolution for the Anesthesiologist ASA Workshop, Chicago, 2016
59. Brittle Bones: Neonatal abstinence syndrome in a newborn with Osteogenesis Imperfecta (OI) and fractures, born to a mother with OI, Genevieve D'Souza, Agarwal R, SPPM Austin, TX 2017
60. Infant with Chiari malformation, sleep apnea and cord compression. Rohatgi P, Agarwal R, Accepted for Presentation SPA Annual Meeting 2017, Boston
61. Conflict Resolution and Dyscommunication in the Perioperative Setting, Staudt S, Haim M, Goldfarb Neil, Table moderator, ASA Boston 2017
62. Pediatric Anesthesia Update. Pediatric Puzzles, AAP-CA, San Francisco, December 2017
63. Can You do this Quick CT Guided Biopsy: Holy Hypertension, but the Heck is going on? PBLD accepted for Pediatric Anesthesiology 2018
64. WORKSHOP: ASA, AAP, SPA, SPPM, CCAS - Committees, SIGs, Sections - Confusing and Intimidating? A frank guide for the young and uninitiated to involvement in medical societies, Sabine Kost-Byerly, Rita Agarwal, Constance Houck, Courtney Hardy, Pediatric Anesthesiology 2018
65. WORKSHOP: Emerging Technologies in Perioperative Anxiety and Pain Management: Virtual Reality, Video - Games, Movies, & Apps
Coordinator: Thomas Caruso, MD; Samuel Rodriguez, MD
 Rita Agarwal, MD, FAAP; Thomas A. Anderson, MD, PhD; Alyssa Burgart, MD,

MA; Michelle Fortier, PhD; Jorge A. Galvez, MD; Clyde Matava, MD, MBChB;
Banh Tsui, MD; Ellen Ya-Ping Wang, M, Pediatric Anesthesiology 2018

Other Contributions

Guest Editor: Anesthesia and Analgesia, 2001-2014

Guest editor: Pediatrics, 2003-present

Editor: Pediatric Anesthesia, 2009-present

Abstract Editor, International Anesthesia Research Society, 2002-present

Abstract Editor, SPA 2000-2010

PBLD Editor SPA 2016-present

Abstract Editor SPPM 2016 –present

PBLD Editor SPPM 2014-present

James W. Tom DDS, MS, FACD

Dentist Anesthesiologist

Full-time Associate Professor, Clinical Dentistry
Division I: Public Health Dentistry & Graduate Pediatric Dentistry
Division III: Endodontics, General Practice Residency, and Orthodontics
University of Southern California, Ostrow School of Dentistry

925 West 34th Street

DEN 4302

Los Angeles, CA 90089

Phone:

Private Practice:

Mobile:

Operating Room:

I. PERSONAL INFORMATION

WORK: University of Southern California School of Dentistry
925 West 34th Street
Los Angeles, CA 90089
DEN 4302
Special Needs Dentistry:
Graduate Pediatric Dentistry:
Hutto-Patterson Operating Room:
Email: _____

HOME:

Los Angeles, CA 90025
Phone:
Office (Part-Time Private Practice):
Facsimile:

Citizenship: United States

Birthplace: San Francisco, California, USA

II. EDUCATION

The Ohio State University

M.S.

2001

Columbus, Ohio

Graduate School (Dental Anesthesiology)

Graduate thesis: "Quality of recovery using propofol-ketamine intravenous light general anesthesia versus propofol-remifentanyl light general anesthesia in ambulatory third molar extraction surgery" J. W. Tom DDS, S. Ganzberg DMD, MS, J.M. Weaver II DDS, PhD, F. Michael Beck DDS, MA Dental Anesthesiology Service, Dept. of Oral & Maxillofacial Surgery and Anesthesiology, Health Services Research, The Ohio State University College of Dentistry, Columbus, Ohio

The Ohio State University Columbus, Ohio Residency: Advanced General Dental Education in Dental Anesthesiology University Hospitals, James Cancer Hospital Children's Hospital of Columbus, Ohio Grant Medical Center (Critical Care Internship) College of Dentistry	Certificate	2001
University of Southern California Los Angeles, CA Herman Ostrow School of Dentistry	DDS	1999
University of California at Los Angeles Los Angeles, CA Bachelor of Arts, English	B.A.	1994

