

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 TELECONFERENCE MEETING

November 8-9, 2023

Board Members

Alan Felsenfeld, MA, DDS, President
Joanne Pacheco, RDH, MAOB, Vice President
Lilia Larin, DDS, Secretary
Steven Chan, DDS
Joni Forge, DDS
Meredith McKenzie, Esq., Public Member
Angelita Medina, MHS, Public Member
Sonia Molina, DMD, MPH
Rosalinda Olague, RDA, BA
Yogita Thakur, DDS, MS
James Yu, DDS, MS

**Action may be taken on any
item listed on the agenda.**

The Dental Board of California (Board) will meet by teleconference approximately at, but no earlier than, 10:30 a.m., on Wednesday, November 8, 2023, and 9:00 a.m., on Thursday, November 9, 2023, with the following location available for Board and public member participation:

Department of Consumer Affairs
1747 N. Market Blvd., Hearing Room #186
Sacramento, CA 95834

This meeting will be held via WebEx Events. Instructions to connect to the meeting can be found [HERE](#).

To participate in the WebEx Events meeting on Wednesday, November 8, 2023, please log on to this website the day of the meeting:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mcb3ec885b41de6c973ca37a5507a5128>

Event number: 2485 333 8533

Event password: DBC1182023 (32211820 from phones)

To participate in the WebEx Events meeting on Thursday, November 9, 2023, please log on to this website the day of the meeting:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mfa06767143a935f4b62619c033a7f13a>

Event number: 2495 390 3100

Event password: DBC1192023 (32211920 from phones)

Due to potential technical difficulties, please consider submitting written comments by November 1, 2023, to dentalboard@dca.ca.gov for consideration.

AGENDA

10:30 a.m., Wednesday, November 8, 2023

1. Call to Order/Roll Call/Establishment of a Quorum
2. Public Comment on Items Not on the Agenda **[6]**
Note: The Board may not discuss or take action on any matter raised during this Public Comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11125 and 11125.7(a).)
3. Discussion and Possible Action on Board Meeting Minutes
 - a. August 17-18, 2023 **[7-33]**
 - b. October 12, 2023 **[34-44]**
4. Board President Report **[45]**
5. Executive Officer Report **[46]**
 - a. Introduction of Board Staff
6. Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters **[47]**
7. Report on Dental Hygiene Board of California Activities **[48]**
8. Budget Report **[49-53]**
9. Enforcement
 - a. Review of Statistics and Trends **[54-61]**
 - b. Update on Enlightened Enforcement Project **[62]**
10. Substance Use Awareness
 - a. Diversion Program Report and Statistics **[63]**
 - b. Controlled Substance Utilization Review and Evaluation System Report **[64-72]**

11. Licensing, Certifications, and Permits
 - a. Update on Dental Licensure and Permit Statistics **[73-87]**
12. Examinations **[88-91]**
 - a. Update, Discussion, and Possible Action on the Review of the Joint Commission on National Dental Examinations Integrated National Board Dental Examination
 - b. Update, Discussion, and Possible Action on the Review of the Joint Commission on National Dental Examinations Licensure Objective Structured Clinical Examination
13. Anesthesia and Sedation **[92-131]**
 - a. General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics
 - b. Update Regarding Board Implementation of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018)
 - c. Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators
14. Recess Open Session Until November 9, 2023, at 9:00 a.m.

CLOSED SESSION (WILL NOT BE WEBCAST)
15. Convene Closed Session
16. Pursuant to Government Code Section 11126(a)(1), the Board will Meet in Closed Session to Discuss the Executive Officer Performance Appraisal
17. Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions
18. Pursuant to Government Code Section 11126(e)(1) and (2)(A), the Board will Confer with and Receive Advice from Legal Counsel and Deliberate Regarding *SmileDirectClub, LLC v. Montez, et al.*, United States District Court, Eastern District of California, Case No. 2:23-cv-01769-WBS-KJN
19. Adjourn Closed Session

9:00 a.m., Thursday, November 9, 2023

20. Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum
21. Board President’s Report on Closed Session Items **[132]**
22. Dental Assisting Council Meeting Report **[133]**
23. Update Regarding the Board’s 2024 Sunset Review Report **[134]**
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24. Update, Discussion, and Possible Action on Proposed Regulations
- a. Status Update on Pending Regulations **[135-136]**
 - b. Discussion and Possible Action to Consider: **[137-158]**
 - (1.) Comments Received During the 45-Day Comment Period and Proposed Responses Thereto for the Board's Rulemaking to Adopt California Code of Regulations (CCR), Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners)
 - (2.) Adoption of CCR, Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners)
 - c. Discussion and Possible Action to Initiate a Rulemaking to Amend CCR, Title 16, Sections 1021 and 1028 Related to the Application for Licensure and Fee Requirements **[159]**
 - d. Discussion and Possible Action to Initiate a Rulemaking to Amend CCR, Title 16, Section 1018.01 and Adopt Section 1018.02, Related to Uniform Standards for Substance Abusing Licensees and Cease Practice Orders **[160-207]**
 - e. Consideration of Proposed Regulatory Language, and Discussion and Possible Action on Recommendation to Initiate a Rulemaking to Amend CCR, Title 16, Sections 1080, 1080.3, 1081, and 1081.2, Adopt Sections 1081.3 and 1081.4, and Repeal Sections 1080.1, 1080.2, 1081.1, 1082, 1082.1, 1082.3, and 1083 Related to Dental Assisting Examinations **[208-255]**
25. Legislative Proposals **[256-262]**
- a. Discussion and Possible Action to Revise Previously Approved Legislative Proposal to Amend Business and Professions Code Sections 1750.2, 1750.4, and 1752.1 Regarding Course Requirements for Orthodontic Assistant Permit, Dental Sedation Assistant Permit, and Registered Dental Assistant License
26. Update, Discussion, and Possible Action on 2023/2024 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Dental Profession
- a. 2024 Tentative Legislative Calendar – Information Only **[263-267]**
 - b. 2023 End of Session Legislative Summary Report **[268-279]**
27. Election of 2024 Board Officers **[280-281]**
28. Public Comment on Future Agenda Items **[282]**
- 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.*

29. Adjournment

Information regarding the meeting is available by contacting the Board at (916) 263-2300 or (877) 729-7789, email: DentalBoard@dca.ca.gov, or send a written request to the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815. This agenda can be found on the Dental Board of California website at dbc.ca.gov. The time and order of agenda items are subject to change at the discretion

of the Board President and may be taken out of order. Items scheduled for a particular day may be moved to an earlier or later day to facilitate the effective transaction of business. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

In accordance with Government Code section 11133(b)(2)(A), the teleconference locations from which Board members may participate in the meeting may not be identified in the notice and agenda of the meeting.

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit thedcapage.wordpress.com/webcasts/. The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. (Government Code section 11124.)

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at their discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

This meeting location is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting Tracy Montez, Executive Officer, at Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (877) 729-7789

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MEMORANDUM

DATE	October 23, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 2.: Public Comment on Items Not on the Agenda

Notes

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**DENTAL BOARD OF CALIFORNIA
MEETING MINUTES
August 17-18, 2023**

The Dental Board of California (Board) met on August 17-18, 2023, with the following location available for Board and public member participation:

Department of Consumer Affairs
1747 N. Market Blvd., Hearing Room #186
Sacramento, CA 95834

Members Present:

Alan Felsenfeld, MA, DDS, President
Joanne Pacheco, RDH, MAOB, Vice President
Lilia Larin, DDS, Secretary
Steven Chan, DDS
Joni Forge, DDS
Meredith McKenzie, Esq., Public Member
Angelita Medina, MHS, Public Member
Sonia Molina, DMD, MPH
Rosalinda Olague, RDA, BA
James Yu, DDS, MS

Members Absent:

Yogita Thakur, DDS, MS

Staff Present:

Tracy A. Montez, Ph.D., Executive Officer
Carlos Alvarez, Enforcement Chief (South)
Ryan Blonien, Enforcement Chief (North)
Paige Ragali, Chief of Dental Programs and Customer Support
Owen Dudley, Chief of Regulatory Compliance & Discipline
Jessica Olney, Anesthesia Unit Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
David Bruggeman, Legislative and Regulatory Specialist
Kelly Silva, Investigator
Joseph Tippins, Investigator
Juan Fuentes, Investigator
Mirela Taran, Administrative Analyst
Yvonne Dorantes, Assistant Deputy Director, Board and Bureau Relations, Department of Consumer Affairs (DCA)
Alex Cristescu, Office of Public Affairs, DCA

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Kristy Schieldge, Regulatory Counsel, Attorney IV, Legal Affairs Division, DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

11:00 a.m., Thursday, August 17, 2023

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

The Board President, Dr. Alan Felsenfeld, called the meeting to order at 11:01 a.m. The Board Secretary, Dr. Lilia Larin, called the roll; ten Board Members were present, and a quorum was established. Board Member Yogita Thakur, DDS, MS, was absent.

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

There were no public comments made on items not on the agenda.

Agenda Item 3: Discussion and Possible Action on May 18-19, 2023 Board Meeting Minutes

Tara Welch requested an amendment to the meeting minutes on page 8, Agenda Item 13, fourth paragraph, second line, to strike and replace "California Association of Extended Functions (CAEF)" with "California Extended Functions Association (CEFA)."

Motion/Second/Call (M/S/C) (Pacheco/Olague) to correct the association name in the May 18-19, 2023 meeting minutes.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco.

Nays: None.

Abstentions: Yu.

Absent: Thakur.

Recusals: None.

The motion passed.

(M/S/C) (Molina/Felsenfeld) to approve the May 18-19, 2023 meeting minutes as corrected.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Molina, Olague, Pacheco.

Nays: None.

Abstentions: Medina, Yu.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 4: Board President Report

President Felsenfeld reported that he continually works with Dr. Tracy Montez on a regular basis to be apprised of what the Board is doing and where it is going and announced that the Board has issued the very first temporary license to the spouse of a military person due to the passage of Assembly Bill (AB) 107 [(Salas, Chapter 693, Statutes of 2021)]. President Felsenfeld noted that the Board is the leader in the DCA and will hopefully issue more temporary licenses to assist the people who have been transferred to California.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 5: Executive Officer Report

Dr. Tracy Montez shared that she has weekly calls with President Felsenfeld to keep him apprised of Board operations, projects, and issues of note and as well with the Dental Assisting Council (DAC) Chair and Vice Chair regarding items. She voiced that Board leadership continues to meet monthly with DCA Director, Chief Deputy Director, and Board and Bureau Relations Deputy Director to facilitate the communications between the Board and DCA. Dr. Montez noted that she and the Board's Assistant Executive Officer, Christy Bell, attended two Sunset Hearing meetings with Business and Professions Committee staffers and other DCA boards and bureaus that are scheduled for sunset in 2024. They were given the official questionnaire, and Board staff have been working extremely hard to pull all the data together. She voiced that in July of 2023, Board staff have distributed a ListServ notice regarding fraudulent activity that was brought to their attention and appreciates Board stakeholders for informing Board staff on what is going on in the community. Additionally in July, she met with the DCA Director and other healing arts boards to discuss crossover issues with medispas, which she will keep the Board informed of any updates. As the Board's office support positions have been particularly challenging to fill, Dr. Montez asked the Board Members if they could encourage applicants to only call or email once on the status of their application. Furthermore, she mentioned that Board staff are still processing applications within four to eight weeks but are attempting to do it closer to the four-week mark if no deficiencies are present. Dr. Montez shared that Ms. Bell and she met with the DCA, Division of Investigation Chief Kathleen Nicholls to discuss best practices for tracking investigations. As the Board has been working with the Enlightened Enforcement Project, Board staff hopes to merge all information to strengthen its enforcement division. She provided a report on the recent DCA Diversity, Equity, and

Inclusion (DEI) survey, the Board's 2022-2025 Strategic Plan, webpage, newsletter, and staffing updates.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 6: Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Yvonne Dorantes provided a departmental update. She expressed that the changes for Bagley-Keene Open Meeting Act that allowed board members to not have to notice their meeting location or meet in an ADA accessible location did expire on July 1, 2023. Therefore, as of that date, all public meetings are subject to the traditional pre-COVID requirements for open meetings. Whether a meeting is held at a single centralized location or at multiple teleconference locations, each physical meeting location will need to be identified in the meeting public notices and agenda. Board members must attend meetings in person at the notice locations. Ms. Dorantes stated that Senate Bill (SB) 544 [(Laird, 2023)], which may allow for some meetings to be held without noticing the locations and, thus, allowing remote virtual meetings, is still going through the legislative process. She congratulated the Board for being the first to issue a license to a military spouse. DCA has worked to implement AB 107, authored by Assembly Member Rudy Salas, which was effective July 1, 2023 and therefore DCA boards and bureaus, unless otherwise exempt, are required to grant temporary licensure to spouse or domestic partners of active duty military members stationed in California if the spouse or domestic partner holds a license in another state with the same scope of practice as a profession in California which they would like to practice. To further DCA's efforts to reach the Californians it serves, DCA will request that boards and bureaus translate any press releases the issue into Spanish. California's top non-English language spoken is Spanish, and establishing a standard of translating releases into both English and Spanish will enhance the reach of information released. Boards and bureaus are also encouraged to evaluate any additional language outside of Spanish that may serve their audiences. Ms. Dorantes provided onboarding and travel reminders and addressed required Board Member trainings, DEI updates, and the Governor Governance Project.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 7: Budget Report

Wilbert Rumbaoa provided a report on the State Dentistry Fund, which the Board manages, for fiscal year (FY) 2023-24. Mr. Rumbaoa conveyed that the Board is projected to end FY 22/23 with just over \$15.8 million in reserve balance. There is 8.9 months in reserve, which is the amount of time the Board can continue normal operations without any new incoming revenues. A healthy program is considered to have at least 6 to 12 months in reserve. Based on the reports received by the DCA Budget Office, the

Board is projected to revert approximately \$1.7 million dollars by the end of FY 22/23. Mr. Rumbaoa indicated that for the beginning of FY 23/24, as of June 27, 2023, the Budget Act of 2023, SB 101 [(Skinner, Chapter 12, Statutes of 2023)], was passed, and the starting point for the Board for revenue is going to be \$18.8 million and the expenditures \$20 million.

Board Member Steven Chan asked whether the Board has received billing for the legal cost of the lawsuit against the Board. Mr. Rumbaoa replied that the Board has received billing, and in addition to Attorney General (AG) expenditures, the contracted vendor expenses have been added to the expenditure projection. He voiced that the contract was initially amended as there are some additional expenses. However, that has been included in the report.

Board Member Chan inquired whether it is of merit to cite the unrecoverable investigation fees from the AG and things like that. Dr. Montez responded that there are some fees that Board staff is keeping track of, and she can look into the extent of those.

Secretary Larin asked whether the State Dentistry Fund budget includes any revenue for committee projects that might be coming up. Mr. Rumbaoa responded that in terms of the Board's budget, there will be an adjustment, most likely by the end of December 2023. However, that will be released on January 10, 2024, for any additional expenses that were not accounted for. In conjunction with the Department of Finance, the Board reviews the budget, its current expenditures, and any legislation that has come out, in addition to AG and Office of Administrative Hearings (OAH) costs, and determine if there is any need for a change or adjustment. Dr. Montez asked Secretary Larin whether she can provide an example of what she has in mind. Secretary Larin voiced that she was referring the Access to Care Committee. She inquired how the committee would be funded if it wanted to do a project or work with staff, as they might need additional hours for staff, conducting interviews, or sending out surveys. Mr. Rumbaoa responded that everything that she will be doing with staff is accounted for in terms of working with staff time. Dependent on the outreach, the Board is able to work with DCA to get certain resources. However, the Board typically is not able to go over its allocation for the year. He conveyed that there is the mechanism called budget change proposal where the Board can request for additional resources dependent on the need, but it would have to be shown that there is a need.

Dr. Montez suggested that any time a committee has a project, to bring it to her attention, and Board staff can work with them. Unless it is a significant change, it is very difficult to get additional funding. Therefore, the Board would have to work within its resources by utilizing staff and the various authorizations that it already has. Dr. Montez stated that it usually takes legislation to get a significant budget change proposal through.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 8: Enforcement

Agenda Item 8.a.: Review of Statistics and Trends

Carlos Alvarez provided the report, which is available in the meeting materials.

Dr. Felsenfeld noted that it seems like Board efficiency is getting better by the quarter. He pointed out that the Board gets a lot of complaints, which is unfortunate, but Board staff is getting these complaints into and out of the system as quickly as possible.

Board Member Chan asked whether it appropriate and of value to break out the statistics of dentists versus Registered Dental Assistants (RDAs) in terms of enforcement. Dr. Montez replied that Board staff can provide more detail. Board Member Chan added that having briefing on probation costs to the probationer could be of value to new individuals coming on the Board.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 8.b.: Presentation on the Enforcement Process

Mr. Alvarez provided the presentation, which is available in the meeting materials.

Board Member Angelita Medina thanked Mr. Alvarez for his presentation and asked for an example of the minimum and maximum fines that Board staff can issue and the difference between the two. Mr. Alvarez responded that Board staff do not have a table that shows set fines for each violation. Therefore, it all depends on egregiousness and how many times that office has been inspected. For a license that is not posted, Board staff might issue a \$50 citation. On the other hand, Board staff will issue a \$5,000 citation for spore testing. If the dental office does not have any evidence that they are conducting spore testing, that is an automatic citation.

Board Member Medina asked how are search warrants obtained. Mr. Alvarez responded that search warrants are very minimal, and Board staff usually attains those when they are working on fraud cases. When they want to collect all the evidence, they will go to the District Attorney's Office and present their case, and then a judge will determine whether a search warrant is permitted. If a search warrant is granted, Board staff will go in and start collecting patient records, laptops that they may have, and any data and then submit that.

Secretary Larin inquired how long are results for the spore testing kept. Mr. Alvarez responded that an office should have 12 months' worth of spore testing, which should be kept in a binder. Secretary Larin asked whether there are a lot of licensees that are not performing spore testing. Mr. Alvarez responded that the percentages are very few, around one percent.

Board Member Joni Forge asked Mr. Alvarez whether he is planning on showing this presentation to other societies, as it has important information particularly for young dentists who are now graduating from school. She noted that it might help them in starting in their practices. Mr. Alvarez responded that LA Dental Society is the only society that has contacted the Board, but other societies are more than welcome to reach out to the Board, and he would be delighted to do a presentation for them. Board Member Forge asked whether he would be willing to do the presentation for schools, as well. Mr. Alvarez responded that he would, and in the past, his unit has done presentations for the University of California, Los Angeles (UCLA), and University of Southern California (USC).

Board Member James Yu commented that he will try to mobilize the Bay Area San Francisco Dental Society or possibly University of the Pacific (UOP) to make some contact.

Board Member Chan voiced that the concept of onboarding has taken hold in management and governance systems, and it is a formalized way of learning how things work. He asked whether through the Executive Officer, the Board could consider having this as part of the onboarding for the five vacancies that are coming in. Secondly, he expressed that the distribution channels, which can include dental schools, dental societies, ethnic societies, and consumer groups, are another venue, and this is a good template to get information out there. Board Member Chan suggested to consider having this in the Board's sunset review, as it is a good template to share with the other healing arts boards of how the Board does its work.

Dr. Montez vocalized that this is great feedback from the Board Members and believed that including something like this in sunset is important, as it will cost the Board money to do this outreach.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 9: Substance Use Awareness

Agenda Item 9.a.: Diversion Program Report and Statistics

Owen Dudley provided the report, which is available in the meeting materials. He indicated that the next Diversion Evaluation Committee (DEC) meeting was scheduled for October 4, 2023, and pointed out that he has provided responses, located in the meeting materials, to questions that were asked at the last Board meeting regarding prescription positive drug tests and Diversion program costs.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

At 12:35 p.m., the Board recessed for a break.

At 1:40 p.m., the Board reconvened

Agenda Item 9.b.: Presentation by Maximus

Virginia Matthews, Maximus representative, provided a verbal report on MAXIMUS, Inc.

Board Member Yu, practitioner of acupuncture and dentistry, and also a resident of San Francisco, noted that when he drives at night, in certain cities, he sees many people under the influence and thinks this topic is so important.

Secretary Larin asked if the Board can we have something like this placed on its website, which would entice somebody to join the program and make them feel comfortable to apply, as there is not a very thorough explanation of the Diversion program.

Dr. Montez responded that Board staff can work to put something on the Board's website and believes Board staff is going to include information regarding this topic in the Board's newsletter.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 9.c.: Controlled Substance Utilization Review and Evaluation System Report

Mr. Alvarez provided the report, which is available in the meeting materials. He communicated that Board staff is still not collecting Inbound Interstate Searches data. As the state of Oregon is still testing their system, it has not been implemented yet. Mr. Alvarez conveyed that currently the Department of Justice is working with Nevada and Arizona with data sharing.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 10: Licensing, Certifications, and Permits

Agenda Item 10.a.: Update on Dental Licensure and Permit Statistics

Paige Ragali provided the report, which is available in the meeting materials. She pointed out that the table, Dental Law and Ethics Written Examination Statistics, located on page 101 of the meeting materials is not current, as the reports used to retrieve this data were experiencing issues.

Dr. Montez pointed out that the Office of Professional Examination Services (OPES) is starting the occupational analysis for the dentist profession, and the Board will be reaching out to subject matter experts and sending out a survey that will ask them to evaluate certain duties that are performed and so forth. As that the time for the survey gets closer, Board staff will give a heads up, so that the Board can make sure it gets a robust sample size of responses.

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President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 11: Report on July 26, 2023 Meeting of the Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee; Board Discussion and Possible Action on EFCS Permit Application

Ms. Ragali provided the report, which is available in the meeting materials. A brief background on the Elective Facial Cosmetic Surgery (EFCS) Permit and EFCS Committee was provided.

(M/S/C) (Pacheco/Chan) to approve the EFCS permit application of Samuel Liu, DDS, for unlimited Category I and II privileges.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on this item.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 12: Discussion and Possible Action on the Access to Care Committee Report

Secretary Larin provided a verbal report on this item. She noted the Access to Care Committee had not met in quite a while. She and Board Member Yogita Thakur met with Dr. Jayanth Kumar, Dental Director at the California Department of Public Health (CDPH), on June 20, 2023, to gather ideas and explore opportunities on how the Access to Care Committee could better serve the profession of dentistry in California communities. After some discussion on various options with Dr. Kumar, the Committee proposed that the Board concentrate access to care efforts on addressing staffing shortages in the profession. By working on increasing the workforce in dentistry, the Committee believes the Board can help increase access to care in the state. Secretary Larin noted that the Board's vision and mission clearly states that the Board serves the public health and access to care, which is a big part of what the Committee does. However, the Committee does not have a lot of funds.

(M/S/C) (Larin/Felsenfeld) to authorize the Committee to take the four following actions:
1) Explore strategies to improve licensure examination transparency. For example, add

more content to candidate information bulletins to assist with examination preparation; 2) Evaluate the impact of examination administration time on candidates whose second language is English; 3) Survey candidates to determine how they study for examinations and why they are failing them; and 4) Analyze the pathways to licensure for RDAs to determine if the pathways are facilitating access to practice in a fair and valid manner.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Tooka Zokaie, representing CDA, asked whether “examination” in action 2 is referring to the exam itself or everything to help support the applicant or individual in the exam. Dr. Larin responded that it would include everything. Regarding action 4, Ms. Zokaie noted that in terms of pathways, AB 481 does work to address some of the pathways to dental assisting licensure and may be relevant to some of the work that the Committee has conducted. She expressed that CDA does try to find pathways to licensure for RDAs to determine if the pathways are facilitating access. Ms. Zokaie verbalized that CDA asks for there to be the motion to investigate actions 2 and 4 in more detail than they currently are.

Shari Becker, representing the Alliance, recommended the Committee consider a survey regarding salaries, as it might be helpful to the Committee.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 13: Anesthesia and Sedation

Agenda Item 13.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics

Jessica Olney provided the report, which is available in the meeting materials.

President Felsenfeld requested public comment on this item. The Board received public comment.

Dr. Bruce Whitcher, CDA representative, voiced that it looks like the general anesthesia program is in pretty good shape, and it is gratifying to see some of the medical general anesthesia evaluations are getting done. He voiced that there does not appear to be a

huge backlog in that area, because there do seem to be evaluators that are available. Dr. Whitcher noted in the table that shows the number of evaluators that are available for all the different categories, moderate sedation only had two. In his discussions with Ms. Olney, Dr. Whitcher stated that a lot of the conscious sedation evaluators are still functioning off their old permits, as they have not expired yet; they are not going to be eligible until they come up for renewal as an MS permit holder. He stated that possibly then the Board can fill out that pool of evaluators. He noted one thing to keep in mind is that the evaluations have a very low failure rate, and most people will fail on the simulated emergencies. Although that program may be behind, he does not believe it is a huge threat to public safety when seeing the statistics the Board has from moderate sedation and conscious sedation providers.

Ms. Olney clarified that the Board has four moderate sedation evaluators.

Agenda Item 13.b.: Update Regarding Board Implementation of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018)

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

President Felsenfeld requested public comment on this item. The Board received public comment.

Dr. Whitcher voiced that one statistic that the Board might want to have in there is the number of adult oral conscious sedation permits that is located in the licensing and permit statistics. Traditionally, the pediatric oral conscious sedation and adult oral conscious sedation permits where the most widely subscribed to. He suggested that it would be nice to track those two together.

Agenda Item 13.c.: Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators

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

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

(M/S/C) (Felsenfeld/Pacheco) to appoint Dr. James Snow as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Yu.
Nays: None.

Abstentions: None.
Absent: Thakur.
Recusals: None.

The motion passed.

Agenda Item 14: Discussion and Possible Action Regarding 2024 Meeting Dates
Dr. Montez led the discussion on the selection of Board meeting dates for 2024.

Dr. Montez proposed the following meeting dates for 2024:

- February 8-9, 2024
- May 2-3, 2024; May 9-10, 2024
- August 15-16, 2024
- November 7-8, 2024

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 15: Recess Open Session Until August 18, 2023, at 8:30 a.m.
President Felsenfeld recessed Open Session at 3:07 p.m.

Agenda Item 16: Convene Closed Session
At 3:25 p.m., the Board convened Closed Session.

Agenda Item 17: Pursuant to Government Code Section 11126(e)(1) and (2)(A), the Board will Confer with and Receive Advice from Legal Counsel and Deliberate Regarding *Sulitzer, et al. v. Tippins, et al.*, United States District Court, Central District of California, Western Division, Case No. 2:19-cv-08902-GW-MAA
This matter was not discussed.

Agenda Item 18: Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions
The Board convened in Closed Session to discuss disciplinary matters.

Agenda Item 19: Adjourn Closed Session
President Felsenfeld adjourned Closed Session at 4:04 p.m.

