STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

DENTAL BOARD OF CALIFORNIA
NOTICE OF FULL BOARD AND COMMITTEE MEETING AND AGENDAS
August 15-16, 2019

DoubleTree by Hilton Hotel San Francisco Airport
835 Airport Blvd.
Burlingame, CA, 94010
(650) 344-5500 (Hotel) or (916) 263-2300 or (877) 729-7789 (Board Office)

Members of the Board:

Fran Burton, MSW, Public Member, President
Steven Morrow, DDS, MS, Vice President
Steven Chan, DDS, Secretary

Yvette Chappell-Ingram, MPA, Public Member
Ross Lai, DDS
Lilia Larin, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Abigail Medina, Public Member
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH
Thomas Stewart, DDS
Bruce Whitcher, DDS
James Yu, DDS, MS

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items, unless listed as informational only. Items may be taken out of order, tabled or held over to a subsequent meeting; items scheduled to be heard on Wednesday may be held over to Thursday, and items scheduled to be heard on Thursday may be moved up to Wednesday, for convenience, to accommodate speakers, or to maintain a quorum. 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.

In the event a quorum of the Board is unable to attend the meeting, or the Board is unable to maintain a quorum once the meeting is called to order, the president may, at her discretion, continue to discuss items from the agenda and to vote to make recommendations to the full board at a future meeting (Government Code section 11125(c)).

Public comments will be taken on agenda items at the time the specific item is raised. All times are approximate and subject to change. 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. Adjournment, if it is the only item that occurs after a closed session, may not be webcast. A committee opening and roll call, if the only item preceding a closed session, may not be webcast. To view the Webcast, please visit https://thedcapage.blog/

Thursday, August 15, 2019

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

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

2. Approval of May 15-16, 2019, and July 23, 2019, Board Meeting Minutes

3. Board President Welcome and Report

4. Report of the Dental Hygiene Board of California (DHBC) Activities

5. Budget Report
    a. State Dentistry Fund
    b. State Dental Assisting Fund

RECESS TO CONVENE THE DENTAL ASSISTING COUNCIL MEETING – SEE ATTACHED AGENDA

RETURN TO FULL BOARD OPEN SESSION

6. Dental Assisting Council Meeting Report

7. Discussion and Possible Action Regarding Appointment of Dental Assisting Council Member

8. Discussion and Possible Action Regarding Appointment of Elective Facial Cosmetic Surgery Permit Credentialing Committee

9. Discussion and Possible Action Regarding AB 1519 (Low) – Sunset Review

10. Enforcement

    a. Review of Enforcement Statistics and Trends

    b. Update on Controlled Substance Utilization Review and Evaluation System (CURES)

11. Substance Use Awareness

a. Diversion Program Report and Statistics

b. Update Regarding the June 11, 2019, Statewide Opioid Safety Workgroup Meeting

12. Discussion Regarding Venipuncture

13. Overview of Disciplinary Process

RECESS TO CLOSED SESSION

CLOSED SESSION – FULL BOARD
Deliberate and Take Action on Disciplinary Matters
The Board will meet in closed session as authorized by Government Code §11126(c)(3). If the Board is unable to deliberate and take action on all disciplinary matters due to time constraints, it will also meet in closed session on August 16, 2019.

RETURN TO FULL BOARD OPEN SESSION

Recess Until Friday, August 16, 2019

LICENSING, CERTIFICATION, AND PERMITS COMMITTEE MEETING

OPEN SESSION

A. Call to Order/Roll Call/Establishment of a Quorum

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE
B. 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).

C. 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.

D. 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 on 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 COMMITTEE OPEN SESSION

Committee Adjournment

FRIDAY, AUGUST 16, 2019

8:00 A.M. CLOSED SESSION – FULL BOARD (IF NECESSARY)

Deliberate and Take Action on Disciplinary Matters
If the Board was unable to deliberate and take action on all disciplinary matters due to time constraints on Thursday, August 15, 2019, it will also meet in closed session on Friday, August 16, 2019 as authorized by Government Code §11126(c)(3).

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

14. Call to Order/Roll Call/Establishment of a Quorum

15. Executive Officer's Report

16. Report of the Department of Consumer Affairs Staffing and Activities

17. Examinations

    a. Update on the Portfolio Pathway to Licensure

    b. Western Regional Examination Board Report

    c. Presentation by the American Board of Dental Examiners (ADEX)

    d. Discussion and Possible Action Regarding ADEX Examination Review by Office of Professional Examination Services

    e. **CLOSED SESSION – FULL BOARD (IF NECESSARY)**
    The Board will meet in closed session to prepare, approve, grade, or administer examinations as authorized by Government Code Section §11126(c)(1).

18. Licensing, Certifications, and Permits

    a. Review of Dental Licensure and Permit Statistics

    b. General Anesthesia and Conscious Sedation Permit Evaluation Statistics

19. Legislation

    a. 2019 Tentative Legislative Calendar – Information Only

    b. Discussion and Possible Action Regarding the Following Legislation:

i. AB 193 (Jim Patterson) Professions and Vocations

ii. AB 528 (Low) Controlled Substances: CURES database

iii. AB 544 (Brough) Professions and Vocations: Inactive License Fees

iv. AB 613 (Low) Professions and Vocations: Regulatory Fees

v. AB 768 (Brough) Professions and Vocations

vi. AB 1622 (Carrillo) Family Physicians

vii. SB 653 (Chang) Registered Dental Hygienist in Alternative Practice

c. Discussion of Prospective Legislative Proposals
Stakeholders are Encouraged to Submit Proposals In Writing to the Board Before or During the Meeting for Possible Consideration by the Board at a Future Meeting

20. Regulations

a. Discussion and Possible Action to Modify the Rulemaking to Amend California Code of Regulations, Title 16, Sections 1019 and 1020 Relating to Substantial Relationship and Rehabilitation Criteria

b. Update on Pending Regulatory Packages
   i. Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1016.2)
   ii. Citation and Fine (Cal. Code of Regs., Title 16, Sections 1023.2 and 1023.7)
   iii. Continuing Education Requirements (Cal. Code of Regs., Title 16, Sections 1016 and 1017)
   iv. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division 10, Chapter 3)
   v. Determination of Radiographs and Placement of Interim Therapeutic Restorations (Cal. Code of Regs., Title 16, Section 1071.1)
   vi. Diversion Committee Membership (Cal. Code of Regs., Title 16, Section 1020.4)
   vii. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8)
   viii. Dentistry Law and Ethics Exam Score (Cal. Code of Regs., Title 16, Section 1031)
   ix. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049)
   x. Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005)
   xi. Substantial Relationship Criteria (Cal. Code of Regs., Title 16, Section 1019 and 1020)

21. Licensing, Certifications, and Permits Committee Report on Closed Session
    The Board may take action on recommendations 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.

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

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

24. Adjournment

DENTAL BOARD OF CALIFORNIA
QUARTERLY BOARD MEETING MINUTES

May 15-16, 2019
Hilton Anaheim
777 W Convention Way
Anaheim, CA, 92802

Members Present:
Fran Burton, MSW, Public Member, President
Steven Morrow, DDS, MS, Vice President
Steven Chan, DDS, Secretary
Yvette Chappell-Ingram, MPA, Public Member **(Absent May 15-16, 2019)**
Ross Lai, DDS
Lilia Larin, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Abigail Medina, Public Member
Rosalinda Olague, RDA, BA **(Absent May 16, 2019)**
Joanne Pacheco, RDH, MAOB
Thomas Stewart, DDS
Bruce Whitcher, DDS
James Yu, DDS, MS

Staff Present:
Karen M. Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Carlos Alvarez, Enforcement Chief
Tina Vallery, Dental Assisting Manager
Wilbert Rumbaoa, Administrative Services Manager
Jocelyn Campos, Associate Governmental Program Analyst
Norine Marks, Legal Counsel
Michael Kanotz, Legal Counsel **(Absent May 15, 2019)**

WEDNESDAY MAY 15, 2019

Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum
The meeting was called to order by President Fran Burton at 9:20 a.m. Dr. Steve Chan, Board Secretary, called the roll and a quorum was established.

Agenda Item 2: Approval of February 7-8, 2019 Board Meeting Minutes

M/S/C (Morrow/Burton) to approve the minutes with no changes. There was no public comment.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed, and the minutes are approved with no changes.

Agenda Item 3: Board President Welcome and Report

Executive Officer, Karen Fischer, provided announcements on: presentation from ADEX to be considered for the August Board Meeting, sexual harassment preventions policy and acknowledgement forms are due at the end of the year for board members, and introduction of new Administrative Services Manager, Wilbert Rumbaoa.

President Burton welcomed attendees and acknowledged Dr. Paul Reggiardo's, American Academy California Society of Pediatric Dentistry Executive Director, attendance in the audience. She mentioned that the board is still focused on the sunset review, legislation, regulations, enforcement, examinations, and other emerging issues as they present themselves. She reminded members that the highest priority of the board is protection of the public. She asked that members continue to come prepared to every meeting to ensure a robust discussion prior to making decisions on agenda items. Ms. Burton reported on four meetings she attended after the February meeting: The Sunset Review hearing March 5, 2019; a meet and greet breakfast with leadership of CalAOMS; conference calls with committee chairs regarding emerging issues; and The Dental Hygiene Board of California meeting.

President Burton mentioned she will provide updates on the Oral Health Advisory Meeting in August.

Ms. Burton announced that Executive Officer, Karen Fischer, will be recognized as an honorary fellow in the American College of Dentistry in September 2019.

Agenda Item 4: Public Comments on items not on the Agenda

None

Agenda Item 5: Report of Department of Consumer Affairs (DCA) Staffing and Activities
Christopher Castrillo, Deputy Director of the Office of Board and Bureau Services with the DCA, gave a report: Director, Dean Grafilo, resigned from office on April 19, 2019.The Executive Office and Governor are working together to prepare for new leadership at Department of Consumer Affairs. The department is in the final stages of The Executive Officer Salary Study. The DCA Executive Office will host a conference call for Executive Officer's and Presidents to run through the report at a high level on program details. The first Technology Advisory Council meeting was held on March 7, 2019 by Deputy Director of Information Services, Jason Piccione, to discuss trends and development and provide guidance and general direction to innovative technological efforts for the department. The department launched an open data portal in January accessible to the public providing trends on licensing and enforcement data going back three (3) years. Data will be collected quarterly from every board/bureau to update to the department's website. Board Member Orientation Training will be held in Southern California in Riverside at the Department of General Services (DGS) Building on June 19, 2019.

Executive Officer Fischer questioned if the open data portal is reported in real time. Christopher Castrillo responded that the open data portal provides updated data quarterly.

Executive Officer Fischer asked if the Executive Officer Salary Study will be distributed prior to the conference call. Christopher Castrillo confirmed it would be.

Agenda Item 6: Budget Report
Administrative Services Manager, Wilbert Rumbaoa, provided a report on two separate funds that the Board manages: State Dentistry Fund and Dental Assisting Fund. A documented expenditures report was provided for July 1, 2018 to February 28, 2019.

The board spent approximately $7.6 million dollars or 54% of its total Dentistry Fund appropriation to date.

The state dental assisting fund spent approximately 1.4 million dollars or 54% of its total dental assisting fund appropriation to date.

Dr. Whitcher expressed concern for the downward trend in *months in reserve* from the dental assistant fund report. Mr. Rumbaoa responded that the department closely monitors the dental board and dental assisting programs to ensure they are compliant to current laws and regulations.

Dr. Lai questioned if there should be a surplus in the report since the board does not administer the dental exam since it's suspension.

Assistant Executive Officer, Sarah Wallace, responded that there is no surplus because the candidate fees for the exam covers the administration of the exam.

Agenda Item 7: Report on the April 10, 2019, Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee; Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permits

Dr. Whitcher provided a verbal report and overview of the Elective Facial Cosmetic Surgery Permit Credentialing Committee.

The committee recommended for issuance of permits for two applicants who were reviewed at the April meeting:

M/S/C (Whitcher/Le) To issue permit to Jeremy May, DDS, unlimited privileges for Category I (cosmetic contouring of the osteocartilaginous facial structure, which may include, but not limited to, rhinoplasty and otoplasty) and Category II (cosmetic soft tissue contouring or rejuvenation, which may include, but not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation) privileges.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed. There was no public comment.

M/S/C (Whitcher/Le) To issue permit to Jay Fedorowicz, DDS unlimited privileges for Category I (cosmetic contouring of the osteocartilaginous facial structure, which may include, but not limited to, rhinoplasty and otoplasty) and Category II (cosmetic soft tissue contouring or rejuvenation) limited to blepharoplasty, facial skin resurfacing, or lip augmentation privileges.

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

Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed. There was no public comment.

RECESSED FOR A BREAK

Agenda Item 8a: Update on the March 5, 2019 Sunset Review Oversight Hearing

Ms. Fischer, provided the Board with an update on the Sunset Review Oversight Hearing on March 5, 2019. The dental board was asked to comment on four (4) items regarding the background report:

- Issue #5 - The Registered Dental Assistant Practical Examination
- Issue #6 - The Portfolio Pathway Licensure
- Issue #7 - Foreign Dental Schools
- Issue #10 - Opioid Crisis

Ms. Fischer reported a Committee member asked if the Board had considered a statutory requirement for oral and maxillofacial surgeon (OMS) to be one of the eight dentists on the Board appointed by the Governor. President Burton responded that there was no previous discussion on it; and expressed her opinion that the oral surgeon for the Pediatric and Anesthesia project was invaluable to the Board.

A Committee member was asked about the timeframe of the complaint process and Ms. Fischer responded that the Board is working to innovatively improve the process to make it more efficient and quicker as it is important to the consumers.

Ms. Fischer reported that Senator Pan, physician by profession, asked and expressed his concerns about continuing education and conflict of interest for dental continuing education providers. Ms. Fischer had a brief follow up meeting with Senator Pan's legislative aid regarding his concern.

Ms. Fischer recognized and thanked the California Dental Association and California Association of Oral and Maxillofacial Surgeons (CalAOMS) for their continued support at the Sunset Review Oversight Hearing and efforts in working collaboratively with the Dental Board.

There was no public comment

Agenda Item 8b: Update on Response to the Legislative Oversight Committees' Background Paper and Current Sunset Review Issues for

the Dental Board of California, Submitted Electronically April 3, 2019
The Legislative identified fourteen (14) issues to which the Board responded on April 3, 2019. Most of the issues that required a response had been discussed by the Board in open public meetings. Ms. Fischer walked members through each issue and response. Refer to the board meeting materials on the Board's website for this information.

M/S/C (Stewart/Whitcher) to accept the report on Response to the Legislative Oversight Committees' Background Paper and Current Sunset Review Issues for the Dental Board of California, Submitted Electronically April 3, 2019

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed. There was no public comment.

Agenda Item 8(c): Discussion and Possible Action Regarding Senator Pan's Questions Relating to Continuing Education Providers and Conflict of Interest
At the March 5, 2019 Sunset Review Oversight Hearing, the Dental Board of California (Board) provided an overview of its functions and addressed specific issues identified by the Committees. Senator Pan had comments and questions regarding the Board's continuing education program.

Specifically, the Board was asked if there is an entity responsible for reviewing continuing education providers for conflict of interest, if there is a conflict of interest policy in place to ensure approved providers are offering relevant continuing education courses and not marketing sessions, and what percentage of providers the Board audits for conflict of interest.

The response to Senator Pan has been provided in the meeting material and follows this memo. The board has not received any complaints regarding conflict of interest of continuing education providers. However, it is staff's recommendation that the Board consider whether to established standards and criteria designed to ensure separation of

promotional activities from continuing dental education activities in the following ways: 1) providers must demonstrate that all educational activities offered are independent of commercial influence, either direct or indirect, and 2) providers must ensure that all financial relationships between the provider and commercial entities, as well as all financial relationships between course planners and faculty and commercial entities are fully disclosed to participants. This could be accomplished through the regulatory process.

Dr. Larin expressed her support for a policy for conflict of interest. She believes that meetings do sound commercialized and questioned if there was a process for complaints. Ms. Fischer responded to Dr. Larin that the complaint process is the same as how any other complaint is filed with the Board. Dr. Stewart commented that sponsorships financially support lectures at the Kern County Dental Society Meeting for mentioning the products but not endorsing it. Dr. Morrow questioned the process of continuing education provider renewal audits. Ms. Wallace responded that a renewal fee is collected every two years from the continuing education providers with a biannual report of their courses which the Board audits. There have been no complaints to date for any of the continuing education providers.

Dr. Lai commented about disclosure for endorsements at meetings and symposiums he has attended. He expressed his concern of public protection and questioned continuing education's qualification and relevancy to dentistry.

Dr. Yu commented that dentistry is doing well compared to medical's continuing education courses.

M/S/C (Burton/Stewart) to bring this item back for discussion at a future meeting.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed. There was no public comment.

Agenda Item 8(d): Discussion and Possible Action Regarding
Assembly Bill 1519 (Assembly Business & Professions Committee)
Healing Arts: Dental Board of California

Ms. Fischer provided a summary of the Assembly Bill 1519 which is available in the meeting materials published on the Board's website.

There was no public comment.

Agenda Item 8(e): Discussion and Possible Action Regarding Issue #12 Relating to Dynamex Identified in the *Legislative Oversight Committees' Background Paper and Current Sunset Review Issues for the Dental Board of California* and the Impact on AB 5 (Gonzalez) and AB 71 (Melendez)

Norine Marks, Legal Counsel, provided a verbal presentation regarding the Dynamex issue and outlined the elements of AB 5 (Gonzalez) and AB 71 (Melendez) and the impact of this legislation on the dental profession.

Dr. Lai commented that the Dynamex is more of an accounting issue and not a public protection issue for the Board and for the Dental Hygiene Board of California.

Dr. Chan questioned the responsibility of independent contractor's work in the provider's office and the protection of the consumers.

Dr. Le commented that the issue is a labor law issue and not a dental board issue.

Dr. Stewart commented it would be an important discussion in the future.

Public Comment:
Mary McCune, California Dental Association, provided a legislative update on AB 5 seeking an amendment that exempts dentists and doctors; and AB 71 never received a policy hearing and died in the labor and employment committee.

Anthony Lum, Executive Officer of Dental Hygiene Board of California, commented that the Dental Hygiene Board of California is taking a watch position on both AB 5 and AB 71. Mr. Lum stated that a registered dental hygienist in alternative practice can be an independent contractor while a registered dental hygienist cannot.

Dr. Suzanne McCormick, oral surgeon in San Diego, expressed that it is an important topic for the Board moving forward, for transparency and public protection, to have itinerants self-identify themselves within a practice.

M/S/C (Burton/Morrow) to take no position on AB 5 (Gonzalez).

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				

Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina		✓			
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed. There was no public comment.

RECESSED FOR LUNCH AT 11:52 a.m.
Reconvened at 1:38 p.m.

Agenda Item 9: Update and Discussion Regarding the Response Received from the State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova's Faculty (School) of Dentistry.

Mr. Daniel Branzai from Hanna Interpretive Services was present to translate for Moldova Reprersentatives, Dr. Mikhail Gavriluic and Dr. Sergiu Ciobanu.

Dr. Morrow questioned the provisions identified in the collaboration agreement between the University of Moldova and the University of Moldova, USA, Inc. and other programs not approved by the Dental Board.

Dr. Mikhail Gavriliuc, Vice Rector of the school in Moldova, responded that University of Moldova, USA, Inc. does not make any decisions, provide training and education, and control policies for University of Moldova. It is a separate entity which provides "Nicolae Testemitanu" marketing, branding, and collaboration with potential students.

Dr. Whitcher commented that Dr. Gavriluic's response is not consistent with what is written in the collaboration agreement.

It was identified in the discussion that there was a confusion with the translation in Collaboration Agreement and a third party. It was recommended by Ms. Fischer for the representatives to review the Collaboration Agreement with University of Moldova, USA for a clearer understanding of what it states. She mentioned that the representatives can present it to the Board in another language, other than English, to identify the issues. Translation services will be provided to review the presentation.

No action was taken on this item. There was no public comment.

Agenda Item 10(a): Review of Enforcement Statistics and Trends
Carlos Alvarez, Enforcement Chief, provided the enforcement statistics. The information is available in the meeting material published on the Board's website. There was no public comment.

Ms. Burton questioned the pace of adjudicating cases; and the average number of probationers per investigator.

Chief Alvarez responded that on average, Investigators manage approximately ten (10) probationers while simultaneously working on other cases.

Dr. Whitcher commented on the progress of *Cases Pending* at the *Office of Attorney General (AG)* from FY 15-16 compared to FY 18-19.

Agenda Item 10(b): Update on Controlled Substance Utilization Review and Evaluation System (CURES) Report
Chief Alvarez provided the report which is available in the meeting material published on the Board's website. There was no public comment.

Dr. Chan questioned what happens if a provider tries to write a script after the registration date for CURES. Mr. Alvarez provided a response that disciplinary action can be taken towards the provider who is not registered with CURES.

Agenda Item 10(c): Update on Implementation of AB 149 (Cooper) Relating to Controlled Substance Security Prescription Forms
Chief Alvarez provided the report which is available in the meeting material published on the Board's website. There was no public comment.

Dr. Lai questioned how AB 149 integrate with E-Scripts.

Dr. Whitcher provided a response that he believes it will be a requirement in 2023.

Dr. Larin questioned if it's for only opioid prescriptions.

Chief Alvarez responded that it's primarily for opioids.

Dr. Lai questioned the criteria of the prescription quantity.

Mr. Alvarez responded that prescriptions for opioids will still need to be accessed through CURES.

Public Comment:
Mary McCune, California Dental Association, made a comment that there is an exemption for providers to report to CURES if it was prescribed five (5) days or less directly after an oral procedure. Ms. McCune provided a report that there was a thirty-four (34) percent increase in CURES requirement with The Dental Insurance Company (TDIC).

Agenda Item 11: Discussion and Possible Action Regarding Meeting Dates for 2020
Wilbert Rumbaoa, Administrative Services Manager, provided proposed meeting dates for 2020:

- February 27-28, 2020
- May 13-14, 2020
- August 13-14, 2020
- December 3-4, 2020

No public comment was made.

RECESS TO CLOSED SESSION at 4:00 p.m.

Returned to Open Session and Recessed Until Thursday, May 16, 2019

Thursday, May 16, 2019

Agenda Item 12: Call to Order/Roll Call/Establishment of a Quorum
The meeting was called to order by President Fran Burton at 9:15 a.m. Dr. Steve Chan, Board Secretary, called the roll and a quorum was established.

Agenda Item 13: Executive Officer's Report
Executive Officer, Karen Fischer, reported on: policies and acknowledgement forms, DCA Pro Rata Workgroup meeting, Director's Quarterly meeting, Diversion Request for Proposal meeting, Sunset Review Hearing, CalAOMS meeting, California Association of Orthodontists meeting, Dental Hygiene Board of California Meeting, recruitment for DAC and the resignation of former council member Pamela Davis-Washington, EFCS recruitment, facilities expansion update, online voting for discipline, positions for SB 501, and a staffing report – which included expansion of new management positions, vacancies, and new hires. Ms. Fischer thanked Board members for nominating her to be an honorary fellow in the American College of Dentistry.

Ms. Burton appointed Dr. Whitcher and Rosalinda Olague as subcommittee to review applications and conduct interviews for the Dental Assisting Council (DAC) recruitment.

No public comment was made.

Agenda Item 14: Report of the Dental Hygiene Board of California (DHBC) Activities
Anthony Lum, Executive Officer of the DHBC, reported on their activities. The DHBC had its first Board meeting in April of 2019. There will be three (3) meetings per year beginning in 2020. Mr. Lum thanked Executive Officer, Karen Fischer, and President Burton for attending the DHBC meeting. DHBC is promulgating new regulations: retired license, mobile dental clinics for registered dental hygienist in alternative practice (RDHAP), convictions for applications for licensure (AB 2138), RDM and ITR, appeal process for dental hygiene educational programs, probation and citations and fines. Mr.

Lum provided an update on budget change proposal approval and DHBC personnel and educational program evaluations. DHBC has been authorized for unannounced school site visits as of January 1, 2019. Mr. Lum congratulated the Board for the Sunset Review and thanked the Board for continued collaboration with DHBC.

Dr. Morrow questioned why the Hygiene Board conducts unannounced school visits.

Mr. Lum responded that the schools would be notified weeks in advance to ensure the school is complying with the law. DHBC would only do unannounced visits, if warranted at school sites with complaints. There have been no unannounced visits to date.

Dr. Lai asked how many applicants from foreign countries to practice in California. Mr. Lum responded that applicants must graduate from a Board approved school or CODA approved hygiene program to practice. Ms. Burton asked how many licensees does the DHBC have. Mr. Lum responded that there has been an issuance of approximately 33,000 licenses and 24,000 active licenses. Dr. Morrow asked if the DHBC accepts candidates from Canada. Mr. Lum responded that CODA approved programs from Canada are accepted.

Agenda Item 15: Discussion and Possible Action Regarding the DHBC's Proposed Draft Educational Regulatory Language for California Code of Regulations, Title 16, Section 1109 Relating to Radiographic Decision Making and Interim Therapeutic Restoration Courses for the Registered Dental Hygienist (RDH), Registered Dental Hygienist in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) – Approval; Curriculum Requirements; Issuance of Approval

Anthony Lum, Executive Officer of the Dental Hygiene Board of California, presented the proposed regulations for Radiographic Decision Making (RDM) and Interim Therapeutic Restoration (ITR).

Assembly Bill 1174, Statutes of 2014, provided additional authority for dental hygienists to determine which radiographs to perform on a patient who hasn't initially been examined by the supervising dentist for the purpose of the dentist making a diagnosis and treatment plan for the patient. This is identified as Radiographic Decision Making (RDM).

The bill also provided authorization for dental hygienists to place protective restorations identified as Interim Therapeutic Restorations (ITR) and defined them as a direct provisional restoration placed to stabilize a tooth until a licensed dentist could diagnose the need for further treatment.

Pursuant to Business and Professions Code section 1910.5, the DH Board was to adopt regulations to establish requirements for courses of instruction for the procedures authorized for an RDH, RDHAP, and RDHEF using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Statewide Health Planning and Development (OSHPD). The mandate states that any subsequent amendments to the RDM/ITR curriculum regulations that differed from

the HWPP and promulgated by the DH Board shall be agreed upon by both the Dental Board and DH Board.
When creating the regulations, the DH Board identified three (3) additional amendments to include in its regulatory language:

1) The RDM and ITR course curriculum was split into two courses so they could be taught separately. This parallels how Dr. Paul Glassman currently teaches his CE courses to licensees enrolled in them.
2) Utilize the term "interim adhesive protective restorations" in place of ITR to clarify that the intent of this procedure is a temporary intervention and not intended for a long-term solution.
3) The follow-up appointment schedule was too frequent for the patients receiving these services to adhere to. Rather than the original follow-up examination schedule of one week, three months, six months, and one year to check on the ITR, the schedule was amended to two (2) follow-up examinations within a twelve-month period. This was determined to be a more realistic schedule for a majority of the treated patients to follow.

A number of Dental Board members expressed concern with the proposed amendments. The first concern related to the amendment addressing a change in terminology from "adhesive protective restorations" to "interim adhesive protective restorations". Members felt the change was unnecessary and confusing. A second concern expressed by members related to the amendment addressing follow-up examination schedules. The consensus was that patients might misunderstand that the ITR was not a permanent solution and would not seek additional follow-up. There was a lengthy discussion among members about both amendments. Dr. Stewart expressed support for the regulations and believes the proposed three amendments are non-substantive. He hoped the regulations could be moved forward.

Public Comment:

Mary McCune, California Dental Association (CDA) commented the CDA is concerned with the change in terminology from "adhesive protective restorations" to "interim adhesive protective restorations". She consulted with Dr. Paul Glassman who believes the proposed language would expand the types of material used (beyond glass ionomer) that would be inappropriate for ITR. Ms. McCune also mentioned that the mandate states that any subsequent amendments to the RDM/ITR curriculum regulations that differed from the HWPP and promulgated by the DH Board shall be agreed upon by both the Dental Board and DH Board.

Dr. Paul Reggiardo, Pediatric Dentist, also expressed concern with the proposed language and felt it was unnecessary and confusing.

M/S/C (Burton/Whitcher) to accept the language and work with Executive Officer, Karen Fischer.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan		✓			
Chappell-Ingram				✓	
Lai			✓		
Larin	✓				
Le		✓			
McKenzie			✓		
Medina		✓			
Morrow		✓			
Olague				✓	
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu		✓			

The motion failed for lack of majority.

M/S/C (Burton/Whitcher) to take no position and send concerns to Executive Officer, Karen Fischer, to transmit to DHBC.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie			✓		
Medina		✓			
Morrow	✓				
Olague				✓	
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed.

Ms. Burton appointed Dr. Stewart and Dr. Le as subcommittee to work with Ms. Fischer on collaborating with DHBC on the concerns.

RECESSED FOR A BREAK AT 11:00 a.m.
Reconvened at 11:50 a.m.

Agenda Item 16(a): Update on the Portfolio Pathway to Licensure
Tina Vallery, Dental Assisting Licensing Manager, provided this report. Refer to the board meeting materials on the Board's website. There was no public comment.

Agenda Item 16(b): Western Regional Examination Board (WREB) Report
Huong Le, DDS, MA, provided a verbal report regarding the WREB examination. There have been no updates since WREB changed the DERB meetings from two (2) meetings per year to one (1) meeting.

Dr. Norm Magnuson, former president of WREB, provided a verbal update of the examinations. Mr. Magnuson reported: 75% of the exams are completed with 90% of the candidates passing the exam on their first attempt, 93% passed the operative section on the first attempt, no updates on endodontic and prosthetic exam, and qualification of licensure for candidates who scored a three (3) or higher on restorative exam. There was no public comment.

Agenda Item 17(a): Review of Dental Licensure and Permit Statistics
Ms. Vallery provided this report which is available in the meeting materials published on the Board's website. Ms. Burton questioned if delinquent licenses would be adjudicated much quicker through breeze. Ms. Vallery provided a response that the process is quicker through Breeze as it is instantly update online. There was no public comment.

Agenda Item 17(b): General Anesthesia and Conscious Sedation Permit Evaluation Statistics
Ms. Vallery provided this report which is available in the meeting materials published on the Board's website.

Dr. Lai questioned the renewal process for conscious sedation permit evaluation. Dr. Whitcher responded to the question by providing the processes for the permit categories.

Ms. Fischer commented that there are two calibration courses that will be held by Dr. Whitcher scheduled for May 22, 2019 and May 29, 2019. There was no public comment.

Agenda Item 18(a): Presentation on California Association of Oral and Maxillofacial Surgeons (CALAOMS) 2019 Opioid Education Project
Dr. Alan Kaye, Oral & Maxillofacial Surgeon, gave a presentation on the 2019 Opioid Education Project. Dr. Yu commented that acupuncture is a good practice for pain management. The Board requested for the presentation to be disseminated to members. Dr. Kaye stated he can contact CalAOMS Executive Director, Pamela Congdon, to provide the presentation materials to Board members.

Agenda Item 18(b): Diversion Program Report and Statistics
Chief Alvarez provided this report which is available in the meeting materials published on the Board's website. There was no public comment.

Agenda Item 18(c): Update Regarding the February 26, 2019 and April 23, 2019 Statewide Opioid Safety Workgroup Meetings

Chief Alvarez provided this report which is available in the meeting materials published on the Board's website. There was no public comment.

Agenda Item 19(a): 2019 Tentative Legislative Calendar – Information Only

There was no public comment.

Agenda Item 19(b): Discussion and Possible Action Regarding Legislation

Sarah Wallace, Assistant Executive Officer, and Wilbert Rumbaoa, Administrative Services Manager, provided a summary of legislation the Board is currently tracking. Refer to the Board meeting material for additional information and the specific bill language. The Board discussed the bills.

M/S/C (Burton/Stewart) to watch the following legislation:

- Watch AB 193 (Patterson) Professions and Vocations
- Watch AB 544 (Brough) Professions and Vocations: Inactive License Fees
- Watch AB 768 (Brough) Professions and Vocations
- Watch AB 1622 (Carillo) Family Physicians
- No position on SB 653 (Chang) Registered Dental Hygienist in Alternative Practice
- Support if Amended on AB 613 (Low) Professions and Vocations: Regulatory Fees

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina				✓	
Morrow	✓				
Olague				✓	
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed. There was no public comment.

Agenda Item 19(c): Discussion of Prospective Legislative Proposals

President Fran Burton led this discussion. Stakeholders were encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future meeting. There was no public comment.

Agenda Item 20(a): Update on Pending Regulatory Packages

Sarah Wallace, Assistant Executive Officer, provided this report which is available in the meeting materials published on the Board's website. Regulatory packages are in the process of being reviewed by legal counsel. The only regulatory package that is not complete is the Dental Assisting Comprehensive Rulemaking. Board Staff will schedule a meeting in Sacramento in June or July to discuss rulemaking language and present it at a future Board meeting. No additional proposals were submitted. There was no public comment.

Agenda Item 21: Licensing, Certifications, and Permits Committee Report on Closed Session

Dr. Lai, Chair of the LCP Committee, reported that the Committee met in closed session regarding applications for issuance of new license(s) to replace cancelled license(s) and whether to grant, deny, or request further evaluation for a CS Permits as it relates to an onsite inspection and evaluation failure. Dr. Lai request that the Board accept the recommendations of the LCP Committee.

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

1. LTM
2. BJR

M/S/C (Whitcher/McKenzie) to accept issuance of a new dental license to replace a cancelled dental license for LTM and BJR.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague				✓	
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed. There was no public comment.

Dr. Lai reported the LCP committee recommends issuance of a new RDA license to replace a cancelled RDA license with the condition of successfully passing of the Combined California Registered Dental Assistant Law and Ethics/ Written Examination for the following candidates:

1. LDAB
2. MVC
3. PVG
4. TDL
5. GDM
6. NMB
7. MYP

Dr. Whitcher questioned the qualification of applicant NMB since she has not practiced since 2013. Dr. Lai responded that the applicant was a foreign trained dentist and worked in a medical office for five (5) years and wanted to practice dental assisting which is why the applicant needed to show qualification to receive license to practice.

M/S/C (Burton/McKenzie) to accept issuance of a new RDA license to replace a cancelled RDA license for LDAB, MVC, PVG, TDL, GDM, NMB, and MYP

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai					✓
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague				✓	
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed. There was no public comment.

LCP Committee's recommendations are accepted.

Agenda Item 22: Board Member Comments on Items Not on the Agenda

Dr. Larin made a comment on the need for clarification on the scope of dentistry practice for the phlebotomy part in platelet rich plasma procedures.

Ms. Fischer commented that she will contact the Board President to gather more information to have the issue be a possible agenda item for future meetings.

Agenda Item 23: Adjournment

The meeting adjourned at 1:35 p.m.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
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TELECONFERENCE – BOARD MEETING MINUTES
TUESDAY, JULY 23, 2019

Members Present:

Fran Burton, MSW, Public Member, President
2005 Evergreen Street, Ste. 1550
Sacramento, CA 95815

Steven Morrow, DDS, MS, Vice President
333. S. Anita Drive, Suite 960
Orange, CA 92868

Yvette Chappell-Ingram, MPA, Public Member
1000 North Alameda Street, Ste. 240
Los Angeles, CA 90012

Ross Lai, DDS
456 Montgomery Street, Suite GC-3
San Francisco, CA 94104

Lilia Larin, DDS
333. S. Anita Drive, Suite 960
Orange, CA 92868

Huong Le, DDS, MA
190 11th Street
Oakland, CA 94607

Meredith McKenzie, Public Member
1133 Innovation Way
Sunnyvale, CA 94089

Joanne Pacheco, RDH
1101 E. University Ave. Room HS 130
Fresno, CA 93741

Thomas Stewart, DDS
3809 San Dimas, Ste. B
Bakersfield, CA 93301

Bruce Whitcher, DDS
1428 Oak St.
Paso Robles, CA 93446

James Yu, DDS, MS
490 Post Street, Suite 608
San Francisco, CA 94102

Members Absent:
Steven Chan, DDS, Secretary
Abigail Medina, Public Member
Rosalinda Olague, RDA, BA

DRAFT

OPEN SESSION – FULL BOARD – TELECONFERENCE

1. Call to Order/Roll Call/Establishment of Quorum
   Fran Burton, President, called the meeting to order at 12:02. Roll was called and a quorum was established.

2. Public Comment on Items Not on the Agenda
   Maureen Titus asked if comments can be transmitted for those who cannot attend the Dental Assisting Council meeting on July 26, 2019.

3. Discussion and Possible Action Regarding Appointment of New Registered Dental Assistant in Extended Functions (RDAEF) Examiners

   Tina Vallery, Dental Assisting Manager, provided an overview of the two candidates interested in appointment as RDAEF. Information regarding the candidates was available in the meeting materials published on the Board's website.

   Dr. Lai asked the ratios of examiners needed for each exam. Ms. Vallery provided a response and stated it can be brought back to the next meeting.

   M/S/C (Chappell-Ingram/Morrow) to approve appointment of Dr. Alan Pan and Dr. Sandra Primosch as examiners for the RDAEF clinical and practical examinations

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan				✓	
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓			✓	
Medina					
Morrow	✓				
Olague				✓	
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed. There was no public comment.

The Board went into closed session at 12:12 p.m.

The Board reconvened in open session at 12:57 p.m.

The meeting adjourned at 12:58 p.m.

DRAFT

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MEMORANDUM

DATE	July 24, 2019
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 3:** Board President Welcome and Report

Background:
The President of the Dental Board of California will provide a verbal report.

Action Requested:
No action requested.

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MEMORANDUM

DATE	July 24, 2019
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 4:** Report of the Dental Hygiene Board of California (DHBC) Activities

Background:
A representative from the Dental Hygiene Board of California will provide a verbal report.

Action Requested:
No action requested.

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MEMORANDUM

DATE	July 31, 2019
TO	Members of the Dental Board of California
FROM	Steve Long, Budget and Contract Analyst Dental Board of California
SUBJECT	**Agenda Item 5:** 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 from July 1, 2018 to June 30, 2019 of Fiscal Year (FY) 2018-19 for both funds.

A. State Dentistry Fund

Summary of Expenditures from July 1, 2018 to June 30, 2019:
The Board's appropriation is consistent with the 2018-19 Current Year Revised Budget. The expenditures in this report are based upon the budget report released by the Department of Consumer Affairs (DCA) in July 2019. This report reflects actual expenditures from July 1, 2018 to June 30, 2019. The Board spent roughly $12.4 million or 88% of its total Dentistry Fund appropriation for FY 2018-19. Of that amount, approximately $6.9 million of the expenditures were for Personnel Services and $5.5 million were for Operating Expense & Equipment (OE&E) for this time period.

Fund Title	Appropriation	Total Expenditures July 1, 2018-June 30, 2019
Dentistry Fund	$14,142,000	$12,430,618

Expenditure Projection:
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 from July 1, 2018 to June 30, 2019:
The Board's appropriation is consistent with the 2018-19 Current Year Revised Budget. The expenditures in this report are based upon the budget report released by the DCA in July 2019. This report reflects actual expenditures from July 1, 2018 to June 30, 2019. The Board spent roughly $1.9 million or 78% of its total Dental Assisting Fund appropriation for this time period. Of that amount, approximately $801,000 of the expenditures were for Personnel Services and $1.1 million were for OE&E for this time period.

Fund Title	Appropriation	Total Expenditures July 1, 2018-June 30, 2019
Dental Assisting Fund	$2,557,000	$1,986,756

Expenditure Projection:
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.

Action Requested
None.

DENTAL BOARD - FUND 0741
BUDGET REPORT
FY 2018-19 EXPENDITURE PROJECTION

Based on 7/16 Activity Log

OBJECT DESCRIPTION	FY 2015-16 ACTUAL EXPENDITURES (Month 13)	FY 2016-17 ACTUAL EXPENDITURES (Month 13)	FY 2017-18 ACTUAL EXPENDITURES (Prelim FM12)	FY 2018-19 CY REVISED BUDGET 2018-19	FY 2018-19 CURRENT YEAR EXPENDITURES (Prelim FM12)	FY 2018-19 PERCENT SPENT	FY 2018-19 PROJECTIONS TO YEAR END	FY 2018-19 UNENCUMBERED BALANCE
PERSONNEL SERVICES								
Salary & Wages (Staff)	3,281,479	3,508,370	3,973,427	4,736,000	4,066,554	86%	4,066,554	669,446
Temp Help	207,174	91,423	115,694	284,000	95,938	0%	104,660	179,340
Statutory Exempt (EO)	108,581	114,087	119,520	96,000	124,296	129%	124,296	(28,296)
Board Member Per Diem	20,300	19,800	14,500	105,000	16,400	16%	17,891	87,109
Overtime/Retirement Payout	37,330	14,859	12,839	25,000	147,705	591%	161,133	(136,133)
Staff Benefits	1,804,708	1,992,049	2,343,757	2,775,000	2,419,987	87%	2,425,000	350,000
TOTALS, PERSONNEL SVC	5,459,572	5,740,588	6,579,737	8,021,000	6,870,880	86%	6,899,533	1,121,467
OPERATING EXPENSE AND EQUIPMENT								
General Expense	106,010	137,574	148,648	86,000	154,227	179%	169,000	(83,000)
Printing	80,185	84,508	112,439	43,000	143,296	333%	156,000	(113,000)
Communication	29,473	32,672	49,485	34,000	33,602	99%	37,000	(3,000)
Postage	62,527	39,697	92,580	60,000	40,903	68%	45,000	15,000
Insurance	8,056	11,115	37,334	2,000	33,535	1677%	37,000	(35,000)
Travel In State	153,609	133,870	75,134	109,000	54,291	50%	60,000	49,000
Travel, Out-of-State	263	1,922	0	0	0	0%	0	0
Training	6,594	4,216	5,825	8,000	3,472	43%	5,000	3,000
Facilities Operations	413,542	419,804	594,880	361,000	447,096	124%	488,000	(127,000)
C & P Services - Interdept.	7,886	12,835	25,896	77,000	5,693	7%	7,000	70,000
Attorney General	1,056,537	1,090,876	846,620	1,778,000	1,074,111	60%	1,100,000	678,000
Office of Adminstrative Hearings	227,114	284,403	202,528	407,000	298,970	73%	300,000	107,000
C & P Services - External	839,236	867,055	948,815	990,000	762,499	77%	832,000	158,000
DCA Pro Rata	1,949,563	2,167,414	2,184,203	2,330,000	2,330,000	100%	2,330,000	0
DOI - Investigations	0	0	0	6,000	0	0%	0	6,000
Interagency Services	0	0	0	1,000	18,654	1865%	20,000	(19,000)
IA w/ OPES	61,551	0	48,360	0	50,798	–	73,441	(73,441)
Consolidated Data Center	32,856	19,362	39,626	19,000	14,494	76%	16,000	3,000
Information Technology	21,802	12,211	14,355	11,000	4,018	37%	5,000	6,000
Equipment	3,699	49,949	234,593	61,000	34,011	56%	37,000	24,000
Other Items of Expense	7,707	12,154	9,245	0	7,252	–	10,000	(10,000)
Vehicle Operations	51,529	48,556	41,916	5,000	48,816	976%	53,000	(48,000)
TOTALS, OE&E	5,726,933	5,430,193	5,712,482	6,388,000	5,559,738	87%	5,780,441	607,559
TOTAL EXPENSE	11,186,505	11,170,781	12,292,219	14,409,000	12,430,618	86%	12,679,974	1,729,026
Sched. Reimb. - Fingerprints	(15,365)	(16,366)	(16,660)	(53,000)	(15,541)	29%	(53,000)	0
Sched. Reimb. - Other	(8,000)	(7,756)	(5,875)	(214,000)	(5,875)	3%	(214,000)	0
Unsched. Reimb. - Other	(503,376)	(599,852)	(628,349)		(539,503)	0%	0	0
NET APPROPRIATION	10,659,764	10,546,807	11,641,335	14,142,000	11,869,699	84%	12,412,974	1,729,026
							SURPLUS/(DEFICIT):	12.2%

0741 - State Dentistry Fund
Analysis of Fund Condition

Prepared 7.16.2019

(Dollars in Thousands)

2019-20 Budget Act

		PY 2018-19	Budget Act CY 2019-20	BY 2020-21
BEGINNING BALANCE		$ 5,106	$ 5,683	$ 5,536
Prior Year Adjustment		$ -	$ -	$ -
Adjusted Beginning Balance		$ 5,106	$ 5,683	$ 5,536
REVENUES AND TRANSFERS				
Revenues:				
4121200	Delinquent fees	$ 167	$ 170	$ 170
4127400	Renewal fees	$ 13,009	$ 13,082	$ 13,082
4129200	Other regulatory fees	$ 113	$ 117	$ 117
4129400	Other regulatory licenses and permits	$ 2,266	$ 2,287	$ 2,287
4143500	Miscellaneous services to the public	$ 47	$ 47	$ 47
4163000	Income from surplus money investments	$ 84	$ 83	$ 73
4171400	Escheat of unclaimed checks and warrants	$ 4	$ 4	$ 4
4172500	Miscellaneous revenues	$ 5	$ 5	$ 5
Total Revenues		$ 15,695	$ 15,795	$ 15,785
Total Revenues, Transfers, and Other Adjustments		$ 15,695	$ 15,795	$ 15,785
Total Resources		$ 20,801	$ 21,478	$ 21,321
EXPENDITURES				
Disbursements:				
1111	Department of Consumer Affairs Program Expenditures (State Operations)	$ 14,142	$ 14,784	$ 15,228
8880	Financial Information System of California (State Operations)	$ 1	$ -2	$ -2
9892	Supplemental Pension Payments (State Operations)	$ 161	$ 318	$ 318
9900	Statewide General Administrative Expenditures (Pro Rata) (State Operations)	$ 814	$ 842	$ 842
Total Expenditures and Exependiture Adjustments		$ 15,118	$ 15,942	$ 16,386
FUND BALANCE				
Reserve for economic uncertainties		$ 5,683	$ 5,536	$ 4,935
Months in Reserve		4.3	4.1	3.5

DENTAL ASSISTING PROGRAM - FUND 3142
BUDGET REPORT
FY 2018-19 BUDGET REPORT

Based on 7/16 Activity Log

OBJECT DESCRIPTION	FY 2015-16 ACTUAL EXPENDITURES (MONTH 13)	FY 2016-17 ACTUAL EXPENDITURES (MONTH 13)	FY 2017-18 ACTUAL EXPENDITURES (Prelim FM12)	FY 2018-19 CY REVISED BUDGET 2018-19	FY 2018-19 CURRENT YEAR EXPENDITURES (Prelim FM12)	FY 2018-19 PERCENT SPENT	FY 2018-19 PROJECTIONS TO YEAR END	FY 2018-19 UNENCUMBERED BALANCE
PERSONNEL SERVICES								
Salary & Wages (Staff)	390,798	404,432	429,537	537,000	389,649	73%	390,000	147,000
Temp Help	0	33,448	38,903	0	80,613	0%	81,000	(81,000)
Board Member Per Diem	4,200	2,600	600	0	1,400	–	2,000	(2,000)
Overtime/Retirement Payout	3,466	12,255	9,508	0	1,912	–	4,000	(4,000)
Staff Benefits	257,393	292,318	311,350	350,000	328,075	94%	329,000	21,000
TOTALS, PERSONNEL SVC	655,857	745,053	789,898	887,000	801,648	90%	806,000	81,000
OPERATING EXPENSE AND EQUIPMENT								
General Expense	8,454	9,015	9,198	44,000	2,541	6%	9,000	35,000
Printing	5,573	3,893	60	20,000	0	0%	100	19,900
Communication	30	0	0	13,000	602	5%	1,000	12,000
Postage	14,689	0	1	37,000	1	0%	100	36,900
Insurance	0	11	3,274	0	3,866	0%	4,000	(4,000)
Travel In State	43,566	36,037	14,975	49,000	17,428	36%	20,000	29,000
Travel, Out-of-State	0	0	0	0	0	0%	0	0
Training	0	36	0	4,000	0	0%	0	4,000
Facilities Operations	82,391	45,737	72,335	64,000	108,418	169%	112,000	(48,000)
Utilities	0	0	0	1,000	0	0%	0	1,000
C & P Services - Interdept.	0	0	0	288,000	47	0%	500	287,500
Attorney General	120,885	137,406	144,981	173,000	114,675	66%	115,000	58,000
Office of Adminstrative Hearings	0	0	0	3,000	0	0%	0	3,000
C & P Services - External	308,403	268,372	151,925	184,000	156,523	85%	160,000	24,000
DCA Pro Rata	726,882	813,569	745,694	729,000	729,000	100%	729,000	0
Interagency Services	0	0	0	73,000	2,883	4%	4,000	69,000
IA w/ OPES	0	39,728	64,415	0	38,552	–	38,552	(38,552)
Consolidated Data Center	0	0	0	3,000	0	0%	0	3,000
Information Technology	909	0	0	1,000	0	0%	0	1,000
Equipment	6,937	0	0	0	2,732	–	4,000	(4,000)
Other Items of Expense	0	0	0	0	7,840	0%	9,000	(9,000)
Vehicle Operations	0	0	0	0	0	–	0	0
TOTALS, OE&E	1,410,382	1,353,804	1,206,858	1,686,000	1,185,108	70%	1,206,252	479,748
TOTAL EXPENSE	2,066,239	2,098,857	1,996,756	2,573,000	1,986,756	77%	2,012,252	560,748
Sched. Reimb. - Fingerprints	(948)	(1,323)	(622)	(13,000)	(296)	2%	(13,000)	0
Sched. Reimb. - Other	(705)	(705)	0	(3,000)	(470)	16%	(3,000)	0
Unsched. Reimb. - Other	0	0	0	0	0	0%	0	0
NET APPROPRIATION	2,064,586	2,096,829	1,996,134	2,557,000	1,985,990	78%	1,996,252	560,748
							SURPLUS/(DEFICIT):	21.9%

3142 - State Dental Assistant Fund
Analysis of Fund Condition

Prepared 7.16.2019

(Dollars in Thousands)

2019-20 Budget Act

		PY 2018-19	Budget Act CY 2019-20	BY 2020-21
BEGINNING BALANCE		$ 1,413	$ 1,110	$ 945
Prior Year Adjustment		$ -	$ -	$ -
Adjusted Beginning Balance		$ 1,413	$ 1,110	$ 945
REVENUES AND TRANSFERS				
Revenues:				
4121200	Delinquent fees	$ 90	$ 88	$ 88
4127400	Renewal fees	$ 1,830	$ 1,827	$ 1,827
4129200	Other regulatory fees	$ 28	$ 26	$ 26
4129400	Other regulatory licenses and permits	$ 507	$ 547	$ 547
4143500	Miscellaneous services to the public	$ 1	$ 1	$ 1
4163000	Income from surplus money investments	$ 16	$ 12	$ 10
4172500	Miscellaneous revenues	$ 1	$ 1	$ 1
Total Revenues		$ 2,473	$ 2,502	$ 2,500
Total Revenues, Transfers, and Other Adjustments		$ 2,473	$ 2,502	$ 2,500
Total Resources		$ 3,886	$ 3,612	$ 3,445
EXPENDITURES				
Disbursements:				
1111	Department of Consumer Affairs Program Expenditures (State Operations)	$ 2,557	$ 2,486	$ 2,561
8880	Financial Information System for California (State Operations)	$ -	$ -	$ -
9892	Supplemental Pension Payments (State Operations)	$ 17	$ 33	$ 33
9900	Statewide General Administrative Expenditures (Pro Rata) (State Operations)	$ 202	$ 148	$ 148
Total Expenditures and Expenditure Adjustments		$ 2,776	$ 2,667	$ 2,742
FUND BALANCE				
Reserve for economic uncertainties		$ 1,110	$ 945	$ 703
Months in Reserve		5.0	4.1	3.0

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DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL MEETING AGENDA
Thursday, August 15, 2019

DoubleTree by Hilton Hotel San Francisco Airport
835 Airport Blvd.
Burlingame, CA, 94010
(650) 344-5500 (Hotel) or (916) 263-2300 or (877) 729-7789 (Board Office)

Members of the Dental Assisting Council:

Jennifer Rodriguez, RDAEF, Chair
Rosalinda Olague, RDA, Vice Chair

Anne Contreras, RDA,
Cindy Ovard, RDA
Pamela Peacock, RDA
Bruce Whitcher, DDS

Public comments will be taken on agenda items at the time the specific item is raised. The Council may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Council Chair. For verification of the meeting, call (916) 263-2300 or access the Board's website at https://www.dbc.ca.gov/. This Committee meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation. While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise. To view the Webcast, please visit https://thedcapage.blog/webcasts/.

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

2. Update on New Dental Assisting Program and Course Applications

3. Update on RDA Program Re-Evaluations and Overview of Re-Evaluation Process

4. Update on Dental Assisting Examination Statistics
    a. Registered Dental Assistant (RDA) General Written and Law and Ethics Examination
    b. Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examinations

c. Registered Dental Assistant in Extended Functions (RDAEF) General Written Examination
d. Orthodontic Assistant (OA) Written Examination
e. Dental Sedation Assistant (DSA) Written Examination

5. Update on Dental Assisting Licensing Statistics
   a. Registered Dental Assistant (RDA)
   b. Registered Dental Assistant in Extended Functions (RDAEF)
   c. Orthodontic Assistant (OA)
   d. Dental Sedation Assistant (DSA)

6. Update Regarding the Dental Assisting Comprehensive Rulemaking Proposal

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

8. Future Agenda Items
   Stakeholders are encouraged to propose items for possible consideration by the Council at a future meeting.

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

10. Adjournment

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MEMORANDUM

DATE	July 10, 2019
TO	Members of the Dental Assisting Council
FROM	Laura Fisher, Educational Program Coordinator
SUBJECT	**DAC Agenda Item 2:** Update on New Dental Assisting Program and Course Applications

Update on Dental Assisting Program and Course Applications

Table 1 identifies the total number of DA Program/Course curriculum applications approved in 2019. Table 2 lists the number of RDA and RDAEF Program site visits conducted in 2019. Table 3 lists the DA Program and Course application status in 2019. 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 2019.

Table 1
Total DA Program and Course Applications Approved in 2019

	RDA Programs	RDAEF Programs	RDAEF-ITR	Radiation Safety Course	Coronal Polish Course	Pit & Fissure Sealant	Ultrasonic Scaler	Infection Control	Ortho Assistant	Dental Sedation Assistant	**Grand Total**
Course Totals	**0**	**0**	**0**	**4**	**2**	**0**	**0**	**3**	**2**	**2**	**13**

Table 2
Total RDA and RDAEF Program Site Visits in 2019

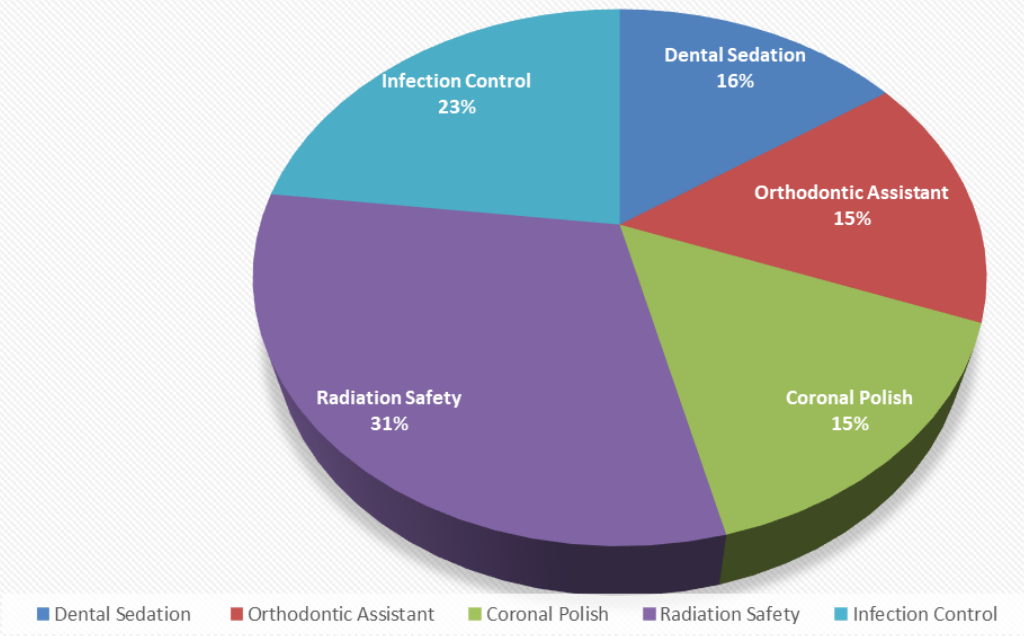
	RDA Programs		RDAEF Programs		**Grand Total**
	Provisional	Full	Provisional	Full	
Totals	**0**	**3**	**0**	**1**	**4**

Table 3 DA Program & Course Application Status 2019					
Program or Course	**Approved**	**Denied**	**Curriculum Approved-Pending Site Visit**	**In the Review Process**	**Deficient**
RDA Program/Curriculum	0	0	0	0	0
RDAEF Program/Curriculum	0	0	0	0	0
RDAEF-ITR	0	0	N/A	0	0
Radiation Safety	4	0	N/A	1	5
Coronal Polish	2	0	N/A	1	3
Pit & Fissure Sealant	0	0	N/A	1	3
Ultrasonic Scaler	0	0	N/A	0	0
Infection Control	3	0	N/A	1	4
OA Permit	2	0	N/A	0	0
DSA Permit	2	0	N/A	0	1
Total Applications	**13**	**0**	**0**	**4**	**16**

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
88	**11**	**4**	**144**	**93**	**120**	**31**	**120**	**155**	**32**

Table 5 Approved DA Program & Course by Name											
Provider	**Approval Date**	**RDA Program**	**RDAEF Program**	**RDAEF-ITR**	**X-Ray**	**CP**	**P/F**	**US**	**IC**	**DSA**	**OA**
Eggleston Dental Institute	1/7/19				X						
National Career College	1/7/19								X		
ABC Adult School	2/14/19								X		
L. Stephen Vaughan, DDS, MD	2/21/19									X	
Allan Hancock College	2/28/19					X					
ABC Adult School	3/1/19					X					
David Allen Pulsipher, DDS, MD, FACS	3/28/19									X	
Smile Power Orthodontics	3/28/19										X
Allan Hancock College	3/28/19				X						
The OP Dental Learning Community	4/26/19				X						
The OP Dental Learning Community	5/14/19								X		
Western Dental Services	6/25/19										X
Eden Area ROP	6/26/19				X						
INDIVIDUAL PROGRAM/COURSE TOTALS		**0**	**0**	**0**	**4**	**2**	**0**	**0**	**3**	**2**	**2**
TOTAL APPROVALS = 13											

Table 6
Trend in Approved Programs and Courses for 2019
*Data excludes programs and courses that are at 0%



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MEMORANDUM

DATE	July 12, 2019
TO	Members of the Dental Assisting Council
FROM	Laura Fisher, Educational Program Coordinator Dental Board of California
SUBJECT	**DAC Agenda Item 3:** Update on RDA Program Re-Evaluations and Overview of Re-Evaluation Process

Update on RDA Program Re-Evaluations

The Dental Board of California (Board) has the authority to audit programs and courses to ensure compliance with regulations in the event the Board deems it necessary.

Board staff began the re-evaluation process with the Registered Dental Assistant (RDA) programs. The order of the programs to be evaluated was determined by the Law and Ethics and the RDA Written Examination statistics, using the school or program's overall pass/fail rate and the year the program was given full approval. Board staff determined that there were fifty (50 RDA programs that required a re-evaluation of their curriculum.

The following table details the current status of the re-evaluations.

Program Name:	Letter Mailed:	Status:
San Joaquin Valley College - Visalia	February 6, 2018	Approved 9/24/18
San Joaquin Valley College - Bakersfield		Approved 9/24/18
Grossmont Health Occupations Center		In Review Process 6/15/2019
San Joaquin Valley College - Fresno		Approved 9/24/18
Hacienda La Puente Adult School	March 5, 2018	Approval Pending: part-time faculty hire date August 2019
Carrington College - San Leandro		Approved 2/8/2019
Allan Hancock College		Approved 6/26/2019
College of the Redwoods		Approved 2/13/2019
Pima Medical Institute - Chula Vista		Approved 2/11/209

Program Name:	Letter Mailed:	Status:
Concorde Career College - San Diego	April 2, 2018	Received by Board 7/14/2019
Concorde Career College - North Hollywood		Approved 3/21/2019
Concorde Career College - San Bernardino		Deficient 6/12/2019: Length of Program, Program Content.
Concorde Career College - Garden Grove	May 7, 2018	Approved 12/13/18
Riverside County Office of Education		Approved 8/13/18
North Orange County Regional Occupational Program	June 12, 2018	Deficient 3/14/2019: Admin, Program Director, Emergency Management, Infection Control/Hazardous Waste, faculty/Student Ratios, Facilities and Resources, Program Content, Extramural Clinical Instruction, Radiation Safety, Coronal Polish, Pit and Fissure Sealants.
United Education Institute - Chula Vista		Approved 9/14/18
Southern California Reginal Occupational Center	July 23, 2018	PD Never Received. Resent Letter 2/2019. Extension Granted.
United Education Institute - Ontario		Approved 12/6/18
United Education Institute - Huntington Park		Approved 1/28/2019
Chaffey College	August 27, 2018	Deficient 1/15/19: Extension Granted.
Mt. Diablo/Loma Vista Adult Center		In Review Process 6/11/2019
Eden Regional Occupational Program		Approved 4/26/2019
Baldy View Regional Occupational Program		In Review Process Currently
American Career College - Anaheim	September 7, 2018	In Review Process Currently
Blake Austin College		Deficient 6/5/2019: Admin, Faculty, Length of Program, Facilities and Resources, Program Content, Extramural Clinical Instruction, Radiation Safety, Coronal Polish, Pit and Fissure Sealants.
Carrington College - San Jose		Deficient 7/9/19: Application, Admin, Program Director, Faculty, Emergency Management, Infection Control/Hazardous Waste, Facilities and Resources, Program Content, Extramural Clinical Instruction, Radiation Safety, Coronal Polish, Pit & Fissure Sealants.
Tri-Cities Regional Occupational Program		Extension Granted.

Program Name:	Letter Mailed:	Status:
Carrington College - Sacramento	October 30, 2018	Received at the Board 1/18/19
Carrington College - Citrus Heights		Received at the Board 1/18/19
Moreno Valley College		In Review Process 7/10/19
American Career College - Ontario	November 27, 2018	Received at the Board 1/9/19
Milan Institute – Palm Desert		Received at the Board 2/27/19
Milan Institute - Visalia		Received at the Board 2/25/19
Carrington College - Stockton		Received at the Board 2/1/19
Butte County Regional Occupational Program		Received at the Board 7/8/19
Reedley College		Extension Granted.
The Valley School for Dental Assisting	January 9, 2019	In Review Process 5/13/19
College of Alameda		Received at the Board 5/7/19
Monterey Peninsula College		Received at the Board 4/29/19
San Jose City College		Extension Granted.
Carrington Career College - Pleasant Hill		Received at the Board 3/1/19
Santa Rosa Junior College	February 15, 2019	Extension Granted.
Citrus College		Extension Granted.
College of San Mateo		Extension Granted.
Cypress College		Received at the Board 6/11/19

Overview of Re-Evaluation Process

The re-evaluation process is a rereview of currently approved RDA programs. The goal of the re-evaluation is to ensure that the RDA programs are currently in compliance with the current laws and regulations. During the re-evaluations, the approved programs can continue to run their programs as usual. Once the program receives notification that they are being re-evaluated, they are given six weeks to submit the required documentation. Once the documentation has been received by the Board, the information is reviewed by one of our Subject Matter Experts (SME). Once the review is completed, the program is notified of their re-approval or of any outstanding deficiencies. If deficiencies have been identified, programs will receive notification, in writing, and be given an opportunity to correct the issues identified.

In early 2019, it was brought to the attention of Board staff that programs were struggling with the re-evaluation process. Programs were concerned with the amount of time that they were given to respond to the re-evaluation request and they seemed to have questions regarding what was required of them. Board staff made the decision to suspend new requests for re-evaluations. This decision was made to provide the current programs undergoing a re-evaluation and Board staff an opportunity to address any areas of concern.

Based on feedback from stakeholders, Board staff decided to host an informational workshop to go over the re-evaluation process and to allow programs an opportunity to ask questions regarding the process. An email invitation was sent to all the RDA program directors and staff that would be assisting in the process.

Two informational workshops were given; one on May 3, 2019 in Sacramento and the other on May 10, 2019 in Glendora, California.

Board staff, with the assistance of one of the Board's subject matter experts, provided a brief overview of the re-evaluation process and the basis for the re-evaluations. Board staff reviewed the expectations of the programs and went over the most common deficiencies found while conducting the re-evaluations. Attendees were given the opportunity to ask questions regarding the process and were given the contact information of Board staff and management, should the program directors have any specific questions relating to extensions, the re-evaluation process, or deficiency notices. Board staff and program directors agreed that the open dialogue was helpful, and the program directors were more at ease with the process. Many program directors felt the re-evaluation process was daunting as they were new to their positions, but they were optimistic to take on this challenge.

Subsequently, Board staff received additional feedback from stakeholders indicating that they felt the re-evaluation process needed improvement. Specifically, that the applications were duplicative, there were deficiencies sent out to programs that were for items not listed on the applications, and that the information requested on the applications is confusing (i.e. the number of requested application copies, missing instructions on submission of documents, inconsistency in language of items).

To rectify the issues mentioned, Board staff is in the process of developing a new application specifically for the re-evaluation process. When complete, the final product will merge all current RDA program requirements into one application, which will remove the issue of duplication and should clarify and make it easier to identify all the required documents. Additionally, Board staff is developing a checklist, as requested, to make the application requirements clear.

Board staff was also informed that there was concern regarding privacy and confidentiality. Programs were concerned that the applications requested the personal information of the program director and faculty and the wondered what happened to the documents they submitted after the re-evaluation has been approved. During the workshops, Board staff explained that all SME's have signed privacy and confidentiality agreements and that all documents are kept by the Board or shredded by Board staff. Board staff also advised attendees that they can omit their addresses from the Curriculum vitae's that they submit with their application.