III. PROFESSIONAL EXPERIENCE

Associate Professor, Clinical Dentistry Dental Anesthesiology Director, Dental Anesthesiology Service Director, CHAMP+ Dental Anesthesiology Section Herman Ostrow School of Dentistry University of Southern California, Los Angeles, CA Full-time, dual appointment (80% FTE) Division I: Dental Public Health & Pediatric Dentistry Division III: Endodontics, General Practice Residency, and Orthodontics	2001-Present
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Currently providing both didactic and clinical anesthesiology instruction and services for specialized patient populations needing advanced anesthesia and pain control for oral & maxillofacial surgery, pediatric dentistry, and general dentistry. Additional duties include providing operating room orientation to graduate post-doctoral residents, maintaining and ordering controlled pharmaceuticals for various clinics, local anesthesia and inhalation sedation instruction, allergy testing, and anesthesia consultation for various clinic patients. Current Chair of the Formulary & Anesthesia Working Group (FAWG) and participant in various other administrative committees.

Lecturing and module presentation responsibilities include: Local Anesthesia and Nitrous Oxide (AMED 521-522) for second year dental students and first year dental hygiene students, Emergency Medicine Module (AMED 504) for second year dental students and first year dental hygiene students, Advanced Anxiety and Pain Control (AMED 750) for

post-doctoral residents, and Pharmacology for dental hygiene. An integrated 2 year pre-doctoral anesthesia selective course is also under the area of responsibility of this position.

Administrative and educational responsibilities encompass anesthesia, medical emergencies, pharmacology, and pain management curricula to pre-doctoral, post-doctoral, and dental hygiene students. Also tasked with developing a dental anesthesiology service within the Herman Ostrow School of Dentistry employing 2-4 part-time dentist anesthesiologists.

Private Practice

2002-Present

Dental Anesthesiology Services

James Tom DDS, MS, PC

Greater Los Angeles, CA

Providing mobile, office based, and ambulatory surgical-center (ASC) anesthesia services for a wide variety of patients undergoing emergent and elective oral surgery and dental procedures.

Task Force Committee Member

2016-February 2018

American Society of Anesthesiologists

ASA Task Force on Practice Guidelines for Moderate Sedation & Analgesia

ADA Appointed Representative

Schaumburg, IL

Appointed by American Dental Association to the American Society of Anesthesiologists Task Force on Moderate Sedation by Non-Anesthesiologists. Reviewed current evidence and gathered expert opinion on the revision of Guidelines used by dentistry, gastroenterology, emergency medicine, cardiology, and allied healthcare on the use of moderate sedation by non-anesthesia trained providers.

Associate Editor, Anesthesia Progress

Appointed 2015

***Anesthesia Progress*, A Journal for Pain and Anxiety**

Control in Dentistry

Columbus, OH

Serves as Associate Editor and submission reviewer for peer-reviewed, scientific journal related to matters of dentistry and anesthesiology. *Anesthesia Progress* is the official journal for the American Society of Dentist Anesthesiologists (ASDA), American Dental Society of Anesthesiology (ADSA), Canadian Dental Society of Anesthesiology (CDSA), and International Federation of Dental Anesthesia Societies (IFDAS).

Program & Course Director**Appointed 2014****Intensive Course on Parenteral Moderate Sedation Certification**

Herman Ostrow School of Dentistry
Department of Continuing Education
University of Southern California
Los Angeles, CA

Program director for Ostrow School of Dentistry's long-standing continuing education course utilized by general practitioners and dental specialists wishing to employ intravenous moderate sedation into their private practice. This course meets and exceeds the American Dental Association's published 2016 Guidelines for the teaching of moderate sedation to dentists in both didactic and clinical experience.

Program & Course Director**Appointed 2017****Recertification Course on Oral Moderate Sedation**

Herman Ostrow School of Dentistry
Department of Continuing Education
University of Southern California
Los Angeles, CA

Program director for Ostrow School of Dentistry's continuing education course utilized by general practitioners and dental specialists wishing to recertify and renew licensure in enteral moderate sedation. This course meets and exceeds the American Dental Association's published 2016 Guidelines for the teaching of moderate sedation to dentists in didactic experience.

CODA Faculty Representative, Review Committee**December 2010 – July 2014****Post-Graduate Programs in Advanced Education****Four Year Term****For General Dentistry****American Dental Association, Commission on Dental Accreditation**

Chicago, IL

Served as the Dental Anesthesiology Educator Representative for American Dental Association's Commission on Dental Accreditation (CODA) Residency Standard Review Committee. Appointed to commission in December 2010 for a 4 year term and responsible for evaluating residency accreditation reports and voting accreditation status for programs providing advanced general dental education beyond the pre-doctorate level. Served additional role of Task Force Committee member to author new and revise Accreditation Standards for Post-Graduate Dental Anesthesiology programs to 36-month in duration. Appointed by the Commission for a 4-year term.