8:30 a.m., Friday, August 18, 2023

Agenda Item 20: Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

President Felsenfeld called the meeting to order at 8:33 a.m. Secretary Larin called the roll; ten Board Members were present, and a quorum was established. Board Member Thakur was absent.

Agenda Item 21: Board President's Report on Closed Session Items

President Felsenfeld provided a verbal report to the Board regarding Closed Session items. He reported that the Board voted on two petitions for reconsideration.

Agenda Item 22: Dental Assisting Council Meeting Report

Traci Reed-Espinoza, Chair of the Dental Assisting Council (DAC), provided a verbal report on the August 17, 2023 DAC meeting. Ms. Reed-Espinoza advised the Board regarding DAC discussion of DAC meeting agenda items.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 23: Update, Discussion, and Possible Action on Proposed Regulations

Agenda Item 23.a.: Status Update on Pending Regulations

Mr. Bruggeman provided the report, which is available in the meeting materials. He stated that since the last Board meeting, there were three active packages that have moved forward. The package to implement AB 107, establishing temporary licensure for qualified spouses or partners of military members, is currently in the 45-day notice period. As the Board received one adverse comment, the Board will need to consider and respond to that adverse comment and any other adverse comments received between now and until the end of the 45-day notice period, which is on September 12, 2023, at a future Board meeting. With respect to the package concerning updating the Board's disciplinary guidelines, that package has moved from the review with DCA to review with the Business, Consumer Services and Housing Agency, which is the cabinet level organization that oversees DCA. Once that review has been completed, the Board would then proceed with filing that package with the Office of Administrative Law (OAL) and starting the 45-day comment period. The third package concerns updates for the processes on lost, destroyed, and mutilated licenses and the process to either activate an inactive license or to seek inactive status remains with Board staff for review before moving the package to DCA for review.

Agenda Item 23.b.: Consideration of Previously Approved Proposed Regulations and Possible Recommendation to Form an Advisory Working Group to Review the Dental Assisting Comprehensive Rulemaking Regulations (California Code of Regulations, Title 16, Sections 1067-1081.3)

Kristy Schieldge provided the report and referred the Board members to her August 15, 2023 memo, which is available in the meeting materials. She provided the Board with background regarding the regulations approval process that includes review and approval by the DCA director, the Business, Consumer Services and Housing Agency, the Department of Finance (economic and fiscal impact statements that are associated with the regulations) and attorneys from the Office of Administrative Law. Regulations

are reviewed to see whether they meet six standards including: necessity, authority clarity, consistency, reference, and non-duplication.

She advised the Board that she had worked on the Board's existing dental assisting regulations for the educational programs back in 2010 and 2011 but that since that time regulations review by control agencies has become more rigorous. She explained that the current proposal that was originally approved in December of 2020 by this Board, and is included in the materials at Attachment A, has significant issues as outlined in the memo. She advised that the Board would have a difficult time getting this package approved through the control agencies and meeting those six standards described previously. She indicated that her recommended action for this item was on page 5 of the memo, which includes a motion to rescind the Board's prior motion approving the proposal in Attachment A and sending the issue back to the DAC to form a working group.

Dr. Felsenfeld framed the issues as outlined by Regulations Counsel for the Board's consideration and asked if any member would like to make a motion as suggested by Regulations Counsel on page 5 of the memo.

(M/S/C) (Larin/Olague) to: (1) rescind the Board's December 4, 2020 motion to initiate a rulemaking for this proposal; (2) refer this proposal back to the Board's Dental Assisting Council for the appointment of a one or two-person working group to further review and revise this proposal in consultation with Regulations Counsel and Board staff; and (3) bring back a new proposal to a future meeting for Board consideration.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Ms. Becker, representing the Alliance, declared that that they are in support of the motion.

Dr. Lori Gagliardi, representing the Foundation for Allied Dental Education (FADE), expressed support for the motion and asked if the Board could put a timeline on the review of information and whether stakeholders will have the opportunity for input.

Ms. Schieldge responded that the recommendation is to refer this to the DAC to appoint a one- or two-person committee to work directly with her and Board staff since they are the committee responsible for recommendations to the Board involving dental assisting matters. This referral ensures that there is engagement and utilization of subject matter experts, which would be the educators. Staff and Ms. Schieldge would then consult with someone the DAC appoints who has that experience. Afterwards, it would be brought back to the DAC at a public meeting where Board staff would explain the recommendations and the changes from the prior proposal, and the public would have the opportunity for comments. She advised that it is preferable to work through the issues before Board staff formally files the rulemaking since the fewer adverse

comments, the more quickly the proposal can move forward in the formal process. If Board staff waits until the formal rulemaking to take the adverse comments and engage, the rulemaking slows down quite significantly, and the process takes a lot longer.

Dr. Felsenfeld confirmed that the Board's Executive Officer and staff would work with Regulations Counsel and the working group to establish timelines for bringing the items forward for public discussion.

Dr. Montez agreed on doing the work behind the scenes in the working group and then bringing it to the DAC meeting for public input. She conveyed that if Board staff deals with any issues in the working group and gets things done, it will be a much cleaner approach to the DAC, and the result would be one package for the Board.

Dr. Gagliardi, representing FADE, asked whether this would go back to the DAC at either the October or November meeting to appoint the subcommittee or whether it is something the Board could appoint a subcommittee right now, as two DAC members make up the Board.

Dr. Montez responded that the Board would need to wait until the November meeting given the many pending other sunset review items that will need to be addressed at the October meeting, and that there is plenty of work to be done between now and November.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 24: Examinations

Agenda Item 24.a.: Report on Commission on Dental Competency Assessment, Western Regional Examining Board, and The Council of Interstate Testing Agencies (CDCA-WREB-CITA)

Dr. Montez provided a verbal report on CDCA-WREB-CITA activities.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 24.b.: Presentation, Discussion, and Possible Action on the Portfolio Examination Report by the Office of Professional Examination Services

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Dr. Montez provided the report, which is available in the meeting materials

Board Member Chan verbalized that he has tracked the driver for this pathway, as well as the construction of this, and voiced that there was a lot of heart that was put into this. However, in the more than 10 years now that this has been on the on the table, consumption is not there, which indicates it is time for extinction.

President Felsenfeld noted that the way the portfolio pathway came about was in looking for a new way to license dentists without having to take all these exams that dentists had to take way back in the day. The Board was represented by Stephen Casagrande, the schools were represented by various deans and professors, and he represented CDA. President Felsenfeld voiced that he spent about approximately three years of his life trying to put this together, which was a very difficult thing. He voiced that he recognizes the functional reality of the fact that no one is taking it, and the reason they are not taking it is because it became very difficult due to the regulatory requirements. It became very difficult for the schools to administer this exam, which resulted in the schools losing enthusiasm to set it up for these students to take it. He suggested that since the exam is not doing what it is supposed to, it should be eliminated.

Dr. Montez emphasized that this is a really good example of why examinations are evaluated on a regular basis. The portfolio was a great idea and worked for a time, but it became outdated, and the Board is using American Board of Dental Examiners (ADEX). Therefore, it is important to keep in mind that an exam is not just an exam; it is a process that the Board needs to keep evaluating through occupational analysis, exam development, and so forth. Although it is a hard thing to let go, it is a good example of evolving tests and not having barriers to licensure.

Ms. Welch recommended the following corrections to the legislative proposal:

- On page 148 of the meeting materials, in the title of the legislative proposal, strike “Elective Facial Cosmetic Surgery Permit and Credentialing Committee” and insert “Portfolio Examination.”
- On page 149 of the meeting materials, in the sentence that begins with “in either case,” on the third line, strike “or as provided in paragraph (1) of subdivision (c)” as paragraph (1) of subdivision (c) refers to the portfolio examination provisions that the Board is striking at today’s meeting.
- On page 150 of the meeting materials, in section 1632.5, subdivision (a), retain the strike through text of “paragraph (2) of” but change “(2)” to (1).” Ms. Welch noted that this conforms to the changes being made to section 1632, subdivision (c), paragraph (1), which will now be the WREB provisions instead of the portfolio examination. At the end of that sentence, six lines down, the text currently strikes “paragraph (2) of.” Ms. Welch suggested to retain “paragraph (2) of” but to change “(2)” to “(1),” so that the new text will just refer to the WREB exam not the portfolio exam.

- Strike in this paragraph the whole sentence that begins with “The review of the Western Regional Examining Board examination shall be conducted...” and the following sentence beginning with “However, an applicant who successfully completes the Western Regional Examining Board examination on or after January 1, 2005...” because both sentences are outdated. BPC section 1632.5, subdivision (a), would just be one sentence ending with “Section 1632 shall not be implemented”.
- On page 151 of the meeting materials section, in section 1632.55, subdivision (a), the text currently strikes “subparagraph (B) of paragraph (2) of.” Ms. Welch recommended retaining the words “paragraph (2) of” because paragraph (2) of subdivision (c) of section 1632 properly references the ADEX. Toward the end of that subdivision, in the line that begins “described in subdivision (d),” she recommended striking “subparagraph (B) of.”

Secretary Larin pointed out that in the discussion Western Regional Exam is being mentioned. However, that does not exist any longer, as WREB has joined CDCA. Ms. Ragali replied that although WREB is no longer in its own examination that the Board offers, it is still a pathway to licensure. The Board still allows the WREB pathway to licensure. The different statutory provisions regarding the acceptance of the examination in relation to that pathway to licensure would still stand for now. An individual can have taken the WREB exam within the last five years, and those scores would count. Since the WREB exam was administered through December 31, 2022, an individual would still be able to apply for up to five years from December 31, 2022, to meet that application date in those requirements.

(M/S/C) (Felsenfeld/Chan) to accept the technical corrections made by the Board legal counsel.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Yu.
 Nays: None.
 Abstentions: None.
 Absent: Thakur.
 Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Chan) to recommend inclusion in the Board’s Sunset Review Report the legislative proposal to amend Business and Professions Code sections 1632, 1632.5, and 1632.55, and repeal section 1632.1.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 25: Update Regarding Board Sunset Review

Dr. Montez provided the report, which is available in the meeting materials.

President Felsenfeld requested public comment on this item. The Board received public comment.

Dr. Whitcher, CDA representative, noted that he believes the previous motion was to approve the changes and that the Board was going to take a second subsequent vote to approve the motion as a whole. President Felsenfeld responded that is the action the Board took.

Agenda Item 26.a.: Discussion and Possible Action on Revisions to Previously Approved Recommendation on Legislative Proposal to Amend Business and Professions Code (BPC) Sections 1601.1 and 1740 and Repeal BPC Section 1742 Regarding Board Composition and Dental Assisting Council

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

Board Member Chan stated that he was president-elect of CDA when the issue of restraint of trade came before the Supreme Court in *Federal Trade Commission (FTC) v. CDA*. It was a multi-year process and discovery and cost millions of dollars to go through that, so he is sensitive to restraint of trade questions. He noted the differences as the Board moves forward after the *North Carolina Board of Dental Examiners* case is that at that time, the North Carolina Board was populated by recommendations from the Dental Association. In California, dentists are not populated by the Dental Association. If the recommendation does go through, and the Board becomes a target for that, it is going to cost, and the Board has to defend itself, which he believes is not worth it. He conveyed that he understands the need for the public members and suggested that the Board balance out the optics that this is a regulatory board of dentists and dentistry against the public interest.

Board Member Sonia Molina noted that she is happy to see that the Board is reconsidering the function of the DAC. She believes that it is important for the Board to hear the DAC's input as dentists work with dental assistants and are part of a team.

(M/S/C) (Chan/Forge) to withdraw the approved legislative proposal for inclusion in the Board's Sunset Review Report to amend sections 1601.1 and 1740, and repeal section 1742 of the Business and Professions Code.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Melodi Randolph, representing the Alliance, verbalized that they are delighted to hear this, recognized all of the hard work of the DAC, and encouraged the Board to really listen to the comments, concerns, and suggestions of the DAC moving forward as they work very hard and diligently to represent dental assisting.

Ms. Becker, representing herself, agreed with Ms. Randolph's comments.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Dr. Montez thanked the Board for being open to these conversations and the actions that were taken in May and taken today and thanked the stakeholders for speaking up. She voiced that she appreciates the partnership, and Board staff is going to ask for assistance.

Agenda Item 26.b.: Discussion and Possible Action on Legislative Proposal to Amend BPC Section 1638.1 Regarding Elective Facial Cosmetic Surgery Permit and Credentialing Committee

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

(M/S/C) (Felsenfeld/Chan) to include in the Board's next Sunset Review Report a recommendation to amend Business and Professions Code section 1638.1 to clarify the EFCS Permit application process and requirements.

Board Vice President Pacheco asked for clarification if this is the same as the 20 cases for the children under seven.

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Ms. Ragali responded that the Board has a very small population of EFCS permit holders, has only issued 38 permits since this statute was enacted, and only 26 of those are currently in an active status. Board staff believe, in conjunction with meeting with the EFCS Permit Credentialing Committee on a quarterly basis and receiving feedback from them, there were a lot of issues with the statute as it was currently written. Ms. Ragali stated that Board staff is hoping to avoid having to put regulations forward and move forward with that package by putting more detail into the statute and the requirements of the permit. Regarding operative reports, there was never a requirement of what was included on the report. Therefore, the Committee now wants applicants to notice what their level of participation was in the surgical procedures, as well as when the actual operations took place. She stated Board staff is asking for more clarity within the application, which will help them to review the applications based on the statutory requirements. It would also elevate barriers to licensure, as it is the intent to then use the Committee as subject matter experts and no longer have a Committee. This would be more efficient as Board staff would not have to set up quarterly meetings and make the applicants wait for licensure, which depend on when the Committee quarterly meetings are held.

Ms. Welch responded to Vice President Pacheco's inquiry and noted that the 20 reports are in relation to SB 501. She explained this is different in that current law only requires 10 reports to be submitted for these types of procedures. If the individual is applying for both Category I and Category II procedures, then they would have to submit 20 reports; but if they are only applying for one or the other category, it is 10 reports per category.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Gary Cooper, representing California Association of Oral and Maxillofacial Surgeons (CalAMOS), noted that CalAMOS was the sponsor of SB 438 [Migden, Chapter 909, Statutes of 2006]], and they worked very hard to convince the Legislature and the Governor to allow the oral maxillofacial surgeons to participate in this technique. During that process, there was a lot of struggle with the medical profession. Currently, CalAMOS is very supportive of a lot of the issues that have been brought forth regarding streamlining the process. The one they have more concerns with is eliminating and repealing the Committee. He asked the Board if they could have a substitute motion to move forward with all of the streamlining, as they have done in SB 501, but continue on with the Committee. CalAMOS is supportive of the suggestions with the exception of the repeal of the Committee and would like to see a substitute motion accepting all the provisions with the exception of the repeal of the Committee. They would provide a certain directory of many professionals who will be willing to participate in this Committee. However, at this point in time, they do not think it is helpful for consumer safety to eliminate the Committee.

Dr. Whitcher, speaking as an individual and former liaison to the EFCS Committee when he was on the Board, voiced that he always thought that this Committee was one of the Board's more effective standing committees. He indicated that he can understand why Board staff sees a potential efficiency in eliminating it, as they only meet when there are applications ready for review. He verbalized that it may be premature to consider this proposal at this time, as there is pending legislation that may make remote meeting participation much more possible through SB 544 and [AB] 2449 [(Blanca Rubio, Chapter 285, Statutes of 2022)]. Dr. Whitcher noted that there is a provision in existing law that when the Committee is constituted, the Committee composition needs to be run by a number of communities of interest, including CDA, CMA, California Society of Plastic Surgeons, and CalAMOS. He noted that there are communities of interest the Board may want to consult with before moving forward with reconstituting the Committee. Dr. Whitcher voiced that he would like to make sure that these permittees who have had limited permits be treated fairly when they reapply.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 26.c.: Discussion and Possible Action on Legislative Proposal to Amend BPC Section 1718.3 Regarding Issuance of New License in Event of Failure to Renew Within Five Years After Expiration

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

Board Member Larin mentioned that the Board has to start eliminating the WREB exam, as it is no longer in existence. Ms. Ragali responded that it is not an examination that is currently offered, but it is still a pathway to licensure. Even though students cannot take a WREB examination now as the exam is no longer offered after the merger, due to the statutory provisions that allow applicants to use their scores as long as they have taken and passed within the past five years, they are still able to apply for licensure. The Board does still see scores for WREB applications as the last exam was administered in December 2022.

President Felsenfeld asked for clarification on a few passages in the meeting materials. Ms. Ragali voiced that the way that it is currently written, with the amendments from the last Sunset Review Report in AB 1519 [(Low, Chapter 865, Statutes of 2019)], is that they added a paragraph, but it was not structured properly. Currently, the statute requires everything in paragraphs (1) through (4) for someone to restore, reinstate, and

regain licensure in California after a license has canceled, which means that it lapsed for five years due to non-renewal, and the license automatically went into a canceled status. The way it is now written is that it requires someone to provide satisfactory proof, which is subparagraph (3) that Board staff is proposing to strike, as well as apply through a new pathway to licensure. Ms. Ragali noted that it is contradictory, and that the intent behind it was to allow people with canceled licenses to not have to go through a review process and not have a canceled license pathway. The intent was to allow them to apply through a pathway that they qualify for. Regarding the option two portion, that provision is removed and there is no longer a canceled license pathway, Board staff recognize that there is a population that qualified previously when they were graduates of foreign dental schools or non-CODA approved dental schools, and they then qualified to take a Board administered examination, which was the Restorative Technique Examination. If the Board removes the option in paragraph (3) and only allows them to qualify through one of the available pathways, since they do not have a CODA-approved education and if they have not moved somewhere in practice clinically the five years, Board staff want it to still allow an option for that population to regain licensure. Now, they would qualify to take an examination that is given under BPC section 1632, which essentially would only be an ADEX examination and all other exams required for licensure.

(M/S/C) (Forge/McKenzie) to include in the Board's next Sunset Review Report a recommendation to amend Business and Professions Code section 1718.3 to clarify the cancelled license application process and requirements (Option B).

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Dr. Whitcher, representing CDA, noted that they had a little bit of a concern about the delinquency fees and what purpose those would serve if an individual returns to California, wants to reinstate their licensure, and are still eligible after having it canceled for five years, as they can establish eligibility through one of the pathways. He verbalized that it almost seems like the delinquency fees are a little punitive as they can really add up and be quite a burden to somebody trying to come back to California.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Yu.
Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

At 9:57 a.m., the Board recessed for a break.

At 10:16 a.m., the Board reconvened.

Agenda Item 26.d.: Discussion and Possible Action on Legislative Proposal to Amend BPC Section 1628.7 Regarding Probationary License

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

Board Member Molina commented that the portion that says a new application cannot be submitted until at least a year has passed from the denial of the application seems to be a long time. Ms. Ragali replied that the Board currently follows that guideline, and Board staff wanted to include it within this statute. The reason that guideline is there is because it would be burdensome on the Board and on the applicant to keep applying for licensure without any provisions. Regarding when they are able to apply after denial of a license, you can essentially change those facts within a day, a week, or month.

Therefore, for them to reapply in such a short time period is placing more workload on Board staff and results in unnecessary denials for the licensee or the applicant. The intent is that the Board would allow certain licensees or applicants as appropriate who would not be issued unrestricted licenses to be given an opportunity to prove that they can safely practice in California through a three-year probationary term. With the probationary term they are still able to request termination of the probation after one year based on the three-year requirement and can follow all of the other provisions within BPC section 1686. Board staff believe it would not be effective for an applicant who was denied to be able to reapply a week later when the circumstances and rehabilitation criteria would not change.

Dr. Montez clarified that this is merely for a new application that was previously denied, and the Board could have a new applicant who has never been denied go through this process. Ms. Ragali added that if they apply for licensure, and the Board deems it appropriate, the applicant could practice safely, the Board would give them this opportunity and offer. The applicant can decline the offer, which then the Board would deny the license. Afterwards, the applicant would have the process of appealing the license, and they would be able to go before an administrative law judge if they wanted. If they do apply and the Board is considering their application, they would not be denied immediately. The applicants would apply, Board staff would tell them what they are deficient in and work with them to comply with the deficiencies, and once their application package is complete, Board staff would be reviewing it and determining, from enforcement standpoints and through the Executive Officer, whether this should be a denied application and given the opportunity for appeal. Or, if we would offer an in-house stipulated settlement for a probationary license on three-year terms as required by statute and then any other standard terms and conditions.

(M/S/C) (Yu/Forge) to include in the Board's next Sunset Review Report a recommendation to amend Business and Professions Code section 1628.7 to clarify the probationary license process and requirements.

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President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 26.e.: Discussion and Possible Action Regarding Penalties for Fraudulent Advertising and Misinformation of Dental Assistant Educational Programs and Courses
Dr. Montez provided the report, which is available in the meeting materials.

Ms. Welch noted that the Legislature is now requesting that boards in their sunset review provide some sort of resolution with their issue that they are presenting. At the latest DAC meeting, fleshing out a little bit more what the enforcement action would look like was discussed. She noted that the DAC approved a recommendation to include this issue in the Board's Sunset Review Report and request that the California State Legislature create a clear enforcement action statute with prescribed Board administrative enforcement actions, such as issuing to an educational program or course in violation of false or misleading advertising a citation with an administrative penalty to be determined by the Legislature, to combat fraudulent advertising and misinformation distributed by an educational program or course provider.

(M/S/C) (Yu/Medina) to include this issue in the Board's Sunset Review Report and request that the California State Legislature create a clear enforcement action statute, with prescribed Board administrative enforcement actions, such as issuing to an educational program or course in violation of false or misleading advertising a citation with an administrative penalty to be determined by the Legislature, to combat fraudulent advertising and misinformation distributed by educational programs and course providers.

Secretary Larin asked why there are no certificates that are handed out to educational programs that are approved by the Board. Dr. Montez responded that they are given an approval status and that they not accredited. She added that those terms have some different meanings in terms of how schools advertise. Secretary Larin asked how do they prove that they are approved. Dr. Montez replied that there is a process where the Board's subject matter experts go through provisional site visits and then on-site visits and those educational programs have to turn in materials. Subsequently, they become

approved and their program is posted on the Board's website. However, there are schools that are claiming to be approved or claiming to be accredited. Secretary Larin asked whether educational programs receive a certificate of approval. Dr. Montez replied that they do receive paperwork.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Ms. Becker, representing the Alliance, stated they are in support of the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 27: Update, Discussion, and Possible Action on 2023/2024 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Dental Profession
Agenda Item 27.a.: 2023 Tentative Legislative Calendar – Information Only

Mr. Bruggeman provided an overview of the 2023 Tentative Legislative Calendar, which is available in the meeting materials. Mr. Bruggeman stated that it was the last month of this year's legislative session, and the Legislature has until September 14, 2023, to pass any bills that have a chance to become law this year. The Governor will have 30 days from the time in which he is presented with a past bill to sign that into law. Since the last day of the session is September 14, 2023, most of which the Governor is going to get on September 14, 2023, he will have until October 14, 2023, to sign into law. Unless the legislation stipulates a different effective date, these bills would go into effect on January 1, 2024. The other relevant deadlines to consider in this last month is that at this point, bills are with their respective Appropriations Committees. Those committees have until September 1, 2023, to report those bills to the floor. The respective houses would need to pass the legislation, concur with any amendments that the other house has made, and then present them to the Governor for approval and chapter them by the Secretary of State.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 27.b.: Legislation of Interest

Mr. Bruggeman provided the report, which is available in the meeting materials, and went over the five bills, AB 481, AB 936, AB 1552, SB 372, and SB 544 that the Board took a position on at the May Board meeting.

AB 481

Mr. Bruggeman stated that the DAC has made recommendations with respect to amendments to AB 481, and it would be up to the Board to consider whether they want to go ahead and officially pass those along or if there are any other things that they would like to add.

(M/S/C) (Felsenfeld/Pacheco) to authorize the Board's Executive Committee to assess the DAC recommendation on amendments to AB 481, work with the author to facilitate inclusion of the amendments in the bill, and if the amendments are not included, authorize the Executive Committee to change the Board's position.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Ms. Reed-Espinoza stated that there are a few words that need to be changed or a comma that needs to be placed in, and the DAC would like to move forward with that.

Dr. Montez added that AB 481 will continue moving forward because it is not the Board's bill, and it will either be amended or not, but it will likely continue moving on.

Ms. Zokaie, representing CDA, noted that they have appreciated working with Dr. Montez and learning more about the Board's needs and working collaboratively to have a support position and moving forward AB 481. She voiced that CDA understands that there have been some suggestions by the DAC at their latest meeting, and they have already been working on incorporating those since that meeting. She noted that this is something that CDA wants to continue to move forward collaboratively and understand that there is a process to looking at these recommendations. She reassured the Board that CDA is looking at those non-substantive changes to make sure that this bill does move forward comprehensively, while also making these pathways easier, and noted that they appreciate the Board's support position.

Dr. Witcher, CDA representative, noted that the concept they are looking for is technical, non-substantive type changes based on Dr. Montez's comments. He voiced that CDA will consider anything but would be disappointed if the Board were to change its position to oppose unless amended.

Ms. Becker, representing the Alliance, noted that they appreciate the Board's consideration of the DAC's recommendation.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Thakur.

Recusals: None.

The motion passed.

Agenda Item 28: Discussion on Prospective Legislative Proposals

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

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 29: Adjournment

President Felsenfeld adjourned the meeting at 10:54 a.m.



**DENTAL BOARD OF CALIFORNIA
MEETING MINUTES
October 12, 2023**

The Dental Board of California (Board) met on October 12, 2023, with the following location available for Board and public member participation:

Department of Consumer Affairs
1625 N. Market Blvd., Hearing Room #102
Sacramento, CA 95834

Members Present:

Alan Felsenfeld, MA, DDS, President
Joanne Pacheco, RDH, MAOB, Vice President
Lilia Larin, DDS, Secretary
Steven Chan, DDS
Angelita Medina, MHS, Public Member
Sonia Molina, DMD, MPH
Yogita Thakur, DDS, MS
James Yu, DDS, MS

Members Absent:

Joni Forge, DDS
Meredith McKenzie, Esq., Public Member
Rosalinda Olague, RDA, BA

Staff Present:

Tracy A. Montez, Ph.D., Executive Officer
Carlos Alvarez, Enforcement Chief (South)
Paige Ragali, Chief of Dental Programs and Customer Support
Jessica Olney, Anesthesia Unit Manager
Rikki Parks, Dental Assisting Program Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
David Bruggeman, Legislative and Regulatory Specialist
Juan Fuentes, Investigator
Mirela Taran, Administrative Analyst
Joseph Tippins, Investigator
Kristy Schieldge, Regulations Counsel, Attorney IV, Legal Affairs Division, Department of Consumer Affairs (DCA)
Cesar Victoria, Office of Public Affairs, DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

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October 12, 2023 Meeting Minutes

8:30 a.m., Thursday, October 12, 2023

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

The Board President, Dr. Alan Felsenfeld, called the meeting to order at 8:49 a.m. The Board Secretary, Dr. Lilia Larin, called the roll; eight Board Members were present, and a quorum was established. Board Members Joni Forge, DDS, Meredith McKenzie, Esq., and Rosalinda Olague, RDA, BA were absent.