Additionally, Board staff were informed that there was concern regarding what appeared to be inconsistencies of policies regarding timeframes, extensions, and that the Board has unrealistic due dates. Throughout the re-evaluation process, Board staff and management have expressed numerous times that we are willing to work with programs with regard to due dates or extensions. Board staff are willing to work with each program and give as much time and assistance as we are able. We have granted several requests for extensions, on a case

by case basis and based on each program operational needs, these extensions can vary. Board staff are currently determining if initial lead time is warranted and will be deciding on that amount of time, prior to sending out new requests for re-evaluation. All programs have been encouraged to communicate with Board staff and or management, if they need any assistance during this process, if they have concerns, and to ask for additional time.

Board staff have also created a schedule to identify when programs are undergoing their CODA re-evaluations to avoid the programs being evaluated by both entities during the same year.

The re-evaluation process is new to the Board and is a work in progress. We believe that the new application, once approved, will assist in making this a smoother process for all involved and we welcome any further suggestions.

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MEMORANDUM

DATE	July 12, 2019
TO	Members of the Dental Assisting Council
FROM	Laura Fisher, Educational Program Coordinator Dental Board of California
SUBJECT	**DAC Agenda Item 4:** Update on Dental Assisting Examination Statistics

Background:

The following tables provides the written examination pass and fail statistics for candidates who took the examinations from July 2018 through June 2019 for all, first-time and repeat candidates.

Written Examination Statistics - All Candidates

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Candidates Passed	% Candidates Failed
RDA Combined	4,107	2,254	1,852	55%	45%
RDAEF	149	94	55	63%	37%
Orthodontic Assistant	605	263	342	43%	57%
Dental Sedation Assistant	9	8	1	89%	11%

Written Examination Statistics - First Time Candidates

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Candidates Passed	% Candidates Failed
RDA Combined	2,744	1,608	1,136	59%	41%
RDAEF	90	64	26	71%	29%
Orthodontic Assistant	292	165	127	57%	43%
Dental Sedation Assistant	8	7	1	88%	12%

Written Examination Statistics - Repeat Candidates

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Candidates Passed	% Candidates Failed
RDA Combined	1,362	646	716	47%	53%
RDAEF	59	30	29	51%	49%
Orthodontic Assistant	313	98	215	31%	69%

The following tables provide the RDAEF clinical and practical examination statistics for the months of June 2018 through July 2019 for all and then the first-time and repeat candidates are for 2019 only.

Clinical Examination Statistics - All Candidates

Clinical Exam Date/Site	Total Candidates Tested	% Candidates Passed	% Candidates Failed
Aug 2018 - UCLA/UCSF	34	59%	41%
Oct 2018 - UCLA	31	35%	65%
Nov 2018 - UCSF	8	100%	0%
Feb 2019 - UCLA	18	61%	39%
Mar 2019 - FADE	3	100%	0%
June 2019 - UCSF/UCLA	59	66%	34%
Total	153	60%	40%

Clinical Examination Statistics - First Time Candidates in 2019

Clinical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
Total	53	70%	30%

Clinical Examination Statistics - Repeat Candidates in 2019

Clinical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
Total	22	73%	27%

Practical Examination Statistics - All Candidates

Practical Exam Date/Site	Total Candidates Tested	% Candidates Passed	% Candidates Failed
Aug 2018 - UCLA/ UCSF	27	81%	19%
Oct 2018 - UCLA	27	52%	48%
Nov 2018 - UCSF	10	50%	50%
Feb 2019 - UCLA	15	80%	20%
Mar 2019 - FADE	4	75%	25%
June 2019 - UCSF/UCLA	58	76%	24%
Total	141	71%	29%

Practical Examination Statistics - First Time Candidates in 2019

Practical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
Total	52	77%	23%

Practical Examination Statistics - Repeat Candidates in 2019

Practical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
Total	21	71%	29%

Action Requested:
No action requested at this time.

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Total	YTD First Time Testers	YTD Repeat Testers
4D College - Victorville (914)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Allan Hancock (508)	100%	71%	50%	N/A	0%	N/A	N/A	N/A	N/A	100%	N/A	N/A	**75%**	**100%**	**0%**
pass	4	5	1		0					2			**12**	**2**	**0**
fail	0	2	1		1					0			**4**	**0**	**0**
American Career - Anaheim (896)	50%	0%	0%	0%	0%	67%	100%	0%	33%	25%	0%	0%	**25%**	**14%**	**20%**
pass	2	0	0	0	0	2	2	0	1	1	0	0	**8**	**1**	**1**
fail	2	5	2	3	1	1	0	1	2	4	1	2	**24**	**6**	**4**
American Career - Long Beach (997)	N/A	56%	N/A	0%	N/A	0%	N/A	100%	N/A	0%	N/A	N/A	**40%**	**100%**	**0%**
pass		1		0		0		1		0			**2**	**1**	**0**
fail		0		1		1		0		1			**3**	**0**	**1**
American Career - Los Angeles (867)	50%	56%	0%	33%	67%	67%	0%	50%	0%	33%	100%	63%	**51%**	**62%**	**29%**
pass	4	5	0	1	2	2	0	1	0	1	3	5	**24**	**8**	**2**
fail	4	4	1	2	1	1	2	1	2	2	0	3	**23**	**5**	**5**
American Career - Ontario (905)	N/A	100%	100%	25%	50%	67%	75%	50%	0%	67%	71%	100%	**62%**	**59%**	**71%**
pass		3	1	1	1	2	3	1	0	2	5	4	**23**	**10**	**5**
fail		0	0	3	1	1	1	1	2	3	2	0	**14**	**7**	**2**
Anthem College (503)	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	0%	0%	N/A	0%	**40%**	**0%**	**0%**
pass			1	1					0	0		0	**2**	**0**	**0**
fail			0	0					1	1		1	**3**	**0**	**3**
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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Baldy View Regional Occupational Program (590)	0%	100%	N/A	N/A	0%	100%	N/A	N/A	100%	N/A	N/A	0%	**63%**	**100%**	**0%**
pass	0	2			0	1			2			0	**5**	**2**	**0**
fail	1	0			1	0			0			1	**3**	**0**	**1**
Blake Austin College (897)	100%	67%	50%	80%	100%	67%	100%	N/A	67%	N/A	100%	50%	**77%**	**100%**	**33%**
pass	1	2	1	4	1	2	3		2		3	1	**20**	**8**	**1**
fail	0	1	1	1	0	1	0		1		0	1	**6**	**0**	**2**
Brightwood - Bakersfield (884)	0%	0%	50%	100%	67%	50%	100%	0%	100%	67%	67%	0%	**50%**	**75%**	**50%**
pass	0	0	2	3	2	1	3	0	1	2	2	0	**16**	**6**	**2**
fail	5	3	2	0	1	1	0	1	0	1	1	1	**16**	**2**	**2**
Brightwood - Clovis (885)	0%	100%	60%	N/A	100%	100%	67%	0%	50%	100%	67%	67%	**70%**	**54%**	**50%**
pass	0	5	3		4	6	2	0	3	1	2	2	**28**	**7**	**3**
fail	1	0	2		0	0	1	3	3	0	1	1	**12**	**6**	**3**
Brightwood - Modesto (499)/(890)	33%	50%	50%	25%	83%	75%	0%	0%	60%	86%	50%	67%	**57%**	**70%**	**38%**
pass	2	2	3	1	5	3	0	0	3	6	2	6	**33**	**14**	**3**
fail	4	2	3	3	1	1	1	2	2	1	2	3	**25**	**6**	**5**
Brightwood - Palm Springs (901)	100%	0%	50%	33%	50%	50%	100%	33%	67%	50%	100%	N/A	**52%**	**75%**	**40%**
pass	1	0	1	1	2	1	1	1	2	1	1		**12**	**3**	**2**
fail	0	1	1	2	2	1	0	2	1	1	0		**11**	**1**	**3**
Brightwood - Riverside (898)	0%	N/A	100%	100%	100%	100%	100%	33%	N/A	100%	0%	33%	**59%**	**50%**	**40%**
pass	0		1	1	2	1	1	1		2	0	1	**10**	**3**	**2**
fail	1		0	0	0	0	0	2		0	2	2	**7**	**3**	**3**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Brightwood - Sacramento (888)	100%	50%	80%	86%	50%	63%	67%	100%	0%	50%	50%	40%	**68%**	**78%**	**50%**
pass	3	1	4	6	2	5	2	5	0	1	1	2	**32**	**7**	**4**
fail	0	1	1	1	2	3	1	0	1	1	1	3	**15**	**2**	**4**
Brightwood - San Diego (899)	100%	0%	N/A	50%	N/A	100%	50%	100%	0%	0%	0%	N/A	**41%**	**67%**	**0%**
pass	1	0		3		1	1	1	0	0	0		**7**	**2**	**0**
fail	0	2		3		0	1	0	1	1	2		**10**	**1**	**4**
Brightwood - Stockton (611)	N/A	0%	N/A	0%	100%	N/A	N/A	0%	N/A	N/A	100%	N/A	**63%**	**100%**	**67%**
pass		0		0	2			0			3		**5**	**1**	**2**
fail		1		1	0			1			0		**3**	**0**	**1**
Brightwood - Vista (900)	100%	0%	40%	40%	100%	100%	86%	100%	100%	71%	50%	0%	**71%**	**82%**	**83%**
pass	3	0	2	2	1	3	6	2	5	5	1	0	**30**	**9**	**5**
fail	0	1	3	3	0	0	1	0	0	2	1	1	**12**	**2**	**1**
Butte County Regional Occupational Program (605)	89%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	**94%**	**100%**	**0%**
pass	8	4	1	1							1		**15**	**1**	**0**
fail	1	0	0	0							0		**1**	**0**	**0**
Cabrillo College (001)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
California Dental Certifications - San Diego (993)	N/A	N/A	N/A	0%	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass				0			0						**0**	**0**	**0**
fail				1			1						**2**	**0**	**1**
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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Carrington - Antioch (886)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Carrington - Citrus Heights (882)	100%	100%	100%	100%	0%	60%	83%	100%	100%	N/A	N/A	N/A	**85%**	**100%**	**75%**
pass	1	1	4	3	0	3	5	3	3				**23**	**8**	**3**
fail	0	0	0	0	1	2	1	0	0				**4**	**0**	**1**
Carrington - Emeryville (904)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Carrington - Pleasant Hill (868)	100%	50%	67%	67%	100%	100%	50%	100%	75%	67%	80%	0%	**74%**	**73%**	**60%**
pass	2	1	2	2	3	2	1	1	3	2	4	0	**23**	**8**	**3**
fail	0	1	1	1	0	0	1	0	1	1	1	1	**8**	**3**	**2**
Carrington - Pomona (908)	N/A	N/A	N/A	N/A	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**50%**	**0%**	**0%**
pass					1								**1**	**0**	**0**
fail					1								**1**	**0**	**0**
Carrington - Sacramento (436)	45%	69%	53%	40%	73%	69%	70%	63%	50%	40%	36%	50%	**57%**	**50%**	**58%**
pass	5	9	8	4	8	9	7	5	2	2	4	2	**65**	**11**	**11**
fail	6	4	7	6	3	4	3	3	2	3	7	2	**50**	**11**	**8**
Carrington - San Jose (876)	50%	50%	N/A	25%	50%	67%	N/A	80%	67%	100%	0%	100%	**57%**	**50%**	**80%**
pass	2	2		1	1	2		4	2	2	0	1	**17**	**3**	**4**
fail	2	2		3	1	1		1	1	0	2	0	**13**	**3**	**1**
Carrington - San Leandro (609)	0%	17%	45%	56%	50%	36%	63%	75%	43%	0%	40%	50%	**40%**	**63%**	**33%**
pass	0	2	5	5	1	4	5	3	3	0	2	2	**32**	**10**	**5**
fail	4	10	6	4	1	7	3	1	4	3	3	2	**48**	**6**	**10**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Carrington - Stockton (902)	40%	33%	43%	50%	40%	75%	0%	100%	33%	50%	50%	33%	**48%**	**71%**	**20%**
pass	2	1	3	2	2	3	0	3	1	3	1	1	**22**	**5**	**1**
fail	3	2	4	2	3	1	1	0	2	3	1	2	**24**	**2**	**4**
Cerritos College (511)	0%	N/A	50%	67%	100%	N/A	100%	100%	N/A	100%	50%	100%	**76%**	**100%**	**67%**
pass	0		1	2	2		3	2		1	1	1	**13**	**6**	**2**
fail	1		1	1	0		0	0		0	1	0	**4**	**0**	**1**
Chabot College (513)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass									1				**1**	**1**	**0**
fail									0				**0**	**0**	**0**
Chaffey College (514)	0%	100%	50%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**50%**	**0%**	**0%**
pass	0	1	1		1								**3**	**0**	**0**
fail	2	0	1		0								**3**	**0**	**0**
Charter College - Canyon Country (401)	0%	0%	67%	100%	100%	100%	N/A	100%	100%	100%	N/A	N/A	**80%**	**100%**	**100%**
pass	0	0	2	2	2	2		2	1	1			**12**	**2**	**2**
fail	1	1	1	0	0	0		0	0	0			**3**	**0**	**0**
Citrus College (515)	100%	100%	60%	80%	100%	N/A	100%	100%	100%	N/A	100%	N/A	**84%**	**100%**	**100%**
pass	1	1	3	4	1		2	1	1		2		**16**	**5**	**1**
fail	0	0	2	1	0		0	0	0		0		**3**	**0**	**0**
City College of San Francisco (534)	100%	89%	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	**94%**	**0%**	**0%**
pass	2	8	5			1							**16**	**0**	**0**
fail	0	1	0			0							**1**	**0**	**0**
College of Alameda (506)	67%	100%	N/A	50%	100%	100%	100%	N/A	100%	100%	N/A	0%	**76%**	**100%**	**0%**
pass	2	3		2	1	2	1		1	1		0	**13**	**3**	**0**
fail	1	0		2	0	0	0		0	0		1	**4**	**0**	**1**
College of Marin (523)	100%	75%	100%	33%	100%	100%	N/A	N/A	100%	N/A	N/A	N/A	**82%**	**100%**	**0%**
pass	1	6	4	1	2	3			1				**18**	**1**	**0**
fail	0	2	0	2	0	0			0				**4**	**0**	**0**
College of San Mateo (536)	75%	N/A	33%	50%	N/A	N/A	0%	N/A	100%	0%	0%	0%	**41%**	**33%**	**0%**
pass	3		1	2			0		1	0	0	0	**7**	**1**	**0**
fail	1		2	2			1		0	2	1	1	**10**	**2**	**3**
College of the Redwoods (838)	100%	N/A	50%	N/A	N/A	67%	N/A	N/A	100%	100%	100%	N/A	**79%**	**0%**	**100%**
pass	3		2			2			1	1	2		**11**	**0**	**4**
fail	0		2			1			0	0	0		**3**	**0**	**0**
Concorde Career - Garden Grove (425)	20%	100%	67%	33%	25%	100%	40%	100%	50%	50%	80%	100%	**55%**	**80%**	**55%**
pass	2	5	2	1	1	1	2	4	1	2	4	1	**26**	**8**	**6**
fail	8	0	1	2	3	0	3	0	1	2	1	0	**21**	**2**	**5**
Concorde Career - North Hollywood (435)	0%	N/A	0%	33%	0%	50%	100%	33%	100%	0%	50%	0%	**28%**	**50%**	**20%**
pass	0		0	1	0	1	2	1	1	0	1	0	**7**	**4**	**1**
fail	2		3	2	2	1	0	2	0	3	1	2	**18**	**4**	**4**
Concorde Career - San Bernardino (430)	20%	46%	38%	44%	56%	56%	60%	25%	63%	16%	57%	60%	**47%**	**56%**	**42%**
pass	1	6	3	4	5	5	3	1	5	1	4	3	**41**	**9**	**8**
fail	4	7	5	5	4	4	2	3	3	5	3	2	**47**	**7**	**11**
Concorde Career - San Diego (421)	50%	56%	50%	86%	50%	57%	60%	57%	67%	33%	44%	0%	**52%**	**48%**	**36%**
pass	4	5	2	6	1	4	3	4	2	1	4	0	**36**	**10**	**4**
fail	4	4	2	1	1	3	2	3	1	2	5	5	**33**	**11**	**7**
Concorde Career - San Jose (400)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Cypress College (518)	33%	100%	100%	100%	100%	N/A	100%	N/A	0%	N/A	50%	N/A	**67%**	**50%**	**0%**
pass	1	1	1	1	2		1		0		1		**8**	**2**	**0**
fail	2	0	0	0	0		0		1		1		**4**	**2**	**0**
Diablo Valley College (516)	88%	75%	100%	0%	N/A	N/A	100%	100%	N/A	N/A	100%	N/A	**84%**	**100%**	**100%**
pass	7	3	1	0			3	1			1		**16**	**3**	**2**
fail	1	1	0	1			0	0			0		**3**	**0**	**0**
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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Eden Area Regional Occupational Program (608) (856)	N/A	N/A	0%	25%	20%	100%	0%	100%	100%	N/A	N/A	100%	**41%**	**100%**	**50%**
pass			0	1	1	2	0	1	1			1	**7**	**2**	**1**
fail			2	3	4	0	1	0	0			0	**10**	**0**	**1**
Everest - Alhambra (406)	N/A	N/A	N/A	N/A	N/A	0%	100%	0%	N/A	100%	N/A	N/A	**60%**	**50%**	**100%**
pass						0	1	0		2			**3**	**1**	**2**
fail						1	0	1		0			**2**	**1**	**0**
Everest - Anaheim (403)/(600)	N/A	N/A	0%	N/A	N/A	0%	100%	N/A	0%	100%	100%	N/A	**63%**	**67%**	**100%**
pass			0			0	1		0	2	2		**5**	**2**	**3**
fail			1			1	0		1	0	0		**3**	**1**	**0**
Everest - City of Industry (875)	N/A	50%	0%	50%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	**43%**	**100%**	**0%**
pass		1	0	1				1					**3**	**1**	**0**
fail		1	2	1				0					**4**	**0**	**0**
Everest - Gardena (870)	N/A	N/A	N/A	0%	N/A	0%	100%	N/A	N/A	N/A	100%	N/A	**25%**	**100%**	**0%**
pass				0		0	1				1		**1**	**2**	**0**
fail				2		1	0				0		**3**	**0**	**0**
Everest - Los Angeles (410)	N/A	100%	N/A	N/A	0%	100%	N/A	N/A	0%	N/A	N/A	N/A	**67%**	**0%**	**0%**
pass		1				1			0				**2**	**0**	**0**
fail		0				0			1				**1**	**1**	**0**
Everest - Ontario (501)	100%	N/A	67%	25%	100%	0%	100%	N/A	50%	50%	N/A	N/A	**60%**	**80%**	**0%**
pass	2		2	1	3	0	1		2	1			**12**	**4**	**0**
fail	0		1	3	0	1	0		2	1			**8**	**1**	**2**
Everest - Reseda (404)	33%	60%	N/A	0%	N/A	N/A	0%	67%	0%	100%	0%	100%	**47%**	**60%**	**40%**
pass	1	3		0			0	2	0	2	0	1	**9**	**3**	**2**
fail	2	2		1			1	1	2	0	1	0	**10**	**2**	**3**
Everest - San Bernardino (881)	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	50%	0%	N/A	N/A	**20%**	**33%**	**0%**
pass				0					1	0			**1**	**1**	**0**
fail				1					1	2			**4**	**2**	**1**
Everest - San Francisco (407)	100%	0%	0%	67%	100%	50%	0%	50%	100%	0%	0%	N/A	**50%**	**75%**	**20%**
pass	2	0	0	2	1	2	0	2	2	0	0		**11**	**3**	**1**
fail	0	1	2	1	0	2	1	2	0	1	1		**11**	**1**	**4**
Everest - San Jose (408)	0%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**71%**	**0%**	**0%**
pass	0	1	1	3									**5**	**0**	**0**
fail	2	0	0	0									**2**	**0**	**0**
Everest - Torrance (409)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Everest - W Los Angeles (874)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Foothill College (517)	100%	100%	75%	80%	0%	100%	N/A	100%	N/A	N/A	N/A	N/A	**80%**	**100%**	**0%**
pass	1	2	3	4	0	1		1					**12**	**1**	**0**
fail	0	0	1	1	1	0		0					**3**	**0**	**0**
Galen - Bakersfield (496)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	**100%**	**100%**	**100%**
pass							1						**1**	**1**	**1**
fail							0						**0**	**0**	**0**
Galen - Fresno (413)	50%	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	0%	100%	100%	**60%**	**0%**	**50%**
pass	2	1				1				0	1	1	**6**	**0**	**1**
fail	2	0				0				2	0	0	**4**	**1**	**1**
Galen - Modesto (497)	N/A	N/A	N/A	N/A	50%	N/A	N/A	100%	N/A	N/A	N/A	N/A	**67%**	**100%**	**0%**
pass					1			1					**2**	**1**	**0**
fail					1			0					**1**	**0**	**0**
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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Grossmont Community College - El Cajon (519)	100%	71%	17%	80%	100%	50%	50%	60%	25%	N/A	50%	100%	**62%**	**67%**	**40%**
pass	1	5	1	4	7	1	2	3	1		2	2	**29**	**6**	**4**
fail	0	2	5	1	0	1	2	2	3		2	0	**18**	**3**	**6**
Hacienda La Puente (776)	N/A	N/A	N/A	0%	0%	0%	N/A	N/A	N/A	100%	0%	0%	**14%**	**100%**	**0%**
pass				0	0	0				1	0	0	**1**	**1**	**0**
fail				1	2	1				0	1	1	**6**	**0**	**2**
Heald - Concord (891)	N/A	N/A	0%	100%	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	**75%**	**100%**	**0%**
pass			0	1		1					1		**3**	**1**	**0**
fail			1	0		0					0		**1**	**0**	**0**
Heald - Hayward (889)	0%	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**75%**	**0%**	**0%**
pass	0	2			1								**3**	**0**	**0**
fail	1	0			0								**1**	**0**	**0**
Heald - Roseville (911)	N/A	N/A	N/A	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**50%**	**0%**	**0%**
pass				1									**1**	**0**	**0**
fail				1									**1**	**0**	**0**
Heald - Salida (910)	100%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**50%**	**0%**	**0%**
pass	1	0											**1**	**0**	**0**
fail	0	1											**1**	**0**	**0**
Heald - Stockton (887)	N/A	0%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**67%**	**0%**	**0%**
pass		0	1	1									**2**	**0**	**0**
fail		1	0	0									**1**	**0**	**0**
Intercoast College - El Cajon (883)	N/A	N/A	0%	N/A	100%	0%	N/A	N/A	N/A	N/A	0%	0%	**20%**	**0%**	**0%**
pass			0		1	0					0	0	**1**	**0**	**0**
fail			1		0	1					1	1	**4**	**1**	**1**
Intercoast College - Riverside (923)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Milan Institute - Merced (928)	0%	N/A	0%	100%	67%	67%	50%	50%	N/A	100%	0%	N/A	**57%**	**70%**	**0%**
	0		0	1	2	2	1	1		5	0		**12**	**7**	**0**
	2		2	0	1	1	1	1		0	1		**9**	**3**	**0**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Milan Institute - Palm Desert/Indio (906)	100%	50%	0%	0%	N/A	100%	100%	N/A	N/A	100%	0%	N/A	**55%**	**75%**	**0%**
pass	1	1	0	0		1	2			1	0		**6**	**3**	**0**
fail	0	1	2	1		0	0			0	1		**5**	**1**	**0**
Milan Institute - Visalia (907)	60%	0%	50%	0%	0%	100%	100%	33%	0%	N/A	0%	N/A	**35%**	**75%**	**0%**
pass	3	0	2	0	0	1	2	1	0		0		**9**	**3**	**0**
fail	2	4	2	2	1	0	0	2	2		2		**17**	**1**	**5**
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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Monterey Peninsula (527)	67%	80%	100%	0%	50%	100%	N/A	N/A	0%	N/A	0%	100%	**59%**	**0%**	**50%**
pass	2	4	1	0	1	1			0		0	1	**10**	**0**	**1**
fail	1	1	0	1	1	0			1		2	0	**7**	**2**	**1**
Moreno Valley College (903)	100%	75%	100%	N/A	0%	0%	N/A	100%	100%	N/A	N/A	N/A	**75%**	**0%**	**100%**
pass	2	6	1		0	0		1	2				**12**	**0**	**3**
fail	0	2	0		1	1		0	0				**4**	**0**	**0**
Mt. Diablo Adult Education - Concord (500)	100%	50%	100%	100%	100%	N/A	100%	0%	50%	75%	0%	100%	**67%**	**50%**	**50%**
pass	2	1	3	2	2		2	0	2	3	0	1	**18**	**6**	**2**
fail	0	1	0	0	0		0	1	2	1	4	0	**9**	**6**	**2**
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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
North Orange County Regional Occupational Program (495)	100%	50%	100%	N/A	100%	50%	100%	0%	N/A	33%	0%	N/A	**53%**	**33%**	**25%**
pass	2	1	1		1	1	1	0		1	0		**8**	**1**	**1**
fail	0	1	0		0	1	0	2		2	1		**7**	**2**	**3**
North-West College - Pomona (420)	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	0%	67%	N/A	**63%**	**50%**	**67%**
pass					1			2		0	2		**5**	**2**	**2**
fail					0			0		2	1		**3**	**2**	**1**
North-West College - West Covina (419)	0%	0%	N/A	67%	0%	50%	100%	0%	N/A	50%	100%	0%	**44%**	**60%**	**33%**
pass	0	0		2	0	1	1	0		2	1	0	**7**	**3**	**1**
fail	1	1		1	1	1	0	1		2	0	1	**9**	**2**	**2**
Orange Coast (528)	100%	50%	0%	75%	100%	N/A	N/A	100%	0%	100%	N/A	N/A	**74%**	**50%**	**100%**
pass	5	2	0	3	2			1	0	1			**14**	**1**	**1**
fail	0	2	1	1	0			0	1	0			**5**	**1**	**0**
Palomar College (721)	100%	100%	100%	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	**100%**	**100%**	**0%**
pass	6	10	1					1			1		**19**	**2**	**0**
fail	0	0	0					0			0		**0**	**0**	**0**
Pasadena City College (529)	100%	100%	100%	67%	100%	100%	100%	50%	50%	N/A	N/A	N/A	**84%**	**60%**	**100%**
pass	1	1	3	2	3	1	3	1	1				**16**	**3**	**2**
fail	0	0	0	1	0	0	0	1	1				**3**	**2**	**0**
Pima Medical Institute (871)	0%	0%	33%	0%	75%	100%	50%	100%	100%	N/A	50%	0%	**43%**	**83%**	**0%**
pass	0	0	1	0	6	2	1	1	2		1	0	**13**	**5**	**0**
fail	4	5	2	3	2	0	1	0	0		1	2	**17**	**1**	**3**
Reedley College (530)	75%	40%	50%	67%	100%	0%	100%	0%	N/A	100%	0%	N/A	**58%**	**100%**	**0%**
pass	6	2	2	2	1	0	1	0		1	0		**15**	**2**	**0**
fail	2	3	2	1	0	1	0	1		0	1		**11**	**0**	**2**
Riverside County Office of Education (921)	0%	50%	100%	100%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	**67%**	**100%**	**0%**
pass	0	1	1	1					1				**4**	**1**	**0**
fail	1	1	0	0					0				**2**	**0**	**0**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Riverside County Regional Occupational Program (498)	N/A	67%	80%	0%	67%	N/A	100%	N/A	N/A	50%	N/A	N/A	**65%**	**60%**	**0%**
pass		4	4	0	2		1			2			**13**	**3**	**0**
fail		2	1	1	1		0			2			**7**	**2**	**0**
Sacramento City College (532)	100%	94%	100%	100%	100%	0%	100%	N/A	100%	N/A	N/A	N/A	**93%**	**100%**	**0%**
pass	4	15	4	1	1	0	1		1				**27**	**2**	**0**
fail	0	1	0	0	0	1	0		0				**2**	**0**	**0**
San Bernardino County Regional Occupational Program - Hesperia (454)	33%	71%	60%	33%	100%	100%	100%	N/A	100%	67%	0%	0%	**56%**	**67%**	**20%**
pass	2	5	3	1	3	1	1		2	4	0	0	**22**	**6**	**1**
fail	4	2	2	2	0	0	0		0	2	2	3	**17**	**3**	**4**
San Bernardino County Regional Occupational Program - Twentynine Palms (913)	100%	N/A	N/A	N/A	N/A	N/A	50%	N/A	N/A	N/A	N/A	N/A	**67%**	**0%**	**50%**
pass	1						1						**2**	**0**	**1**
fail	0						1						**1**	**0**	**1**
San Diego Mesa College (533)	100%	100%	N/A	N/A	100%	100%	100%	100%	N/A	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass	2	3			1	1	2	1					**10**	**3**	**0**
fail	0	0			0	0	0	0					**0**	**0**	**0**
San Joaquin Valley College - Bakersfield (601)	100%	0%	100%	N/A	100%	N/A	N/A	N/A	100%	0%	100%	0%	**60%**	**50%**	**50%**
pass	1	0	1		2				1	0	1	0	**6**	**1**	**1**
fail	0	2	0		0				0	1	0	1	**4**	**1**	**1**
San Joaquin Valley College - Fresno (602)	50%	67%	0%	33%	67%	100%	100%	50%	50%	50%	0%	0%	**57%**	**71%**	**20%**
pass	3	2	0	2	2	6	3	1	1	1	0	0	**21**	**5**	**1**
fail	3	1	1	4	1	0	0	1	1	1	1	2	**16**	**2**	**4**
San Joaquin Valley College - Hesperia (998)	N/A	N/A	N/A	N/A	N/A	N/A	67%	50%	N/A	N/A	100%	N/A	**71%**	**83%**	**0%**
pass							2	1			2		**5**	**5**	**0**
fail							1	1			0		**2**	**1**	**1**
San Joaquin Valley College - Rancho Cordova (880)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
San Joaquin Valley College - Temecula (919)	60%	80%	75%	88%	75%	67%	0%	50%	83%	67%	100%	N/A	**77%**	**88%**	**33%**
pass	3	8	3	7	6	2		1	5	2	3		**40**	**7**	**1**
fail	2	2	1	1	2	1		1	1	1	0		**12**	**1**	**2**
San Joaquin Valley College - Visalia (446)	100%	100%	67%	100%	50%	67%	57%	67%	88%	100%	67%	0%	**74%**	**83%**	**20%**
pass	3	2	2	2	1	2	4	2	7	1	2	0	**28**	**15**	**1**
fail	0	0	1	0	1	1	3	1	1	0	1	1	**10**	**3**	**4**
San Jose City College (535)	100%	N/A	100%	50%	50%	N/A	75%	100%	100%	0%	50%	0%	**65%**	**75%**	**0%**
pass	1		2	1	1		3	1	1	0	1	0	**11**	**6**	**0**
fail	0		0	1	1		1	0	0	1	1	1	**6**	**2**	**2**
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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Santa Rosa Junior College (538)	N/A	N/A	N/A	100%	86%	N/A	N/A	100%	N/A	40%	100%	N/A	**81%**	**100%**	**25%**
pass				5	6			2		2	2		**17**	**5**	**1**
fail				0	1			0		3	0		**4**	**0**	**3**
Shasta/Trinity Regional Occupational Program (455)	60%	100%	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	**67%**	**0%**	**0%**
pass	3	1	2						0				**6**	**0**	**0**
fail	2	0	0						1				**3**	**1**	**0**
Simi Valley Adult School (866)	100%	100%	50%	50%	0%	0%	50%	N/A	100%	N/A	N/A	N/A	**50%**	**50%**	**67%**
pass	2	1	1	1	0	0	2		1				**8**	**1**	**2**
fail	0	0	1	1	2	2	2		0				**8**	**1**	**1**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Southern California Regional Occupational Center - Torrance (612)	100%	75%	50%	0%	33%	N/A	50%	100%	100%	100%	0%	100%	**63%**	**100%**	**60%**
pass	2	3	3	0	1		1	2	1	1	0	1	**15**	**4**	**3**
fail	0	1	3	1	2		1	0	0	0	1	0	**9**	**0**	**2**
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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
The FADE Institute, Inc. (999)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
The Valley School of Dental Assisting (920)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	100%	N/A	N/A	**50%**	**0%**	**100%**
pass								0	0	1			**1**	**0**	**1**
fail								1	0	0			**1**	**1**	**0**
Tri Cities Regional Occupational Program (877)	N/A	N/A	N/A	100%	N/A	N/A	0%	N/A	0%	0%	100%	N/A	**40%**	**50%**	**0%**
pass				1			0		0	0	1		**2**	**1**	**0**
fail				0			1		1	1	0		**3**	**1**	**2**
United Education Institute - Anaheim (916)	0%	67%	N/A	100%	50%	100%	100%	100%	50%	100%	N/A	N/A	**69%**	**75%**	**100%**
pass	0	2		1	1	2	2	1	1	1			**11**	**3**	**2**
fail	2	1		0	1	0	0	0	1	0			**5**	**1**	**0**
United Education Institute - Bakersfield (926)	0%	50%	100%	33%	100%	50%	33%	40%	50%	N/A	25%	25%	**50%**	**54%**	**40%**
pass	0	3	3	1	1	1	1	2	1		1	1	**13**	**7**	**4**
fail	1	3	0	2	0	1	2	3	1		3	3	**13**	**6**	**6**
United Education Institute - Chula Vista (879)	17%	0%	67%	0%	75%	100%	0%	40%	67%	N/A	33%	50%	**41%**	**29%**	**50%**
pass	1	0	2	0	3	2	0	2	2		1	1	**14**	**2**	**3**
fail	5	1	1	2	1	0	3	3	1		2	1	**20**	**5**	**3**
United Education Institute - El Monte (909)	0%	100%	33%	25%	0%	50%	50%	100%	50%	60%	50%	50%	**51%**	**75%**	**38%**
pass	0	1	1	1	0	1	1	1	2	3	1	1	**19**	**6**	**3**
fail	2	0	2	3	3	1	1	0	2	2	1	1	**18**	**2**	**5**
United Education Institute - Encino (453)	40%	33%	33%	50%	50%	50%	0%	100%	50%	60%	0%	N/A	**41%**	**50%**	**14%**
pass	2	1	2	1	2	1	0	1	2	3	0		**15**	**3**	**1**
fail	3	2	4	1	2	1	2	0	2	2	3		**22**	**3**	**6**
United Education Institute - Fresno (927)	50%	0%	14%	25%	33%	50%	N/A	50%	0%	40%	25%	50%	**33%**	**67%**	**27%**
pass	1	0	1	1	1	4		2	0	2	1	1	**14**	**2**	**3**
fail	1	2	6	3	2	4		2	2	3	3	1	**29**	**1**	**7**
United Education Institute - Gardena (915)	N/A	N/A	100%	0%	50%	N/A	0%	N/A	100%	0%	0%	0%	**40%**	**50%**	**0%**
pass			2	0	1		0		1	0	0	0	**4**	**1**	**0**
fail			0	1	1		1		0	1	1	1	**6**	**1**	**3**
United Education Institute - Huntington Park (448)	0%	83%	33%	20%	36%	25%	20%	57%	67%	100%	33%	0%	**38%**	**64%**	**19%**
pass	0	5	1	1	4	1	1	4	2	2	3	0	**24**	**9**	**3**
fail	4	1	2	4	7	3	4	3	1	0	6	4	**39**	**5**	**13**
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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
United Education Institute - Ontario (450)	0%	0%	100%	100%	0%	0%	100%	0%	100%	0%	100%	50%	**40%**	**67%**	**57%**
pass	0	0	1	1	0	0	1	0	1	0	3	1	**8**	**2**	**4**
fail	3	2	0	0	2	1	0	2	0	1	0	1	**12**	**1**	**3**
United Education Institute - Riverside (917)	50%	50%	60%	25%	25%	33%	40%	20%	100%	0%	50%	0%	**37%**	**0%**	**45%**
pass	2	3	3	1	2	1	2	1	1	0	1	0	**17**	**0**	**5**
fail	2	3	2	3	6	2	3	4	0	2	1	1	**29**	**5**	**6**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

United Education Institute - San Diego (451)	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	0%	100%	**75%**	**50%**	**100%**
pass					1			1			0	1	**3**	**1**	**1**
fail					0			0			1	0	**1**	**1**	**0**
United Education Institute - San Marcos (918)	33%	100%	67%	25%	100%	0%	0%	67%	50%	50%	25%	100%	**50%**	**56%**	**55%**
pass	1	1	2	1	1	0	0	4	1	2	1	3	**17**	**5**	**6**
fail	2	0	1	3	0	2	1	2	1	2	3	0	**17**	**4**	**5**
United Education Institute - Stockton (925)	50%	0%	100%	100%	100%	100%	0%	0%	50%	40%	25%	67%	**50%**	**25%**	**50%**
pass	1	0	1	1	2	1	0	0	2	2	1	2	**13**	**2**	**5**
fail	1	1	0	0	0	0	1	1	2	3	3	1	**13**	**6**	**5**
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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Unitek - Concord (994)	N/A	0%	0%	50%	N/A	50%	33%	33%	N/A	100%	50%	0%	**35%**	**60%**	**20%**
pass		0	0	1		1	1	1		1	1	0	**6**	**3**	**1**
fail		2	1	1		1	2	2		0	1	1	**11**	**2**	**4**
Unitek - Sacramento (924)	0%	100%	100%	0%	N/A	N/A	N/A	N/A	0%	1%	N/A	0%	**57%**	**50%**	**0%**
pass	0	1	2	0					0	1		0	**4**	**1**	**0**
fail	1	0	0	0					1	0		1	**3**	**1**	**1**
Unitek - San Jose (995)	0%	0%	N/A	N/A	0%	0%	50%	0%	N/A	N/A	0%	N/A	**13%**	**0%**	**33%**
pass		0			0	0	1	0			0		**1**	**0**	**1**
fail		1			1	1	1	1			2		**7**	**2**	**2**
West Los Angeles College (1001)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
				1									**1**	**0**	**0**
				0									**0**	**0**	**0**
National (ADA) Out of State	100%	N/A	0%	33%	100%	100%	N/A	100%	50%	N/A	100%	N/A	**58%**	**75%**	**0%**
pass	1		0	1	1	1		1	1		1		**7**	**3**	**0**
fail	0		2	2	0	0		0	1		0		**5**	**1**	**0**
Work Experience	48%	45%	48%	50%	61%	55%	60%	49%	55%	46%	47%	50%	**51%**	**62%**	**36%**
pass	41	57	58	63	62	51	55	49	66	39	47	51	**639**	**216**	**91**
fail	44	71	64	62	40	42	37	52	54	46	54	52	**618**	**135**	**159**
Mixed Education and Work Experience	43%	52%	56%	50%	55%	67%	70%	50%	63%	47%	60%	57%	**56%**	**69%**	**39%**
pass	6	11	9	12	12	10	14	6	10	9	9	13	**121**	**46**	**15**
fail	8	10	7	12	10	5	6	6	6	10	6	10	**96**	**21**	**23**
PERCENT PASS	**53%**	**57%**	**53%**	**52%**	**61%**	**61%**	**63%**	**55%**	**58%**	**51%**	**48%**	**51%**	**55%**	**63%**	**39%**
TOTAL PASS	**191**	**259**	**208**	**208**	**212**	**182**	**182**	**154**	**177**	**141**	**146**	**172**	**2,232**	**789**	**309**
TOTAL FAIL	**171**	**199**	**184**	**195**	**133**	**118**	**107**	**127**	**129**	**135**	**159**	**162**	**1,819**	**458**	**492**

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2019

RDAEF PRACTICAL AND CLINICAL EXAMINATION SCHOOL STATISTICS

Program	Aug-18	Oct-18	Nov-18	Feb-19	Mar-19	Jun-19	Total	YTD First Time Testers	YTD Repeat Testers
Central California Dental Academy (011)									
Amalgam and Composite	N/A	50%	N/A	50%	N/A	50%	**50%**	**50%**	**50%**
pass		1		1		3	**5**	**3**	**1**
fail		1		1		3	**5**	**3**	**1**
Cord Retraction & Final Impression	N/A	0%	N/A	67%	N/A	67%	**55%**	**67%**	**67%**
pass		0		2		4	**6**	**4**	**2**
fail		2		1		2	**5**	**2**	**1**
Dental Career Institute (008)									
Amalgam and Composite	0%	50%	N/A	100%	N/A	50%	**64%**	**100%**	**50%**
pass	0	2		4		1	**7**	**4**	**1**
fail	1	2		0		1	**4**	**0**	**1**
Cord Retraction & Final Impression	0%	0%	N/A	60%	N/A	60%	**40%**	**75%**	**50%**
pass	0	0		3		3	**6**	**3**	**3**
fail	1	4		2		2	**9**	**1**	**3**
Expanded Functions Dental Assistants Association (004)									
Amalgam and Composite	100%	60%	N/A	60%	N/A	75%	**68%**	**71%**	**67%**
pass	2	6		3		6	**17**	**5**	**4**
fail	0	4		2		2	**8**	**2**	**2**
Cord Retraction & Final Impression	67%	42%	N/A	67%	N/A	50%	**52%**	**43%**	**71%**
pass	2	5		4		4	**15**	**3**	**5**
fail	1	7		2		4	**14**	**4**	**2**
FADE (010)									
Amalgam and Composite	90%	N/A	63%	N/A	100%	N/A	**81%**	**0%**	**100%**
pass	9		5		3		**17**	**0**	**3**
fail	1		3		0		**4**	**0**	**0**
Cord Retraction & Final Impression	100%	N/A	100%	N/A	100%	N/A	**100%**	**0%**	**100%**
pass	9		6		1		**16**	**0**	**1**
fail	0		0		0		**0**	**0**	**0**
Howard Healthcare Academy (009)									
Amalgam and Composite	N/A	50%	N/A	100%	N/A	100%	**78%**	**100%**	**100%**
pass		2		2		3	**7**	**2**	**3**
fail		2		0		0	**2**	**0**	**0**
Cord Retraction & Final Impression	N/A	50%	N/A	50%	N/A	67%	**56%**	**100%**	**33%**
pass		2		1		2	**5**	**2**	**1**
fail		2		1		1	**4**	**0**	**2**

J Productios (005)									
Amalgam and Composite	100%	N/A	0%	100%	N/A	86%	**84%**	**86%**	**100%**
pass	1		0	1		19	**21**	**19**	**1**
fail	0		1	0		3	**4**	**3**	**0**
Cord Retraction & Final Impression	33%	N/A	100%	N/A	N/A	85%	**80%**	**85%**	**0%**
pass	1		2			17	**20**	**17**	**0**
fail	2		0			3	**5**	**3**	**0**
Loma Linda University (007)									
Amalgam and Composite	0%	0%	N/A	N/A	0%	67%	**55%**	**71%**	**0%**
pass	0	0			0	10	**10**	**10**	**0**
fail	1	1			1	5	**8**	**4**	**2**
Cord Retraction & Final Impression	20%	80%	N/A	N/A	N/A	57%	**54%**	**47%**	**100%**
pass	1	4				8	**13**	**7**	**1**
fail	4	1				6	**11**	**6**	**0**
University of California, Los Angeles (002)									
Amalgam and Composite	75%	50%	N/A	100%	N/A	100%	**69%**	**0%**	**100%**
pass	6	3		1		1	**11**	**0**	**2**
fail	2	3		0		0	**5**	**0**	**0**
Cord Retraction & Final Impression	60%	N/A	N/A	50%	N/A	0%	**44%**	**0%**	**33%**
pass	3	0		1		0	**4**	**0**	**1**
fail	2	4		1		2	**9**	**0**	**3**
University of the Pacfic (006)									
Amalgam and Composite	100%	N/A	0%	N/A	N/A	100%	**83%**	**0%**	**0%**
pass	4		0			1	**5**	**1**	**0**
fail	0		1			0	**1**	**0**	**0**
Cord Retraction & Final Impression	50%	N/A	N/A	N/A	100%	100%	**64%**	**0%**	**0%**
pass	4				2	1	**7**	**1**	**2**
fail	4				0	0	**4**	**0**	**0**
AMALGAM AND COMPOSITE	**81%**	**52%**	**50%**	**80%**	**75%**	**76%**	**71%**	**77%**	**71%**
TOTAL PASS	**22**	**14**	**5**	**12**	**3**	**44**	**100**	**40**	**15**
TOTAL FAIL	**5**	**13**	**5**	**3**	**1**	**14**	**41**	**12**	**6**
CORD RETRACTION & FINAL IMPRESSION	**59%**	**35%**	**100%**	**61%**	**100%**	**66%**	**60%**	**70%**	**73%**
TOTAL PASS	**20**	**11**	**8**	**11**	**3**	**39**	**92**	**37**	**16**
TOTAL FAIL	**14**	**20**	**0**	**7**	**0**	**20**	**61**	**16**	**6**

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2019

RDAEF WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Total	YTD First Time Testers	YTD Repeat Testers
Central California Dental Academy (011)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	100%	**100%**	**100%**	**0%**
pass					1				1			2	**4**	**3**	**0**
fail					0				0			0	**0**	**0**	**0**
Dental Care Institute (007)	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass			0										**0**	**0**	**0**
fail			2										**2**	**0**	**0**
Dental Career Institute (008)	N/A	N/A	N/A	33%	50%	N/A	N/A	N/A	67%	100%	N/A	N/A	**60%**	**75%**	**100%**
pass				1	1				2	2			**6**	**3**	**1**
fail				2	1				1	0			**4**	**1**	**0**
Expanded Functions Dental Assistants Association (004)	N/A	0%	60%	60%	100%	N/A	N/A	N/A	50%	50%	67%	75%	**60%**	**43%**	**63%**
pass		0	3	3	1				2	1	2	3	**15**	**3**	**5**
fail		1	2	2	0				2	1	1	1	**10**	**4**	**3**
Howard Healthcare Academy (009)	50%	N/A	N/A	N/A	N/A	0%	0%	0%	100%	100%	N/A	50%	**44%**	**67%**	**33%**
pass	1					0	0	0	1	1		1	**4**	**2**	**1**
fail	1					1	1	1	0	0		1	**5**	**1**	**2**
J Productions (005)	0%	67%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	65%	38%	**55%**	**55%**	**60%**
pass	0	2									11	3	**16**	**11**	**3**
fail	1	1									6	5	**13**	**9**	**2**
Loma Linda University (007)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	**100%**	**100%**	**0%**
pass	1											7	**8**	**7**	**0**
fail	0											0	**0**	**0**	**0**
The FADE Institute, Inc. (010)	100%	N/A	100%	N/A	67%	100%	100%	N/A	N/A	N/A	N/A	N/A	**86%**	**0%**	**100%**
pass	2		3		4	2	1						**12**	**0**	**1**
fail	0		0		2	0	0						**2**	**0**	**0**
University of California, Los Angeles (001)	50%	75%	0%	100%	0%	N/A	0%	0%	0%	60%	0%	N/A	**38%**	**0%**	**27%**
pass	1	3	0	1	0		0	0	0	3	0		**8**	**0**	**3**
fail	1	1	1	0	1		1	1	4	2	1		**13**	**1**	**8**
University of California, San Francisco (002)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
University of the Pacfic (006)	50%	50%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	70%	100%	**81%**	**88%**	**75%**
pass	1	1							1		7	11	**21**	**15**	**3**
fail	1	1							0		3	0	**5**	**2**	**1**
PERCENT PASS	**60%**	**60%**	**55%**	**56%**	**64%**	**67%**	**33%**	**0%**	**47%**	**64%**	**59%**	**79%**	**59%**	**72%**	**51%**
TOTAL PASS	**6**	**6**	**6**	**5**	**7**	**2**	**1**	**0**	**7**	**7**	**20**	**27**	**32**	**89**	**34**
TOTAL FAIL	**4**	**4**	**5**	**4**	**4**	**1**	**2**	**2**	**8**	**3**	**11**	**7**	**22**	**34**	**33**

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2019

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD Total	YTD First Time Testers	YTD Repeat Testers
American Canyon Orthodontics (092)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
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**	**100%**	**0%**
pass													**0**	**1**	**0**
fail													**0**	**0**	**0**
Bakersfield Orthodontic Dental Group (126)	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass				0									**0**	**0**	**0**
fail				1									**1**	**0**	**1**
Baird Orthodontics (108)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	100%	N/A	**67%**	**0%**	**67%**
pass										1	1		**2**	**0**	**2**
fail										1	0		**1**	**0**	**1**
Bakersfield Orthodontics (047)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
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**	**0%**	**0%**
pass													**0**	**0**	**0**
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	100%	**N/A**	**100%**	**0%**
pass												1	**1**	**1**	**0**
fail												0	**0**	**0**	**0**
Bernstein Orthodontics (047)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	**0%**	**0%**	**0%**
pass											0	0	**0**	**0**	**0**
fail											1	1	**2**	**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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Brent Sexton, DDS (136)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	**100%**	**100%**	**0%**
pass											1		**1**	**1**	**0**
fail											0		**0**	**0**	**0**
Brian H Bergh, DDS (111)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
California Institute of Dental Education (127)	100%	N/A	N/A	N/A	N/A	0%	100%	N/A	N/A	N/A	N/A	N/A	**67%**	**50%**	**100%**
pass	1					0	1						**2**	**1**	**1**
fail	0					1	0						**1**	**1**	**0**
Cameron Mashouf, DDS (066)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Classic Orthodontics (140)	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	N/A	0%	N/A	**0%**	**0%**	**0%**
pass							0	0	0		0		**0**	**0**	**0**
fail							1	1	1		1		**4**	**1**	**3**
Dental Advantage (123)	29%	0%	100%	N/A	0%	N/A	20%	0%	100%	N/A	0%	N/A	**36%**	**44%**	**31%**
pass	2	0	1		0		1	0	4		0		**8**	**4**	**4**
fail	5	1	0		1		4	1	0		2		**14**	**5**	**9**
Dental Career Institute (006)	N/A	33%	0%	0%	0%	N/A	25%	0%	75%	N/A	0%	N/A	**26%**	**33%**	**23%**
pass		1	0	0	0		1	0	3		0		**5**	**2**	**3**
fail		2	2	1	1		3	3	1		1		**14**	**4**	**10**
Dental Pros (007)	0%	0%	33%	67%	50%	N/A	0%	50%	N/A	50%	33%	50%	**36%**	**43%**	**33%**
pass	0	0	1	2	1		0	1		1	1	1	**8**	**3**	**5**
fail	1	2	2	1	1		2	1		1	2	1	**14**	**4**	**10**

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD Total	YTD First Time Testers	YTD Repeat Testers
Dental Specialties Institute Inc. (015)	100%	0%	N/A	0%	N/A	50%	60%	N/A	50%	50%	N/A	N/A	**48%**	**45%**	**50%**
pass	2	0		0		1	3	0	2	2			**10**	**5**	**5**
fail	0	1		2		1	2	1	2	2			**11**	**6**	**5**
Diablo Orthodontic Specialities (096)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Downey Adult School (004)	0%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	**50%**	**33%**	**67%**
pass	0	1	1		1						0		**3**	**1**	**2**
fail	2	0	0		0						1		**3**	**2**	**1**
Dr. Amy E. Buchler (082)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass						1							**1**	**1**	**0**
fail						0							**0**	**0**	**0**
Dr. Brian C Crawford (086)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Dr. Christopher C. Cruz (081)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass		1											**1**	**1**	**0**
pass		0											**0**	**0**	**0**
Dr. Douglas Nguyen (012)	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass			0										**0**	**0**	**0**
fail			1										**1**	**0**	**1**
Dr. Efstatios Righellis (029)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Dr. Jason M. Cohen (085)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Dr. Jeffrey Kwong (083)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Dr. Joel Brodskey (013)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	**100%**	**100%**	**0%**
pass												1	**1**	**1**	**0**
fail												0	**0**	**0**	**0**
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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Dr. Kathleen Nuckles, Specialist in Orthodontics (019)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass		1											**1**	**1**	**0**
fail		0											**0**	**0**	**0**
Dr. Kurt Stromberg (014)	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	100%	N/A	N/A	N/A	**50%**	**0%**	**100%**
pass							0		1				**1**	**0**	**1**
fail							1		0				**1**	**1**	**0**
Dr. Lili Mirtorabi Orthodontics (021)	100%	N/A	N/A	N/A	100%	100%	0%	N/A	100%	N/A	100%	100%	**89%**	**86%**	**100%**
pass	1				1	1	0		2		2	1	**8**	**6**	**2**
fail	0				0	0	1		0		0	0	**1**	**1**	**0**
Dr. Michael Payne/CAO (005)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	**100%**	**0%**	**100%**
pass											1	1	**2**	**0**	**2**
fail											0	0	**0**	**0**	**0**

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD Total	YTD First Time Testers	YTD Repeat Testers
Dr. Paul J. Styrt (067)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Dr. Waleed Soliman Brite Dental Group (020)	100%	100%	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	100%	N/A	**75%**	**100%**	**0%**
pass	1	1					0				1		**3**	**3**	**0**
fail	0	0					1				0		**1**	**0**	**1**
Dr. Waleed Soliman Brite Dental Group At Western Dental Natomas (20B)	N/A	N/A	0%	N/A	0%	0%	N/A	50%	0%	100%	N/A	N/A	**N/A**	**100%**	**17%**
pass			0		0	0		1	0	1			**2**	**1**	**1**
fail			1		1	1		1	1	0			**5**	**0**	**5**
Elite Orthodontics (031)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Expanded Functions Dental Assistant Assoc (001)	N/A	75%	67%	40%	45%	29%	14%	38%	75%	29%	14%	50%	**43%**	**50%**	**36%**
pass	0	9	6	2	5	2	1	3	3	2	1	5	**39**	**24**	**15**
fail	3	3	3	3	6	5	6	5	1	5	6	5	**51**	**24**	**27**
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	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Hamid Barkhovdar, DDS (124)	83%	33%	0%	80%	50%	33%	40%	67%	0%	100%	75%	100%	**61%**	**75%**	**38%**
pass	5	1	0	4	2	1	2	4	0	2	3	3	**27**	**21**	**6**
fail	1	2	2	1	2	2	3	2	1	0	1	0	**17**	**7**	**10**
Hello Orthodontics (094)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	**100%**	**100%**	**0%**
pass										1			**1**	**1**	**0**
fail										0			**0**	**0**	**0**
Howard Healthcare Academy, LLC (084)	100%	N/A	50%	N/A	N/A	0%	100%	N/A	N/A	N/A	N/A	50%	**57%**	**60%**	**50%**
pass	1		1			0	1					1	**4**	**3**	**1**
fail	0		1			1	0					1	**3**	**2**	**1**
Image Orthodontics (114)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Irvine Children's Dentistry (97)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Jimmy Vu Ngo (139)	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	100%	N/A	**100%**	**100%**	**0%**
pass					1	1					1		**3**	**3**	**0**
fail					0	0					0		**0**	**0**	**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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Kairos Career College (117)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	**33%**	**50%**	**0%**
pass				1						0		0	**1**	**1**	**0**
fail				0						1		1	**2**	**1**	**1**
Kanwar Sachdeva, DDS (070)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass	1												**1**	**1**	**0**
fail	0												**0**	**0**	**0**
Karrisham B Jumani, Inc (112)	0%	0%	100%	N/A	N/A	N/A	50%	N/A	0%	N/A	0%	33%	**27%**	**40%**	**17%**
pass	0	0	1				1		0		0	1	**3**	**2**	**1**
fail	1	1	0				1		2		1	2	**8**	**3**	**5**

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD Total	YTD First Time Testers	YTD Repeat Testers
Keller Orthodontics (059)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass								1					**1**	**1**	**0**
fail								0					**0**	**0**	**0**
Loma Linda University, School of Dentistry (090)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	**0%**	**0%**	**0%**
pass										0			**0**	**0**	**0**
fail										1			**1**	**1**	**0**
Markhan Orthodontics (093)	N/A	N/A	100%	N/A	N/A	N/A	50%	100%	N/A	N/A	N/A	N/A	**75%**	**75%**	**0%**
pass			1				1	1					**3**	**3**	**0**
fail			0				1	0					**1**	**1**	**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	**0%**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Mark Holt Orthodontics (060)	100%	N/A	100%	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**67%**	**80%**	**0%**
pass	1		2	0	1								**4**	**4**	**0**
fail	0		0	2	0								**2**	**1**	**1**
Milde Family Orthodontics (120)	N/A	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**100%**	**100%**
pass		1		1									**2**	**1**	**1**
fail		0		0									**0**	**0**	**0**
Melanie Parker, DDS (049)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass							1						**1**	**1**	**0**
fail							0						**0**	**0**	**0**
OC Dental Specialists (128)	N/A	N/A	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	**100%**	**100%**	**0%**
pass			1		1							1	**3**	**3**	**0**
fail			0		0							0	**0**	**0**	**0**
Orthoworks Dental Group, Dr. David Shen (043)	N/A	N/A	0%	N/A	N/A	50%	N/A	0%	0%	N/A	50%	0%	**25%**	**50%**	**0%**
pass			0			1		0	0		1	0	**2**	**2**	**0**
fail			1			1		1	1		1	1	**6**	**2**	**4**
Parkside Dental (041)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	**0%**	**0%**	**0%**
pass											0		**0**	**0**	**0**
fail											1		**1**	**0**	**1**
Pasadena City College (011)	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	0%	0%	0%	100%	**44%**	**50%**	**33%**
pass						1	2		0	0	0	1	**4**	**3**	**1**
fail						0	0		1	2	2	0	**5**	**3**	**2**
Raymond J. Kieffer, DDS (069)	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	N/A	N/A	N/A	N/A	**50%**	**0%**	**100%**
pass							0	1					**1**	**0**	**1**
fail							1	0					**1**	**1**	**0**
Riverside County Office of Education (087)	N/A	N/A	N/A	100%	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%	**33%**	**0%**	**33%**
pass				1				0				0	**1**	**0**	**1**
fail				0				1				1	**2**	**0**	**2**
Robert Sheffield, DDS Inc. (018)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Sacramento City College (002)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass								0					**0**	**0**	**0**
fail								1					**1**	**0**	**1**
Southern California Orthodontic Assisting School (149)	N/A	N/A	N/A	N/A	0%	0%	0%	100%	0%	100%	N/A	0%	**15%**	**0%**	**33%**
pass					0	0	0	1	0	1		0	**2**	**0**	**2**
fail					1	3	1	0	3	0		3	**11**	**7**	**4**
Susan S. So, DDS (121)	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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**

OA WRITTEN EXAMINATION SCHOOL STATISTICS

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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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**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**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
The FADE Institute, Inc. (137)	75%	25%	71%	50%	60%	80%	100%	25%	33%	67%	83%	100%	**62%**	**71%**	**45%**
pass	3	1	5	1	3	4	3	2	1	4	5	2	**34**	**25**	**9**
fail	1	3	2	1	2	1	0	6	2	2	1	0	**21**	**10**	**11**
Thompson Tom, DDS (030)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
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	**0%**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Touni Orthodontics Dental Practice (134)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass				1									**1**	**1**	**0**
fail				0									**0**	**0**	**0**
Tri-Valley Orthodontics (101)	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	50%	**67%**	**80%**	**0%**
pass		2	1						0			1	**4**	**4**	**0**
fail		0	0						1			1	**2**	**1**	**1**
Tsai & Snowden Esthetic Partners Dental Group (106)	0%	0%	33%	100%	N/A	N/A	N/A	N/A	N/A	100%	0%	N/A	**40%**	**50%**	**33%**
pass	1	0	1	1						1	0		**4**	**2**	**2**
fail	1	2	2	0						0	1		**6**	**2**	**4**
Valley School of Dental Assisting (027)	67%	0%	0%	75%	0%	33%	0%	0%	0%	0%	0%	50%	**29%**	**57%**	**18%**
pass	2	0	0	3	0	1	0	0	0	0	0	1	**7**	**4**	**3**
fail	1	2	1	1	2	2	2	1	1	2	1	1	**17**	**3**	**14**
Weideman Pediatric Dentistry & Orthodontics (144)	100%	100%	100%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**83%**	**83%**	**0%**
pass	2	1	2	0									**5**	**5**	**0**
fail	0	0	0	1									**1**	**1**	**0**
Western Career College (025)	N/A	N/A	0%	0%	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass			0	0	0	0	0						**0**	**0**	**0**
fail			2	1	1	1	2						**7**	**0**	**7**
Western Dental Services - Bakersfield (053)	N/A	50%	0%	33%	N/A	25%	0%	0%	N/A	0%	N/A	0%	**21%**	**25%**	**20%**
pass		2	0	1		1	0	0		0		0	**4**	**1**	**3**
fail		2	2	2		3	1	2		1		2	**15**	**3**	**12**
Western Dental Services - Banning (078)	N/A	0%	N/A	0%	0%	N/A	N/A	100%	N/A	N/A	N/A	N/A	**25%**	**0%**	**25%**
pass		0		0	0			1					**1**	**0**	**1**
fail		1		1	1			0					**3**	**0**	**3**
Western Dental Services- Corona (102)	N/A	100%	100%	0%	N/A	0%	N/A	0%	N/A	67%	N/A	N/A	**56%**	**80%**	**25%**
pass		2	1	0		0		0		2			**5**	**4**	**1**
fail		0	0	1		1		1		1			**4**	**1**	**3**
Western Dental Services - Fontana (079)	N/A	N/A	100%	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**67%**	**0%**	**67%**
pass			1	0	1								**2**	**0**	**2**
fail			0	1	0								**1**	**0**	**1**
Western Dental Services - Fresno (131)	100%	0%	N/A	50%	N/A	0%	N/A	0%	N/A	0%	N/A	N/A	**29%**	**0%**	**33%**
pass	1	0		1		0		0		0			**2**	**0**	**2**
fail	0	1		1		1		1		1			**5**	**1**	**4**
Western Dental Services - Lodi (130)	N/A	N/A	N/A	N/A	0%	0%	N/A	0%	N/A	N/A	0%	N/A	**0%**	**0%**	**0%**
pass					0	0		0			0		**0**	**0**	**0**
fail					1	1		1			1		**4**	**0**	**4**

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD Total	YTD First Time Testers	YTD Repeat Testers
Western Dental Services - Los Angeles (052)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	**0%**	**0%**	**0%**
pass										0	0		**0**	**0**	**0**
fail										1	2		**3**	**2**	**1**
Western Dental Services - Manteca (062)	N/A	0%	100%	67%	N/A	N/A	N/A	0%	N/A	0%	50%	N/A	**40%**	**33%**	**50%**
pass		0	1	2				0		0	1		**4**	**2**	**2**
fail		1	0	1				1		2	1		**6**	**4**	**2**
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	**0%**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Western Dental Services - Oceanside (055)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass		1											**1**	**1**	**0**
fail		0											**0**	**0**	**0**
Western Dental Services - Orange (044)	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%	**0%**	**0%**	**0%**
pass			0						0			0	**0**	**0**	**0**
fail			1						1			1	**3**	**1**	**2**
Western Dental Services - Oxnard (103)	100%	0%	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%	**25%**	**100%**	**0%**
pass	1	0					0					0	**1**	**1**	**0**
fail	0	1					1					1	**3**	**0**	**3**
Western Dental Services - Redwood City (076)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**100%**
pass	1												**1**	**0**	**1**
fail	0												**0**	**0**	**0**
Western Dental Services - Riverside (057)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass									0				**0**	**0**	**0**
fail									1				**1**	**0**	**1**
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	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Western Dental Services - Sacramento (051)	N/A	N/A	N/A	0%	N/A	0%	0%	50%	N/A	N/A	0%	N/A	**14%**	**0%**	**17%**
pass				0		0	0	1			0		**1**	**0**	**1**
fail				2		1	1	1			1		**6**	**1**	**5**
Western Dental Services - Sacramento (104)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	0%	0%	**50%**	**33%**	**100%**
pass						1				1	0	0	**2**	**1**	**1**
fail						0				0	1	1	**2**	**2**	**0**
Western Dental Services - Salinas (088)	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	**67%**	**100%**	**50%**
pass	1									1			**2**	**1**	**1**
fail	1									0			**1**	**0**	**1**
Western Dental Services - San Leandro (050)	0%	N/A	N/A	N/A	0%	0%	0%	N/A	0%	0%	0%	0%	**0%**	**0%**	**0%**
pass	0				0	0	0		0	0	0	0	**0**	**0**	**0**
fail	1				1	1	1		1	1	1	1	**8**	**1**	**7**
Western Dental Services - Santa Ana (056)	0%	100%	50%	0%	0%	50%	0%	N/A	N/A	0%	N/A	0%	**27%**	**33%**	**25%**
pass	0	1	1	0	0	1	0			0		0	**3**	**1**	**2**
fail	1	0	1	1	1	1	1			1		1	**8**	**2**	**6**
Western Dental Services - Santa Clara (054)	0%	67%	50%	40%	67%	0%	0%	N/A	33%	50%	50%	0%	**39%**	**44%**	**37%**
pass	0	2	2	2	2	0	0		1	1	1	0	**11**	**4**	**7**
fail	2	1	2	3	1	1	2		2	1	1	1	**17**	**5**	**12**
Western Dental Services - Tracy (063)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Zhi Meng, DDS (044)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD Total	YTD First Time Testers	YTD Repeat Testers
PERCENT PASS	56%	52%	53%	45%	45%	37%	32%	35%	43%	45%	39%	45%	44%	58%	31%
TOTAL PASS	27	28	30	23	19	17	18	17	17	21	20	21	258	164	95
TOTAL FAIL	21	26	27	28	23	29	39	32	23	26	31	26	331	119	211

DSA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Total	YTD First Time Testers	YTD Repeat Testers
Dr. H. Mark Cox, DDS (008)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass								1					**1**	**1**	**0**
fail								0					**0**	**0**	**0**
Dr. Bruce Whitcher (009)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass			1										**1**	**1**	**0**
fail			0										**0**	**0**	**0**
John R. Pappas, DDS (012)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	**100%**	**100%**	**0%**
pass										1			**1**	**1**	**0**
fail										0			**0**	**0**	**0**
Michael P. Morrissette, DDS (016)	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	100%	N/A	**50%**	**0%**	**50%**
pass					0						1		**1**	**0**	**1**
fail					1						0		**1**	**0**	**1**
Robert E. Bell, DDS, Inc. (017)	N/A	100%	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	**50%**	**0%**	**50%**
pass		1					0						**1**	**0**	**1**
fail		0					1						**1**	**0**	**1**
Steven Miyamoto, DDS (019)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	**100%**	**100%**	**0%**
pass										1			**1**	**1**	**0**
fail										0			**0**	**0**	**0**
Robert Charles Mcintosh (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%**	**100%**	**0%**
pass				1									**1**	**1**	**0**
fail				0									**0**	**0**	**0**
PERCENT PASS	N/A	100%	100%	100%	0%	N/A	0%	100%	N/A	100%	100%	N/A	**78%**	**100%**	**50%**
TOTAL PASS		1	1	1	0		0	1		2	1		**7**	**5**	**2**
TOTAL FAIL		0	0	0	1		1	0		0	0		**2**	**0**	**2**