Admissions Committee Member
Herman Ostrow School of Dentistry
University of Southern California
Los Angeles, CA

October 2015-Present

Serves as problem-based learning facilitator and interviewer for pre-doctoral candidates of applying to the 4-year Doctor of Dental Surgery program.

CODA Subject Matter Consultant & Site Visitor
American Dental Association, Commission on Dental Accreditation
Chicago, IL

June 2009-Present

Serving as both consultant and residency program site-visitor to Advanced General Dentistry Education in Dental Anesthesiology. Appointed to commission in June 2009 and evaluated and prepared accreditation materials and status reports for advanced programs in dental anesthesiology.

Department of Consumer Affairs
Dental Board of California, State of California, Enforcement
Subject Matter Consultant
Los Angeles, CA
San Diego County, CA

June 2011-Present

Providing subject matter review, expert testimony, and consultant services for the State of California Office of the Attorney General in matters regarding actions of dental anesthesia related reports submitted to the Dental Board of California.

Faculty, Pediatric Sedation Outside of the Operating Room
Harvard Medical School/ Boston Children's Hospital
Anesthesiology, Perioperative and Pain Medicine
San Francisco, CA

September 2017-Present

Providing topics related to sedation, monitoring, and patient safety to participants actively involved in providing pediatric sedation in dental settings. Also serving as simulation faculty for related scenarios.

**Faculty, ADA Course on Management of Airway
Complications in Minimal and Moderate Sedation
American Dental Association
Chicago, IL**

October 2010-October 2012

Served as ADA appointed faculty to promote and instruct dental providers of minimal and moderate sedation in airway complication management with scenario and simulation based pedagogy. Served as high-fidelity simulator and crisis scenario faculty for dentists attending complication prevention workshops.

**President, ASDA Board of Directors
American Society of Dentist Anesthesiologists
Sarasota, FL**

April 2017

Currently serving as elected President on the American Society Of Dentist Anesthesiologists' Board of Directors – a professional organization representing dentists who have completed three years of advanced specialty training in anesthesiology.

**Editorial Reviewer, Thieme Publishers
New York, New York**

October 2016

Reviewed and edited the direction and content of proposed textbooks on dental anesthesiology and advanced anxiety and pain control techniques in dentistry.

**Editorial Reviewer, Clinical Oral Investigations
Springer & German Society of Dental, Oral and
Craniomandibular Sciences**

November 2016

Reviewed and edited the direction and content of selected submissions involving anesthesiology and advanced anxiety and pain control for a 9 issue per year, peer-reviewed international journal on oral medicine and related topics.

Director, Region III, ASDA Board of Directors	2008-2011
Committee Member & Chair, ASDA Committee on Meetings & Events	2007-Present
Committee Member, ASDA Communications	2007-2012
Committee Member, ASDA Strategic Planning	2010-2012
Program Director, ASDA Annual Scientific Session	2014-2015
Committee Member, Residency Directors and Post-Doctoral Education	2010-2014
Committee Member, ASDA Specialty Recognition	2010-2013

Chicago, IL www.asdahq.org

Course Director, ASDA Annual Review Course
American Society of Dentist Anesthesiologists
Sarasota, FL

2005-2010

Served a 5 year appointed term as Course Director for the Annual ASDA Review Course held every year in September as a refresher and comprehensive review for dental anesthesiology. Held in various locations throughout North America, the ASDA review course combines a collaborative effort of residency directors and private practitioners in an ADA CERP qualified comprehensive dental anesthesiology review course for dentists and anesthesia providers throughout North America.

Mock Oral Board Examiner
American Dental Board of Anesthesiology/ASDA Review Course
Sarasota, FL

2006-Present

Served as mock oral board examiner for diplomate certification of candidates sitting for ADBA Board certification. Directed content and devised course material for oral exams.

Faculty Sponsor
American Student Dental Association, Herman Ostrow School of Dentistry
Dental Anesthesia Club for Students, Herman Ostrow School of Dentistry
Los Angeles, CA

2013-Present

Faculty sponsor for pre-doctoral student-led organizations to encourage and promote leadership and study in organized professional groups.

Consultant, American Dental Board of Anesthesiology
Sarasota, FL

2012-Present

Provided consultant services for the development of written and oral examination questions for the American Board of Dental Anesthesiology (ADBA) Diplomate Specialty Board Certification.