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

There were no public comments made on items not on the agenda.

Agenda Item 3: Discussion and Possible Action to Consider

Agenda Item 3.a. Comments Received During the 45-Day Comment Period and Proposed Responses Thereto for the Board's Rulemaking to Adopt California Code of Regulations (CCR), Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners)

Agenda Item 3.b. Adoption of CCR, Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners)

Kristy Schieldge advised the Board on recent developments and adverse comments received from the Office of Administrative Law regarding another DCA agency's regulations proposal involving temporary licenses for military spouses or partners that is substantially similar to this Board's proposed text. She recommended the Board table these items at this time and agendize the items for a future Board meeting.

(M/S/C) (Pacheco/Yu) to table the Agenda Items 3.a. and b. for a future Board meeting.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Molina, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, McKenzie, Olague.

Recusals: None.

The motion passed.

Agenda Item 4: Legislative Proposals

Agenda Item 4.a.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1647.3 Regarding Moderate Sedation Permit Requirements

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

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(M/S/C) (Pacheco/Thakur) to revise and include in the Board's Sunset Review Report the legislative proposal to amend Business and Professions Code section 1647.3 regarding moderate sedation (MS) permit requirements.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Tooka Zokaie, representing the California Dental Association (CDA), highlighted that these sedation training programs appear to meet an unmet need due to the relatively few accredited dental schools that offer stand-alone MS training programs for dentists who have been practicing for several years and wish to expand their practice to the administration of MS. CDA encouraged the Board, either within the motion or in separate activities, to explore the lack of appropriate training programs that are available if this were to pass, how that would impact MS availability and training within California, and the impacts this would have on Senate Bill (SB) 501 and if it would need to be included within an amendment in the legislative rather than the regulatory amendment that is being requested.

Secretary Larin commented that page 22 of the meeting materials states, "For procedures performed under paragraph (3) of subdivision (d), the procedures shall be performed under the direct supervision of a California-licensed dentist who holds a board-issued general anesthesia or moderate sedation permit with a pediatric endorsement issued by the board." She suggested the Board substitute "the Board" with "the California Dental Board" to avoid confusion. Mr. Bruggeman responded that the way the statutes are constructed, the use of the word "board" in this context refers to the Dental Board of California.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Molina, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, McKenzie, Olague.

Recusals: None.

The motion passed.

Agenda Item 5: Discussion and Possible Action on the Board's 2024 Sunset Review Report

Dr. Tracy Montez provided the report, which is available in the meeting materials.

(M/S/C) (Chan/Yu) to approve Section 1 of the Dental Board of California 2024 Sunset Review Report.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Dr. Lori Gagliardi, representing the Foundation for Allied Dental Education (FADE), voiced that page 45 of the Board's 2024 Sunset Review Report references Basic Life Support (BLS) and the rulemaking, effective in January of 2023, which indicates that the Board is accepting other BLS providers including Objective Structured Clinical Examination (OSCE), the Academy of General Dentistry Program Approval for Continuing Education (PACE), and the American Dental Association Continuing Education Recognition Program (CERP). However, in the dental assisting portion, it indicates that the Board only accepts the American Heart Association (AHA), American Red Cross (ARC), or anything approved by the Board. She noted that FADE is asking that the dental assisting portion be consistent with the continuing education regulations that the Board recently passed to accept the other providers for individuals in dental assisting who are applying for an Registered Dental Assistant (RDA) license or any of the permits that would need a BLS. In reference to Interim Therapeutic Restorations (ITR) for the registered dental assistant in extended functions (RDAEF) on page 46, Dr. Gagliardi conveyed that FADE's concern is that UOP did the pilot project, and three other EF programs were approved under the original statutory provisions. FADE is wondering if it is the intent of the Board to require those previously approved programs to have to re-approve in order to continue instruction to receive the certificate. She communicated that FADE recommends that the Board look at the programs that were previously approved to possibly adopt those regulations. Regarding the applicants for the Orthodontic Assistant (OA) permit, Dental Sedation Assistant (DSA) permit, and RDA license on page 48, Dr. Gagliardi asked whether the Board will also add some language for an RDA who wants to become an OA, as they would be required to have the 8-hour infection control since there is no exception for them. FADE has concerns regarding the five years in between because the BLS would be renewed every year or two years and would make it so it was not current and suggested that the Board consider two years within taking the BLS, Dental Practice Act (DPA), and the infection control course.

Dr. Montez stated Dr. Gagliardi's comments would require additional research. Therefore, she was not able to address them with the Board at that moment, but if these are non-substantive type of edits, after consulting with the Board's attorney, regulatory attorney, and staff, the Board can decide whether or not to bring these topics up at the November Board meeting.

Tara Welch voiced that as far as the comments regarding page 45 and the consolidated continuing education (CE) package on BLS, this was merely a report of what the Board had already done on regulations. Therefore, the Board would not make any changes to these CCR sections in the Report. She noted that it sounded like this was a request for future action, which the Board would not be including in legislation right now. With respect to the EF programs in the UOP study, the Board does not have ITR regulations at the moment. She expressed that this was a report about what the Board did before, but the

regulations have not been made effective. Ms. Welch noted that later in this Report, the Board was seeking ITR statutes that ideally would take the place of any regulations. If the [California State] Legislature added the ITR legislative proposal or some version of that which Board staff worked on with CDA, the Board could take a look at that legislation at that time to see if it needs any additional tweaks and work with the legislative committees on that issue. In reference to page 48 regarding authorizing an RDA to apply for an OA using infection control courses, she believed this proposal went through the Dental Assisting Council (DAC) first, came to the Board, and then the Board approved the proposal. During that process, there were multiple opportunities for public comment. Therefore, it was difficult receive these comments and try to change something in this Report when the Board did not have sufficient information now to change this Report. She suggested that this could be another issue, similar to the ITR, to consider bringing forward to the legislative committees and then work on the Sunset bill for any additional tweaks to those provisions.

Jessica Olney clarified that in relation to the consolidated CE, CCR, title 16, section 1016.2 was amended to extend to applicants for RDA, RDAEF, DSA, and OA so that they had different options for taking basic life support courses as well. Dr. Gagliardi asked if there would be a conflict if it extends to applicants because in Section 11 of the Dental Board of California 2024 Sunset Review Report, the Board is recommending only the AHA, ARC, or anything approved as eligible by the Board. Ms. Olney responded that the regulations were amended to include applicants as part of that proposal.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Molina, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, McKenzie, Olague.

Recusals: None.

The motion passed.

(M/S/C) (Chan/Larin) to approve Section 2 of the Dental Board of California 2024 Sunset Review Report.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Shari Becker, representing herself, asked whether the Board can refer to a page number when going through the section of the report.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Molina, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: Forge, McKenzie, Olague.
Recusals: None.

The motion passed.

(M/S/C) (Molina/Medina) to approve Section 3 of the Dental Board of California 2024 Sunset Review Report.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Molina, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: Forge, McKenzie, Olague.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Yu) to approve Section 4 of the Dental Board of California 2024 Sunset Review Report.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Molina, Pacheco, Thakur, Yu.
Nays: None.
Abstentions: None.
Absent: Forge, McKenzie, Olague.
Recusals: None.

The motion passed.

(M/S/C) (Thakur/Molina) to approve Section 5 of the Dental Board of California 2024 Sunset Review Report.

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President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Molina, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, McKenzie, Olague.

Recusals: None.

The motion passed.

(M/S/C) (Chan/Larin) to approve Section 6 of the Dental Board of California 2024 Sunset Review Report.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Molina, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, McKenzie, Olague.

Recusals: None.

The motion passed.

(M/S/C) (Molina/Yu) to approve Section 7 of the Dental Board of California 2024 Sunset Review Report.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Molina, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, McKenzie, Olague.

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Recusals: None.

The motion passed.

(M/S/C) (Pacheco/Medina) to approve Section 8 of the Dental Board of California 2024 Sunset Review Report.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Molina, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, McKenzie, Olague.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Molina) to approve Section 9 of the Dental Board of California 2024 Sunset Review Report.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Molina, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, McKenzie, Olague.

Recusals: None.

The motion passed.

(M/S/C) (Chan/Thakur) to approve Section 10 of the Dental Board of California 2024 Sunset Review Report.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Dr. Gagliardi, representing FADE, inquired whether in issue 14, Technical Cleanup, of Section 10, the word “film” can be replaced with “image receptor” for section 1014.1 and anything having to do with radiation safety since anyone teaching in a dental assisting program or a course provider is still obligated to use film fixer. By using the word “image receptor,” FADE hopes that could include digital. Additionally, FADE recommended replacing dental material requirements for the RDAEF, which includes amalgam, to just contemporary materials so that would be under the doctor's supervision. FADE also requested to change all language from the word “dental auxiliary” to “dental assisting,” since the Board is only monitoring dental assisting at this point in time.

Dr. Montez asked Dr. Gagliardi for clarification on whether these were suggestions that FADE would like to be considered for technical cleanup in Section 11 of the Report. Dr. Gagliardi responded that that was correct. Dr. Montez asked Dr. Gagliardi if FADE can provide the Board their written comments of their suggestions.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Molina, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, McKenzie, Olague.

Recusals: None.

The motion passed.

(M/S/C) (Medina/Larin) to approve Section 11 of the Dental Board of California 2024 Sunset Review Report.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Ms. Zokaie, representing CDA, stated CDA supported the Board's recommendation in new issue 1 to require unlicensed dental assistants to complete an 8-hour Board approved infection control course prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or potentially infectious materials. CDA also respectfully asked that the Board's continued support for an 8-hour didactic course option be established, which was similar to what was in Assembly Bill (AB) 481 [(Wendy Carrillo, 2023)], which the Board supported, to be reflected in this proposal so that the course format will be accessible to all regions of the state and allow an immediate onboarding of new dental team staff. Regarding new issue 4 to add a requirement to BPC section 1635.5 for those seeking work credit through a contractual agreement in order to teach and/or practice dentistry to submit written documentation verifying compliance with the requirement, the proposed amendment does not consider use of a license beyond clinical practice. Ms. Zokaie explained a dental license has non-

clinical applications as well that should be considered for Licensure by Credential. Ms. Zokaie noted that this increases portability for public health dental professionals that require a dental license. CDA urged the Board to consider inclusion of a Licensure by Credential with non-clinical setting experience.

Dr. Gagliardi, representing FADE, clarified that in new issue 3, RDH Licensure as an RDA and Permitted Duties, the last sentence in the first paragraph states “Current statutes also lack clarity about when an RDA may perform certain additional duties.” She inquired whether the verbiage “RDA” was intended to state “RDH [Registered Dental Hygienist].” Dr. Montez believed the verbiage should state RDH and Board staff would verify if the verbiage should be changed. Ms. Welch added that Board staff would have to review the legislative proposal. However, she believed that the RDH proposal revises RDH/RDA statutes, and Board staff were making some tweaks to the RDA provisions, which were probably in terms of effective dates, such as grandfathering clauses for RDAs.

Melodi Randolph, representing the California Association of Dental Assisting Teachers (CADAT), noted that on page 144, new issue 1, regarding the infection control issue, she was not sure that the wording in the third paragraph was accurate as an assistant who has been employed, even intermittently, for a year with one employer. She had not heard those words before in reference to this infection control requirement. Ms. Randolph requested a review of that, in addition to whether the recommendation of the infection control being required prior to potential exposure was in fact approved at the February 2023 meeting.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Molina, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, McKenzie, Olague.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Yu) to approve the proposed draft Sunset Review Report for the Dental Board of California, with the changes previously approved by the Board. In addition, authorize the Executive Officer to take all steps necessary to finalize the report, make any non-substantive changes to the text, and take all steps necessary to submit the report to the California Legislature.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Molina, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, McKenzie, Olague.

Recusals: None.

The motion passed.

Agenda Item 6: Adjournment

President Felsenfeld adjourned the meeting at 9:56 a.m.

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	October 23, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 4.: Board President Report

Background

Dr. Alan Felsenfeld, President of the Dental Board of California, will provide a verbal report.

Action Requested

No action requested.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	October 23, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 5.: Executive Officer Report

Background

Dr. Tracy Montez, Executive Officer of the Dental Board of California, will provide a verbal report.

Action Requested

No action requested.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	October 23, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 6.: Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Background

Ms. Melissa Gear, Deputy Director of Board and Bureau Relations of the Department of Consumer Affairs, will provide a verbal report.

Action Requested

No action requested.

Agenda Item 6.: Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters
Dental Board of California Meeting
November 8-9, 2023

DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

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MEMORANDUM

DATE	October 23, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 7.: Report on Dental Hygiene Board of California Activities

Background

Mr. Anthony Lum, Executive Officer of the Dental Hygiene Board of California, will provide a verbal report.

Action Requested

No action requested.

MEMORANDUM

DATE	October 20, 2023
TO	Members of the Dental Board of California
FROM	Wilbert Rumbaoa, Administrative Services Unit Manager Dental Board of California
SUBJECT	Agenda Item 8.: Budget Report

The Dental Board of California (Board) administers the State Dentistry Fund (Fund), which derives revenues (primarily) through licensing-related fees to fund the Board's administrative, licensing, and enforcement activities.

The Board receives the legislated annual budget appropriation upon the chaptering of the Budget Act. The Board is statutorily required to remain within its appropriation spending limit and to ensure the Fund's ongoing solvency.

2023-24 Budget Act Summary

The following chart provides an overview of [SB 101](#), Budget Act of 2023 (Chapter 12, Statutes of 2023) as it pertains to the Dental Board of California.

2023-24 Budget Act		
Fund	Revenue	Expenditures*
State Dentistry Fund	\$18,558,000	\$20,016,000

* \$283,000 (net) reimbursements – probation monitoring and fingerprints

Analysis of Fund Condition Statement (see Attachment 2)

The attached fund condition statement (FCS) is based on the 2023-24 Budget Act and 2023-24 Fiscal Month 3 Revenue and Expenditure projections. It has been updated with 2022-23 prior-year actual revenues and expenditures, which resulted in a fund balance reserve of \$16.0 million or 9.3 months in reserve. Other adjustments for statewide expenditures have also been included.

Revenues – The Board began 2023-24 with a fund balance of \$17.6 million and is projected to collect approximately \$18.4 million in revenues with \$3.3 million from initial license fees and \$14.7 million from license renewals.

The Board notes, [SB 501](#), Dentistry: anesthesia and sedation: report (Chapter 929, Statutes of 2018), created additional anesthesia permit and certificate types and fees. The Office of Administrative Law approved this regulatory action in August of 2022. Permit applicant revenues are estimated at \$234,000 per year, but this could fluctuate based on the workload in the first two years of implementation as existing permit holders transition to the new permit types.

Expenditures (see Attachment 1) – The Board's 2023-24 current year appropriation is \$20.0 million, and projects expenditures to be \$18.6 million. The FCS projects ongoing expenditures in the future with a three percent (growth factor) increase per year. The FCS also shows the Board fully expending its appropriation ongoing which has not been the trend in recent years. To the extent the Board does not fully expend its appropriation, any savings remains in the Fund for future use.

Overall expenditures are projected to rise in future years. Personnel services, investigation costs, and statewide contributions make up the largest portion of the increases in out years.

The Board notes, future legislation or other events could require the Board to request additional resources through the annual budget process, which would increase cost pressure on the Fund.

General Fund Loan – Item 1111-011-0741, Budget Act of 2020, authorizes a \$5 million loan transfer from the Fund to the General Fund (GF). The loan is required to be repaid with interest in the event the Board needs the funds, or if the GF no longer needs the funds.

The interest accrued is estimated at \$26,000. The FCS currently indicates repayment in 2024-25.

The Board notes, the \$5 million repayment will be coordinated as part of any future regulatory and/or statutory fee increase proposals.

Dental Assistant Fund – [Assembly Bill 1519](#), Healing Arts (Chapter 865, Statutes of 2019) abolished the Dental Assistant Fund, effective July 1, 2022, and any remaining funds shall be deposited into the Fund.

The current projected balance of \$2.9 million has remained in the Dental Assistant Fund since 2020 to ensure any financial obligations are paid. Per Business and Professions Code (BPC), section 205.2, the Department of Finance facilitated the transfer from the State Dental Assistant Fund to the State Dentistry Fund.

Fund Balance Months in Reserve – The fund balance reserve reports the dollar amount remaining in the Fund at the end of any given fiscal year. This is used to calculate the Months in Reserve balance based on projected expenditures for the next fiscal year. Typically, a healthy fund has about 3 to 6 months in reserve.

The fund balance reserve is currently stable but does show a declining balance in future years due to a structural imbalance caused by the fund's revenues projected to stay stationary, and the fund's expenditures to increase by 3%. The fund should remain healthy through 2027-28, although, unforeseen expenditures can cause this to change.

Structural Imbalance – A structural imbalance occurs when projected revenues are less than anticipated expenditures.

Action Required (future) – The Board will continue to monitor the Fund and work with the DCA Budget Office to ensure solvency.

As previously noted, the Board had significant 2021-22 prior-year savings of approximately \$2.6 million related to vacant positions. However, the Board is actively recruiting to fill these positions and any savings will likely be reduced in the future as the positions are filled.

The Board further notes, most existing license fee types currently being assessed are set below their statutory maximums and may be increased through regulations, which could eliminate the existing structural imbalance. Proposals for regulatory fee changes typically take 18 to 24 months to promulgate.

Board staff will be working with the DCA Budget Office to identify possible actions to reduce or eliminate the structural imbalance to ensure the Board remains solvent and able to fully meet its licensing and enforcement mandates.

Board staff will present the findings and recommendations at future board meetings to allow for public input and Board Member consideration.

Action Requested

No action requested.

Attachment 1

Department of Consumer Affairs

Expenditure Projection Report

Dental Board of California

Fiscal Month: 3

Fiscal Year: 2023 - 2024

PERSONAL SERVICES

Fiscal Code	Line Item	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	\$5,155,328	\$6,789,000	\$1,408,727	\$6,099,460	\$689,540
5100	TEMPORARY POSITIONS	\$40,729	\$284,000	\$12,645	\$65,072	\$218,928
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$31,438	\$130,000	\$2,900	\$39,500	\$90,500
5150	STAFF BENEFITS	\$3,163,137	\$3,710,000	\$915,468	\$3,970,413	-\$260,413
	PERSONAL SERVICES	\$8,390,632	\$10,913,000	\$2,339,740	\$10,174,445	\$738,555

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5301	GENERAL EXPENSE	\$129,922	\$163,000	\$28,364	\$149,991	\$13,009
5302	PRINTING	\$181,750	\$85,000	\$15,929	\$173,751	-\$88,751
5304	COMMUNICATIONS	\$38,743	\$47,000	\$3,094	\$37,727	\$9,273
5306	POSTAGE	\$61,861	\$54,000	\$7,384	\$63,838	-\$9,838
5308	INSURANCE	\$12,638	\$2,000	\$19,140	\$20,122	-\$18,122
53202-204	IN STATE TRAVEL	\$66,875	\$170,000	\$5,605	\$70,324	\$99,676
5322	TRAINING	\$18,678	\$12,000	\$1,172	\$9,334	\$2,666
5324	FACILITIES	\$703,993	\$855,000	\$681,155	\$723,701	\$131,299
5326	UTILITIES	\$0	\$1,000	\$0	\$0	\$1,000
53402-53403	C/P SERVICES (INTERNAL)	\$1,977,336	\$2,564,000	\$212,434	\$1,590,294	\$973,706
5340310000	Legal - Attorney General	\$1,450,921	\$2,003,000	\$212,434	\$1,064,095	\$938,905
5340320000	Office of Adminis Hearings	\$525,461	\$410,000	\$0	\$525,461	-\$115,461
53404-53405	C/P SERVICES (EXTERNAL)	\$2,206,518	\$877,000	\$1,030,641	\$2,060,161	-\$1,183,161
5342	DEPARTMENT PRORATA	\$2,951,140	\$3,277,000	\$1,642,500	\$3,277,000	\$0
5342	DEPARTMENTAL SERVICES	\$339,525	\$74,000	\$566	\$202,343	-\$128,343
5344	CONSOLIDATED DATA CENTERS	\$47,473	\$42,000	\$2,984	\$47,473	-\$5,473
5346	INFORMATION TECHNOLOGY	\$6,047	\$214,000	\$18,686	\$18,562	\$195,438
5362-5368	EQUIPMENT	\$11,965	\$67,000	\$4,148	\$11,965	\$55,035
5390	OTHER ITEMS OF EXPENSE	\$53,719	\$5,000	\$7,009	\$146,889	-\$141,889
54	SPECIAL ITEMS OF EXPENSE	\$11,430	\$0	\$0	\$9,000	-\$9,000
	OPERATING EXPENSES & EQUIPMENT	\$8,819,613	\$8,509,000	\$3,680,810	\$8,612,476	-\$103,476

OVERALL TOTALS	\$17,210,245	\$19,422,000	\$6,020,550	\$18,786,921	\$635,079
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3.27%

Attachment 2

0741 - Dental Board of California Fund Analysis of Fund Condition (Dollars in Thousands)

Prepared 10.19.23

2023 Budget Act W- FM 3 Projections

	Actual 2022-23	CY 2023-24	BY 2024-25	BY +1 2025-26	BY +2 2026-27
BEGINNING BALANCE	\$ 13,519	\$ 17,639	\$ 16,010	\$ 19,314	\$ 17,415
Prior Year Adjustment	\$ 255	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 13,774	\$ 17,639	\$ 16,010	\$ 19,314	\$ 17,415
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	\$ 405	\$ 371	\$ 323	\$ 323	\$ 323
4127400 - Renewal fees	\$ 14,772	\$ 14,681	\$ 14,978	\$ 14,978	\$ 14,978
4129200 - Other regulatory fees	\$ 224	\$ 182	\$ 162	\$ 162	\$ 162
4129400 - Other regulatory licenses and permits	\$ 3,303	\$ 3,126	\$ 3,095	\$ 3,095	\$ 3,095
4143500 - Miscellaneous Services to the Public	\$ 11	\$ 1	\$ 48	\$ 48	\$ 48
4163000 - Income from surplus money investments	\$ 447	\$ 5	\$ 211	\$ 257	\$ 220
4171400 - Escheat of unclaimed checks and warrants	\$ 10	\$ 2	\$ 15	\$ 15	\$ 15
4172500 - Miscellaneous revenues	\$ 3	\$ 1	\$ 2	\$ 2	\$ 2
Totals, Revenues	\$ 19,175	\$ 18,369	\$ 18,834	\$ 18,880	\$ 18,843
Transfers to/from Other Funds					
Revenue Transfer from the State Dental Assistant Fund (3142) to the State Dentistry Fund (0741) per Business and Professions Code Section 205.2	\$ 2,963	\$ -	\$ -	\$ -	\$ -
Totals, Transfers and Other Adjustments	\$ 2,963	\$ -	\$ 5,026	\$ -	\$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 22,138	\$ 18,369	\$ 23,860	\$ 18,880	\$ 18,843
TOTAL RESOURCES	\$ 35,912	\$ 36,008	\$ 39,870	\$ 38,194	\$ 36,258
Expenditures:					
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 16,569	\$ 18,596	\$ 19,154	\$ 19,728	\$ 20,320
9892 Supplemental Pension Payments (State Operations)	\$ 351	\$ 351	\$ 351	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 1,353	\$ 1,051	\$ 1,051	\$ 1,051	\$ 1,051
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 18,273	\$ 19,998	\$ 20,556	\$ 20,779	\$ 21,371
FUND BALANCE					
Reserve for economic uncertainties	\$ 17,639	\$ 16,010	\$ 19,314	\$ 17,415	\$ 14,886
Months in Reserve	10.6	9.3	11.2	9.8	8.1

NOTES:

1. Assumes workload and revenue projections are realized in BY +1 and ongoing.

MEMORANDUM

DATE	October 25, 2023
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Chief, Southern California Enforcement Dental Board of California
SUBJECT	Agenda Item 9.a.: Enforcement – Review of Statistics and Trends

The following are the Enforcement Division statistics:

Complaint and Compliance Unit (CCU)

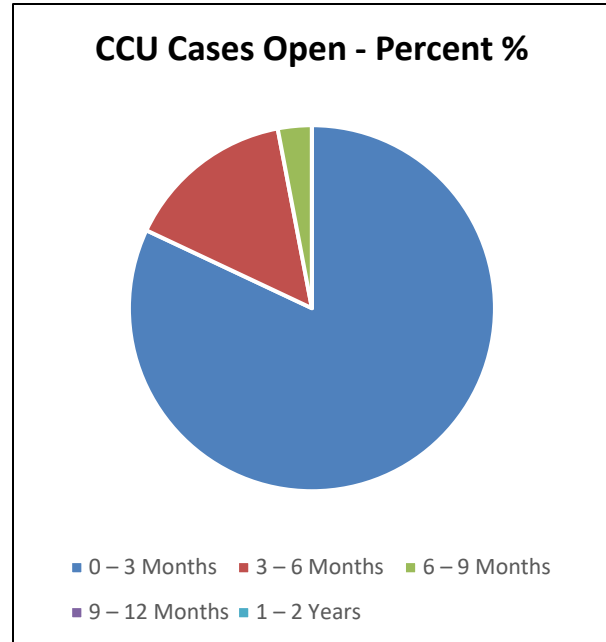
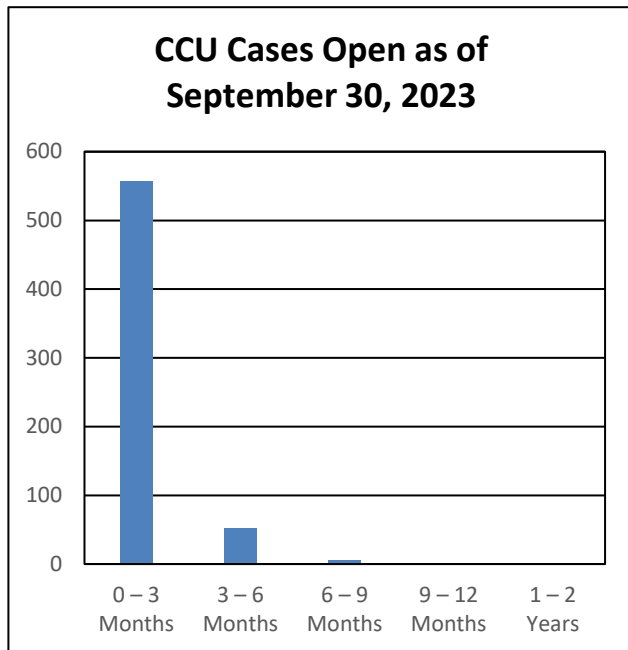
Number of Complaint Cases Received between July 1, 2023, and September 30, 2023

Between July 1, 2023, and September 30, 2023, CCU received **708** complaints. During this time. The monthly average of complaints received was **236**.