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MEMORANDUM

DATE	July 10, 2019
TO	Members of the Dental Assisting Council
FROM	Laura Fisher Educational Program Coordinator
SUBJECT	**DAC Agenda Item 5:** Update on Dental Assisting Licensing Statistics

The following table provides current license status statistics by license type as of **June 30, 2019.**

License Type	Registered Dental Assistant (RDA)	Registered Dental Assistant in Extended Functions (RDAEF)
Current & Active	30,116	1,542
Current & Inactive	4,401	72
Delinquent	11,471	212
Total Population (Current & Delinquent)	**45,988**	**1,826**
Total Cancelled Since Implementation	46,276	323

The following table provides current permit status statistics by permit type as of **June 30, 2019.**

Permit Type	Orthodontic Assistant (OA)	Dental Sedation Assistant (DSA)	Total Permits
Current & Active	1,137	30	1,167
Current & Inactive	19	2	21
Delinquent	109	16	125
Total Population (Current & Delinquent)	**1,265**	**48**	**1,313**
Total Cancelled Since Implementation	2	0	2

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 as of June 30, 2019

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	524	351	269	2,205	2,322	2,214	2,185	1,398
RDAEF	16	9	5	33	39	47	41	22
OA	8	9	4	37	23	15	10	3
DSA	1	1	0	5	2	3	2	2

Active Licensees by County as of June 30, 2019

County	RDA	Population	Population per RDA	DDS	RDA to DDS Ratio
Alameda	1,278	1,669,301	1,306	1,463	1:1
Alpine	0	1,162	N/A	1	0:1
Amador	61	38,294	627	22	3:1
Butte	271	226,466	836	142	2:1
Calaveras	56	45,117	806	16	4:1
Colusa	26	22,117	851	5	5:1
Contra Costa	1,303	1,155,879	887	1,099	1:1
Del Norte	28	27,401	979	11	3:1
El Dorado	226	191,848	849	162	1:1
Fresno	859	1,018,241	1,185	598	1:1
Glenn	49	29,132	595	8	6:1
Humboldt	172	135,333	787	69	2:1
Imperial	91	190,266	2,091	40	2:1
Inyo	12	18,593	1,549	12	1:1
Kern	612	916,464	1,497	336	2:1
Kings	135	153,710	1,139	65	2:1
Lake	78	65,071	834	46	2:1
Lassen	48	30,150	628	24	2:1
Los Angeles	4,682	10,253,716	2,190	8,400	1:2
Madera	138	159,536	1,156	53	3:1
Marin	192	262,879	1,369	315	1:2

Active Licensees by County - continued

County	RDA	Population	Population per RDA	DDS	Ratio of RDA to DDS
Mariposa	14	18,068	1,291	7	2:1
Mendocino	100	89,009	890	56	2:1
Merced	232	282,928	1,220	90	3:1
Modoc	5	9,602	1,920	4	1:1
Mono	6	13,616	2,269	3	2:1
Monterey	403	445,414	1,105	269	1:1
Napa	142	140,779	991	111	1:1
Nevada	95	98,904	1,041	87	1:1
Orange	1,834	3,222,498	1,757	3,903	1:2
Placer	520	396,691	763	465	1:1
Plumas	21	19,779	942	14	1:1
Riverside	2,024	2,440,124	1,206	1,067	2:1
Sacramento	1,718	1,546,174	900	1,124	2:1
San Benito	99	62,296	629	22	5:1
San Bernardino	1,548	2,192,203	1,416	1,353	1:1
San Diego	2,622	3,351,786	1,278	2,756	1:1
San Francisco	443	883,869	1,995	1,248	1:3
San Joaquin	772	770,385	998	378	2:1
San Luis Obispo	229	280,393	1,224	233	1:1
San Mateo	650	774,485	1,192	875	1:1
Santa Barbara	341	454,593	1,333	324	1:1
Santa Clara	1,673	1,954,286	1,168	2,283	1:1
Santa Cruz	232	274,871	1,185	180	1:1
Shasta	206	178,773	868	113	2:1
Sierra	4	3,213	803	1	4:1
Siskiyou	29	44,584	1,537	24	1:1
Solano	621	441,307	711	278	2:1
Sonoma	705	500,675	710	399	2:1
Stanislaus	594	558,972	941	280	2:1
Sutter	109	97,490	894	52	2:1
Tehama	76	64,387	847	28	3:1
Trinity	6	13,688	2,281	3	2:1
Tulare	440	479,112	1,089	215	2:1
Tuolumne	82	54,590	666	49	2:1
Ventura	545	856,598	1,571	665	1:1
Yolo	197	222,581	1,130	114	2:1
Yuba	83	77,916	939	11	8:1
TOTAL	29,737	39,927,315		31,971	

*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. Trinity County (1:2,281)
2. Mono County (1:2,269)
3. Los Angeles County (1:2,190)
4. Imperial County (1:2,091)
5. San Francisco County (1:1,995)

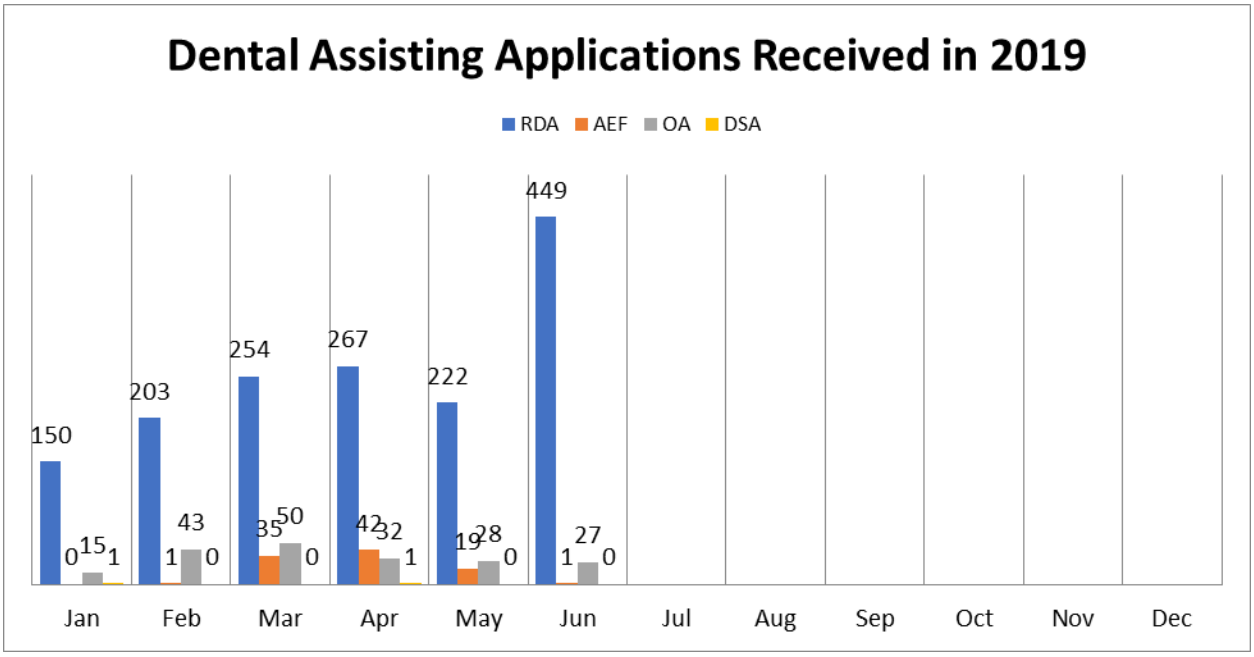
The counties with the lowest Population per RDA are:

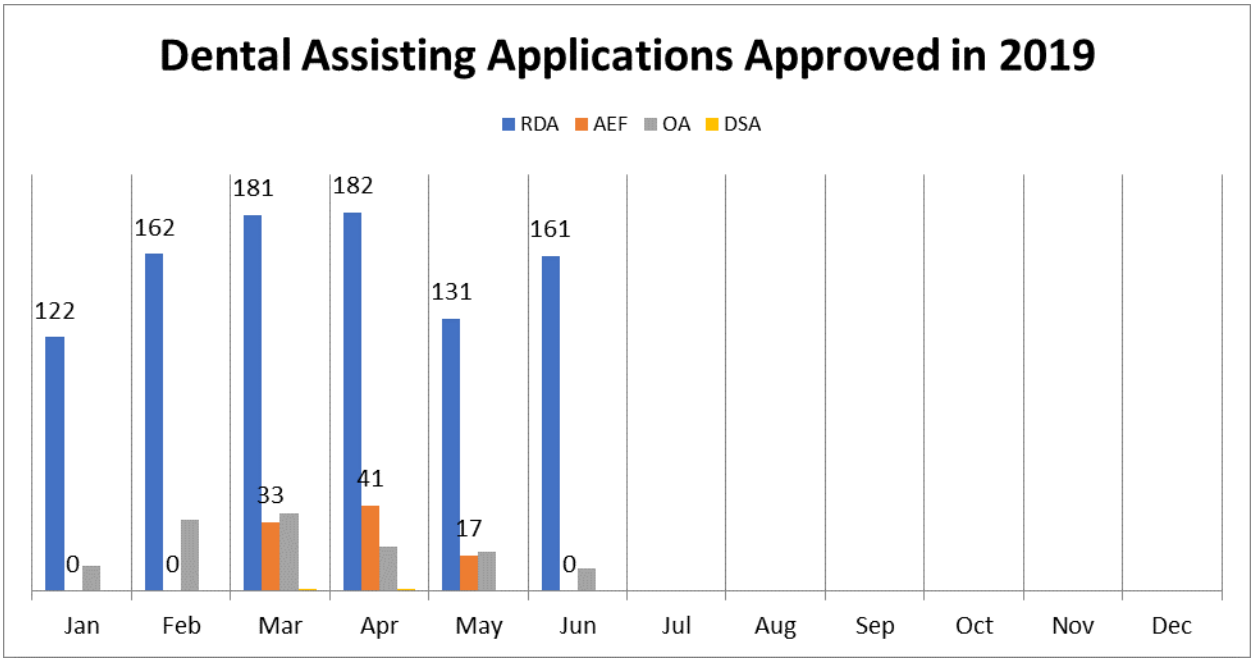
1. Alpine County (No RDAs)
2. Glenn County (1:595)
3. Amador County (1:627)
4. Lassen County (1:628)
5. San Benito County (1:629)

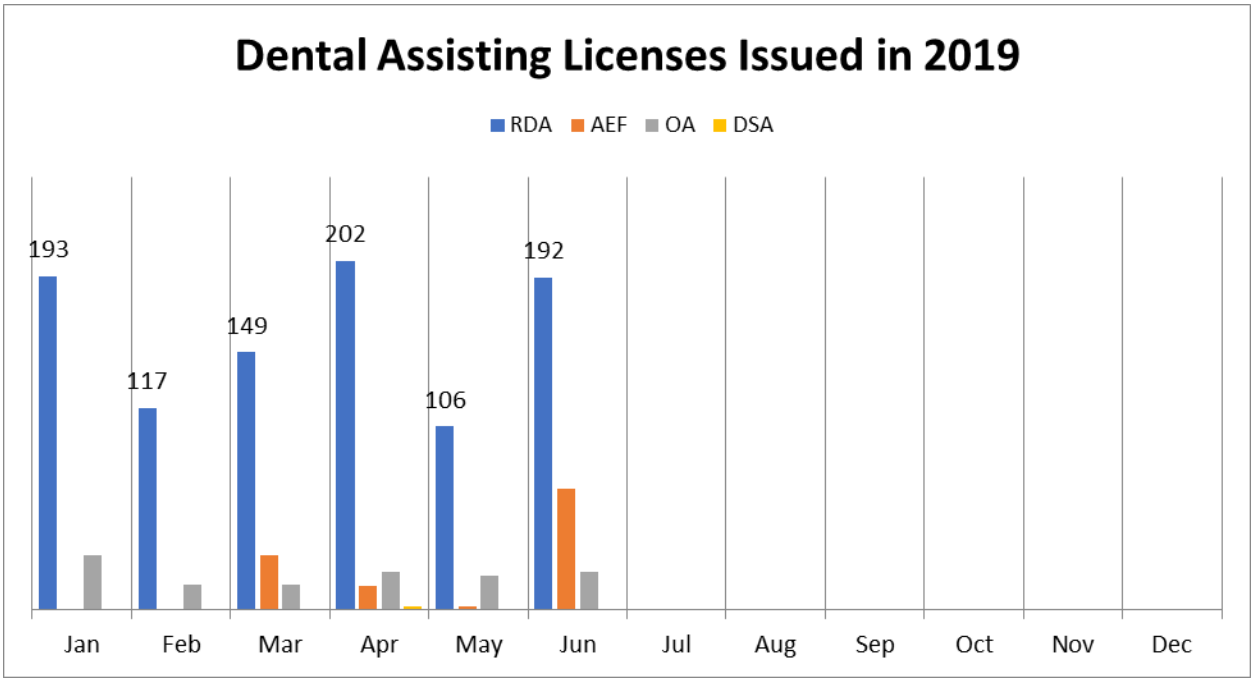
Following are monthly dental statistics by license type as of June 30, 2019.

Dental Assistant Applications Received by Month (2019)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
RDA	150	203	254	267	222	449							**1545**
RDAEF	0	1	35	42	19	1							**98**
OA	15	43	50	32	28	27							**195**
DSA	1	0	0	1	0	0							**2**
Total	**166**	**247**	**339**	**342**	**269**	**477**	**0**	**0**	**0**	**0**	**0**	**0**	**1840**
Dental Assistant Applications Approved by Month (2019)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
RDA	122	162	181	182	131	161							**939**
RDAEF	0	0	33	41	17	0							**91**
OA	12	34	37	21	19	11							**134**
DSA	0	0	1	1	0	0							**2**
Total	**134**	**196**	**252**	**245**	**167**	**172**	**0**	**0**	**0**	**0**	**0**	**0**	**1166**
Dental Assistant Licenses Issued by Month (2019)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
RDA	193	117	149	202	106	192							**959**
RDAEF	0	0	32	14	2	70							**118**
OA	32	15	15	22	20	22							**126**
DSA	1	1	0	2	1	0							**5**
Total	**226**	**133**	**196**	**240**	**129**	**284**	**0**	**0**	**0**	**0**	**0**	**0**	**1208**
Cancelled Dental Assistant Applications by Month (2019)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
RDA	0	2	1	0	0	0							**3**
RDAEF	0	0	0	0	0	0							**0**
OA	0	0	0	0	0	0							**0**
DSA	0	0	0	0	0	0							**0**
Total	**0**	**2**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3**

Withdrawn Dental Assistant Applications by Month (2019)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
RDA	0	0	0	0	0	0							**0**
RDAEF	0	0	0	0	0	0							**0**
OA	0	0	1	0	0	0							**1**
DSA	0	0	0	0	0	0							**0**
Total	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Denied Dental Assistant Applications by Month (2019)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
RDA	2	1	1	0	0	0							**4**
RDAEF	0	0	0	0	0	0							**0**
OA	0	0	0	0	0	0							**0**
DSA	0	0	0	0	0	0							**0**
Total	**2**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**




Dental Assisting Applications Approved in 2019
RDA
AEF
OA
DSA
122
0
162
0
181
33
182
41
131
17
161
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec


Dental Assisting Licenses Issued in 2019
RDA
AEF
OA
DSA
193
117
149
202
106
192
Jan
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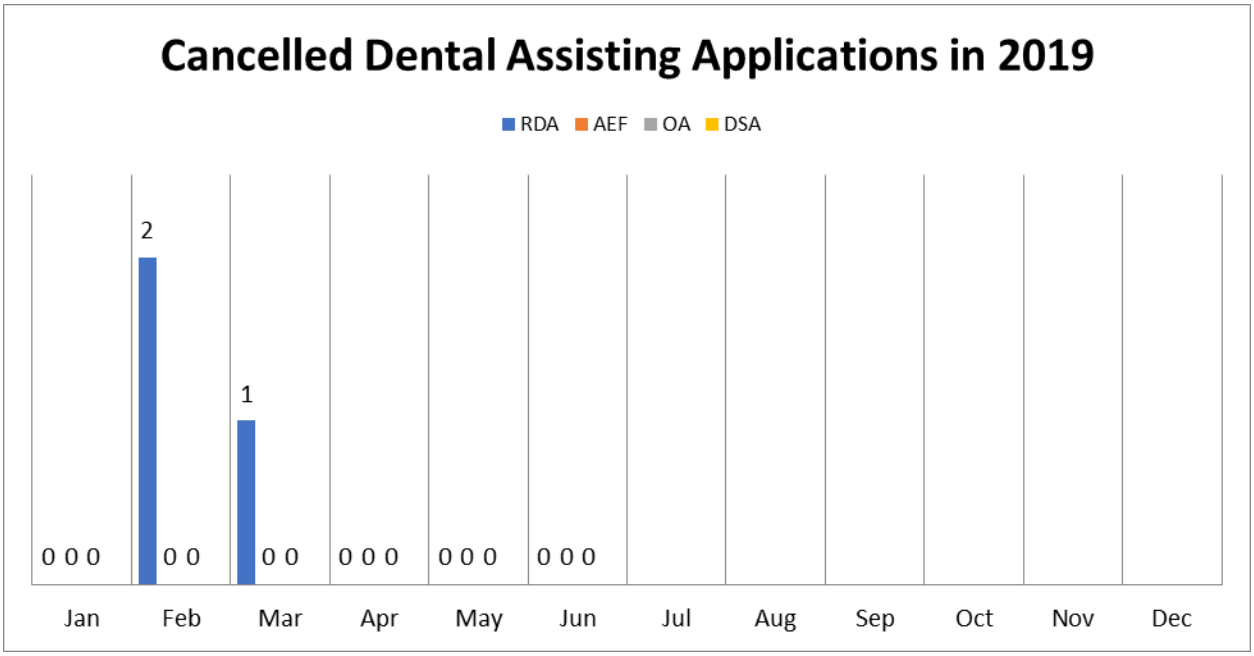
Nov
Dec


Cancelled Dental Assisting Applications in 2019
RDA
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OA
DSA
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0 0 0
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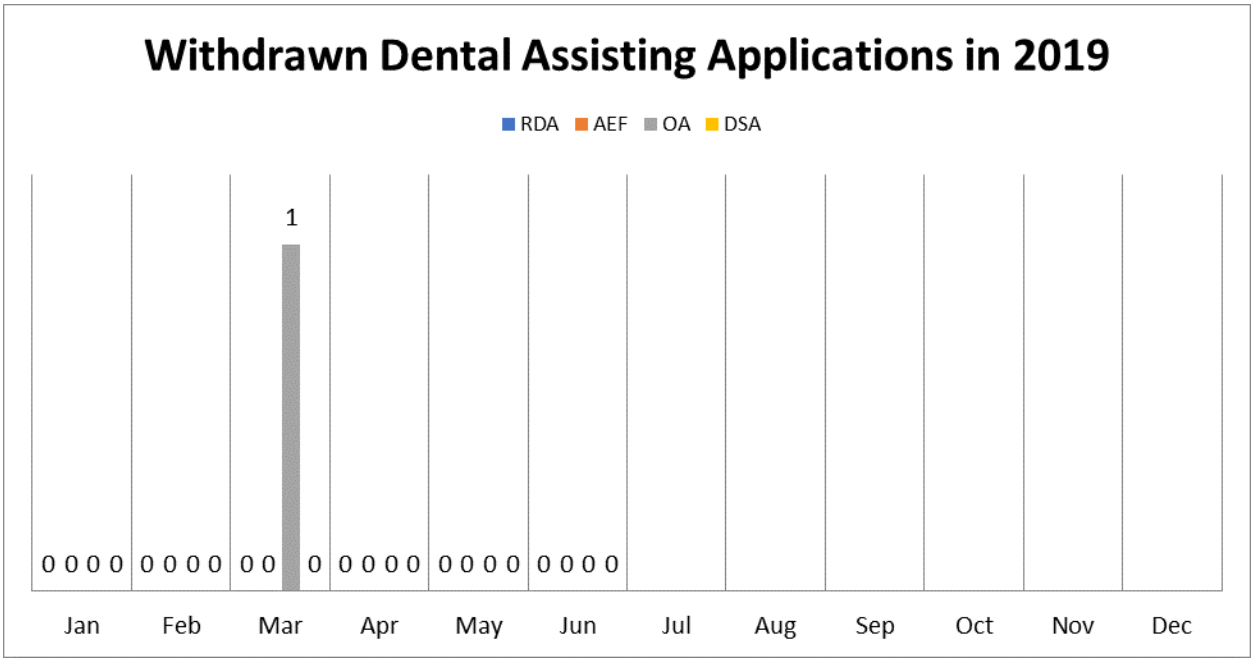
Withdrawn Dental Assisting Applications in 2019
RDA
AEF
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DSA
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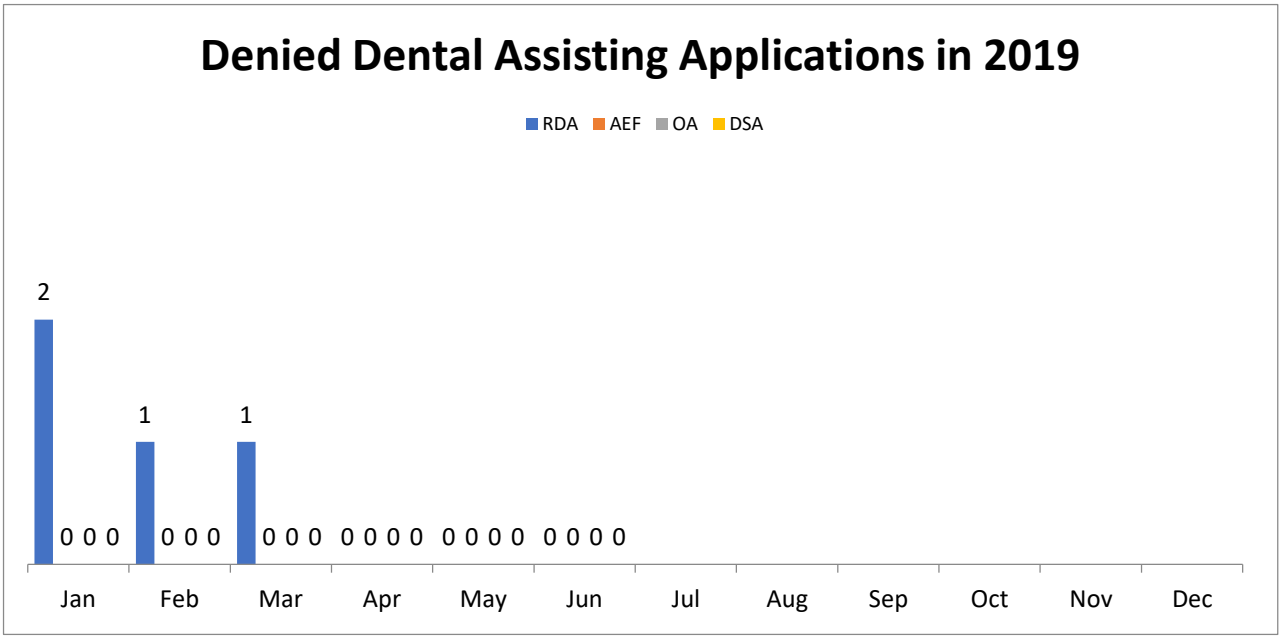
Denied Dental Assisting Applications in 2019
RDA
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MEMORANDUM

DATE	July 29, 2019
TO	Members of the Dental Assisting Council Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**DAC Agenda Item 6:** Update Regarding the Dental Assisting Comprehensive Rulemaking Proposal

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

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MEMORANDUM

DATE	July 30, 2019
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 6:** Dental Assisting Council Meeting Report

Background:
The Chair of the Dental Assisting Council (Council) will provide a verbal report to the Board regarding the Council's August 15, 2019 meeting.

Action Requested:
The Board may take action to accept or reject the report.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	July 25, 2019
TO	Members of the Dental Board of California
FROM	Tina Vallery, Dental Assisting Program Manager Dental Board of California
SUBJECT	**Agenda Item 7:** Discussion and Possible Action Regarding Appointment of Dental Assisting Council (DAC) Member

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 vacancy: one (1) member employed clinically in private dental practice or public safety net or dental health care clinics.

Pamela Davis-Washington served on the Council and in March of 2019, when her term expired, she notified the Board that she would not be seeking reappointment. Based on this information, a recruitment notice was posted on the Board's website and applications were accepted from qualified candidates. The application deadline was Friday, May 31, 2019. Board staff received seven (7) applications; however, only five (5) of the applications were considered by the subcommittee since two (2) of the applicants were not employed clinically in private dental practice or public safety net or dental health care clinics. At the May 2019 Board meeting the Board President, Fran Burton, appointed Dr. Bruce Whitcher and Ms. Rosalinda Olague to a subcommittee to review the applications and conduct interviews and bring recommendations to fill these vacancies to the Board at the August meeting.

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

Clinical:

1. Elizabeth Balboa-Brooks, RDA
2. Melinda Cazares, RDA
3. Paige Drahn, RDA

4. Belinda Irlanda, RDA
5. Christina Joyce, RDA

Telephone interviews were conducted for each candidate. The Subcommittee will present its recommendations for the appointment the meeting.

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 one appointment to the Council.

SECTION 1742 QUALIFICATION REQUIREMENTS FOR THIS VACANCY:
Candidates must meet the following minimum requirements to be eligible for appointment:

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

The candidate shall have possessed a current and active RDA 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 recommendation to appoint one member to the Dental Assisting Council.

APPLICATION FOR
DENTAL ASSISTING COUNCIL MEMBER:

ELIZABETH BALBOA-BROOKS, RDA

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

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

APPLICATION FOR APPOINTMENT TO THE DENTAL ASSISTING COUNCIL

PLEASE PRINT

NAME Elizabeth A. Balboa-Brooks

ADDRESS* [redacted]

PHONE NOS. (work) [redacted]

EMAIL ADDRESS [redacted]

California License Type and Number: RDA 486605 Expiration date: 2/2020

**** 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.

Children's Dentistry & Orthodontics
6245 N. Fresno St. #103 Fresno, CA 93710

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).

N/A

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 E A Brooks Date: 10/8/2018

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

Inventory and stock all surgical rooms as well as Pick Room area

Maintain copies and schedules for surgical core as well as communicate with departments as instruments are needed during the day

ADD current employment ✓ * As of current I have managed and opened dental offices in the Fresno Valley. My experience of over 20 years has helped provide knowledge and training to new and seasoned dental career professionals. My range in experience stems from Pediatrics such as surgical settings, orthodontics, general dentistry and sterile techniques. In being a back office district manager allowed me to orginize and verify OSHA standards and practices. Overall I have a passion for the future of Dental Assisting and being able to help educate those who want to make a difference.

- 02/06-08/06 **Sterile Processing Technician** Fresno Surgical Hospital Fresno Ca.93710

Decontamination of surgical Instruments: Receiving, Sorting and cleaning of soiled instruments

Preparation Packaging and Wrapping of Cleaned Items: Inspection, Assembly, Labeling

- 2004-2006 **Instrument Technician** Herndon Surgery Center Fresno Ca.93710

Ensure that all surgical supplies, instruments and equipment were properly inventoried, decontaminated, inspected, assembled, packaged, sterilized, stored and distributed in a quality as well as timely manner through the facility.

- 2000-2005/2006 **Registered Dental Assistant in Pediatric and Orthodontics** Jelmini Pediatric Dentistry and Orthodontics Fresno Ca 93720

Chair side Assistant #1 Duties: chart procedures, prioritize patient treatment plan, monitor and help in administering General sedation, placing of b/p cuff, thermometer probe, pulse oximetry and administer nitrous oxide and oxygen

Assistant #2 Duties: Go over post operative instructions with parents and patient, breakdown of instruments for sterilization, inventory and restock treatment rooms

Orthodontic Assistant: record photos, x-rays and impressions taken pre orthodontics, assist DDS with set up and placement of braces and wire checks .Removal of braces, polish teeth and final records of patient's treatment

Front Office Duties: answer phones, print schedules, check in patients, preauthorize treatment with insurance companies and coordinate treatment plans for dental treatment as well as Orthodontics

Certification and Other Experience

RDA #48605 Certified in Pit and Fissure Sealant placement

Orthodontic Coordinating/Invisaline

Completion of Central Service Certification Course #113325

VA Hospital Fresno Redesign Communication Committee

Flying Doctors Organization

Volunteer with Fresno/Madera Dental Society

Fresno Healthy Families Dental Program

Dental Instructor at Galen College Fresno,Ca.

References are available upon request

[redacted]

Elizabeth Balboa-Brooks

Objective

- TO PROVIDE THE UPMOST STANDARD OF EXECELLENCE IN PATIENT CARE AND PROVIDE PROFESSIONALISM AS A DENTAL HEALTH PROVIDER.

Experience

- 05/2016 -02/2017. RDA / Orthodontic Assistant Western Dental Orthodontics

Orthodontic Assistant: All duties involving Orthodontic procedures & Chair side assisting; initial records, panoramic x-rays, impressions and all lab work, placing of brackets as well as placement and removal of arch wires, deband and debonding of braces and orthodontic appliances. Fabricating retainers and communicating dental oral hygiene instructions with patients and parents.

- 11/2015 – Contract- **Sterile Processing Technician** Loyal Source Government Services Orlando, FL 32828 contract employer/ VA Hospital Fresno Ca.93703

Ensure proper operation of autoclave unit and equipment used in Sterile Processing Department prior to use on a daily basis

File requisitions and inventory Department supplies

Assist with Loaner Instruments outside the Facility

Knowledgeable regarding handling and care of instruments, tray preparation and special procedure items- Scopes and Eye Instrumentation

Perform proper packaging and preparation of all applicable supplies for sterilization

Monitor sterility dates of supplies and out dates of sterile instruments and scopes

Process and oversee that all contaminated instruments and supplies are returned from Clinics, GI Lab and the OR to Central Service

Knowledgeable in Receiving, sorting and Decontamination of Soiled instruments

Experience with the decontamination and sterilization of Scopes using high sterilization unit

- 08/06-05/2014 **Surgical Service Assistant** Fresno Surgical Hospital Fresno Ca.93710

Case cart preparation, pulling specific supplies and instrumentation for surgical procedures

Assist in the proper sanitation and sterilization of room turn over

Maintain the Anesthesia Units and changing breathing circuits after each patients use, stock fluid carts and blanket warmer machines

1522 W Boston Ave. #104 Fresno,CA. 93711 (559)213-6436 Queen1189@yahoo.com

Assist the Circulating RN properly position patient for surgical procedure

Ensure sterile technique to open supplies and instruments onto the sterile field before surgery

Inventory and stock all surgical rooms as well as Pick Room area

Maintain copies and schedules for surgical core as well as communicate with departments as instruments are needed during the day

1522 W Boston Ave. #104 Fresno,CA. 93711 (559)213-6436 Queen1189@yahoo.com

- 02/06-08/06 **Sterile Processing Technician** Fresno Surgical Hospital Fresno Ca.93710

Decontamination of surgical Instruments: Receiving, Sorting and cleaning of soiled instruments

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Certification and Other Experience

RDA #48605 Certified in Pit and Fissure Sealant placement

Continuing Education Dental Register Provider #PR5758

Orthodontic Coordinating/Invisaline

Completion of Central Service Certification Course #113325

VA Hospital Fresno Redesign Communication Committee

Flying Doctors Organization

Volunteer with Fresno/Madera Dental Society

Fresno Healthy Families Dental Program

Dental Instructor at Galen College Fresno, CA.

1522 W Boston Ave. #104 Fresno,CA. 93711 (559)213-6436 Queen1189@yahoo.com

References are available upon request

APPLICATION FOR
DENTAL ASSISTING COUNCIL MEMBER:

MELINDA CAZARES, RDA

Melinda T. Cazares RDA

[redacted]

Dental Board of California

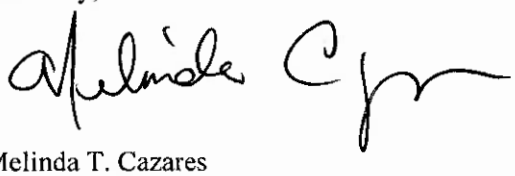
2005 Evergreen St. Suite 1550

Sacramento CA, 95815

Dear Karen M. Fischer, MPA, Executive Officer (916) 263-2300

With my continued excitement and interest, please consider my application for dental assisting council, which is posted on the dental board website. As an RDA, with more than ten years of dental expertise, I would like to return my services to share my knowledge to our dental board and councils. It pleases me to know that because of my experience in working with the public, I can help make a difference this wonderful profession I have chosen. Attached you will find my resume which will show that I'm well rounded in implementing policies and procedures both state as well as federal guidelines to all co-workers or employees. I would appreciate an opportunity to phone interview so that I can explain my background and experiences. I can be reached at the above cell number, thank you for your consideration.

Sincerely,



Melinda T. Cazares

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR APPOINTMENT TO THE DENTAL ASSISTING COUNCIL

PLEASE PRINT

NAME Melinda T. Cazares

ADDRESS* [redacted]

PHONE NOS. (work) [redacted]

EMAIL ADDRESS [redacted]

California License Type and Number: RDA-75231 Expiration date: 05/2021

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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 one member to the Council. Applicants must meet the following minimum requirements to be eligible for appointment.

- Possess a current and active RDA license for at least the prior five years;
- Shall be employed clinically in private dental practice or public safety net or dental health care clinic; 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.)

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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.

Updated April 2019

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.

   Yes, I am currently employed at Calipatria State Prison, with California Corrections Health Care Services Dental Department. Located at 7018 Blair Road Calipatria CA, 92233

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).

   NA

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.

A telephone interview may be conducted as part of the application process.

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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.

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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:
- 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 : Afelinda [signature] Date: 5/29/19

SUBMIT COVER LETTER, COMPLETED APPLICATION, RESUME, AND REFERENCES BY MAY 31, 2019 TO:

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

Updated April 2019

MELINDA T. CAZARES

[redacted]

OBJECTIVE | Registered Dental Assistant experienced in direct patient care, routine laboratory tasks, creating and updating patient records and general office management. Organized and detail-oriented RDA, versed in instructing patients on proper dental hygiene techniques to maintain optimal oral health.

SKILLS & ABILITIES |

- Superior customer service
- Patient education
- Organized file management
- Proper telephone etiquette
- Strict Accordance to Policies
- High Ethical Standards
- Infection Control Policies
- Current X-Ray Certification
- Treatment Plans
- General Dentistry
- Recorded Patient Medical Histories
- Proficiently Assisted The Dentist

EXPERIENCE |

Registered Dental Assistant LT
CCHCS Calipatria State Prison
Calipatria CA, 92233
3/18-Present

- Works directly under supervising dental assistant
- Assists in all four handed dentistry
- Practices infection control
- Follows all Cal Osha regulations
- knowledgeable in taking all dental x-rays

Back Office Supervisor/ Registered Dental Assistant
Southern Indian Health Council Inc.
Alpine, California
11/17-3/18

- Work directly under the supervision of the Dental Director
- Coordinates Ortho Program
- Orders dental supplies
- Implement RDA Duties
- Ensures proper infection control

- Assist dentist in all four handed dentistry

Supervising Dental Assistant LT
CCHCS Chuckawalla Valley State Prison

Blythe, California, United States

06/2016 - 05/2017

- Successfully completed over 100 hours of state supervisory training as well as
- OSHA, ADA and HIPAA compliance training
- Regularly attended sub-committees and dental team meetings and in-service training to continuously learn about best practices.
- Maintained clear, organized dental records and reports.
- Strict Accordance to Policies and Procedures
- Recorded Patient Medical Histories
- High Ethical Standards
- Customer Service Skills
- Communication Skills
- Implemented Infection Control Policies

Dental Regional Manager
Clinicas de Salud del Pueblo, Inc.
Brawley, CA 92227

07/2008- 05/2016

- Confirmed patient insurance benefits and checked claim statuses.
- Developed and implemented individualized dental care plans for patients.
- Counseled patients about proper nutrition and self-care programs.
- Regularly solicited patient feedback to improve customer comfort and satisfaction.
- Assisted with or instituted emergency procedures for sudden adverse developments during treatments.
- Infection Control Policies.
- Supervised and led a team of dental assistants and support staff
- Cashier Management Inventory.
- Attended quarterly Community Health Fairs within the Imperial County.
- Worked closely with Migrant Education to set-up educational oral Hygiene Seminar Health Fairs.

REFERENCES | DR. BRIAN SHUE- DENTAL DIRECTOR
CLINICAS DE SALUD DEL PUEBLO, INC.
(760) 344-3583- brians@cdsdp.org

ROBERT C. PALACIO, HEALTH ADMINISTRATOR II
DEPARTMENT OF CORRECTIONS AND REHABILITATION
(760) 550- 1729 robert.palacio@cdcr.ca.org

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

October 3, 2018

Re: Melinda Cazares,

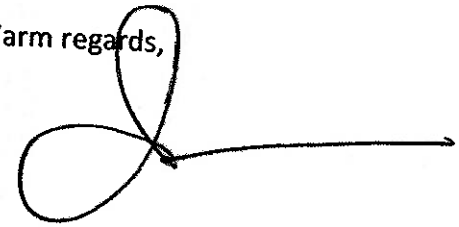
To Whom It May Concern,

Over the last few months Ms. Cazares has assisted me in the clinics in the capacity of a Registered Dental Assistant. During that time I have been impressed with her ability to quickly assimilate into the rhythm and pace of my treatment steps and preferences. She works with a pleasant demeanor and attitude and adjusts easily and quickly to changes within the treatment appointment. When changes occur she is able to adjust with an efficiency that does not cause a long delay. I find this to be a valuable skill that keeps the flow of the day going with little disruption.

On a personal level I have observed that Ms. Cazares gets along with her fellow team members with ease and stability. She is supportive of the chain of command and with Administrative decisions and changes as they occur. She arrives to work promptly and adjusts to changes in her daily assignment smoothly and confidently. She interacts with Management and Custody well and is not disruptive when problems occur that require resolution. These are highly valuable abilities and skills to serve as a basis for qualities in an employee regardless of the classification.

I recommend Melinda Cazares without reservation for consideration for any position within your organization. She will be an asset of high value to any organization that she belongs to. Should you have any questions please do not hesitate to contact me.

Warm regards,



Thomas E. Heinrichs, DDS
Supervising Dentist, Calipatria State Prison
Office: 760-348-7000 x5416
email: thomas.heinrichs@cdcr.ca.gov

APPLICATION FOR
DENTAL ASSISTING COUNCIL MEMBER:

PAIGE DRAHN, RDA

Paige Drahn
[redacted]

5/07/2019

It is with great pleasure and excitement that I have the opportunity to express my interest in the Dental Assisting Council and apply for a member position. I would like to tell you a little bit about myself and why I feel so passionate about the Dental field. I graduated 49er Regional Occupational Program in 2009 and have been proudly serving my community ever sense. I started my carrier at Chapa-De Indian health program in 2010, my agency specializes in serving Native Americans, Medi-Cal and Denti-Cal recipients, undocumented children, and the under insured/ underserved populations. We serve a large population in Placer County of about 2000 visits a month in my clinic alone. I am proud to say I have been active part of providing quality care to my community for 10 years. I believe in striving for the best and always looking for opportunities for improvement and education and change.

My professional experience includes a well-rounded knowledge of the entire dental practice. I have both front and back office experience as well as administrative. I currently supervise a team of 20 dental assistants. My clinic has recently implemented a board approved Ortho Assisting Certification program (OAP) that I'm actively involved in. I have served on my companies GPRA/ HEDIS committee. I have served as lead of our school screening outreach with 29 local schools screened this year, providing dental education supplies and screenings as well as dental resources to parents. I have experience with The Accreditation Association for Ambulatory Health Care (AAAHC) process and credentialing. eCW practice management implementation, Denti-Cal/ Medi-Cal experience and Colman practice restructure.

The dental field has always been my contribution to improve the health, wellbeing and education of the public's oral health. Serving as a member on the dental assisting council and having the opportunity to help educate and set standards for our future and current dental health care providers would be an honor. I truly stand for quality, compassion and education.

Paige Drahn



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DENTAL BOARD OF CALIFORNIA
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APPLICATION FOR APPOINTMENT TO THE DENTAL ASSISTING COUNCIL

PLEASE PRINT

NAME Paige Drahn

ADDRESS* [redacted]

PHONE NOS. (work) [redacted]

EMAIL ADDRESS: [redacted]

California License Type and Number: 78843 Expiration date: 06/30/2019

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 one member to the Council. Applicants must meet the following minimum requirements to be eligible for appointment.

- Possess a current and active RDA license for at least the prior five years;
- Shall be employed clinically in private dental practice or public safety net or dental health care clinic; 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.

Updated April 2019

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.

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.
   Chapa-De Indian health clinic
   11670 Atwood Rd
   Auburn CA 95603

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.

A telephone 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

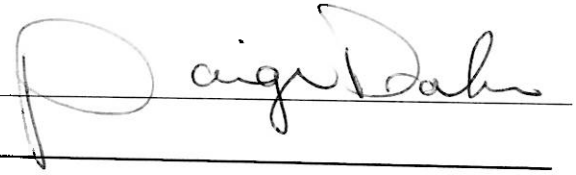
experience, you may do so. In that case, however, the Board may not be able to communicate with you regarding your qualifications for appointment or to consider your eligibility for appointment to the Council.

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: 5.7.19

SUBMIT COVER LETTER, COMPLETED APPLICATION, RESUME, AND REFERENCES BY MAY 31, 2019 TO:

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

Updated April 2019

Paige Drahn
[redacted]

Employment

RDA supervisor 2017-2019	Chapa-De Indian Health Program Auburn CA, 530-887-2830
RDA 2011-2017	Chapa-De Indian Health Program Auburn CA, 530-887-2830
Dental Receptionist 2010-2011	Chapa-De Indian Health Program Auburn CA, 530-887-2800
Dental Assistant 2010	Dr. Teresa Isbell DDS Auburn CA, 530-888-1167
Student Dental Assistant/ROP 2008	Michael Wallace, DDS Auburn, CA 530-888-1825
Cashier, Sales Floor Associate 2007-2010	Save-Mart Supermarkets Auburn, CA 530-889-1436

Occupational Skills

Four-hand technique	Infection Control
Digital Dental Radiographs	Impressions & Study Model Fabrication
AAAHC experiance	Sedation Experience
Dentrix Knowledge	Multiple scheduling and organization skills
Professional phone skills	Patient education ability
eCW software Knowledge	Sealants License
Tactical/lead RDA Experience	School Screening Project
GPRA/HEDIS Knowledge	Reception Experience
Administrative duties	Supervisory duties

Other Skills

Film Processing	Communication Course
Customer Service	Sensitive to Native American Culture
Money Handling	Computer Skills

Education

Dental Careers	49er Regional Occupational Program Auburn CA, completed 05/28/09
General Education	Sierra College Rocklin CA, 2009-2011

Educational Skills

Temporary	Temporary Crown & bridge Fabrication
8hrs Infection Control & California law	Sealants
LVI training	Mental Health First Aid certification Managing and supervising courses

Achievements

California Dental Radiology License	Registered Dental Assisting license

Paige Drahn

[redacted]

CPR Certification
Coronal Polish

Sealant certification
Chapa-De Spot Light award

APPLICATION FOR
DENTAL ASSISTING COUNCIL MEMBER:

BELINDA IRLANDA, RDA

To whom it may concern,

I would like to serve the Dental Board Council for sharing my knowledge and experience in the field of Dentistry. As a senior RDA would like to help and guide future RDAs in delivering proper care and good ethics. I would like to give back to the community serving the Dental Board.

Belinda M.Irlanda RDA

Alameda Health System

Highland Hospital

Dental/OMFS Dept

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APPLICATION FOR APPOINTMENT TO THE DENTAL ASSISTING COUNCIL

PLEASE PRINT

NAME Belinda M. Irlanda

ADDRESS* [redacted]

PHONE NOS. (wor [redacted]

EMAIL ADDRESS: [redacted]

California License Type and Number: RDA 75841 Expiration date: Dec.31,2019

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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.

   A letter of recommendation from my employer. Alameda Health System -Alameda County Medical Center -Highland Hospital

Updated April 2019

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.

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.

   Alameda Health System-Highland Hospital
   1411 E.31st St. Oakland,Ca.94602

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.

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Updated April 2019

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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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- 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)).

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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: 5/21/19

SUBMIT COVER LETTER, COMPLETED APPLICATION, RESUME, AND REFERENCES BY MAY 31, 2019 TO:

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

Updated April 2019

Belinda Irlanda

Registered Dental Assistant

[redacted]

EXPERIENCE

1993-Present, *RDA and Certified Oral Maxillofacial Assistant. Front Clerk and Billing Technician Assistant*

Alameda Health System-Highland Hospital Dental-OMFS Department, 1411 E. 31st Street Oakland, CA 94602

Assist in sedation for extraction of wisdom teeth, biopsy, implants, and trauma cases with the oral maxillofacial residents. Help orient and taught dental students while on rotation. Prepare patient for pre-op surgery and assist in Post-op care instructions. Assist in General Dentistry with preparation of bonding, mixing cements handling-transferring instruments. Perform Panorex, I-cat x-rays and full mouth x-rays using digital x-ray with Nomad.

Take alginate impressions for temporary crowns and study models for implant procedures and removable denture appliances. Assist in customer service processing carts, confirming appointments and scheduling appointment. Assist Billing Manager with explaining treatment plan charges.

Post and key in all dental procedures and charges in database for each day. Prepare treatment authorization requests (TAR). Process and sterilize dental instruments according to Infection Control Guidelines. Cleaning and maintaining weekly maintenance of the Autoclave with the proper logging of daily biological test and strips.

1991-1993, *Office Manager*

Kenneth G. Louie DDS, Oakland, CA 94609

Managed office production and patient flow. Supervised RDAs work schedule and assigned treatment area. Processed insurance claims and sent out treatment authorization. Generated out monthly billing statements and accounts receivables. Ordered office and dental supplies. Interviewed dental assistant applicants.

1986-1993, *Certified Oral Surgery Assistant*

Thomas E. Love DDS - Oakland, CA 94609

Assisted in six handed dentistry under General Anesthesia Sedation procedure. Helped patients in recovery after sedation and discharged patients with oral and written instruction aftercare. Took X-rays and sent out insurance claims and authorization. Assisted in patient scheduling and answered phone calls. Managed inventories and ordering of dental supplies and instruments.

Professional Summary

Registered Dental Assistant - Certified Dental Oral Surgery Assistant for over 30 years with direct patient care. Provide outstanding customer service for the patients. Ensuring patient confidentiality. Patient care comes first Support staff to deliver quality patient care. Maintains good work ethics, knowledge, and experience in the dental career.

Qualifications

CPR & Sterilization Certified

Certified Oral Maxillofacial Surgery Assistant

Licenses
Ultrasonic Scaling, Pit and Fissure, Dental Radiology, Coronal Polishing

Appointment Scheduling

Insurance Billing

Office Management

Computer Charting

Member

California Dental Association

American Dental Association

American Association of Oral and Maxillofacial Surgeons

CDA Cares - Volunteer

May 28 2019

This letter is in support of Belinda Irlanda.

To whom it may concern,

Belinda Irlanda worked for me at Highland Hospital in Oakland California as a Dental Assistant. She was an excellent employee for the 17 years she worked for me. I recommend her most highly for the position she is applying.

A Thomas Indresano DMD FACS
President, American Association Oral Maxillofacial Surgeons
Professor Emeritus, University of the Pacific

Tim Verceles DDS MAGD
146 Harder Road, Suite A
Hayward, CA 94544
510-538-6816

May 29, 2019

To Whom It May Concern:

I am writing on behalf of Belinda Irlanda, registered dental assistant, in support of her application to serve on the Dental Assisting Council of the Dental Board of California.

Belinda is one of the senior registered dental assistants at the main dental clinic of Highland Hospital, a public safety net clinic and a member of the Alameda Health System. She has over 25 years of service to the clinic. She supports the Oral Surgery and General Dentistry clinics and has front and back office skills. The clinic is one of the busiest in Alameda County with over 21,000 patient visits annually.

As AEGD program director, and interim dental director of the dental clinic at Highland Hospital of the Alameda Health System, I have worked with many dental auxiliaries. I know the qualities of an excellent dental assistant and she embodies all of these positive qualities. I am confident that Belinda will be an asset to your Council and she will contribute effectively to help the Dental Board of California to achieve its goals.

She is very professional and very knowledgeable about the field of dentistry. I wholeheartedly support Belinda's application to serve on the Dental Assisting Council.

Sincerely,

R. Timothy Verceles

Tim Verceles DDS MAGD
Program Director
Advanced Education in General Dentistry
Interim Dental Clinic Director
Highland Hospital
Alameda Health System

ALAMEDA HEALTH SYSTEM

Highland Hospital

May 31, 2019

To whom it may concern:

I am presently the Chief of Dentistry at Alameda Health System and Clinic Director at Highland Hospital. I am not Belinda's direct supervisor but overall clinic supervisor.

I have known Belinda for over 20 years. She is a very competent RDA in all phases of General Dentistry with emphasis on oral surgery and conscious sedation. She is well versed in the duties, functions, and benefits of a RDA and as an employee.

With her experience, she is well suited to advise the California Dental Board in matters related to a RDA.

Thank you,

DDS FAAHD

Anthony Mock, DDS, FAAHD
Clinic Director
Chief, Division of Dentistry
Alameda Health System
Highland Hospital

APPLICATION FOR
DENTAL ASSISTING COUNCIL MEMBER:

CHRISTINA JOYCE, RDA

Christina Joyce

RDA

[redacted]

To whom it may concern,

I came across the application to serve on the Dental Assisting Council while looking up regulations on the DCA website. I am always looking for new ways to become active in our community and I feel like this is a perfect opportunity.

I have had the opportunity to work with the dental board several years ago by working on test questions for the RDA exam. I really enjoyed being a part of that process and would love to be in a position to keep our field growing.

I have been assisting for just over 20 years. Most of those years have been spent with Dr. Laurie Hanschu. I left the office for a few years to finish up a Bachelor's degree in biology at Sacramento State. In the years that I left, I often returned to the office to cover vacations or other office needs so I was never fully away from dentistry. On my breaks I would temp at other offices. I have also had the opportunity to serve the community through many Smiles for Kids events, CDA Cares and Care Harbor (Southern California).

Thank you for the opportunity to apply for this position. I am certain both of my current dentists would be willing to write letters of recommendations if needed.so please feel free to let me know if you would like me to provide those.

Sincerely,
Christina Joyce

[redacted]

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
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APPLICATION FOR APPOINTMENT TO THE DENTAL ASSISTING COUNCIL

PLEASE PRINT

NAME Christina Joyce

ADDRESS [redacted]

PHONE NOS. (work) [redacted]

EMAIL ADDRESS: [redacted]

California License Type and Number: RDA58800 Expiration date: 11/20

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   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.
Private Practice. Dr. Laurie Hanschu and Dr. Stefanie Shore

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.

A telephone 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

Updated April 2019

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: 5-21-19

SUBMIT COVER LETTER, COMPLETED APPLICATION, RESUME, AND REFERENCES BY MAY 31, 2019 TO:

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

Updated April 2019

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	July 25, 2019
TO	Members of the Dental Board of California
FROM	Paige Ragali, Program Coordinator Elective Facial Cosmetic Surgery Permit Program
SUBJECT	**Agenda Item 8:** Discussion and Possible Action Regarding Appointment of New Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee

Background:

A vacancy occurred on the EFCS Permit Credentialing Committee in May 2018 when the Board re-appointed Dr. Louis Gallia to fill a vacancy designated for a physician and surgeon licensed by the Medical Board of California with a specialty in otolaryngology, and who has active status on the staff of a licensed general acute care hospital in California. Dr. Gallia had previously held the position that is now vacant.

In accordance with Business & Professions Code Section 1638.1(e)(2)(C), the requirements for the current vacancy are as follows: an oral and maxillofacial surgeon licensed by the board who is board certified by the American Board of Oral and Maxillofacial Surgeons, who maintains active status on the staff of a licensed general acute care hospital in the this state, and who is licensed as a physician and surgeon in this state.

The following two candidates are being considered for this appointment:

1. Andre V. Guerrero Fernandes, MD, DDS
2. Jacob Haiavy, MD, DDS, FACS

The Curriculum Vitae (CV) for each candidate are included in the meeting material. The candidate information was forward to Dr. Bruce Whitcher for review; he conducted telephone interviews with both candidates. Dr. Whitcher recommends the Board appoint Dr. Guerrero to the EFCS Permit Credentialing Committee.

Action Requested:

Accept the recommendation to fill the vacancy on the EFCS Permit Credentialing Committee.

CURRICULUM VITAE FOR:

ANDRE V. GUERRERO FERNANDES, MD, DDS

EDUCATION

Tulsa Surgical Arts, Cosmetic Surgery 1 year fellowship, December 2016
Loma Linda Medical Center, Oral and Maxillofacial Surgery, June 2015
Loma Linda School of Medicine, MD, 2012
UCSF School of Dentistry, DDS, 2009
UCLA, B.S. Neuroscience, 2005

CLINICAL TRAINING

Tulsa Surgical Arts American Academy of Cosmetic Surgery Fellowship
- Fellow – January 1, 2016 to December 31, 2016

Loma Linda University Department of Oral and Maxillofacial Surgery
- Resident - 2009-2015

Loma Linda University Department of Surgery
- Resident – 2012-2013

LICENSURE & CERTIFICATION

American Board of Cosmetic Surgery
- Board Certified 2017 – Passed Written and Oral Exam

American Board of Oral and Maxillofacial Surgery
- Board Certified 2017 – Passed Written and Oral Exam

California Medical License
- A126757 – 2013-Present

California Dental License
- 58786 – 2009-Present

Certificates
- ACLS Experienced Provider, BLS

HOSPITAL PRIVILEGES

Pomona Valley Medical Center
- 05/2017 – current Active
- Surgeon

Loma Linda University Medical Center
- 08/2015 - current Active
- Assistant Professor for Loma Linda University Medical Center

Arrowhead Regional Medical Center
- 08/2015 – current Active

EMPLOYMENT

California State Athletic Commission Ringside Physician
- July 2017 to present

Private Practice Inland Empire
- July 2015 to March 2018 – Cosmetic Surgery and Full Scope Oral and Maxillofacial Surgery Practice

Loma Linda University Medical Center – Faculty Physician
- July 2015 to present

HONORS AND AWARDS

Scholarships
- Phillip Boyne Endowed Scholarship Recipient – 2009 and 2010
- French American Foundation for Medical Research & Education Scholarship – 2008
- National Hispanic Medical Association Sponsored – National Hispanic Health Foundation Scholarship – 2008
- Osher Foundation Scholarship – 2007 to 2009
- Hispanic Scholarship Fund Scholarship – 2004 to 2005
- UCLA Center for Academic and Research Excellence Scholarship – 2003 to 2004

Research Recognition

- California Association of Oral and Maxillofacial Surgeons 1st Place Research Award - 2014
- American Dental Society of Anesthesiology 1st Place Essay Award – 2009
- American Dental Society of Anesthesiology 1st Place Research Award – 2008
- UCSF 2nd Place for Outstanding Research and Presentation – 2006
- UCSF Student Research Fellowship – 2006
- UCLA Dean's Prize for Outstanding Research – 2004
- UCLA Certificate of Excellence in Neuroscience Research – 2004

PUBLICATIONS

Peer Reviewed

- **Guerrero, AV**, Cuzalina A. Complications in Fat Grafting. Atlas Oral Maxillofacial Surg Clin N AM.,26 (1):77-80, 2018
- **Guerrero, AV**, Elo JA, Sun Ho-Hyun, OMFS vs OFS workgroup, Herford, A. What name best represents our specialty? Oral and Maxillofacial Surgeon versus Oral and Facial Surgeon. JOMS, 75(1), 2017
- **Guerrero AV,** Altamirano A, Brown E, Shin CJ, Tajik K, Fu E, Dean J, Herford A. What Is in a Name? Oral and Maxillofacial Surgeon Versus Oral Surgeon. JOMS, 73(1), 2014
- **Guerrero AV**, Quang P, Dekker N, Jordan RC, Schmidt BL. Peripheral Cannabinoids Attenuate Carcinoma-induced Nociception in Mice. Neuroscience Letters, 433(2): 77-81, 2008.
- Mitrirattanakul S, Ramakul N, **Guerrero AV**, Matsuka Y, OnoT, Iwase H, Mackie K, Faull KF, Spigelman I. Site-specific Increases in Peripheral Cannabinoid Receptors and Their Endogenous Ligands in a Model of Neuropathic Pain. Pain, 126: 102-14, 2006.

Non Peer Reviewed

- **Guerrero AV**, Ramakul N. An Emerging Therapeutic Alternative to Cannabinoids: Fatty Acid Amide Hydrolase Inhibitors. UCLA Undergraduate Science Journal, 18, 2005.
- **Guerrero AV**, Ramakul N. Expression of Cannabinoid 1 Receptors in Rat Dorsal Root Ganglia Following L5 Spinal Nerve Ligation. UCLA Undergraduate Science Journal, 17, 2004.

Current Projects

- **Operative dictations in Oral and Maxillofacial Surgery** – Another surgeon and I are writing and editing a book titled "Operative Dictations in Oral and Maxillofacial Surgery".

POSTER PRESENTATIONS

American Academy of Cosmetic Surgery National Meeting – Poster Presentation – February 2017
CALAOMS Table Clinic – Research presentation – April 2014
UCSF Research Day, IADR/AADR/CADR 85th General session – 2007
UCLA Science Poster Day – 2005
Society for Neuroscience 34th Annual Meeting, UCLA Science Poster Day, UCLA Neuroscience Research Day – 2004
Society for Neuroscience 33rd Annual Meeting – 2003

LECTURES/ORAL PRESENTATIONS

Mt. SAC 12th Annual Health Professions Conference – Scope of Practice – May 2017
Challenging and Revisonal Cosmetic Breast Surgery and Brazilian Butt Lifting - 2016
Brazilian Butt Lift Course - 2016
American Academy of Cosmetic Surgery Webclinics - 2016
Loma Linda University Grand Rounds – 2013, 2014
Cal State Fullerton Pre Health Club –Surgeon Scope of Practice – Sept 2010
Mt. SAC 5th Annual Health Professions Conference –Scope of Practice – May 2010
Mt. SAC 4th Annual Health Professions Conference – Keynote Speaker May 2009

CONTINUING EDUCATION

American Academy of Cosmetic Surgery Annual Meeting – February 2016, February 2017
American Academy of Cosmetic Surgery Web Clinic – February, March, April, May, June, July, August, September , October, November, December 2016
Cosmetic Blepheroplasty and Fundamentals of Facelift – July 2016
AOCMF Maxillofacial Reconstruction: A Focus on Ballistic Injury Management - March 2015
American College of Oral and Maxillofacial Surgeons: Cosmetic Surgery Hands on Surgical Education Series – February 2015
American Association of Oral and Maxillofacial Surgery Annual Meeting- September 2014, September 2018

CraniomaxilloFacial Trauma Education Series: An Interdisciplinary Approach to Craniomaxillofacial Trauma – March 2014
Advances in Craniomaxillofacial Surgery: Mastery of Treatment Planning and Fixation Techniques – March 2014
Contemporary Techniques in Facial Rejuvenation: Fillers, Fat transfer, and Face/Neck Lifting – A hands-on Cadaver Workshop – Nov 2013
Cedars-Sinai Multi-Specialty Plastic Surgery Symposium and Bernard G. Sarnat, MD Lectureship – 2009, 2010, 2013
California Academy of Cosmetic Surgery Annual Conference – Oct 2013
BIOMET Microvascular Reconstruction Cadaver Course – Sept 2013
Loma Linda Multidisciplinary Approaches to the Facial Skeleton Cadaver Workshop – 2010, 2012
North American SORG Modular Training Series – Pathology - April 2011
AO Principles of Operative Treatment of Craniomaxillofacial Trauma and Reconstruction - 2010

LANGUAGE SKILLS

- Fluent in: English, Spanish, and Portuguese

AREAS OF INTEREST

- Cosmetic Surgery, Fight Medicine, Oral and Maxillofacial Reconstruction, Dental Implants, Facial Trauma, Orthognathic Surgery

CURRICULUM VITAE FOR:

JACOB HAIAVY, MD, DDS, FACS

CURRICULUM VITAE

NAME: JACOB HAIAVY, M.D., D.D.S. F.A.C.S.

BUSINESS: **Inland Cosmetic Surgery**

ADDRESS: [redacted]

WORK STATUS: **Cosmetic Surgeon: July 2001 to Present**

- Active Private Practice in Rancho Cucamonga, Eastvale and Victorville, California
- Practice limited to Cosmetic Surgery

Fellowship Director: July 2005 to Present

- Currently Director for an Approved American Academy of Cosmetic Surgery Fellowship Training Program in General Cosmetic Surgery for qualified surgeons
- http://www.cosmeticsurgery.org/education/fellowships.cfm

TEACHING POSITION:

Assistant Professor of Maxillofacial and Cosmetic Surgery: October 2001 to Present

- Loma Linda University, Loma Linda, CA.

CERTIFICATION:

March 2000	American College of Surgeons: Advanced Trauma Life Support
1997-present	American Heart Association: Advanced Cardiac Life Support
1990-present	American Heart Association: Basic Cardiac Life Support
May 1998	The Federation of State Medical Board of the U.S./ United States Medical Licensing Examination/ National Board of Medical Examiners, Diplomate.

DIPLOMATE STATUS:

- Diplomate of the **American Board of Maxillofacial Surgery,** *March 2003, Recertified in 2013*
- Diplomate of the **American Board of Cosmetic Surgery,** in *General Cosmetic Surgery*, *April 2004*, *Recertified in January 2014*

LICENSURE:

November 1999 The Medical Board of California-Physician and Surgeon License

August 2000 *Texas Medical Board- Physicians license*

EDUCATION:

Aug 94-May 97 Mount Sinai School of Medicine, New York, NY
M.D. May 16, 1997

Sept 90-June 94 New York University College of Dentistry, New York, NY
D.D.S. June 9, 1994 Class Valedictorian

Sept 89-July 90 Santa Monica College, Santa Monica, CA
Major: Biochemistry

Jan 87-May 89 Suffolk University, Boston, MA
Major: Biochemistry

POSTDOCTORAL TRAINING:

Facial Plastic & Cosmetic Surgical Center - Abilene, Texas

July 2000 to July 2001

- Following surgical residency, completed a one-year fellowship training program in General Cosmetic Surgery, certified by the American Academy of Cosmetic with Director, Howard A. Tobin, MD, FACS (AACS President in 1994 & 1995).
- Approximately 700 cosmetic surgical procedures performed during this fellowship.

Mount Sinai Hospital and Affiliates – New York, New York

July 1999 to June 2000

- Chief Resident in the Department of Oral & Maxillofacial Surgery
- Oral & Maxillofacial Surgery Residency, July 1996 to June 2000, Chairmen: Daniel Buchbinder, M.D., D.D.S. with emphasis on cosmetic surgery and head and neck reconstruction

July 1998 to June 1999

- Senior Resident in Oral & Maxillofacial surgery

July 1997 to June 1998

- General surgery residency with Department of General Surgery at Mount Sinai Hospital, Elmhurst Hospital, and The Bronx Veterans Administration Hospital

March 1997 to June 1997

- Anesthesiology training at Elmhurst Hospital

July 1996 to February 1997

- Internship in Oral and Maxillofacial Surgery at Mount Sinai, Elmhurst and Queens Hospitals

PREVIOUS EMPLOYEMENT:

Emergency Clinic Physician: November 2000 to July 2001

- Abilene Minor Emergency Clinic. Abilene, Texas

On-Call Physician: October 2000 to July 2001

- Facial Plastic and Trauma call at Abilene Regional Medical Center. Abilene, Texas

HOSPITAL AFFILIATIONS:

Oct 00-present	Abilene Regional Medical Center, Abilene, Texas.
Oct 01-present	Doctors Hospital Medical Center, Montclair, CA.
Mar 02-present	Arrowhead Regional Medical Center, Colton, CA.
Apr-02-present	San Antonio Community Hospital, Upland, CA.

PUBLICATIONS

- Florin W, Haiavy J. Capsular Contracture in Breast Augmentation: Medical Management and Indications for Capsulectomy. The American Journal of Cosmetic Surgery. 2018; 35 (3): 110-123

- Haiavy J. Cosmetic Surgery History of the Specialty: The importance of AACS Fellowships and the Webster Legacy. The American Journal of Cosmetic Surgery. 2018; 35 (2): 64-73

- Haiavy J., Elias H., 2016. Injectable Fillers to the Upper Face. In Quereshy FA. (Ed.), *Upper Facial Rejuvenation in* Atlas of Oral Maxillofacial Surgery Clinics of North America; Vol 24, (2): 105-116.

- Handler E., Tavassoli J., Dhaliwal H., Murray M., Haiavy J., A Review of General Cosmetic Surgery Training in Fellowship Programs Offered by

the American Academy of Cosmetic Surgery. *Journal of Oral and Maxillofacial Surgery* (2015), doi: 10.1016/j.joms.2014.11.019

- Haiavy J., Dhaliwal H., 2014. Reoperative Face and Neck Lifts. In McLain, L. (Ed.), *Contemporary Rhitedectomy,* In Atlas of Oral Maxillofacial Surgery Clinics of North America; Vol 22, (1): 91-102.

- Haiavy J., Petro AJ., Edds GG., Elias H., Fisher DR., Forouzanpour F., Mandell-Brown M., Pancholi S., Schmid MP. 2012 American Academy of Cosmetic Surgery Review of Anesthesia Safety for the Cosmetic Surgeon. The American Journal of Cosmetic Surgery. 2013; 30 (2): 105-132

- Haiavy J., Frenzel C**.** Correction of Implant Malposition With Capsulorrhaphy: A Retrospective Review and Implementation of Patient Survey. The American Journal of Cosmetic Surgery. 2011; 28 (2): 75-83

- Haiavy J. Reoperative Face and Neck lifts. Oral and Maxillofacial Clinics of North America. 2011; 23 (1): 109-118

- Tavassoli J., Haiavy J. The Use of Mesh Reinforcement During Abdominoplasty: A Case Report and Literature Review. The American Journal of Cosmetic Surgery. 2011; 28 (1): 37-42

- Shiffman M., Caleel R., Haiavy J., Hendrick D., Nguyen T., Shumway R. Survey of Transumbilical Breast Augmentation (TUBA). The American Journal of Cosmetic Surgery. 2011; 28 (1): 5-11

- Rosen B., Haiavy J. Transumbilical Breast Augmentation with Adjustable Saline Breast Implants: A Novel Approach to Breast Asymmetry. The American Journal of Cosmetic Surgery. 2010; 27 (1): 21-25

- Mashhadian S. Haiavy J. Massey R. Acrospiroma in Post Rhytidectomy Patient. The American Journal of Cosmetic Surgery. 2009; 26 (2): 105-107

- Brennan A. W., Haiavy J. Transumbilical Breast Augmentation: A Practical Review of a Growing Technique. Annals of Plastic Surgery 2007; 59(3): 243-249

- Haiavy J, Leventhal M. Facial Rejuvenation with Barbed Sutures: A Retrospective Analysis of Technique and Results: The American Journal of Cosmetic Surgery. 2005; 22(4): 239-247.