General Anesthesia Permit On-Site Examiner
Dept. Of Consumer Affairs, State of California
Dental Board of California (Southern Region)

2009-Present

Committee Chair, Formulary & Anesthesia Working Group **2015-Present**
Herman Ostrow School of Dentistry
University of Southern California
Los Angeles, CA

Serves as consultant and voting member to regulate and ensure continuous quality assurance for sedation and general anesthesia activities within Ostrow School of Dentistry of USC.

Committee Member, Ad-Hoc Committee on Anesthesia/Sedation **2009-2013**
Compliance
Herman Ostrow School of Dentistry
University of Southern California
Los Angeles, CA

Serves as consultant and voting member to regulate and ensure continuous quality assurance for sedation and general anesthesia activities within Ostrow School of Dentistry of USC.

Committee Member, Purchasing Sub-Committee **2014-Present**
Herman Ostrow School of Dentistry
University of Southern California
Los Angeles, CA

Serves as consultant and voting member to regulate and approve the purchase of new materials, supplies, and pharmaceuticals for use in patient care and education within the Herman Ostrow School of Dentistry.

Interim Chair, Section of Anesthesia & Medicine (AMED) **1/2007-6/2007**
Herman Ostrow School of Dentistry
University of Southern California
Los Angeles, CA
Division III, Oral & Maxillofacial Surgery, Section of Anesthesia & Medicine

Provided course direction and lectures for AMED 501, AMED 502, AMED 521 (Local Anesthesia, Emergency Medicine, and Pharmacosedation), CPR coordination & instruction, assumed administrative duties of pre-doctoral and post-doctoral candidate course completion for Dr. Stanley Malamed.

Consultant, Novalar Pharmaceuticals
La Jolla, CA

3/2004-8/2004

Provided consultation and research development for an institutional research attempt of NV-101, a novel injectable local anesthesia reversal pharmaceutical.

IV. LICENSURE, PERMITS, & BOARD CERTIFICATION

Dentist – California State Board of Dental Examiners #49684	2002-Present
California State Dental Board, Dept of Consumer Affairs	
General Anesthesia Permit-California State Board of Dental Examiners	2002-Present
Diplomate, American Dental Board of Anesthesiology	April 2006
Diplomate, National Dental Board of Anesthesiology	March 2005
Advanced Cardiac Life Support Provider	1997-Present
Pediatric Advanced Life Support Provider	1997-Present
Cardiopulmonary Resuscitation (BLS-HCP) Provider	1995-Present
DEA Schedule II,III, IV, V Prescriber	2002-Present

V. MEMBERSHIP IN PROFESSIONAL & SCIENTIFIC ORGANIZATIONS

American College of Dentists, Fellow	2008-Present
American Academy of Pediatrics, California – Chapter Associate	2016-Present
American Society of Anesthesiologists, Educational Member	2015-Present
American Dental Society of Anesthesiology, Diplomate	2001-Present
American Society of Dentist Anesthesiologists	1999-Present
Resident Member	1999-2001
Member, Various Committees	2001-Present
Board of Directors, Member	2008-Present
Program Director, Review Course	2005-2010
Program Director, Annual Session	2013-2015
California Dental Society of Anesthesiology, Member	2001-Present
California Society of Dentist Anesthesiologists, Member	2001-Present
California Society of Pediatric Dentistry, Website Sponsor	2004-Present
American Dental Association, Member	1995-Present
California Dental Association, Member	1995-Present
International Anesthesia Research Society, Member	2001-Present
Santa Barbara/Ventura County Dental Society, Member	2001-2004
Society for Pediatric Sedation, Founder Circle Member	2015-Present
West Los Angeles Dental Society	2004-Present
Morgan L. Allison Society of Oral & Maxillofacial Surgeons	1999-Present

VI. PROFESSIONAL AWARDS, HONORS, & HONORARY ORGANIZATIONS

Outstanding Service Award **May 2009**

University of Southern California

School of Dentistry

Division I, Health Promotion, Disease Prevention, and Epidemiology

Fellow, American College of Dentists **October 2008**

Outstanding Service Award **June 2003**

University of Southern California

School of Dentistry

Part-Time Faculty Association

Horace Wells Senior Dental Student Award in Anesthesiology **May 1999**

American Dental Society of Anesthesiology

Doctors Ought to Care Award **May 1996**

University of Southern California

School of Dentistry

VII. PRESENTATIONS, MEDIA & PUBLICATIONS

Abstracts and Presentations

Medical Emergencies in the Dental Office and in Sedation & Anesthesia, Rancho Los Amigos Dental Continuing Education Program, Rancho Los Amigos National Rehabilitation Center, Downey, CA December 2017

Beyond the Redhead: Pharmacogenomics in Anesthesia Practice, University of Pittsburgh School of Dental Medicine, Legacy Lecture Series, Pittsburgh PA October 2017.