Number of Complaint Cases Open

As of September 30, 2023, there are **615** complaint cases open in CCU. A breakdown of the case aging is as follows:

Complaint and Compliance Cases Open		
Complaint Age	As of September 30, 2023	Percent (%)
0 – 3 Months	557	91%
3 – 6 Months	52	9%
6 – 9 Months	6	1%
9 – 12 Months	0	0%
1 – 2 Years	0	0%
2 Plus Years	0	0%
Total	615	100%



Number of Complaint Cases Closed

Between July 1, 2023, and September 30, 2023, a total of **1,080** complaint cases were closed in CCU. The monthly average of complaints closed during this time was **360**.

Number of Complaint Cases Received

Complaints Received	
License Type	July 1, 2023, to September 30, 2023
Dentists	541
Registered Dental Assistants	58
Other*	109
Total	708

*All other types of Complaints

Sacramento Investigative Analysis Unit (IAU)

Number of Subsequent Arrest Report (SAR) Cases Open in the IAU

As of September 30, 2023, there are **247** SAR cases are open in the IAU. A breakdown of the case aging is as follows:

SARS Cases Open		
SAR Age	As of September 30, 2023	Percent (%)
0 – 3 Months	61	25%
3 – 6 Months	52	21%
6 – 9 Months	31	12%
9 – 12 Months	30	12%
1 – 2 Years	56	23%
2 – 3 Years	10	4%
3+ Years	7	3%
Total	247	100%

***SARS are classified as investigative cases once all records requested are received and have been recommended for investigation by either Supervising Investigator or Enforcement Chief**

Number of SAR Cases Closed

Between July 1, 2023, and September 30, 2023, a total of **73** SAR cases were closed in the Investigative Analysis Unit.

Enforcement Units

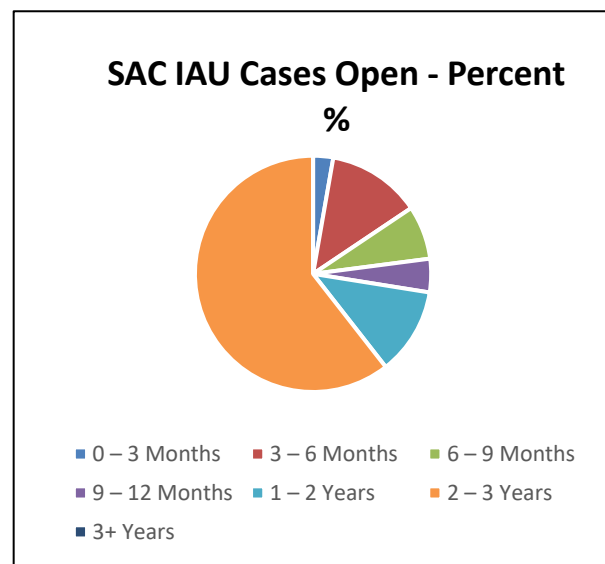
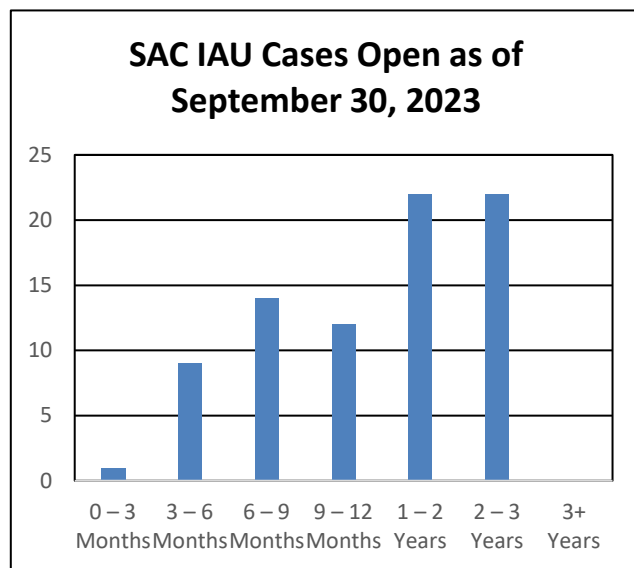
As of September 30, 2023, there **813** investigative cases open in the Board's Enforcement Units. A breakdown of the cases is as follows:

Enforcement Cases Open	
Enforcement Units	As of September 30, 2023
Sacramento IAU (Non-Sworn)	80
Orange IAU (Non-Sworn)	46
Sacramento Field Office (SFO; Sworn)	78
Orange Field Office (Sworn)	158
Pending Assignment	451
Total	813

Number of Investigative Cases Open in the Sacramento IAU

As of September 30, 2023, there are **80** investigative cases open in the Sacramento IAU. A breakdown of the cases is as follows:

Sacramento IAU Cases Open		
Investigation Age	As of September 30, 2023	Percent (%)
0 – 3 Months	1	1%
3 – 6 Months	9	12%
6 – 9 Months	14	18%
9 – 12 Months	12	15%
1 – 2 Years	22	27%
2 – 3 Years	22	27%
3+ Years	0	0%
Total	80	100%

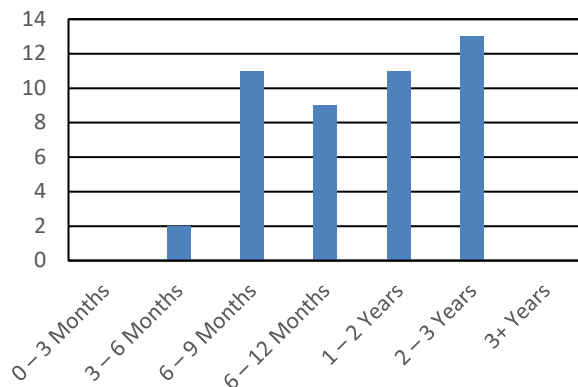


Number of Investigative Cases Open in the Orange IAU

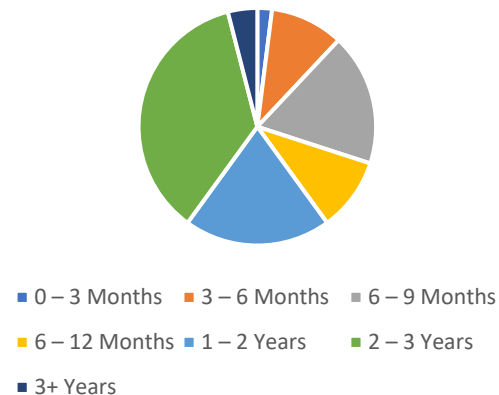
As of September 30 2023, there are **46** investigative cases open in the Orange IAU (Non-Sworn). A breakdown of the case aging is as follows:

Orange IAU Cases Open		
Investigation Age	As of September 30, 2023	Percent (%)
0 – 3 Months	0	0%
3 – 6 Months	2	5%
6 – 9 Months	11	24%
9 – 12 Months	9	19%
1 – 2 Years	11	24%
2 – 3 Years	13	28%
3+ Years	0	0%
Total	46	100%

Orange IAU Cases Open as of September 30, 2023



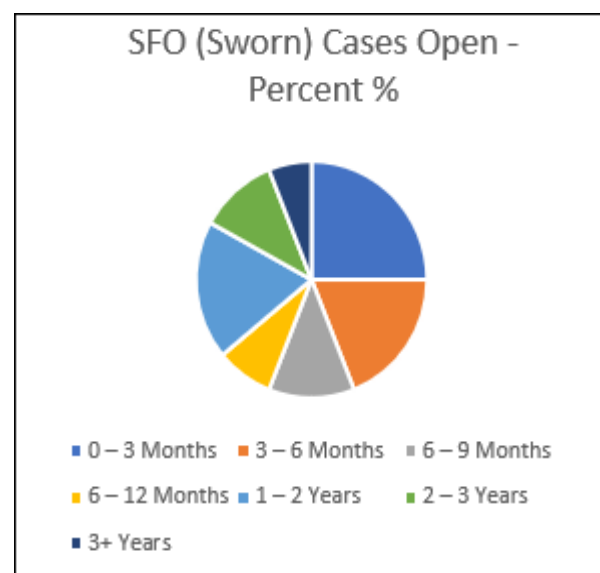
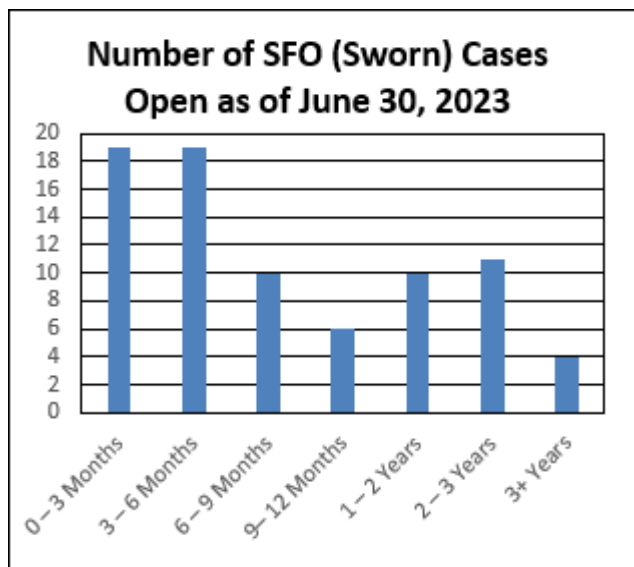
Orange IAU Cases Open - Percent %



Number of Investigative Cases Open in the Sacramento Field Office (Sworn)

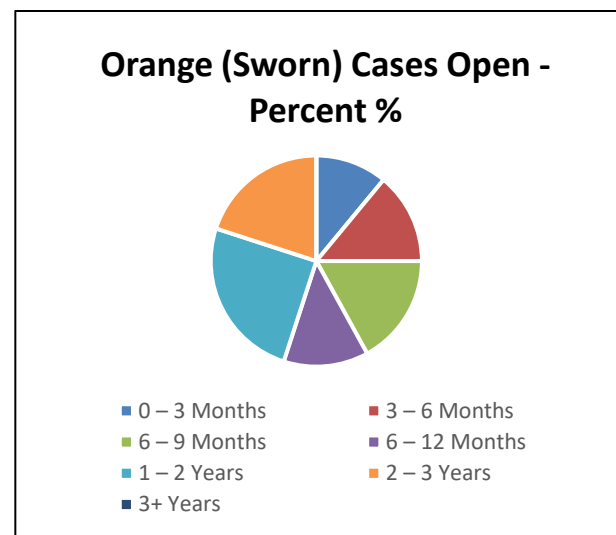
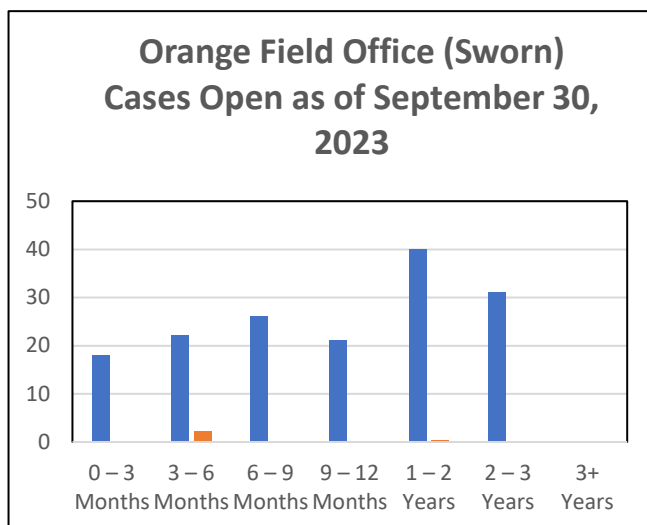
As of September 30 2023, there are **78** investigative cases open in the Sacramento IAU (Non-Sworn). A breakdown of the case aging is as follows:

Sacramento Field Office (Sworn) Cases Open		
Investigation Age	As of June 30, 2023	Percent (%)
0 – 3 Months	19	24%
3 – 6 Months	19	24%
6 – 9 Months	10	13%
9 – 12 Months	6	8%
1 – 2 Years	10	13%
2 – 3 Years	11	14%
3+ Years	3	4%
Total	78	100%



As of September 30, 2023, there are **158** investigative cases open with the Sworn investigators, in the Orange Field Office. A breakdown of the case aging is as follows:

Orange Field Office (Sworn) Cases Open		
Investigation Age	As of September 30, 2023	Percent (%)
0 – 3 Months	18	11%
3 – 6 Months	22	14%
6 – 9 Months	26	17%
9 – 12 Months	21	13%
1 – 2 Years	40	25%
2 – 3 Years	31	20%
3+ Years	0	0
Total	158	100%



Number of Investigation Cases Closed

Between July 1, 2023, and September 30, 2023, a total of **228** investigative cases were closed in IAU, the Sacramento Field Office, and the Orange Field Office.

Number of Inspection Cases Open

As of September 30, 2023, there are **38** Inspection Cases open in the Sacramento and Orange Field Offices. A breakdown is as follows:

Field Office	Number of Cases
Sac IAU	18
Orange IAU	20
Total	38

Number of Inspection Cases Closed

Between July 1, 2023, to September 30, 2023, a total of **49** inspection cases were closed in the Sacramento Field Office and the Orange Field Office.

Administrative and Disciplinary Action

As of September 30, 2023, there are **136** open cases in the Discipline Coordination Unit.

There is **1** case in which a Petition for Early Termination has been submitted and is pending referral to the Office of the Attorney General (AG).

There are **2** cases in which a WRIT has been filed and is pending.

The above-mentioned cases have not been referred to the AG for disciplinary action, therefore they are not counted in the total pending cases at the AG.

Accusations

Between July 1, 2023, and September 30, 2023, there were **19** accusations filed with the AG.

Cases Assigned to the Office of the Attorney General

Between July 1, 2023, and September 30, 2023, there were **29** cases transmitted to the AG. Of those 29 cases, 17 were referred for dentists and 12 were referred for dental auxiliaries.

As of September 30, 2023, there are **133** cases pending at the AG.

Citations

Between July 1, 2023, and September 30, 2023, there were **10** citations issued.

Number of Probation Cases Open

As of September 30, 2023, there are **127** probationer cases being monitored. Of those, **118** active probationers and **9** are tolling. A breakdown of the probation cases is as follows:

Field Office	Active Probationers	Tolling Probationers
SAC IAU	23	0
Sacramento Field Office	9	4
Orange IAU	56	4
Orange Field Office	30	1
Total	118	9

MEMORANDUM

DATE	October 27, 2023
TO	Members of the Dental Board of California
FROM	Joanne Pacheco, RDH, MAOB Dental Board of California
SUBJECT	Agenda Item 9.b.: Update on Enlightened Enforcement Project

Background

In 2023, the Dental Board of California (Board) reestablished the Enforcement Committee. The Enforcement Committee is currently overseeing the Board's participation in the Department of Consumer Affairs (DCA) Enlighten Enforcement Project. The Board volunteered to be the first board to participate in the project and was selected to pilot it.

The purpose of the project is to make enforcement processes more efficient by identifying and implementing best practices. The project will produce recommendations to streamline and improve enforcement services while reducing time frames and lowering costs through more efficient workflows. The project brings together Board staff, DCA's Organizational Improvement Office (OIO), and subject matter experts (SMEs) in enforcement and IT. The Enlighten Enforcement Project follows DCA's Enlighten Licensing Project, which was launched with the participation of the Board of Registered Nursing and issued its first report in May 2022.

Over Microsoft Teams, the Enlighten Enforcement Project has held numerous demonstrations. The Board's Complaint and Compliance Unit demonstrated the complaint intake process, the Enforcement Division presented various investigative and inspection activities, and the Discipline Coordination Unit illustrated steps taken in the formal disciplinary process. Board staff, IT SMEs, and OIO all participate to collaborate and make suggestions to improve processes.

As shared at the May 2023 Board meeting, when all Board enforcement processes have been demonstrated and evaluated, a report will be prepared with final recommendations. Although Board staff estimated the project would conclude by November 2023, due to the complex processes needing to be documented and SME availability, it has been extended to early 2024.

Action Requested

No action is requested.

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	October 18, 2023
TO	Members of the Dental Board of California
FROM	Christy Bell, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 10.a.: Diversion Program Report and Statistics

Background

The Diversion Evaluation Committee (DEC) program statistics for the quarter ending on September 30, 2023 are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for informational purposes only.

These statistics were derived from reports received from MAXIMUS.

Diversion	FY 2023/2024				FY 22/23	FY 21/22	FY 20/21
	Quarter 1			YTD			
	Jul	Aug	Sep	Totals			
New Participants	0	0	0	0	3	3	3
Total Participants (Close of Qtr/FY)	5	5	5	N/A	7	7	9
<i>Self-Referral</i>	1	1	1	N/A	5	5	5
<i>Board/Enforcement Referral</i>	1	1	1	N/A	2	2	2
<i>Probation Referral</i>	3	3	3	N/A	5	5	5
Total Completed Cases	1	0	0	1	4	4	3
<i>Successful Completions</i>	1	0	0	1	0	0	2
<i>Terminations</i>	0	0	0	0	4	4	1
<i>Withdrawn</i>	1	0	0	1	1	1	0
<i>Terminations for Public Threat</i>	0	0	0	0	0	0	0
Drug Tests Ordered	21	25	19	65	334	352	415
Positive Drug Tests	0	0	0	0	3	6	1
<i>Prescription Positive Tests</i>	0	0	0	0	6	5	4

Action Requested

No action requested.

MEMORANDUM

DATE	October 23, 2023
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Chief, Southern California Enforcement Dental Board of California
SUBJECT	Agenda Item 10.b.: Controlled Substance Utilization Review and Evaluation System Report

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 apply 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 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 (Board) currently has 34,974 licensed dentists as of September 30, 2023.

Registration statistics for the Board as of September 30, 2023 are:

Month 2022	Number of Registered DDS/DMD Users
January	16,824
February	16,867
March	16,913
April	16,945
May	16,978
June	17,027
July	17,075
August	17,104
September	17,177
October	17,238
November	17,286
December	17,330

Month 2023	Number of Registered DDS/DMD Users
January	17,396
February	17,451
March	17,518
April	17,554
May	17,618
June	17,656
July	17,711
August	17,778
September	17,841

Search statistics for the Board as of September 30, 2023 are:

Month 2022	Search Statistics
January	17,047
February	19,609
March	24,086
April	17,058
May	16,564
June	16,630
July	14,362
August	20,001
September	18,256
October	18,869
November	15,986
December	16,294
Month 2023	Search Statistics
January	20,136
February	21,858
March	27,173
April	25,723
May	25,902
June	24,658
July	23,244
August	26,886
September	21,584

Number of Outbound Searches

Month 2023	Outbound Interstate Search Statistics
April	0
May	0
June	138
July	32
August	51
September	5

Number of Inbound Interstate Searches

Month 2023	Inbound Interstate Search Statistics
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0

System accessed statistics for the Board as of March 2022 are:

Month 2022	Times System was Accessed (total number of web application and information exchange web services)
January	3,747
February	3,661
March	4,433

Note: This data has not been available since March 2022 due to a CURES software update. Statistics for **Times System was Accessed** is no longer being tracked.

Help Desk statistics for the Board as of September 30, 2023 are:

Month 2022	Help Desk Statistics (total number of email and telephone inquiries)
January	289
February	204
March	220
April	54
May	23
June	26

July	128
August	98
September	92
October	115
November	77
December	81
Month 2023	Help Desk Statistics (total number of email and telephone inquiries)
January	78
February	80
March	89
April	72
May	175
June	82
July	70
August	76
September	87

The number of prescriptions filled by schedule for the months of July, August, and September 2023 are:

DCA Number of Prescriptions Filled by Schedule for July – September 2023

	<u>July</u>	<u>August</u>	<u>September</u>
Schedule II	1,217,582	1,314,249	1,216,247
Schedule III	225,318	245,274	230,465
Schedule IV	1,051,329	1,121,606	1,036,026
Schedule V	134,724	145,086	138,381
R	30	7	8
Over-the-Counter Product	63,819	69,269	62,793
Total:	2,692,802	2,895,491	2,683,920

Notes:

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.
4. Over-the-counter product.

Action Requested

No action requested.



DCA Quarterly Statistics 2023

Registered Users				
		July	August	September
Total Registered Users		256,391	257,845	259,335
Clinical Roles				
	Prescribers	184,298	185,159	185,898
	Non-DEA Practitioners	14,364	14,638	14,957
	Pharmacists	51,316	51,498	51,778
Sub-Total A		249,978	251,295	252,633
License Type				
	Doctor of Dental Surgery/Dental Medicine	17,711	17,778	17,841
	Doctor of Optometry	708	711	713
	Doctor of Podiatric Medicine	1,694	1,707	1,714
	Doctor of Veterinary Medicine	3,786	3,818	3,840
	Medical Doctor	126,120	126,731	127,262
	Naturopathic Doctor	531	536	537
	Osteopathic Doctor	9,954	10,071	10,173
	Physician Assistant	14,102	14,183	14,279
	Registered Nurse Practitioner/Nurse Midwife	23,448	23,649	23,874
	Other (Out of State) Prescribers	608	613	622
	Pharmacists	50,500	50,674	50,949
	Other (Out of State) Pharmacists	816	824	829
Sub-Total B		249,978	251,295	252,633
Other Roles				
	LEAs	1,698	1,703	1,709
	Delegates	4,305	4,435	4,574
	DOJ Administrators	67	67	67
	DOJ Analysts	86	86	90
	Regulatory Board	257	259	262
Sub-Total C		6,413	6,550	6,702

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



DCA Quarterly Statistics 2023

Number of CURES Searches				
		July	August	September
Clinical Roles				
	Prescribers	7,307,404	8,592,781	8,091,958
	Non-DEA Practitioners	4,235	4,917	5,902
	Pharmacists	6,589,184	7,388,839	7,017,490
	Sub-Total A	13,900,823	15,986,537	15,115,350
License Type				
	Doctor of Dental Surgery/Dental Medicine	23,244	26,886	21,584
	Doctor of Optometry	751	787	729
	Doctor of Podiatric Medicine	27,782	32,848	30,866
	Doctor of Veterinary Medicine	110	116	97
	Medical Doctor	5,663,753	6,722,336	6,217,758
	Naturopathic Doctor	1,788	2,256	2,094
	Osteopathic Doctor	436,228	494,639	536,496
	Physician Assistant	509,170	566,781	595,408
	Registered Nurse Practitioner/Nurse Midwife	646,275	748,372	690,198
	Other (Out of State) Prescribers	2,538	2,677	2,621
	Pharmacists	6,558,824	7,357,199	6,988,657
	Other (Out of State) Pharmacists	30,360	31,640	28,842
	Sub-Total B	13,900,823	15,986,537	15,115,350
Other Roles				
	LEAs	122	144	110
	Delegates			
	DOJ Administrators	38	182	219
	DOJ Analysts	91	0	2
	Regulatory Board	930	1,544	1149
	Sub-Total C	1,181	1,870	1,480
Total Search Counts		13,902,004	15,988,407	15,116,830

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total PARs Ran
3. Stats are from the 1st of the month to the last day of the month
4. Search counts reflect total searches (Web App+Delegate+IEWS)



DCA Quarterly Statistics 2023

Number of Outbound Interstate Searches				
		July	August	September
Total Searches		24,537	23,655	4,031
Clinical Roles				
	Prescribers	11,504	11,657	1,905
	Non-DEA Practitioners	19	12	5
	Pharmacists	13,014	11,986	2,121
Sub-Total A		24,537	23,655	4,031
License Type				
	Doctor of Dental Surgery/Dental Medicine	32	51	5
	Doctor of Optometry	0	0	0
	Doctor of Podiatric Medicine	14	8	1
	Doctor of Veterinary Medicine	N/A	N/A	N/A
	Medical Doctor	7,742	8,074	1,303
	Naturopathic Doctor	4	2	3
	Osteopathic Doctor	720	678	92
	Physician Assistant	982	988	169
	Registered Nurse Practitioner/Nurse Midwife	2,029	1,868	337
	Other (Out of State) Prescribers	N/A	N/A	N/A
	Pharmacists	12,821	11,784	2,070
	Other (Out of State) Pharmacists	193	202	51
Sub-Total B		24,537	23,655	4,031
Note:				
Not all CURES users will have authority to query other states/PDMPs.				
Outbound Searches are searches sent by CURES users to another State/PDMP.				

Number of Inbound Interstate Searches				
		July	August	September
PMIX Role				
	Physicians			
	Advanced Practice Rns			
	Nurse Practitioner			
	Physician Assistants			
	Dentists			
	Optometrists			
	Naturopaths			
	Interns			
	Residents			
	Other Prescribers			
	Pharmacists			
PMIX Role				
Total Search Counts				
Note:				
PMIX = The Prescription Monitoring Information Exchange National Architecture				
Search counts = all other active states				
Stats are from the 1st of the month to the last day of the month				



DCA Quarterly Statistics 2023

Number of CURES Help Desk Requests			
	July	August	September
Clinical Roles			
Prescribers/Non-DEA Practitioners	2,123	2,180	1,966
Pharmacists	475	551	500
Sub-Total A	2,598	2,731	2,466
License Type			
Doctor of Dental Surgery/Dental Medicine	70	76	87
Doctor of Optometry	2	1	3
Doctor of Podiatric Medicine	3	3	7
Doctor of Veterinary Medicine	39	59	29
Medical Doctor	1,502	1,485	1,310
Naturopathic Doctor	7	8	6
Osteopathic Doctor	91	103	103
Physician Assistant	116	156	124
Registered Nurse Practitioner/Nurse Midwife	293	289	297
Pharmacists	475	551	500
Other (Non-Specific License Type)	0	0	0
Sub-Total B	2,598	2,731	2,466
Other Roles			
LEAs	36	24	45
Delegates	71	78	45
DOJ Administrators	0	0	0
DOJ Analysts	0	0	0
Regulatory Board	16	9	16
Sub-Total C	123	111	106
Total Help Desk Requests	2,721	2,842	2,572

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Help Desk Requests
3. Stats are from the 1st of the month to the last day of the month



DCA Quarterly Statistics 2023

Prescription Counts	July	August	September
Number of Distinct Prescriptions	2,690,896	2,895,491	2,682,299
Number of Prescriptions Filled by Schedule			
Schedule II	1,217,582	1,314,249	1,216,247
Schedule III	225,318	245,274	230,465
Schedule IV	1,051,329	1,121,606	1,036,026
Schedule V	134,724	145,086	138,381
R	30	7	8
Over-the-counter product	63,819	69,269	62,793
TOTAL	2,692,802	2,895,491	2,683,920

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
4. Over-the-counter product

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	October 12, 2023
TO	Members of the Dental Board of California
FROM	Paige Ragali, Chief of Dental Programs and Customer Support Dental Board of California
SUBJECT	Agenda Item 11.a.: Update on Dental Licensure and Permit Statistics

Dental License Application Statistics

The following are monthly dental license application statistics by pathway for fiscal year 2020–21, 2021–22, 2022–23 and 2023–24 as of September 30, 2023.