- Haiavy J, Tobin H. Mycobacterium fortuitum infection in prosthetic breast implants: Journal of Plastic and Reconstructive Surgery. 2002; 109: 2124-2128.

- Haiavy J, Tobin H. Augmentation mammaplasty with saline filled textured implants: Review of nine years experience and results of a patient survey. The American Journal of Cosmetic Surgery. 2002; 19 (1): 15-20.

- Anastassov EG, Haiavy J. Aesthetic lip augmentation with autologous superficial musculoaponeurotic system free grafts. Journal of Aesthetic Dermatology and Cosmetic Surgery 2000; 1(4): 247-250.

- Anastassov EG, Lee H, Haiavy J. Discoplasty using autologous superficial musculoaponeurotic system flap in reconstructive temporomandibular joint surgery combined with cervicofacial rhytidectomy. British Journal of Oral and Maxillofacial Surgery. 2000; 38 (4): 346-349.

- Anastassov EG, Haiavy J, Solodnik P, Lee H, Lumerman H. Submandibular gland mucocele: Diagnosis and management. Oral Surgery, Oral Medicine, Oral Pathology 2000;89(2):159-163.

RESEARCH:

2002-2005	A clinical study consisting of one year and three year surveys of post op results and complications after transumbilical breast augmentation. This was be compared to the results published by the companies McGhan and Mentor.
1998-2000	The Effect of Platelet Derived Growth Factor-BB on Healing of Bone Grafts in the Maxillofacial region. Mount Sinai Hospital with Dr. Daniel Buchbinder and Dr. Harold Brem.
1996	Development of a Quality of Life Assessment Module for Head and Neck Cancer Patients. Mount Sinai Hospital with Dr. Daniel Buchbinder and Dr. Clyde Schecter.
1984-1986	Salmonella bacteria in wild birds in Israel and its implications: Veterinary Institute of Israel, Beitdagan with Dr. Sara Machani

HONORS AND AWARDS:

2015	Webster Award for dedication to public safety in Cosmetic surgery through surgeon education along with research and outcome studies.
2002-2005	Award for Excellence in Cosmetic Surgery Education
1996	Honors in Medicine and Neurology at Mount Sinai School of Medicine.
June 1994	The Alumni Medal for obtaining the highest scholastic average for four years at New York University.
June 1994	The Alpha Omega International Fraternity Award.
June 1994	The American Association of Oral And Maxillofacial Surgeons Award.
June 93- June 94	Comprehensive Care and Applied Practice Administration Honors Clinic at New York University.

June 93- June 94	Oral Surgery Honors Clinic at NYU and Bellevue Hospital
May 1994	Elected to Omicron Kappa Upsilon Honorary Dental Society.
July 1993	Dean's student Research Award.
June 1993	Dr. William S. Kramer Award for Excellence presented by Omicron Kappa Upsilon Honorary Dental Society.
1991-1994	Dean's List for Outstanding Scholastic Achievement and Clinical Proficiency at N.Y.U.
1989-1990	Dean's List: Santa Monica College
1989-1991	Dean's List: Suffolk University

PROFESSIONAL SOCIETY AFFILIATIONS AND LEADERSHIP POSITIONS:

2016-2017	President of the American Board of Cosmetic Surgery
2015	President of the California Academy of Cosmetic Surgery
2013-2014	President-Elect of California Academy of Cosmetic Surgery
2012, 2015	Vice President of the American Board of Cosmetic Surgery
2008-2013	Chairman of Written Board Committee for the American Board of Cosmetic Surgery and an Oral Examiner for the Board
2011-2013	Board of Trustee and Secretary American Academy of Cosmetic Surgery
2010-present	Fellow of The American College of Surgeons
2009-present	California Medical Association –Member
2008-present	San Bernardino County Medical Society-Member
2006-*2011*	Secretary- Cosmetic Surgery Foundation
2005-present	California Academy of Cosmetic Surgery - Member
2005-present	American Academy of Cosmetic Surgery – Communications Committee
2000-present	American Academy of Cosmetic Surgery – Fellow Member
1997- present	American Medical Association
1994-present	California Association of Oral and Maxillofacial Surgeons

CONTINUING MEDICAL EDUCATION COURSES AND FACULTY POSITIONS INVOLVING BREAST, FACE AND BODY CONTOURING:

- Vegas Cosmetic Surgery meeting- Multispecialty Aesthetic Symposium. Las Vegas, Nevada June 6-9th, 2018

- Presenter/ Speaker: Capsular Contracture: Current concepts in Non surgical and Surgical treatment options 34th Annual Scientific Meeting of the American Academy of Cosmetic Surgery. Las Vegas, Nevada February 2, 2018

- Presenter/ Speaker: Approaches to complex breast surgery and complications. 34th Annual Scientific Meeting of the American Academy of Cosmetic Surgery. Las Vegas, Nevada February 2, 2018

- Presenter/ Speaker on: Treatment of Capsular Contracture: Non-Invasive and Surgical Options. 18th Annual Scientific Meeting of the California Academy of Cosmetic Surgery. Newport Beach, CA November 4, 2017

- Presenter/ Speaker: Management of breast revisions and complications. 33rd Annual Scientific Meeting of the American Academy of Cosmetic Surgery. San Diego, CA February 11, 2017

- Faculty: Cadaver workshop on Breast Self-Augmentation: anatomy and Technique at UCSD school of Medicine. 33rd Annual Scientific Meeting of the American Academy of Cosmetic Surgery. San Diego, CA February 8, 2017

- Presenter/ Speaker on: Cosmetic Breast Repair and Reconstruction with Seri Graft and Capsulorrhaphy. 18th Annual Scientific Meeting of the California Academy of Cosmetic Surgery. Santa Monica, CA October 30, 2016

- Presenter/ Speaker on: Breast Reconstruction with Seri Graft Placement. 32nd Annual meeting of American Society of Cosmetic Breast Surgery. Newport Beach, California April 29-May 2, 2016

- Course Director: Advanced Breast Augmentation and Breast Lift course with live surgical demonstrations sponsored by California Academy of Cosmetic Surgery. Rancho Cucamonga, CA March 18-19, 2016

- Webster Award Recipient Speaker: Webster Legacy: The importance of education and AACS Fellowships. . 32nd Annual Scientific Meeting of the American Academy of Cosmetic Surgery. Hollywood, Florida January 15, 2016

- Faculty / Presenter at the Live Surgery Workshop for Body Contouring following Bariatric Surgery & Massive Weight Loss. Spoke on options of upper arm contouring- Brachioplasty and Breast augmentation and mastopexy when to combine and when to stage. Tulsa, Oklahoma, November 6-7 2015.

- Presenter/ Speaker and Program Director: Anesthesia Safety for the Cosmetic Surgeon: A Review and update on Current Safety Standards. 1^{7th} Annual Scientific Meeting of the California Academy of Cosmetic Surgery. Santa Monica, CA October 25th, 2015

- Session Director: Breast augmentation and revision breast augmentation section of 17th annual meeting of the California Academy of Cosmetic Surgery, Santa Monica, CA October 23-25th, 2015

- Course Director: Advanced Facial Rejuvenation course with live surgical and non-surgical technique demonstrations sponsored by California Academy of Cosmetic Surgery. Rancho Cucamonga, CA August 8, 2015

- Course Director: Advanced breast augmentation and revision breast augmentation live surgery workshop sponsored by California Academy of

Cosmetic Surgery, Allergan and Keller Funnel. Rancho Cucamonga, CA March 20-21, 2015

- Session Director/ Speaker: Correction of Breast Asymmetries with Trans-umbilical Placement of Spectrum Adjustable Implants. 31st Annual Scientific Meeting of the American Academy of Cosmetic Surgery. New Orleans, Louisiana January 16, 2015

- Session Director: Breast Augmentation and Mastopexy. 31st Annual Scientific Meeting of the American Academy of Cosmetic Surgery. New Orleans, Louisiana January 15, 2015

- Co-Presenter/ Speaker: Bright eye session on Breast Revision Surgery. 31st Annual Scientific Meeting of the American Academy of Cosmetic Surgery. New Orleans, Louisiana January 14, 2015
-
- Faculty: Cadaver workshop on Facial Cosmetic Surgery at LSU school of Medicine. 31st Annual Scientific Meeting of the American Academy of Cosmetic Surgery. New Orleans, Louisiana January 13, 2015

- Presenter/ Speaker: Pearls and pitfalls in Transumbilical Breast Augmentation. 31st Annual Scientific Meeting of the American Academy of Cosmetic Surgery. New Orleans, Louisiana January 14, 2015

- Presenter/ Speaker and Program Director: Cosmetic Breast Surgery Section. 31st Annual Scientific Meeting of the American Academy of Cosmetic Surgery. New Orleans, Louisiana January 13-17, 2015

- Presenter/ Speaker on: Breast Surgery Complications. 16th Annual Scientific Meeting of the California Academy of Cosmetic Surgery. New Port Beach, CA October 24-26, 2014

- Faculty/ Speaker- Facial Wrinkle Reduction: Use of Neurotoxins. American Association of Oral and Maxillofacial Surgeons 96th National Meeting. Honolulu, Hawaii September 10, 2014

- Presenter/ Speaker and Program Director: Anesthesia Safety for the Cosmetic Surgeon: A Review of Current Safety Standards and Presentation of Cases. 30th Annual Scientific Meeting of the American Academy of Cosmetic Surgery. Hollywood, Florida January 18, 2014

- Program Director: Pain Management and Anesthesia in Outpatient Cosmetic Surgery. 30th Annual Scientific Meeting of the American Academy of Cosmetic Surgery. Hollywood, Florida January 17, 2014

- Presenter/ Speaker: Surgical Treatment of Implant Malposition and other Common Post Operative Complications. 30th Annual Scientific Meeting of the American Academy of Cosmetic Surgery. Hollywood, Florida January 14, 2014

- Presenter/ Speaker on: Breast Lifts, Tucks and Tightening: Technique and Case Discussions. 15th Annual Scientific Meeting of the California Academy of Cosmetic Surgery. New Port Beach, CA October 25-27, 2013

- Presenter/ Speaker on: Primary Rhinoplasty: Technique and Case Discussions. 15th Annual Scientific Meeting of the California Academy of Cosmetic Surgery. New Port Beach, CA October 25-27, 2013

- The Annual Plastic and Reconstructive Surgery Meeting. San Diego, CA. October 11-15, 2013

- World Congress on Advanced Liposculpture and Body Contouring. New York, New York. October 2-5, 2013

- Presenter/Speaker- Cosmetic Surgery: Latest and Greatest from Non invasive to Surgical Intervention. American College of Osteopathic Physicians California Annual meeting. Anaheim, CA. August 3, 2013

- Presenter/ Speaker and Session Director on: Transumbilical Breast Augmentation: Pearls and Pitfalls. 29th Annual Scientific Meeting of the American Academy of Cosmetic Surgery. Las Vegas, Nevada January 16, 2013

- Faculty/ Speaker- Comprehensive Review of Botox for Facial Rejuvenation. American Association of Oral and Maxillofacial Surgeons National Meeting. San Diego, CA September 15, 2012

- Faculty/ Speaker- New and Established Techniques in Breast and Body Contouring. Cadaver Workshop. Saint Louis University, Missouri June 21-23 2012

- Faculty/ Speaker- New Concepts in Aesthetic Breast surgery and Abdominoplasty. Live surgery Workshop. Noblesville, Indiana August 19-21, 2011

- Presenter/ Speaker on: Revisions and Refinements in Cosmetic Breast Surgery. 27th Annual workshop of American Society of Cosmetic Breast Surgery. Newport Beach, California April 29-May 2, 2011. Hosted live surgery course on May 2nd in Rancho Cucamonga.

- Presenter/ Speaker on: Pocket Revisions in Cosmetic Breast Surgery. 27th Anniversary Scientific Meeting of the American Academy of Cosmetic Surgery. Phoenix, Arizona January 12-16, 2011

- Speaker on: Facial Cosmetic Procedures as an adjunct to your existing practice. California Association of Oral and Maxillofacial Surgeons. Monterey, CA January 16, 2011

- Presenter/ Speaker on: Revisions and Refinements in Cosmetic Breast Surgery. 26th Anniversary Scientific Meeting of the American Academy of Cosmetic Surgery. Orlando, Florida January 28-31, 2010

- California Academy of Cosmetic Surgery, 10th Annual Educational Meeting, Rancho Mirage, CA October 2009

- Faculty/ Speaker- Advanced Breast Live Surgery Workshop. Marion, Indiana October 4-7, 2009

- The Art of Body Contouring After Massive Weight Loss- Live Surgery Workshop. Tulsa, Oklahoma April 17-19, 2009

- Presenter/ Speaker on: Revisions and Refinements in Cosmetic Breast Surgery. 25th Anniversary Scientific Meeting of the American Academy of Cosmetic Surgery. Phoenix, Arizona January 15-18, 2009

- California Academy of Cosmetic Surgery, 10th Annual Educational Meeting, Rancho Mirage, CA November 2, 2008

- American Society of Cosmetic Breast Surgery 24th Annual Workshop on Breast Implants. Newport Beach, California, May2-5, 2008.

- 24th Annual Scientific Meeting American Academy of Cosmetic Surgery, (The Art of Perfection) Orlando, Florida January 17-20, 2008.

- Faculty / Presenter / Surgical Instructor at the Live Cosmetic Surgery Workshop "Minimal Incision and Short Skin Flap Thread Lifts" in Riverside, California, March 15-16, 2007

- 23rd Annual Scientific Meeting of the American Academy of Cosmetic Surgery, (Covering Breast, Body & Facial Cosmetic Surgery), Phoenix, Arizona. January 25-28, 2007

- Faculty/ Presenter/ Surgical instructor at Live Cosmetic Surgery Workshop “Breast Augmentation and Breast Lifting” in Tulsa Oklahoma, November 9-11 2006

- Faculty / Presenter / Surgical Instructor at the Live Cosmetic Surgery Workshop "Minimal Incision and Short Skin Flap Thread Lifts" in Riverside, California, March 24-25 2006.

- American Academy of Cosmetic Surgery Award for Excellence in Cosmetic Surgery Education - January 2006.

- Presenter / Speaker on: 'The Transumbilical Breast Augmentation ', 22nd Annual Scientific Meeting of the American Academy of Cosmetic Surgery, Orlando, Florida Jan. 26-29, 2006.

- Faculty / Presenter/Surgical Instructor at the Live Cosmetic Surgery Workshop "Total Facial Rejuvenation" at Tulsa Surgical Arts in Tulsa, Oklahoma, September 2005. Sponsored by the American Academy of Cosmetic Surgery for Level I CME.

- MENTOR Corporation Masters Series Course on Manufacturing Techniques of Saline and Silicone Breast Implants, Dallas, Texas August 2005.

- 2nd Annual Facial Cosmetic Surgery 2005, A Multi-Specialty Symposium' in Las Vegas, NV, June 2005. Sponsored by the Multi-Specialty Foundation for Facial Aesthetic Surgical Excellence for 36 hours of Category 1 CME.

- 21st Annual Scientific Meeting of the American Academy of Cosmetic Surgery, San Diego, California Jan. 27-30, 2005.

- 21st Annual Breast Surgery Symposium in Atlanta, GA, January 21-23, 2005. Sponsored by the Southeastern Society of Plastic and Reconstructive Surgeons for 18 hours of Category 1 CME.

- Endoscopic Plastic Surgery Educational Seminar Hosted by Nicanor G. Isse, M.D. and Peter Bela Fodor, M.D., Universal City, California December 2-4, 2004.

- World Congress on Liposuction Surgery of American Academy of Cosmetic Surgery, St. Louis, Missouri October 1-3, 2004 for 22 hours of Level 1 CME.

- Presenter/Surgical Instructor for "North American Experience with the APTOS Feather Lift" in 'Latest Techniques in Facial Rejuvenation for the Dermatologic Surgeon' Los Angeles, California March 5-6, 2004.

- UCLA Comprehensive Review of Pain Management, Beverly Hills, California February 21-22, 2004 for 12 hours Level I CME.

- 20th Annual Scientific Meeting of the American Academy of Cosmetic Surgery (Covering Breast, Body & Facial Cosmetic Surgery), Hollywood, Florida Jan. 29-Feb. 2, 2004.

- American Academy of Cosmetic Surgery Annual Board Review Course (covering Breast, Body, & Facial Cosmetic Surgery), Hollywood, Florida February 1-2, 2004 approved for 16 hours of category 1 CE.

- Co-Director/Presenter/Surgical Instructor in Facial Lifting with APTOS Threads (Feather Lift), Rancho Cucamonga, California October 17-18, 2003.
- American Academy of Cosmetic Surgery 2002 World Congress on Liposuction Surgery, Westminster, Colorado, Oct. 4- Oct. 6, 2003 approved for 27 hours of category 1 continued medical education.
- Live Cosmetic Surgery Workshop "Total Facial Rejuvenation" at Tulsa Surgical Arts in Tulsa, Oklahoma, September 2003. Sponsored by the American Academy of Cosmetic Surgery for Level I CME.
- Co-Director/Presenter/Surgical Instructor in Facial Lifting with APTOS Threads (Feather Lift), Rancho Cucamonga, California March 22-23, 2003.
- American Academy of Cosmetic Surgery 19th Annual Scientific Meeting (Covering Breast, Body & Facial Cosmetic Surgery), Rancho Mirage, California, Jan. 22- Jan. 26, 2003 approved for 27 hours of category 1 continued medical education.
- Facial Lifting Techniques with APTOS Threads (Feather Lift), Palm Springs, California May 9-10, 2002.
- Faculty / Lecturer / Surgical Instructor for Lecture on Face-lifting Techniques at Loma Linda University in the Maxillofacial Surgery Department, March 2002.
- American Academy of Cosmetic Surgery 18th Annual Scientific Meeting (Covering Breast, Body & Facial Cosmetic Surgery), Ft. Lauderdale, Florida, Jan. 31- Feb. 3, 2002 approved for 27 hours of category 1 continued medical education
- Faculty / Lecturer / Surgical Instructor at the Cosmetic Breast Surgery Workshop Course by the American Academy of Cosmetic Surgery at the Facial Plastic and Cosmetic Surgery Center in Abilene, Texas, May 2001.
- American Academy of Cosmetic Surgery 17th Annual Scientific Meeting (Covering Breast, Body & Facial Cosmetic Surgery), San Diego, California, Feb. 8- Feb. 11, 2001 approved for 27 hours of category 1 continued medical education.
- The Page and William Black Post Graduate School, The Mount Sinai School of Medicine: An Aesthetic Facial Symposium, a multi-disciplinary approach. March 1998.
- Luxar Corporation: Clinical training course on the CO_2 Surgical Laser Technique and Applications. November 1997.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	July 30, 2019
TO	Members of the Dental Board of California
FROM	Wilbert Rumbaoa, Administrative Services Manager Dental Board of California
SUBJECT	**Agenda Item 9:** Discussion and Possible Action Regarding AB 1519 (Low) – Sunset Review

Background:
On July 2, 2019, the Dental Board of California's Sunset Review legislation, Assembly Bill 1519 was amended. The bill was heard in the Senate Business and Professions Committee on July 8, 2019; the bill was passed out of this Committee and referred to the Senate Committee on Appropriations. The bill is scheduled to be heard in Senate Appropriations on Monday, August 12, 2019. A copy of this bill is enclosed for reference.

Specifically, this bill:

1. As of July 1, 2022, merges the State Dental Assistant Fund with the State Dentistry Fund and the State Dental Assistant Fund shall be abolished. *(SEC. 2 Section 205 through SEC. 4. Section 205.2)*

2. Authorizes each appointing authority, rather than only the Governor as authorized under current law, to remove any appointed member of the Board from office at any time who was appointed by that authority for the Board members' continued neglect of duty, incompetency, or unprofessional conduct required by the Dental Practice Act (Act). *(SEC 10. Section 1605)*

3. Extends the operations of the Dental Board of California (Board) and executive officer until January 1, 2024. *(SEC. 5 Section 1601.1, SEC. 14. Section 1616.5)*

4. Requires the notice to consumers to be posted in a conspicuous location accessible to public view or accessible electronically for patients receiving dental services through telehealth. *(SEC. 12 Section 1611.3)*

5. Requires the Board to appoint its own attorney by July 1, 2020. *(SEC. 13. Section 1616)*

6. Specifies applicants applying for dental licensure shall furnish satisfactory evidence of having graduated from a dental college approved by the board or by the Commission on Dental Accreditation of the American Dental Association and presenting satisfactory evidence of having completed at a dental school or schools the full number of academic years of undergraduate courses required for graduation. *(SEC. 29. Section 1628)*

7. Authorizes the Board to deny an application to take an examination for licensure as a dentist or dental assistant or an application for registration as a dental corporation, or, at any time prior to licensure, the board may deny the issuance of a license to an applicant for licensure as a dentist or dental assistant, if the applicant has been convicted of a crime or subject to formal discipline pursuant to Business and Professions Code Section 480. *(Sec. 30. Section 1628.5)*

8. Requires applicants for licensure to practice dentistry to provide a signed release allowing disclosure of information from the National Practitioner Data Bank and verification of registration status with the federal Drug Enforcement Administration. Requires the Board to review this information to determine if it presents sufficient evidence to warrant the submission of additional information from the applicant or the denial of the application for licensure. *(SEC. 32. Section 1629(c))*

9. Requires the examination of applicants for a license to practice dentistry in this state shall be sufficiently thorough to test the fitness of the applicant to practice dentistry and shall include assessing competency in the areas of diagnosis, treatment planning, and restorative, endodontic, periodontic, and prosthetic dentistry. *(SEC. 33. Section 1630)*

10. Requires the Board to report on how many other states have recognized licensure by portfolio examination at the time of its next sunset review. *(SEC. 34. Section 1632(B))*

11. Requires applicants applying for licensure who utilized the clinical and written examination results administered by the Western Regional Examining Board (WREB) and the American Board of Dental Examiners (ADEX) to have taken and passed such examinations within five years prior to the date of their application for licensure. (*SEC. 34 Section 1632(2)(A)(B))*

12. Authorizes the Board to evaluate a resident's competence to practice dentistry in the state upon successful completion of the advanced education program in general dentistry or advanced education program in residency is required to be within two years prior to the date of the resident's application for a license under this section. (*SEC. 36. Section 1634.1(c))*

13. Beginning January 1, 2020, requires schools seeking approval as foreign dental school to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association

(CODA) or a comparable accrediting body approved by the Board. *(SEC. 37. Section 1636.4 (h))*

14. Beginning January 1, 2024, in order to remain an approved foreign dental school in the state, all schools previously approved by the Board as a foreign dental school to have successfully completed the international consultative and accreditation process with CODA or a comparable accrediting body approved by the Board. *(SEC. 37. Section 1636.4 (i))*

15. Requires a person who applies for licensure as a registered dental assistant shall provide evidence of having successfully completed Board-approved courses in infection control, the Dental Practice Act, including the Dental Practice Act for Dental Assisting Jurisprudence, and basic life support. *(SEC. 41. Section 1645.1(a))*

16. On or after July 1, 2020, requires a licensee placed on probation to provide a patient or the patient's guardian or healthcare surrogate with a disclosure prior to the patient's first visit if the licensee is on probation for the following:
    a. The commission of any act of sexual abuse, misconduct or relations with a patient or client.
    b. Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.
    c. Criminal conviction involving harm to patient safety or health.
    d. Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

    (SEC. 43. Section 1673(A-D))

17. Requires licensees to obtain a signed copy of the disclosure outlined above from the patient or the patient's guardian or health surrogate. *(SEC. 43. Section 1673(b)*

18. Provides an exemption to the disclosure requirement if the patient is unconscious or otherwise unable to comprehend the disclosure and if a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the receipt of disclosure; if the visit occurs in an emergency room and the licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit and; if the licensee does not have a direct treatment relationship with the patient. *(SEC. 43. Section 1673(1-4))*

19. On and after July 1, 2020, the Board shall provide information about licensees on the length of probation and probation end date on the licensee’s profile page on the Board’s website. *(SEC. 43. Section 1673(d)*

20. Makes failure to review diagnostic digital or conventional radiographs or other equivalent bone imaging suitable for orthodontia prior to the diagnosis and correction of malpositions of human teeth or use of orthodontic appliances unprofessional conduct. *(SEC. 44. Section 1680(ah))*

21. Requires any entity that provides a service authorized under the Act through teledentistry to make the name and state license number of any dentist providing services available at any time prior to or during the rendering of services. *(SEC. 45. Section 1683.1(a))*

22. Specifies that a provider of dental services shall not require a patient to sign an agreement that limits the patient's ability to file a complaint with the Board. *(SEC 46. Section 1683.2)*

23. Requires recommendations by the Dental Assisting Council be approved, modified, or rejected by the Board within 120 days of submission of the recommendation to the Board during full Board business. In the event the Board rejects, postpones, refers the matter back to the council for any reason, or significantly modifies the intent or scope of the recommendation, the Board is required to provide its reasons in writing for rejecting or significantly modifying the recommendation within 30 days. *(SEC. 53. Section 1742(h))*

24. Requires individuals applying for registered dental assistant licensure on or after January 1, 2010, shall demonstrate satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics examination. The suspension of the practical examination shall commence on the date the Board votes to suspend the practical examination. *(SEC. 55. Section 1752.1(j))*

25. Makes numerous technical and clarifying changes to the Act.

<u>Proposed Amendments:</u>
Board staff has identified the following amendments needed to Assembly Bill 1519 and have communicated them to the Author's office:

1. Request the following language be added to provide clarification relating to Board approval of foreign dental school:

    a. Delete the amendments and retain original language relating to the term "dental auxiliary" in Business and Professions Code Sections 1628.5, 1628.7, and 1684.5. The term "dental auxiliary" encompasses all license types. The term "dental assistant" could cause confusion as it is a specific unlicensed category with specified scope.

    b. Amend Business and Professions Code Section 1634.1 to state "Completion of the program shall be within two years prior to the date of their application for a license under this section." to clarify the residency must be completed within two years of application.

    c. Add Business and Professions Code Section 1636.4(c)(2) to include the following language: *"If the board does not contract for the evaluation pursuant to subdivision (b), no technical advisory group shall be established and the evaluation team for the school site shall provide its report directly to the board."*

d. Add Business and Professions Code Section 1636.4 (h) to include *"An application submitted under this section, must be deemed a complete application pursuant to the rules promulgated by the board prior to January 1, 2020, in order to be accepted."*, and *"Notwithstanding any other law, a school required to submit a renewal application after January 1, 2020, shall not submit that application and shall be deemed approved until January 1, 2024, subject to the continued compliance of the school as described in subdivision (e)."*

2. Remove the proposed requirement in Business and Professions Code Section 1645.1 for an applicant for registered dental assistant (RDA) licensure to complete a Dental Practice Act for Dental Assisting Jurisprudence course; this requirement would create a barrier to licensure as no such course currently exists.

3. Add a provision to Business and Professions Code Section 1718.3 to allow a license holder to apply for a new license to replace a cancelled license through one of the available licensing pathways. Specifically, staff recommends the addition of Section 1718.3(a)(4) to specify *"The license holder applies for licensure, as a new applicant, through one of the available licensing pathways and meets all the requirements for licensure outlined therein."*

4. Request the amendments included in Section 1742 (h) relating to the Board's requirement to respond to the Dental Assisting Council's recommendations be deleted. Current language is sufficient.

Action Requested:
Board staff recommends the Board take a support position on AB 1519.

AMENDED IN SENATE JULY 2, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL No. 1519

Introduced by ~~Committee on Business and Professions~~ *Assembly Member Low*

February 22, 2019

An act to amend Sections ~~1601.1 and 1616.5 of~~ *144, 1601.1, 1602, 1603, 1604, 1605, 1607, 1611.3, 1616, 1616.5, 1616.6, 1618, 1619, 1621, 1625, 1625.1, 1625.2, 1625.3, 1625.4, 1626, 1626.2, 1626.6, 1627.5, 1628, 1628.5, 1628.7, 1629, 1630, 1632, 1633, 1634.1, 1645, 1645.1, 1658, 1680, 1684.5, 1718.3, 1721, 1721.5, 1725, 1740, 1742, 1749.1, 1752.1, 2096, and 2290.5 of, to amend and renumber Section 1603a of, to amend, repeal, and add Sections 205 and 1636.4 of, to add Sections 205.2, 1673, 1683.1, and 1683.2 to, and to repeal Sections 1620.1, 1636.6, and 1752.3 of,* the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1519, as amended, ~~Committee on Business and Professions~~ *Low*. Healing ~~arts: Dental Board of California.~~ *arts.*

~~Existing~~

(1) Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California and authorizes the board to appoint an executive officer to exercise powers and perform duties delegated by the board to the executive officer. *The act requires the Governor, the Senate Committee on Rules, and the Speaker of the Assembly to appoint specified members of the board, and authorizes the Governor to remove a member of the board from office at any time for continued neglect of duty,*

incompetency, or unprofessional or dishonorable conduct. The act requires the board to appoint its own attorney and to prescribe that attorney's duties and compensation. These provisions are in effect only until January 1, 2020, and, upon repeal of those provisions, the board will be subject to review by the appropriate policy committees of the Legislature.

This bill would *instead authorize the appointing authority to remove from office at any time a member of the board appointed by that authority for the reasons specified above. The bill would require the board to appoint its own attorney by July 1, 2020. The bill would revise and recast additional provisions relating to administration of the act, and would* extend the provisions relating to the Dental Board of California and the executive officer to January 1, 2024.

The Dental Practice Act requires the board to approve foreign dental schools based on specified standards. Existing law requires a foreign dental school seeking approval to submit an application to the board, including, among other things, a finding that the educational program of the foreign dental school is equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry. Existing law requires the foreign dental school to submit a specified registration fee and to pay the board's reasonable costs and expenses to conduct an approval survey. Existing law requires an approved institution to submit a renewal application every 7 years and to pay a specified renewal fee.

This bill, beginning January 1, 2020, would prohibit the board from accepting new applications for approval of foreign dental schools and would require foreign dental schools seeking approval to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association (CODA) or a comparable accrediting body approved by the board. The bill would require previously approved foreign dental schools to complete the CODA accreditation by January 1, 2024, to remain approved.

The Dental Practice Act requires an applicant for licensure under the act to furnish fingerprint cards for submission to state and federal criminal justice agencies to determine, among other things, whether the applicant has a record of any criminal convictions in the state or in any other jurisdiction.

This bill would require the board to require an applicant for licensure under the act to additionally furnish finger prints for the purposes of

conducting a background check, and would authorize the applicant to submit a copy of a completed Live Scan form instead of fingerprint cards for specified purposes. The bill would require the board to request subsequent arrest notification service for all applicants. The bill would also require an applicant for licensure to practice dentistry to furnish a signed release allowing disclosure of information from the National Practitioner Data Bank and verification of registration status with the federal Drug Enforcement Administration within the United States Department of Justice for specified purposes.

The Dental Practice Act requires each applicant for a license to practice dentistry in the state to meet various requirements, including successfully completing an examination to test the fitness of the applicant to practice dentistry.

This bill would revise various provisions relating to the requirements for licensure to practice dentistry in the state, including requiring the examination to assess competency in the areas of diagnosis, treatment planning, and restorative, endodontic, periodontic, and prosthetic dentistry.

The Dental Practice Act requires an applicant for licensure as a registered dental assistant to meet specified eligibility requirements, such as satisfactory performance on a written examination in law and ethics, and to provide evidence of successful completion of specified board-approved courses, including in radiation safety and coronal polishing.

This bill would instead require satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination, and would require an applicant to additionally provide evidence of successfully completing board-approved courses in infection control, the Dental Practice Act, including the Dental Practice Act for Dental Assisting Jurisprudence, and basic life support.

Existing regulations define the term dental auxiliary to mean a person who may perform dental supportive procedures authorized by the act and implementing regulations under the specified supervision of a licensed dentist.

This bill would revise and recast provisions of the act that authorize a dental auxiliary to perform various functions to instead authorize a registered dental assistant to perform those functions, and would make related conforming changes.

The Dental Practice Act specifies unprofessional conduct by a licensee to include, among other things, the violation of any provisions of the

act. Existing law authorizes the board to discipline a licensee under the act by placing the licensee on probation under various specified terms and conditions. Existing law requires a licensed dentist engaged in the practice of dentistry to provide specified notice to each patient of the fact that the dentist is licensed and regulated by the board. Existing law requires the notice to be posted in a conspicuous location accessible to public view, as specified.

This bill would provide that the failure to review diagnostic digital or conventional radiographs for orthodontia prior to the diagnosis and correction of malpositions of human teeth or use of orthodontic appliances is unprofessional conduct under the act. The bill would require an individual, partnership, corporation, or other entity providing services through teledentistry to make available the name and state license number of any dentist who will be involved in the provision of services to a patient, and would require a violation of that provision to constitute unprofessional conduct. The bill would prohibit a provider of dental services from requiring a patient to sign an agreement limiting the patient's ability to file a complaint with the board.

This bill would also require a licensee whose license is placed on probation on and after July 1, 2020, to provide a patient with a specified disclosure before the patient's first visit following the probationary order, and would require the licensee to obtain a separate, signed copy of the disclosure, unless an exception applies. The bill would require the board to provide specified probation information on a licensee's profile on the board's internet website.

The Dental Practice Act establishes the State Dentistry Fund and requires that specified fees and fines be paid into that fund, and provides that the funds, unless otherwise provided, be available, upon appropriation, to the board for specified purposes. The act also establishes the State Dental Assistant Fund and requires that specified fees be paid into that fund, and provides that the fund be available, upon appropriation, to the board for the purposes of administering provisions relating to dental assistants, registered dental assistants, registered dental assistants in extended functions, dental sedation assistant permitholders, and orthodontic assistant permitholders.

This bill would abolish the State Dental Assistant Fund on July 1, 2022, and would require that any moneys in that fund be transferred to the State Dentistry Fund before July 1, 2022. The bill would make various related conforming changes.

(2) Existing law requires an applicant for a physician's and surgeon's license to complete, among other things, 36 months of postgraduate training approved by the California Medical Board, including 4 months of general medicine training obtained in specified postgraduate training programs. Existing law authorizes an applicant who completes 24 of the 36 months as a resident after receiving a medical degree from a combined dental and medical degree program accredited by the Commission on Dental Accreditation or approved by the board to be eligible for licensure.

This bill would specify that the 24 months of postgraduate training as a resident described above must be part of an oral and maxillofacial surgery postgraduate training program, and would exempt these applicants from completing the 4 months of postgraduate training in general medicine.

(3) Existing law defines "telehealth" as 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, and "health care provider" is defined as a person who is licensed under specified provisions of law relating to healing arts. Existing law requires health care providers using telehealth to comply with specified provisions, including informing the patient about the use of telehealth and obtaining verbal or written consent from the patient for the use of telehealth prior to the delivery of health care services via telehealth, and makes a violation of these provisions unprofessional conduct.

This bill would specify that all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice shall apply to healthcare providers who provide telehealth services.

(4) This bill would make other conforming and nonsubstantive changes, including replacing gendered terms with nongendered terms, updating cross-references, and deleting obsolete provisions.

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 144 of the Business and Professions Code is amended to read:

144. (a) Notwithstanding any other law, an agency designated in subdivision (b) shall require an applicant to furnish to the agency a full set of fingerprints for purposes of conducting criminal history record checks. Any agency designated in subdivision (b) may obtain and receive, at its discretion, criminal history information from the Department of Justice and the United States Federal Bureau of Investigation.

(b) Subdivision (a) applies to the following:

(1) California Board of Accountancy.

(2) State Athletic Commission.

(3) Board of Behavioral Sciences.

(4) Court Reporters Board of California.

~~(5) State Board of Guide Dogs for the Blind.~~

(5) Dental Board of California.

(6) California State Board of Pharmacy.

(7) Board of Registered Nursing.

(8) Veterinary Medical Board.

(9) Board of Vocational Nursing and Psychiatric Technicians.

(10) Respiratory Care Board of California.

(11) Physical Therapy Board of California.

(12) Physician Assistant Committee of the Medical Board of California.

(13) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

(14) Medical Board of California.

(15) State Board of Optometry.

(16) Acupuncture Board.

(17) Cemetery and Funeral Bureau.

(18) Bureau of Security and Investigative Services.

(19) Division of Investigation.

(20) Board of Psychology.

(21) California Board of Occupational Therapy.

(22) Structural Pest Control Board.

(23) Contractors' State License Board.

(24) Naturopathic Medicine Committee.

(25) Professional Fiduciaries Bureau.

(26) Board for Professional Engineers, Land Surveyors, and Geologists.

(27) Bureau of Cannabis Control.

(28) California Board of Podiatric Medicine.

(29) Osteopathic Medical Board of California.

(c) For purposes of paragraph (26) of subdivision (b), the term "applicant" shall be limited to an initial applicant who has never been registered or licensed by the board or to an applicant for a new licensure or registration category.

SEC. 2. Section 205 of the Business and Professions Code is amended to read:

205. (a) There is in the State Treasury the Professions and Vocations Fund. The fund shall consist of the following special funds:

(1) Accountancy Fund.

(2) California Architects Board Fund.

(3) Athletic Commission Fund.

(4) Barbering and Cosmetology Contingent Fund.

(5) Cemetery and Funeral Fund.

(6) Contractors' License Fund.

(7) State Dentistry Fund.

(8) Home Furnishings and Thermal Insulation Fund.

(9) California Architects Board-Landscape Architects Fund.

(10) Contingent Fund of the Medical Board of California.

(11) Optometry Fund.

(12) Pharmacy Board Contingent Fund.

(13) Physical Therapy Fund.

(14) Private Investigator Fund.

(15) Private Security Services Fund.

(16) Professional Engineer's, Land Surveyor's, and Geologist's Fund.

(17) Consumer Affairs Fund.

(18) Behavioral Sciences Fund.

(19) Licensed Midwifery Fund.

(20) Court Reporters' Fund.

(21) Veterinary Medical Board Contingent Fund.

(22) Vocational Nursing and Psychiatric Technicians Fund.

(23) Electronic and Appliance Repair Fund.

(24) Dispensing Opticians Fund.

(25) Acupuncture Fund.

(26) Physician Assistant Fund.
(27) Board of Podiatric Medicine Fund.
(28) Psychology Fund.
(29) Respiratory Care Fund.
(30) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund.
(31) Board of Registered Nursing Fund.
(32) Animal Health Technician Examining Committee Fund.
(33) State Dental Hygiene Fund.
(34) State Dental Assistant Fund.
(35) Structural Pest Control Fund.
(36) Structural Pest Control Eradication and Enforcement Fund.
(37) Structural Pest Control Research Fund.
(38) Household Movers Fund.

(b) For accounting and recordkeeping purposes, the Professions and Vocations Fund shall be deemed to be a single special fund, and each of the several special funds therein shall constitute and be deemed to be a separate account in the Professions and Vocations Fund. Each account or fund shall be available for expenditure only for the purposes as are now or may hereafter be provided by law.

(c) This section shall ~~become operative on July 1, 2018.~~ *be repealed on July 1, 2022.*

SEC. 3. Section 205 is added to the Business and Professions Code, to read:

205. (a) There is in the State Treasury the Professions and Vocations Fund. The fund shall consist of the following special funds:

(1) Accountancy Fund.
(2) California Architects Board Fund.
(3) Athletic Commission Fund.
(4) Barbering and Cosmetology Contingent Fund.
(5) Cemetery and Funeral Fund.
(6) Contractors' License Fund.
(7) State Dentistry Fund.
(8) Home Furnishings and Thermal Insulation Fund.
(9) California Architects Board-Landscape Architects Fund.
(10) Contingent Fund of the Medical Board of California.
(11) Optometry Fund.
(12) Pharmacy Board Contingent Fund.

(13) Physical Therapy Fund.
(14) Private Investigator Fund.
(15) Private Security Services Fund.
(16) Professional Engineer's, Land Surveyor's, and Geologist's Fund.
(17) Consumer Affairs Fund.
(18) Behavioral Sciences Fund.
(19) Licensed Midwifery Fund.
(20) Court Reporters' Fund.
(21) Veterinary Medical Board Contingent Fund.
(22) Vocational Nursing and Psychiatric Technicians Fund.
(23) Electronic and Appliance Repair Fund.
(24) Dispensing Opticians Fund.
(25) Acupuncture Fund.
(26) Physician Assistant Fund.
(27) Board of Podiatric Medicine Fund.
(28) Psychology Fund.
(29) Respiratory Care Fund.
(30) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund.
(31) Board of Registered Nursing Fund.
(32) Animal Health Technician Examining Committee Fund.
(33) State Dental Hygiene Fund.
(34) Structural Pest Control Fund.
(35) Structural Pest Control Eradication and Enforcement Fund.
(36) Structural Pest Control Research Fund.
(37) Household Movers Fund.

(b) For accounting and recordkeeping purposes, the Professions and Vocations Fund shall be deemed to be a single special fund, and each of the several special funds therein shall constitute and be deemed to be a separate account in the Professions and Vocations Fund. Each account or fund shall be available for expenditure only for the purposes as are now or may hereafter be provided by law.

(c) This section shall become operative on July 1, 2022.

SEC. 4. Section 205.2 is added to the Business and Professions Code, to read:

205.2. Whenever any reference is made in any provision of this code to the "State Dental Assistant Fund," it means the State Dentistry Fund. All moneys within the State Dental Assistant Fund

shall be deposited into the State Dentistry Fund by July 1, 2022. On July 1, 2022, the State Dental Assistant Fund shall be abolished.

~~SECTION 1.~~

SEC. 5. Section 1601.1 of the Business and Professions Code is amended to read:

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

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

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

(d) This section shall remain in effect only until January 1, 2024, and as of that date is repealed. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 6. Section 1602 of the Business and Professions Code is amended to read:

1602. All of the members of the board, except the public members, shall have been actively and ~~legally~~ *lawfully* engaged in the practice of dentistry in the State of California, for at least five years next preceding the date of their appointment. The dental hygienist member shall have been a registered dental hygienist, and the dental assistant member shall have been a registered dental assistant, in the State of California for at least five years next preceding the date of their appointment. The public members shall not be ~~licentiates~~ *licensees* of the board or of any other board under this division or of any board referred to in Sections 1000 and 3600.

No more than one member of the board shall be a member of the faculty of any dental college or dental department of any medical college in the State of California. None of the members, including the public members, shall have any financial interest in any such college.

SEC. 7. Section 1603 of the Business and Professions Code is amended to read:

~~1603. Except~~

1603. (a) Except for the initial appointments, members of the board shall be appointed for a term of four years, and each member shall hold office until the appointment and qualification of ~~his or her~~ *the member's* successor or until one year shall have elapsed since the expiration of the term for which ~~he or she~~ *the member* was appointed, whichever first occurs.

~~A~~

(b) A vacancy occurring during a term shall be filled by appointment for the unexpired term, within 30 days after it occurs.

~~No~~

(c) No person shall serve as a member of the board for more than two terms.

~~The~~

(d) The Governor shall appoint three of the public members, the dental hygienist member, the dental assistant member, and the eight licensed dentist members of the board. The Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member.

~~Of~~

(e) Of the initial appointments, one of the dentist members and one of the public members appointed by the Governor shall serve for a term of one year. Two of the dentist members appointed by the Governor shall each serve for a term of two years. One of the public members and two of the dentist members appointed by the Governor shall each serve a term of three years. The dental hygienist member, the dental assistant member, and the remaining three ~~dentists~~ *dentist* members appointed by the Governor shall each serve for a term of four years. The public members appointed by the Senate Committee on Rules and the Speaker of the Assembly shall each serve for a term of four years.

SEC. 8. Section 1603a of the Business and Professions Code is amended and renumbered to read:

~~1603a.~~

1603.1. A member of the Dental Board of California who has served two terms shall not be eligible for reappointment to the board. In computing two terms hereunder, that portion of an unexpired term that a member fills as a result of a vacancy shall be excluded.

SEC. 9. Section 1604 of the Business and Professions Code is amended to read:

1604. Each member of the board, upon ~~his or her~~ qualification, shall file with the executive officer ~~his or her~~ *the member's* post office address, and thereafter any notice of any change thereof. Any notice mailed to the address so on file, shall be deemed to comply with the requirements of this chapter as to notice to that member of the board.

SEC. 10. Section 1605 of the Business and Professions Code is amended to read:

1605. ~~The Governor~~ *Each appointing authority* has power to remove from office at any time any member of the board *appointed by that authority under Section 1603* for continued neglect of duty required by this chapter or for incompetency or unprofessional or dishonorable conduct.

SEC. 11. Section 1607 of the Business and Professions Code is amended to read:

1607. The board shall meet regularly once each year in *the* San Francisco *Bay area* and once each year in ~~Los Angeles,~~ *southern California,* and at such other times and places as the board may designate, for the purpose of transacting its business.

SEC. 12. Section 1611.3 of the Business and Professions Code is amended to read:

1611.3. ~~The board shall comply with the requirements of Section 138 by January 1, 2013.~~ The board shall require that the notice *required* under ~~that section include~~ *Section 138 includes* a provision that the board is the entity that regulates dentists and dental assistants and ~~provide~~ *provides* the telephone number and ~~Internet address~~ *internet website* of the board. The board shall require the notice to be posted in a conspicuous location accessible to public ~~view.~~ *view or accessible electronically for patients receiving dental services through telehealth.*

SEC. 13. Section 1616 of the Business and Professions Code is amended to read:

1616. The board shall have full power to employ all necessary investigators, ~~clerical~~ *clerical,* and other ~~assistants and~~ *support help. The board shall* appoint its own ~~attorney,~~ *attorney by July 1, 2020,* prescribe ~~his duties~~ *the attorney's duties,* and fix ~~his~~ *the attorney's* compensation. Members and employees of the board shall be entitled to other necessary traveling expenses. The investigators employed by the board shall be specifically trained to investigate dental practice activities.

~~SEC. 2.~~

SEC. 14. Section 1616.5 of the Business and Professions Code is amended to read:

1616.5. (a) The board, by and with the approval of the director, may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in the executive officer by this chapter.

(b) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

SEC. 15. Section 1616.6 of the Business and Professions Code is amended to read:

1616.6. There is hereby established within the board a full-time management level staff position, under the direction of the executive officer, whose ~~sole~~ responsibilities shall ~~be~~ *include* the management of matters related to dental assisting, including, but not limited to, education, examination, licensure, and enforcement.

SEC. 16. Section 1618 of the Business and Professions Code is amended to read:

1618. *(a)* The original books, records, and papers of the board shall be kept at the office of the executive officer, which shall be at such place as may be designated by the board.

~~The~~

(b) The executive officer shall furnish to any person making application ~~therefor~~ a copy of any part thereof, certified by ~~him or her~~ *the executive officer* as executive officer, upon payment of the fee specified in Section 163. The fee shall be deposited in the State ~~Treasury to the credit of the board.~~ *Dentistry Fund.*

SEC. 17. Section 1619 of the Business and Professions Code is amended to read:

1619. ~~The~~ *All* examination ~~papers~~ *documentation* of any applicant shall be ~~kept~~ *preserved by the board* for ~~the~~ *a* period of

no less than one year ~~and may then be destroyed, but they~~ *from the date of final successful examination, after which time the documentation shall be destroyed. Prior to destruction, examination documentation* shall be open to inspection only by members of the board, by the applicant or by someone appointed by the latter to inspect them, by a court of competent jurisdiction in a proceeding where the question of the contents of the papers is properly involved, or by the director in accordance with Section 110 or 153.

SEC. 18. Section 1620.1 of the Business and Professions Code is repealed.

~~1620.1. The Department of Consumer Affairs, in conjunction with the board and the Joint Committee on Boards, Commissions, and Consumer Protection, shall review the scope of practice for dental auxiliaries. The department shall employ the services of an independent consultant to perform this comprehensive analysis. The department shall be authorized to enter into an interagency agreement or be exempted from obtaining sole source approval for a sole source contract. The board shall pay for all of the costs associated with this comprehensive analysis. The department shall report its findings and recommendations to the Legislature by September 1, 2002.~~

SEC. 19. Section 1621 of the Business and Professions Code is amended to read:

1621. The board shall utilize in the administration of its licensure examinations only examiners whom it has appointed and who meet the following criteria:

(a) Possession of a valid license to practice dentistry in this state or possession of a valid license in one of the registered dental assistant categories licensed under this chapter.

(b) Practice as a licensed dentist or in a licensure category described in subdivision (a) for at least five years preceding ~~his or her~~ *the examiner's* appointment.

(c) Hold no position as an officer or faculty member at any college, school, or institution that provides instruction in the same licensure category as that held by the examiner. This subdivision shall not apply to a portfolio examiner.

SEC. 20. Section 1625 of the Business and Professions Code is amended to read:

1625. Dentistry is the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. Without limiting the foregoing, a person practices dentistry within the meaning of this chapter who does any one or more of the following:

(a) By card, circular, pamphlet, ~~newspaper~~ *newspaper, internet website, social media,* or in any other way advertises ~~himself~~ *themselves* or represents ~~himself~~ *themselves* to be a dentist.

(b) Performs, or offers to perform, an operation or diagnosis of any kind, or treats diseases or lesions of the human teeth, alveolar process, gums, jaws, or associated structures, or corrects malposed positions thereof.

(c) In any way indicates that ~~he~~ *the person* will perform by ~~himself~~ *themselves* or ~~his~~ *their* agents or servants any operation upon the human teeth, alveolar process, gums, jaws, or associated structures, or in any way indicates that ~~he~~ *the person* will construct, alter, repair, or sell any bridge, crown, denture or other prosthetic appliance or orthodontic appliance.

(d) Makes, or offers to make, an examination of, with the intent to perform or cause to be performed any operation on the human teeth, alveolar process, gums, jaws, or associated structures.

(e) Manages or conducts as manager, proprietor, conductor, lessor, or otherwise, a place where dental operations are performed.

SEC. 21. Section 1625.1 of the Business and Professions Code is amended to read:

1625.1. (a) Any of the following entities may employ licensees and dental assistants and charge for the professional services they render, and shall not be deemed to be practicing dentistry within the meaning of Section 1625:

(1) A primary care clinic that is licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code.

(2) A primary care clinic that is exempt from licensure pursuant to subdivision (b), (c), or (h) of Section 1206 of the Health and Safety Code.

(3) A clinic owned or operated by a public hospital or health system.

(4) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

(b) The entities described in subdivision (a) shall not interfere with, control, or otherwise direct the professional judgment of a licensee or dental assistant *lawfully* acting within ~~his or her~~ *the licensee's or dental assistant's* scope of practice as defined in this chapter. A requirement that licensees shall constitute all or a percentage of the governing body of the entity shall not be applicable to these entities.

SEC. 22. Section 1625.2 of the Business and Professions Code is amended to read:

1625.2. (a) For purposes of subdivision (e) of Section 1625, the ownership or management, by a tax-exempt nonprofit corporation supported and maintained in whole or in substantial part by donations, bequests, gifts, grants, government funds, or contributions, that may be in the form of money, goods, or services, of a place where dental operations are performed, shall not be construed to be the unlicensed practice of dentistry, as long as all of the following apply:

(1) The entity obtains the board's approval to offer dental services pursuant to regulations adopted by the board.

(2) The entity does nothing to interfere with, control, or otherwise direct the professional judgment of or provision of dental services by a licensee or dental assistant *lawfully* acting within ~~his or her~~ *the licensee's or dental assistant's* scope of practice as defined in this chapter.

(3) The licensees and dental assistants of the entity providing services are in compliance with all applicable provisions of this chapter.

(4) The entity is otherwise in compliance with this chapter and all other applicable provisions of state and federal law.

(b) This section does not apply to any of the following entities:

(1) A primary care clinic that is licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code.

(2) A primary care clinic that is exempt from licensure pursuant to subdivision (b), (c), or (h) of Section 1206 of the Health and Safety Code.

(3) A clinic owned or operated by a public hospital or health system.

(4) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

SEC. 23. Section 1625.3 of the Business and Professions Code is amended to read:

1625.3. (a) Notwithstanding any other provision of law, upon the incapacity or death of a dentist, if the requirements of Section 1625.4 are met, any of the following persons may employ licensees and dental assistants and charge for the professional services they render for a period not to exceed 12 months from the date of the dentist's death or incapacity without being deemed to be practicing dentistry within the meaning of Section 1625:

(1) The legal guardian, conservator, or authorized representative of an incapacitated dentist.

(2) The executor or administrator of the estate of a dentist who is deceased.

(3) The named trustee or successor trustee of a trust or subtrust that owns assets consisting only of the incapacitated or deceased dentist's dental practice and that was established solely for the purpose of disposition of the dental practice upon the dentist's incapacity or death.

(b) The persons described in subdivision (a) shall not interfere with, control, or otherwise direct the professional judgment of a licensee or dental assistant *lawfully* acting within ~~his or her~~ *licensee's or dental assistant's* scope of practice as defined in this chapter.

SEC. 24. Section 1625.4 of the Business and Professions Code is amended to read:

1625.4. (a) Where the dental practice of an incapacitated or deceased dentist is a sole proprietorship or where an incapacitated or deceased dentist is the sole shareholder of a professional dental corporation, a person identified in subdivision (a) of Section 1625.3 may enter into a contract with one or more dentists licensed in the state to continue the operations of the incapacitated or deceased dentist's dental practice for a period of no more than 12 months from the date of death or incapacity, or until the practice is sold or otherwise disposed of, whichever occurs first, if all of the following conditions are met:

(1) The person identified in subdivision (a) of Section 1625.3 delivers to the board a notification of death or incapacity that includes all of the following information:

(A) The name and license number of the deceased or incapacitated dentist.

(B) The name and address of the dental practice.

(C) If the dentist is deceased, the name, address, and tax identification number of the estate or trust.

(D) The name and license number of each dentist who will operate the dental practice.

(E) A statement that the information provided is true and correct, and that the person identified in subdivision (a) of Section 1625.3 understands that any interference by the person or by ~~his or her~~ *the person's* assignee with the contracting dentist's or dentists' practice of dentistry or professional judgment is grounds for immediate termination of the operations of the dental practice without a hearing. The statement shall also provide that if the person required to make this notification willfully states as true any material fact that ~~he or she~~ *the person* knows to be false, ~~he or she~~ *the person* shall be subject to a civil penalty of up to ten thousand dollars ($10,000) in an action brought by any public prosecutor. A civil penalty imposed under this subparagraph shall be enforced as a civil judgment.

(2) The dentist or dentists who will operate the practice shall be licensed by the board and that license shall be current, valid, and shall not be suspended, restricted, or otherwise the subject of discipline.

(3) Within 30 days after the death or incapacity of a dentist, the person identified in subdivision (a) of Section 1625.3 or the contracting dentist or dentists shall send notification of the death or incapacity by mail to the last known address of each current patient of record with an explanation of how copies of the patient's records may be obtained. This notice may also contain any other relevant information concerning the continuation of the dental practice. The failure to comply with the notification requirement within the 30-day period shall be grounds for terminating the operation of the dental practice under subdivision (b). The contracting dentist or dentists shall obtain a form signed by the patient, or the patient's guardian or legal representative, that

releases the patient's confidential dental records to the contracting dentist or dentists prior to use of those records.

(b) The board may order the termination of the operations of a dental practice operating pursuant to this section if the board determines that the practice is operating in violation of this section. The board shall provide written notification at the address provided pursuant to subparagraph (B) of paragraph (1) of subdivision (a). If the board does not receive a written appeal of the determination that the practice is operating in violation of this section within 10 days of receipt of the notice, the determination to terminate the operations of the dental practice shall take effect immediately. If an appeal is received in a timely manner by the board, the executive officer of the board, or ~~his or her~~ *the officer's* designee, shall conduct an informal hearing. The decision of the executive officer or ~~his or her~~ *the executive officer's* designee shall be mailed to the practice no later than 10 days after the informal hearing, is the final decision in the matter, and is not subject to appeal under the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

(c) Notwithstanding subdivision (b), if the board finds evidence that the person identified in subdivision (a) of Section 1625.3, or ~~his or her~~ *the person's* assignee, has interfered with the practice or professional judgment of the contracting dentist or dentists or otherwise finds evidence that a violation of this section constitutes an immediate threat to the public health, safety, or welfare, the board may immediately order the termination of the operations of the dental practice without an informal hearing.

(d) A notice of an order of immediate termination of the dental practice without an informal hearing, as referenced in subdivision (b), shall be served by certified mail on the person identified in subdivision (a) of Section 1625.3 at the address provided pursuant to subparagraph (B) or (C) of paragraph (1) of subdivision (a), as appropriate, and on the contracting dentist or dentists at the address of the dental practice provided pursuant to subparagraph (B) of paragraph (1) of subdivision (a).

(e) A person receiving notice of an order of immediate termination pursuant to subdivision (d) may petition the board within 30 days of the date of service of the notice for an informal hearing before the executive officer or ~~his or her~~ *the executive*

officer's designee, which shall take place within 30 days of the filing of the petition.

(f) A notice of the decision of the executive officer or ~~his or her designee~~ *the executive officer's designee* following an informal hearing held pursuant to subdivision (b) shall be served by certified mail on the person identified in subdivision (a) of Section 1625.3 at the address provided pursuant to subparagraph (B) or (C) of paragraph (1) of subdivision (a), as appropriate, and on the contracting dentist or dentists at the address of the dental practice provided pursuant to subparagraph (B) of paragraph (1) of subdivision (a).

(g) The board may require the submission to the board of any additional information necessary for the administration of this section.

SEC. 25. Section 1626 of the Business and Professions Code is amended to read:

1626. It is unlawful for any person to engage in the practice of dentistry in the state, either privately or as an employee of a governmental agency or political subdivision, unless the person has a valid, unexpired license or special permit from the board.

The following practices, acts and operations, however, are exempt from the operation of this chapter:

(a) The practice of oral surgery by a physician and surgeon licensed under the Medical Practice Act.

(b) The operations, in dental schools approved by the board, of bona fide students of dentistry or dental hygiene in the school's clinical departments or laboratories or in a dental extension program approved by the board or in an advanced dental education program accredited by the Commission on Dental Accreditation of the American Dental Association or a national accrediting body approved by the board.

(c) The practice of dentistry by licensed dentists of other states or countries while appearing and operating as bona fide clinicians or instructors in dental colleges approved by the Dental Board of California.

(d) The practice of dentistry by licensed dentists of other states or countries in conducting or making a clinical demonstration before any bona fide dental or medical society, association, or convention; provided, however, the consent of the Dental Board

of California to the making and conducting of the clinical demonstration shall be first had and obtained.

(e) The construction, making, verification of shade taking, alteration or repairing of bridges, crowns, dentures, or other prosthetic appliances, or orthodontic appliances, when the casts or impressions for this work have been made or taken by a licensed dentist, but a written authorization signed by a licensed dentist shall accompany the order for the work or it shall be performed in the office of a licensed dentist under ~~his or her~~ *the dentist's* supervision. The burden of proving written authorization or direct supervision is upon the person charged with the violation of this chapter.

It is unlawful for any person acting under the exemption of this subdivision to represent or hold out to the public in any manner that ~~he or she~~ *the person* will perform or render any of the services exempted by this subdivision that are rendered or performed under the provisions of this chapter by a licensed dentist, including the construction, making, alteration or repairing of dental prosthetic or orthodontic appliances.

(f) The manufacture or sale of wholesale dental supplies.

(g) The practice of dentistry or dental hygiene by applicants during a licensing examination conducted in this state by the licensing agency of another state which does not have a dental school; provided, however, that the consent of the board to the conducting of the examination shall first have been obtained and that the examination shall be conducted in a dental college accredited by the board.

(h) The practice by personnel of the Air Force, Army, Coast Guard, ~~or Navy~~ *Navy, or Marine Corps* or employees of the United States Public Health Service, Veterans' Administration, or Bureau of Indian Affairs when engaged in the discharge of official duties.

SEC. 26. Section 1626.2 of the Business and Professions Code is amended to read:

1626.2. ~~A dentist~~ *An individual* licensed *to practice dentistry* under this chapter is a licentiate for purposes of paragraph (2) of subdivision (a) of Section 805, and thus is a health care practitioner subject to the provisions of Section 2290.5 pursuant to subdivision (b) of that section.

SEC. 27. Section 1626.6 of the Business and Professions Code is amended to read:

1626.6. (a) (1) In addition to the exemptions set forth in Section 1626, the practice of dentistry by a final year student rendered or performed without compensation or expectation of compensation under the supervision of a licensed dentist with a clinical faculty appointment at a sponsored event, is exempt from the operation of this chapter.

(2) The practice of dentistry exempted by paragraph (1) only includes those operations, approved by the board, that are rendered or performed under the same conditions as operations exempt under subdivision (b) of Section 1626.

(b) For purposes of this section, all of the following shall apply:

(1) "Final year student" means a student of dentistry in ~~his or her~~ *the student's* final year of completion at a dental school approved by the board. "Final year student" also includes a dental student enrolled in an advanced dental program.

(2) "Licensed dentist" means a dentist licensed pursuant to this chapter.

(3) "Patient" means a dental patient or, in the case of a minor, the patient's representative.

(4) "Sponsored event" means an event, not to exceed 10 calendar days, administered by a sponsoring entity or a local governmental entity, or both, through which health care is provided to the public without compensation, or expectation of compensation.

(5) "Sponsoring dental school" means a dental school that sanctions student and clinical faculty participation at a sponsored event.

(6) "Sponsoring entity" means a nonprofit organization pursuant to Section 501(c)(3) of the Internal Revenue Code, or a community-based organization.

(c) The volunteer practice of dentistry by students pursuant to this section shall comply with all of the following requirements:

(1) Each patient shall be sufficiently informed that a dental student may be providing some of the treatment that ~~he or she~~ *the patient* will be receiving.

(2) Any information provided to the patient to give informed consent shall offer the patient the option to decline to be treated by the student.

(3) The volunteer practice of a student shall be supervised by clinical faculty from the dental school in which the student is enrolled.

(4) Each volunteer student shall wear an identification badge that clearly identifies the student as a dental student. The identification badge shall display the student's name, the name of the student's dental school, and the name and the telephone number of the Dental Board of California. That information shall be displayed in 14-point font, at minimum.

(5) Supervision ratios and student oversight shall be at least as stringent as the standards set for the procedure being performed by the student and the age of the patient, in accordance with the standards at the sponsoring dental school's clinical department, laboratory, or dental extension program operated pursuant to subdivision (b) of Section 1626.

(6) The student shall perform only those procedures in which ~~he or she~~ *the student* is credentialed or those procedures ~~he or she~~ *the student* is permitted to perform in the school's clinical department, laboratory, or dental extension program operated pursuant to subdivision (b) of Section 1626.

(d) The student or the student's sponsoring dental school shall ensure liability insurance coverage is obtained that covers all services provided by the student, including diagnosis, treatment, and evaluation.

(e) The sponsoring entity of the sponsored event shall provide the Dental Board of California with a list of the names of the students practicing dentistry exempted by this section at the sponsored event, the name of the school of enrollment of those students, and the name and license number of the supervising licensed dentist.

SEC. 28. Section 1627.5 of the Business and Professions Code is amended to read:

1627.5. (a) ~~No~~ *A* person licensed under this chapter, who in good faith renders emergency care at the scene of an emergency occurring outside the place of that person's practice, or who, upon the request of another person so licensed, renders emergency care to a person for a complication arising from prior care of another person so licensed, shall *not* be liable for any civil damages as a result of any acts or omissions by that person in rendering the emergency care.

(b) A person licensed under this chapter who voluntarily and without compensation or expectation of compensation, and consistent with the dental education and emergency training that

~~he or she~~ *the person* has received, provides emergency medical care to a person during a state of emergency declared pursuant to a proclamation issued pursuant to Section 8588, 8625, or 8630 of the Government Code or a declaration of health emergency issued pursuant to Section 101080 of the Health and Safety Code shall not be liable in negligence for any personal injury, wrongful death, or property damage caused by the licensee's good faith but negligent act or omission. This subdivision shall not provide immunity for acts or omissions of gross negligence or willful misconduct. This subdivision does not limit any immunity provided under subdivision (a).

(c) Notwithstanding any other provision of law, for the duration of a declared state of emergency, pursuant to a proclamation of emergency issued pursuant to Section 8625 of the Government Code, the board may suspend compliance with any provision of this chapter or regulation adopted thereunder that would adversely affect a licensee's ability to provide emergency services.

SEC. 29. Section 1628 of the Business and Professions Code is amended to read:

1628. Any person over 18 years of age is eligible to take an examination before the board upon making application therefor and meeting all of the following requirements:

(a) Paying the fee for applicants for examination provided by this chapter.

(b) Furnishing satisfactory evidence of having graduated from a ~~reputable~~ dental college approved by the ~~board; provided, also, that applicants furnishing evidence of having graduated after 1921 shall also present~~ *board or by the Commission on Dental Accreditation of the American Dental Association and presenting* satisfactory evidence of having completed at dental school or schools the full number of academic years of undergraduate courses required for graduation. For purposes of this article, ~~"reputable dental~~ "*dental* college approved by the board" or "approved dental school" include a foreign dental school accredited by a body that has a reciprocal accreditation agreement with any commission or accreditation organization whose findings are accepted by the board.

(c) Furnishing the satisfactory evidence of financial responsibility or liability insurance for injuries sustained or claimed

to be sustained by a dental patient in the course of the examination as a result of the applicant's actions.

(d) If the applicant has been issued a degree of doctor of dental medicine or doctor of dental surgery by a foreign dental school, ~~he or she~~ *the applicant* shall furnish all of the following documentary evidence to the board:

(1) That ~~he or she~~ *the applicant* has completed, in a dental school or schools approved by the board pursuant to Section 1636.4, a resident course of professional instruction in dentistry for the full number of academic years of undergraduate courses required for graduation.