Basic Physiologic Monitoring, Pediatric Sedation Outside of the Operating Room, Harvard Medical School/Boston Children's Hospital. San Francisco, CA September 2017

Quality Assurance Continuing Series – Wrong Site Surgery, Herman Ostrow School of Dentistry, Division III, Los Angeles, CA December 2016

Sedation & Related Topics for the General Dentist, Fairmont Newport Beach, California Academy of General Dentistry Master's Track Program, Newport Beach CA, October 2016

Introduction to Pharmacology for the Pre-dental Student, Herman Ostrow School of Dentistry, office of Admissions & Student Affairs, Dental Explorers Program, Los Angeles, CA July 2016

Quality Assurance Continuing Series – Cardiac Arrest During Implant Surgery, Herman Ostrow School of Dentistry, Division III, Los Angeles CA, May 2016

Medical Emergencies in the Dental Office, Rancho Los Amigos National Rehabilitation Facility, Downey, CA December 2015

Airway Physiology & Management of Complications During Moderate Sedation, American Society of Dentist Anesthesiologists/American Academy of Implant Dentistry Joint Course on Managing Sedation Complications, Chicago, IL September 2015

Teaching New Injection Techniques to Dental Hygiene Students, Herman Ostrow School of Dentistry, Dept. Of Dental Hygiene, Los Angeles, CA, September 2015

Professionalism & Ethics, University of Southern California, SPEA Ethics Club, Los Angeles, CA, October 2014

Medical Emergencies in Pediatric Dentistry, University of Southern California, Pediatric Dentistry Club, Los Angeles CA, May 2014,

Professionalism in Dental Anesthesiology's Pursuit for Specialty, University of Southern California, SPEA Ethics, Los Angeles, CA December 2012

Navigating the new ASDA Web Based Forum, American Society of Dentist Anesthesiologists, Baltimore, MD, May 2012

Dental Anesthesiology Solutions for the General Practitioner & Specialist, Korean American Dental Association, Las Vegas, NV December 2011

Pharmacology, Anesthesia, and Safe Patient Management, Ostrow School of Dentistry of USC, Post-Graduate Endodontics, Los Angeles, CA July 2011

Introduction to Dental Anesthesiology, Ostrow School of Dentistry of USC, Dental Anesthesiology Club for Students, Los Angeles, CA March 2011

Office Based Anesthesia Case Panel Discussions, American Dental Society of Anesthesiology, Las Vegas, NV, February 2011

Pharmacodynamics & Pharmacokinetics, American Dental Society of Anesthesiology, Las Vegas, NV, February 2011

Infection Control in Anesthesia, American Dental Society of Anesthesiology, Las Vegas, NV, February, 2011

Drug Interactions in Anesthesia, American Dental Society of Anesthesiology, Las Vegas, NV, February 2011

Anesthesia Solutions in Endodontics, Ostrow School of Dentistry of USC, Continuing Education in Endodontics, November 2010

Anesthesia in Pediatric Dentistry, Post- Graduate Introduction to General Anesthesia and Operating Room Safety, Ostrow School of Dentistry of USC, Graduate Pediatric Dentistry, August 2010

Drug Interactions: An introduction to the P450 System, Pasadena Area Women's Dental Study Group, February 2010

My Trip to the ER: Practical Management of Pediatric Pulmonary Aspiration Upon Anesthetic Induction, A Case Report, American Society of Dentist Anesthesiologists Annual Scientific Session, San Diego, CA 2009

Anesthesia in Pediatric Dentistry, Post- Graduate Introduction to General Anesthesia and Operating Room Safety, Herman Ostrow School of Dentistry of USC, Graduate Pediatric Dentistry, August 2009

Anesthesia Gas Delivery Systems, American Society of Dentist Anesthesiologists Annual Review Course, Los Angeles, CA 2007

Anesthesia in Pediatric Dentistry, Post- Graduate Introduction to General Anesthesia and Operating Room Safety, Ostrow School of Dentistry of USC, Graduate Pediatric Dentistry, August 2007

Basic Science and Clinical Update, Review of Dental Anesthesiology, Program Director, ongoing, American Society of Dentist Anesthesiologists Annual Review Course, various locales, 2005-present

The Who, What, Where, When and Why's of Dental Anesthesiology, Pasadena Women's Dental Study Group, with Dr. Leslie Carpenter, Pasadena CA, 2006

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