Dental Applications Received by Month													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 20/21	140	156	99	66	29	20	28	27	26	78	158	217	1,044
WREB 21/22	138	85	75	22	28	27	38	31	71	83	109	123	830
WREB 22/23	71	58	42	35	29	28	38	26	31	41	48	80	527
WREB 23/24	38	32	21	-	-	-	-	-	-	-	-	-	91
Residency 20/21	42	15	8	5	2	2	5	7	4	8	20	29	147
Residency 21/22	93	23	12	5	1	6	3	8	8	6	3	14	182
Residency 22/23	13	5	1	2	4	1	2	4	4	6	3	12	57
Residency 23/24	11	2	0	-	-	-	-	-	-	-	-	-	13
Credential 20/21	15	19	22	27	16	16	18	13	16	19	20	22	223
Credential 21/22	45	51	44	20	8	17	19	19	23	14	19	27	306
Credential 22/23	20	17	18	20	12	20	28	17	30	20	28	20	250
Credential 23/24	27	26	19	-	-	-	-	-	-	-	-	-	72
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	3	1	4
Portfolio 21/22	0	0	0	0	0	1	0	0	0	0	1	1	3
Portfolio 22/23	0	0	0	0	0	0	0	0	1	0	0	1	2
Portfolio 23/24	0	1	1	-	-	-	-	-	-	-	-	-	2
ADEX 20/21	22	28	9	16	4	5	9	3	17	41	112	87	353
ADEX 21/22	82	34	17	11	5	9	17	20	19	22	78	117	431
ADEX 22/23	69	51	23	22	17	12	30	18	55	118	137	188	740
ADEX 23/24	56	34	32	-	-	-	-	-	-	-	-	-	122

Agenda Item 11.a.: Update on Dental Licensure and Permit Statistics
Dental Board of California Meeting
November 8-9, 2023

Dental Applications Approved by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 20/21	135	199	140	100	37	61	38	41	16	14	14	150	945
WREB 21/22	367	128	98	29	12	48	44	35	21	20	29	48	879
WREB 22/23	79	134	135	58	18	43	35	39	17	20	25	18	621
WREB 23/24	10	27	44	-	-	-	-	-	-	-	-	-	81
Residency 20/21	25	49	16	8	5	4	3	4	1	3	2	5	125
Residency 21/22	110	54	27	12	6	7	2	4	0	1	7	5	235
Residency 22/23	2	18	14	5	1	1	3	2	3	1	4	1	55
Residency 23/24	0	2	18	-	-	-	-	-	-	-	-	-	20
Credential 20/21	9	25	25	20	16	14	24	10	23	22	16	16	220
Credential 21/22	36	60	38	20	9	19	9	13	14	4	24	5	251
Credential 22/23	11	18	24	21	13	29	13	28	13	17	16	12	215
Credential 23/24	1	18	27	-	-	-	-	-	-	-	-	-	46
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	4	4
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 23/24	0	0	0	-	-	-	-	-	-	-	-	-	0
ADEX 20/21	2	24	17	19	10	6	6	4	2	7	10	93	200
ADEX 21/22	189	79	43	21	4	7	13	5	3	5	16	31	416
ADEX 22/23	43	95	98	40	14	23	23	25	16	22	34	52	485
ADEX 23/24	91	199	228	-	-	-	-	-	-	-	-	-	518
Dental Licenses Issued by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 20/21	133	190	140	90	41	59	39	38	23	21	16	115	905
WREB 21/22	198	71	48	35	14	42	35	28	22	20	24	51	588
WREB 22/23	71	127	131	58	27	39	30	40	18	16	32	20	609
WREB 23/24	14	26	46	-	-	-	-	-	-	-	-	-	86
Residency 20/21	27	49	16	9	6	3	3	2	2	5	1	7	130
Residency 21/22	51	30	15	12	6	5	4	2	1	3	7	5	141
Residency 22/23	3	15	12	6	2	2	3	2	1	1	3	2	52
Residency 23/24	1	2	18	-	-	-	-	-	-	-	-	-	40
Credential 20/21	9	22	24	22	19	11	20	11	20	20	17	16	211
Credential 21/22	8	16	22	19	10	19	11	9	9	4	18	10	155
Credential 22/23	8	19	23	23	12	18	18	25	12	16	18	18	210
Credential 23/24	4	14	22	-	-	-	-	-	-	-	-	-	40
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	4	4
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0

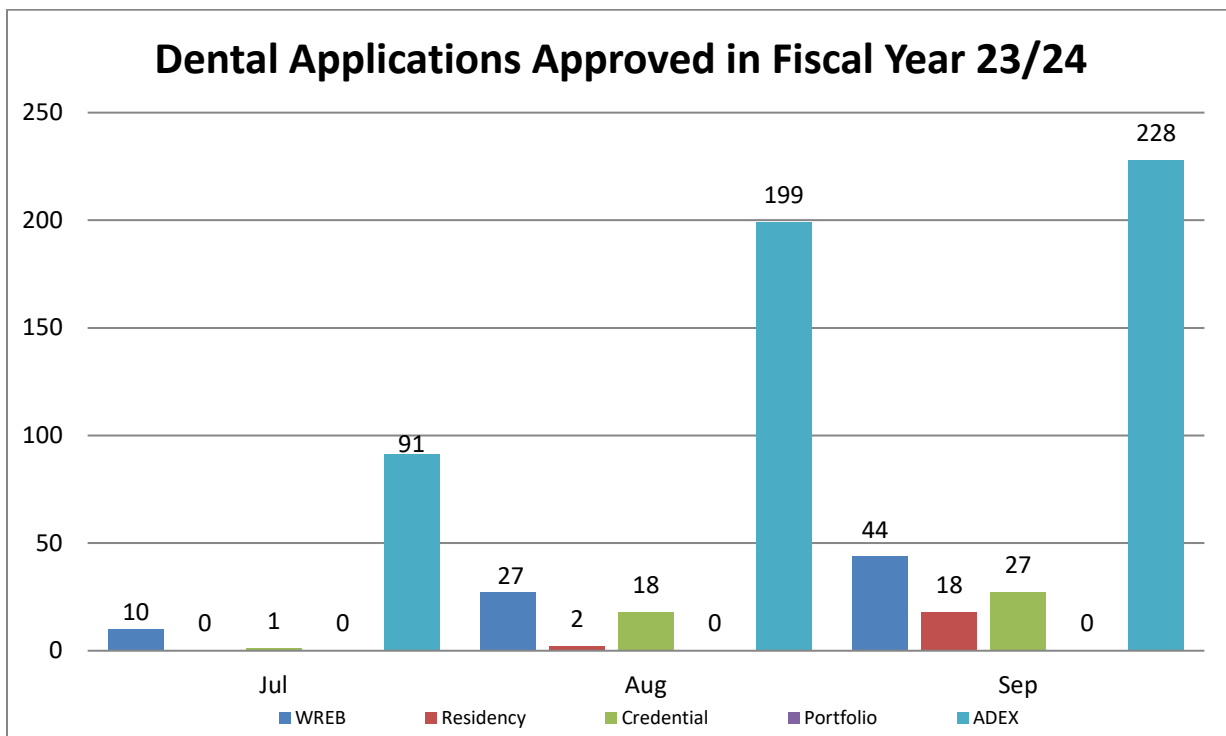
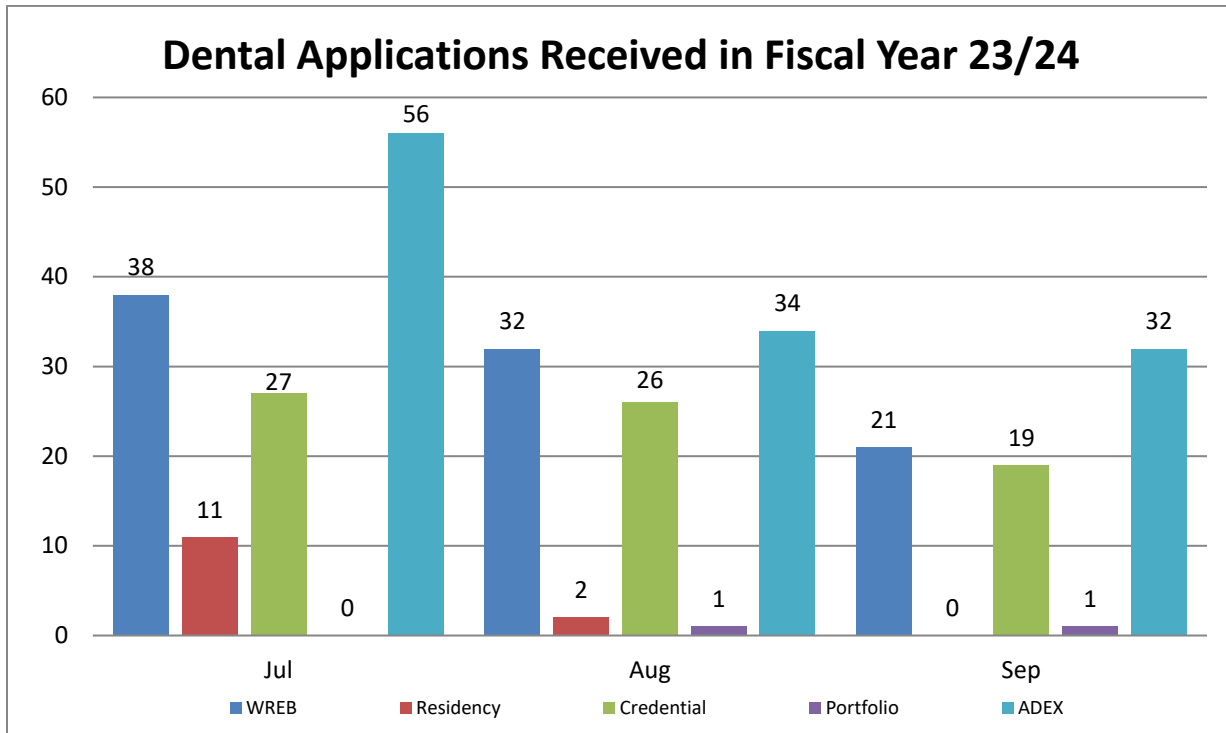
Portfolio 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 23/24	0	0	0	-	-	-	-	-	-	-	-	-	0
ADEX 20/21	2	25	17	17	10	5	4	3	4	7	11	75	180
ADEX 21/22	107	40	22	23	6	7	9	5	5	5	17	26	272
ADEX 22/23	39	94	96	40	20	22	19	24	17	23	33	53	480
ADEX 23/24	80	190	217	-	-	-	-	-	-	-	-	-	487
Cancelled Dental Applications by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 20/21	38	31	3	2	2	0	1	1	0	1	3	0	82
WREB 21/22	1	1	0	0	1	2	0	1	0	0	0	0	6
WREB 22/23	0	2	1	1	0	0	0	1	0	0	0	0	5
WREB 23/24	1	4	8	-	-	-	-	-	-	-	-	-	13
Residency 20/21	8	0	0	0	2	0	1	0	0	0	1	1	13
Residency 21/22	0	0	0	0	0	1	0	1	0	0	0	0	2
Residency 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 23/24	0	0	1	-	-	-	-	-	-	-	-	-	1
Credential 20/21	0	2	1	1	0	0	1	0	0	0	1	0	6
Credential 21/22	2	0	0	2	1	0	1	0	0	0	0	0	6
Credential 22/23	0	0	1	2	0	0	0	0	0	1	0	1	5
Credential 23/24	0	0	0	-	-	-	-	-	-	-	-	-	1
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 23/24	0	0	0	-	-	-	-	-	-	-	-	-	0
ADEX 20/21	8	2	0	0	0	0	0	0	1	0	0	1	12
ADEX 21/22	0	0	0	0	0	0	0	1	0	0	0	0	1
ADEX 22/23	0	0	0	0	0	0	2	0	3	0	0	0	5
ADEX 23/24	0	1	17	-	-	-	-	-	-	-	-	-	18
Withdrawn Dental Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 20/21	8	17	30	20	8	6	6	13	8	35	28	45	224
WREB 21/22	34	11	12	78	7	13	19	7	15	6	1	20	223
WREB 22/23	23	15	12	12	2	3	3	2	3	4	5	3	87
WREB 23/24	3	7	4	-	-	-	-	-	-	-	-	-	14
Residency 20/21	1	4	2	3	2	0	2	1	1	0	5	7	28
Residency 21/22	13	5	0	24	2	3	16	0	4	1	3	1	72
Residency 22/23	0	4	3	1	0	0	0	1	0	0	1	1	11
Residency 23/24	1	1	2	-	-	-	-	-	-	-	-	-	4

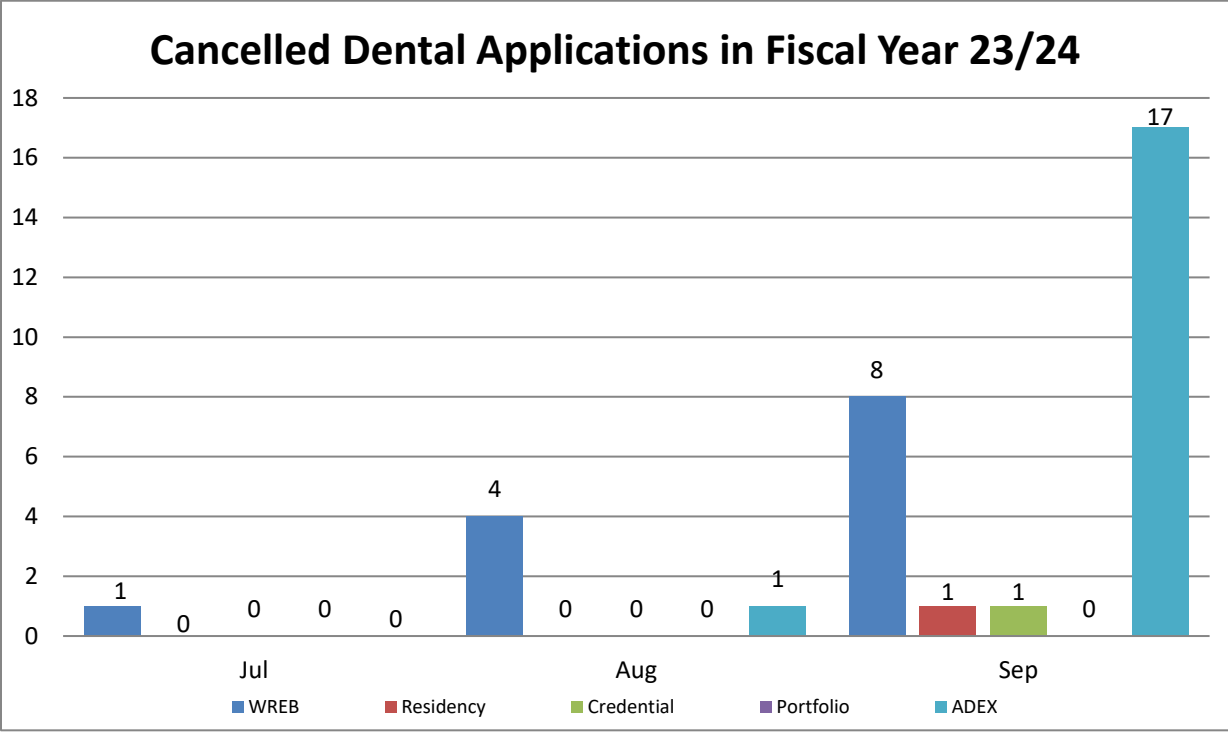
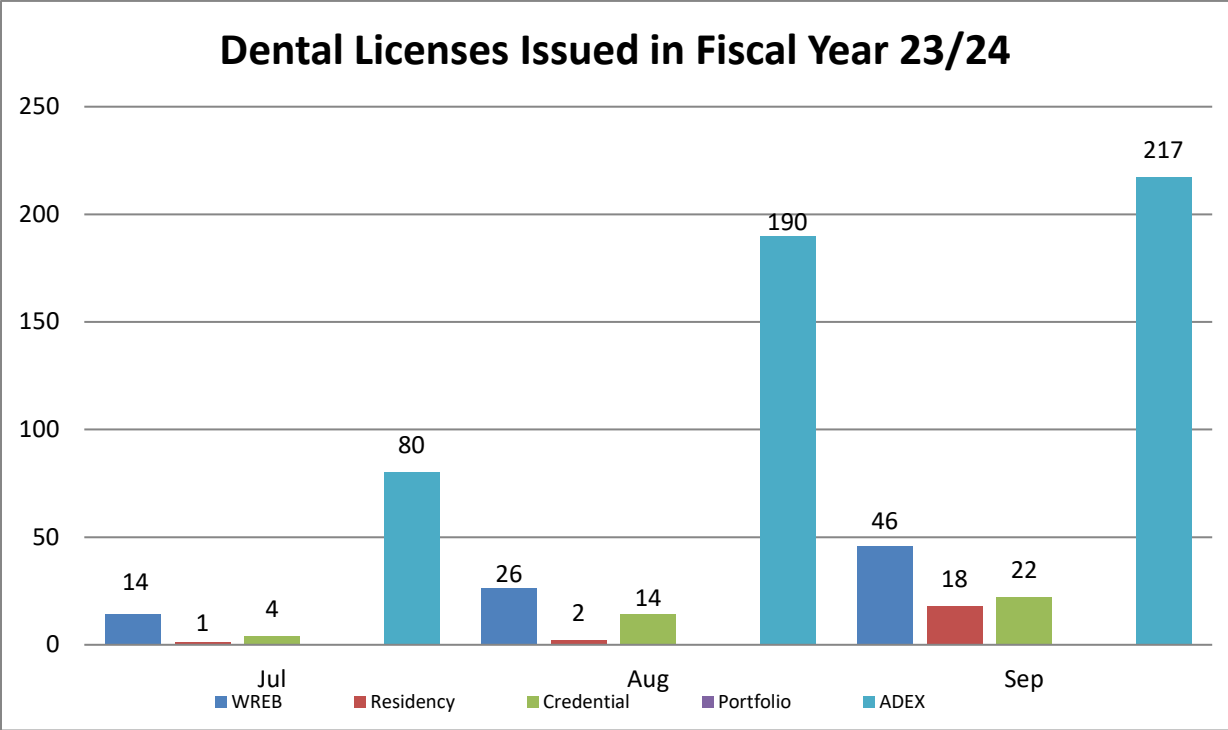
Credential 20/21	1	4	2	3	0	0	0	0	3	0	0	5	18
Credential 21/22	5	2	1	1	2	0	0	0	0	2	2	2	17
Credential 22/23	0	1	1	0	0	1	1	0	0	0	0	2	6
Credential 23/24	1	1	2	-	-	-	-	-	-	-	-	-	4
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	1	1
Portfolio 21/22	0	0	0	0	0	0	0	0	1	0	0	0	1
Portfolio 22/23	0	0	1	0	0	0	0	0	0	0	0	0	1
Portfolio 23/24	0	0	3	-	-	-	-	-	-	-	-	-	3
ADEX 20/21	2	4	5	2	0	1	0	4	2	10	23	26	79
ADEX 21/22	16	2	5	17	0	2	6	0	0	5	0	11	64
ADEX 22/23	12	12	1	6	1	0	4	1	1	3	2	4	47
ADEX 23/24	8	12	4	-	-	-	-	-	-	-	-	-	24
Denied Dental Applications by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 20/21	38	31	3	2	2	0	1	1	0	1	3	0	82
WREB 21/22	1	1	0	0	1	2	0	1	0	0	0	0	6
WREB 22/23	0	2	1	1	0	0	0	1	0	0	0	0	5
WREB 23/24	1	4	8	-	-	-	-	-	-	-	-	-	13
Residency 20/21	8	0	0	0	2	0	1	0	0	0	1	1	13
Residency 21/22	0	0	0	0	0	1	0	1	0	0	0	0	2
Residency 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 23/24	0	0	1	-	-	-	-	-	-	-	-	-	1
Credential 20/21	0	2	1	1	0	0	1	0	0	0	1	0	6
Credential 21/22	2	0	0	2	1	0	1	0	0	0	0	0	6
Credential 22/23	0	0	1	2	0	0	0	0	0	1	0	1	5
Credential 23/24	0	0	0	-	-	-	-	-	-	-	-	-	1
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 23/24	0	0	0	-	-	-	-	-	-	-	-	-	0
ADEX 20/21	8	2	0	0	0	0	0	0	1	0	0	1	12
ADEX 21/22	0	0	0	0	0	0	0	1	0	0	0	0	1
ADEX 22/23	0	0	0	0	0	0	2	0	3	0	0	0	5
ADEX 23/24	0	1	17	-	-	-	-	-	-	-	-	-	18

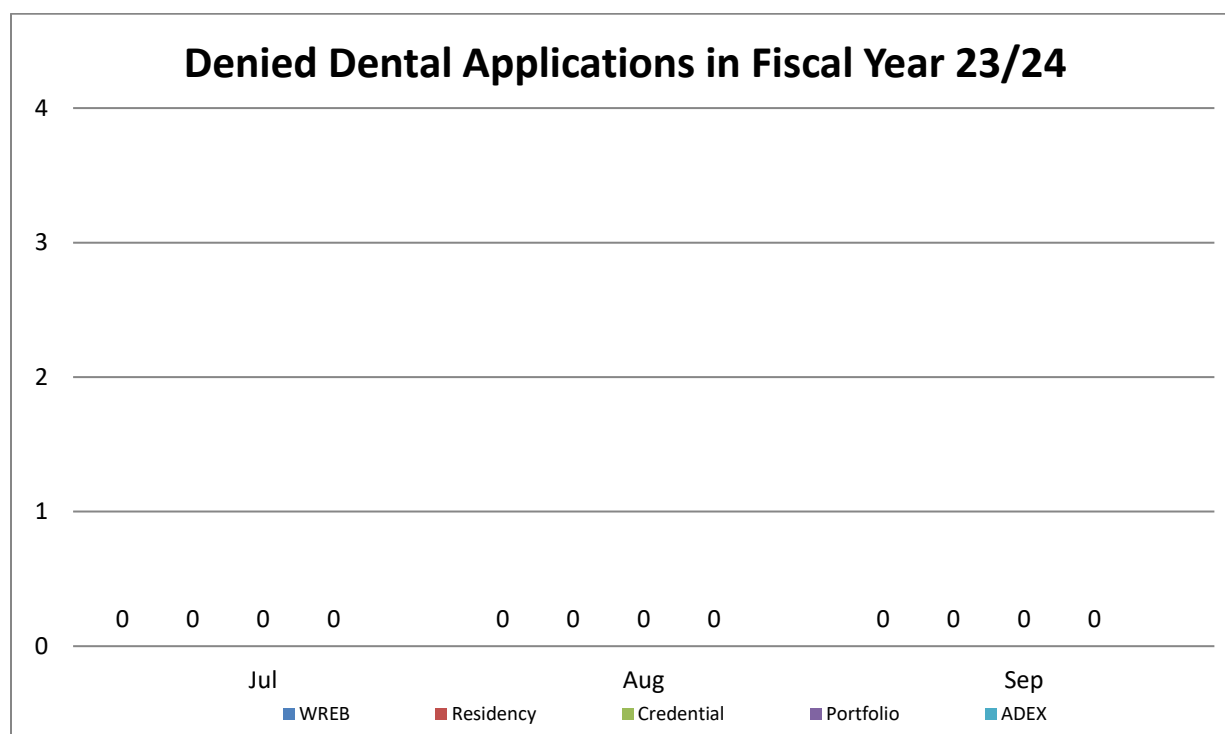
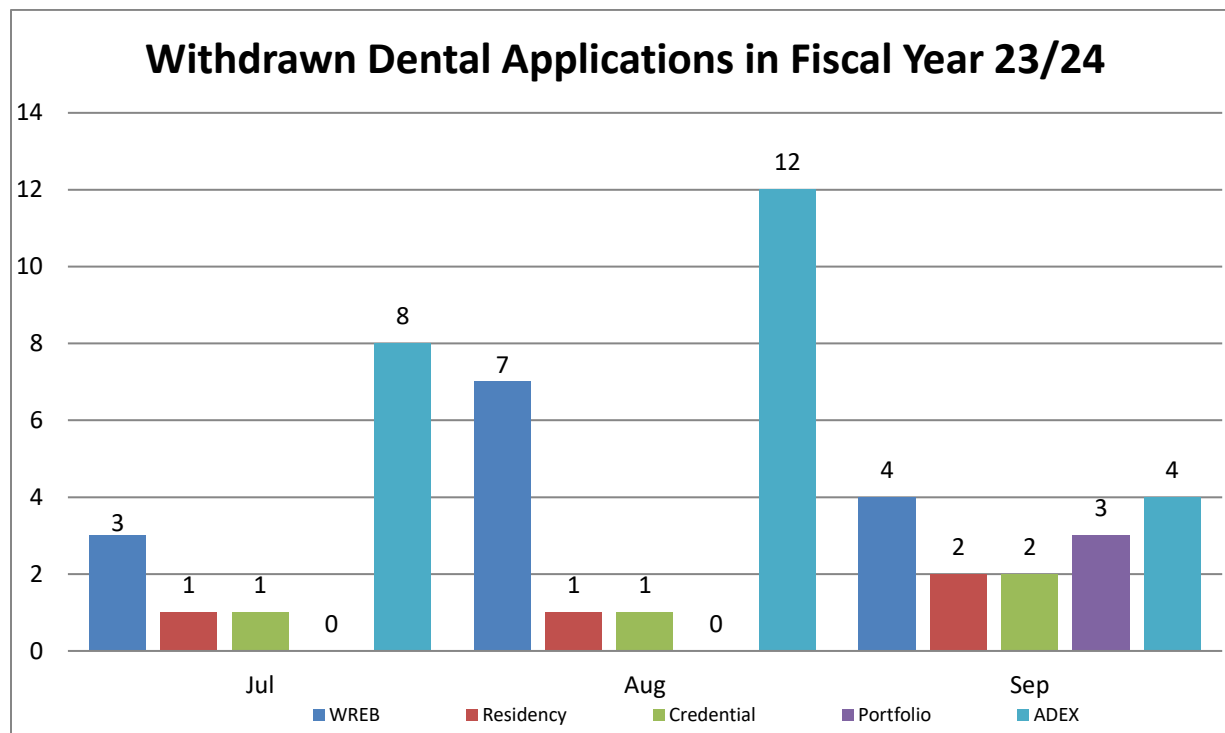
Application Definitions	
Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial license.
Cancelled	Board requests staff to remove application (i.e., duplicate).
Withdrawn	Applicant requests Board to remove application
Denied	The Board denies an application on the on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline; in accordance with Business and Professions Code, Division 1.5, Chapter 2, Denial of Licenses.

Dental License Application Statistic Graphs

The following graphs represent monthly dental license application statistics by pathway for fiscal year 2023/24 as of September 30, 2023.