(2) Subsequent thereto, ~~he or she~~ *the applicant* has been issued by the dental school a dental diploma or a dental degree, as evidence of the successful completion of the course of dental instruction required for graduation.

(e) Any applicant who has been issued a dental diploma from a foreign dental school that has not, at the time of ~~his or her~~ *the applicant's* graduation from the school, been approved by the board pursuant to Section 1636.4 shall not be eligible for examination until the applicant has successfully completed a minimum of two academic years of education at a dental college approved by the board pursuant to Article 1 (commencing with Section 1024) of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations and has been issued a degree of doctor of dental medicine or doctor of dental surgery or its equivalent. This subdivision shall not apply to applicants who have successfully completed the requirements of Section 1636 as it read before it was repealed on January 1, 2004, on or before December 31, 2003, or who have successfully completed the requirements of Section 1628.2 on or before December 31, 2008. An applicant who has successfully completed the requirements of Section 1636 as it read before it was repealed on January 1, 2004, on or before December 31, 2003, or who has successfully completed the requirements of Section 1628.2 on or before December 31, 2008, shall be eligible to take the examination required by Section 1632, subject to the limitations set forth in subdivisions (b) and (c) of Section 1633.

(f) Subdivisions (d) and (e) do not apply to a person who has been issued a degree of doctor of dental medicine or doctor of dental surgery by a foreign dental school accredited by a body that

has a reciprocal accreditation agreement with any commission or accreditation organization whose findings are accepted by the board.

SEC. 30. Section 1628.5 of the Business and Professions Code is amended to read:

1628.5. The board may deny an application to take an examination for licensure as a dentist or dental ~~auxiliary~~ *assistant* or an application for registration as a dental corporation, or, at any time prior to licensure, the board may deny the issuance of a license to an applicant for licensure as a dentist or dental ~~auxiliary,~~ *assistant,* if the applicant has ~~done any of the following:~~ *been convicted of a crime or subject to formal discipline pursuant to Section 480.*

~~(a) Committed any act which would be grounds for the suspension or revocation of a license issued pursuant to this code.~~

~~(b) Committed any act or been convicted of a crime constituting grounds for denial of licensure or registration under Section 480.~~

~~(c) While unlicensed, committed, or aided and abetted the commission of, any act for which a license is required by this chapter.~~

~~(d) Suspension or revocation of a license issued by another state or territory on grounds which would constitute a basis for suspension or revocation of licensure in this state.~~

~~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.~~

SEC. 31. Section 1628.7 of the Business and Professions Code is amended to read:

1628.7. (a) The board may, upon an applicant's successful completion of the board examination, in its sole discretion, issue a probationary license to an applicant for licensure as a dentist or dental ~~auxiliary.~~ *assistant.* The board may require, as a term or condition of issuing the probationary license, the applicant to do any of the following, including, but not limited to:

(1) Successfully complete a professional competency examination.

(2) Submit to a medical or psychological evaluation.

(3) Submit to continuing medical or psychological treatment.

(4) Abstain from the use of alcohol or drugs.

(5) Submit to random fluid testing for alcohol or controlled substance abuse.

(6) Submit to continuing participation in a board approved rehabilitation program.

(7) Restrict the type or circumstances of practice.

(8) Submit to continuing education and coursework.

(9) Comply with requirements regarding notification to employer and changes of employment.

(10) Comply with probation monitoring.

(11) Comply with all laws and regulations governing the practice of dentistry.

(12) Limit practice to a supervised structured environment in which the licensee's activities shall be supervised by another dentist.

(13) Submit to total or partial restrictions on drug prescribing privileges.

(b) The probation shall be for three years and the licensee may petition the board for early termination, or modification of a condition of, the probation in accordance with subdivision (b) of Section 1686.

(c) The proceeding under this section shall be conducted in accordance with the provisions of 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.

(d) The board shall adopt written guidelines on how to make probation assignments for licensees and shall ensure that probationary and evaluation reports are conducted consistently and regularly.

SEC. 32. Section 1629 of the Business and Professions Code is amended to read:

1629. (a) Any member of the board may inquire of any applicant for examination concerning ~~his or her~~ *the applicant's* qualifications or experience and may take testimony of anyone in regard thereto, under oath, which ~~he or she~~ *the member* is hereby empowered to administer.

(b) Each applicant for licensure under this chapter shall furnish *either* fingerprint cards *or a copy of a completed Live Scan form* for submission to state and federal criminal justice agencies, including, but not limited to, the Federal Bureau of Investigation, in order to establish the identity of the applicant and in order to

determine whether the applicant has a record of any criminal convictions in this state or in any other jurisdiction, including foreign countries. The information obtained as a result of the fingerprinting of the applicant shall be used in accordance with Section 11105 of the Penal Code, and to determine whether the applicant is subject to denial of licensure pursuant to Division 1.5 (commencing with Section 475) or Section 1628.5. *The board shall request the subsequent arrest notification service for all applicants pursuant to Section 11105.2 of the Penal Code.*

(c) Each applicant for licensure to practice dentistry shall furnish a signed release allowing disclosure of information from the National Practitioner Data Bank and verification of registration status with the federal Drug Enforcement Administration within the United States Department of Justice. The board shall review this information to determine if it presents sufficient evidence of a violation of Article 4 (commencing with Section 1670) to warrant the submission of additional information from the applicant or the denial of the application for licensure.

SEC. 33. Section 1630 of the Business and Professions Code is amended to read:

1630. The examination of applicants for a license to practice dentistry in this state, as described in Section 1632, shall be sufficiently thorough to test the fitness of the applicant to practice dentistry, and ~~both~~ *shall include assessing competency in the areas of diagnosis, treatment planning, and restorative, endodontic, periodontic, and prosthetic dentistry. Both* questions and answers shall be written in the English language.

SEC. 34. Section 1632 of the Business and Professions Code is amended to read:

1632. (a) The board shall require each applicant to successfully complete the written examination of the National Board Dental Examination of the Joint Commission on National Dental Examinations.

(b) The board shall require each applicant to successfully complete an examination in California law and ethics developed and administered by the board. The board shall provide a separate application for this examination. The board shall ensure that the law and ethics examination reflects current law and regulations, and ensure that the examinations are randomized. Applicants shall submit this application and required fee to the board in order to

take this examination. In addition to the aforementioned application, the only other requirement for taking this examination shall be certification from the dean of the qualifying dental school *or the dean's delegate* attended by the applicant that the applicant has graduated, or will graduate, or is expected to graduate. Applicants who submit completed applications and certification from the dean at least 15 days prior to a scheduled examination shall be scheduled to take the examination. Successful results of the examination shall, as established by board regulation, remain valid for two years from the date that the applicant is notified of having passed the examination.

(c) Except as otherwise provided in Section 1632.5, the board shall require each applicant to have taken and received a passing score on one of the following:

(1) *(A)* A portfolio examination of the applicant's competence to enter the practice of dentistry. This examination shall be conducted while the applicant is enrolled in a dental school program at a board-approved school located in California. This examination shall utilize uniform standards of clinical experiences and competencies, as approved by the board pursuant to Section 1632.1. The applicant shall pass a final assessment of the submitted portfolio at the end of ~~his or her~~ *the applicant's* dental school program. Before any portfolio assessment may be submitted to the board, the applicant shall remit the required fee to the board to be deposited into the State Dentistry Fund, and a letter of good standing signed by the dean of ~~his or her~~ *the applicant's* dental school or ~~his or her~~ *the dean's* delegate stating that the applicant has graduated or will graduate with no pending ethical issues.

~~(A) The portfolio examination shall not be conducted until the board adopts regulations to carry out this paragraph. The board shall post notice on its Internet Web site when these regulations have been adopted.~~

~~(B) The board shall also provide written notice to the Legislature and the Legislative Counsel when these regulations have been adopted.~~

(B) The board shall provide a report on how many other states have recognized licensure by portfolio examination at the time of its sunset review pursuant to subdivision (d) of Section 1601.1. The report shall be submitted in compliance with Section 9795 of the Government Code.

(2) Either one of the following examinations:

(A) A clinical and written examination administered by the Western Regional Examining ~~Board.~~ *Board within five years prior to the date of their application for a license under this section.*

(B) The clinical and written examination developed by the American Board of Dental Examiners, ~~Inc.~~ *Inc., within five years prior to the date of their application for a license under this section.*

(d) Notwithstanding subdivision (b) of Section 1628, the board is authorized to do either of the following:

(1) Approve an application for examination from, and to examine an applicant who is enrolled in, but has not yet graduated from, a reputable dental school approved by the board.

(2) Accept the results of an examination described in paragraph (2) of subdivision (c) submitted by an applicant who was enrolled in, but had not graduated from, a reputable dental school approved by the board at the time the examination was administered.

In either case, the board shall require the dean of that school or ~~his or her~~ *the dean's* delegate to furnish satisfactory proof that the applicant will graduate within one year of the date the examination was administered or as provided in paragraph (1) of subdivision (c).

(e) The board may determine the testing format, as related to patients, for the examination provided pursuant to subparagraph (B) of paragraph (2) of subdivision (c).

SEC. 35. Section 1633 of the Business and Professions Code is amended to read:

1633. (a) When an applicant for a license has received a grading of 85 percent or above in any given subject, ~~he or she~~ *the applicant* shall be exempt from reexamination on that subject in subsequent examinations before the board within two years after the examination on which the applicant received the exemption.

(b) Notwithstanding Section 135, an applicant who fails to pass the examination required by Section 1632 after three attempts shall not be eligible for further reexamination until the applicant has successfully completed a minimum of 50 hours of education for each subject which the applicant failed in the applicant's last unsuccessful examination. The coursework shall be taken at a dental school approved by either the Commission on Dental Accreditation or a comparable organization approved by the board,

and shall be completed within a period of one year from the date of notification of the applicant's third failure.

(c) The coursework described in subdivision (b) shall be required once for every three unsuccessful examination attempts. When the applicant applies for reexamination, ~~he or she~~ *the applicant* shall furnish proof satisfactory to the board that ~~he or she~~ *the applicant* has successfully completed the requirements of this section.

SEC. 36. Section 1634.1 of the Business and Professions Code is amended to read:

1634.1. Notwithstanding Section 1634, the board may grant a license to practice dentistry to an applicant who submits all of the following to the board:

(a) A completed application form and all fees required by the board.

(b) Satisfactory evidence of having graduated from a dental school approved by *a national accrediting body approved by* the board or by the Commission on Dental Accreditation of the American Dental Association.

(c) Satisfactory evidence of having completed a clinically based advanced education program in general dentistry or an advanced education program in general practice residency that is, at minimum, one year in duration and is accredited by either the Commission on Dental Accreditation of the American Dental Association or a national accrediting body approved by the board. The advanced education program shall include a certification of clinical residency program completion approved by the board, to be completed upon the resident's successful completion of the program in order to evaluate ~~his or her~~ *the resident's* competence to practice dentistry in the state. *The certification shall be within two years prior to the date of the resident's application for a license under this section.*

(d) Satisfactory evidence of having successfully completed the written examination of the National Board Dental Examination of the Joint Commission on National Dental Examinations.

(e) Satisfactory evidence of having successfully completed an examination in California law and ethics.

(f) Proof that the applicant has not failed the examination for licensure to practice dentistry under this chapter within five years prior to the date of ~~his or her~~ *the resident's* application for a license under this chapter.

SEC. 37. Section 1636.4 of the Business and Professions Code is amended to read:

1636.4. (a) The Legislature recognizes the need to ensure that graduates of foreign dental schools who have received an education that is equivalent to that of accredited institutions in the United States and that adequately prepares their students for the practice of dentistry shall be subject to the same licensure requirements as graduates of approved dental schools or colleges. It is the purpose of this section to provide for the evaluation of foreign dental schools and the approval of those foreign dental schools that provide an education that is equivalent to that of similar accredited institutions in the United States and that adequately prepare their students for the practice of dentistry.

(b) The board shall be responsible for the approval of foreign dental schools based on standards established pursuant to subdivision (d). The board may contract with outside consultants or a national professional organization to survey and evaluate foreign dental schools. The consultant or organization shall report to the board regarding its findings in the survey and evaluation.

(c) The board shall establish a technical advisory group to review and comment upon the survey and evaluation of a foreign dental school contracted for pursuant to subdivision (b), prior to any final action by the board regarding certification of the foreign dental school. The technical advisory group shall be selected by the board and shall consist of four dentists, two of whom shall be selected from a list of five recognized United States dental educators recommended by the foreign school seeking approval. None of the members of the technical advisory group shall be affiliated with the school seeking certification.

(d) Any foreign dental school that wishes to be approved pursuant to this section shall make application to the board for this approval, which shall be based upon a finding that the educational program of the foreign dental school is equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry. Curriculum, faculty qualifications, student attendance, plant and facilities, and other relevant factors shall be reviewed and evaluated. The board, with the cooperation of the technical advisory group, shall identify by rule the standards and review procedures and methodology to be used in the approval process consistent with this subdivision. The

board shall not grant approval if deficiencies found are of such magnitude as to prevent the students in the school from receiving an educational base suitable for the practice of dentistry.

(e) Periodic surveys and evaluations of all approved schools shall be made to ensure continued compliance with this section. Approval shall include provisional and full approval. The provisional form of approval shall be for a period determined by the board, not to exceed three years, and shall be granted to an institution, in accordance with rules established by the board, to provide reasonable time for the school seeking permanent approval to overcome deficiencies found by the board. Prior to the expiration of a provisional approval and before the full approval is granted, the school shall be required to submit evidence that deficiencies noted at the time of initial application have been remedied. A school granted full approval shall provide evidence of continued compliance with this section. In the event that the board denies approval or reapproval, the board shall give the school a specific listing of the deficiencies that caused the denial and the requirements for remedying the deficiencies, and shall permit the school, upon request, to demonstrate by satisfactory evidence, within 90 days, that it has remedied the deficiencies listed by the board.

(f) A school shall pay a registration fee established by rule of the board, not to exceed one thousand dollars ($1,000), at the time of application for approval and shall pay all reasonable costs and expenses the board incurs for the conduct of the approval survey.

(g) The board shall renew approval upon receipt of a renewal application, accompanied by a fee not to exceed five hundred dollars ($500). Each fully approved institution shall submit a renewal application every seven years. Any approval that is not renewed shall automatically expire.

(h) Beginning January 1, 2020, the board shall not accept new applications for schools seeking approval as a foreign dental school and shall instead require the applicant to successfully complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association or a comparable accrediting body approved by the board.

(i) By January 1, 2024, in order to remain an approved foreign dental school in the state, all schools previously approved by the

board as a foreign dental school shall have successfully completed the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association or a comparable accrediting body approved by the board.

(j) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

SEC. 38. Section 1636.4 is added to the Business and Professions Code, to read:

1636.4. (a) The Legislature recognizes the need to ensure that graduates of foreign dental schools who have received an education that is equivalent to that of accredited institutions in the United States and that adequately prepares the students for the practice of dentistry shall be subject to the same licensure requirements as graduates of approved dental schools or colleges. It is the purpose of this section to provide for the evaluation of foreign dental schools and the approval of those foreign dental schools that provide an education that is equivalent to that of similar accredited institutions in the United States and that adequately prepare their students for the practice of dentistry.

(b) Beginning January 1, 2024, a school seeking approval as a foreign dental school shall be required to have successfully completed the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association or a comparable accrediting body approved by the board.

(c) This section shall become operative on January 1, 2024.

SEC. 39. Section 1636.6 of the Business and Professions Code is repealed.

~~1636.6. The Legislature hereby finds and declares that in order to assure that the people of California receive the highest quality of dental care, dentists graduating from dental schools outside of the United States who apply for licensure in California must possess the same training and skills as applicants from schools that have been approved by the board. The Legislature further finds and declares that the current process for ensuring the adequacy of training of these applicants is deficient, that high numbers of foreign dental graduates are failing the restorative technique examination required in Section 1636, and that there are numerous repeat failures. The Legislature further finds and declares~~

~~that while current law requires that a foreign dental graduate who fails the restorative technique examination is required to take a minimum of two years of additional training from a dental school approved by the board, only three of the five dental schools operating in California offer a two-year course of study for graduates of foreign dental schools.~~

~~Therefore, the Legislature hereby urges all dental schools in this state to provide in their curriculum a two-year course of study that may be utilized by graduates of foreign dental schools to attain the prerequisites for licensure in California.~~

SEC. 40. Section 1645 of the Business and Professions Code is amended to read:

1645. (a) (1) All holders of licenses under this chapter shall continue their education after receiving a license as a condition to the renewal thereof, and shall obtain evidence satisfactory to the board that they have, during the preceding two-year period, obtained continuing education relevant to developments in the practice of dentistry and dental assisting consistent with regulations established by the board.

(2) The board shall adopt regulations providing for the suspension of the licenses at the end of the two-year period until compliance with this section is accomplished.

(b) The board may also, as a condition of license renewal, require ~~licentiates~~ *licensees* to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the board. The board may prescribe this mandatory coursework within the general areas of patient care, health and safety, law and ethics, and the risks of addiction associated with the use of Schedule II drugs. The mandatory coursework prescribed by the board shall not exceed 15 hours per renewal period for dentists, and 7.5 hours per renewal period for dental ~~auxiliaries.~~ *assistants*. Any mandatory coursework required by the board shall be credited toward the continuing education requirements established by the board pursuant to subdivision (a).

(c) For a retired dentist who provides only uncompensated care, the board shall not require more than 60 percent of the hours of continuing education that are required of other licensed dentists. Notwithstanding subdivision (b), all of the hours of continuing education as described in this subdivision shall be gained through courses related to the actual delivery of dental services to the

patient or the community, as determined by the board. Nothing in this subdivision shall be construed to reduce any requirements imposed by the board pursuant to subdivision (b).

~~(d) The board shall report on the outcome of subdivision (c) pursuant to, and at the time of, its regular sunset review process, as provided in Section 1601.1.~~

SEC. 41. Section 1645.1 of the Business and Professions Code is amended to read:

1645.1. (a) ~~By January 1, 2006, a~~ *A* person who ~~holds~~ *applies for licensure as* a registered dental assistant ~~license~~ shall provide evidence of having successfully completed board-approved courses in *infection control, the Dental Practice Act, including the Dental Practice Act for Dental Assisting Jurisprudence, basic life support,* radiation safety and coronal polishing. The length and content of the courses shall be governed by applicable board regulations. Failure to comply with this section shall result in automatic suspension of the license, which shall be reinstated upon the receipt of evidence that the licensee has successfully completed the required courses. Completion of the courses may be counted toward fulfillment of the continuing education requirements governed by Section 1645.

(b) The holder of an inactive registered dental assistant license is only required to comply with subdivision (a) as a condition of returning ~~his or her~~ *the holder's* license to active status.

SEC. 42. Section 1658 of the Business and Professions Code is amended to read:

1658. (a) *(1)* When a licensee desires to have more than one place of practice, ~~he or she~~ *the licensee* shall, prior to the opening of the additional office, apply to the board, pay the fee required by this chapter, and receive permission in writing from the board to have the additional place of practice.

(2) "Place of practice" means any dental office where any act of dentistry is practiced as defined by Section 1625, and includes a place of practice in which the applicant holds any proprietary interest of any nature whatsoever, or in which ~~he or she~~ *the licensee* holds any right to participate in the management or control thereof. A dentist who is the lessor of a dental office shall not be deemed to hold a proprietary interest in that place of practice, unless ~~he or she~~ *the dentist* is entitled to participate in the management or control of the dentistry practiced there.

(b) This section shall not apply to a licensee who practices dentistry outside ~~his or her~~ *the licensee's* registered place of practice in any of the following places:

(1) Facilities licensed by the State Department of ~~Health Services.~~ *Public Health.*

(2) Licensed health facilities as defined in Section 1250 of the Health and Safety Code.

(3) Clinics that are licensed under subdivision (a) of Section 1204 of, or that are exempt from licensure under subdivision (b), (c), or (h) of Section 1206 of, the Health and Safety Code.

(4) Licensed community care facilities as defined in Section 1502 of the Health and Safety Code.

(5) Schools of any grade level, whether public or private.

(6) Public institutions, including, but not limited to, federal, state, and local penal and correctional facilities.

(7) Mobile units that are operated by a public or governmental agency or a nonprofit or charitable organization and are approved by the board, provided that the mobile units meet all statutory or regulatory requirements.

(8) The home of a nonambulatory patient when a physician or registered nurse has provided a written note that the patient is unable to visit a dental office.

SEC. 43. Section 1673 is added to the Business and Professions Code, to read:

1673. (a) On and after July 1, 2020, except as otherwise provided in subdivision (c), the board shall require a licensee to provide to a patient or the patient's guardian or health care surrogate a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information internet website. The disclosure shall be provided before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2020, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

(A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.

(C) Criminal conviction directly involving harm to patient health.

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact, but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following apply:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2020, the board shall provide the following information, with respect to licensees on probation and

licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's license information internet website.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation, along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and the probation end date.

(5) All practice restrictions placed on the license by the board.

SEC. 44. Section 1680 of the Business and Professions Code is amended to read:

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~~ *person* is licensed to practice, in advertising or in any other manner indicating that ~~he or she~~ *person* 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~~ *the licensee's* 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;~~ *the licensee;* 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, conscious sedation, or general anesthesia was administered, or any patient as a result of dental or dental hygiene treatment. With the exception of patients to whom oral conscious sedation, conscious sedation, or general anesthesia 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~~ *the licensee's* practice with a copy

sent to the Dental Hygiene Board 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 Board 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 bloodborne 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 Board of California to establish a consensus. The hygiene board 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.

(ag) Using water, or other methods used for irrigation, that are not sterile or that do not contain recognized disinfecting or antibacterial properties when performing dental procedures on exposed dental pulp.

(ah) The failure to review diagnostic digital or conventional radiographs or other equivalent bone imaging suitable for orthodontia prior to the diagnosis and correction of malpositions of human teeth or use of orthodontic appliances.

SEC. 45. Section 1683.1 is added to the Business and Professions Code, to read:

1683.1. (a) Any individual, partnership, corporation, or other entity that provides a service authorized under this chapter through teledentistry shall make available the name and state license number of any dentist who will be involved in the provision of services to a patient at any time prior to or during the rendering of services.

(b) A violation of this section shall constitute unprofessional conduct.

SEC. 46. Section 1683.2 is added to the Business and Professions Code, to read:

1683.2. A provider of dental services shall not require a patient to sign an agreement that limits the patient's ability to file a complaint with the board.

SEC. 47. Section 1684.5 of the Business and Professions Code is amended to read:

1684.5. (a) In addition to other acts constituting unprofessional conduct under this chapter, it is unprofessional conduct for any dentist to perform or allow to be performed any treatment on a patient who is not a patient of record of that dentist. A dentist may, however, after conducting a preliminary oral examination, require or permit any dental auxiliary to perform procedures necessary for diagnostic purposes, provided that the procedures are permitted under the auxiliary's authorized scope of practice. Additionally, a dentist may require or permit a dental auxiliary to perform all of the following duties prior to any examination of the patient by the dentist, provided that the duties are authorized for the particular classification of dental auxiliary pursuant to Article 7 (commencing with Section 1740):

(1) Expose emergency radiographs upon direction of the dentist.

(2) If ~~the dental auxiliary is a registered~~ *licensed as a* dental assistant in extended functions, a registered dental hygienist, or a registered dental hygienist in alternative practice, determine and perform radiographs for the specific purpose of aiding a dentist in completing a comprehensive diagnosis and treatment plan for a patient using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist pursuant to Sections 1753.55, 1910.5, and 1926.05. A dentist is not required to review patient records or make a diagnosis using telehealth.

(3) Perform extra-oral duties or functions specified by the dentist.

(4) Perform mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, malocclusions, existing restorations, and missing teeth.

(b) For purposes of this section, "patient of record" refers to a patient who has been examined, has had a medical and dental history completed and evaluated, and has had oral conditions diagnosed and a written plan developed by the licensed dentist.

(c) For purposes of this section, if dental treatment is provided to a patient by a registered dental assistant in extended functions, a registered dental hygienist, or a registered dental hygienist in

alternative practice pursuant to the diagnosis and treatment plan authorized by a supervising dentist, at a location other than the dentist's practice location, it is the responsibility of the authorizing dentist that the patient or the patient's representative receive written notification that the care was provided at the direction of the authorizing dentist and that the notification include the authorizing dentist's name, practice location address, and telephone number. This provision shall not require patient notification for dental hygiene preventive services provided in public health programs as specified and authorized in Section 1911, or for dental hygiene care when provided as specified and authorized in Section 1926.

(d) A dentist shall not concurrently supervise more than a total of five registered dental assistants in extended functions, registered dental hygienists, or registered dental hygienists in alternative practice providing services pursuant to Sections 1753.55, 1910.5, and 1926.05.

(e) This section shall not apply to dentists providing examinations on a temporary basis outside of a dental office in settings including, but not limited to, health fairs and school screenings.

(f) This section shall not apply to fluoride mouth rinse or supplement programs administered in a school or preschool setting.

SEC. 48. Section 1718.3 of the Business and Professions Code is amended to read:

1718.3. (a) A license which is not renewed within five years after its expiration may not be renewed, restored, reinstated, or reissued thereafter, but the holder of the license may apply for and obtain a new license if the following requirements are satisfied:

(1) No fact, circumstance, or condition exists which would justify denial of licensure under Section 480.

(2) ~~He or she~~ *The license holder* pays all of the fees ~~which~~ *that* would be required ~~of him or her if he or she~~ *if the license holder* were then applying for the license for the first time and all renewal and delinquency fees ~~which~~ *that* have accrued since the date on which ~~he or she~~ *license holder* last renewed ~~his or her~~ *the* license.

(3) ~~He or she~~ *The license holder* takes and passes the examination, if any, ~~which~~ *that* would be required ~~of him or her if he or she~~ *if the license holder* were then applying for the license for the first time, or otherwise establishes to the satisfaction of the board that with due regard for the public interest, ~~he or she~~ *the*

license holder is qualified to practice the profession or activity in which ~~he or she~~ *license holder* again seeks to be licensed.

(b) The board may impose conditions on any license issued pursuant to this section, as it deems necessary.

(c) The board may by regulation provide for the waiver or refund of all or any part of the examination fee in those cases in which a license is issued without an examination under this section.

SEC. 49. Section 1721 of the Business and Professions Code is amended to read:

1721. Except as provided in Sections ~~1721.5, 1944,~~ *1944* and 1945, all funds received by the Treasurer under the authority of this chapter shall be placed in the State Dentistry Fund. Expenditure of those funds shall be subject to appropriation by the Legislature in the annual Budget Act. Subject to that appropriation, and except as provided in Sections ~~1721.5, 1944,~~ *1944* and 1945, all disbursements by the board made in the transaction of its business and in the enforcement of this chapter shall be paid out of the fund upon claims against the state.

SEC. 50. Section 1721.5 of the Business and Professions Code is amended to read:

1721.5. ~~(a)~~ All funds received by the Treasurer pursuant to Section 1725 shall be placed in the State ~~Dental Assistant~~ *Dentistry* Fund for the purposes of administering this chapter as it relates to dental assistants, registered dental assistants, registered dental assistants in extended functions, dental sedation assistant permitholders, and orthodontic assistant permitholders. Expenditure of these funds shall be subject to appropriation by the Legislature in the annual Budget Act.

~~(b) On July 1, 2009, all moneys in the State Dental Auxiliary Fund, other than the moneys described in Section 1945, shall be transferred to the State Dental Assistant Fund. The board's authority to expend those funds, as appropriated in the 2008 Budget Act, shall continue in order to carry out the provisions of this chapter as they related to dental assistants licensed under this chapter for the 2008–09 fiscal year, including the payment of any encumbrances related to dental assistants licensed under this chapter incurred by the State Dental Auxiliary Fund.~~

SEC. 51. Section 1725 of the Business and Professions Code is amended to read:

1725. The amount of the fees prescribed by this chapter that relate to the licensing and permitting of dental assistants shall be established by regulation and subject to the following limitations:

(a) The application fee for an original license shall not exceed two hundred dollars ($200).

(b) The fee for examination for licensure as a registered dental assistant shall not exceed the actual cost of the ~~practical~~ examination.

(c) The fee for application and for the issuance of an orthodontic assistant permit or a dental sedation assistant permit shall not exceed two hundred dollars ($200).

(d) The fee for the written examination for an orthodontic assistant permit or a dental sedation assistant permit shall not exceed the actual cost of the examination.

(e) The fee for the ~~written examination~~ *Registered Dental Assistant Combined Written and Law and Ethics Examination* for a registered dental assistant shall not exceed the actual cost of the examination.

~~(f) The fee for the written examination in law and ethics for a registered dental assistant shall not exceed the actual cost of the examination.~~

~~(g)~~

(f) The fee for examination for licensure as a registered dental assistant in extended functions shall not exceed the actual cost of the examination.

~~(h) The fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.~~

~~(i) For third- and fourth-year dental students, the fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.~~

~~(j) The fee for examination for licensure as a registered dental hygienist in extended functions shall not exceed the actual cost of the examination.~~

~~(k) The board shall establish the fee at an amount not to exceed the actual cost for licensure as a registered dental hygienist in alternative practice.~~

~~(*l*)~~

(g) The biennial renewal fee for a registered dental assistant license, registered dental assistant in extended functions license,

dental sedation assistant permit, or orthodontic assistant permit shall not exceed two hundred dollars ($200).

~~(m)~~

(h) The delinquency fee shall be 50 percent of the renewal fee for the license or permit in effect on the date of the renewal of the license or permit.

~~(n)~~

(i) The fee for issuance of a duplicate registration, license, permit, or certificate to replace one that is lost or destroyed, or in the event of a name change, shall not exceed one hundred dollars ($100).

~~(o)~~

(j) The fee for each curriculum review and site evaluation for educational programs for registered dental assistants that are not accredited by a board-approved agency, or the Chancellor's office of the California Community Colleges shall not exceed seven thousand five hundred dollars ($7,500).

~~(p)~~

(k) The fee for review of each approval application or reevaluation for a course that is not accredited by a board-approved agency or the Chancellor's office of the California Community Colleges shall not exceed two thousand dollars ($2,000).

~~(q)~~

(l) Fees collected pursuant to this section shall be deposited in the State ~~Dental Assistant~~ *Dentistry* Fund.

SEC. 52. Section 1740 of the Business and Professions Code is amended to read:

1740. It is the intention of the Legislature by enactment of this article to permit the full utilization of dental ~~auxiliaries~~ *assistants* in order to meet the dental care needs of all the state's citizens. The Legislature further intends that the classifications of dental ~~auxiliaries~~ *assistants* established pursuant to this article ~~constitute a career ladder, permitting~~ *permit* the continual advancement of persons to successively higher levels of licensure with additional ~~training, and without repeating training for skills already acquired.~~ *education and training.* The Legislature further intends that the ~~Board of Dental Examiners of the State of California and its Committee on Dental Auxiliaries,~~ *Dental Board of California,* in implementing this article, give specific consideration to the recommendations of the ~~Advisory Committee on Utilization and~~

~~Education of Dental Auxiliaries,~~ *Dental Assisting Council,* established pursuant to ~~Chapter 645 of the Statutes of 1972, and contained in its report to the Legislature dated March 20, 1973.~~ *Section 1742.*

SEC. 53. Section 1742 of the Business and Professions Code is amended to read:

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

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

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

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

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

(5) Requirements regarding infection control.

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

(2) The board shall consider, in its appointments of the five registered dental assistant members, recommendations submitted by any incorporated, nonprofit professional society, association, or entity whose membership is comprised of registered dental assistants within the state. Two of those members shall be employed as faculty members of a registered dental assisting educational program approved by the board, and shall have been so employed for at least the prior five years. Three of those members, which shall include one registered dental assistant in extended functions, shall be employed clinically in private dental practice or public safety net or dental health care clinics. All five of those members shall have possessed a current and active registered dental assistant or registered dental assistant in extended

functions license for at least the prior five years, and shall not be employed by a current member of the board.

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

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

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

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

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

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

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

SEC. 54. Section 1749.1 of the Business and Professions Code is amended to read:

1749.1. In addition to any other examination required by this article, the board may require applicants for licensure under this article to successfully complete ~~an examination in California law and ethics.~~ *the Registered Dental Assistant Combined Written and Law and Ethics Examination.*

SEC. 55. Section 1752.1 of the Business and Professions Code is amended to read:

1752.1. (a) The board may license as a registered dental assistant a person who files an application and submits written evidence, satisfactory to the board, of one of the following eligibility requirements:

(1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on ~~a written and practical examination~~ *the Registered Dental Assistant Combined Written and Law and Ethics Examination* administered by the board.

(2) For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on ~~a written and practical examination~~ *the Registered Dental Assistant Combined Written and Law and Ethics Examination* administered by the board.

(3) For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on ~~a written and practical examination~~ *the Registered Dental Assistant Combined Written and Law and Ethics Examination* administered by the board.

(b) For purposes of this section, "satisfactory work experience" means performance of the duties specified in Section 1750.1 in a competent manner as determined by the employing dentist, who shall certify to such satisfactory work experience in the application.

(c) The board shall give credit toward the work experience referred to in this section to persons who have graduated from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board pursuant to subdivision (a). The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis. The

board, in cooperation with the Superintendent of Public Instruction, shall establish the minimum criteria for the curriculum of nonboard-approved programs. Additionally, the board shall notify those programs only if the program's curriculum does not meet established minimum criteria, as established for board-approved registered dental assistant programs, except any requirement that the program be given in a postsecondary institution. Graduates of programs not meeting established minimum criteria shall not qualify for satisfactory work experience as defined by this section.

(d) In addition to the requirements specified in subdivision (a), each applicant for registered dental assistant licensure ~~on or after July 1, 2002,~~ shall provide evidence of having successfully completed board-approved courses in radiation safety and coronal polishing as a condition of licensure. The length and content of the courses shall be governed by applicable board regulations.

(e) In addition to the requirements specified in subdivisions (a) and (d), individuals applying for registered dental assistant licensure on or after January 1, 2010, shall demonstrate satisfactory performance on ~~a written examination in law and ethics~~ *the Registered Dental Assistant Combined Written and Law and Ethics Examination* administered by the board and shall provide written evidence of successful completion within five years prior to application of all of the following:

(1) A board-approved course in the Dental Practice Act.

(2) A board-approved course in infection control.

(3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(f) A registered dental assistant may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by submitting written evidence of the following:

(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.

(2) Passage of ~~a written examination~~ *the Registered Dental Assistant Combined Written and Law and Ethics Examination* administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

(g) A registered dental assistant with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDA with orthodontic assistant permit," or "RDA with dental sedation assistant permit," as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

(h) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirements for the permit or permits.

(i) The board shall, in consultation with the Office of Professional Examination Services, conduct a review to determine whether a practical examination is necessary to demonstrate competency of registered dental assistants, and if so, how this examination should be developed and administered. The board shall submit its review and determination to the appropriate policy committees of the Legislature on or before July 1, 2017.

(j) Notwithstanding any other law, if the review conducted by the Office of Professional Examination Services pursuant to subdivision (i) concludes that the practical examination is unnecessary or does not accurately measure the competency of registered dental assistants, the board may vote to suspend the practical examination. The suspension of the practical examination shall commence on the date the board votes to suspend the practical ~~examination and shall remain suspended until January 1, 2020, or until the board determines an alternative way to measure competency, whichever occurs first, at which date the practical examination shall be reinstated. If the board votes to suspend the practical examination, the board shall post a notice on its Internet Web site stating that the practical examination has been suspended, until January 1, 2020, or until the board determines an alternative way to measure competency, whichever occurs first.~~ *examination.*

(k) The Registered Dental Assistant Combined Written and Law and Ethics Examination required by this section shall comply with Section 139.

SEC. 56. Section 1752.3 of the Business and Professions Code is repealed.

~~1752.3. (a) On and after January 1, 2010, the written examination for registered dental assistant licensure required by Section 1752.1 shall comply with Section 139.~~

~~(b) On and after January 1, 2010, the practical examination for registered dental assistant licensure required by Section 1752.1 shall consist of three of the procedures described in paragraphs (1) to (4), inclusive. The specific procedures shall be assigned by the board, after considering recommendations of its Dental Assisting Council, and shall be graded by examiners appointed by the board. The procedures shall be performed on a fully articulated maxillary and mandibular typodont secured with a bench clamp. Each applicant shall furnish the required materials necessary to complete the examination.~~

~~(1) Place a base or liner.~~

~~(2) Place, adjust, and finish a direct provisional restoration.~~

~~(3) Fabricate and adjust an indirect provisional restoration.~~

~~(4) Cement an indirect provisional restoration.~~

SEC. 57. Section 2096 of the Business and Professions Code, as added by Section 49 of Chapter 775 of the Statutes of 2017, is amended to read:

2096. (a) In addition to other requirements of this chapter, before a physician's and surgeon's license may be issued, each applicant, including an applicant applying pursuant to Article 5 (commencing with Section 2100), shall show by evidence satisfactory to the board that ~~he or she~~ *the applicant* has successfully completed at least 36 months of board-approved postgraduate training.

(b) The postgraduate training required by this section shall include at least four months of general medicine and shall be obtained in a postgraduate training program approved by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), or the College of Family Physicians of Canada (CFPC).

(c) An applicant who has completed at least 36 months of board-approved postgraduate training, not less than 24 months of which was completed *as part of an oral and maxillofacial surgery postgraduate training program* as a resident after receiving a medical degree from a combined dental and medical degree program accredited by the Commission on Dental Accreditation (CODA) or approved by the board, shall be eligible for licensure.

Oral and maxillofacial surgery residency programs accredited by CODA shall be approved as postgraduate training required by this section if the applicant attended the program as part of a combined dental and medical degree program accredited by CODA. These applicants shall not have to comply with subdivision (b).

(d) This section shall become operative on January 1, 2020.

SEC. 58. 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 4980.43.3.

(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 of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient's rights to ~~his or her~~ *that patient's* medical information shall apply to telehealth interactions.

(g) All laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider's license shall apply to that health care provider while providing telehealth services.

~~(g)~~

(h) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

~~(h)~~

(i) (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, "telehealth" shall include "telemedicine" as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

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MEMORANDUM

DATE	July 11, 2019
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief Dental Board of California
SUBJECT	**Agenda Item 10(a):** Review of Enforcement Statistics and Trends

The following are the Enforcement Division statistics for the fourth quarter (April 1, 2019 to June 30, 2019) of Fiscal Year 2018-2019. Trends over the last fiscal year and the current and last three quarters are included, along with Charts 1-3 for reference.

Complaints & Compliance

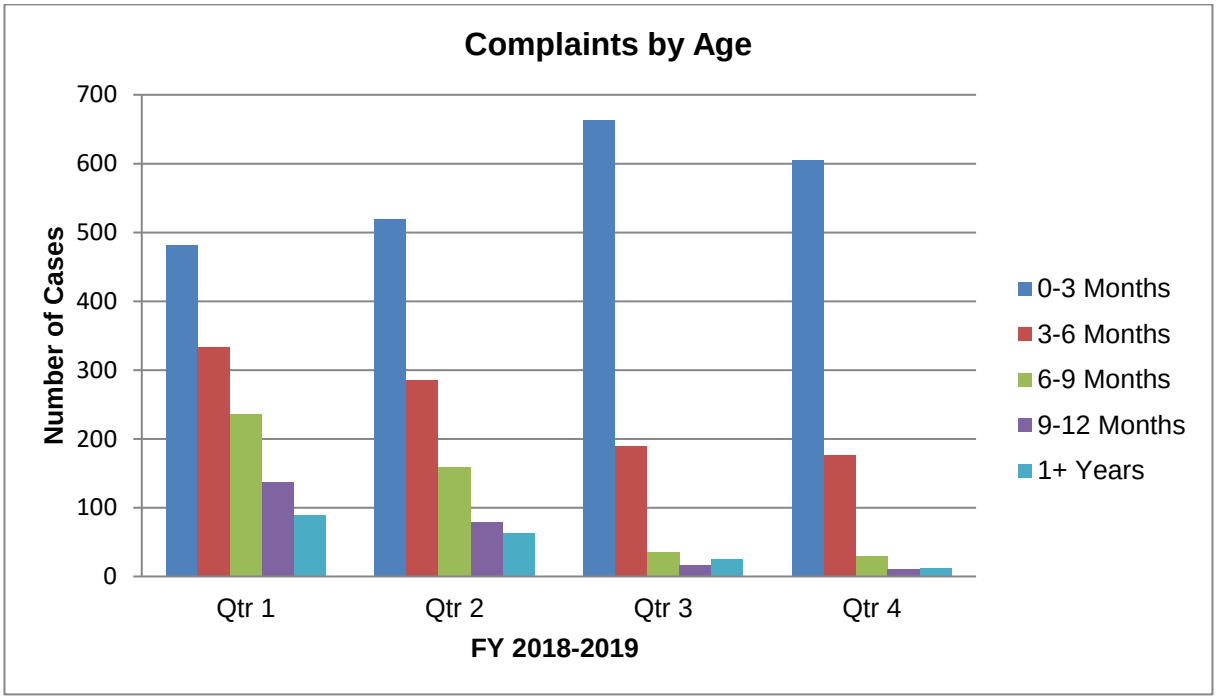
Complaints Received: 1142

During quarter four, 1142 complaints were received. Complaints received have increased by approximately **161** cases from the last quarter. The monthly average of complaints received for quarter four was **380**.

Complaint Cases Open: 833

A total of 833 complaint cases are pending. The Complaint cases open have decreased by **11%** from third quarter of FY 2018-2019 to fourth quarter of FY 2018-2019. The average caseload per Consumer Services Analyst (CSA) during the fourth quarter of FY 2018-2019 was **185**.

Complaint Age	FY 2018-2019				
	Q1 Cases	Q2 Cases	Q3 Cases	Q4 Cases	Q4%
0 – 3 Months	482	520	664	**605**	**73%**
3 – 6 Months	334	286	190	**176**	**21%**
6 – 9 Months	236	159	36	**29**	**3%**
9 – 12 Months	138	79	16	**11**	**1%**
1+ Years	89	63	26	**12**	**2%**
Total	**1279**	**1107**	**932**	**833**	**100%**



Complaint Cases Closed: 971

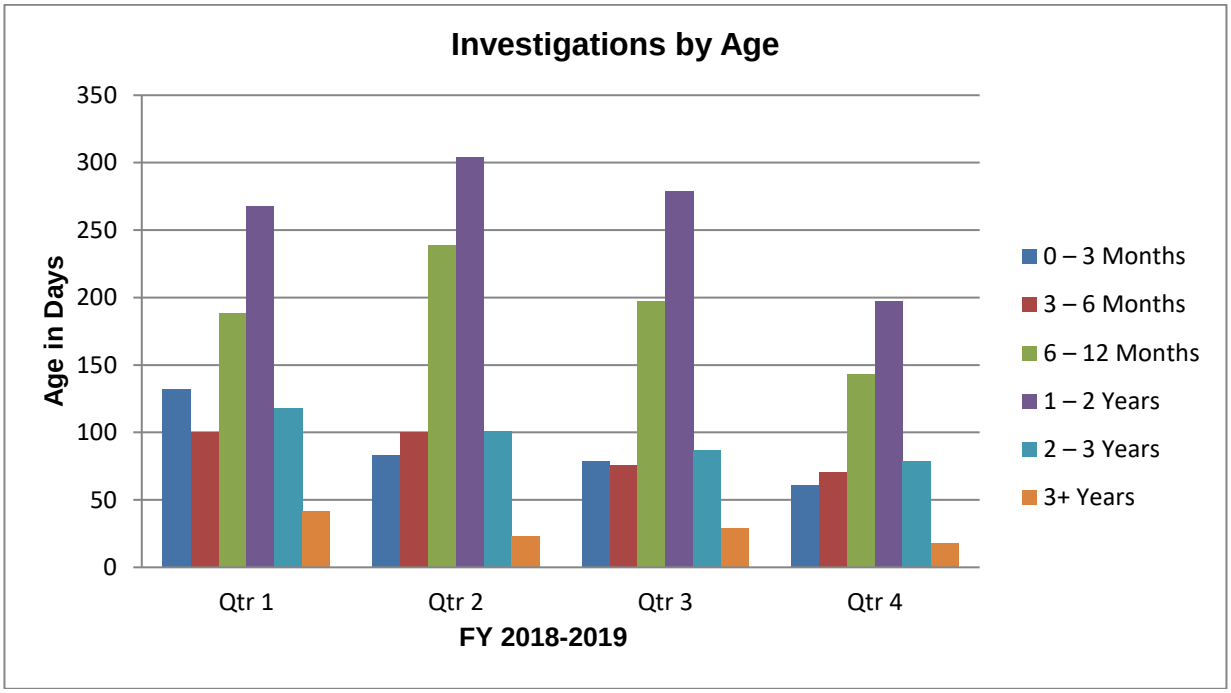
During quarter four, there were 971 total complaint cases closed. The average cases closed per month was **324**. A complaint took an average of **95** days to close which is approximately 64 days faster than during the previous quarter.

Investigations

Investigation Cases Open: 569

At the end of quarter four, there were approximately 569 open investigative cases and **35** open inspection cases.

Investigation Age	FY 2018-2019				
	Q1 Cases	Q2 Cases	Q3 Cases	Q4 Cases	Q4%
0 – 3 Months	132	83	79	**61**	**11%**
3 – 6 Months	100	100	76	**71**	**12%**
6 – 12 Months	188	239	197	**143**	**25%**
1 – 2 Years	268	304	279	**197**	**35%**
2 – 3 Years	118	101	87	**79**	**14%**
3+ Years	42	23	29	**18**	**3%**
Total	**848**	**850**	**747**	**569**	**100%**



Comparing this quarter to the last, there has been a significant decrease in the number of open investigation cases by **24%.**

Investigation Cases Closed: 300

During quarter four, there were 300 total investigation cases closed. The average cases closed per month was **100**.The total number of investigation cases closed, filed with the Office of the Attorney General (OAG), or filed with the District/City Attorney during the fourth quarter was **23** (an average of **8** per month).

The average number of days to complete an investigation during the fourth quarter was **464** days (see Chart 1). This is **34 days slower** or an **increase of 8%** compared to the previous quarter.

Administrative and Disciplinary Action:

A total of **80 citations** were issued during the fourth quarter, an increase from the total of 46 that were issued in the previous quarter.

A total of **19 accusations** were filed during the fourth quarter, a decrease from the total of 34 that were filed during the previous quarter.

A total of **23 cases were referred to the OAG** with a total of **137** cases pending as of July 19, 2019.

There were approximately **187 open probation cases** at the end of the fourth quarter. The three-month average for a disciplinary case to be completed was **1051** days. This is 280 days faster than the previous quarter.

Total number of probationers (148) and probationers tolling (39) are as follows:

Sacramento Enforcement Office: **34** active probationers, **18** probationers tolling

Orange Enforcement Office: **95** active probationers, **15** probationers tolling

Investigative Analysis Unit: 19 active probationers, **6** probationers tolling

Chart 1 below displays the average closure age over the last fiscal year through the current and last three quarters for complaint, investigation, and disciplinary cases.

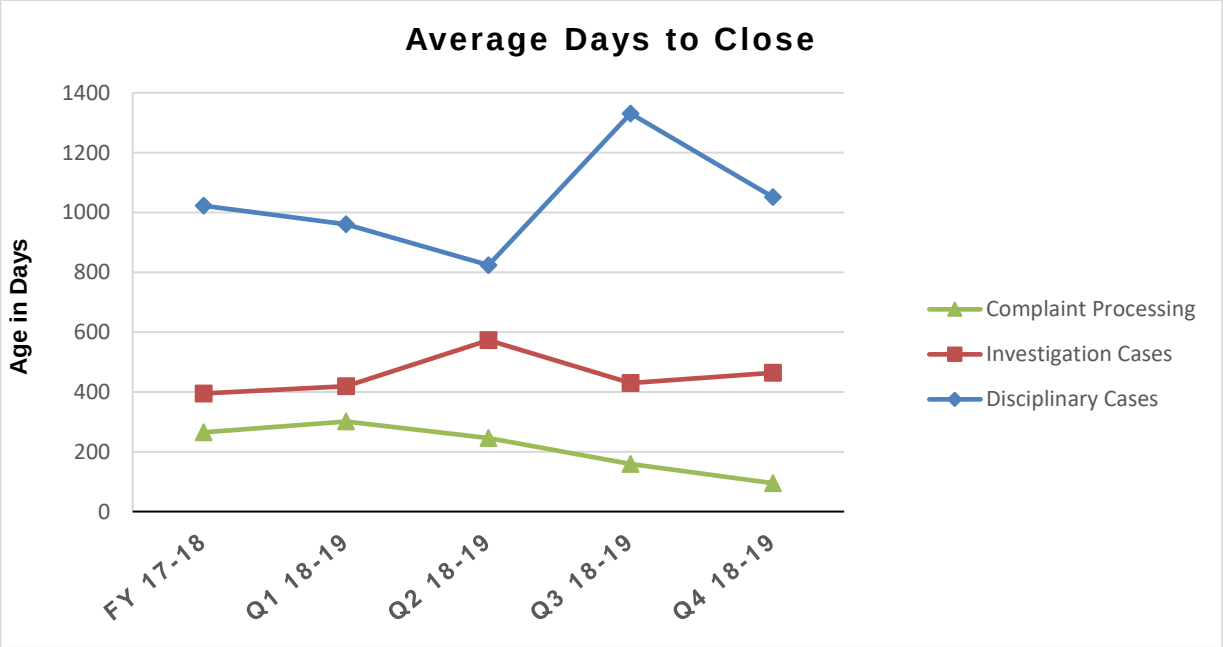


Chart 1:

Average Days to Close	FY 17-18	Q1 FY 18-19	Q2 FY 18-19	Q3 FY 18-19	Q4 FY 18-19
Complaint Processing	265	301	246	159	**95**
Investigation Cases	395	419	573	430	**464**
Disciplinary Cases	1022	960	824	1331	**1051**

Chart 2:

ENFORCEMENT STATISTICS	FY 17-18	FY 18-19	FY 18-19	FY 18-19	FY 18-19
	Q1-Q4	Q1	Q2	Q3	Q4
COMPLAINTS					
Total Intake Received	**3552**	951	1055	981	**1142**
Complaints Received	**3068**	764	790	850	**976**
Convictions/Arrests Received	**484**	75	265	131	**166**
Total Complaints Closed	**2642**	884	885	822	**971**
Pending at end of period	**1248**	1279	1107	932	**833**
INVESTIGATIONS					
Cases Opened	**1006**	199	267	283	**180**
Cases Closed	**932**	423	333	377	**300**
Referred to AG	**197**	46	33	41	**23**
Referred for Criminal	**14**	4	2	26	**18**
Pending at end of period	**834**	848	850	747	**569**
Citations Issued	**64**	11	49	46	**80**
Office of the Attorney General					
Cases Pending at AG	**158**	163	147	145*	**137**
Administrative Actions:					
Accusation	**75**	22	21	34	**19**
Statement of Issues	**12**	1	0	1	**2**
Petition to Revoke Probation	**5**	1	1	2	**2**
Licensee Disciplinary Actions:					
Revocation	**16**	3	3	2	**5**
Probation	**71**	7	12	20	**5**
Suspension/Probation	**3**	0	0	0	**0**
License Surrendered	**12**	1	2	3	**8**
Public Reprimand	**21**	5	7	9	**3**
Other Action (e.g. exam required, education course, etc.)	**2**	0	0	0	**1**
Accusation Withdrawn	**12**	0	2	0	**0**
Accusation Declined	**0**	0	2	0	**1**
Accusation Dismissed	**2**	2	0	0	**0**
Total, Licensee Discipline	**139**	18	28	34	**17**
Other Legal Actions:					
Interim Suspension Order Issued	**0**	0	0	1	**0**
PC 23 Order Issued	**0**	1	0	3	**0**

*AG report amends the number of cases pending from 272 for Q3.

Complaint Allegations

Charts 3a and 3b below list the types of allegations made for all complaints received for the current quarter, along with their corresponding percentages.

Chart 3a:

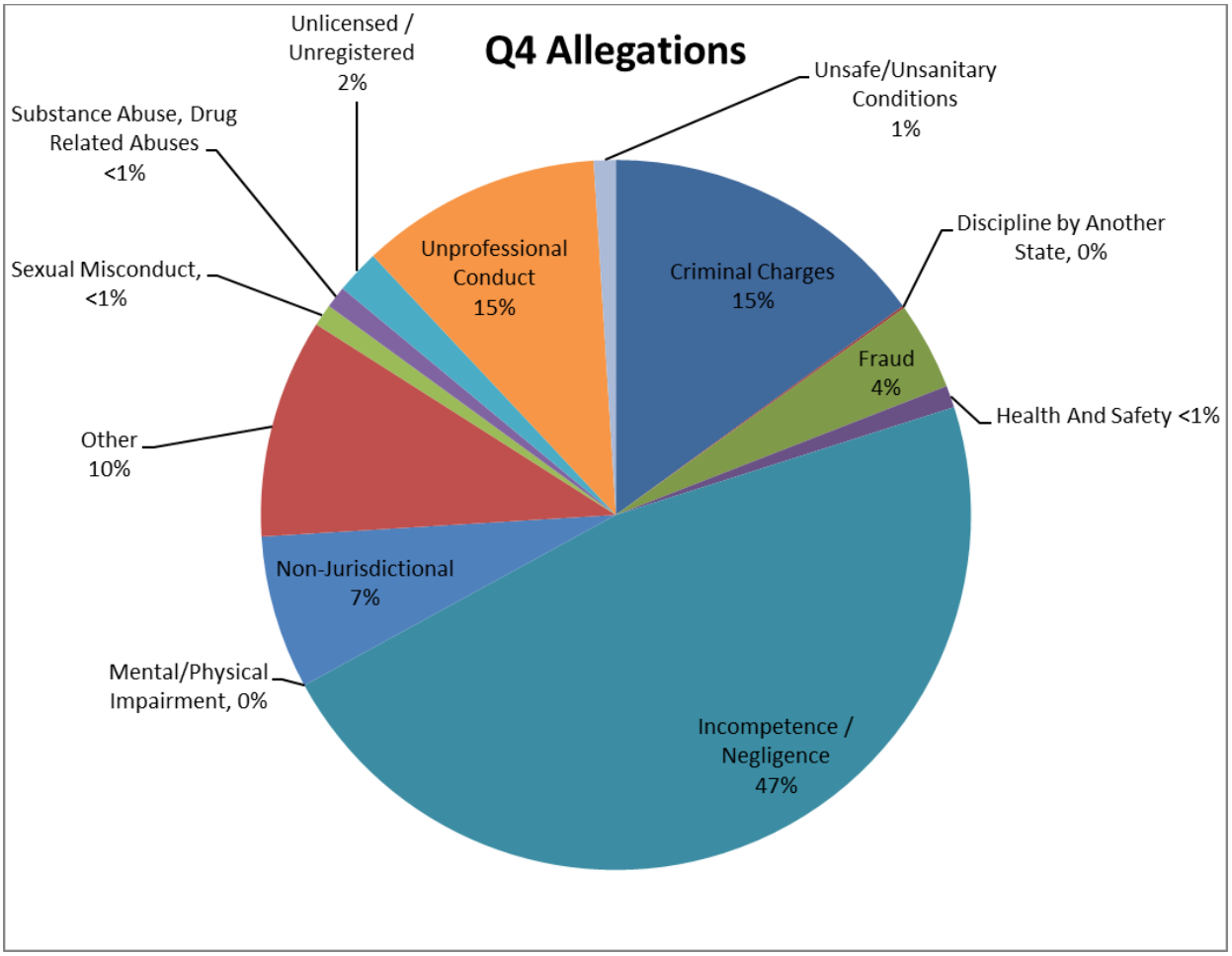


Chart 3b:

	FY COUNTS	FY 2018-2019				
ALLEGATIONS	**2017-18**	**Q1**	**Q2**	**Q3**	**Q4**	**Q4 %**
Criminal Charges	484	75	265	131	**166**	**15%**
Discipline by Another State	5	0	0	0	**0**	**0%**
Fraud	144	50	34	47	**50**	**4%**
Health And Safety	1	0	1	2	**2**	**<1%**
Incompetence / Negligence	1839	506	504	496	**539**	**47%**
Mental/Physical Impairment	1	2	0	0	**0**	**0%**
Non-Jurisdictional	286	59	63	52	**83**	**7%**
Other	252	98	67	60	**112**	**10%**
Sexual Misconduct	5	4	1	10	**3**	**<1%**
Substance Abuse, Drug Related Abuses	3	5	1	4	**3**	**<1%**
Unlicensed / Unregistered	88	21	13	19	**38**	**2%**
Unprofessional Conduct	398	115	91	149	**131**	**11%**
Unsafe/Unsanitary Conditions	46	16	15	11	**15**	**1%**
Total	3552	951	1055	981	**1142**	**100%**

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
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MEMORANDUM

DATE	July 18, 2019
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief Dental Board of California
SUBJECT	**Agenda Item 10(b):** Update on Controlled Substance Utilization Review and Evaluation System (CURES)

Background:

The Controlled Substance Utilization Review and Evaluation System (CURES 2.0) is a database of Schedule II, III, and IV controlled substance and prescriptions dispensed in California. The goal of the CURES 2.0 system is the reduction of prescription drug abuse and diversion without affecting the legitimate medical practice or patient care.

Prescribers were required to submit an application before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later. Registration requirements are not based on dispensing, prescribing, or administering activities but, rather, on possession of a Drug Enforcement Administration Controlled Substance Registration Certificate and valid California licensure as a Dentist, or other prescribing medical provider. The Dental Board of California currently has 34,404 active licensed dentists. The Drug Enforcement Administration has 24,633 California dentists licensed to prescribe.

Current Status:

The CURES registration statistics for the Dental Board of California are:

July 2017:	7882 Registered DDS /DMD
October 2017:	8064 Registered DDS/DMD
January 2018:	8370 Registered DDS/DMD
April 2018:	9662 Registered DDS/DMD
November 2018:	14,229 Registered DDS/DMD
February 2019:	14,856 Registered DDS/DMD
April 2019:	15,033 Registered DDS/ DMD

May 2019: 15,090 Registered DDS/DMD
June 2019: 15,156 Registered DDS/DMD

CURES usage April 2019:

6,986 Patient Activity Reports searched in the time frame.

CURES usage May 2019:

6,731 Patient Activity Reports searched in the time frame.

CURES usage as of June 2019:

5,944 Patient Activity Reports searched in the time frame.

Total times the system was accessed:

5,531 total times CURES was accessed by Dentist in April 2019.
5,393 total times CURES was accessed by Dentist in May 2019.
4,676 total times CURES was accessed by Dentist in June 2019.

Number of Prescriptions filled by schedule:

	April	**May**	**June**
Schedule II	1,477,230	1,487,581	1,330,925
Schedule III	284,881	290,241	263,725
Schedule IV	1,477,318	1,476,791	1,338,277
Schedule V	51,819	47,090	44,008
R	13,664	14,111	12,200
Over Counter product	29,700	30,058	25,715

R: Not classified under controlled substance act; includes all other prescriptions drugs.

Update:
During the Dental Board meeting on May 15, 2019, a Board member inquired on E-Script (E-Prescriptions) requirements. Assembly Bill 2789 (Wood) requires that all written prescriptions issued by licensed prescribers in California be issued as electronic transmission prescriptions also known as E-prescriptions by January 1, 2022. In addition, all pharmacies, pharmacists or other practitioners authorized to dispense or furnish a medication must have the ability to receive E-prescriptions by January 1, 2022.

Registration Statistics

Registered Users

			APRIL	MAY	JUNE
Total Registered Users			**214,665**	**215,342**	**215,963**
Clinical Roles					
	Prescribers		161,348	161,975	162,547
	Dispensers		43,769	43,835	43,926
		Sub-Total A	**205,117**	**205,810**	**206,473**
	License Type				
		Doctor of Podiatric Medicine	1,405	1,411	1,415
		Registered Nurse Practitioner/Nurse Midwife	15,521	15,666	15,790
		Medical Doctor	107,933	108,244	108,498
		Naturopathic Doctor	334	342	343
		Osteopathic Doctor	6,952	6,985	7,027
		Physician Assistant	9,938	10,001	10,059
		Doctor of Optometry	675	675	680
		Pharmacist	43,301	43,358	43,440
		Doctor of Dental Surgery/Dental Medicine	15,033	15,090	15,156
		Doctor of Veterinary Medicine	3000	3,008	3,018
		Other (Out of State)	1,020	1,030	1,047
		Sub-Total B	**205,117**	**205,810**	**206,473**
Other Roles					
	LEAs		1,379	1,387	1,394
	Delegates		7,917	7,894	7,842
	DOJ Administrators		13	13	17
	DOJ Analysts		80	77	73
	Regulatory Board		159	161	164
		Sub-Total C	**9,548**	**9,532**	**9,490**

NOTE:
1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Registered Users
3. Stats are from the 1st of the month to the last day of the month

Number of PARs Searched Statistics

November, 2018			Web Application	IEWS	Totals
Total PARs Searches			**2,064,427**	**383**	**2,064,810**
Clinical Roles					
	Prescribers		1,275,666	383	1,276,049
	Dispensers		787.473	0	787,473
		Sub-Total A	**2,063,139**	**383**	**2,063,522**
	License Type				
		Doctor of Podiatric Medicine	3,361	0	3,361
		Registered Nurse Practitioner/Nurse Midwife	150,711	0	150,711
		Medical Doctor	877,279	383	877,662
		Naturopathic Doctor	1,421	0	1,421
		Osteopathic Doctor	96,855	0	96,855
		Physician Assistant	135,783	0	135,783
		Doctor of Optometry	3	0	3
		Pharmacist	784,986	0	784,986
		Doctor of Dental Surgery/Dental Medicine	7,996	0	7,996
		Doctor of Veterinary Medicine	69	0	69
		Other (Out of State)	4,675	0	4,675
		Sub Total B	**2,063,139**	**383**	**2,063,522**
Other Roles					
	LEAs		146	n/a	146
	DOJ Administrators		50	n/a	50
	DOJ Analysts		194	n/a	194
	Regulatory Board		898	n/a	898
		Sub-Total C	**1,288**	**n/a**	**1,288**
Delegate Initiated Searches					
	Delegates		25,889	n/a	25,889

NOTE:
1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total PARs Searched
3. Stats are from November 2018 to previous month.
PAR Searched is defined as searches performed in the system without generating the report.

Number of PARs Searched Statistics

December, 2018			Web Application	IEWS	Totals
Total PARs Searches			**1,873,694**	**74,638**	**2,064,810**
Clinical Roles					
	Prescribers		1,103,199	74,638	1,177,837
	Dispensers		770,495	0	770,495
		Sub-Total A	**1,873,694**	**74,638**	**1,948,322**
	License Type				
		Doctor of Podiatric Medicine	2,862	0	2,862
		Registered Nurse Practitioner/Nurse Midwife	139,564	0	139,564
		Medical Doctor	743,044	68,437	811,481
		Naturopathic Doctor	1,081	0	1,081
		Osteopathic Doctor	87,360	6,201	93,561
		Physician Assistant	120,593	0	120,593
		Doctor of Optometry	7	0	7
		Pharmacist	768,212	0	768,212
		Doctor of Dental Surgery/Dental Medicine	6,713	0	6,713
		Doctor of Veterinary Medicine	60	0	60
		Other (Out of State/SPI)	4,198	0	4,198
		Sub Total B	**1,873,694**	**74,638**	**1,948,322**
Other Roles					
	LEAs		146	n/a	146
	DOJ Administrators		50	n/a	50
	DOJ Analysts		194	n/a	194
	Regulatory Board		898	n/a	898
		Sub-Total C	**1,288**	**n/a**	**1,288**
Delegate Initiated Searches					
	Delegates		25,889	n/a	25,889

NOTE:
1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total PARs Searched
3. Stats are from November 2018 to previous month.
PAR Searched is defined as searches performed in the system without generating the report.

Number of PARs Searched Statistics

January, 2019			Web Application	IEWS	Totals
Total PARs Searches			**2,134,644**	**180.065**	**2,314,709**
Clinical Roles					
	Prescribers		1,300,702	180,065	1,480,767
	Dispensers		832,530	0	832,530
		Sub-Total A	**2,133,232**	**180,065**	**2,313,297**
	License Type				
		Doctor of Podiatric Medicine	3,210	0	3,210
		Registered Nurse Practitioner/Nurse Midwife	167,219	0	167,219
		Medical Doctor	881,519	167,171	1,048,690
		Naturopathic Doctor	1,385	0	1,385
		Osteopathic Doctor	100,571	12,894	113,465
		Physician Assistant	136,809	0	136,809
		Doctor of Optometry	3	0	3
		Pharmacist	829,784	0	829,784
		Doctor of Dental Surgery/Dental Medicine	7,675	0	7,675
		Doctor of Veterinary Medicine	113	0	113
		Other (Out of State)	4,944	0	4,944
		Sub Total B	**2,133,232**	**180,065**	**2,313,297**
Other Roles					
	LEAs		215	n/a	215
	DOJ Administrators		92	n/a	92
	DOJ Analysts		226	n/a	226
	Regulatory Board		879	n/a	879
		Sub-Total C	**1,412**	**n/a**	**1,412**
Delegate Initiated Searches					
	Delegates		42,723	n/a	42,723

NOTE:
1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total PARs Searched
3. Stats are from November 2018 to previous month.
PAR Searched is defined as searches performed in the system without generating the report.

Number of PARs Searched Statistics

February, 2019			Web Application	IEWS	Totals
Total PARs Searches			**1,909,089**	**205,492**	**2,114,581**
Clinical Roles					
	Prescribers		1,147,969	205,474	1,353,443
	Dispensers		759,639	18	759,657
		Sub-Total A	**1,907,608**	**205,492**	**2,113,100**
	License Type				
		Doctor of Podiatric Medicine	2,513	6	2,519
		Registered Nurse Practitioner/Nurse Midwife	153,563	263	153,826
		Medical Doctor	769,140	192,066	961,206
		Naturopathic Doctor	1,072	0	1,072
		Osteopathic Doctor	87,441	12,772	100,213
		Physician Assistant	125,306	367	125,673
		Doctor of Optometry	3	0	3
		Pharmacist	757,112	18	757,130
		Doctor of Dental Surgery/Dental Medicine	6,487	0	6,487
		Doctor of Veterinary Medicine	170	0	170
		Other (Out of State)	4,801	0	4,801
		Sub Total B	**1,907,608**	**205,492**	**2,113,100**
Other Roles					
	LEAs		142	n/a	142
	DOJ Administrators		69	n/a	69
	DOJ Analysts		145	n/a	145
	Regulatory Board		1,125	n/a	1,125
		Sub-Total C	**1,481**	**n/a**	**1,481**
Delegate Initiated Searches					
	Delegates		38,539	n/a	38,539

NOTE:
1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total PARs Searched
3. Stats are from November 2018 to previous month.
PAR Searched is defined as searches performed in the system without generating the report.

Number of PARs Searched Statistics

March, 2019			Web Application	IEWS	Totals
Total PARs Searches			**2,023,092**	**275,706**	**2,298,798**
Clinical Roles					
	Prescribers		1,194,843	275,615	1,470,458
	Dispensers		826,640	91	826,731
		Sub-Total A	**2,021,483**	**275,706**	**2,297,189**
	License Type				
		Doctor of Podiatric Medicine	2,812	16	2,828
		Registered Nurse Practitioner/Nurse Midwife	157,282	820	158,102
		Medical Doctor	795,118	255,746	1,050,864
		Naturopathic Doctor	1,251	0	1,251
		Osteopathic Doctor	92,490	18,295	110,785
		Physician Assistant	137,024	738	137,762
		Doctor of Optometry	5	0	5
		Pharmacist	823,612	91	823,703
		Doctor of Dental Surgery/Dental Medicine	6,448	0	6,448
		Doctor of Veterinary Medicine	126	0	126
		Other (Out of State)	5,315	0	5,315
		Sub Total B	**2,021,483**	**275,706**	**2,297,189**
Other Roles					
	LEAs		341	n/a	341
	DOJ Administrators		43	n/a	43
	DOJ Analysts		102	n/a	102
	Regulatory Board		1,123	n/a	1,123
		Sub-Total C	**1,609**	**n/a**	**1,609**
Delegate Initiated Searches					
	Delegates		41,950	n/a	41,950

NOTE:
1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total PARs Searched
3. Stats are from November 2018 to previous month.
PAR Searched is defined as searches performed in the system without generating the report.

Number of PARs Searched Statistics

April, 2019			Web Application	IEWS	Totals
Total PARs Searches			**2,045,549**	**267,176**	**2,312,725**
Clinical Roles					
	Prescribers		1,206,265	266,759	1,473,024
	Dispensers		837,250	417	837,667
		Sub-Total A	**2,043,515**	**267,176**	**2,310,691**
	License Type				
		Doctor of Podiatric Medicine	2,791	11	2,802
		Registered Nurse Practitioner/Nurse Midwife	160,974	736	161,710
		Medical Doctor	799,473	247,248	1,046,721
		Naturopathic Doctor	1,062	0	1,062
		Osteopathic Doctor	93,856	17,986	111,842
		Physician Assistant	138,852	778	139,630
		Doctor of Optometry	4	0	4
		Pharmacist	833,891	417	834,308
		Doctor of Dental Surgery/Dental Medicine	6,986	0	6,986
		Doctor of Veterinary Medicine	107	0	107
		Other (Out of State)	5,519	0	5,519
		Sub Total B	**2,043,515**	**267,176**	**2,310,691**
Other Roles					
	LEAs		232	n/a	232
	DOJ Administrators		17	n/a	17
	DOJ Analysts		155	n/a	155
	Regulatory Board		1,630	n/a	1,630
		Sub-Total C	**2,034**	**n/a**	**2,034**
Delegate Initiated Searches					
	Delegates		41,473	n/a	41,473

NOTE:
1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total PARs Searched
3. Stats are from November 2018 to previous month.
PAR Searched is defined as searches performed in the system without generating the report.

Number of PARs Searched Statistics

May, 2019			Web Application	IEWS	Totals
Total PARs Searches			**2,052,596**	**309,420**	**2,362,016**
Clinical Roles					
	Prescribers		1,189,832	308,989	1,498,821
	Dispensers		861,249	431	861,680
		Sub-Total A	**2,051,081**	**309,420**	**2,360,501**
	License Type				
		Doctor of Podiatric Medicine	5,029	9	5,038
		Registered Nurse Practitioner/Nurse Midwife	164,820	3,649	168,469
		Medical Doctor	786,656	279,001	1,065,657
		Naturopathic Doctor	1,217	0	1,217
		Osteopathic Doctor	89,204	20,350	109,554
		Physician Assistant	133,905	5,980	139,885
		Doctor of Optometry	22	0	22
		Pharmacist	858,691	431	859,122
		Doctor of Dental Surgery/Dental Medicine	6,731	0	6,731
		Doctor of Veterinary Medicine	62	0	62
		Other (Out of State)	4,744	0	4,744
		Sub Total B	**2,051,081**	**309,420**	**2,360,501**
Other Roles					
	LEAs		331	n/a	331
	DOJ Administrators		62	n/a	62
	DOJ Analysts		65	n/a	65
	Regulatory Board		1,057	n/a	1,057
		Sub-Total C	**1,515**	**n/a**	**1,515**
Delegate Initiated Searches					
	Delegates		40,107	n/a	40,107

NOTE:
1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total PARs Searched
3. Stats are from November 2018 to previous month.
PAR Searched is defined as searches performed in the system without generating the report.

Number of PARs Searched Statistics

June, 2019			Web Application	IEWS	Totals
Total PARs Searches			**1,894,747**	**311,850**	**2,206,597**
Clinical Roles					
	Prescribers		1,090,088	311,450	1,401,538
	Dispensers		803,247	400	803,647
		Sub-Total A	**1,893,335**	**311,850**	**2,205,185**
	License Type				
		Doctor of Podiatric Medicine	4,288	22	4,310
		Registered Nurse Practitioner/Nurse Midwife	152,085	1,672	153,757
		Medical Doctor	723,558	276,480	1,000,038
		Naturopathic Doctor	1,048	0	1,048
		Osteopathic Doctor	82,478	31,979	114,457
		Physician Assistant	118,766	1,297	120,063
		Doctor of Optometry	0	0	0
		Pharmacist	800,869	400	801,269
		Doctor of Dental Surgery/Dental Medicine	5,944	0	5,944
		Doctor of Veterinary Medicine	69	0	69
		Other (Out of State)	4,230	0	4,230
		Sub Total B	**1,893,335**	**311,850**	**2,205,185**
Other Roles					
	LEAs		226	n/a	226
	DOJ Administrators		209	n/a	209
	DOJ Analysts		29	n/a	29
	Regulatory Board		948	n/a	948
		Sub-Total C	**1,412**	**n/a**	**1,412**
Delegate Initiated Searches					
	Delegates		36,439	n/a	36,439

NOTE:
1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total PARs Searched
3. Stats are from November 2018 to previous month.
PAR Searched is defined as searches performed in the system without generating the report.

Times System was Accessed Statistics

Times System was Accessed			APRIL	MAY	JUNE
Total Times System was Accessed			**1,051,298**	**1,040,787**	**958,959**
Clinical Roles					
	Prescribers		636,413	621,200	563,419
	Dispensers		397,385	402,101	379,064
		Sub-Total A	**1,033,798**	**1,023,301**	**942,483**
	License Type				
		Doctor of Podiatric Medicine	1,879	1,874	1,682
		Registered Nurse Practitioner/Nurse Midwife	74,834	75,203	69,462
		Medical Doctor	438,679	427,051	386,501
		Naturopathic Doctor	489	507	471
		Osteopathic Doctor	50,698	48,561	43,647
		Physician Assistant	62,712	61,048	55,598
		Doctor of Optometry	62	51	50
		Pharmacist	395,432	400,361	377,471
		Doctor of Dental Surgery/Dental Medicine	5531	5,393	4,676
		Doctor of Veterinary Medicine	309	246	206
		Other (Out of State)	3,173	3,006	2,719
		Sub-Total B	**1,033,798**	**1,023,301**	**942,483**
Other Roles					
	LEAs		409	454	394
	Delegates		15,524	15,421	14,594
	DOJ Administrators		166	168	227
	DOJ Analysts		870	1,024	811
	Regulatory Board		531	419	450
		Sub-Total C	**17,500**	**17,486**	**16,476**

NOTE:
1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Times System was Accessed
3. Stats are from the 1st of the month to the last day of the month

Number of Prescriptions Filled by Schedule

Prescription Counts	APRIL	MAY	JUNE
Number of Distinct Prescriptions	**3,333,139**	**3,344,112**	**3,013,877**
Number of Prescriptions Filled by Schedule			
Schedule II	1,477,230	1,487,581	1,330,925
Schedule III	284,881	290.241	263,725
Schedule IV	1,477,318	1,476,791	1,338,277
Schedule V	51,819	47,090	44,008
R	13,664	14,111	12,200
Over-the-counter product	29,700	30.058	25.715
TOTAL	**3,334,612**	**3.345.872**	**2,989,161**

NOTE:

1. Each component of a compound is submitted as a separate prescription record. The number of distinct prescriptions rolls compound prescriptions into a single count

2. The number of distinct prescriptions and the number of prescriptions filled by schedule will not be equal because a compound can consist of multiple drugs with varying schedules

3. R = Not classified under the Controlled Substances Act; includes all other prescription drugs

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MEMORANDUM

DATE	July 25, 2019
TO	Members of the Dental Board of California
FROM	Chrystal Williams, Diversion Program Manager Dental Board of California
SUBJECT	**Agenda Item 11(a):** Diversion Program Report and Statistics

The Diversion Evaluation Committee (DEC) program statistics for quarter ending June 30, 2019, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for information purposes only.

These statistics are derived from the MAXIMUS monthly reports.

Intake Referrals	**April**	**May**	**June**
Self-Referral	0	0	0
Enforcement Referral	0	0	0
Probation Referral	1	0	0
Closed Cases	1	2	0
Active Participants	17	16	14

Action Requested:
No action requested.

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MEMORANDUM

DATE	August 16, 2019
TO	Members of the Dental Board of California
FROM	Alexander Bourdanitois, Enforcement Program Manager Dental Board of California
SUBJECT	**Agenda Item 11(b):** Update Regarding June 11, 2019 Statewide Opioid Safety (SOS) Workgroup Meeting

Background:

I attended the Statewide Opioid Safety (SOS) Workgroup Meeting on June 11, 2019.

California Opioid Overdose Surveillance Dashboard (Updates):
The California Opioid Overdose Surveillance Dashboard (https://cdph.ca.gov/OpioidDashboard) has been updated with new data:

1. New Indicators
    - Opioids Combined with Other Drug Poisonings (Benzodiazepines, Amphetamines, Cocaine) for Morbidity and Mortality
    - Other Drug Poisonings (Benzodiazepines, Amphetamines, Cocaine) for Morbidity and Mortality
2. New Data
    - Full year 2018 Emergency Department (ED) Visit Data (Available on all sections of the Dashboard)
    - Preliminary third quarter 2018 Mortality Data (Available in the Time Trend line graph and table [located in the upper right corner box on the State and County Dashboard pages])
3. Updated Data
    - Preliminary first and second quarter 2018 Mortality Data (Available in the Time Trend line graph and table)

Please visit the CA Opioid Dashboard to explore the new data and features. If you have any questions or feedback, please contact the California Department of Public Health at pdop@cdph.ca.gov.

Responding to a Fentanyl Overdose: What California First Responders Need to Know

The Department of Health Care Services presented a draft to the SOS Workgroup that is being finalized and will be used to inform first responders about how to respond to a fentanyl overdose, including management of a suspected overdose, aftercare for overdose victims, resources for obtaining naloxone, and frequently asked questions. Discussion included the importance of providing this evidence-based resource to first responders and the public, as the media reports information that is not necessarily evidence-based. In 2017, the state had 429 fentanyl-related overdose deaths, which is an increase of 81%, over 2016. With the presence of fentanyl in our drug supply, first responders are likely to encounter it in the field and may have concerns about how it affects their safety. To address these concerns, the American College of Medical Toxicology (ACMT) and the American Academy of Clinical Toxicology (AACT) released a position statement detailing scientific information for first responders.

According to the ACMT and AACT position statement:

- Incidental skin absorption is unlikely to cause clinical signs of toxicity.
- Nitrile gloves provide sufficient protection for routine handling.
- Simple washing with soap and water is adequate to remove fentanyl from contaminated skin.
- Hand sanitizers and cleaning agents may increase fentanyl absorption and should not be used.
- When drug particles or droplets are suspended in the air, a N95 respiratory provides sufficient protection.
- The risk of clinically significant exposure to emergency responders is extremely low.

Management of a suspected fentanyl overdose:

- Fentanyl produces characteristic opioid overdose signs and symptoms including decreased level of consciousness, slowed breathing, lack of response to stimulation, and constricted pupils.
- Peak respiratory depression can occur in 5 minutes or less; therefore, a rapid response is imperative.3
- Naloxone administration and assisted ventilation are the most critical interventions.
- Assisted ventilation and naloxone administration is the standard first aid response to opioid overdose.
- California Poison Control is a resource that can help assist in the management of a suspected fentanyl overdose. They can be reached at 1-800-222-1222.

Statewide Opioid Safety (SOS) Workgroup Action Notice: Health Alert-Don't Drop Your Patients

"Don't Drop Your Patient" health alert letter was drafted and introduced to the SOS workgroup. The letter offers support and resources to healthcare providers and prescribers with treating patients whom may be opioid dependent or struggle with possible substance addiction symptoms.

Resources included:

- Consider all pain management options before starting patients on opioids
- Recognize when and understand how to taper patients on opioids

- Offer medicated assisted treatment (MAT) to your patients
- Provide patient referrals to MAT and addiction recovery programs

Action Requested:
No action requested.

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MEMORANDUM

DATE	July 25, 2019
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief Dental Board of California
SUBJECT	**Agenda Item 12:** Discussion Regarding Venipuncture

At the May Dental Board meeting, Dr. Larin asked to consider a future agenda item regarding a procedure that is being used more in dentistry that requires a blood draw to perform Platelet Rich Plasma (PRP) therapy. Dr. Larin indicated that board staff has been providing conflicting responses whether dentist can do blood draws. Dr. Larin would like to clarify when dentists can do blood draws.

Background:

Platelet Rich Plasma (PRP) / Platelet Rich Fibrin (PRF) therapy uses injections of a patient's own platelets to accelerate the healing of soft tissue and bone regeneration. PRP / PRF is made by drawing a small amount of the patient's blood and spinning it in a centrifuge. Does a licensed dentist need a Phlebotomy Certificate to draw blood to perform a PRP / PRF procedure or does the procedure fall within the scope of practice as described in the Dental Practice Act, Business and Professions Code 1625.

Discussion:

The definition of dentistry in the State of California is defined per Business and Professions code 1625- Practitioners of Dentistry:

> *"Dentistry is the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. Without limiting the foregoing, a person practices dentistry within the meaning of this chapter who does any one or more of the following:*
>
> *(a) By card, circular, pamphlet, newspaper or in any other way advertises himself or represents himself to be a dentist.*

(b) Performs, or offers to perform, an operation or diagnosis of any kind, or treats diseases or lesions of the human teeth, alveolar process, gums, jaws, or associated structures, or corrects malposed positions thereof.

(c) In any way indicates that he will perform by himself or his agents or servants any operation upon the human teeth, alveolar process, gums, jaws, or associated structures, or in any way indicates that he will construct, alter, repair, or sell any bridge, crown, denture or other prosthetic appliance or orthodontic appliance.

(d) Makes, or offers to make, an examination of, with the intent to perform or cause to be performed any operation on the human teeth, alveolar process, gums, jaws, or associated structures.

(e) Manages or conducts as manager, proprietor, conductor, lessor, or otherwise, a place where dental operations are performed."

Neither blood draws or PRPs / PRFs are explicitly described in the Dental Practice Act. However, staff believes that statute is written broadly so as to allow blood draws for certain dental procedures. Therefore, licensed dentist are cable of performing blood draws for PRP / PRF therapy procedures.

Action:

If the Board finds that blood draws are a valid portion of a surgical procedure described in statute and feels further clarification is necessary, it could adopt a regulation that established blood draws as within the scope of practice of dentistry and describe the parameters and situations in which licensed dentist may perform a blood draw.

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MEMORANDUM

DATE	July 30, 2019
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer Dental Board of California
SUBJECT	**Agenda Item 13:** Overview of Disciplinary Process

In response to a board member's request to revisit an overview of the disciplinary process, I am providing the following information.

Background:
After a complaint has gone through the investigative process within the board and it is recommended that disciplinary action be taken against a licensee (respondent), the case is referred to the Attorney General's (AGs) Office for prosecution. The Deputy Attorney General (DAG) prepares the Accusation, which is a pleading that is filed when the board seeks to discipline a license that has already been issued. Once a matter is filed, it becomes subject to formal adjudication under the Administrative Procedures Act (APA).

Upon receipt of the Accusation, the respondent has 15 days within which to file a Notice of Defense (NOD) with the board. Upon filing a NOD, the respondent is entitled to a hearing on the merits of the allegations in the Accusation. If the respondent fails to file a timely Notice of Defense, the respondent waives the right to a hearing and the agency may proceed to take the proposed action upon issuance of a Default Decision.

At any time after the Accusation is filed, the respondent or complainant (Executive Officer) may raise the subject of settlement. The prosecutor (DAG) always consults with the board before offering settlement terms to a respondent. Settlement terms normally follow the board's approved and published "Disciplinary Guidelines", which generally indicate the maximum and minimum discipline that may be imposed for each violation of the board's laws and regulations. The Disciplinary Guidelines also contain standard and optional terms and conditions that may be imposed if respondent is placed on probation.

The DAG may discuss settlement directly with the respondent or respondent's counsel, or in a formal settlement conference that is presided over by an administrative law judge (ALJ).

In the course of settlement negotiations, both parties try to emphasize evidence that shows the strengths of their side and the weaknesses of the other side. Except in extreme situations where the evidence shows the agency's case is not sustainable, settlement requires some level of compromise on both sides.

The factors that are considered during settlement discussions include the seriousness of the charges, the volume and scope of the charges, how recent the charges are, the intent of the respondent, the respondent's evidence of mitigation or rehabilitation, evidence that some chares are unfounded, and the degree of discipline that may be imposed if the matter goes to hearing.

The most important factor that the board must consider in selecting appropriate action is the protection of the public, not punishment. This concept is rooted in Case Law, (Borror v. Department of Investment (1971)).

> *"The purpose of such a [disciplinary] proceeding is not to punish but to afford protection to the public upon the rationale that respect and confidence of the public is merited by eliminating from the ranks of practitioners those who are dishonest, immoral, disreputable, or incompetent."*

Normally, settlement discussions first focus on the terms of discipline. The first decision is whether the discipline will involve license revocation or surrender, or some lesser discipline which usually includes "stayed" revocation of the license and a period of probation under certain terms and conditions. When a respondent agrees to surrender his/her license to the board, the pleading is titled "Stipulated Surender of License and Order". All other settlements are titled "Stipulated Settlement and Disciplinary Order".

When a Stipulated Settlement is signed by the respondent it is forwarded to board members for a "mail vote" to determine whether or not to adopt or reject the Stipulated Settlement, or to hold for discussion in closed session at a future meeting. Members are also afforded the opportunity to abstain from the vote.

After discussing a disciplinary action during closed session, members shall decide one of the following: to accept the original Stipulated Settlement, to reject the settlement (whereby it would be returned to the DAG to schedule a hearing), or to provide a counter offer. Should the respondent not accept the board's counter offer, the case would be scheduled for a hearing.

If a case is not settled, it goes to hearing before an Administrative Law Judge (ALJ). At the conclusion of the hearing, the ALJ has thirty days to render a written proposed decision to the Board. As a general rule, most proposed decisions are well reasoned, consistent with the board's disciplinary guidelines, and may be adopted consistent with sound public policy. If they are not, the Board should consider rejecting (nonadopting) the decision and providing its own decision.

Within 100 days of the ALJ proposed decision, the Board must determine whether to: Take no action, Grant/Adopt, or Reject/Non Adopt the decision. If the board holds the decision

for discussion, the discussion and a decision need to be completed within the 100 days or the ALJ's original proposed decision becomes effective.

Consider **nonadopting** an ALJ's proposed decision in these circumstances:

1. The ALJ made an error in applying the correct burden or standard of proof.

2. The ALJ made an error in applying the relevant standard of practice for the issues in controversy at the hearing.

3. The ALJ made an error in interpreting the licensing law and/or regulations.

4. The factual findings do not appear to be supported by the evidence admitted, or the legal conclusions do not appear to be supported by the factual findings.

5. The proposed decision does not provide sufficient public protection given the nature of the violations. For example, important terms of probation are missing, the probationary period is too short, probation is not appropriate, or other significant unexplained deviations from your board's disciplinary guidelines.

Consider **holding** a case for closed session discussion when:

1. You are unsure whether the decision protects the public and would like to discuss the merits with other board members.

2. You are unsure about the judge's reasoning and description.

3. If you believe a discussion of the practice issues with licensee members may make it easier for you to make a decision.

4. If you are unsure whether the judge's decision is consistent with the board's law.

5. After discussion with the assigned board attorney, you still have questions about the case

Once the Board has rendered a final decision, the decision must be immediately served on all parties. The decision becomes effective 30 days after it has been personally served on, or sent by registered mail, to the respondent.

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MEMORANDUM

DATE	July 24, 2019
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 15:** Executive Officer's Report

Background:
The Executive Officer, Karen Fischer, of the Dental Board of California will provide a verbal report.

Action Requested:
No action requested.

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MEMORANDUM

DATE	July 24, 2019
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 16:** Report of the Department of Consumer Affairs (DCA) Staffing and Activities

Background:
The Department of Consumer Affairs has provided the enclosed written report.

Action Requested:
No action requested.

STATE OF CALIFORNIA
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Executive Office
1625 North Market Blvd., Suite S-308, Sacramento, CA 95834
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August 15, 2019

Karen Fischer
Executive Officer
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Executive Officer Fischer:

Thank you for this opportunity to submit a written update from the Department of Consumer Affairs (DCA) to the Dental Board of California. You will find below an update on recent activities at the Department:

DIRECTOR'S QUARTERLY MEETING

Chief Deputy Director Chris Shultz hosted the DCA Director's Quarterly Meeting on June 3rd. During this meeting, he communicated his commitment to ensure a smooth transition as the Governor's Office continues to search for a new DCA director. During the interim period, he encouraged executive officers and bureau chiefs to send ideas regarding cross-cutting projects where new leadership and the Administration can focus.

EXECUTIVE OFFICER SALARY STUDY

As previously reported, the Department retained KH Consulting to conduct the executive officer salary study. The study aims to provide an in-depth analysis of programmatic and operational complexities of DCA Boards, as well as a salary comparison survey from other states.

On July 8, 2019, the executive officer salary study was distributed to executive officers and board presidents. In addition, the executive office hosted a meeting to discuss the findings of the study on July 12th. Our team would like to extend our appreciation for everyone's patience on the release of this study.

We will be reaching out to each of our programs to set up one-on-one meetings with the executive officer and board president to discuss program-specific findings. We look forward to talking with you about the study.

DCA's OPEN DATA PORTAL

In January, DCA's Office of Information Services (OIS) announced the launch of the DCA's Open Data Portal, a publicly accessible, one-stop shop for licensing statistics

and information where users can see trends and changes in licensing data going back three years, filtered by individual board or bureau, even by individual license type.

In April, the OIS Data Governance Team announced the incorporation of enforcement and application data into the Open Data Portal. In the Enforcement Statistics section, users can access information on the number of complaints received and referred for investigation. Also available is data on case aging, including cases that end with or without disciplinary action. In the Application Statistics section, users can access information on the average application processing time of initial exam and license applications, as well as processing times for incomplete applications.

For questions about the Open Data Portal, please contact Sean O'Connor, Chief of OIS's Project Delivery and Administrative Services.

The DCA Open Data Portal is available at https://www.dca.ca.gov under the "Data" tab.

FUTURE LEADERSHIP DEVELOPMENT PROGRAM

On May 22, 2019, this year's cohort of eight individuals graduated from the department's Future Leadership Development Program. Over the past eight months, participants have been developed by their mentors, exposed to pertinent qualities and characteristics of executive leadership, completed and presented a team project that directly impacts DCA as a whole, and networked with internal and external leaders.

Thank you again for your valued partnership. Please let us know if the Department can be of service to your board. If you have any questions, feel free to contact Christopher.Castrillo@DCA.ca.gov.

All the best,



Christopher Castrillo
Deputy Director, Board and Bureau Services
Department of Consumer Affairs

MEMORANDUM

DATE	July 24, 2019
TO	Members of the Dental Board of California
FROM	Daniel Yoon, Licensing Analyst Dental Board of California
SUBJECT	**Agenda Item 17(a):** Update on the Portfolio Pathway to Licensure

At the May 2019 Board meeting, Dental Board of California (Board) staff reported they had offered informational workshops at two of the California dental schools. The purpose of these workshops was to inform dental students about the Portfolio Examination pathway to dental licensure in California. Currently, Board staff have conducted workshops at both Western University and Loma Linda University.

Additionally, an informational brochure has been developed for dental students interested in the portfolio pathway to licensure. The brochure outlines the general requirements for the pathway and identifies resources available for additional information. Board staff plan to send the brochures to each dental school and distribute at future workshops.

In 2019, the Board received four applications from candidates interested in obtaining dental licensure through the Portfolio Examination pathway. Three of the applications were submitted by the University of California, San Francisco and one was submitted by Loma Linda University.

The table below illustrates the number of Portfolio applications submitted to the Board since 2015, by dental school.

Application Status	2015	2016	2017	2018	2019
Total Applications Received	**7**	**35**	**22**	**8**	**4**
Loma Linda University	0	0	4	2	1
University of California, Los Angeles	0	1	0	0	0
University of California, San Francisco	1	12	10	3	3
University of the Pacific	6	19	7	1	0
University of Southern California	0	3	1	2	0
Western University of Health Sciences	0	0	0	0	0

The table below illustrates the number of licenses issued by the Board since 2015 through the Portfolio Examination pathway by dental school.

	2015	2016	2017	2018	2019
Total Number of Licenses Issued	**7**	**35**	**21**	**8**	**0***
Loma Linda University	0	0	4	2	0
University of California, Los Angeles	0	1	0	0	0
University of California, San Francisco	1	12	9	3	0
University of the Pacific	6	19	7	1	0
University of Southern California	0	3	1	2	0
Western University of Health Sciences	0	0	0	0	0

*Portfolio applications are currently being processed

The four applications received were processed within two weeks of receipt; however, all four applications were deficient in some requirements. Board staff is working with each applicant to address the deficiencies and applications are anticipated to be approved by the time of the August Board meeting.

Action Requested:
No action requested.

LICENSING REQUIREMENTS

Individuals may qualify for dental licensure on the basis of passing the Portfolio Examination while enrolled in a Board-approved dental school in California and meeting the following requirements:

- Be at least 18 years of age.
- Submit the Application for Determination of Licensure Eligibility (Portfolio).
- Pay a nonrefundable application fee of $400.
- Submit a completed portfolio to the Board within 90 days before or after graduation.
- Successfully complete the California Law and Ethics Examination.
- Submit a certification of graduation by the dean with no pending ethical issues.
- Submit a certification of licensure (only for those who have a dental license in another state or country).
- Conduct a criminal history record check by providing fingerprints to the Board by Live Scan.



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Email at
dentalboard@dca.ca.gov

MISSION STATEMENT

The Dental Board of California's mission is to protect and promote the health and safety of consumers of the state of California.

VISION STATEMENT

The Dental Board of California will be the leader in public protection, promotion of oral health, and access to care.

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REVISED: 7/19 PDE 18-135

DRAFT



PORTFOLIO PATHWAY TO LICENSURE

Dental Board of California

Licensing Unit

WHAT IS A PORTFOLIO EXAMINATION?

It is the cumulative documentation, submitted to the Dental Board, of the applicant's completion of the required minimum clinical experiences and the successful demonstration of the required clinical competencies for licensure.

COMPETENCY EXAMS

The Portfolio Examination consists of sequential candidate evaluations and passing a competency examination performed on patients of record in each of the following areas:

- Oral Diagnosis and Treatment Planning*
- Direct Restoration*
- Indirect Restoration*
- Removable Prosthodontics*
- Endodontics*
- Periodontics*

*NOTE: For the specific requirements for each of the competency exams, please see California Code of Regulations sections 1032.3 – 1032.8.

REQUIRED MINIMUM CLINICAL EXPERIENCES

The required minimum clinical experiences are accumulated during the student's entire clinical training:

- Oral Diagnosis and Treatment Planning
  - 20 Cases*
- Direct Restoration
  - 60 Restorations*
- Indirect Restoration
  - 14 Restorations*
- Removable Prosthodontics
  - 5 Prostheses*
- Endodontics
  - 5 Canals or Any Combination of Canals in 3 Separate Teeth*
- Periodontics
  - 25 Cases*

*NOTE: For the specific details regarding the clinical experiences, please see California Code of Regulations section 1032.2.

FREQUENTLY ASKED QUESTIONS

Q: Do I have to complete the minimum number of clinical experiences before attempting a Portfolio Examination?

A: You can take a Portfolio Examination once clinical faculty have approved your readiness for the examination regardless of clinical experiences you have completed.

Q: When can I initiate the Portfolio process?

A: You may begin the Portfolio process during the clinical training phase of your dental education. If you decide to choose Portfolio as your licensure pathway, you should start the Portfolio process as soon as possible.

Q: When can I start taking the Portfolio Examination?

A: You can begin taking a Portfolio Examination as soon as your clinic director determines your readiness. Most students will take their Portfolio Examination in their final year of dental school; however, students may take the exam earlier at the discretion of the clinic director.

Q: If I take the Portfolio Examination, does this mean I cannot take another clinical exam?

A: No. There is nothing in our rules or regulations that state you cannot take another clinical exam while pursuing a license in California through the Portfolio pathway to licensure. Some students have decided to take a clinical exam and the Portfolio Examination at the same time, which is perfectly acceptable.

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MEMORANDUM

DATE	July 24, 2019
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 17(b):** Western Regional Examination Board (WREB) Report

Background:
Dr. Huong Le, DDS, MA will provide a verbal report.

Action Requested:
No action requested.

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MEMORANDUM

DATE	July 25, 2019
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 17(c):** Presentation by the American Board of Dental Examiners (ADEX)

Background:
Representatives from the American Board of Dental Examiners (ADEX) will provide a presentation.

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MEMORANDUM

DATE	July 30, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 17(d):** Discussion and Possible Action Regarding ADEX Examination Review by Office of Professional Examinations Services (OPES)

Background:
Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in the California licensure process comply with psychometric and legal standards. The Dental Board of California (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the American Board of Dental Examiners (ADEX) dental examination series, which is administered by the Commission on Dental Competency Assessments (CDCA). The purpose of the OPES review was to evaluate the suitability of the ADEX dental examination series for use in California licensure.

OPES found that the procedures used to establish and support the validity and defensibility of the ADEX dental examination series meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) *(Standards)* and California Business and Professions Code (B&P) section 139. However, OPES offered a few recommendations for ADEX to consider should the Board adopt the ADEX dental examination series for California licensure.

Questions regarding implementation of the ADEX exam and next steps will be discussed at a future meeting.

Action Requested:
The Board may take action to accept the report.

REVIEW OF THE AMERICAN BOARD OF DENTAL EXAMINERS (ADEX) DENTAL EXAMINATION SERIES

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

DENTAL BOARD OF CALIFORNIA

REVIEW OF THE AMERICAN BOARD OF DENTAL EXAMINERS (ADEX) DENTAL EXAMINATION SERIES



This report was prepared and written by the

Office of Professional Examination Services

California Department of Consumer Affairs

May 2019

Heidi Lincer, Ph.D., Chief

Irene L. Wong-Chi, M.A., Research Data Specialist II

EXECUTIVE SUMMARY

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in the California licensure process comply with psychometric and legal standards. The Dental Board of California (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the American Board of Dental Examiners (ADEX) dental examination series, which is administered by the Commission on Dental Competency Assessments (CDCA). The purpose of the OPES review was to evaluate the suitability of the ADEX dental examination series for use in California licensure.

The ADEX dental examination series consists of four required examinations and one optional examination. The four required examinations are the Fixed Prosthodontics Examination, the Endodontics Examination, the Restorative Clinical Examination, and the Diagnostic Skills Examination Objective Structured Clinical Examination (DSE OSCE). The Periodontal Scaling Clinical Examination is optional for states that have this examination as a statutory requirement for licensure.

ADEX contracted with ACS Ventures Inc. (ACS) in 2018 to conduct an occupational analysis for the dental profession and to update the examination blueprint for the ADEX dental examination series. ACS then produced the *American Board of Dental Examiners (ADEX) Dental Examination Occupational Analysis Report - August 2018* (*2018 ACS Report*).

OPES, in collaboration with the Board and ACS, received and reviewed the *2018 ACS Report*, as well as other documents provided by ACS. Follow-up emails were exchanged in order to clarify the procedures and practices used to validate and develop the ADEX dental examination series. OPES performed a comprehensive evaluation of the documents to determine whether the following test program components met professional guidelines and technical standards: (a) occupational analysis, (b) examination development, (c) passing scores, (d) test administration, (e) examination scoring and performance, and (f) test security procedures.

OPES found that the procedures used to establish and support the validity and defensibility of the above test program components of the ADEX dental examination series meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) *(Standards)* and California Business and Professions Code (B&P) section 139. However, OPES offered a few recommendations for ADEX to consider should the Board adopt the ADEX dental examination series for California licensure.

In addition to reviewing documents provided by ACS, OPES convened a panel of licensed dentists to serve as subject matter experts (SMEs) to review the content of the ADEX dental examination series. The SMEs were selected by the Board based on their geographic location, experience, and practice specialty. The purpose of the review was to compare the content of the ADEX dental examination series with the California dentist examination outline resulting from the 2018 California Dentist Occupational Analysis (2018 California Dentist OA) performed by OPES.

Specifically, the SMEs performed a comparison by linking the task and knowledge statements of the 2018 California examination outline to the examination blueprint of ADEX's DSE OSCE. The SMEs also performed a comparison by linking the task and knowledge statements of the 2018 California examination outline to the examination content of ADEX's Fixed Prosthodontics Examination, Endodontics Examination, Restorative Clinical Examination, and Periodontal Scaling Clinical Examination. The linkages were performed to identify whether there were areas of California dentistry practice not measured by the ADEX dental examination series.

The results of the linkage study indicate that there were only two topic areas that could not be linked to the ADEX dental examination series: teeth whitening and California laws and ethics. Overall, the SMEs concluded that most of the content of the ADEX dental examination series adequately assesses what a California dentist is expected to have mastered at the time of licensure.

It is not practical to develop a supplemental California examination to assess teeth whitening. However, OPES believes that the ADEX dental examination series is sufficient to assess California content necessary for entry-level practice. OPES recommends that the Board consider this issue as part of its discussion of accepting the ADEX dental examination series for California licensure.

If the Board decides to adopt the ADEX dental examination series for California licensure, then OPES recommends that, for the next occupational analysis, ACS consider different sources for identifying potential respondents and offering some type of incentive for survey completion in order to increase the response rate. ACS should also work with the Board to increase participation from California dentists. In addition, OPES recommends that the next OA focus on obtaining more responses from dentists licensed 0-5 years, in order to increase the number of entry-level perspectives. For the restorative and periodontal procedures, OPES recommends that all host sites in California standardize whether instruments will be provided to the evaluation station, or whether candidates must send instruments with their patients to the evaluation station. In addition, OPES recommends that all host sites in California standardize the manikin-grading evaluations to be conducted either on-site or off-site.

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MEMORANDUM

DATE	July 02, 2019
TO	Members of the Dental Board of California
FROM	Mirela Taran, Licensing Analyst Dental Board of California
SUBJECT	**Agenda Item 18(a):** 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 July 02, 2019

Dental License (DDS) Status	Licensee Population
Active	34,404
Inactive	1,826
Retired	1,682
Disabled	108
Renewal in Process	366
Delinquent	5,405
Total Cancelled Since Licensing was required	16,756

*_Active_: Current and can practice without restrictions *(BPC §1625)*
Inactive: Current but cannot practice, continuing education not required (*CCR §1017.2)*
Retired: Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions *(BPC §1716.1a)*
Disabled: Current with disability but cannot practice *(BPC §1716.1b)*
Renewal in Process: Renewal fee paid with deficiency *(CCR §1017)*
Delinquent: Renewal fee not paid within one month after expiration date *(BPC §163.5)*
Cancelled: Renewal fee not paid 5 years after its expiration and may not be renewed *(BPC §1718.3a)*

Dental Licenses Issued via Pathway	Total Issued in 2019	Total Issued in 2018	Total Issued in 2017	Total Issued to Date	Date Pathway Implemented
WREB Exam	326	877	758	9,643	January 1, 2006
Licensure by Residency	34	147	161	1,979	January 1, 2007
Licensure by Credential	88	177	181	3,527	July 1, 2002
(LBC Clinic Contract)	4	11	10	60	July 1, 2002
(LBC Faculty Contract)	3	7	4	30	July 1, 2002
Portfolio	0	8	20	76	November 5, 2014
Total	**448**	**1,209**	**1,120**		

License/Permit /Certification/Registration Type	Current Active Permits	Delinquent	Total Cancelled Since Permit was Required
Additional Office Permit	2,527	870	6,667
Conscious Sedation	531	41	515
Continuing Education Registered Provider Permit	945	803	2,059
Elective Facial Cosmetic Surgery Permit	29	4	1
Extramural Facility Registration*	182	N/A	N/A
Fictitious Name Permit	6,790	1,695	6,343
General Anesthesia Permit	881	31	973
Mobile Dental Clinic Permit	40	47	43
Medical General Anesthesia	86	29	189
Oral Conscious Sedation Certification (Adult Only 1,173; Adult & Minors 1,247)	2,420	661	804
Oral & Maxillofacial Surgery Permit	92	5	21
Referral Service Registration*	156	N/A	N/A
Special Permits	40	11	175

*Current population for Extramural Facilities and Referral Services are approximated because they are not automated programs

Active Licensees by County as of July 02, 2019

County	DDS	Population	Population per DDS
Alameda	1,458	1,645,359	1,128
Alpine	1	1,151	1,151
Amador	22	38,382	1,744
Butte	141	226,404	1,605
Calaveras	16	45,168	2,823
Colusa	5	22,043	4,408
Contra Costa	1,093	1,139,513	1,042
Del Norte	11	27,124	2,465
El Dorado	161	185,062	1,149
Fresno	597	995,975	1,668
Glenn	9	28,731	3,192
Humboldt	69	136,953	1,984
Imperial	39	188,334	4,829
Inyo	12	18,619	1,551
Kern	336	895,112	2,664
Kings	64	149,537	2,336
Lake	46	64,945	1,411

Lassen	24	30,918	1,288
Los Angeles	8,342	10,241,278	1,227
Madera	53	156,492	2,952
Marin	312	263,604	844
Mariposa	7	18,148	2,592
Mendocino	56	89,134	1,591
Merced	90	274,665	3,051
Modoc	4	9,580	2,395
Mono	3	13,713	4,571
Monterey	268	442,365	1,650
Napa	112	142,408	1,271
Nevada	87	98,828	1,135
Orange	3,890	3,194,024	821
Placer	463	382,837	826
Plumas	14	19,819	14
Riverside	1,058	2,384,783	170,341
Sacramento	1,116	1,514,770	1,431
San Benito	21	56,854	50
San Bernardino	1,340	2,160,256	102,869
San Diego	2,748	3,316,192	1,206
San Francisco	1,237	874,228	706
San Joaquin	373	746,868	2,002
San Luis Obispo	233	280,101	1,202
San Mateo	873	770,203	882
Santa Barbara	320	450,663	1,408
Santa Clara	2,273	1,938,180	852
Santa Cruz	180	276,603	1,536
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	397	505,120	1,272
Stanislaus	279	548,057	1,964
Sutter	52	96,956	1,864
Tehama	28	63,995	2,285
Trinity	3	13,628	4,542
Tulare	213	471,842	2,215
Tuolumne	48	54,707	1,139
Ventura	663	857,386	1,293
Yolo	114	218,896	1,920
Yuba	11	74,577	6,779
Out of State/Country	2,565		
TOTAL	34,404	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 (1:6,780)
2. Imperial County (1:4,829)
3. Mono County (1:4,571)
4. Trinity County (1:4,543)
5. Colusa County (1:4,408)

The counties with the lowest Population per DDS are:

1. San Francisco County (1:707)
2. Orange County (1:821)
3. Placer County (1:827)
4. Marin County (1:845)
5. Santa Clara County (1:853)

*The counties with the biggest increase in active licensed dentists as of July 02, 2019 were Placer, with 6 additional dentists, El Dorado, with 5 additional dentists, and Lake, with 4 additional dentists. Los Angeles had a decrease of 24 dentists and Santa Clara had a decrease of 14 dentists.

B. Following are monthly dental statistics by pathway as of July 02, 2019

Dental Applications Received by Month (2019)											**Total Apps:**		**751**
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
WREB	41	30	31	71	142	278							**593**
Residency	4	3	7	11	10	20							**55**
Credential	18	13	23	13	13	22							**102**
Portfolio	0	0	0	0	0	4							**4**
Total	**63**	**46**	**61**	**95**	**165**	**324**							**754**
Dental Applications Approved by Month (2019)											**% of All Apps: 59%**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
WREB	39	25	19	31	55	163							**332**
Residency	5	4	5	1	8	6							**29**
Credential	10	12	15	10	20	13							**80**
Portfolio	0	0	0	0	0	0							**0**
Total	**54**	**41**	**39**	**42**	**83**	**182**							**441**
Dental Licenses Issued by Month (2019)											**% of All Apps: 60%**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
WREB	40	33	19	28	51	155							**326**
Residency	8	5	6	2	8	5							**34**
Credential	18	13	15	11	17	14							**88**
Portfolio	0	0	0	0	0	0							**0**
Total	**66**	**51**	**40**	**41**	**76**	**174**							**448**
Cancelled Dental Applications by Month (2019)											**% of All Apps: 5%**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
WREB	3	2	6	5	12	7							**35**
Residency	0	0	0	1	0	1							**2**
Credential	0	2	0	0	2	0							**4**
Portfolio	0	0	0	0	0	0							**0**
Total	**3**	**4**	**6**	**6**	**14**	**8**							**41**
Withdrawn Dental Applications by Month (2019)											**% of All Apps: 3%**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
WREB	2	1	3	4	0	4							**14**
Residency	0	0	1	0	1	0							**2**
Credential	1	0	0	0	1	2							**4**
Portfolio	0	0	0	0	0	0							**0**

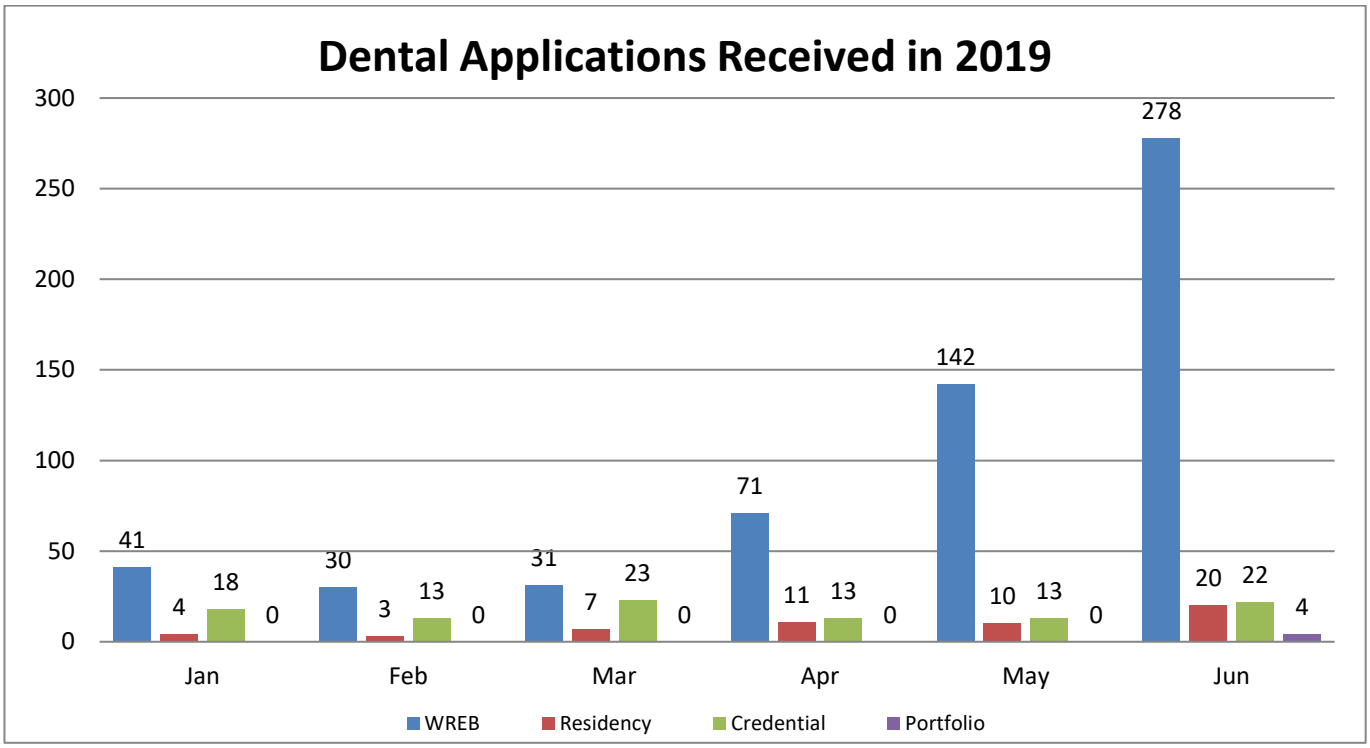
Total	3	1	4	4	2	6							20
Denied Dental Applications by Month (2019)												% of All Apps: <1%	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	0	0	1	0	0	0							1
Residency	0	0	0	0	0	0							0
Credential	0	0	0	0	0	0							0
Portfolio	0	0	0	0	0	0							0
Total	0	0	1	0	0	0							1

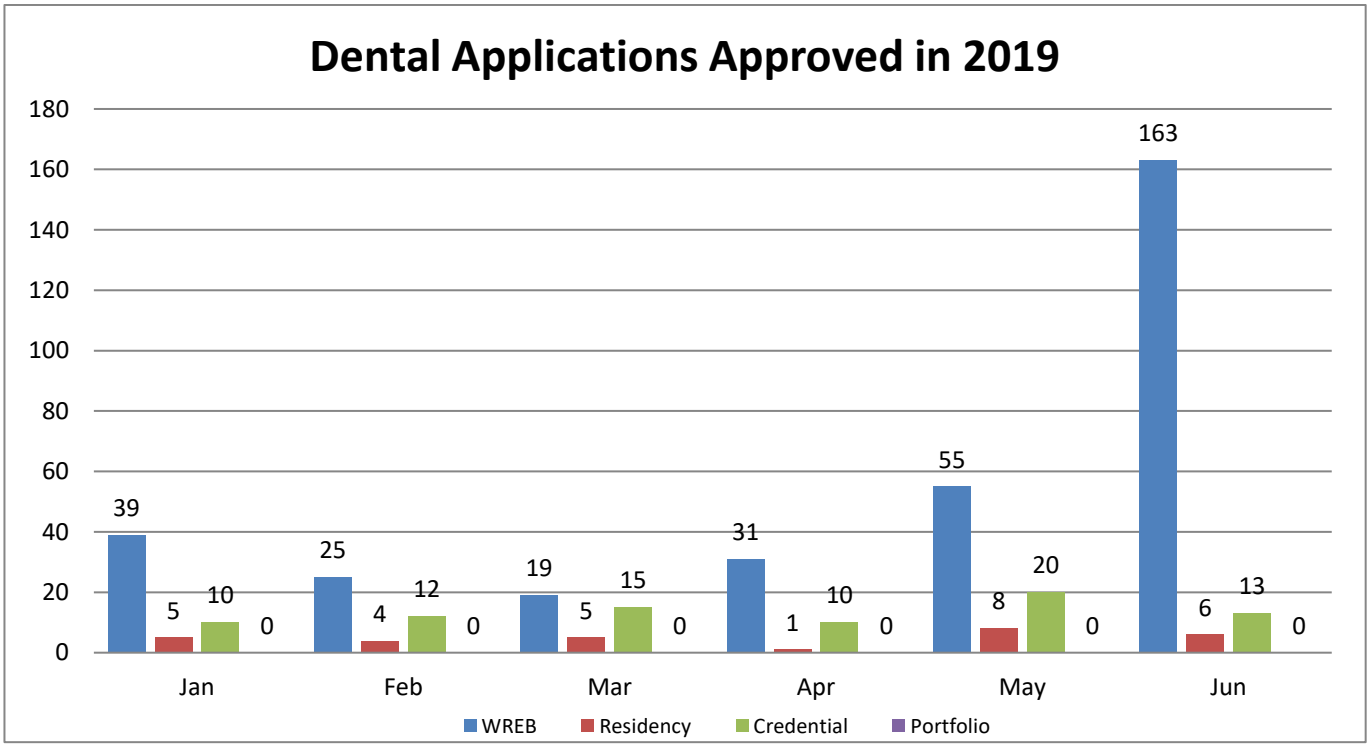
*Deficient Applications by pathway**:** WREB – 196, Residency – 31, Credential – 49, Portfolio – 0, **Total – 276**

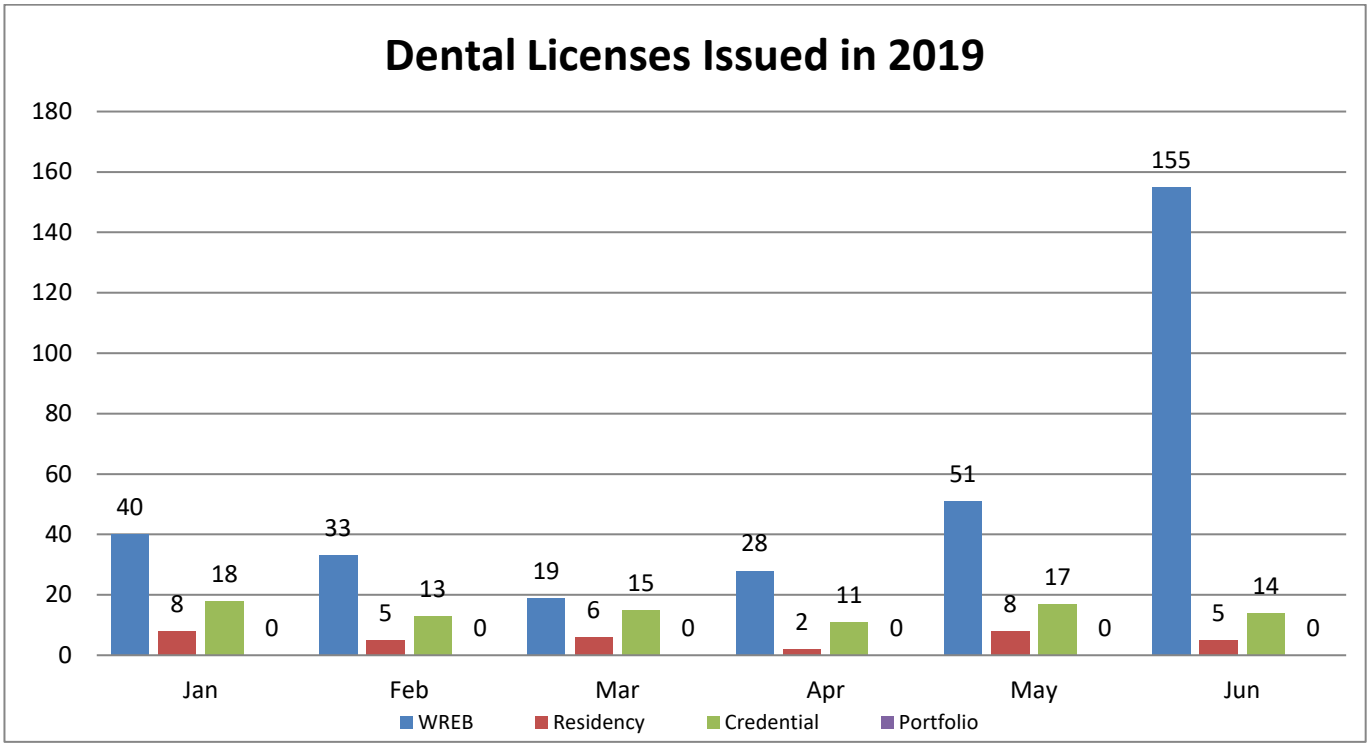
Application Definitions

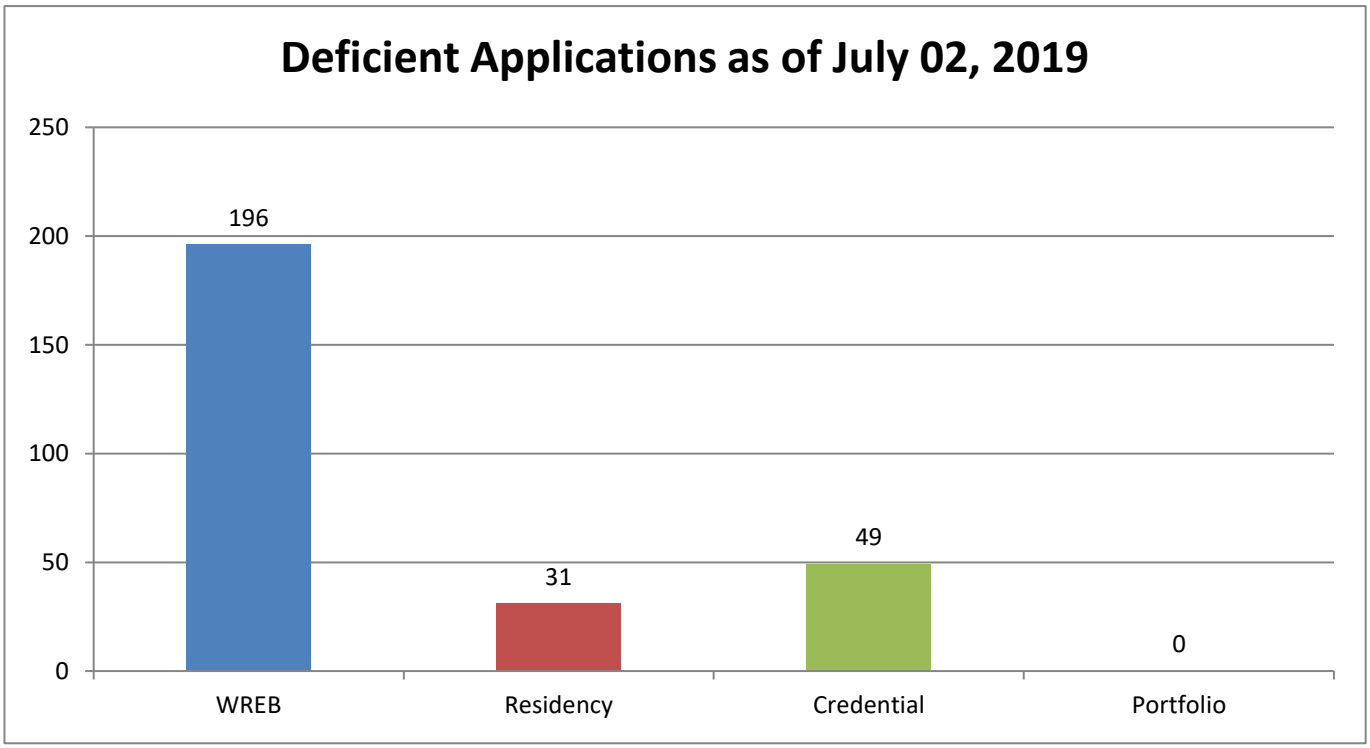
Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial license.
Cancelled	Board 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 July 02, 2019

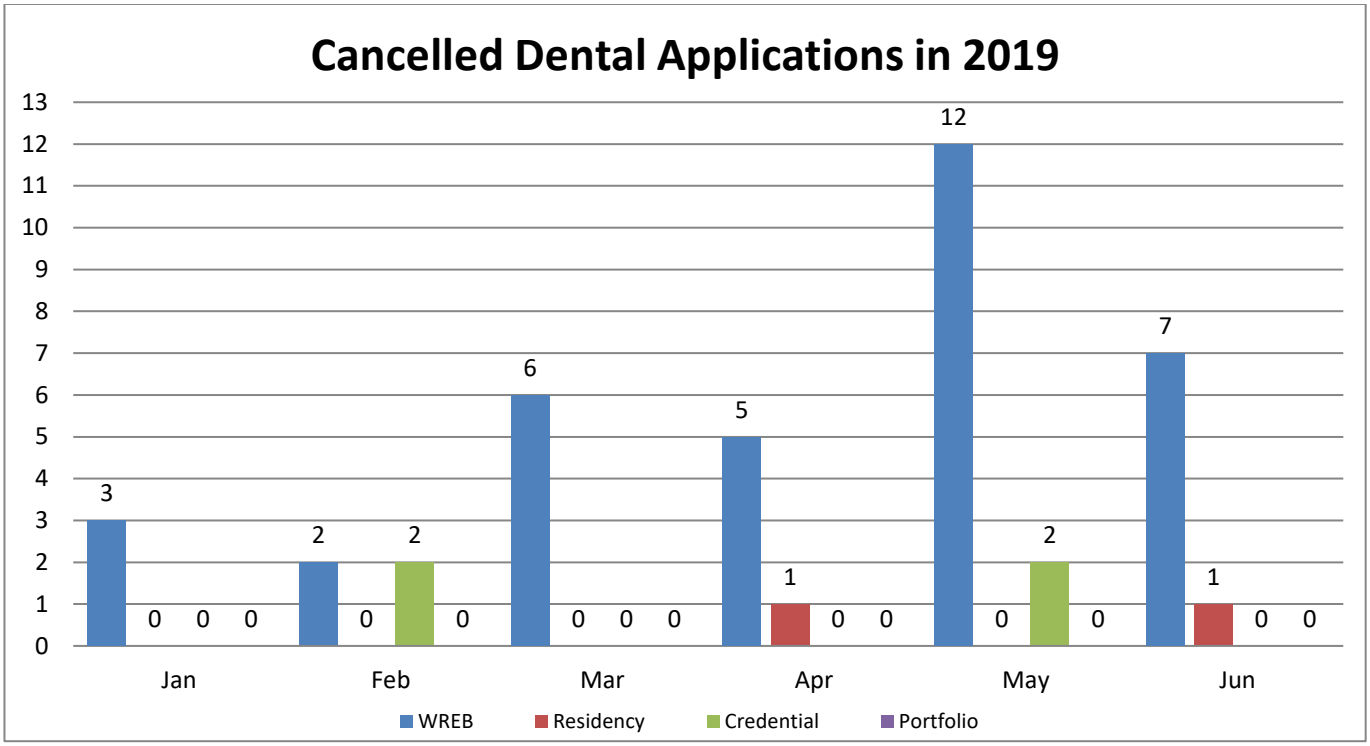

Dental Applications Received in 2019
300
250
200
150
100
50
0
41
4
18
0
30
3
13
0
31
7
23
0
71
11
13
0
142
10
13
0
278
20
22
4
Jan
Feb
Mar
Apr
May
Jun
WREB
Residency
Credential
Portfolio


Dental Applications Approved in 2019
180
160
140
120
100
80
60
40
20
0
39
5
10
0
25
4
12
0
19
5
15
0
31
1
10
0
55
8
20
0
163
6
13
0
Jan
Feb
Mar
Apr
May
Jun
WREB
Residency
Credential
Portfolio





*Deficient: Pending with one or more requirements missing in application


Cancelled Dental Applications in 2019
13
12
11
10
9
8
7
6
5
4
3
2
1
0
3
0 0 0
2
0
2
0
6
0 0 0
5
1
0 0
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Jan
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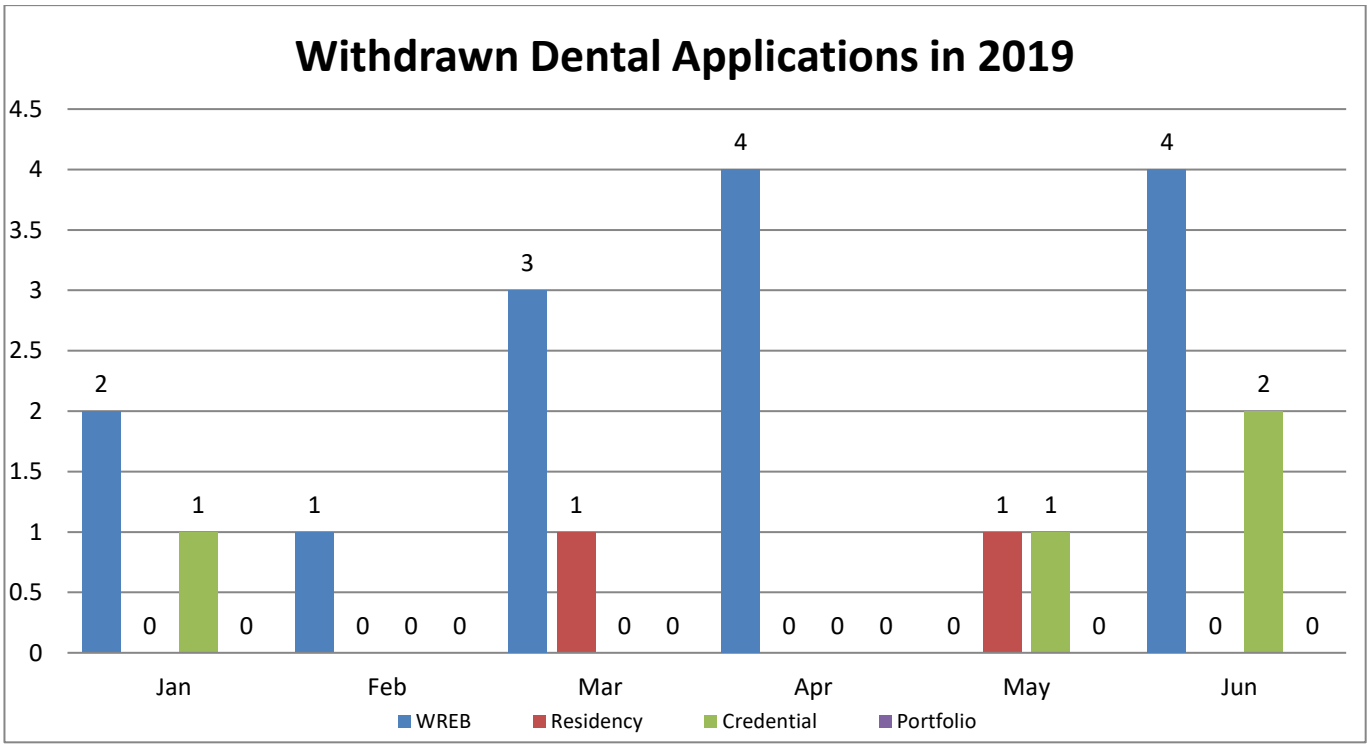
May
Jun
WREB
Residency
Credential
Portfolio


Withdrawn Dental Applications in 2019
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
2
0
1
0
1
0 0 0
3
1
0 0
4
0 0 0
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Jan
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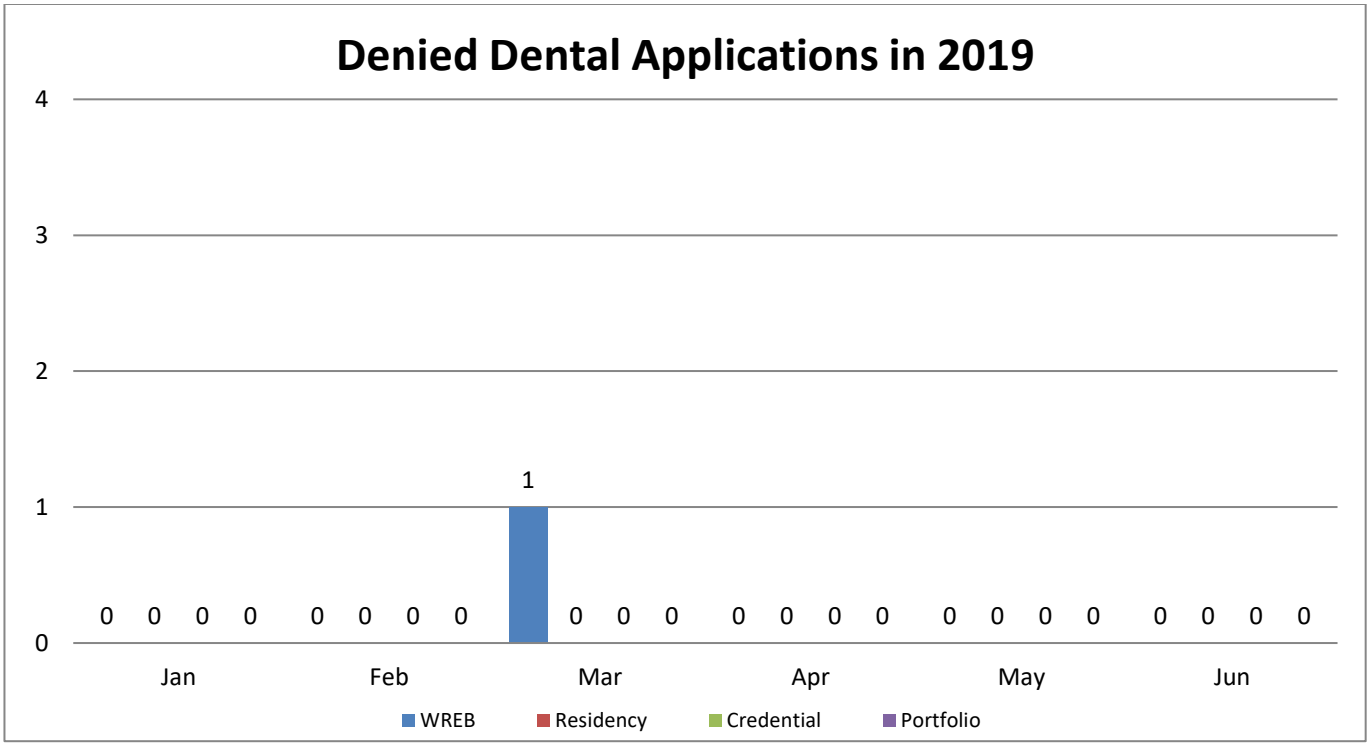
WREB
Residency
Credential
Portfolio


Denied Dental Applications in 2019
4
3
2
1
0
0 0 0 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
Jan
Feb
Mar
Apr
May
Jun
WREB
Residency
Credential
Portfolio

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MEMORANDUM

DATE	July 30, 2019
TO	Members of the Dental Board of California
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 18(b):** General Anesthesia and Conscious Sedation Permit Evaluation Statistics

2018-2019 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
June 2018	13	1	1	1	0	1
July 2018	13	0	0	0	3	0
Aug 2018	9	0	0	2	5	3
Sept 2018	13	0	1	1	3	3
Oct 2018	11	1	2	2	2	4
Nov 2018	12	0	0	0	2	3
Dec 2018	6	0	1	2	2	3
Jan 2019	16	0	1	1	3	1
Feb 2019	11	0	4	1	2	1
Mar 2019	14	0	1	1	2	3
April 2019	15	0	0	2	5	1
May 2019	18	1	2	2	1	0
June 2019*	16	0	0	0	3	0
July 2019*	15	0	0	0	0	0
Total	**182**	**3**	**13**	**15**	**33**	**23**

***Approximate schedule for June, and July 2019.

Conscious Sedation Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
June 2018	4	0	1	0	2	2
July 2018	5	2	0	1	0	2
Aug 2018	5	0	1	1	2	1
Sept 2018	5	0	2	1	0	2
Oct 2018	6	1	1	1	0	2
Nov 2018	10	1	1	2	1	0
Dec 2018	3	0	1	0	0	0
Jan 2019	5	0	3	0	2	0
Feb 2019	5	0	2	0	1	0
Mar 2019	5	0	2	1	1	1
April 2019	6	1	0	0	2	2
May 2019	6	2	4	0	2	3
June 2019*	9	0	0	0	2	0
July 2019*	8	0	0	0	0	0
Total	**82**	**7**	**18**	**7**	**15**	**15**

***Approximate schedule for June, and July 2019.

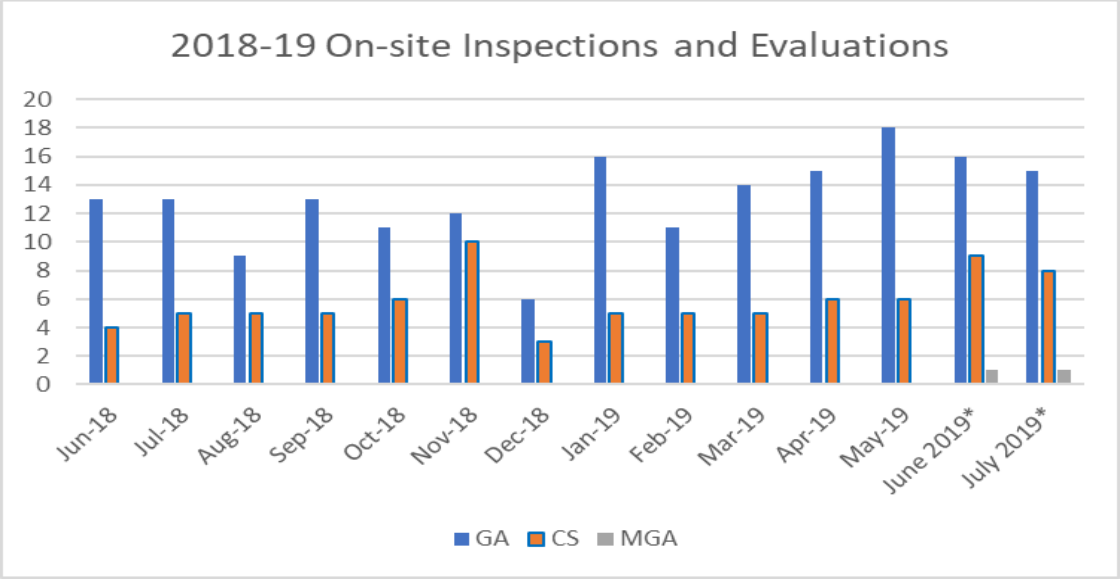
There is a great need for conscious sedation evaluators throughout California. Several evaluations have been postponed recently due to a lack of available evaluators. The Board is actively recruiting for the evaluation program.