Dental Law and Ethics Written Examination Statistics

License Type		DDS			
Exam Title		Dental Law and Ethics Examination			
Licensure Pathway		WREB	LBR	PORT	ADEX
2020/21	# of 1 st Time Candidates	824	89	4	232
	Pass %	86.89%	91.01%	50.00%	82.33%
2021/22	# of 1 st Time Candidates	326	61	0	164
	Pass %	72.70%	77.05%	N/A	79.88%
2022/23	# of 1 st Time Candidates	247	21	N/A	230
	Pass %	77.67%	91.30%	N/A	82.73%
2023/24	# of 1 st Time Candidates	22	3	N/A	182
	Pass %	100.00%	100.00%	N/A	93.96%
Date of Last Occupational Analysis: 2018					
Name of Developer: Office of Professional Examination Services					
Target Occupational Analysis Date: 2025					

Dental License and Permits Statistics

The following table provides statistics on dental licenses issued by pathway to licensure by fiscal year 2020–21, 2021–22, 2022–23 and 2023-24 as of September 30, 2023.

Dental Licenses Issued via Pathway	Total Issued in 20/21	Total Issued in 21/22	Total Issued 22/23	Total Issued 23/24	Total Issued to Date	Date Pathway Implemented
WREB Exam	905	588	609	86	12,757	January 1, 2006
Licensure by Residency	130	141	52	13	2,378	January 1, 2007
Licensure by Credential	211	155	210	72	3,716	July 1, 2002
(LBC Clinic Contract)	14	14	13	3	68	July 1, 2002
(LBC Faculty Contract)	6	1	5	0	22	July 1, 2002
Portfolio	4	0	0	0	79	November 5, 2014
ADEX	180	272	480	122	1,550	November 15, 2019
Total	1,430	1,156	1,351	1,351	20,575	

The following table provides statistics on dental license and permit status statistics by fiscal year 2020–21, 2021–22, 2022–23 and 2023-24 as of September 30, 2023.

License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Dental License	Active	34,922	34,619	34,710	34,974
	Inactive	1,751	1,727	1,691	1,690
	Retired/ReducedFee	1,297	1,251	1,168	1,164
	Disabled	98	95	87	88
	Delinquent	5,540	6,002	6,180	6,397
	Cancelled	18,720	19,604	20,703	20,876
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Additional Office Permit	Active	2,750	2,556	2,375	2,404
	Delinquent	992	1,204	1,390	1,403
	Cancelled	7,181	7,418	7,726	7,771
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Conscious Sedation	Active	543	554	380	297
	Delinquent	43	63	219	241
	Cancelled	586	606	625	686
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Continuing Education Registered Provider Permit	Active	854	744	746	736
	Delinquent	744	776	660	669
	Cancelled	2,344	2,471	2,663	2,682

License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Elective Facial Cosmetic Surgery Permit	Active	30	29	27	27
	Delinquent	5	6	6	7
	Cancelled	2	3	4	4
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Extramural Facility Registration*	Active	203	205	60	61
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A	N/A
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Fictitious Name Permit	Active	7,250	6,782	6,485	6,602
	Delinquent	1,782	2,394	2,855	2,836
	Cancelled	7,361	7,808	8,350	8,454
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
General Anesthesia Permit	Active	918	925	949	951
	Delinquent	31	38	41	44
	Cancelled	1,042	1,067	1,095	1,100
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Mobile Dental Clinic Permit	Active	55	44	45	45
	Delinquent	29	44	39	39
	Cancelled	78	81	88	90
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Medical General Anesthesia	Active	136	156	153	147
	Delinquent	30	27	32	36
	Cancelled	211	226	242	248
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Moderate Sedation Permit	Active	N/A	N/A	192	259
	Delinquent	N/A	N/A	1	1
	Cancelled	N/A	N/A	3	8
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Oral Conscious Sedation Certification (Adult Only 1,170; Adult & Minors 657)	Active	2,391	2,352	1,971	1,824
	Delinquent	638	702	386	397
	Cancelled	1,096	1,185	1,960	2,124
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Oral and Maxillofacial Surgery Permit	Active	93	94	96	96
	Delinquent	10	10	9	9
	Cancelled	22	25	27	27
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Pediatric Minimal Sedation Permit	Active	N/A	N/A	102	155
	Delinquent	N/A	N/A	1	2
	Cancelled	N/A	N/A	0	0

License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Referral Service Registration*	Active	159	161	7	7
	Delinquent	N/A	N/A	0	0
	Cancelled	N/A	N/A	2	2
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Special Permit	Active	35	35	34	35
	Delinquent	9	7	6	6
	Cancelled	190	195	203	204
Status Definitions					
Active	Current and can practice without restrictions (<i>BPC §1625</i>)				
Inactive	Current but cannot practice, continuing education not required (<i>CCR §1017.2</i>)				
Retired/Reduced Fee	Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions (<i>BPC §1716.1a</i>)				
Disabled	Current with disability but cannot practice (<i>BPC §1716.1b</i>)				
Delinquent	Renewal fee not paid within one month after expiration date (<i>BPC §163.5</i>)				
Cancelled	Renewal fee not paid 5 years after its expiration and may not be renewed (<i>BPC §1718.3a</i>) Total number of licenses / permits cancelled to date.				

The following table provides statistics on population (Pop.), current & active dental licenses by County, and population (Pop.) per dental license by County in 2020–21, 2021–22, 2022–23 and 2023–24 as of September 30, 2023.

County	DDS per County in 2021/22	Pop. in 2021/22	Pop. per DDS in 2021/22	DDS per County in 2022/23	Pop. in 2022/23	Pop. per DDS in 2022/23	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2023/24
Alameda	1,492	1,651,979	1,107	1,485	1,651,979	1,112	1,499	1,651,979	1,091
Alpine	1	1,200	1,200	0	1,200	0	0	1,200	0
Amador	22	40,297	1,831	21	40,297	1,918	20	40,297	1,991
Butte	124	201,608	1,666	124	201,608	1,625	121	201,608	1,699
Calaveras	18	45,049	2,516	21	45,049	2,145	21	45,049	2,137
Colusa	6	21,807	3,639	6	21,807	3,634	6	21,807	3,628
Contra Costa	1,098	1,156,555	1,065	1,103	1,156,555	1,048	1,094	1,156,555	1,049
Del Norte	13	27,218	1,981	11	27,218	2,474	10	27,218	2,659
El Dorado	157	190,465	1,213	152	190,465	1,253	148	190,465	1,277
Fresno	613	1,011,273	1,649	620	1,011,273	1,631	634	1,011,273	1,595
Glenn	6	28,750	4,791	7	28,750	4,107	7	28,750	4,090
Humboldt	64	135,168	2,099	63	135,168	2,145	62	135,168	2,162
Imperial	38	179,329	4,719	39	179,329	4,598	39	179,329	4,601
Inyo	8	18,978	2,372	5	18,978	3,795	6	18,978	3,149
Kern	340	909,813	2,605	341	909,813	2,668	338	909,813	2,684
Kings	49	152,023	2,209	61	152,023	2,492	58	152,023	2,603
Lake	26	67,407	1,450	39	67,407	1,728	39	67,407	1,712
Lassen	23	30,274	1,363	22	30,274	1,376	23	30,274	1,229
Los Angeles	8,418	9,861,224	1,184	8,416	9,861,224	1,171	8,464	9,861,224	1,153
Madera	45	157,396	3,720	44	157,396	3,577	46	157,396	3,438
Marin	308	257,135	860	290	257,135	886	294	257,135	860
Mariposa	7	17,045	2,435	7	17,045	2,435	7	17,045	2,419
Mendocino	54	89,999	1,666	49	89,999	1,836	49	89,999	1,819
Merced	97	284,338	3,023	92	284,338	3,090	92	284,338	3,101

County	DDS per County in 2021/22	Pop. in 2021/22	Pop. per DDS in 2021/22	DDS per County in 2022/23	Pop. in 2022/23	Pop. per DDS in 2022/23	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2023/24
Modoc	3	8,690	1,740	3	8,690	2,896	4	8,690	2,131
Mono	5	13,379	2,675	5	13,379	2,675	5	13,379	2,631
Monterey	257	433,716	1,669	248	433,716	1,748	250	433,716	1,721
Napa	112	136,179	1,215	110	136,179	1,237	108	136,179	1,246
Nevada	77	101,242	1,294	72	101,242	1,406	71	101,242	1,418
Orange	4,059	3,162,245	788	4,073	3,162,245	776	4,123	3,162,245	760
Placer	466	409,025	879	472	409,025	866	466	409,025	880
Plumas	14	18,942	1,353	13	18,942	1,457	13	18,942	1,461
Riverside	1,122	2,435,525	2,170	1,142	2,435,525	2,132	1,156	2,435,525	2,110
Sacramento	1,175	1,576,618	1,344	1,176	1,576,618	1,340	1,203	1,576,618	1,307
San Benito	24	65,479	3,057	23	65,479	2,846	24	65,479	2,736
San Bernardino	1,370	2,187,665	1,572	1,398	2,187,665	1,564	1,424	2,187,665	1,532
San Diego	2,764	3,287,306	1,187	2,820	3,287,306	1,165	2,844	3,287,306	1,149
San Francisco	1,175	842,754	730	1,151	842,754	732	1,151	842,754	732
San Joaquin	371	784,298	2,114	376	784,298	2,085	388	784,298	2,026
San Luis Obispo	207	280,721	1,357	210	280,721	1,336	216	280,721	1,288
San Mateo	853	744,662	900	843	744,662	883	840	744,662	878
Santa Barbara	312	445,164	1,436	307	445,164	1,450	305	445,164	1,444
Santa Clara	2,284	1,894,783	848	2,289	1,894,783	827	2,305	1,894,783	818
Santa Cruz	166	255,564	1,651	168	255,564	1,586	174	255,564	1,506
Shasta	107	180,531	1,718	100	180,531	1,805	99	180,531	1,812
Sierra	0	3,229	0	0	3,229	0	0	3,229	0
Siskiyou	21	43,830	2,003	23	43,830	1,905	23	43,830	1,893
Solano	282	447,241	1,574	279	447,241	1,603	273	447,241	1,625
Sonoma	383	482,404	1,256	382	482,404	1,262	382	482,404	1,251
Stanislaus	271	549,466	2,017	274	549,466	2,005	276	549,466	1,978
Sutter	52	99,145	1,879	51	99,145	1,944	51	99,145	1,940

County	DDS per County In 2021/22	Pop. In 2021/22	Pop. per DDS in 2021/22	DDS per County in 2022/23	Pop. In 2022/23	Pop. per DDS in 2021/22	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2023/24
Tehama	31	65,052	2,194	31	65,052	2,194	30	65,052	2,142
Trinity	3	16,023	5,341	3	16,023	5,341	2	16,023	7,969
Tulare	218	475,014	2,131	217	475,014	2,131	216	475,014	2,199
Tuolumne	48	55,291	1,209	47	55,291	1,209	48	55,291	1,137
Ventura	666	833,652	1,265	627	833,652	1,265	636	833,652	1,298
Yolo	118	221,165	1,874	122	221,165	1,874	124	221,165	1,781
Yuba	6	82,275	11,653	7	82,275	11,653	8	82,275	10,334
Out of State/Country	2,369	N/A	N/A	2,343	N/A	N/A	2,098	N/A	N/A
Total	32, 049	39,185, 605	N/A	34,168	39,185, 605	N/A	34,412	38,951,282	N/A

*Population data obtained from Department of Finance, Demographic Research Unit as of 7/1/2023.

*The counties with the highest Population per DDS are:	Yuba County (1:10,334)	*The counties with the lowest Population per DDS are:	Sierra County (No DDS)
	Trinity County (1:7,969)		Alpine County (No DDS)
	Imperial County (1:4,601)		San Francisco County (1:732)
	Glenn County (1:4,090)		Orange County (1:760)
	Colusa County (1:3,628)		Santa Clara (1:818)

Action Requested

No action is requested.

DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

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MEMORANDUM

DATE	October 26, 2023
TO	Members of the Dental Board of California
FROM	Tracy A. Montez, Ph.D., Executive Officer Dental Board of California
SUBJECT	Agenda Item 12.a.: Update, Discussion, and Possible Action on the Review of the Joint Commission on National Dental Examinations Integrated National Board Dental Examination

Background

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in California licensure 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 Integrated National Board Dental Examination (INBDE), which is developed by the Joint Commission on National Dental Examinations (JCNDE) and administered by Prometric Inc. OPES performed this review to evaluate the suitability of the examination for use in California licensure of dentists. The examination is used by all 50 states and some territories.

The INBDE requires candidates to demonstrate the knowledge necessary to practice dentistry safely and within the dentistry scope of practice. JCNDE has researched and validated the examination to ensure that the competencies required for entry level practice are measured.

OPES, in collaboration with the Board, received and reviewed a report provided by JCNDE. The report included information on the occupational analysis (OA) conducted in 2016 addressing the practices and procedures used to develop and validate the INBDE. In addition, OPES reviewed other reports and documents provided by JCNDE. OPES performed a comprehensive evaluation of the documents to determine whether the following INBDE components met professional guidelines and technical standards: (a) OA, (b) examination development and scoring, (c) passing scores and passing rates, (d) test administration and score reporting, and (e) test security procedures.

Agenda Item 12.a.: Update, Discussion, and Possible Action on the Review of the Joint Commission on National Dental Examinations Integrated National Board Dental Examination
Dental Board of California Meeting
November 8-9, 2023

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OPES found that the procedures used to establish and support the validity and defensibility of the components listed above appear to meet professional guidelines and technical standards outlined in the Standards for Educational and Psychological Testing (2014 Standards) and in California Business and Professions (BPC) § 139. Actions to strengthen the validity were noted in report.

In addition to reviewing documents provided by JCNDE, OPES convened a linkage workshop of licensed California dentists in January 2023. The dentists served as subject matter experts (SMEs) to review the content of the INBDE. The purpose of the review was to link the INBDE content outline with the California description of practice that resulted from the Occupational Analysis of the Dentist Profession in California conducted by OPES in 2018 (2018 California OA). During this workshop, the SMEs linked the tasks and knowledge statements from the California description of practice to the content outline of the INBDE.

The results of the linkage study indicated that the content of the INBDE adequately assesses the knowledge required for competent entry level practice of dentists in California. The INBDE did not assess practical demonstration of skills and California-specific laws and ethical guidelines.

Given the findings, OPES supports the Board's continued use of the INBDE, in addition to the ADEX and LEX, for licensure in California.

Board staff concur with OPES and support the Board's continued use of the INBDE, in addition to the ADEX and LEX, for licensure in California.

Action Requested

The Board is asked to discuss this report, Board staff recommendation, and take action, if needed.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	October 26, 2023
TO	Members of the Dental Board of California
FROM	Tracy A. Montez, Ph.D., Executive Officer Dental Board of California
SUBJECT	Agenda Item 12.b.: Update, Discussion, and Possible Action on the Review of the Joint Commission on National Dental Examinations Licensure Objective Structured Clinical Examination

Background

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in California licensure 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 Dental Licensure Objective Structured Clinical Examination (DLOSCE), which is developed by the Joint Commission on National Dental Examinations (JCNDE) and administered by Prometric Inc. OPES performed this review to evaluate the suitability of the examination for use in California licensure of dentists. The examination is accepted in 6 states.

The DLOSCE requires candidates to demonstrate the clinic skills necessary to practice safely and within the dentistry scope of practice. JCNDE has researched and validated the examination to ensure that the competencies required for entry level practice are measured.

OPES, in collaboration with the Board, received and reviewed the DLOSCE Technical Report (2021 DLOSCE Technical Report), a report provided by JCNDE. The report included information on an occupational analysis (OA) conducted in 2016 addressing the practices and procedures used to develop and validate the DLOSCE. In addition, OPES reviewed other reports and documents provided by JCNDE. OPES performed a comprehensive evaluation of the documents to determine whether the following DLOSCE components met professional guidelines and technical standards: (a) OA, (b) examination development and scoring, (c) passing scores and passing rates, (d) test administration and score reporting, and (e) test security procedures.

Agenda Item 12.b.: Update, Discussion, and Possible Action on the Review of the Joint Commission on National Dental Examinations Licensure Objective Structured Clinical Examination
Dental Board of California Meeting
November 8-9, 2023

Page 1 of 2

OPES found that the procedures used to establish and support the validity and defensibility of the components listed above appear to meet professional guidelines and technical standards outlined in the Standards for Educational and Psychological Testing (2014 Standards) and in California Business and Professions Code (BPC) § 139. Actions to strengthen the validity were noted in report.

In addition to reviewing documents provided by JCNDE, OPES convened a linkage workshop of licensed California dentists in December 2022. The dentists served as subject matter experts (SMEs) to review the content of the DLOSCE. The purpose of the review was to link the content of the DLOSCE content outline with the California description of practice that resulted from the Occupational Analysis of the Dentist Profession in California conducted by OPES in 2018 (2018 California OA). During this workshop, the SMEs linked the tasks and knowledge statements from the California description of practice to the content outline of the DLOSCE.

The results of the linkage study indicated that the content of the DLOSCE adequately assesses the clinical skills required for competent entry level practice of dentists in California. The DLOSCE did *not* assess the comprehensive knowledge base required for competent entry level practice of dentists in California. The DLOSCE did *not* address the California-specific laws and ethical guidelines required for competent entry level practice of dentists in California.

Given the findings, OPES generally supports the Board's potential use of the DLOSCE for licensure in California, as an alternative to the ADEX, and in addition to the INBDE and LEX.

Currently, Board staff do not recommend adding an additional examination to the dental licensure pathway. The current examinations appear to be functioning well. An additional examination requirement could be perceived as a barrier and cost to candidates.

Action Requested

The Board is asked to discuss this report, Board staff recommendation, and take action, if needed.

MEMORANDUM

DATE	October 13, 2023
TO	Members of the Dental Board of California
FROM	John Tran, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 13.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics

Background

General Anesthesia (GA), Medical General Anesthesia (MGA), and Moderate Sedation (MS) permitholders are subject to an onsite inspection and evaluation prior to the issuance or renewal of a permit at the discretion of the Dental Board of California (Board). The Board must conduct an inspection and evaluation for GA and MGA permitholders at least once every five years, and for MS permitholders at least once every six years. An inspection and evaluation are required to keep a permit active and in good standing.

Effective January 1, 2022, Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) repealed Business and Professions Code (BPC) sections 1647–1647.9.5 (Conscious Sedation). As a result, the Board no longer issues or renews Conscious Sedation (CS) permits. To implement SB 501, the Board promulgated a rulemaking that became effective on August 16, 2022. Among other things, the rulemaking amended California Code of Regulations (CCR), title 16, sections 1043.2–1043.7 (concerning inspections and evaluations) to remove and replace each mention of conscious sedation with moderate sedation.

After enactment of SB 501 and the implementing regulations, the Board may no longer conduct onsite inspections and evaluations for CS permitholders. In September 2022, Board staff stopped scheduling and conducting inspections and evaluations of CS permitholders. A CS permitholder who was issued a permit before January 1, 2022 may follow the terms of that existing permit until it expires, even if the CS permitholder was due to complete an inspection and evaluation. As the CS permits expire, Board staff will continue to monitor and investigate grievances related to permitting for the administration of conscious sedation.

The first MS permit (MS 1) was issued on September 15, 2022. Onsite inspections and evaluations may be conducted within one year of issuance of a new MS permit, and new permitholders are allowed to practice within the scope of their permit until the inspection and evaluation. Between September 2022 and March 2023, Board staff contacted newly licensed MS permitholders to schedule their inspections and evaluations. The first series of MS inspections and evaluations were conducted during April 2023.

Onsite Inspection and Evaluation Statistics

This memo provides a statistical overview of onsite inspections and evaluations administered by the Board for GA, MGA, and MS permits.

General Anesthesia Evaluation Statistics for Fiscal Year 2023–24

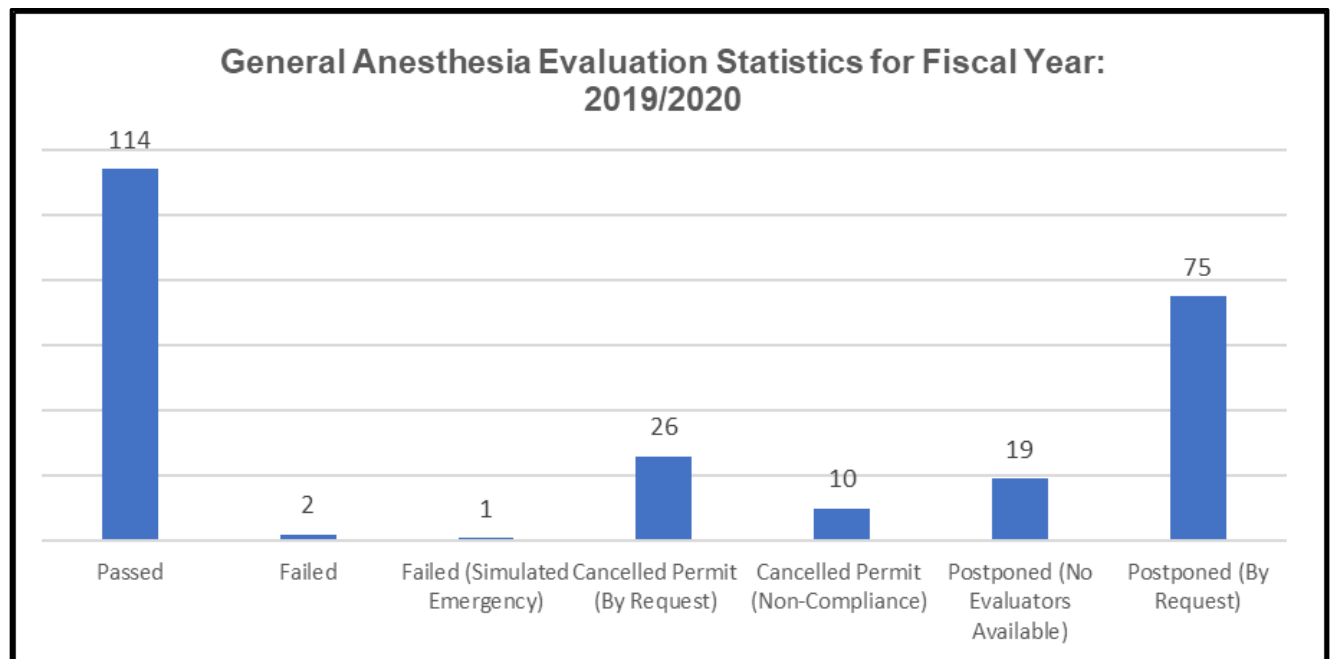
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non- compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2023	14	0	0	1	1	4	1
Aug 2023	13	0	0	0	1	4	1
Sep 2023	21	0	0	1	1	2	1
Oct 2023							
Nov 2023							
Dec 2023							
Jan 2024							
Feb 2024							
Mar 2024							
Apr 2024							
May 2024							
Jun 2024							
Total	48	0	0	2	3	10	3

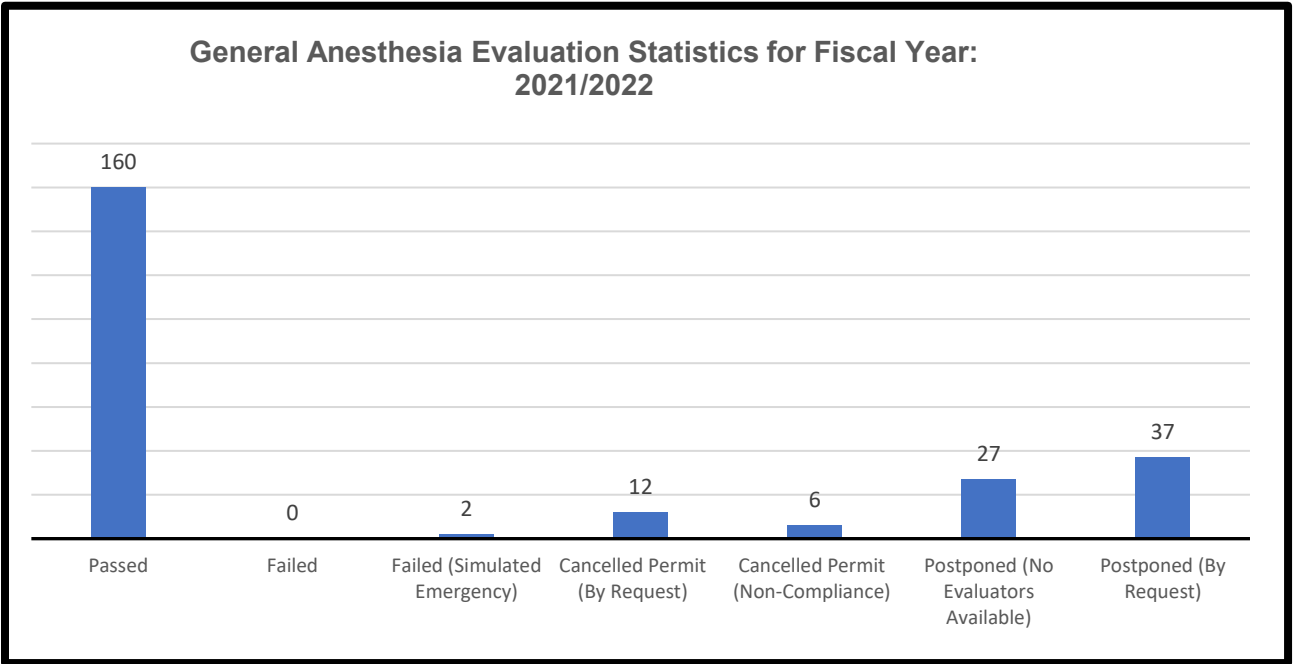
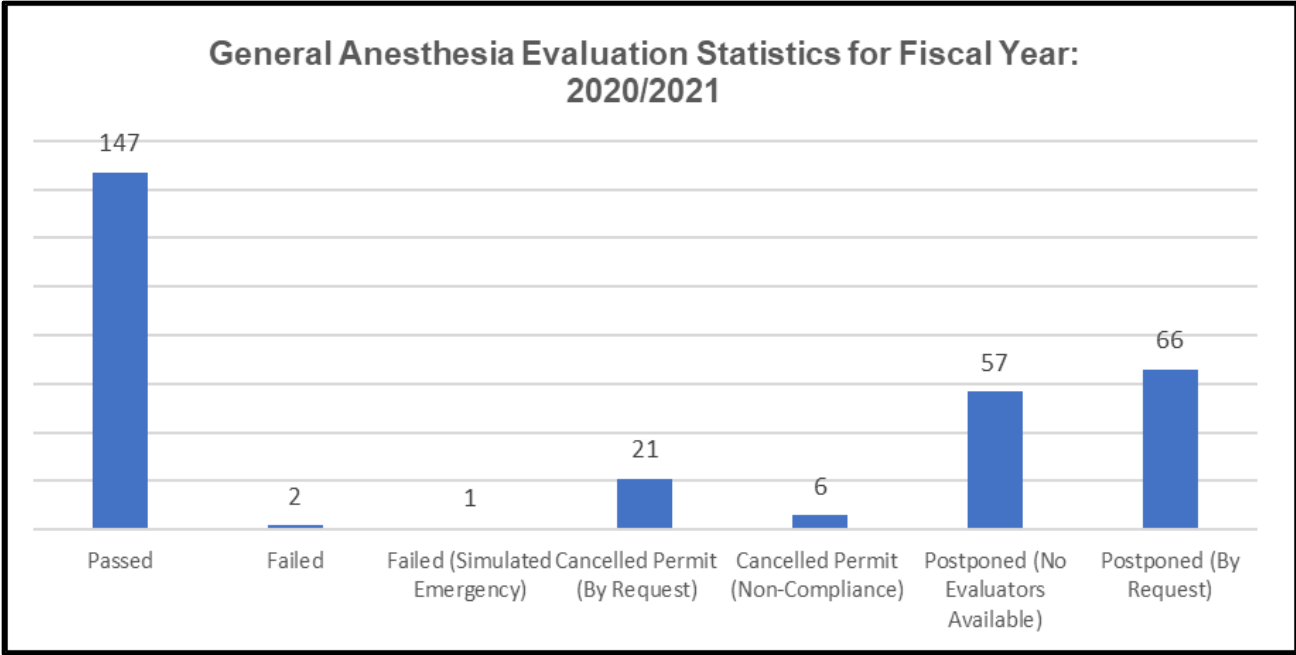
* Approximate number of GA evaluations scheduled for September 2023.