Medical General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
June 2018	0	0	0	0	0	0
July 2018	0	0	0	0	0	0
Aug 2018	0	0	0	0	0	1
Sept 2018	0	0	0	0	0	1
Oct 2018	0	0	0	0	0	2
Nov 2018	0	0	2	0	0	2
Dec 2018	0	0	2	0	0	2
Jan 2019	0	0	4	0	0	0
Feb 2019	0	0	3	1	0	0
March 2019	0	0	1	1	0	0
April 2019	0	0	2	0	0	0
May 2019	0	0	2	0	0	0
June 2019*	1	0	0	0	0	0
July 2019*	1	0	0	0	0	0
Total	**2**	**0**	**16**	**2**	**0**	**8**

***Approximate schedule for June, and July 2019.

Completed evaluations per month



Current Evaluators per Region

Region	GA	CS	MGA
Northern California	130	70	7
Southern California	157	94	8

Action Requested:

No action requested, data provided is informational only.

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MEMORANDUM

DATE	July 25, 2019
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 19(a):** 2019 Tentative Legislative Calendar – Information Only

The 2019 Tentative Legislative Calendars for both the Senate and Assembly are enclosed.

Action Requested:
No action necessary.

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE CHIEF CLERK

October 31, 2018 (revised)

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	

DEADLINES

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

Jan. 7 Legislature **reconvenes** (J.R. 51(a)(1)).

Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12(a)).

Jan. 21 Martin Luther King, Jr. Day.

Jan. 25 Last day to submit **bill requests** to the Office of Legislative Counsel

Feb. 18 Presidents' Day.

Feb. 22 Last day for **bills to be introduced** (J.R. 61(a)(1)), (J.R. 54(a)).

Mar. 29 Cesar Chavez Day observed.

Apr. 11 **Spring recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).

Apr. 22 **Legislature reconvenes** from Spring recess (J.R. 51(a)(2)).

Apr. 26 Last day for **policy committees** to hear and report to **fiscal committees fiscal bills** introduced in their house (J.R. 61(a)(2)).

May 3 Last day for **policy committees** to hear and report to the Floor **nonfiscal bills** introduced in their house (J.R. 61(a)(3)).

May 10 Last day for **policy committees** to meet prior to June 3 (J.R. 61(a)(4)).

May 17 Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)). Last day for **fiscal committees** to meet prior to June 3 (J.R. 61(a)(6)).

May 27 Memorial Day.

May 28-31 Floor Session Only.
No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(7)).

May 31 Last day for bills to be **passed out of the house of origin** (J.R. 61(a)(8)).

*Holiday schedule subject to Rules committee approval.

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE CHIEF CLERK

October 31, 2018 (revised)

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						

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			

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

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

Jun. 3 Committee meetings may resume (J.R. 61(a)(9)).

Jun. 15 **Budget Bill** must be **passed** by **midnight** (Art. IV, Sec. 12(c)(3)).

Jul. 4 Independence Day.

Jul. 10 Last day for **policy committees** to hear and report **fiscal bills** to **fiscal committees** (J.R. 61(a)(10)).

Jul. 12 Last day for **policy committees** to meet and report bills (J.R. 61(a)(11)). **Summer recess** begins upon adjournment of this day's session, provided Budget Bill has been passed (J.R. 51(a)(3)).

Aug. 12 **Legislature reconvenes** from Summer recess (J.R. 51(a)(3)).

Aug. 30 Last day for **fiscal committees** to meet and report bills to Floor (J.R. 61(a)(12)).

Sep. 2 Labor Day.

Sep. 3-13 **Floor Session Only.** No committees, other than conference and Rules committees, may meet for any purpose (J.R. 61(a)(13)).

Sep. 6 Last day to **amend bills on the floor** (J.R. 61(a)(14)).

Sep. 13 Last day for **each house to pass bills** (J.R. 61(a)(15)). **Interim Study Recess** begins upon adjournment of this day's session (J.R. 51(a)(4)).

*Holiday schedule subject to Senate Rules committee approval.

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2019

Oct. 13 Last day for Governor to sign or veto bills passed by the Legislature on or before Sep. 13 and in the Governor's possession after Sep. 13 (Art. IV, Sec.10(b)(1)).

2020

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

Jan. 6 Legislature reconvenes (J.R. 51 (a)(4)).

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE

Revised 10-31-18

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

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 4						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		

MARCH							
	S	M	T	W	TH	F	S
Wk. 4						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
Wk. 1	31						

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

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

*Holiday schedule subject to final approval by Rules Committee.

DEADLINES

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

Jan. 7 Legislature reconvenes (J.R. 51(a)(1)).

Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12(a)).

Jan. 21 Martin Luther King, Jr. Day.

Jan. 25 Last day to submit **bill requests** to the Office of Legislative Counsel.

Feb. 18 Presidents' Day.

Feb. 22 Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).

Mar. 29 Cesar Chavez Day observed.

Apr. 11 **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).

Apr. 22 Legislature reconvenes from Spring Recess (J.R. 51(a)(2)).

Apr. 26 Last day for **policy committees** to meet and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

May 3 Last day for **policy committees** to meet and report to the floor **non-fiscal bills** introduced in their house (J.R. 61(a)(3)).

May 10 Last day for **policy committees** to meet prior to June 3 (J.R. 61(a)(4)).

May 17 Last day for **fiscal committees** to meet and report to the floor bills introduced in their house (J.R. 61(a)(5)). Last day for **fiscal committees** to meet prior to June 3 (J.R. 61(a)(6)).

May 27 Memorial Day.

May 28-31 **Floor session only**. No committee may meet for any purpose except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(7)).

May 31 Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE

Revised 10-31-18

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

June 3 Committee meetings may resume (J.R. 61(a)(9)).

June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).

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

July 4 Independence Day.

July 10 Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(a)(10)).

July 12 Last day for **policy committees** to meet and report bills (J.R. 61(a)(11)).

Summer Recess begins upon adjournment, provided Budget Bill has been passed (J.R. 51(a)(3)).

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

Aug. 12 Legislature reconvenes from Summer Recess (J.R. 51(a)(3)).

Aug. 30 Last day for **fiscal committees** to meet and report bills (J.R. 61(a)(12)).

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

Sept. 2 Labor Day.

Sept. 3-13 **Floor session only**. No committees may meet for any purpose, except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(13)).

Sept. 6 Last day to **amend** bills on the floor (J.R. 61(a)(14)).

Sept. 13 Last day for any bill to be passed (J.R. 61(a)(15)). **Interim Recess** begins upon adjournment (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING INTERIM RECESS

2019

Oct. 13 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 13 and in the Governor's possession after Sept. 13 (Art. IV, Sec. 10(b)(1)).

2020

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

Jan. 6 Legislature reconvenes (J.R. 51(a)(4)).

*Holiday schedule subject to final approval by Rules Committee.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	July 30, 2019
TO	Members of the Dental Board of California
FROM	Gabriel Nevin, Legislation and Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item 19(b):** Discussion and Possible Action Regarding Legislation

Background:

The Dental Board of California (Board) has been tracking the following bills relating to professions and vocations that impact the Department of Consumer Affairs, healing arts boards and their respective licensees, and licensing boards.

1) AB 193 (Patterson) Professions and Vocations
2) AB 528 (Low) Controlled Substances: CURES Database
3) AB 544 (Brough) Professions and Vocations: Inactive License Fees
4) AB 613 (Low) Professions and Vocations: Regulatory Fees
5) AB 768 (Brough) Professions and Vocations
6) AB 1622 (Carillo) Family Physicians
7) SB 653 (Chang) Registerd Dental Hygienist in Alternative Practice

Of these seven bills, only the two following bills appear to be moving forward this year. In the interest of time, staff will be presenting the following two (2) bills that may have a direct impact on the Board for review and consideration at the August meeting:

1) AB 528 (Low) Controlled Substances: CURES Database
2) AB 1622 (Carillo) Family Physicians

AB 613 has been designated as a two-year bill and is anticipated to be brought up again in 2020.

These remaining bills have missed legislative deadlines and do not appear to be moving forward through the legislative process:

1) AB 193 (Patterson) Professions and Vocations

2) AB 544 (Brough) Professions and Vocations: Inactive License Fees
3) AB 768 (Brough) Professions and Vocations
4) SB 653 (Chang) Registerd Dental Hygienist in Alternative Practice

This memorandum includes information regarding each bill's status, location, date of introduction, date of last amendment, and a summary. Board staff will present the two (2) bills previously listed and provide information regarding the impact each one has on the Board.

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

https://leginfo.legislature.ca.gov/
https://www.senate.ca.gov/
https://www.assembly.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

Staff will be presenting the following two (2) bills that may have a direct impact on the Board for review and consideration at the August meeting:

AB 528

AUTHOR: Low [D]
TITLE: Controlled Substances: CURES Database
INTRODUCED: 02/13/2019
LAST AMEND: 07/03/2019
DISPOSITION: Pending
LOCATION: Senate Appropriations Committee
SUMMARY:
Requires a dispensing pharmacy, clinic, or other dispenser to report the information required by the Controlled Substance Utilization Review and Evaluation System (CURES) database no more than one working day after a controlled substance is dispensed. Requires the dispensing of a controlled substance included on Schedule V to be reported to the department using the CURES database
STATUS:
07/11/2019 Re-referred to SENATE Committee on APPROPRIATIONS: Hearing scheduled 08/12/2019 10:00 am, Room 4203.
IMPACT ON BOARD
Requirement to report dispensing within 1 working day instead of 7 working days does not significantly impact the board. The change in reporting requirements will not result in a change in the total reporting volume. The addition of Schedule V controlled substances to the reporting requirements will not greatly impact the Board. The drugs listed in Schedule V are almost exclusively anti-diarrheal medications and combination medications used to treat allergies and flu symptoms. Therefore, the listed Schedule V drugs are less likely to be dispensed by Dental practices, and the anticipated impact on the Board is expected to be minimal.
BOARD POSITION:

AB 1622

AUTHOR: Carrillo [D]
TITLE: Family Physicians
INTRODUCED: 02/22/2019
LAST AMEND: 05/13/2019
DISPOSITION: Pending
FILE: 204
LOCATION: Senate Appropriations Committee
SUMMARY:
Defines numerous specific acts as constituting unprofessional conduct for dentists including: having more than one patient undergoing conscious sedation, general anesthesia, moderate sedation or deep sedation unless the patients are being monitored on a one to one ratio, by the dentist or another health care professional authorized to perform the sedation;

failing to have patients recovering from conscious sedation, general anesthesia, moderate sedation or deep sedation closely monitored by the dentist or another qualified licensed professional, including that if there is one professional and more than one patients recovering that the patients shall be in the same room; failure to use specific equipment to monitor patients undergoing conscious sedation, general anesthesia, moderate sedation or deep sedation; requiring that all personnel involved in the care of sedated patients be CPR certified and recertified biennially; and failing to obtain written informed consent prior to administering conscious sedation, general anesthesia, moderate sedation or deep sedation or to use specified language in obtaining informed consent from the parent or guardian of a minor.

STATUS:

07/08/2019 From SENATE Committee on BUSINESS, PROFESSIONS AND ECON. DEVELOPMENT: To SENATE Committee on APPROPRIATIONS. (9-0); HEARING 08/12/2019 10:00 am, Room 4203.

IMPACT ON BOARD:

Board Permit holders would need to update their operating procedures to comply with new requirements. Board permit holders would need to update their written informed consent information to comply with the language in the statue. No fiscal impact to the Board.

BOARD POSITION: Watch (May 2019 Board Meeting)

The following bill has been designated as a two-year bill and is anticipated to be brought up again in 2020.

AB 613

AUTHOR: Low [D]
TITLE: Professions and Vocations: Regulatory Fees
INTRODUCED: 02/14/2019
LAST AMEND: N/A
DISPOSITION: Pending
LOCATION: Senate Business, Professions & Economic Development Committee

SUMMARY:
Authorizes each board within the Department of Consumer Affairs to increase every 4 years any fee authorized to be imposed by that board by an amount not to exceed the increase in the California Consumer Price Index for the preceding 4 years, subject to specified conditions. Requires the Director of Consumer Affairs to approve any fee increase proposed by a board except under specified circumstances.

STATUS:
07/01/2019 In SENATE committee on Business, Professions and Economic Development: Testimony taken. Hearing postponed by committee.

IMPACT ON BOARD:
Given the current bill language, AB 613 would be an additional resource to increase fees in accordance with the Consumer Price Index (CPI), although the Board could still pursue fee increases through the regulatory process. The Board staff recommend a support position, if amended to clarify in language that AB 613 will allow Boards the flexibility to increase fees in regulation and, if necessary, through the percentage identified in the CPI.

BOARD POSITION: Support if Amended (May 2019 Board Meeting)

These following bills have missed legislative deadlines and do not appear to be moving forward through the legislative process:

AB 193

AUTHOR: Patterson [R]
COAUTHOR(S): Bates [R], Nielsen [R], Morrell [R], Melendez [R], Gallagher [R], Lackey [R], Choi [R], Voepel [R]
TITLE: Professions and Vocations
INTRODUCED: 01/10/2019
LAST AMEND: 03/20/2019
DISPOSITION: Pending
LOCATION: Assembly Business and Professions Committee
SUMMARY:
Requires the Department of Consumer Affairs to conduct a comprehensive review of all licensing requirements for each profession regulated by a board within the Department and identify unnecessary licensing requirements. Requires each board within the department to submit to the department an assessment on the board's progress in implementing policies to facilitate licensure portability for active duty service members, veterans, and military spouses that includes specified information.
STATUS:
04/23/2019 In ASSEMBLY Committee on BUSINESS AND PROFESSIONS: Not heard.
IMPACT ON BOARD:
The fiscal impact to the Board would be minor and absorbable within the existing resources. The Board would have to prepare reports/extracts to provide data in support of the legislative reporting requirements. AB 193 would require a BreEZe modification to determine the number of active duty service members, veterans, and military spouses who applied for licensure and the number of applications for waived renewal fees submitted by active duty service members in each of the previous two calendar years.
BOARD POSITION: Watch (May 2019 Board Meeting)

AB 544

AUTHOR: Brough [R]
TITLE: Professions and Vocations: Inactive License Fees
INTRODUCED: 02/13/2019
LAST AMEND: 03/21/2019
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY:
Limits the maximum fee for the renewal of a license in an inactive status to no more than half of the renewal fee for an active license. Prohibits a Board from requiring payment of accrued and unpaid renewal fees as a condition of reinstating an expired license or registration.
STATUS:
05/16/2019 In ASSEMBLY Committee on APPROPRIATIONS: Held in committee.

IMPACT ON BOARD:
If AB 544 were approved, the Dental Board would lose approximately $135,000 in license inactivation fees. The renewal of an inactive DDS license is $650 and if the bill passes, it would go down to $325.

The license types for the Dental Assisting Program can actually renew in an inactive status. It is a little harder to estimate as they do not have a separate fee code that differentiates current and inactive license renewals like the Dental Board does. The renewal of an inactive license is $100 and if the bill passes, it could not be more than $50. Of the total current and current/inactive RDA licenses, 12% have a license status of current/inactive. The RDA renewal fees for FY 19/20 are estimated to be $1.783million. 12% of that is $214K. If the fees were reduced by half, then that would turn into a loss of $107K, which would be a rough estimate for the Dental Assisting Program.

BOARD POSITION: Watch (May 2019 Board Meeting)

AB 768

AUTHOR: Brough [R]
TITLE: Professions and Vocations
INTRODUCED: 02/19/2019
LAST AMEND: N/A
DISPOSITION: Pending
LOCATION: Assembly Business and Professions Committee
SUMMARY:
Authorizes the Department of Consumer Affairs and each board in the Department to charge a fee not to exceed a specified amount for the certification of a copy of any record, document or paper in its custody. Requires that the delinquency, penalty, or late fee for any licensee within the Department to be a specified percentage of the renewal fee for that license, but not to exceed a specified amount.
STATUS:
02/28/2019 To ASSEMBLY Committee on BUSINESS AND PROFESSIONS.
IMPACT ON BOARD:
In its current form, this bill would not affect the Dental Board's fee schedules, since the bill stipulates that the changes to fee schedules it requires are, "Except as otherwise provided by law"; and the Board's fees for delinquency, penalty, or late fee for licensees are provided for by law at BPC Sec 1724 et. seq.

BOARD POSITION: Watch (May 2019 Board Meeting)

SB 653

AUTHOR: Chang [R]
TITLE: Registered Dental Hygienist in Alternative Practice

INTRODUCED: 02/22/2019
LAST AMEND: 04/25/2019
DISPOSITION: Pending
LOCATION: Senate Appropriations Committee

SUMMARY:

Authorizes a registered dental hygienist to provide, without supervision, fluoride varnish to a patient, and to provide services and oral screenings at specified sponsored events and nonprofit organizations. Authorizes a registered dental hygienist in alternative practice to practice in specified clinics or in a professional corporation without being an employee of that clinic or professional corporation.

STATUS:

05/16/2019 In SENATE Committee on APPROPRIATIONS: Hearing held in committee and under submission.

IMPACT ON BOARD

According to the Department of Consumer Affairs (DCA), $102,000 (special fund) for 1.0 Staff Services Analyst in FY 2020-21, 2021-22, and ongoing, for workload to track and audit patient records for compliance with the bill's proposed 15 percent requirement to serve Medi-Cal patients in order to continue practicing in shortage areas after the designation is lifted. This information is not currently tracked and would require a new field in the BreEZe system. A report would need to be developed to identify license files that require an audit, new codes to be set-up for licensees that have been found in violation, and other enforcement costs. Staff estimates IT costs of low tens of thousands (special fund) for IT re-programming and to ensure licensee confidentiality.

BOARD POSITION: No Position

AMENDED IN ASSEMBLY MARCH 20, 2019

AMENDED IN ASSEMBLY MARCH 5, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL No. 193

Introduced by Assembly Member Patterson
(Coauthors: Assembly Members Choi, Gallagher, Lackey, Melendez, and Voepel)
(Coauthors: Senators Bates, Morrell, and Nielsen)

January 10, 2019

An act to amend Sections 7316, 19011, 19017, 19051, 19059.5, 19060.6, and 19170 of, to add and repeal Section 101.5 of, and to repeal Sections 19010.1 and 19052 of, the Business and Professions Code, ~~and to amend Section 110371 of the Health and Safety Code,~~ relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 193, as amended, Patterson. Professions and vocations.

(1) Existing law establishes the Department of Consumer Affairs in the Business, Consumer Services, and Housing Agency to, among other things, ensure that certain businesses and professions that have potential impact upon the public health, safety, and welfare are adequately regulated.

This bill would require the department, beginning on January 1, 2021, to conduct a comprehensive review of all licensing requirements for each profession regulated by a board within the department and identify unnecessary licensing requirements, as defined by the bill. *The bill, beginning February 1, 2021, and every 2 years thereafter, would require each board within the department to submit to the department an*

assessment on the board's progress in implementing policies to facilitate licensure portability for active duty service members, veterans, and military spouses that includes specified information. The bill would require the department to report to the Legislature on ~~January~~ *March* 1, 2023, and every 2 years thereafter, on the department's ~~progress,~~ *progress in conducting its review,* and would require the department to issue a final report to the Legislature no later than ~~January~~ *March* 1, 2033. The bill would require the biennial reports *to the Legislature* to *include the assessment information submitted by each board to the department, to* identify the professions ~~reviewed,~~ *reviewed by the department,* each unnecessary licensing requirement, and the department's recommendations to the Legislature on whether to keep, modify, or eliminate the unnecessary licensing requirement. The bill would require the department to apply for federal funds that have been made available specifically for the purpose of reviewing, updating, and eliminating overly burdensome licensing requirements, as provided.

(2) Existing law, the Barbering and Cosmetology Act, provides for the licensure and regulation of the practice of cosmetology by the State Board of Barbering and Cosmetology in the department and defines the practice of both barbering and cosmetology to include shampooing the hair of any person. The act also specifies that, within the practice of cosmetology, there is the specialty branch of skin care, which includes applying makeup.

This bill would delete shampooing another person from the practice of barbering and cosmetology, and would delete the act of applying makeup on another person from the specialty practice of skin care. The bill would require a person who does not hold a barbering or cosmetology license to disclose that fact before the unlicensed person applies makeup to or shampoos the hair of another person.

(3) Existing law provides for the regulation of custom upholsterers by the Bureau of Household Goods and Services in the department, and requires every custom upholsterer to hold a custom upholsterer's license.

This bill would delete those provisions requiring licensure of custom upholsterers.

~~(4) The bill would make conforming and other nonsubstantive changes.~~

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. The Legislature finds and declares all of the following:

(a) Many entities, including the Federal Trade Commission, the United States Department of Labor, and the Milton Marks "Little Hoover" Commission on California State Government Organization and Economy, have acknowledged the unnecessary burdens that occupational licensing places on otherwise qualified workers.

(b) Unnecessary licensing increases costs for consumers and restricts opportunities for workers.

(c) Researchers show that occupational licensing restrictions can result in almost three million fewer jobs and a cost of over $200,000,000,000 to consumers.

(d) The Institute for Justice estimates that burdensome licensing in California results in a loss of 195,917 jobs and $22,000,000,000 in misallocated resources.

(e) California is the most broadly and onerously licensed state in the nation and has been identified as the nation's worst licensing environment for workers in lower-income occupations.

(f) Licensing is also believed to disproportionately affect minorities and exacerbate income inequality.

SEC. 2. Section 101.5 is added to the Business and Professions Code, to read:

101.5. (a) The department shall apply for federal funds that have been made available specifically for the purposes of reviewing, updating, and eliminating overly burdensome licensing requirements.

(b) Beginning on January 1, 2021, the department shall conduct a comprehensive review of all licensing requirements for each profession and shall identify unnecessary licensing requirements. The department shall conduct the review whether or not the state receives federal funds pursuant to subdivision (a).

(c) (1) Beginning on February 1, 2021, and every two years thereafter, each board identified in Section 101 shall submit to the department an assessment on the board's progress in implementing policies to facilitate licensure portability for active duty service members, veterans, and military spouses. The assessment shall include the following information:

(A) The number of active duty service members, veterans, and military spouses who applied for licensure for each of the previous two calendar years.

(B) The board's process for expediting applications for active duty service members, veterans, and military spouses, the average processing time for an expedited application, and the number of expedited application requests received in each of the previous two calendar years.

(C) The number of applications for waived renewal fees submitted by active duty service members in each of the previous two calendar years.

(D) If the board issues temporary licenses pursuant to Section 115.6, the duration of, and requirements for obtaining, the temporary license.

(E) Whether an applicant may apply, and the requirements, for licensure by endorsement.

(F) A list of the states with which the board maintains reciprocity agreements, if any.

(2) The department shall submit the information received pursuant to paragraph (1) as part of the report required to be submitted to the Legislature pursuant to subdivision (d).

~~(c)~~

(d) The department shall report to the Legislature on ~~January~~ *March* 1, 2023, and every two years thereafter until the department has completed its review, on the department's progress in conducting the review. The department shall issue a final report to the Legislature no later than ~~January~~ *March* 1, 2033. Each biennial report shall be organized by board and shall include all of the following:

(1) The professions reviewed by the department in the preceding two years.

(2) Unnecessary licensing requirements identified by the department for each profession reviewed.

(3) For each unnecessary licensing requirement, the department's recommendation to the Legislature to keep, modify, or eliminate the unnecessary licensing requirement.

(4) For each unnecessary licensing requirement that the department recommends to keep, facts supporting the department's recommendation.

(5) The information submitted to the department pursuant to paragraph (2) of subdivision (c).

~~(d)~~

(e) The department may use national licensing standards, where applicable, as a baseline for evaluating the necessity of licensing requirements.

~~(e)~~

(f) For purposes of this section, the following definitions apply:

(1) "Military spouse" means a person who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

~~(1)~~

(2) "Profession" means a profession or vocation regulated by a board identified in Section 101.

~~(2)~~

(3) "Unnecessary licensing requirement" means a licensing requirement that does not satisfy either of the following criteria:

(A) Protects the health and safety of the public or a licensee.

(B) Satisfies a national licensing or certification requirement.

~~(f)~~

(g) A report to be submitted pursuant to subdivision ~~(c)~~ *(d)* shall be submitted in compliance with Section 9795 of the Government Code.

~~(g)~~

(h) Notwithstanding Section 10231.5 of the Government Code, this section is repealed on January 1, 2034.

SEC. 3. Section 7316 of the Business and Professions Code is amended to read:

7316. (a) The practice of barbering is all or any combination of the following practices:

(1) Shaving or trimming the beard or cutting the hair.

(2) Giving facial and scalp massages or treatments with oils, creams, lotions, or other preparations either by hand or mechanical appliances.

(3) Singeing, arranging, dressing, curling, waving, chemical waving, hair relaxing, or dyeing the hair or applying hair tonics.

(4) Applying cosmetic preparations, antiseptics, powders, oils, clays, or lotions to scalp, face, or neck.

(5) Hairstyling of all textures of hair by standard methods that are current at the time of the hairstyling.

(b) The practice of cosmetology is all or any combination of the following practices:

(1) Arranging, dressing, curling, waving, machineless permanent waving, permanent waving, cleansing, cutting, relaxing, singeing, bleaching, tinting, coloring, straightening, dyeing, applying hair tonics to, beautifying, or otherwise treating by any means, the hair of any person.

(2) Massaging, cleaning, or stimulating the scalp, face, neck, arms, or upper part of the human body, by means of the hands, devices, ~~apparatus~~ *apparatus*, or appliances, with or without the use of cosmetic preparations, antiseptics, tonics, lotions, or creams.

(3) Beautifying the face, neck, arms, or upper part of the human body, by use of cosmetic preparations, antiseptics, tonics, lotions, or creams.

(4) Removing superfluous hair from the body of any person by the use of depilatories or by the use of tweezers, chemicals, or preparations or by the use of devices or appliances of any kind or description, except by the use of light waves, commonly known as rays.

(5) Cutting, trimming, polishing, tinting, coloring, cleansing, or manicuring the nails of any person.

(6) Massaging, cleansing, treating, or beautifying the hands or feet of any person.

(c) Within the practice of cosmetology there exist the specialty branches of skin care and nail care.

(1) Skin care is any one or more of the following practices:

(A) Giving facials, giving skin care, removing superfluous hair from the body of any person by the use of depilatories, ~~tweezers~~ *tweezers*, or waxing, or applying eyelashes to any person.

(B) Beautifying the face, neck, arms, or upper part of the human body, by use of cosmetic preparations, antiseptics, tonics, lotions, or creams.

(C) Massaging, cleaning, or stimulating the face, neck, arms, or upper part of the human body, by means of the hands, devices, apparatus, or appliances, with the use of cosmetic preparations, antiseptics, tonics, lotions, or creams.

(2) Nail care is the practice of cutting, trimming, polishing, coloring, tinting, cleansing, manicuring, or pedicuring the nails of

any person or massaging, cleansing, or beautifying from the elbow to the fingertips or the knee to the toes of any person.

(d) The practice of barbering and the practice of cosmetology do not include any of the following:

(1) The mere sale, fitting, or styling of wigs or hairpieces.

(2) Natural hair braiding. Natural hair braiding is a service that results in tension on hair strands or roots by twisting, wrapping, weaving, extending, locking, or braiding by hand or mechanical device, provided that the service does not include haircutting or the application of dyes, reactive chemicals, or other preparations to alter the color of the hair or to straighten, curl, or alter the structure of the hair.

(3) Threading. Threading is a technique that results in removing hair by twisting thread around unwanted hair and pulling it from the skin and the incidental trimming of eyebrow hair.

(4) Shampooing hair. However, before a person who does not hold a barbering or cosmetology license shampoos the hair of another person, the unlicensed person shall disclose verbally or in writing to the other person that they do not hold a barbering or cosmetology license.

(5) Applying makeup. However, before a person who does not hold a barbering or cosmetology license applies makeup to another person, the unlicensed person shall disclose verbally or in writing to the other person that they do not hold a barbering or cosmetology license.

(e) Notwithstanding paragraph (2) of subdivision (d), a person who engages in natural hairstyling, which is defined as the provision of natural hair braiding services together with any of the services or procedures defined within the regulated practices of barbering or cosmetology, is subject to regulation pursuant to this chapter and shall obtain and maintain a barbering or cosmetology license as applicable to the services respectively offered or performed.

(f) Electrolysis is the practice of removing hair from, or destroying hair on, the human body by the use of an electric needle only.

"Electrolysis" as used in this chapter includes electrolysis or thermolysis.

SEC. 4. Section 19010.1 of the Business and Professions Code is repealed.

SEC. 5. Section 19011 of the Business and Professions Code is amended to read:

19011. "Manufacturer" means a person who, either by themselves or through employees or agents, makes any article of upholstered furniture or bedding in whole or in part, using either new or secondhand material.

SEC. 6. Section 19017 of the Business and Professions Code is amended to read:

19017. "Owner's material" means any article or material belonging to a person for their own, or their tenant's use, that is sent to any manufacturer or bedding renovator or used in repairing or renovating.

SEC. 7. Section 19051 of the Business and Professions Code is amended to read:

19051. Every upholstered-furniture retailer, unless the person holds an importer's license, a furniture and bedding manufacturer's license, a wholesale furniture and bedding dealer's license, or a retail furniture and bedding dealer's license, shall hold a retail furniture dealer's license.

(a) This section does not apply to a person whose sole business is designing and specifying for interior spaces, and who purchases specific amenable upholstered furniture items on behalf of a client, provided that the furniture is purchased from an appropriately licensed importer, wholesaler, or retailer. This section does not apply to a person who sells "used" and "antique" furniture as defined in Sections 19008.1 and 19008.2.

(b) This section does not apply to a person who is licensed as a home medical device retail facility by the State Department of Health Services, provided that the furniture is purchased from an appropriately licensed importer, wholesaler, or retailer.

SEC. 8. Section 19052 of the Business and Professions Code is repealed.

SEC. 9. Section 19059.5 of the Business and Professions Code is amended to read:

19059.5. Every sanitizer shall hold a sanitizer's license unless the person is licensed as a home medical device retail facility by the State Department of Health Services or as an upholstered furniture and bedding manufacturer, retail furniture and bedding dealer, or retail bedding dealer.

SEC. 10. Section 19060.6 of the Business and Professions Code is amended to read:

19060.6. Every person who, on their own account, advertises, solicits, or contracts to manufacture upholstered furniture or bedding, and who either does the work themselves or has others do it, shall obtain the particular license required by this chapter for the particular type of work that the person solicits or advertises that the person will do, regardless of whether the person has a shop or factory.

SEC. 11. Section 19170 of the Business and Professions Code is amended to read:

19170. (a) The fee imposed for the issuance and for the biennial renewal of each license granted under this chapter shall be set by the chief, with the approval of the director, at a sum not more nor less than that shown in the following table:

	Maximum fee	Minimum fee
Importer's license	$940	$120
Furniture and bedding manufacturer's license	940	120
Wholesale furniture and bedding dealer's license	675	120
Supply dealer's license	675	120
Sanitizer's license	450	80
Retail furniture and bedding dealer's license	300	40
Retail furniture dealer's license	150	20
Retail bedding dealer's license	150	20

(b) Individuals who, in their own homes and without the employment of any other person, make, sell, advertise, or contract to make pillows, quilts, quilted pads, or comforters are exempt from the fee requirements imposed by subdivision (a). However, these individuals shall comply with all other provisions of this chapter.

(c) Retailers who only sell "used" and "antique" furniture as defined in Sections 19008.1 and 19008.2 are exempt from the fee requirements imposed by subdivision (a). Those retailers are also exempt from the other provisions of this chapter.

(d) A person who makes, sells, or advertises upholstered furniture and bedding as defined in Sections 19006 and 19007, and who also makes, sells, or advertises furniture used exclusively for the purpose of physical fitness and exercise, shall comply with the fee requirements imposed by subdivision (a).

(e) A person who has paid the required fee and who is licensed as an upholstered furniture and bedding manufacturer under this chapter shall not be required to additionally pay the fee for a sanitizer's license.

~~SEC. 12. Section 110371 of the Health and Safety Code is amended to read:~~

~~110371. (a) A professional cosmetic manufactured on or after July 1, 2020, for sale in this state shall have a label affixed on the container that satisfies all of the labeling requirements for any other cosmetic pursuant to the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 301, et seq.), and the federal Fair Packaging and Labeling Act (15 U.S.C. Sec. 1451, et seq.).~~

~~(b) The following definitions shall apply to this section:~~

~~(1) "Ingredient" has the same meaning as in Section 111791.5.~~

~~(2) "Professional" means a person that has been granted a license by the State Board of Barbering and Cosmetology to practice in the field of cosmetology, barbering, or esthetics.~~

~~(3) "Professional cosmetic" means a cosmetic product as it is defined in Section 109900 that is intended or marketed to be used only by a professional on account of a specific ingredient, increased concentration of an ingredient, or other quality that requires safe handling, or is otherwise used by a professional.~~

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AMENDED IN SENATE JULY 3, 2019

AMENDED IN SENATE JUNE 19, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL No. 528

Introduced by Assembly Member Low

February 13, 2019

An act to amend Sections 11164.1, 11165, 11165.1, and 11165.4 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

AB 528, as amended, Low. Controlled substances: CURES database.

(1) Existing law classifies certain controlled substances into Schedules I to V, inclusive. 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. Existing law requires a dispensing pharmacy, clinic, or other dispenser to report specified information to the department as soon as reasonably possible, but no more than 7 days after a controlled substance is dispensed.

This bill would require a dispensing pharmacy, clinic, or other dispenser to report the information required by the CURES database no more than one working day after a controlled substance is dispensed. The bill would similarly require the dispensing of a controlled substance included on Schedule V to be reported to the department using the CURES database. The bill would make conforming changes to related

provisions. ~~The bill would prohibit an insurer providing workers' compensation coverage from using information obtained from the CURES database as the sole factor in approving or denying a workers' compensation claim.~~

(2) Existing law requires a health care practitioner authorized to prescribe, order, administer, furnish, or dispense controlled substances included on Schedule II, Schedule III, or Schedule IV, and a pharmacist upon licensure, to submit an application to obtain approval to electronically access information in the CURES database.

This bill would permit a licensed physician and surgeon to submit an application to obtain approval to electronically access information in the CURES database.

(3) Existing law requires an authorized health care practitioner to consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every 4 months thereafter if the controlled substance remains part of the treatment of the patient.

This bill would instead require the authorized health care practitioner to consult the CURES database to review the patient's controlled substance history at least once every 6 months after the first time the substance is prescribed.

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. It is the intent of the Legislature that state laws regarding the operation and use of prescription drug monitoring programs continue to empower health care-oriented technology solutions to the opioid crisis.

SEC. 2. Section 11164.1 of the Health and Safety Code is amended to read:

11164.1. (a) (1) Notwithstanding any other law, a prescription for a controlled substance issued by a prescriber in another state for delivery to a patient in another state may be dispensed by a California pharmacy, if the prescription conforms with the requirements for controlled substance prescriptions in the state in which the controlled substance was prescribed.

(2) A prescription for a Schedule II, Schedule III, Schedule IV, or Schedule V controlled substance dispensed pursuant to this subdivision shall be reported by the dispensing pharmacy to the Department of Justice in the manner prescribed by subdivision (d) of Section 11165.

(b) A pharmacy may dispense a prescription for a Schedule III, Schedule IV, or Schedule V controlled substance from an out-of-state prescriber pursuant to Section 4005 of the Business and Professions Code and Section 1717 of Title 16 of the California Code of Regulations.

SEC. 3. 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, Schedule IV, and Schedule V 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, Schedule IV, and Schedule V controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

(b) The department 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, 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, for educational, peer review, statistical, or research purposes, if patient information, including information that may identify the patient, is not compromised. Further, data disclosed to an individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to a third party, unless authorized by, or pursuant to, state and federal privacy and security laws and regulations. The department shall establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES, consistent with this subdivision.

(B) Notwithstanding subparagraph (A), a regulatory board whose licensees do not prescribe, order, administer, furnish, or dispense controlled substances shall not be provided data obtained from CURES.

(3) The department shall, no later than January 1, 2021, adopt regulations regarding the access and use of the information within CURES. The department shall consult with all stakeholders identified by the department during the rulemaking process. The regulations shall, at a minimum, address all of the following in a manner consistent with this chapter:

(A) The process for approving, denying, and disapproving individuals or entities seeking access to information in CURES.

(B) The purposes for which a health care practitioner may access information in CURES.

(C) The conditions under which a warrant, subpoena, or court order is required for a law enforcement agency to obtain information from CURES as part of a criminal investigation.

(D) The process by which information in CURES may be provided for educational, peer review, statistical, or research purposes.

~~(E) The conditions under which an insurer providing workers' compensation coverage may access information in CURES for purposes of reviewing a workers' compensation claim, which shall at a minimum prohibit an insurer from using information obtained from the CURES database as the sole factor in evaluating a claim for approval or denial.~~

(4) In accordance with federal and state privacy laws and regulations, a health care practitioner may provide a patient with a copy of the patient's CURES patient activity report as long as no additional CURES data are provided and the health care practitioner keeps a copy of the report in the patient's medical record in compliance with subdivision (d) of Section 11165.1.

(d) For each prescription for a Schedule II, Schedule III, Schedule IV, or Schedule V controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, 1308.14, and 1308.15 respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the department as soon as reasonably possible, but not more than one working day after the date a controlled substance is dispensed, in a format specified by the department:

(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the ultimate user.

(2) The prescriber's category of licensure, license number, national provider identifier (NPI) number, if applicable, the federal controlled substance registration number, and the state medical license number of a prescriber using the federal controlled substance registration number of a government-exempt facility.

(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.

(4) National Drug Code (NDC) number of the controlled substance dispensed.

(5) Quantity of the controlled substance dispensed.

(6) The International Statistical Classification of Diseases (ICD) Code contained in the most current ICD revision, or any revision deemed sufficient by the State Board of Pharmacy, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(9) Prescribing date of the prescription.

(10) Date of dispensing of the prescription.

(11) The serial number for the corresponding prescription form, if applicable.

(e) The department may invite stakeholders to assist, advise, and make recommendations on the establishment of rules and regulations necessary to ensure the proper administration and enforcement of the CURES database. A prescriber or dispenser invitee shall be licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, in active practice in California, and a regular user of CURES.

(f) The department shall, prior to upgrading CURES, consult with prescribers licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, one or more of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, and any other stakeholder identified by the department, for the purpose of identifying desirable capabilities and upgrades to the CURES Prescription Drug Monitoring Program (PDMP).

(g) The department may establish a process to educate authorized subscribers of the CURES PDMP on how to access and use the CURES PDMP.

(h) (1) The department may enter into an agreement with an entity operating an interstate data sharing hub, or an agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information.

(2) Data obtained from CURES may be provided to authorized users of another state's prescription drug monitoring program, as determined by the department pursuant to subdivision (c), if the entity operating the interstate data sharing hub, and the prescription drug monitoring program of that state, as applicable, have entered into an agreement with the department for interstate data sharing of prescription drug monitoring program information.

(3) An agreement entered into by the department for purposes of interstate data sharing of prescription drug monitoring program information shall ensure that all access to data obtained from CURES and the handling of data contained within CURES comply with California law, including regulations, and meet the same

patient privacy, audit, and data security standards employed and required for direct access to CURES.

(4) For purposes of interstate data sharing of CURES information pursuant to this subdivision, an authorized user of another state's prescription drug monitoring program shall not be required to register with CURES, if the authorized user is registered and in good standing with that state's prescription drug monitoring program.

(5) The department shall not enter into an agreement pursuant to this subdivision until the department has issued final regulations regarding the access and use of the information within CURES as required by paragraph (3) of subdivision (c).

(i) Notwithstanding subdivision (d), a veterinarian shall report the information required by that subdivision to the department as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed.

SEC. 4. Section 11165.1 of the Health and Safety Code is amended to read:

11165.1. (a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, Schedule IV, or Schedule V controlled substances pursuant to Section 11150 shall, upon receipt of a federal Drug Enforcement Administration (DEA) registration, submit an application developed by the department to obtain approval to electronically access information regarding the controlled substance history of a patient that is maintained by the department. Upon approval, the department shall release to the practitioner or their delegate the electronic history of controlled substances dispensed to an individual under the practitioner's care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).

(ii) A pharmacist shall, upon licensure, submit an application developed by the department to obtain approval to electronically access information regarding the controlled substance history of a patient that is maintained by the department. Upon approval, the department shall release to the pharmacist or their delegate the electronic history of controlled substances dispensed to an individual under the pharmacist's care based on data contained in the CURES PDMP.

(iii) A licensed physician and surgeon who does not hold a DEA registration may submit an application developed by the department to obtain approval to electronically access information regarding the controlled substance history of the patient that is maintained by the department. Upon approval, the department shall release to the physician and surgeon or their delegate the electronic history of controlled substances dispensed to a patient under their care based on data contained in the CURES PDMP.

(B) The department may deny an application or suspend a subscriber, for reasons which include, but are not limited to, the following:

(i) Materially falsifying an application to access information contained in the CURES database.

(ii) Failing to maintain effective controls for access to the patient activity report.

(iii) Having their federal DEA registration suspended or revoked.

(iv) Violating a law governing controlled substances or another law for which the possession or use of a controlled substance is an element of the crime.

(v) Accessing information for a reason other than to diagnose or treat a patient, or to document compliance with the law.

(C) An authorized subscriber shall notify the department within 30 days of a change to the subscriber account.

(D) An approved health care practitioner, pharmacist, or a person acting on behalf of a health care practitioner or pharmacist pursuant to subdivision (b) of Section 209 of the Business and Professions Code may use the department's online portal or a health information technology system that meets the criteria required in subparagraph (E) to access information in the CURES database pursuant to this section. A subscriber who uses a health information technology system that meets the criteria required in subparagraph (E) to access the CURES database may submit automated queries to the CURES database that are triggered by predetermined criteria.

(E) An approved health care practitioner or pharmacist may submit queries to the CURES database through a health information technology system if the entity that operates the health information technology system certifies all of the following:

(i) The entity will not use or disclose data received from the CURES database for a purpose other than delivering the data to an approved health care practitioner or pharmacist or performing

data processing activities that may be necessary to enable the delivery unless authorized by, and pursuant to, state and federal privacy and security laws and regulations.

(ii) The health information technology system will authenticate the identity of an authorized health care practitioner or pharmacist initiating queries to the CURES database and, at the time of the query to the CURES database, the health information technology system submits the following data regarding the query to CURES:

(I) The date of the query.

(II) The time of the query.

(III) The first and last name of the patient queried.

(IV) The date of birth of the patient queried.

(V) The identification of the CURES user for whom the system is making the query.

(iii) The health information technology system meets applicable patient privacy and information security requirements of state and federal law.

(iv) The entity has entered into a memorandum of understanding with the department that solely addresses the technical specifications of the health information technology system to ensure the security of the data in the CURES database and the secure transfer of data from the CURES database. The technical specifications shall be universal for all health information technology systems that establish a method of system integration to retrieve information from the CURES database. The memorandum of understanding shall not govern, or in any way impact or restrict, the use of data received from the CURES database or impose any additional burdens on covered entities in compliance with the regulations promulgated pursuant to the federal Health Insurance Portability and Accountability Act of 1996 found in Parts 160 and 164 of Title 45 of the Code of Federal Regulations.

(F) No later than October 1, 2018, the department shall develop a programming interface or other method of system integration to allow health information technology systems that meet the requirements in subparagraph (E) to retrieve information in the CURES database on behalf of an authorized health care practitioner or pharmacist.

(G) The department shall not access patient-identifiable information in an entity's health information technology system.

(H) An entity that operates a health information technology system that is requesting to establish an integration with the CURES database shall pay a reasonable fee to cover the cost of establishing and maintaining integration with the CURES database.

(I) The department may prohibit integration or terminate a health information technology system's ability to retrieve information in the CURES database if the health information technology system fails to meet the requirements of subparagraph (E), or the entity operating the health information technology system does not fulfill its obligation under subparagraph (H).

(2) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, Schedule IV, or Schedule V controlled substances pursuant to Section 11150 or a pharmacist shall be deemed to have complied with paragraph (1) if the licensed health care practitioner or pharmacist has been approved to access the CURES database through the process developed pursuant to subdivision (a) of Section 209 of the Business and Professions Code.

(b) A request for, or release of, a controlled substance history pursuant to this section shall be made in accordance with guidelines developed by the department.

(c) In order to prevent the inappropriate, improper, or illegal use of Schedule II, Schedule III, Schedule IV, or Schedule V controlled substances, the department may initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

(d) The history of controlled substances dispensed to an individual based on data contained in CURES that is received by a practitioner or pharmacist from the department pursuant to this section is medical information subject to the provisions of the Confidentiality of Medical Information Act contained in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

(e) Information concerning a patient's controlled substance history provided to a practitioner or pharmacist pursuant to this section shall include prescriptions for controlled substances listed in Sections 1308.12, 1308.13, 1308.14, and 1308.15 of Title 21 of the Code of Federal Regulations.

(f) A health care practitioner, pharmacist, or a person acting on behalf of a health care practitioner or pharmacist, when acting with reasonable care and in good faith, is not subject to civil or administrative liability arising from false, incomplete, inaccurate, or misattributed information submitted to, reported by, or relied upon in the CURES database or for a resulting failure of the CURES database to accurately or timely report that information.

(g) For purposes of this section, the following terms have the following meanings:

(1) "Automated basis" means using predefined criteria to trigger an automated query to the CURES database, which can be attributed to a specific health care practitioner or pharmacist.

(2) "Department" means the Department of Justice.

(3) "Entity" means an organization that operates, or provides or makes available, a health information technology system to a health care practitioner or pharmacist.

(4) "Health information technology system" means an information processing application using hardware and software for the storage, retrieval, sharing of or use of patient data for communication, decisionmaking, coordination of care, or the quality, safety, or efficiency of the practice of medicine or delivery of health care services, including, but not limited to, electronic medical record applications, health information exchange systems, or other interoperable clinical or health care information system.

SEC. 5. Section 11165.4 of the Health and Safety Code is amended to read:

11165.4. (a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance shall consult the patient activity report or information from the patient activity report obtained from the CURES database to review a patient's controlled substance history for the past 12 months before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every six months thereafter if the substance remains part of the treatment of the patient. A health care practitioner shall document that they consulted the patient's controlled substance history in the patient's medical record if that health care practitioner was not the practitioner that accessed the patient activity report from the CURES database.

(ii) If a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance is not required, pursuant to an exemption described in subdivision (c), to consult the patient activity report from the CURES database the first time the health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient, the health care practitioner shall consult the patient activity report from the CURES database to review the patient's controlled substance history before subsequently prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient and at least once every six months thereafter if the prescriber renews the prescription and the substance remains part of the treatment of the patient.

(B) For purposes of this paragraph, "first time" means the initial occurrence in which a health care practitioner, in their role as a health care practitioner, intends to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.

(2) A health care practitioner shall review a patient's controlled substance history that has been obtained from the CURES database no earlier than 24 hours, or the previous business day, before the health care practitioner prescribes, orders, administers, or furnishes a Schedule II, Schedule III, or Schedule IV controlled substance to the patient.

(b) The duty to consult the CURES database, as described in subdivision (a), does not apply to veterinarians or pharmacists.

(c) The duty to consult the CURES database, as described in subdivision (a), does not apply to a health care practitioner in any of the following circumstances:

(1) If a health care practitioner prescribes, orders, or furnishes a controlled substance to be administered to a patient in any of the following facilities or during a transfer between any of the following facilities, or for use while on facility premises:

(A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2.

(B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section 1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2.

(E) Another medical facility, including, but not limited to, an office of a health care practitioner and an imaging center.

(2) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance in the emergency department of a general acute care hospital and the quantity of the controlled substance does not exceed a nonrefillable seven-day supply of the controlled substance to be used in accordance with the directions for use.

(3) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient as part of the patient's treatment for a surgical, radiotherapeutic, or diagnostic procedure and the quantity of the controlled substance does not exceed a nonrefillable seven-day supply of the controlled substance to be used in accordance with the directions for use, in any of the following facilities:

(A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2.

(B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section 1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2.

(E) A place of practice, as defined in Section 1658 of the Business and Professions Code.

(F) Another medical facility where surgical procedures are permitted to take place, including, but not limited to, the office of a health care practitioner.

(4) If a health care practitioner is a designated practitioner serving in the absence of the patient's physician and surgeon and orders a renewal request of a medically indicated controlled substance prescription for an amount not exceeding the original prescription strength or amount or for more than one refill pursuant to paragraph (3) of subdivision (b) of Section 2242 of the Business and Professions Code.

(5) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient who is terminally ill, as defined in subdivision (c) of Section 11159.2.

(6) (A) If all of the following circumstances are satisfied:

(i) It is not reasonably possible for a health care practitioner to access the information in the CURES database in a timely manner.

(ii) Another health care practitioner or designee authorized to access the CURES database is not reasonably available.

(iii) The quantity of controlled substance prescribed, ordered, administered, or furnished does not exceed a nonrefillable seven-day supply of the controlled substance to be used in accordance with the directions for use and no refill of the controlled substance is allowed.

(B) A health care practitioner who does not consult the CURES database under subparagraph (A) shall document the reason they did not consult the database in the patient's medical record.

(7) If the CURES database is not operational, as determined by the department, or when it cannot be accessed by a health care practitioner because of a temporary technological or electrical failure. A health care practitioner shall, without undue delay, seek to correct the cause of the temporary technological or electrical failure that is reasonably within the health care practitioner's control.

(8) If the CURES database cannot be accessed because of technological limitations that are not reasonably within the control of a health care practitioner.

(9) If consultation of the CURES database would, as determined by the health care practitioner, result in a patient's inability to obtain a prescription in a timely manner and thereby adversely impact the patient's medical condition, provided that the quantity of the controlled substance does not exceed a nonrefillable seven-day supply if the controlled substance were used in accordance with the directions for use.

(d) (1) A health care practitioner who fails to consult the CURES database, as described in subdivision (a), shall be referred to the appropriate state professional licensing board solely for administrative sanctions, as deemed appropriate by that board.

(2) This section does not create a private cause of action against a health care practitioner. This section does not limit a health care practitioner's liability for the negligent failure to diagnose or treat a patient.

(e) All applicable state and federal privacy laws govern the duties required by this section.

(f) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

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AMENDED IN ASSEMBLY MARCH 21, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL No. 544

Introduced by Assembly Member Brough

February 13, 2019

~~An act to amend Section 4073 of the Business and Professions Code, relating to healing arts.~~ *An act to amend Sections 121.5, 462, 703, 1006.5, 1718, 1718.3, 1936, 2427, 2456.3, 2535.2, 2538.54, 2646, 2734, 2892.1, 2984, 3147, 3147.7, 3524, 3774, 3775.5, 4545, 4843.5, 4901, 4966, 4989.36, 4999.104, 5070.6, 5600.2, 5680.1, 6796, 6980.28, 7076.5, 7417, 7672.8, 7725.2, 7729.1, 7881, 7883, 8024.7, 8802, 9832, 9832.5, 9884.5, 19170.5, and 19290 of the Business and Professions Code, relating to professions and vocations.*

LEGISLATIVE COUNSEL'S DIGEST

AB 544, as amended, Brough. ~~Prescriptions.~~ *Professions and vocations: inactive license fees and accrued and unpaid renewal fees.*

Existing law provides for the licensure and regulation of professions and vocations by various boards within the Department of Consumer Affairs. Existing law provides for the payment of a fee for the renewal of certain licenses, certificates, or permits in an inactive status, and, for certain licenses, certificates, and permits that have expired, requires the payment of all accrued fees as a condition of reinstatement of the license, certificate, or permit.

This bill would limit the maximum fee for the renewal of a license in an inactive status to no more than 50% of the renewal fee for an active license. The bill would also prohibit a board from requiring payment of accrued and unpaid renewal fees as a condition of reinstating an expired license or registration.

~~The Pharmacy Law provides for the licensure and regulation of pharmacists and pharmacies by the California State Board of Pharmacy, which is within the Department of Consumer Affairs, and authorizes a pharmacist filling a prescription order for a drug product prescribed by its brand or trade name to select another drug product with the same active chemical ingredients of the same strength, quantity, and dosage form, and of the same generic drug name of those drug products having the same active chemical ingredients, as specified.~~

~~This bill would make a nonsubstantive change to that provision.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ *yes*. State-mandated local program: no.

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

SECTION 1. Section 121.5 of the Business and Professions Code is amended to read:

121.5. *(a)* Except as otherwise provided in this code, the application of delinquency fees ~~or accrued and unpaid renewal fees~~ for the renewal of expired licenses or registrations shall not apply to licenses or registrations that have lawfully been designated as inactive or retired.

(b) Notwithstanding any other law, a board shall not require a person to pay accrued and unpaid renewal fees as a condition of reinstating an expired license or registration.

SEC. 2. Section 462 of the Business and Professions Code is amended to read:

462. (a) Any of the boards, bureaus, commissions, or programs within the department may establish, by regulation, a system for an inactive category of licensure for persons who are not actively engaged in the practice of their profession or vocation.

(b) The regulation shall contain the following provisions:

(1) The holder of an inactive license issued pursuant to this section shall not engage in any activity for which a license is required.

(2) An inactive license issued pursuant to this section shall be renewed during the same time period in which an active license is renewed. The holder of an inactive license need not comply with any continuing education requirement for renewal of an active license.

(3) The renewal fee for a license in ~~an active status shall apply also for a renewal of a license in~~ an inactive ~~status, unless a lesser renewal fee is specified by the board.~~ *status shall be no more than 50 percent of the renewal fee for a license in an active status.*

(4) In order for the holder of an inactive license issued pursuant to this section to restore ~~his or her~~ *the* license to an active status, the holder of an inactive license shall comply with all the following:

(A) Pay the renewal fee.

(B) If the board requires completion of continuing education for renewal of an active license, complete continuing education equivalent to that required for renewal of an active license, unless a different requirement is specified by the board.

(c) This section shall not apply to any healing arts board as specified in Section 701.

SEC. 3. Section 703 of the Business and Professions Code is amended to read:

703. (a) An inactive healing arts license or certificate issued pursuant to this article shall be renewed during the same time period at which an active license or certificate is renewed. In order to renew a license or certificate issued pursuant to this article, the holder thereof need not comply with any continuing education requirement for renewal of an active license or certificate.

(b) ~~The~~ *Notwithstanding any other law, the* renewal fee for a license or certificate in an ~~active~~ *inactive* status shall ~~apply also for renewal of a license or certificate in an inactive status, unless a lower fee has been established by the issuing board.~~ *be no more than 50 percent of the renewal fee for a license in an active status.*

SEC. 4. Section 1006.5 of the Business and Professions Code is amended to read:

1006.5. Notwithstanding any other law, the amount of regulatory fees necessary to carry out the responsibilities required by the Chiropractic Initiative Act and this chapter are fixed in the following schedule:

(a) Fee to apply for a license to practice chiropractic: three hundred seventy-one dollars ($371).

(b) Fee for initial license to practice chiropractic: one hundred eighty-six dollars ($186).

(c) Fee to renew an active ~~or inactive~~ license to practice chiropractic: three hundred thirteen dollars ($313).

(d) Fee to renew an inactive license to practice chiropractic: no more than 50 percent of the renewal fee for an active license.

~~(d)~~

(e) Fee to apply for approval as a continuing education provider: eighty-four dollars ($84).

~~(e)~~

(f) Biennial continuing education provider renewal fee: fifty-six dollars ($56).

~~(f)~~

(g) Fee to apply for approval of a continuing education course: fifty-six dollars ($56) per course.

~~(g)~~

(h) Fee to apply for a satellite office certificate: sixty-two dollars ($62).

~~(h)~~

(i) Fee to renew a satellite office certificate: thirty-one dollars ($31).

~~(i)~~

(j) Fee to apply for a license to practice chiropractic pursuant to Section 9 of the Chiropractic Initiative Act: three hundred seventy-one dollars ($371).

~~(j)~~

(k) Fee to apply for a certificate of registration of a chiropractic corporation: one hundred eighty-six dollars ($186).

~~(k)~~

(l) Fee to renew a certificate of registration of a chiropractic corporation: thirty-one dollars ($31).

~~(l)~~

(m) Fee to file a chiropractic corporation special report: thirty-one dollars ($31).

~~(m)~~

(n) Fee to apply for approval as a referral service: five hundred fifty-seven dollars ($557).

~~(n)~~

(o) Fee for an endorsed verification of licensure: one hundred twenty-four dollars ($124).

~~(o)~~

(p) Fee for replacement of a lost or destroyed license: fifty dollars ($50).

~~(p)~~

(q) Fee for replacement of a satellite office certificate: fifty dollars ($50).

~~(q)~~

(r) Fee for replacement of a certificate of registration of a chiropractic corporation: fifty dollars ($50).

~~(r)~~

(s) Fee to restore a forfeited or canceled license to practice chiropractic: double the annual renewal fee specified in subdivision (c).

~~(s)~~

(t) Fee to apply for approval to serve as a preceptor: thirty-one dollars ($31).

~~(t)~~

(u) Fee to petition for reinstatement of a revoked license: three hundred seventy-one dollars ($371).

~~(u)~~

(v) Fee to petition for early termination of probation: three hundred seventy-one dollars ($371).

~~(v)~~

(w) Fee to petition for reduction of penalty: three hundred seventy-one dollars ($371).

SEC. 5. Section 1718 of the Business and Professions Code is amended to read:

1718. Except as otherwise provided in this chapter, an expired license may be renewed at any time within five years after its expiration on filing of application for renewal on a form prescribed by the board, and payment of ~~all accrued~~ *the* renewal and delinquency fees. If the license is renewed more than 30 days after its expiration, the licensee, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the expiration date provided in Section 1715 which next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

SEC. 6. Section 1718.3 of the Business and Professions Code is amended to read:

1718.3. (a) A license which is not renewed within five years after its expiration may not be renewed, restored, reinstated, or reissued thereafter, but the holder of the license may apply for and obtain a new license if the following requirements are satisfied:

(1) No fact, circumstance, or condition exists which would justify denial of licensure under Section 480.

(2) ~~He or she~~ *The person* pays all of the fees which would be required ~~of him or her if he or she~~ *if the person* were ~~then~~ applying for the license for the first time and ~~all~~ *the* renewal and delinquency ~~fees which have accrued since the date on which he or she last renewed his or her license.~~ *fees.*

(3) ~~He or she~~ *The person* takes and passes the examination, if any, which would be required ~~of him or her if he or she~~ *if the person* were ~~then~~ applying for the license for the first time, or otherwise establishes to the satisfaction of the board that with due regard for the public interest, ~~he or she~~ *the person* is qualified to practice the profession or activity in which ~~he or she again~~ *the person* seeks to be licensed.

(b) The board may impose conditions on any license issued pursuant to this section, as it deems necessary.

(c) The board may by regulation provide for the waiver or refund of all or any part of the examination fee in those cases in which a license is issued without an examination under this section.

SEC. 7. Section 1936 of the Business and Professions Code is amended to read:

1936. Except as otherwise provided in this article, an expired license may be renewed at any time within five years after its expiration by filing an application for renewal on a form prescribed by the hygiene board and payment of ~~all accrued~~ *the* renewal and delinquency fees. If the license is renewed after its expiration, the licensee, as a condition precedent of renewal, shall also pay the delinquency fee prescribed by this article. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect until the expiration date provided in Section 1935 that next occurs after the effective date of the renewal.

SEC. 8. Section 2427 of the Business and Professions Code is amended to read:

2427. (a) Except as provided in Section 2429, a license which has expired may be renewed at any time within five years after its expiration on filing an application for renewal on a form prescribed by the licensing authority and payment of ~~all accrued~~ *the* renewal ~~fees~~ *fee* and any other fees required by Section 2424. If the license is not renewed within 30 days after its expiration, the licensee, as a condition precedent to renewal, shall also pay the prescribed delinquency fee, if any. Except as provided in Section 2424, renewal under this section shall be effective on the date on which the renewal application is filed, on the date on which the renewal fee ~~or accrued renewal fees are~~ *is* paid, or on the date on which the delinquency fee or the delinquency fee and penalty fee, if any, are paid, whichever last occurs. If so renewed, the license shall continue in effect through the expiration date set forth in Section 2422 or 2423 which next occurs after the effective date of the renewal, when it shall expire and become invalid if it is not again renewed.

(b) Notwithstanding subdivision (a), the license of a doctor of podiatric medicine which has expired may be renewed at any time within three years after its expiration on filing an application for renewal on a form prescribed by the licensing authority and payment of ~~all accrued~~ *the* renewal ~~fees~~ *fee* and any other fees required by Section 2424. If the license is not renewed within 30 days after its expiration, the licensee, as a condition precedent to renewal, shall also pay the prescribed delinquency fee, if any. Except as provided in Section 2424, renewal under this section shall be effective on the date on which the renewal application is filed, on the date on which the renewal fee ~~or accrued renewal fees are~~ *is* paid, or on the date on which the delinquency fee or the delinquency fee and penalty fee, if any, are paid, whichever last occurs. If so renewed, the license shall continue in effect through the expiration date set forth in Section 2422 or 2423 which next occurs after the effective date of the renewal, when it shall expire and become invalid if it is not again renewed.

SEC. 9. Section 2456.3 of the Business and Professions Code is amended to read:

2456.3. Except as provided in Section 2429, a license which has expired may be renewed at any time within five years after its expiration by filing an application for renewal on a form prescribed by the board and payment of ~~all accrued~~ *the* renewal ~~fees~~ *fee* and

any other fees required by Section 2455. Except as provided in Section 2456.2, renewal under this section shall be effective on the date on which the renewal application is filed, on the date on which the renewal fee ~~or accrued renewal fees are~~ *is* paid, or on the date on which the delinquency fee or the delinquency fee and penalty fee, if any, are paid, whichever last occurs. If so renewed, the license shall continue in effect through the expiration date set forth in Section 2456.1 which next occurs after the effective date of the renewal.

SEC. 10. Section 2535.2 of the Business and Professions Code is amended to read:

2535.2. Except as provided in Section 2535.3, a license that has expired may be renewed at any time within five years after its expiration upon filing of an application for renewal on a form prescribed by the board and payment of ~~all accrued and unpaid renewal fees.~~ *the renewal fee.* If the license is not renewed on or before its expiration, the licensee, as a condition precedent to renewal, shall also pay the prescribed delinquency fee. Renewal under this section shall be effective on the date on which the application is filed, on the date on which ~~all~~ *the* renewal ~~fees are~~ *fee is* paid, or on the date on which the delinquency fee is paid, whichever last occurs. If so renewed, the license shall continue in effect through the expiration date provided in Section 2535, after the effective date of the renewal, when it shall expire and become invalid if it is not again renewed.