**General Anesthesia Evaluation Statistics for Fiscal Years
2019–20, 2020–21, 2021–22, 2022–23, and 2023-24**

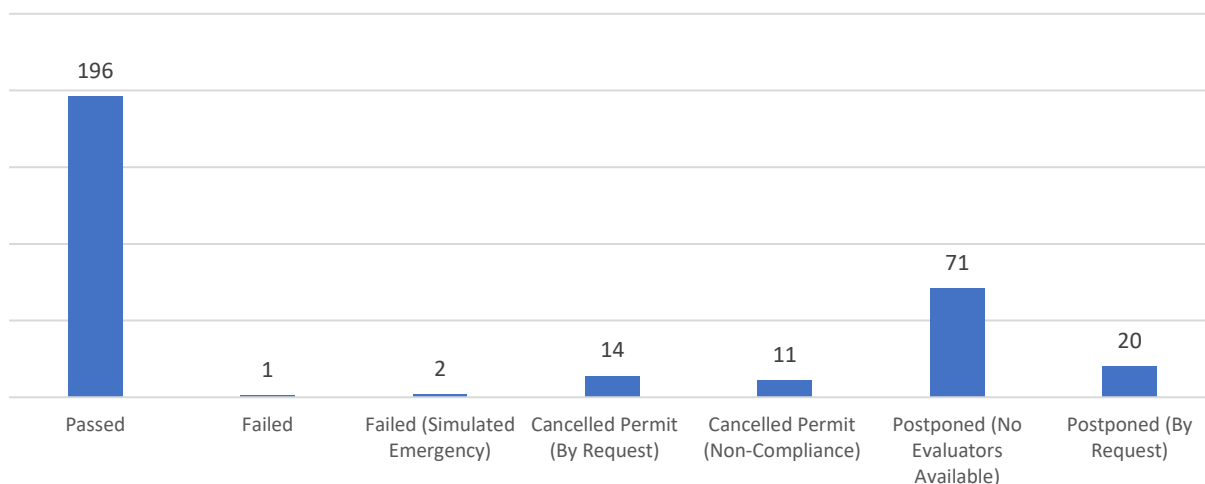
	19–20	20–21	21–22	22–23	23-24*
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	114	147	160	196	48
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	2	2	0	1	0
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	1	1	2	2	0
Cancelled Permit by Request – Permitholder no longer wanted permit.	26	21	12	14	2
Cancelled Permit for Noncompliance – Permitholder did not complete required onsite evaluation.	10	6	6	11	3
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	19	57	27	71	10
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	75	66	37	20	3

* Approximate number of evaluations scheduled for 2023-24.

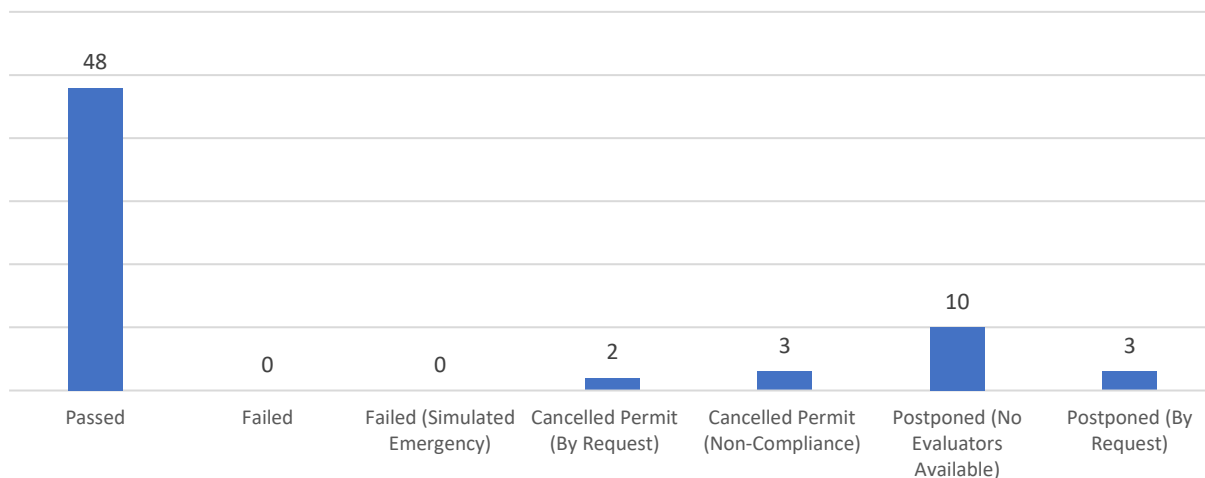




General Anesthesia Evaluation Statistics for Fiscal Year: 2022/2023



General Anesthesia Evaluation Statistics for Fiscal Year: 2023/2024*



Medical General Anesthesia Evaluation Statistics for Fiscal Year 2023–24

	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2023	0	1	0	0	2	0	0
Aug 2023	1	0	0	0	1	1	0
Sep 2023	0	0	0	0	3	0	0
Oct 2023							
Nov 2023							
Dec 2023							
Jan 2024							
Feb 2024							
Mar 2024							
Apr 2024							
May 2024							
Jun 2024							
Total	1	1	0	0	6	1	0

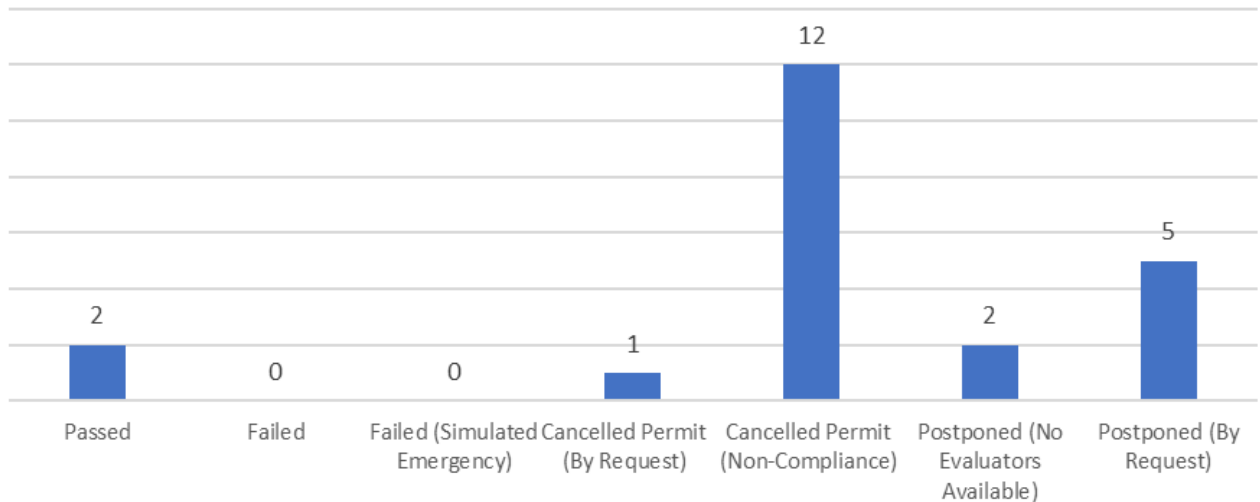
* Approximate number of MGA evaluations scheduled for September 2023.

Medical General Anesthesia Evaluation Statistics for Fiscal Years 2019–20, 2020–21, 2021–22, 2022–23, and 2023-24

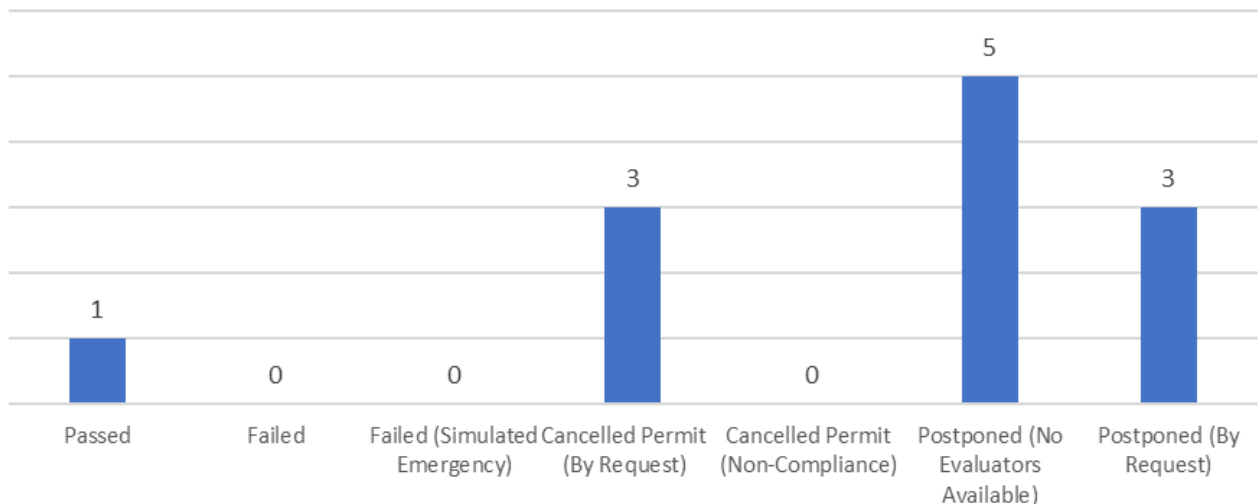
	19–20	20–21	21–22	22–23	23-24*
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	2	1	3	5	1
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	0	0	0	1	1
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	0	0	0	0	0
Cancelled Permit by Request – Permitholder no longer wanted permit.	1	3	2	11	0
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	12	0	15	9	6
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	2	5	11	3	1
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	5	3	4	1	0

* Approximate number of MGA evaluations scheduled for 2023–24.

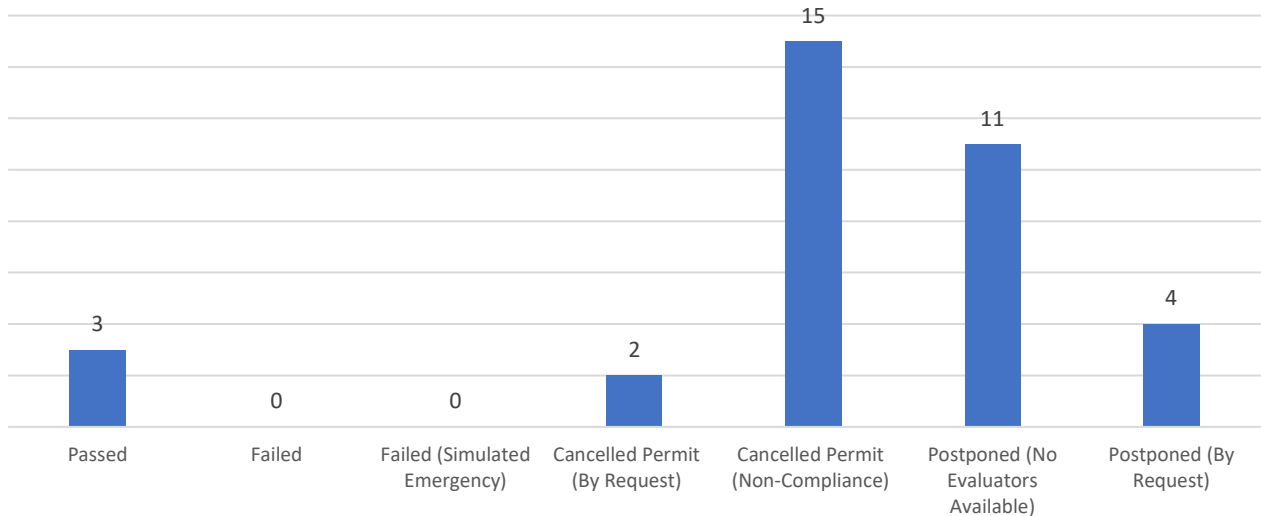
Medical General Anesthesia Evaluation Statistics for Fiscal Year: 2019/2020



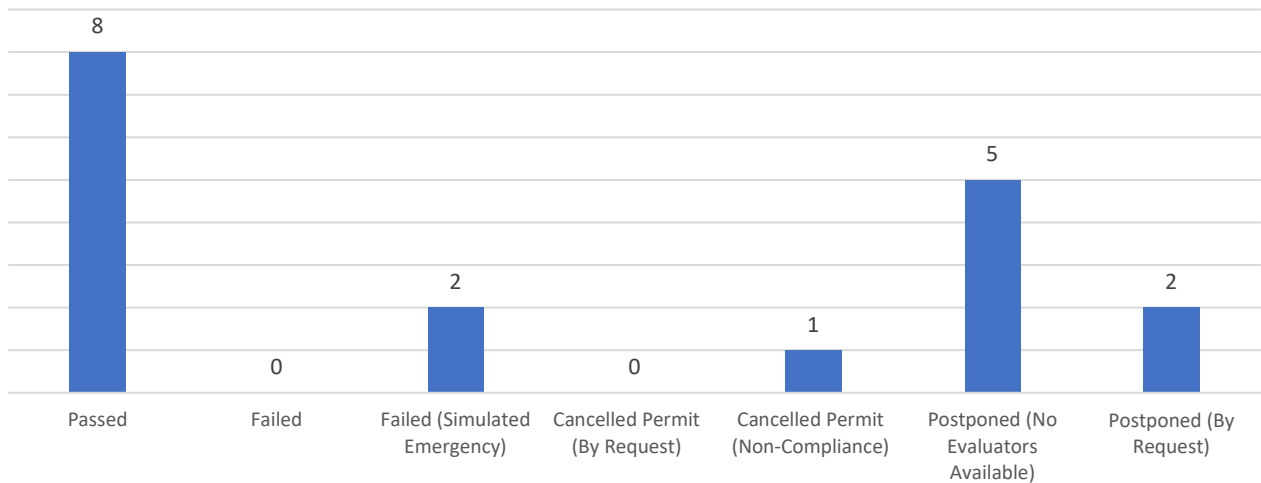
Medical General Anesthesia Evaluation Statistics for Fiscal Year: 2020/2021

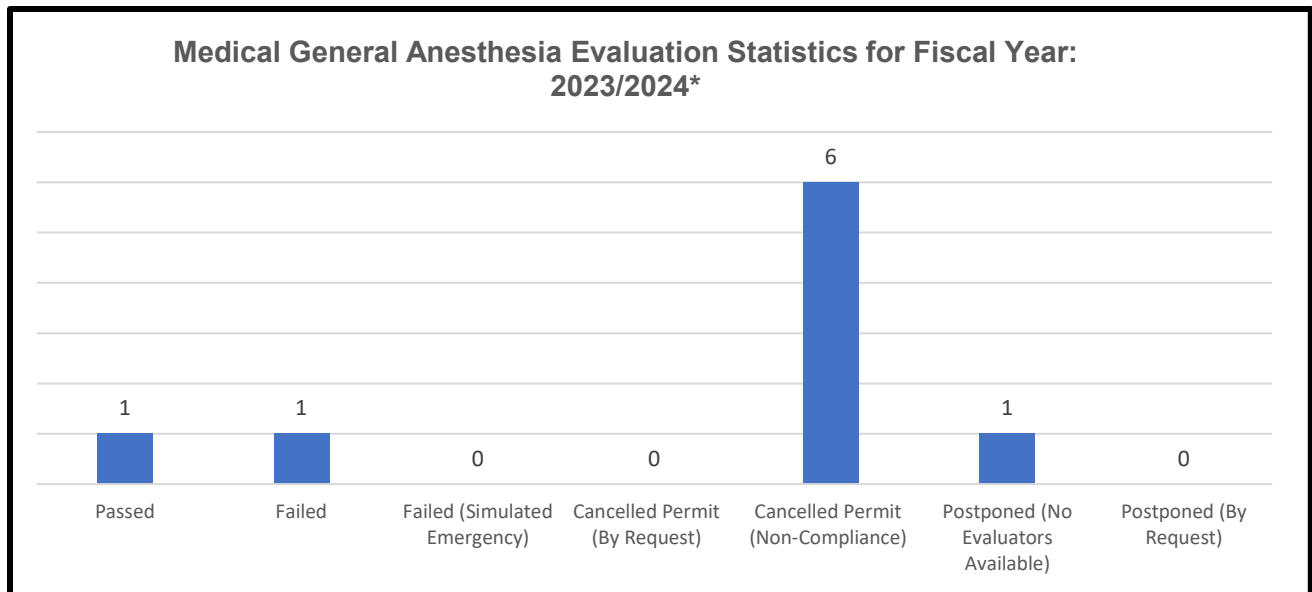


**Medical General Anesthesia Evaluation Statistics for Fiscal Year:
2021/2022**



**Medical General Anesthesia Evaluation Statistics for Fiscal Year:
2022/2023***





Moderate Sedation Evaluation Statistics for Fiscal Year 2023–24

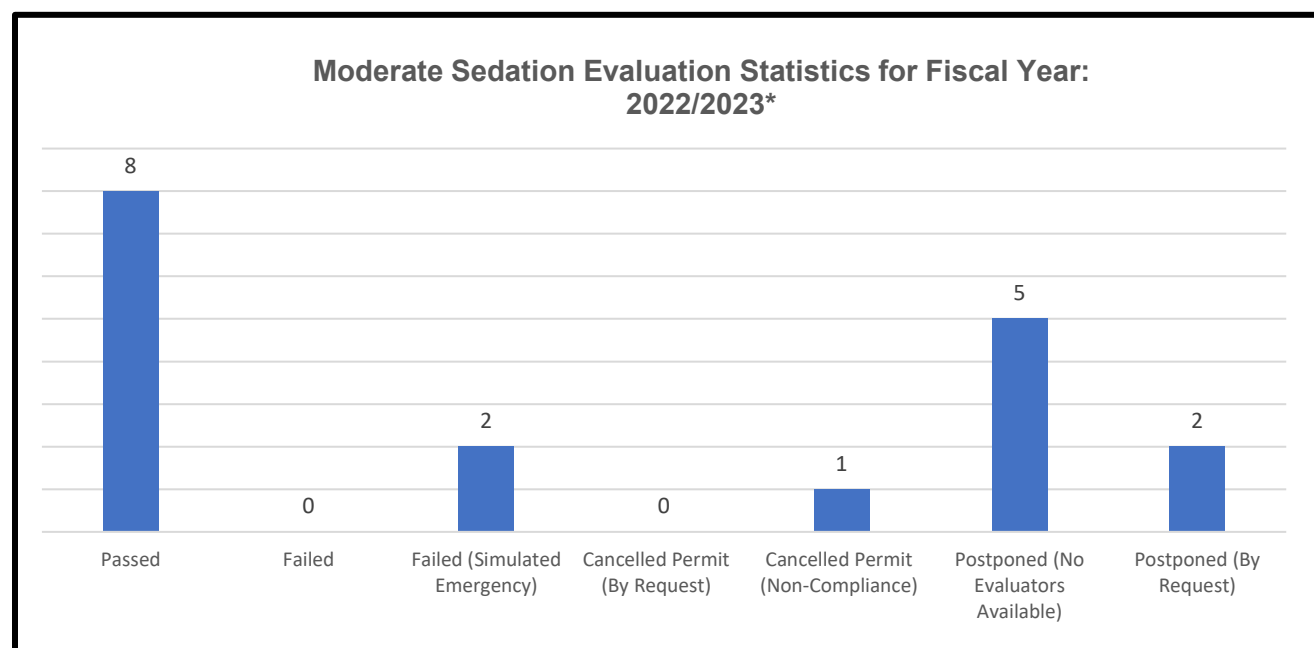
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non- compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2023	2	0	0	2	0	4	0
Aug 2023	4	0	2	1	0	6	1
Sep 2023	5	0	1	3	1	3	1
Oct 2023							
Nov 2023							
Dec 2023							
Jan 2024							
Feb 2024							
Mar 2024							
Apr 2024							
May 2024							
Jun 2024							
Total	11	0	3	6	1	13	2

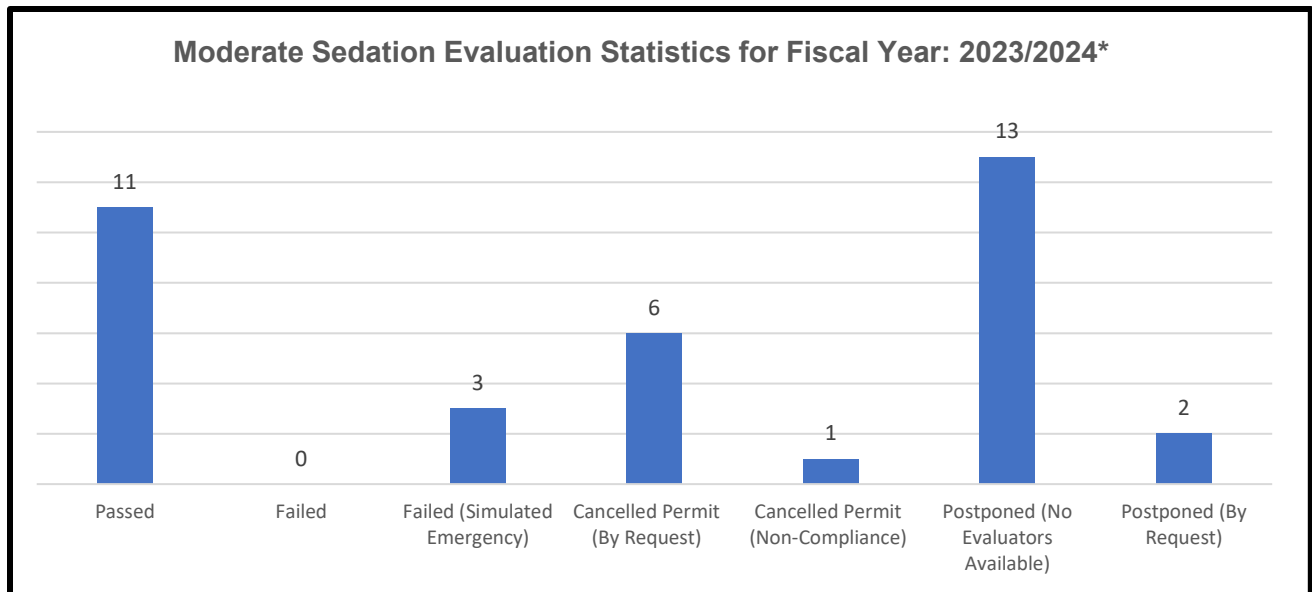
* Approximate number of MS evaluations scheduled for September 2023.

Moderate Sedation Evaluation Statistics for Fiscal Year 2022–23, and 2023-24

	22–23	23-24*			
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	8	11			
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	0	0			
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	2	3			
Cancelled Permit by Request – Permitholder no longer wanted permit.	0	6			
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	1	1			
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	5	13			
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	2	2			

* Approximate number of MS evaluations scheduled for 2023-24.





Current Evaluators per Region

Region	GA	MGA	MS
Northern California	124	19	2
Southern California	158	18	3

Action Requested

No action is requested.

MEMORANDUM

DATE	October 13, 2023
TO	Members of the Dental Board of California
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	Agenda Item 13.b.: Update Regarding Board Implementation of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018)

Background

On September 29, 2018, Governor Brown signed SB 501 (Glazer, Chapter 929, Statutes of 2018). SB 501 became fully effective on January 1, 2022. Among other things, SB 501 significantly changed requirements for existing anesthesia and sedation permits, created new permits and pediatric endorsements, and changed patient monitoring requirements.

SB 501 repealed Business and Professions Code (BPC) sections 1646–1646.10 (General Anesthesia), 1647–1647.9.5 (Conscious Sedation), and 1647.10–1647.17.5 (Oral Conscious Sedation for Pediatric Patients). As a result, the Dental Board of California (Board) no longer issues or renews Conscious Sedation (CS) and Oral Conscious Sedation for Minors (OCS-M) permits. SB 501 also added BPC sections 1601.8, 1646–1646.13 (Deep Sedation and General Anesthesia), 1647–1647.12 (Moderate Sedation), and 1647.30–1647.36 (Pediatric Minimal Sedation). As a result, the Board implemented significant changes to the anesthesia and sedation permit program. These changes include:

- New patient monitoring requirements when administering anesthesia or sedation to pediatric patients.
- A new Moderate Sedation (MS) permit required to administer or order the administration of moderate sedation.
- A new Pediatric Minimal Sedation (PMS) permit required to administer or order the administration of pediatric minimal sedation on a patient under the age of 13.
- A new pediatric endorsement for General Anesthesia (GA), Medical General Anesthesia (MGA), and MS permit holders who administer deep sedation, general anesthesia, or moderate sedation to pediatric patients.

Agenda Item 13.b.: Update Regarding Board Implementation of Senate Bill (SB) 501
(Glazer, Chapter 929, Statutes of 2018)
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Regulations to Implement SB 501

In 2020–2022, Board staff worked with subject matter experts and Legal Counsel to develop regulations to implement SB 501. These regulations became effective on August 16, 2022. The timeline below summarizes this work:

November 19, 2021: Approval of proposed regulatory language by the Board.

December 31, 2021: Initiation of 45-day public comment period on the proposed regulations after submittal by the Board of the initial rulemaking file and necessary materials to the Office of Administrative Law (OAL) for publication in the California Regulatory Notice Register.