SEC. 11. Section 2538.54 of the Business and Professions Code is amended to read:

2538.54. Except as otherwise provided in this article, an expired license may be renewed at any time within three years after its expiration on filing of an application for renewal on a form prescribed by the board, and payment of ~~all accrued and unpaid renewal fees.~~ *the renewal fee.* If the license is renewed after its expiration the licensee, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this article. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the date provided in Section 2538.53 which next

occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

SEC. 12. Section 2646 of the Business and Professions Code is amended to read:

2646. A license that has expired may be renewed at any time within five years after its expiration by applying for renewal as set forth in Section 2644. Renewal under this section shall be effective on the date on which the renewal application is filed, on the date on which the renewal fee ~~or accrued renewal fees are~~ *is* paid, or on the date on which the delinquency fee and penalty fee, if any, are paid, whichever last occurs. A renewed license shall continue in effect through the expiration date set forth in Section 2644 that next occurs after the effective date of the renewal, at which time it shall expire and become invalid if it is not so renewed.

SEC. 13. Section 2734 of the Business and Professions Code is amended to read:

2734. Upon application in writing to the board and payment of ~~the~~ *a fee not to exceed 50 percent of the* biennial renewal fee, a licensee may have ~~his~~ *their* license placed in an inactive status for an indefinite period of time. A licensee whose license is in an inactive status may not practice nursing. However, such a licensee does not have to comply with the continuing education standards of Section 2811.5.

SEC. 14. Section 2892.1 of the Business and Professions Code is amended to read:

2892.1. Except as provided in Sections 2892.3 and 2892.5, an expired license may be renewed at any time within four years after its expiration upon filing of an application for renewal on a form prescribed by the board, payment of ~~all accrued and unpaid renewal fees,~~ *the renewal fee,* and payment of any fees due pursuant to Section 2895.1.

If the license is renewed more than 30 days after its expiration, the licensee, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, on the date on which ~~all~~ *the* renewal ~~fees are~~ *fee is* paid, or on the date on which the delinquency fee is paid, whichever last occurs. If so renewed, the license shall continue in effect through the date provided in Section 2892 which next occurs after the

effective date of the renewal, when it shall expire if it is not again renewed.

SEC. 15. Section 2984 of the Business and Professions Code is amended to read:

2984. Except as provided in Section 2985, a license that has expired may be renewed at any time within three years after its expiration on filing of an application for renewal on a form prescribed by the board and payment of ~~all accrued and unpaid~~ *the* renewal ~~fees.~~ *fee.* If the license is renewed after its expiration, the licensee, as a condition precedent to renewal, shall also pay the prescribed delinquency fee, if any. Renewal under this section shall be effective on the date on which the application is filed, on the date on which ~~all~~ *the* renewal ~~fees are~~ *fee is* paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the expiration date provided in Section 2982 which next occurs after the effective date of the renewal, when it shall expire and become invalid if it is not again renewed.

SEC. 16. Section 3147 of the Business and Professions Code is amended to read:

3147. (a) Except as otherwise provided by Section 114, an expired optometrist license may be renewed at any time within three years after its expiration, and a retired license issued for less than three years may be reactivated to active status, by filing an application for renewal or reactivation on a form prescribed by the board, paying ~~all accrued and unpaid~~ *the* renewal ~~fees~~ *fee* or reactivation ~~fees~~ *fee* determined by the board, paying any delinquency fees prescribed by the board, and submitting proof of completion of the required number of hours of continuing education for the last two years, as prescribed by the board pursuant to Section 3059. Renewal or reactivation to active status under this section shall be effective on the date on which all of those requirements are satisfied. If so renewed or reactivated to active status, the license shall continue as provided in Sections 3146 and 3147.5.

(b) Expired statements of licensure, branch office licenses, and fictitious name permits issued pursuant to Sections 3070, 3077, and 3078, respectively, may be renewed at any time by filing an application for renewal, paying ~~all accrued and unpaid renewal~~

~~fees,~~ *the renewal fee,* and paying any delinquency fees prescribed by the board.

SEC. 17. Section 3147.7 of the Business and Professions Code is amended to read:

3147.7. The provisions of Section 3147.6 shall not apply to a person holding a license that has not been renewed within three years of expiration, if the person provides satisfactory proof that ~~he or she~~ *the person* holds an active license from another state and meets all of the following conditions:

(a) Is not subject to denial of a license under Section 480.

(b) Applies in writing for restoration of the license on a form prescribed by the board.

(c) Pays ~~all accrued and unpaid~~ *the* renewal ~~fees~~ *fee* and any delinquency fees prescribed by the board.

(d) Submits proof of completion of the required number of hours of continuing education for the last two years.

(e) Takes and satisfactorily passes the board's jurisprudence examination.

SEC. 18. Section 3524 of the Business and Professions Code is amended to read:

3524. A license or approval that has expired may be renewed at any time within five years after its expiration by filing an application for renewal on a form prescribed by the board or Medical Board of California, as the case may be, and payment of ~~all accrued and unpaid renewal fees.~~ *the renewal fee.* If the license or approval is not renewed within 30 days after its expiration, the licensed physician assistant and approved supervising physician, as a condition precedent to renewal, shall also pay the prescribed delinquency fee, if any. Renewal under this section shall be effective on the date on which the application is filed, on the date on which ~~all~~ *the* renewal ~~fees are~~ *fee is* paid, or on the date on which the delinquency fee, if any, is paid, whichever occurs last. If so renewed, the license shall continue in effect through the expiration date provided in Section 3522 or 3523 which next occurs after the effective date of the renewal, when it shall expire, if it is not again renewed.

SEC. 19. Section 3774 of the Business and Professions Code is amended to read:

3774. On or before the birthday of a licensed practitioner in every other year, following the initial licensure, the board shall

mail to each practitioner licensed under this chapter, at the latest address furnished by the licensed practitioner to the executive officer of the board, a notice stating the amount of the renewal fee and the date on which it is due. The notice shall state that failure to pay the renewal fee on or before the due date and submit evidence of compliance with Sections 3719 and 3773 shall result in expiration of the license.

Each license not renewed in accordance with this section shall expire but may within a period of three years thereafter be reinstated upon payment of ~~all accrued and unpaid~~ *the* renewal ~~fees~~ and penalty fees required by this chapter. The board may also require submission of proof of the applicant's qualifications, except that during the three-year period no examination shall be required as a condition for the reinstatement of any expired license that has lapsed solely by reason of nonpayment of the renewal fee.

SEC. 20. Section 3775.5 of the Business and Professions Code is amended to read:

3775.5. The fee for an inactive license shall be ~~the same as~~ *no more than 50 percent of* the renewal fee *for an active license* for the practice of respiratory care as specified in Section 3775.

SEC. 21. Section 4545 of the Business and Professions Code is amended to read:

4545. Except as provided in Section 4545.2, a license that has expired may be renewed at any time within four years after its expiration on filing an application for renewal on a form prescribed by the board, payment of ~~all accrued and unpaid renewal fees,~~ *the renewal fee,* and payment of all fees required by this chapter. If the license is renewed more than 30 days after its expiration, the holder, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the date provided in Section 4544 which next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

A certificate which was forfeited for failure to renew under the law in effect before October 1, 1961, shall, for the purposes of this article, be considered to have expired on the date that it became forfeited.

SEC. 22. Section 4843.5 of the Business and Professions Code is amended to read:

4843.5. Except as otherwise provided in this article, an expired certificate of registration may be renewed at any time within five years after its expiration on filing of an application for renewal on a form prescribed by the board, and payment of ~~all accrued and unpaid renewal fees.~~ *the renewal fee.* If the certificate of registration is renewed more than 30 days after its expiration, the registrant, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this article. Renewal under this section shall be effective on the date on which the application is filed, on the date ~~all~~ *the* renewal ~~fees are~~ *fee is* paid, or on the date on which the delinquency fee, if any, is paid, whichever occurs last.

SEC. 23. Section 4901 of the Business and Professions Code is amended to read:

4901. Except as otherwise provided in this chapter, an expired license or registration may be renewed at any time within five years after its expiration on filing of an application for renewal on a form prescribed by the board, and payment of ~~all accrued and unpaid renewal fees.~~ *the renewal fee.* If the license or registration is renewed more than 30 days after its expiration, the licensee or registrant, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, on the date on which ~~all renewal fees are~~ *the renewal fee is* paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license or registration shall continue in effect through the expiration date provided in Section 4900 that next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

SEC. 24. Section 4966 of the Business and Professions Code is amended to read:

4966. Except as provided in Section 4969, a license that has expired may be renewed at any time within three years after its expiration by filing of an application for renewal on a form provided by the board, paying ~~all accrued and unpaid renewal fees,~~ *the renewal fee,* and providing proof of completing continuing education requirements. If the license is not renewed prior to its expiration, the acupuncturist, as a condition precedent to renewal,

shall also pay the prescribed delinquency fee. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date the delinquency fee is paid, whichever occurs last. If so renewed, the license shall continue in effect through the expiration date provided in Section 4965, after the effective date of the renewal, when it shall expire and become invalid if it is not again renewed.

SEC. 25. Section 4989.36 of the Business and Professions Code is amended to read:

4989.36. A licensee may renew a license that has expired at any time within three years after its expiration date by taking all of the actions described in Section 4989.32 and by paying ~~all unpaid prior renewal fees and~~ ~~delinquency fees.~~ *the delinquency fee.*

SEC. 26. Section 4999.104 of the Business and Professions Code is amended to read:

4999.104. Licenses issued under this chapter that have expired may be renewed at any time within three years of expiration. To renew an expired license described in this section, the licensee shall do all of the following:

(a) File an application for renewal on a form prescribed by the board.

~~(b) Pay all fees that would have been paid if the license had not become delinquent.~~

~~(c)~~

(b) Pay ~~all~~ *the* delinquency ~~fees.~~ *fee.*

~~(d)~~

(c) Certify compliance with the continuing education requirements set forth in Section 4999.76.

~~(e)~~

(d) Notify the board whether ~~he or she~~ *the licensee* has been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the licensee's last renewal.

SEC. 27. Section 5070.6 of the Business and Professions Code is amended to read:

5070.6. Except as otherwise provided in this chapter, an expired permit may be renewed at any time within five years after its expiration upon the filing of an application for renewal on a form

prescribed by the board, payment of ~~all accrued and unpaid renewal fees~~ *the renewal fee,* and providing evidence satisfactory to the board of compliance as required by Section 5070.5. If the permit is renewed after its expiration, its holder, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the ~~accrued~~ renewal ~~fees are~~ *fee is* paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the permit shall continue in effect through the date provided in Section 5070.5 that next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

SEC. 28. Section 5600.2 of the Business and Professions Code is amended to read:

5600.2. Except as otherwise provided in this chapter, a license which has expired may be renewed at any time within five years after its expiration on filing of application for renewal on a form prescribed by the board, and payment of ~~all accrued and unpaid renewal fees.~~ *the renewal fee.* If a license is renewed more than 30 days after its expiration, the licenseholder, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the expiration date provided in this chapter which next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

SEC. 29. Section 5680.1 of the Business and Professions Code is amended to read:

5680.1. Except as otherwise provided in this chapter, a license that has expired may be renewed at any time within five years after its expiration on filing of an application for renewal on a form prescribed by the board, and payment of ~~all accrued and unpaid renewal fees.~~ *the renewal fee.* If the license is renewed more than 30 days after its expiration, the licenseholder, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, on the date on which ~~all~~ *the* renewal ~~fees are~~ *fee is* paid, or on the date on which the

delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the date provided in Section 5680 that next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

SEC. 30. Section 6796 of the Business and Professions Code is amended to read:

6796. Except as otherwise provided in this article, certificates of registration as a professional engineer and certificates of authority may be renewed at any time within five years after expiration on filing of application for renewal on a form prescribed by the board and payment of ~~all accrued and unpaid renewal fees.~~ *the renewal fee.* If the certificate is renewed more than 60 days after its expiration, the certificate holder, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs.

The expiration date of a certificate renewed pursuant to this section shall be determined pursuant to Section 6795.

SEC. 31. Section 6980.28 of the Business and Professions Code is amended to read:

6980.28. A locksmith license not renewed within three years following its expiration may not be renewed thereafter. Renewal of the license within three years, or issuance of an original license thereafter, shall be subject to payment of any ~~and all fines~~ *fine* assessed by the chief or the director ~~which are~~ *that is* not pending appeal and all other applicable fees.

SEC. 32. Section 7076.5 of the Business and Professions Code is amended to read:

7076.5. (a) A contractor may inactivate ~~his or her~~ *their* license by submitting a form prescribed by the registrar accompanied by the current active license certificate. When the current license certificate has been lost, the licensee shall pay the fee prescribed by law to replace the license certificate. Upon receipt of an acceptable application to inactivate, the registrar shall issue an inactive license certificate to the contractor. The holder of an inactive license shall not be entitled to practice as a contractor until ~~his or her~~ *their* license is reactivated.

(b) Any licensed contractor who is not engaged in work or activities which require a contractor's license may apply for an inactive license.

(c) Inactive licenses shall be valid for a period of four years from their due date.

(d) During the period that an existing license is inactive, no bonding requirement pursuant to Section 7071.6, 7071.8 or 7071.9 or qualifier requirement pursuant to Section 7068 shall apply. An applicant for license having met the qualifications for issuance may request that the license be issued inactive unless the applicant is subject to the provisions of Section 7071.8.

(e) The board shall not refund any of the renewal fee which a licensee may have paid prior to the inactivation of ~~his or her~~ *the* license.

(f) An inactive license shall be renewed on each established renewal date by submitting the renewal application and paying the inactive renewal fee.

(g) An inactive license may be reactivated by submitting an application acceptable to the registrar, by paying ~~the full~~ *a fee no more than 50 percent of the* renewal fee for an active ~~license~~ *license,* and by fulfilling all other requirements of this chapter. No examination shall be required to reactivate an inactive license.

(h) The inactive status of a license shall not bar any disciplinary action by the board against a licensee for any of the causes stated in this chapter.

SEC. 33. Section 7417 of the Business and Professions Code is amended to read:

7417. Except as otherwise provided in this article, a license that has expired for failure of the licensee to renew within the time fixed by this article may be renewed at any time within five years following its expiration upon application and payment of ~~all accrued and unpaid~~ *the* renewal ~~fees~~ and delinquency fees. If the license is renewed after its expiration, the licensee, as a condition precedent to renewal, shall also pay the delinquency fee and meet current continuing education requirements, if applicable, prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, or on the date on which the ~~accrued~~ renewal ~~fees are~~ *fee is* paid, or on the date on which the delinquency fee, if any, is paid, whichever occurs last. If so renewed, the license shall continue in effect through the expiration

date provided in this article which next occurs following the effective date of the renewal, when it shall expire if it is not again renewed.

SEC. 34. Section 7672.8 of the Business and Professions Code is amended to read:

7672.8. All cremated remains disposer registrations shall expire at midnight on September 30 of each year. A person desiring to renew ~~his or her~~ *their* registration shall file an application for renewal on a form prescribed by the bureau accompanied by the required fee. A registration that has expired may be renewed within five years of its expiration upon payment of ~~all accrued and unpaid renewal fees.~~ *the renewal fee.* The bureau shall not renew the registration of any person who has not filed the required annual report until ~~he or she~~ *the person* has filed a complete annual report with the department.

SEC. 35. Section 7725.2 of the Business and Professions Code is amended to read:

7725.2. Except as otherwise provided in this chapter, a license that has expired may be renewed at any time within five years after its expiration on filing of an application for renewal on a form prescribed by the bureau and payment of ~~all accrued and unpaid renewal fees.~~ *the renewal fee.* If the license is not renewed within 30 days after its expiration the licensee, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, on the date on which ~~all~~ *the* renewal ~~fees are~~ *fee is* paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the date provided in Section 7725 that next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

If a license is not renewed within one year following its expiration, the bureau may require as a condition of renewal that the holder of the license pass an examination on the appropriate subjects provided by this chapter.

SEC. 36. Section 7729.1 of the Business and Professions Code is amended to read:

7729.1. The amount of fees prescribed for a license or certificate of authority under this act is that fixed by the following provisions of this article. Any license or certificate of authority

provided under this act that has expired may be renewed within five years of its expiration upon payment of ~~all accrued and unpaid renewal and regulatory fees.~~ *the renewal fee.*

SEC. 37. Section 7881 of the Business and Professions Code is amended to read:

7881. Except as otherwise provided in this article, certificates of registration as a geologist or as a geophysicist, or certified specialty certificates, may be renewed at any time within five years after expiration on filing an application for renewal on a form prescribed by the board and payment of ~~all accrued and unpaid renewal fees.~~ *the renewal fee.* If the certificate is renewed more than 30 days after its expiration, the certificate holder, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, on the date on which ~~all~~ *the* renewal ~~fees are~~ *fee is* paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the certificate shall continue in effect through the date provided in Section 7880 that next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

SEC. 38. Section 7883 of the Business and Professions Code is amended to read:

7883. A revoked certificate is subject to expiration as provided in this article, but it may not be renewed. If it is reinstated after its expiration, the holder of the certificate, as a condition precedent to its reinstatement, shall pay a reinstatement fee in an amount equal to the renewal fee in effect on the last regular date before the date on which it is ~~reinstated, plus all accrued and unpaid renewal fees~~ *reinstated* and the delinquency fee, if any, accrued at the time of its revocation.

SEC. 39. Section 8024.7 of the Business and Professions Code is amended to read:

8024.7. The board shall establish an inactive category of licensure for persons who are not actively engaged in the practice of shorthand reporting.

(a) The holder of an inactive license issued pursuant to this section shall not engage in any activity for which a license is required.

(b) An inactive license issued pursuant to this section shall be renewed during the same time period in which an active license

is renewed. The holder of an inactive license is exempt from any continuing education requirement for renewal of an active license.

(c) The renewal fee for a license in an active status shall ~~apply also for a renewal of a license in an inactive status, unless a lesser renewal fee is specified by the board.~~ *be no more than 50 percent of the renewal fee for a license in an active status.*

(d) In order for the holder of an inactive license issued pursuant to this section to restore ~~his or her~~ *their* license to an active status, the holder of an inactive license shall comply with both of the following:

(1) Pay the renewal fee.

(2) If the board requires completion of continuing education for renewal of an active license, complete continuing education equivalent to that required for renewal of an active license, unless a different requirement is specified by the board.

SEC. 40. Section 8802 of the Business and Professions Code is amended to read:

8802. Except as otherwise provided in this article, licenses issued under this chapter may be renewed at any time within five years after expiration on filing of application for renewal on a form prescribed by the board and payment of ~~all accrued and unpaid renewal fees.~~ *the renewal fee.* If the license is renewed more than 30 days after its expiration, the licensee, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the date provided in Section 8801 which next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

SEC. 41. Section 9832 of the Business and Professions Code is amended to read:

9832. (a) Registrations issued under this chapter shall expire no more than 12 months after the issue date. The expiration date of registrations shall be set by the director in a manner to best distribute renewal procedures throughout the year.

(b) To renew an unexpired registration, the service dealer shall, on or before the expiration date of the registration, apply for

renewal on a form prescribed by the director, and pay the renewal fee prescribed by this chapter.

(c) To renew an expired registration, the service dealer shall apply for renewal on a form prescribed by the director, pay the renewal fee in effect on the last regular renewal date, and pay ~~all accrued and unpaid~~ *the* delinquency ~~and renewal fees.~~ *fee.*

(d) Renewal is effective on the date that the application is ~~filed,~~ *filed and* the renewal ~~fee is paid,~~ and ~~all~~ delinquency fees are paid.

(e) For purposes of implementing the distribution of the renewal of registrations throughout the year, the director may extend by not more than six months, the date fixed by law for renewal of a registration, except that in that event any renewal fee that may be involved shall be prorated in a manner that no person shall be required to pay a greater or lesser fee than would have been required had the change in renewal dates not occurred.

SEC. 42. Section 9832.5 of the Business and Professions Code is amended to read:

9832.5. (a) Registrations issued under this chapter shall expire no more than 12 months after the issue date. The expiration date of registrations shall be set by the director in a manner to best distribute renewal procedures throughout the year.

(b) To renew an unexpired registration, the service contractor shall, on or before the expiration date of the registration, apply for renewal on a form prescribed by the director, and pay the renewal fee prescribed by this chapter.

(c) To renew an expired registration, the service contractor shall apply for renewal on a form prescribed by the director, pay the renewal fee in effect on the last regular renewal date, and pay ~~all accrued and unpaid~~ *the* delinquency and renewal fees.

(d) Renewal is effective on the date that the application is ~~filed,~~ *filed and* the renewal ~~fee is paid,~~ and ~~all~~ delinquency fees are paid.

(e) For purposes of implementing the distribution of the renewal of registrations throughout the year, the director may extend, by not more than six months, the date fixed by law for renewal of a registration, except that, in that event, any renewal fee that may be involved shall be prorated in such a manner that no person shall be required to pay a greater or lesser fee than would have been required had the change in renewal dates not occurred.

(f) This section shall remain in effect only until January 1, 2023, and as of that date is repealed.

SEC. 43. Section 9884.5 of the Business and Professions Code is amended to read:

9884.5. A registration that is not renewed within three years following its expiration shall not be renewed, restored, or reinstated thereafter, and the delinquent registration shall be canceled immediately upon expiration of the three-year period.

An automotive repair dealer whose registration has been canceled by operation of this section shall obtain a new registration only if ~~he or she~~ *the automotive repair dealer* again meets the requirements set forth in this chapter relating to registration, is not subject to denial under Section 480, and pays the applicable fees.

An expired registration may be renewed at any time within three years after its expiration upon the filing of an application for renewal on a form prescribed by the bureau and the payment of ~~all accrued~~ *the* renewal and delinquency fees. Renewal under this section shall be effective on the date on which the application is filed and ~~all~~ *the* renewal and delinquency fees are paid. If so renewed, the registration shall continue in effect through the expiration date of the current registration year as provided in Section 9884.3, at which time the registration shall be subject to renewal.

SEC. 44. Section 19170.5 of the Business and Professions Code is amended to read:

19170.5. (a) Except as provided in Section 19170.3, licenses issued under this chapter expire two years from the date of issuance. To renew ~~his or her~~ *a* license, a licensee shall, on or before the date on which it would otherwise expire, apply for renewal on a form prescribed by the chief, and pay the fees prescribed by Sections 19170 and 19213.1. If a licensee fails to renew ~~his or her~~ *their* license before its expiration, a delinquency fee of 20 percent, but not more than one hundred dollars ($100), notwithstanding the provisions of Section 163.5, shall be added to the renewal fee. If the renewal fee and delinquency fee are not paid within 90 days after expiration of a license, the licensee shall be assessed an additional penalty fee of 30 percent of the renewal fee.

(b) Except as otherwise provided in this chapter, a licensee may renew an expired license within six years after expiration of the license by filing an application for renewal on a form prescribed

by the bureau, and paying ~~all accrued renewal, delinquent,~~ *the renewal, delinquency,* and penalty fees.

(c) A license that is not renewed within six years of its expiration shall not be renewed, restored, reinstated, or reissued, but the holder of the license may apply for and obtain a new license if both of the following requirements are satisfied:

(1) No fact, circumstance, or condition exists which would justify denial of licensure under Section 480.

(2) The licensee pays ~~all~~ *the* renewal, delinquency, and penalty ~~fees that have accrued since the date on which the license was last renewed.~~ *fees.*

(d) The bureau may impose conditions on any license issued pursuant to subdivision (c).

SEC. 45. Section 19290 of the Business and Professions Code is amended to read:

19290. (a) Permits issued under this chapter expire two years from the date of issuance. To renew a permit, a permittee shall, on or before the date on which it would otherwise expire, apply for renewal on a form prescribed by the chief, and continue to pay the fees prescribed in Sections 19288 and 19288.1. Notwithstanding Section 163.5, if a permittee fails to renew the permit before its expiration, a delinquency fee of 20 percent of the most recent fee paid to the bureau pursuant to Sections 19288 and 19288.1 shall be added to the amount due to the bureau at the next fee interval. If the renewal fee and delinquency fee are not paid within 90 days after expiration of a permit, the permittee shall be assessed an additional fee of 30 percent of the most recent fee paid to the bureau pursuant to Sections 19288 and 19288.1.

(b) Except as otherwise provided in this chapter, a permittee may renew an expired permit within two years after expiration of the permit by filing an application for renewal on a form prescribed by the bureau, and paying all ~~accrued~~ fees.

(c) A permit that is not renewed within two years of its expiration shall not be renewed, restored, reinstated, or reissued, but the holder of the expired permit may apply for and obtain a new permit as provided in this chapter, upon payment of all fees that accrued since the date the permit was last renewed.

(d) The bureau may impose conditions on any permit issued pursuant to subdivision (c).

~~SECTION 1. Section 4073 of the Business and Professions Code is amended to read:~~

~~4073. (a) A pharmacist filling a prescription order for a drug product prescribed by its trade or brand name may select another drug product with the same active chemical ingredients of the same strength, quantity, and dosage form, and of the same generic drug name as determined by the United States Adopted Names (USAN) and accepted by the federal Food and Drug Administration (FDA), of those drug products having the same active chemical ingredients.~~

~~(b) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in the prescriber's own handwriting, "Do not substitute," or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "Do not substitute"; provided that the prescriber personally initials the box or checkmark. To indicate that a selection shall not be made pursuant to this section for an electronic data transmission prescription as defined in subdivision (c) of Section 4040, a prescriber may indicate "Do not substitute," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "Do not substitute." In either instance, it shall not be required that the prohibition on substitution be manually initialed by the prescriber.~~

~~(c) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (b). The person who selects the drug product to be dispensed pursuant to this section shall assume the same responsibility for selecting the dispensed drug product as would be incurred in filling a prescription for a drug product prescribed by generic name. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a drug product pursuant to this section. In no case shall the pharmacist select a drug product pursuant to this section unless the drug product selected costs the patient less than the prescribed drug product. Cost, as used in this subdivision, is defined to include any professional fee that may be charged by the pharmacist.~~

~~(d) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the California Medical Assistance Program set forth in Chapter 7 (commencing with~~

~~Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.~~

~~(e) When a substitution is made pursuant to this section, the use of the cost-saving drug product dispensed shall be communicated to the patient and the name of the dispensed drug product shall be indicated on the prescription label, except where the prescriber orders otherwise.~~

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ASSEMBLY BILL No. 613

Introduced by Assembly Member Low

February 14, 2019

An act to add Section 101.1 to the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 613, as introduced, Low. Professions and vocations: regulatory fees.

Exiting law establishes the Department of Consumer Affairs, which is comprised of boards that are established for the purpose of regulating various professions and vocations, and generally authorizes a board to charge fees for the reasonable regulatory cost of administering the regulatory program for the profession or vocation. Existing law establishes the Professions and Vocations Fund in the State Treasury, which consists of specified special funds and accounts, some of which are continuously appropriated.

This bill would authorize each board within the department to increase every 4 years any fee authorized to be imposed by that board by an amount not to exceed the increase in the California Consumer Price Index for the preceding 4 years, subject to specified conditions. The bill would require the Director of Consumer Affairs to approve any fee increase proposed by a board except under specified circumstances. By authorizing an increase in the amount of fees deposited into a continuously appropriated fund, this bill would make an appropriation.

Vote: majority. Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 101.1 is added to the Business and Professions Code, to read:

101.1. (a) Notwithstanding any other law, no more than once every four years, any board listed in Section 101 may increase any fee authorized to be imposed by that board by an amount not to exceed the increase in the California Consumer Price Index, as determined pursuant to Section 2212 of the Revenue and Taxation Code, for the preceding four years in accordance with the following:

(1) The board shall provide its calculations and proposed fee, rounded to the nearest whole dollar, to the director and the director shall approve the fee increase unless any of the following apply:

(A) The board has unencumbered funds in an amount that is equal to more than the board's operating budget for the next two fiscal years.

(B) The fee would exceed the reasonable regulatory costs to the board in administering the provisions for which the fee is authorized.

(C) The director determines that the fee increase would be injurious to the public health, safety, or welfare.

(2) The adjustment of fees and publication of the adjusted fee list is not subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2) of the Government Code.

(b) For purposes of this section, "fee" includes any fees authorized to be imposed by a board for regulatory costs. "Fee" does not include administrative fines, civil penalties, or criminal penalties.

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ASSEMBLY BILL No. 768

Introduced by Assembly Member Brough

February 19, 2019

An act to amend Sections 163 and 163.5 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 768, as introduced, Brough. Professions and vocations.

Existing law provides for the licensure and regulation of various professions and vocations by boards, as defined, within the Department of Consumer Affairs. Existing law generally requires the department and each board in the department to charge a fee of $2 for the certification of a copy of any record, document, or paper in its custody. Existing law generally requires that the delinquency, penalty, or late fee for any licensee within the department to be 50% of the renewal fee for that license, but not less than $25 nor more than $150.

This bill would instead authorize the department and each board in the department to charge a fee not to exceed $2 for the certification of a copy of any record, document, or paper in its custody. The bill would also require that the delinquency, penalty, or late fee for any licensee within the department to be 50% of the renewal fee for that license, but not to exceed $150.

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 163 of the Business and Professions Code is amended to read:

163. Except as otherwise expressly provided by law, the department and each board in the department ~~shall~~ *may* charge a fee ~~of~~ *not to exceed* two dollars ($2) for the certification of a copy of any record, document, or paper in its custody or for the certification of any document evidencing the content of any such record, ~~document~~ *document,* or paper.

SEC. 2. Section 163.5 of the Business and Professions Code is amended to read:

163.5. Except as otherwise provided by law, the delinquency, penalty, or late fee for any licensee within the Department of Consumer Affairs shall be 50 percent of the renewal fee for ~~such~~ *that* license in effect on the date of the renewal of the license, ~~but not less than twenty-five dollars ($25) nor more than~~ *but shall not exceed* one hundred fifty dollars ($150).

A delinquency, penalty, or late fee shall not be assessed until 30 days have elapsed from the date that the licensing agency mailed a notice of renewal to the licensee at the licensee's last known address of record. The notice shall specify the date for timely renewal, and that failure to renew in a timely fashion shall result in the assessment of a delinquency, penalty, or late fee.

In the event a reinstatement or like fee is charged for the reinstatement of a license, the reinstatement fee shall be 150 percent of the renewal fee for such license in effect on the date of the reinstatement of the license, but not more than twenty-five dollars ($25) in excess of the renewal fee, except that in the event that such a fee is fixed by statute at less than 150 percent of the renewal fee and less than the renewal fee plus twenty-five dollars ($25), the fee so fixed shall be charged.

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AMENDED IN ASSEMBLY MAY 13, 2019

AMENDED IN ASSEMBLY APRIL 4, 2019

AMENDED IN ASSEMBLY MARCH 27, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL No. 1622

Introduced by Assembly Member Carrillo

February 22, 2019

An act to amend Sections 1682 and 2746.2 of the Business and Professions Code, to amend Section 151001 of the Health and Safety Code, to amend Section 1308.8 of the Labor Code, and to amend Section 13776 of the Penal Code, relating to family physicians.

LEGISLATIVE COUNSEL'S DIGEST

AB 1622, as amended, Carrillo. Family physicians.

(1) Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists by the Dental Board of California. Existing law makes it unprofessional conduct for a dentist to fail to obtain the written informed consent of a patient before administering general anesthesia and, until January 1, 2022, conscious sedation, and, for a minor, requires the written informed consent to include a statement that encourages the patient to explore all options available for the child's anesthesia for their dental treatment and consult with the child's dentist or pediatrician as needed.

This bill would revise the content of the statement to specify that the patient is encouraged to consult with the child's dentist, pediatrician, or family physician as needed.

(2) Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered

Nursing and authorizes the board to issue a certificate to practice nurse-midwifery to a person who meets educational standards established by the board or the equivalent of those educational standards. Existing law authorizes the board to appoint a committee of qualified physicians and nurses, including obstetricians and nurse-midwives, to develop the necessary standards relating to educational requirements, ratios of nurse-midwives to supervising physicians, and associated matters.

This bill would additionally ~~require~~ *authorize* the committee to include family physicians.

(3) Existing law, the Sexual Health Education Accountability Act, requires a sexual health education program to meet specified requirements, including that information be medically accurate, current, and objective. For purposes of this act, "medically accurate" means, in part, verified or supported by research conducted in compliance with scientific methods and published in peer review journals, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including the federal Centers for Disease Control and Prevention.

This bill would modify the term "medically accurate" to additionally reference the American Academy of Family Physicians as a professional organization with the requisite experience.

(4) Existing law precludes an infant under one month of age to be employed on a motion picture set or location unless a physician and surgeon who is board certified in pediatrics provides written certification concerning the infant, including that the infant was carried to full term.

This bill would additionally authorize the prescribed certification to be made by a physician and surgeon who is board certified in family medicine.

(5) Existing law, the Reproductive Rights Law Enforcement Act, requires the Attorney General to carry out certain functions relating to anti-reproductive-rights crimes in consultation with, among others, subject matter experts, and to convene an advisory committee that consists of members of the organizations identified as subject matter experts.

This bill would include the American Academy of Family Physicians as subject matter experts for purposes of the act.

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. The Legislature hereby finds and declares all of the following:

(a) Family physicians are primary care specialists, and they receive specialized training and education in primary care, including extensive training in pediatrics, obstetrics, adult medicine, and behavioral health.

(b) Family medicine is the only physician specialty that addresses the entire spectrum of patient needs, providing clinical and supportive services that include acute, chronic and preventive care, behavioral and mental health, oral health, health promotion, and other services for all ages and genders regardless of disease or organ system.

(c) Family physicians throughout the state are finding their hospital privileges constrained, particularly as they relate to prenatal, delivery-related, and postpartum health care.

(d) Some health systems and payers have restricted the full spectrum practice of family medicine, thereby reducing access to care, increasing health system costs, and restricting patient choice.

(e) Family medicine is a broad spectrum primary care specialty, and family physicians uniquely serve patients from birth to death.

SEC. 2. Section 1682 of the Business and Professions Code, as amended by Section 10 of Chapter 929 of the Statutes of 2018, is amended to read:

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 conscious sedation or general anesthesia 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 conscious sedation or general anesthesia.

(b) Any dentist with patients recovering from conscious sedation or general anesthesia to fail to have the patients closely monitored by licensed health professionals experienced in the care and resuscitation of patients recovering from conscious sedation or general anesthesia. 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 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.

(d) Any dentist with patients who are undergoing 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 general anesthesia or 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 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 their dental treatment, and consult with your dentist, family physician, 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, conscious sedation, or general anesthesia.

(f) This section shall remain in effect only until January 1, 2022, and as of that date is repealed.

SEC. 3. Section 1682 of the Business and Professions Code, as added by Section 11 of Chapter 929 of the Statutes of 2018, is amended to read:

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 moderate sedation, deep sedation, or general anesthesia 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 sedation, deep sedation, or general anesthesia.

(b) Any dentist with patients recovering from moderate sedation, deep sedation, or general anesthesia to fail to have the patients closely monitored by licensed health professionals experienced in the care and resuscitation of patients recovering from moderate sedation, deep sedation, or general anesthesia. 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 deep sedation, general anesthesia, or moderate sedation to fail to have these patients continuously monitored during the dental procedure with a pulse oximeter or similar or superior monitoring equipment 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. This method shall not be used for a patient under deep sedation or general anesthesia.

(d) Any dentist with patients who are undergoing moderate 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 moderate sedation, deep sedation, or general anesthesia. In the case of a minor, the consent shall be obtained from the child's parent or guardian.

(2) The written informed consent for general anesthesia, 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 their dental treatment, and consult with your dentist, family physician, or pediatrician as needed."

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

(f) This section shall become operative on January 1, 2022.

SEC. 4. Section 2746.2 of the Business and Professions Code is amended to read:

2746.2. Each applicant shall show by evidence satisfactory to the board that they have met the educational standards established by the board or have at least the equivalent thereof. The board is authorized to appoint a committee of qualified physicians and nurses, including, but not limited to, ~~obstetricians, family physicians,~~ *obstetricians* and nurse-midwives, to develop the necessary standards relating to educational requirements, ratios of nurse-midwives to supervising physicians, and associated matters. *The committee may also include family physicians.*

SEC. 5. Section 151001 of the Health and Safety Code is amended to read:

151001. For purposes of this division, the following definitions shall apply:

(a) "Age appropriate" means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(b) A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or sexually transmitted diseases, including HIV, that is conducted, operated, or administered by any state agency, is funded directly or indirectly by the state, or receives any financial assistance from state funds or funds administered by a state agency, but does not include any program offered by a school district, a county superintendent of schools, or a community college district.

(c) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer review journals, when appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including, but not limited to, the federal Centers for Disease Control and Prevention, the American Public Health Association, the Society for Adolescent

Medicine, the American Academy of Family Physicians, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

SEC. 6. Section 1308.8 of the Labor Code is amended to read:

1308.8. (a) No infant under the age of one month may be employed on any motion picture set or location unless a licensed physician and surgeon who is board certified in either pediatrics or family medicine provides written certification that the infant is at least 15 days old and, in their medical opinion, the infant was carried to full term, was of normal birth weight, is physically capable of handling the stress of filmmaking, and the infant's lungs, eyes, heart, and immune system are sufficiently developed to withstand the potential risks.

(b) Any parent, guardian, or employer of a minor, and any officer or agent of an employer of a minor, who directly or indirectly violates subdivision (a), or who causes or suffers a violation of subdivision (a), with respect to that minor, is guilty of a misdemeanor punishable by a fine of not less than two thousand five hundred dollars ($2,500) nor more than five thousand dollars ($5,000), by imprisonment in the county jail for not more than 60 days, or by both that fine and imprisonment.

SEC. 7. Section 13776 of the Penal Code is amended to read:

13776. The following definitions apply for the purposes of this title:

(a) "Anti-reproductive-rights crime" means a crime committed partly or wholly because the victim is a reproductive health services client, provider, or assistant, or a crime that is partly or wholly intended to intimidate the victim, any other person or entity, or any class of persons or entities from becoming or remaining a reproductive health services client, provider, or assistant. "Anti-reproductive-rights crime" includes, but is not limited to, a violation of subdivision (a) or (c) of Section 423.2.

(b) "Subject matter experts" includes, but is not limited to, the Commission on the Status of Women and Girls, law enforcement agencies experienced with anti-reproductive-rights crimes, including the Attorney General and the Department of Justice, and organizations such as the American Civil Liberties Union, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the California Council of Churches, the California Medical Association, the Feminist

Majority Foundation, NARAL Pro-Choice California, the National Abortion Federation, the California National Organization for Women, the Planned Parenthood Federation of America, Planned Parenthood Affiliates of California, and the Women's Health Specialists clinic that represent reproductive health services clients, providers, and assistants.

(c) "Crime of violence," "nonviolent," "reproductive health services;" "reproductive health services client, provider, or assistant;" and "reproductive health services facility" each has the same meaning as set forth in Section 423.1.

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AMENDED IN SENATE APRIL 25, 2019

AMENDED IN SENATE APRIL 22, 2019

AMENDED IN SENATE MARCH 27, 2019

SENATE BILL No. 653

Introduced by Senator Chang

February 22, 2019

An act to amend Sections 1911, 1925, 1926, and 1926.05 of, and to add Sections 1911.5, 1926.01, and 1926.5 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 653, as amended, Chang. Dental hygienists: registered dental hygienist in alternative practice: scope of practice.

Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of registered dental hygienists, registered dental hygienists in extended functions, and registered dental hygienists in alternative practice by the Dental Hygiene Board of California within the Department of Consumer Affairs. Existing law makes certain violations of specific provisions relating to healing arts by a licensee a crime.

Existing law specifies the scope of practice of a registered dental hygienist and requires any procedure performed by a registered dental hygienist that does not specifically require direct supervision of a dentist to be performed under the general supervision of a dentist. Existing law authorizes a registered dental hygienist to provide, without supervision, dental hygiene preventive services in addition to oral screenings in a specified federal, state, or local public health program.

This bill would authorize a registered dental hygienist to provide, without supervision, fluoride varnish to a patient. The bill would additionally authorize a registered dental hygienist to provide dental hygiene preventive services and oral screenings at specified sponsored events and nonprofit organizations.

Existing law authorizes a registered dental hygienist in alternative practice to perform any of the duties or functions authorized to be performed by a registered dental hygienist as an employee of a dentist, as an employee of another registered dental hygienist in alternative practice, as an employee of specified clinics, or as an employee of a professional corporation. Existing law authorizes a registered dental hygienist in alternative practice to perform additional duties and functions in residences of the homebound, schools, residential facilities and other institutions, and dental health professional shortage areas, as provided, and requires the duties and functions performed in these settings to be under the general supervision of a dentist when specified.

This bill would authorize a registered dental hygienist in alternative practice to practice in specified clinics or in a professional corporation without being an employee of that clinic or professional corporation. The bill would additionally authorize a registered dental hygienist in alternative practice to perform specified functions and duties of a registered dental hygienist in dental or medical settings. The bill would authorize a registered dental hygienist in alternative practice to perform soft-tissue curettage, administration of local anesthesia, and administration of nitrous oxide and oxygen with emergency protocols and under the direct supervision of a dentist in residences of the homebound, residential facilities and other institutions, dental health professional shortage areas, and dental or medical settings. The bill would remove the general supervision requirement and instead require prior authorization by a collaborating dentist for specified duties in those settings. The bill would also authorize a registered dental hygienist in alternative practice to continue to practice in a former dental health professional shortage area if ~~the registered dental hygienist in alternative practice established the practice prior to the designation being removed.~~ *certain conditions are met.*

Because a violation of certain provisions of the bill would be a crime, the bill would create 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:

SECTION 1. Section 1911 of the Business and Professions Code is amended to read:

1911. (a) A registered dental hygienist may provide, without supervision, educational services, oral health training programs, and oral health screenings.

(b) A registered dental hygienist shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan.

(c) In any public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity, at a sponsored event by a sponsoring entity, or at a nonprofit organization, a registered dental hygienist may provide, without supervision, dental hygiene preventive services in addition to oral screenings, including, but not limited to, the application of fluorides and pit and fissure sealants. A registered dental hygienist employed as described in this subdivision may submit, or allow to be submitted, any insurance or third-party claims for patient services performed as authorized in this article.

(d) For purposes of this section, the following shall apply:

(1) "Nonprofit organization" means a tax-exempt nonprofit corporation supported and maintained in whole or in substantial part by donations, bequests, gifts, grants, government funds, or contributions, in the form of money, goods, or services, where dental hygiene services are performed. A nonprofit organization shall not be construed to be engaging in the unlicensed practice of dentistry if all of the following apply:

(A) The nonprofit organization obtains the dental hygiene board's approval to offer dental hygiene services pursuant to regulations adopted by the dental hygiene board.

(B) The nonprofit organization does nothing to interfere with, control, or otherwise direct the professional judgment of, or the services performed by, a registered dental hygienist acting within their scope of practice pursuant to this chapter.

(C) The licensees providing services for or at the nonprofit organization are in compliance with all applicable provisions of this chapter.

(D) The nonprofit organization operating is in compliance with this chapter and all other applicable provisions of state and federal law.

(2) "Sponsored event" shall be defined as in paragraph (4) of subdivision (b) of Section 1626.6.

(3) "Sponsoring entity" shall be defined as in paragraph (6) of subdivision (b) of Section 1626.6.

SEC. 2. Section 1911.5 is added to the Business and Professions Code, to read:

1911.5. Notwithstanding Section 1912, a registered dental hygienist may provide, without supervision, fluoride varnish to a patient.

SEC. 3. Section 1925 of the Business and Professions Code is amended to read:

1925. A registered dental hygienist in alternative practice may practice, pursuant to subdivision (a) of Section 1907, subdivision (a) of Section 1908, subdivisions (a) and (b) of Section 1910, Section 1910.5, and Section 1926.05 as an employee of a dentist or of another registered dental hygienist in alternative practice, as an independent contractor, as a sole proprietor of an alternative dental hygiene practice, in a primary care clinic or specialty clinic that is licensed pursuant to Section 1204 of the Health and Safety Code, in a primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code, in a clinic owned or operated by a public hospital or health system, in a clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code, or in a professional corporation under the Moscone-Knox Professional Corporation Act (commencing with Section 13400) of Part 4 of Division 3 of Title 1 of the Corporations Code.

SEC. 4. Section 1926 of the Business and Professions Code is amended to read:

1926. In addition to practices authorized in Section 1925, a registered dental hygienist in alternative practice may perform the duties authorized pursuant to subdivision (a) of Section 1907,

subdivision (a) of Section 1908, and subdivisions (a) and (b) of Section 1910 in the following settings:

(a) Residences of the homebound.

(b) Schools.

(c) Residential facilities and other institutions.

(d) Dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development in accordance with existing office guidelines.

SEC. 5. Section 1926.01 is added to the Business and Professions Code, to read:

1926.01. In addition to practices authorized in Section 1925, a registered dental hygienist in alternative practice may perform the duties authorized pursuant to subdivisions (a) and (b) of Section 1909 with emergency protocols in the following settings:

(a) Residences of the homebound.

(b) Residential facilities and other institutions.

(c) Dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development in accordance with existing office guidelines.

(d) Dental or medical settings.

SEC. 6. Section 1926.05 of the Business and Professions Code is amended to read:

1926.05. (a) In addition to the duties specified in Section 1926, a registered dental hygienist in alternative practice is authorized to perform the duties pursuant to Section 1910.5, in the following settings:

(1) Residences of the homebound.

(2) Schools.

(3) Residential facilities and other institutions.

(4) Dental or medical settings.

(5) Dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development in accordance with existing office guidelines.

(b) A registered dental hygienist in alternative practice is authorized to perform the duties pursuant to paragraph (2) of subdivision (a) of Section 1910.5 in the settings specified in this section with prior authorization of a collaborating dentist.

SEC. 7. Section 1926.5 is added to the Business and Professions Code, to read:

1926.5. A registered dental hygienist in alternative practice may continue to practice in a *former* dental health professional shortage ~~area after the designation is removed if the registered dental hygienist in alternative practice established the practice prior to removal of the designation.~~ *area, if both of the following conditions are met:*

(a) The registered dental hygienist in alternative practice established their practice in a certified dental health professional shortage area.

(b) The registered dental hygienist in alternative practice continues to practice within the dental health professional shortage area after the date the dental health professional shortage area designation was lifted, if a minimum of 15 percent of the annual visits at their practice are for persons with Medi-Cal benefits.

SEC. 8. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
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MEMORANDUM

DATE	July 25, 2019
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 19(c):** 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.

Action Requested:
No action necessary.

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MEMORANDUM

DATE	July 31, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 20(a):** Discussion and Possible Action to Modify the Rulemaking to Amend California Code of Regulations, Title 16, Sections 1019 and 1020 Relating to Substantial Relationship and Rehabilitation Criteria

Background:
Pursuant to Business and Professions Code sections 141 and 480, under existing law, boards may deny or discipline a license based upon discipline imposed by another state, an agency of the federal government, or another country for any act substantially related to the licensed profession. Effective July 1, 2020, Assembly Bill 2138 (Chapter 995, Statutes of 2018) will require boards to amend their existing regulations governing substantially-related crimes or acts, and rehabilitation criteria.

Business and Professions Code section 480 presently authorizes boards to deny an application for licensure based on a conviction for a crime or act substantially related to the licensed business or profession. Likewise, section 490 authorizes boards to suspend or revoke a license on the basis that the licensee was convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession.

AB 2138 also specified three criteria that boards must consider when evaluating whether a crime is "substantially related" to the regulated business or profession. The criteria shall include: (1) The nature and gravity of the offense; (2) The number of years elapsed since the date of the offense; and (3) The nature and duties of the profession in which the applicant seeks licensure or in which the licensee is licensed.

The Department of Consumer Affairs sent an all agency memorandum to assist the boards in crafting amendments to their regulations for consistency purposes.

Board staff worked with its Legal Counsel to draft proposed language for the Board's consideration to amend its substantial relationship criteria and rehabilitation criteria. Proposed language was presented to the Board at its February 2019 meeting. At that

meeting, the Board took action to approve the proposed language and initiate the rulemaking.

Upon submission of the proposed rulemaking to the Department of Consumer Affairs for pre-notice review, Board staff was made aware of an issue with the proposed language relating to rehabilitation criteria. The proposed language is being brought back to the Board for discussion and consideration. Specifically, staff is requesting the Board determine whether the new AB 2138 rehabilitation criteria will be strictly applied to denials of initial applications or if those criteria will also be extended to suspensions and revocations.

The attached language includes two versions of Section 1020 of Article 16 of the California Code of Regulations to reflect Option 1, which only applies the new AB 2138 rehabilitation criteria to denials, and Option 2, that also extends those criteria to suspensions and revocations. The new criteria create a two-step process. A decision tree for the AB 2138 rehabilitation criteria might look like the following:

1) Did the applicant complete his/her criminal sentence without a probation or parole violation?

   If yes, apply the subdivision (b) criteria and move to number 2).

   If not, skip the subdivision (b) criteria, move to subdivision (c) and apply the criteria to determine whether applicant is rehabilitated.

2) (Presuming no violation of probation/parole) Does the Board find a showing of rehabilitation under the subdivision (b) criteria?

   If yes, stop there. Applicant is rehabilitated.

   If not, move to subdivision (c) and apply the criteria to determine whether applicant is rehabilitated.

The difference between Option 1 and 2 is that Option 2 also extends the same new criteria to suspensions and revocations.

Board Legal Counsel will be available to present this information and address questions.

ACTION REQUESTED

Board staff requests the Board discuss and consider which proposed language option it would prefer to approve relating to rehabilitation criteria. Specifically, Board staff requests the Board take the following actions:

1. Determine whether it would prefer proposed language Option 1 or Option 2; and,

2. Consider and possibly approve the proposed regulatory language relative to substantial relationship criteria and criteria for evaluating rehabilitation, 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 1019 and 1020 as noticed in the proposed text.

TITLE 16. DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

PROPOSED LANGUAGE

Amend Sections 1019 and 1020 of Article 5 of Chapter 1 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

SUBSTANTIAL RELATIONSHIP CRITERIA – NO CHANGE FROM PRIOR DRAFT

Section 1019 Substantial Relationship Criteria.
(a) For the purposes of the denial, suspension or revocation of a license pursuant to section 141 or division 1.5 (commencing with section 475) of the code, a crime, professional misconduct, or act shall be considered to be substantially related to the qualifications, functions or duties of a dentist or dental auxiliary if to a substantial degree it evidences present or potential unfitness of a person holding such a license to perform the functions authorized by the license in a manner consistent with the public health, safety or welfare. ~~Such crimes or acts shall include, but are not limited to, the following:~~

(b) In making the substantial relationship determination required under subdivision (a) for a crime, the board shall consider the following criteria:

(1) The nature and gravity of the offense;

(2) The number of years elapsed since the date of the offense; and

(3) The nature and duties of a dentist or dental auxiliary.

(c) For purposes of subdivision (a), substantially related crimes, professional misconduct, or acts shall include, but are not limited to, the following:

~~(a)~~(1) Any violation of Article 6, Chapter 1, Division 2 of the Code except Sections 651.4, 654 or 655.

~~(b)~~(2) Any violation of the provisions of Chapter 4, Division 2 of the Code.

Note: Authority cited: Sections 481, 493, and 1614, Business and Professions Code. Reference cited: Sections 141, 480, 481, 490 and 493, Business and Professions Code.

REHABILITATION CRITERIA –
NEW LANGUAGE FOR BOARD CONSIDERATION

Option 1 – AB 2138 Rehabilitation Criteria Only for License Denials:

Section 1020. Application Review and Criteria for Evaluating Rehabilitation.
(a)(1) In addition to any other requirements for licensure, when considering the approval of an application, the Board or its designee may require an applicant to be examined by one or more physicians and surgeons or psychologists designated by the Board if it appears that the applicant may be unable to safely practice due to mental illness or physical illness affecting competency. An applicant's failure to comply with the examination requirement shall render his or her application incomplete. The report of the examiners shall be made available to the applicant. The Board shall pay the full cost of such examination. If after receiving the report of evaluation, the Board determines that the applicant is unable to safely practice, the Board may deny the application, or may issue the applicant a license that is placed on probation with terms and conditions. If the Board issues a license on probation, the probationary order shall include an order that the license be revoked, stayed and placed on probation for the entire term of probation. In issuing a license on probation, the Board may consider any or all of the following terms and conditions:

(i) Requiring the licensee to obtain additional training or pass an examination upon completion of training, or both. The examination may be written, oral, or both, and may be a practical or clinical examination or both, at the option of the Board;

(ii) Requiring the licensee to submit to a mental or physical examination, or psychotherapy during the term of probation under the terms and conditions provided for in the “Dental Board of California Disciplinary Guidelines With Model Language” revised 08/30/2010, incorporated by reference at Section 1018; or,

(iii) Restricting or limiting the extent, scope or type of practice of the licensee.

(2) If the Board determines, pursuant to proceedings conducted under this subdivision, that there is insufficient evidence to bring an action against the applicant, then all Board records of the proceedings, including the order for the examination, investigative reports, if any, and the report of the physicians and surgeons or psychologists, shall be kept confidential. If no further proceedings are conducted to determine the applicant's fitness to practice during a period of five years from the date of the determination by the Board of the proceedings pursuant to this subdivision, then the Board shall purge and destroy all records pertaining to the proceedings. If new proceedings are instituted during the five-year period against the applicant by the Board, the records, including the report

of the physicians and surgeons or psychologists, may be used in the proceedings and shall be available to the applicant pursuant to the provisions of Section 11507.6 of the Government Code.

(b) When considering the denial of a license under Section 480 of the Code on the ground that the applicant was convicted of a crime, the board shall consider whether the applicant made a showing of rehabilitation and is presently eligible for a license, if the applicant completed the criminal sentence at issue without a violation of parole or probation. In making this determination, the board shall consider the following criteria:~~, the Board in evaluating the rehabilitation of the applicant and his present eligibility for a license, will consider the following criteria:~~
(1) The nature and gravity of the crime(s).
(2) The length(s) of the applicable parole or probation period(s).
(3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.
(4) The terms or conditions of parole or probation and the extent to which they bear on the applicant's rehabilitation.
(5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for modification.

(c) If subsection (b) is inapplicable, or the board determines that the applicant did not make the showing of rehabilitation based on the criteria in subsection (b), the board shall apply the following criteria in evaluating an applicant's rehabilitation. The board shall find that the applicant made a showing of rehabilitation and is presently eligible for a license if, after considering the following criteria, the board finds that the applicant is rehabilitated:

(1) The nature and ~~severity~~gravity of the act(s) or crime(s) under consideration as grounds for denial.

(2) Evidence of any act(s) or crime(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial ~~which also could be considered as grounds for denial~~ under Section 480 of the Code.

(3) The time that has elapsed since commission of the act(s) or crime(s) referred to in ~~subdivision~~ paragraph (1) or (2).

(4) ~~The extent to which~~ Whether the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.

(5) The criteria in subsection (a)(1)-(5), as applicable.

(6) Evidence, if any, of rehabilitation submitted by the applicant.

~~(c)~~(d) When considering the suspension or revocation of a license on the grounds of conviction of a crime, the Board, in evaluating the rehabilitation of such person and his present eligibility for a license will consider the following criteria:

(1) The nature and ~~severity~~gravity of the act(s) or ~~offense~~crime(s);

(2) Total criminal record;

(3) The time that has elapsed since commission of the act(s) or ~~offense~~crime(s);

(4) Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee;

(5) If applicable, evidence of ~~expungement~~ dismissal proceedings pursuant to Section 1203.4 of the Penal Code;

(6) Evidence, if any of rehabilitation submitted by the licensee.

~~(d)~~(e) When considering a petition for reinstatement of a license, the Board shall evaluate evidence of rehabilitation, considering those criteria of rehabilitation listed in subsection ~~(c)~~(d).

Note: Authority cited: Sections 482 and 1614, Business and Professions Code. Reference: Sections 480, 482 and 820, Business and Professions Code; and Section 11519, Government Code.

Option 2 – AB 2138 Rehabilitation Criteria for License Denials, Suspensions, and Revocations:

Section 1020. Application Review and Criteria for Evaluating Rehabilitation.
(a)(1) In addition to any other requirements for licensure, when considering the approval of an application, the Board or its designee may require an applicant to be examined by one or more physicians and surgeons or psychologists designated by the Board if it appears that the applicant may be unable to safely practice due to mental illness or physical illness affecting competency. An applicant's failure to comply with the examination requirement shall render his or her application incomplete. The report of the examiners shall be made available to the applicant. The Board shall pay the full cost of such examination. If after receiving the report of evaluation, the Board determines that the applicant is unable to safely practice, the Board may deny the application, or may issue the applicant a license that is placed on probation with terms and conditions. If the Board issues a license on probation, the probationary order shall include an order that the license be revoked, stayed and placed on probation for the entire term of probation. In issuing a license on probation, the Board may consider any or all of the following terms and conditions:

(i) Requiring the licensee to obtain additional training or pass an examination upon completion of training, or both. The examination may be written, oral, or both, and may be a practical or clinical examination or both, at the option of the Board;

(ii) Requiring the licensee to submit to a mental or physical examination, or psychotherapy during the term of probation under the terms and conditions provided for in the “Dental Board of California Disciplinary Guidelines With Model Language” revised 08/30/2010, incorporated by reference at Section 1018; or,

(iii) Restricting or limiting the extent, scope or type of practice of the licensee.

(2) If the Board determines, pursuant to proceedings conducted under this subdivision, that there is insufficient evidence to bring an action against the applicant, then all Board records of the proceedings, including the order for the examination, investigative reports, if any, and the report of the physicians and surgeons or psychologists, shall be kept confidential. If no further proceedings are conducted to determine the applicant's fitness to practice during a period of five years from the date of the determination by the Board of the proceedings pursuant to this subdivision, then the Board shall purge and destroy all records pertaining to the proceedings. If new proceedings are instituted during the five-year period against the applicant by the Board, the records, including the report of the physicians and surgeons or psychologists, may be used in the proceedings

and shall be available to the applicant pursuant to the provisions of Section 11507.6 of the Government Code.

(b) When considering the denial of a license under Section 480 of the Code on the ground that the applicant was convicted of a crime, the board shall consider whether the applicant made a showing of rehabilitation and is presently eligible for a license, if the applicant completed the criminal sentence at issue without a violation of parole or probation. In making this determination, the board shall consider the following criteria:~~, the Board in evaluating the rehabilitation of the applicant and his present eligibility for a license, will consider the following criteria:~~

(1) The nature and gravity of the crime(s).

(2) The length(s) of the applicable parole or probation period(s).

(3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.

(4) The terms or conditions of parole or probation and the extent to which they bear on the applicant's rehabilitation.

(5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for modification.

(c) If subsection (b) is inapplicable, or the board determines that the applicant did not make the showing of rehabilitation based on the criteria in subsection (b), the board shall apply the following criteria in evaluating an applicant's rehabilitation. The board shall find that the applicant made a showing of rehabilitation and is presently eligible for a license if, after considering the following criteria, the board finds that the applicant is rehabilitated:

(1) The nature and ~~severity~~gravity of the act(s) or crime(s) under consideration as grounds for denial.

(2) Evidence of any act(s) or crime(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial ~~which also could be considered as grounds for denial~~ under Section 480 of the Code.

(3) The time that has elapsed since commission of the act(s) or crime(s) referred to in ~~subdivision~~ paragraph (1) or (2).

(4) ~~The extent to which~~ Whether the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.

(5) The criteria in subsection (a)(1)-(5), as applicable.

(6) Evidence, if any, of rehabilitation submitted by the applicant.

~~(c)~~(d) When considering the suspension or revocation of a license on the grounds of conviction of a crime, the Board shall consider whether the licensee made a showing of rehabilitation and is presently eligible for a license, if the licensee completed the criminal sentence at issue without a violation of parole or probation. In making this determination, the board shall~~, in evaluating the rehabilitation of such person and his present eligibility for a license will~~ consider the following criteria:
(1) The nature and gravity of the crime(s).
(2) The length(s) of the applicable parole or probation period(s).
(3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.
(4) The terms or conditions of parole or probation and the extent to which they bear on the licensee's rehabilitation.
(5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for modification.

(e) If subsection (d) is inapplicable, or the board determines that the licensee did not make the showing of rehabilitation based on the criteria in subsection (c), the board shall apply the following criteria in evaluating the licensee's rehabilitation. The board shall find that the licensee made a showing of rehabilitation and is presently eligible for a license if, after considering the following criteria, the board finds that the licensee is rehabilitated:

(1) The nature and ~~severity~~gravity of the act(s) or ~~offense~~crime(s);

(2) Total criminal record;

(3) The time that has elapsed since commission of the act(s) or ~~offense~~crime(s);

(4) Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee;

(5) If applicable, evidence of ~~expungement~~ dismissal proceedings pursuant to Section 1203.4 of the Penal Code;

(6) The criteria in subsection (a)(1)-(5), as applicable.

(7) Evidence, if any of rehabilitation submitted by the licensee.

~~(d)~~(f) When considering a petition for reinstatement of a license, the Board shall evaluate evidence of rehabilitation, considering those criteria of rehabilitation listed in subsection ~~(c)~~(d).

Note: Authority cited: Sections 482 and 1614, Business and Professions Code. Reference: Sections 480, 482 and 820, Business and Professions Code; and Section 11519, Government Code.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	July 24, 2019
TO	Members of the Dental Board of California
FROM	Wilbert Rumbaoa, Administrative Services Manager Dental Board of California
SUBJECT	**Agenda Item 20(b):** Update on Pending Regulatory Packages

i. Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1016.2):

At the November 2017 Board meeting, proposed language for sections 1016 and 1017 was unanimously approved to allow the American Safety and Health Institute (ASHI) to also offer a Basic Life Support course that would meet the continuing education requirements. This is in addition to the American Heart Association, the American Red Cross, the Continuing Education Recognition Program (CERP) and the Program Approval for Continuing Education (PACE). Additionally, this proposed regulation will specify what specific requirements must be met to receive full credit for BLS certification.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

ii. Citation and Fine (Cal. Code of Regs., Title 16, Sections 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 documents and Board Legal Counsel has approved. Board staff submitted the initial rulemaking documents to the Department of Consumer Affairs on January 22, 2019 to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

iii. Continuing Education Requirements (Cal. Code of Regs., Title 16, Sections 1016 and 1017):

SB 1109 (Bates, Chapter 693, Statutes of 2018) adds a provision allowing the Board to mandate the risks of addiction associated with the use of Schedule II drugs into the CE requirements for any dental professional seeking initial or renewal licensure.

During the February 2019 meeting, the Board approved proposed regulatory language relative to the continuing education requirements found in Cal. Code of Regs., Title 16, Section 1016 and 1017.

Board staff has drafted the initial rulemaking documents and Board Legal Counsel has approved. Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

iv. 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 have 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 will present the draft proposed language to a special meeting of the Dental Assisting Council on July 26, 2019. Once the Council approves, the language will be brought to the Board for consideration.

v. Determination of Radiographs and Placement of Interim Therapeutic Restorations (Cal. Code of Regs., Title 16, Section 1071.1):

AB 1174 (Bocanegra, Chapter 662, Statutes of 2014) added specified duties to registered dental assistants in extended functions. The bill requires 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. Additionally, the bill requires 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 to further develop the language. At its August 2017 meeting, the Board approved proposed regulatory language and directed staff to initiate the rulemaking.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit

the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

vi. Diversion Committee Membership (Cal. Code of Regs., Title 16, Sections 1020.4):

Pursuant to the Board's regulations, membership for the DECs is limited to specific license types and two four-year terms. It is becoming increasingly difficult to recruit qualified individuals to serve on the Board's DECs. Therefore, Board staff proposes amendments to increase the potential to recruit and retain qualified DEC members.

During the February 2019 meeting, the Board approved proposed regulatory language relative to the diversion evaluation committee membership found in Cal. Code of Regs., Title 16, Section 1020.4.

Board staff has drafted the initial rulemaking documents and Board Legal Counsel has approved. Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

vii. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8):

Senate Bill 438 (Migden,Chapter 909, Statutes of 2006) was signed by the Governor that enacted Business Professions Code (Code) Section 1638.1, to take effect on January 1, 2007. This statue authorizes the Dental Board of California (Board) to issue Elective Facial Cosmetic Surgery (EFCS) permits to qualified licensed dentists and establishes the EFCS Credentialing Committee (Committee) to review the qualifications of each applicant for a permit. 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 documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

viii. Law and Ethics Exam Score (Cal. Code of Regs., Title 16, Sections 1031):

Pursuant to Business & Professions Code Section 1632, applicants for dental licensure in California are required to successfully complete an examination in California law and ethics developed and administered by the Dental Board of California (Board). Pursuant to the Board's regulations (California Code of Regulations, Title 16, Section 1031) the current passing score for the Board's Dentistry California Law and Ethics Examination is set at 75%. Board staff recommends deleting the passing score requirement in regulations to allow for OPES to use a criterion-referenced passing score to make the Board's California Dentistry Law and Ethics examination legally defensible.

During the February 2019 meeting, the Board approved proposed regulatory language relative to relating to the passing score for the Dentistry Law and Ethics Examination found in Cal. Code of Regs., Title 16, Section 1031.

Board staff has drafted the initial rulemaking documents and Board Legal Counsel has approved. Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

ix. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049):

Senate Bill 562 (Galgiani Chapter 562, Statute of 2013) eliminated the one mobile dental clinic or unit limit and required a mobile dental unit or a dental practice that routinely uses portable dental units, a defined, to be registered and operated in accordance with the regulations of the Board. 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.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

x. Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005):

During the May 2018 meeting, the Board approved regulatory language relative to the Minimum Standards for Infection Control found in Cal. Code of Regs., Title 16, Section 1005 and directed staff to initiate rulemaking.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as

required prior to submitting the documents to the Office of Administrative Law for noticing.

xi. Substantial Relationship Criteria (Cal. Code of Regs., Title 16, Sections 1019 and 1020):

Pursuant to Business and Professions Code sections 141 and 480, under existing law, boards may deny or discipline a license based upon discipline imposed by another state, an agency of the federal government, or another country for any act substantially related to the licensed profession. Effective July 1, 2020, Assembly Bill 2138 (Chapter 995, Statutes of 2018) will require boards to amend their existing regulations governing substantially-related crimes or acts, and rehabilitation criteria.

During the February 2019 meeting, the Board approved proposed regulatory language relative to the substantial relationship criteria (Title 16, Section 1019, C.C.R.) and is in line with the Departmental memo submitted to Executive Staff on January 11, 2019. However, the portion of the regulations related to the rehabilitation criteria (Title 16, Section 1020, C.C.R.) were improperly drafted and must be corrected. In addition, a decision must be made as to whether the new AB 2138 rehabilitation criteria will be strictly applied to denials of initial applications or if those criteria will also be extended to suspensions and revocations.

Action Requested:

No action is being requested at this time.