February 15, 2022: Closure of the 45-day public comment period, during which Board staff received several written public comments and four requests for a public hearing.

February 16, 2022: Public hearing held through WebEx teleconferencing, at which seven members of the public offered public comment.

March 14, 2022: Board meeting at which staff presented a summary of the comments received and proposed Board responses. Board staff presented additional clean-up modifications to the proposed regulations. The Board accepted Board staff recommendations on the comments received. The Board approved the modified text and documents added to the rulemaking file and directed Board staff to take all steps necessary to complete the rulemaking process. These steps included sending out the modified text and notice of the addition of documents added to the rulemaking file for an additional 15-day comment period. If no adverse comments were received by the close of the 15-day public comment period, the Board authorized the Executive Officer to make any non-substantive changes to the proposed regulations and to adopt the proposed regulations as described in the modified text notice.

March 18, 2022: Notice of the amended rulemaking file and modified text, and posting of the file to the Board's website.

April 4, 2022: Close of the 15-day public comment period; Board staff received one adverse comment that was subsequently withdrawn.

May 2, 2022: Submission of amended rulemaking package to OAL and Department of Finance.

June 8, 2022: Initiation of discussions between Board staff and OAL staff regarding items identified in the proposed text that would require substantive changes and approval from the Board.

June 14, 2022: Withdrawal of the rulemaking file by Board staff to make the changes to the proposed text necessary for final approval.

Agenda Item 13.b.: Update Regarding Board Implementation of Senate Bill (SB) 501
(Glazer, Chapter 929, Statutes of 2018)
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June 28, 2022: Board meeting at which Board staff presented the additional modifications to the proposed regulations that were identified in the review conducted by OAL. The Board approved the second modified text and forms and directed Board staff to take all steps necessary to complete the rulemaking process. These steps included sending out the second modified text notice with these modifications for an additional 15-day comment period. If no adverse comments were received by the close of the 15-day comment period, the Board authorized the Executive Officer to make any non-substantive changes to the proposed regulations and to adopt the proposed regulations as described in the second modified text notice.

June 29, 2022: Notice of the second amended rulemaking file and second modified text and posting of the file to the Board's website.

July 14, 2022: Close of the 15-day public comment period; adverse comments were received but were found to be not related to the second modified text and were not considered.

July 21, 2022: Submission of final rulemaking package to OAL.

August 16, 2022: Proposed regulatory language became effective after OAL approval.

Implementation of SB 501 Permits

BreEZe was reconfigured to incorporate the statutory and regulatory requirements for issuing and renewing the new SB 501 permits. A simplified version of BreEZe to implement SB 501 was put into production on August 19, 2022. Board staff continue to encounter system fixes, and the configuration and maintenance of the BreEZe system is ongoing. Board staff continue to work with the Department of Consumer Affairs, Office of Information Services (OIS) staff and the vendor to configure online transactions to begin accepting applications online.

On August 23, 2022, an email notification was sent to stakeholders, and an [Alert](#) was posted to the Board's website to announce the approval of the regulations implementing SB 501. The email included information and links to new websites created for each of the permits. The first applications were received on August 26, 2022. The table below shows the number of applications received and processed (i.e., deficient or approved) for licensure by Board staff since August 2022.

Permit/Application Type	Deficient Applications Received	Approved Applications Received	Total Applications Received
GA Permit Initial Application	0	49	49
GA Permit Application for Pediatric Endorsement	5	46	51

Permit/Application Type	Deficient Applications Received	Approved Applications Received	Total Applications Received
MGA Permit Initial Application	5	19	24
MGA Permit Application for Pediatric Endorsement	2	37	39
MS Permit Initial Application	10	282	292
MS Permit Application for Pediatric Endorsement	2	14	16
PMS Permit Initial Application	8	165	173
OCS for Adults Certificate	12	106	118

Legislative Amendments

After the implementation of SB 501, Board staff and Legal Counsel identified additional areas in current law that would benefit from legislative amendments. Legislative proposals in these areas have been presented to the Board and approved at the November 2021, August 2022, November 2022, February 2023, and May 2023 Board meetings. The legislative proposals will be submitted to the California State Legislature in the Board's Sunset Review Report.

Existing Permit Expiration

In November 2021, Board staff worked with OIS to reconfigure the BreEZe system to allow existing permitholders whose permits were to expire in 2022 to renew by December 31, 2021, i.e., before the changes implemented by SB 501 on permitholders became effective. Such renewal would enable a permitholder to continue to practice under the existing terms of their permit until it expires. This was done to minimize the impact of SB 501 and to allow changes to be applied steadily through 2023 and 2024. Board staff identified 1,414 permitholders who were eligible to renew, and as of January 3, 2022, 1,107 permitholders renewed successfully.

Existing permits will expire steadily in 2023–24. The table below shows the number of permits expiring each month as of October 13, 2023.

Number of GA, MGA, CS, and OCS-M Permits Expiring between January 31, 2023 and December 31, 2024													
GA	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23	TOTAL
	0	0	2	3	1	3	3	0	4	10	16	31	73
	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24	TOTAL
	43	26	48	47	40	44	33	43	49	27	30	38	468
MGA	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23	TOTAL
	1	1	3	2	2	0	1	1	7	1	7	7	33
	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24	TOTAL
	5	7	12	5	4	6	4	5	6	7	6	3	70
CS	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23	TOTAL
	24	31	26	26	23	18	23	32	28	15	14	17	277
	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24	TOTAL
	27	24	16	14	17	27	18	19	23	21	24	21	251
OCS-M	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23	TOTAL
	53	43	42	47	50	55	47	42	65	40	62	54	600
	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24	TOTAL
	43	35	34	41	37	42	43	35	60	42	46	44	502

Action Requested

No action is requested.

MEMORANDUM

DATE	October 30, 2023
TO	Members of the Dental Board of California
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	Agenda Item 13.c.: Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators

Background

Business and Professions Code (BPC) sections 1646.4, 1646.9, and 1647.7 authorize the Dental Board of California (Board) to conduct onsite inspections and evaluations of existing General Anesthesia (GA) and Medical General Anesthesia (MGA) permitholders, as well as of new Moderate Sedation (MS) permitholders. Onsite inspections and evaluations are conducted by a team of one or more evaluators, who are contracted by the Board as subject matter experts. The evaluators provide an independent evaluation and recommend a grade on a pass–fail system per California Code of Regulations (CCR), title 16, section 1043.6.

Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) changed existing provisions that govern the administration of minimal, moderate, and deep sedation and general anesthesia on dental patients. The subsequent SB 501 rulemaking, which implemented SB 501 provisions and became operative on August 16, 2022, amended CCR, title 16, section 1043.2 regarding the composition of teams performing onsite inspection and evaluation of GA, MGA, and MS permits. That section now provides that the onsite inspection and evaluation team consist of two or more persons for the first evaluation, or if an applicant has failed an evaluation. For each subsequent evaluation, only one evaluator is required. In addition, the evaluators must meet the following criteria:

1. The evaluators must meet one of the listed criteria in the Application for General Anesthesia Permit (Form GAP-1 New 05/2021) for general anesthesia, or the criteria in BPC 1647.3 for moderate sedation, and must have utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of three years immediately preceding their application to be an evaluator, exclusive of any training.

Agenda Item 13.c.: Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators
Dental Board of California Meeting
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2. At least one of the evaluators must have experience in evaluation of dentists administering general anesthesia, deep sedation, or moderate sedation. At least one member of the evaluation team must have substantial experience in the administration of the method of delivery of general anesthesia, deep sedation, or moderate sedation used by the dentist being evaluated.
3. Evaluators shall possess a current, active, and unrestricted license from the Board or the Medical Board of California for applicants qualifying under BPC section 1646.9. "Unrestricted" means not subject to any disciplinary action such as revocation, suspension, or probation.
4. The Board may appoint a licensee member of the Board to serve as a consultant at any evaluation.

To implement SB 501, amendments were made to the terms for onsite inspections (CCR, title 16, section 1043.3). Pursuant to BPC section 1646.11, a holder of a GA or MGA permit issued or renewed on or before January 1, 2022, may follow the terms of that existing permit until it expires, and any permit issued or renewed on or after January 1, 2022, requires the permitholder to follow the new statutory requirements. Therefore, holders of GA and MGA permits issued or renewed on or after January 1, 2022, are required to comply with the amended terms for onsite inspections.

To increase the pool of available evaluators for the onsite inspection and evaluation program, Board staff post a continuous recruitment notice on the Board's website.

To increase the number of available evaluators specifically for the MS permit program, Board staff contacted MS permitholders who previously held Conscious Sedation (CS) permits for at least three years to assess their interest in becoming evaluators.

Appointment of Onsite Inspection and Evaluation Program Evaluators

The permitholders below have applied to become evaluators for the general anesthesia and moderate sedation onsite inspection and evaluation program. Board staff have reviewed the applications and recommend approval of their appointment as evaluators.

1. Dr. Hooman Adamous, Dental License No. 60202, and General Anesthesia Permit No. 1575. Dr. Adamous has held an active GA permit since June 30, 2011. Dr. Adamous practices as an oral and maxillofacial surgeon in Bellflower, CA. If approved, Dr. Adamous will conduct evaluations in southern California for GA permits.
2. Dr. Rachel Dason, Dental License No. 100596, and General Anesthesia Permit No. 1943. Dr. Dason has held an active GA permit since July 1, 2019. Dr. Dason practices as a dental anesthesiologist in Moreno Valley, CA. If approved, Dr. Dason will conduct evaluations in southern California for GA permits.

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3. Dr. Dustin Coyle, Physician and Surgeons License No. 168357, and Medical General Anesthesia Permit No. 387. Dr. Coyle has held an active MGA permit since November 18, 2021. Dr. Coyle practices as an anesthesiologist in Escondido, CA. If approved, Dr. Coyle will conduct evaluations in southern California for MGA, GA, and MS permits.
4. Dr. Derek Carson, Dental License No. 52969, and Moderate Sedation Permit No. 197. Dr. Carson has held an active MS permit since July 13, 2023, and previously held a Conscious Sedation (CS) permit. Dr. Carson practices as a general dentistry in Oxnard, CA. If approved, Dr. Carson will conduct evaluations in southern California for MS permits.
5. Dr. Ryan Dunlop, Dental License No. 57201, and Moderate Sedation Permit No. 108. Dr. Dunlop has held an active MS permit since March 23, 2023, and previously held a Conscious Sedation (CS) permit. Dr. Dunlop practices as a general dentistry in Fresno, CA. If approved, Dr. Dunlop will conduct evaluations in central and northern California for MS permits.
6. Dr. Clarke Filippi, Dental License No. 44677, and Moderate Sedation Permit No. 125. Dr. Filippi has held an active MS permit since April 6, 2023, and previously held a Conscious Sedation (CS) permit. Dr. Filippi practices as a periodontist in Modesto, CA. If approved, Dr. Filippi will conduct evaluations in central and northern California for MS permits.
7. Dr. Richard Gagne, Dental License No. 25522, and Moderate Sedation Permit No. 264. Dr. Gagne has held an active MS permit since September 15, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Gagne practices as a general dentist in Oxnard, CA. If approved, Dr. Gagne will conduct evaluations in southern California for MS permits.
8. Dr. Christopher Henninger, Dental License No. 57722, and Moderate Sedation Permit No. 98. Dr. Henninger has held an active MS permit since March 17, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Henninger practices as a general dentist in Vista, CA. If approved, Dr. Henninger will conduct evaluations in southern California for MS permits.
9. Dr. Karilyn House, Dental License No. 45373, and Moderate Sedation Permit No. 250. Dr. House has held an active MS permit since September 6, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. House practices as a periodontist in Irvine, CA. If approved, Dr. House will conduct evaluations in southern California for MS permits.
10. Dr. Mai Ky, Dental License No. 41938, and Moderate Sedation Permit No. 248. Dr. Ky has held an active MS permit since September 1, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Ky practices as a general dentist in Downey, CA. If approved, Dr. Ky will conduct evaluations in southern California for MS permits.

11. Dr. Dax Martin, Dental License No. 50953, and Moderate Sedation Permit No. 232. Dr. Martin has held an active MS permit since August 17, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Martin practices as a general dentist in Stockton, CA. If approved, Dr. Martin will conduct evaluations in central and northern California for MS permits.
12. Dr. Douglas Martin, Dental License No. 23740, and Moderate Sedation Permit No. 256. Dr. Martin has held an active MS permit since September 12, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Martin practices as a general dentist in Stockton, CA. If approved, Dr. Martin will conduct evaluations in central and northern California for MS permits.
13. Dr. Cyrus Mozayan, Dental License No. 42189, and Moderate Sedation Permit No. 252. Dr. Mozayan has held an active MS permit since September 6, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Mozayan practices as a periodontist in Santa Cruz, CA. If approved, Dr. Mozayan will conduct evaluations in northern California for MS permits.
14. Dr. Alex Pezeshkian, Dental License No. 34402, and Moderate Sedation Permit No. 207. Dr. Pezeshkian has held an active MS permit since July 27, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Pezeshkian practices as a general dentist in Cypress, CA. If approved, Dr. Pezeshkian will conduct evaluations in southern California for MS permits.
15. Dr. James Rore, Dental License No. 33839, and Moderate Sedation Permit No. 209. Dr. Rore has held an active MS permit since August 1, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Rore practices as a general dentist in Stockton, CA. If approved, Dr. Rore will conduct evaluations in northern California for MS permits.
16. Dr. Gina Salatino, Dental License No. 59340, and Moderate Sedation Permit No. 249. Dr. Salatino has held an active MS permit since September 1, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Salatino practices as a general dentist in Rocklin, CA. If approved, Dr. Salatino will conduct evaluations in northern California for MS permits.
17. Dr. Mark Stevenson, Dental License No. 36201, and Moderate Sedation Permit No. 247. Dr. Stevenson has held an active MS permit since August 31, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Stevenson practices as an endodontist in Concord, CA. If approved, Dr. Stevenson will conduct evaluations in northern California for MS permits.
18. Dr. Damon J. Westwood, Dental License No. 45539, and Moderate Sedation Permit No. 147. Dr. Westwood has held an active MS permit since May 9, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Westwood practices as an endodontist in San Diego, CA. If approved, Dr. Westwood will conduct evaluations in southern California for MS permits.

19. Dr. Craig Y. Yonemura, Dental License No. 39581, and Moderate Sedation Permit No. 214. Dr. Yonemura has held an active MS permit since August 1, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Yonemura practices as a periodontist in San Francisco, CA. If approved, Dr. Yonemura will conduct evaluations in northern California for MS permits.

Action Requested

The Board is asked to consider Board staff's recommendations and make a motion to appoint each of the 18 applicants as evaluators for the onsite inspection and evaluation program.



GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

- ☐ NO
☒ General Anesthesia (GA)
☒ Deep Sedation (DS)
☒ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☒ YES
☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☐ North
☒ South
☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
☐ MS
☐ BOTH

TYPE OF PRACTICE

- ☐ Anesthesia
☐ Endodontics
☐ Prosthodontics
☐ Oral Pathology
☐ Orthodontics
☐ Public Health
☐ Pedodontics
☐ Periodontology
☐ General Dentist
☒ OMS
☐ Other

APPLICANT NAME:

Hooman Adamous

LICENSE NO.:

60202

PERMIT HELD:

General Anesthesia

PERMIT NO.:

GA1575

MAILING ADDRESS:

EMAIL ADDRESS:

TELEPHONE (INCLUDING AREA CODE):

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

Adamous

Date

8/24/23

**DENTAL BOARD OF CALIFORNIA**

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

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

**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION**

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> General Anesthesia (GA)</p> <p><input type="checkbox"/> Deep Sedation (DS)</p> <p><input type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input type="checkbox"/> North</p> <p><input checked="" type="checkbox"/> South</p> <p><input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input checked="" type="checkbox"/> GA/DS</p> <p><input type="checkbox"/> MS</p> <p><input type="checkbox"/> BOTH</p>	<p><input checked="" type="checkbox"/> Anesthesia</p> <p><input type="checkbox"/> Endodontics</p> <p><input type="checkbox"/> Prosthodontics</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> Pedodontics</p> <p><input type="checkbox"/> Periodontology</p> <p><input type="checkbox"/> General Dentist</p> <p><input type="checkbox"/> OMS</p> <p><input type="checkbox"/> Other</p>

APPLICANT NAME: Rachel Dason	LICENSE NO.: DDS100596
PERMIT HELD: General Anesthesia	PERMIT NO.: 1943
MAILING ADDRESS: [REDACTED]	
EMAIL ADDRESS: [REDACTED]	
TELEPHONE (INCLUDING AREA CODE): [REDACTED]	
Certification I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program. <div style="display: flex; justify-content: space-between;"><div>Signature of Applicant Rachel Dason <small>Digitally signed by Rachel Dason Date: 2023.09.26 11:39:53 -07'00'</small></div><div>Date 09/26/2023</div></div>	

**DENTAL BOARD OF CALIFORNIA**

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**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION**

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> General Anesthesia (GA)</p> <p><input type="checkbox"/> Deep Sedation (DS)</p> <p><input type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input type="checkbox"/> North</p> <p><input checked="" type="checkbox"/> South</p> <p><input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS</p> <p><input type="checkbox"/> MS</p> <p><input checked="" type="checkbox"/> BOTH</p>	<p><input checked="" type="checkbox"/> Anesthesia</p> <p><input type="checkbox"/> Endodontics</p> <p><input type="checkbox"/> Prosthodontics</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> Pedodontics</p> <p><input type="checkbox"/> Periodontology</p> <p><input type="checkbox"/> General Dentist</p> <p><input type="checkbox"/> OMS</p> <p><input type="checkbox"/> Other</p>

APPLICANT NAME: Dustin Coyle	LICENSE NO.: C168357
PERMIT HELD: GA with Peds Endorsement	PERMIT NO.: MGA387
MAILING ADDRESS: [REDACTED]	
EMAIL ADDRESS: [REDACTED]	
TELEPHONE (INCLUDING AREA CODE): [REDACTED]	

Certification	
I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.	
Signature of Applicant	Date 7/21/2023



DENTAL BOARD OF CALIFORNIA

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized. <input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS) Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	EVALUATION PREFERENCES In which California region are you able to conduct evaluations? <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> BOTH What kind of cases would you like to evaluate? <input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH	TYPE OF PRACTICE <input type="checkbox"/> Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Public Health <input type="checkbox"/> Pedodontics <input type="checkbox"/> Periodontology <input checked="" type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other
APPLICANT NAME: <i>David K. Carson DDS</i>		LICENSE NO.: <i>DD552969</i>
PERMIT HELD: <i>Moderate Sedation</i>		PERMIT NO.: <i>MS197</i>
MAILING ADDRESS: [REDACTED]		
EMAIL ADDRESS: [REDACTED]		
TELEPHONE (INCLUDING AREA CODE): [REDACTED]		
Certification I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program. <div style="display: flex; justify-content: space-between;"> <div> Signature of Applicant <i>David K. Carson</i> </div> <div> Date <i>10/11/23</i> </div> </div>		

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**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION****QUALIFICATIONS AS AN EVALUATOR**

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

NO

☐ General Anesthesia (GA)☐ Deep Sedation (DS)☐ Moderate Sedation (MS)

☒ Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

YES

NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

North

☒ South

BOTH

What kind of cases would you like to evaluate?

GA/DS

MS

☐ BOTH☒**TYPE OF PRACTICE**

- ☐ Anesthesia
- ☐ Endodontics
- ☐ Prosthodontics
- ☐ Oral Pathology
- ☐ Orthodontics
- ☐ Public Health
- ☐ Pedodontics
- ☐ Periodontology
- ☒ General Dentist
- ☐ OMS
- ☐ Other

APPLICANT NAME:

Ryan Dunlop

LICENSE NO.:

57201

PERMIT HELD:

PERMIT NO.

MS108

MAILING ADDRESS:

EMAIL ADDRESS:

TELEPHONE (INCLUDING AREA CODE):

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

Date

10/19/2023



BOARD OF DENTISTRY • DENTAL BOARD OF CALIFORNIA • DENTISTRY REGULATORY BOARD
DENTAL BOARD OF CALIFORNIA
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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p><input type="checkbox"/> Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Public Health <input checked="" type="checkbox"/> Pedodontics <input type="checkbox"/> Periodontology <input type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>

APPLICANT NAME: Clarke Filippi	LICENSE NO.: CA44677
PERMIT HELD: Moderate Sedation	PERMIT NO.: 125
MAILING ADDRESS: [REDACTED]	
EMAIL ADDRESS: [REDACTED]	
TELEPHONE (INCLUDING AREA CODE): [REDACTED]	

Certification	
I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.	
Signature of Applicant [Signature]	Date 5-24-23

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**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION****QUALIFICATIONS AS AN EVALUATOR**

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

- ☐ NO
☐ General Anesthesia (GA)
☐ Deep Sedation (DS)
☒ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☒ YES
☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☐ North
☒ South
☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
☒ MS
☐ BOTH

TYPE OF PRACTICE

- ☐ Anesthesia
☐ Endodontics
☐ Prosthodontics
☐ Oral Pathology
☐ Orthodontics
☐ Public Health
☐ Pedodontics
☐ Periodontology
☒ General Dentist
☐ OMS
☐ Other

APPLICANT NAME:

Richard Armand Gayne

LICENSE NO.:

25522

PERMIT HELD:

MS

PERMIT NO.:

264

MAILING ADDRESS:

EMAIL ADDRESS:

TELEPHONE (INCLUDING AREA CODE)

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

*Richard Gayne, DDS*Date *9-23-2023*

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**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION****QUALIFICATIONS AS AN EVALUATOR**

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

- ☐ NO
☐ General Anesthesia (GA)
☐ Deep Sedation (DS)
☒ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☒ YES
☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☐ North
☒ South
☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
☒ MS
☐ BOTH

TYPE OF PRACTICE

- ☐ Anesthesia
☐ Endodontics
☐ Prosthodontics
☐ Oral Pathology
☐ Orthodontics
☐ Public Health
☐ Pedodontics
☐ Periodontology
☒ General Dentist
☐ OMS
☐ Other

APPLICANT NAME:

Christopher Henninger

LICENSE NO.:

57722

PERMIT HELD:

MS

PERMIT NO.:

M98

MAILING ADDRESS:

[REDACTED]

EMAIL ADDRESS:

[REDACTED]

TELEPHONE (INCLUDING AREA CODE):

[REDACTED]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

Date

10/9/2023



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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> General Anesthesia (GA)</p> <p><input type="checkbox"/> Deep Sedation (DS)</p> <p><input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><i>previous CS evaluator</i></p>	<p>In which California region are you able to conduct evaluations?</p> <p><input type="checkbox"/> North</p> <p><input checked="" type="checkbox"/> South</p> <p><input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS</p> <p><input checked="" type="checkbox"/> MS</p> <p><input type="checkbox"/> BOTH</p>	<p><input type="checkbox"/> Anesthesia</p> <p><input type="checkbox"/> Endodontics</p> <p><input type="checkbox"/> Prosthodontics</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Public Health</p> <p><input checked="" type="checkbox"/> Pedodontics</p> <p><input type="checkbox"/> Periodontology</p> <p><input type="checkbox"/> General Dentist</p> <p><input type="checkbox"/> OMS</p> <p><input type="checkbox"/> Other</p>

APPLICANT NAME: <i>Karilyn House, DDS</i>	LICENSE NO.: <i>45373</i>
PERMIT HELD: <i>Moderate sedation w/ pediatric endorsement under 7</i>	PERMIT NO.: <i>MS 250</i>
MAILING ADDRESS: [REDACTED]	
EMAIL ADDRESS: [REDACTED]	
TELEPHONE (INCLUDING AREA CODE): [REDACTED]	

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant: *Karilyn House*

Date: *10/19/23*



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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p><input type="checkbox"/> Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Public Health <input type="checkbox"/> Pedodontics <input type="checkbox"/> Periodontology <input checked="" type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>
APPLICANT NAME: Mai Ky		LICENSE NO.: 41938
PERMIT HELD: MS		PERMIT NO.: MS248
MAILING ADDRESS: [REDACTED]		
EMAIL ADDRESS: [REDACTED]		
TELEPHONE (INCLUDING AREA CODE): [REDACTED]		
Certification I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program. Signature of Applicant [Signature] Date 9-26-2023		



REGISTRATION, CONSUMER PROTECTION AND PUBLIC INFORMATION DIVISION • SACRAMENTO, CALIFORNIA

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> General Anesthesia (GA)</p> <p><input type="checkbox"/> Deep Sedation (DS)</p> <p><input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input checked="" type="checkbox"/> North</p> <p><input type="checkbox"/> South</p> <p><input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS</p> <p><input checked="" type="checkbox"/> MS</p> <p><input type="checkbox"/> BOTH</p>	<p><input type="checkbox"/> Anesthesia</p> <p><input type="checkbox"/> Endodontics</p> <p><input type="checkbox"/> Prosthodontics</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> Pedodontics</p> <p><input type="checkbox"/> Periodontology</p> <p><input checked="" type="checkbox"/> General Dentist</p> <p><input type="checkbox"/> OMS</p> <p><input type="checkbox"/> Other</p>

APPLICANT NAME: DAX F MARTIN	LICENSE NO.: D50953
PERMIT HELD: MODERATE SEDATION	PERMIT NO.: MS 232
MAILING ADDRESS: [REDACTED]	
EMAIL ADDRESS: [REDACTED]	
TELEPHONE (INCLUDING AREA CODE): [REDACTED]	

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

Date

10/12/23



BUSINESS CONSUMER AFFAIRS DIVISION • TRANSFER FROM COURTESY

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> General Anesthesia (GA)</p> <p><input type="checkbox"/> Deep Sedation (DS)</p> <p><input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input checked="" type="checkbox"/> North</p> <p><input type="checkbox"/> South</p> <p><input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS</p> <p><input checked="" type="checkbox"/> MS</p> <p><input type="checkbox"/> BOTH</p>	<p>TYPE OF PRACTICE</p> <p><input type="checkbox"/> Anesthesia</p> <p><input type="checkbox"/> Endodontics</p> <p><input type="checkbox"/> Prosthodontics</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> Pedodontics</p> <p><input type="checkbox"/> Periodontology</p> <p><input checked="" type="checkbox"/> General Dentist</p> <p><input type="checkbox"/> OMS</p> <p><input type="checkbox"/> Other</p>

APPLICANT NAME: DOUGLAS M. MARTIN	LICENSE NO.: DE23740
PERMIT HELD: MS	PERMIT NO.: MS256 CS127
MAILING ADDRESS: <div style="background-color: black; height: 30px; width: 100%;"></div>	
EMAIL ADDRESS: <div style="background-color: black; height: 30px; width: 100%;"></div>	
TELEPHONE (INCLUDING AREA CODE): <div style="background-color: black; height: 30px; width: 100%;"></div>	

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

Date

10/12/23

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**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION****QUALIFICATIONS AS AN EVALUATOR**

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

- ☐ NO
☐ General Anesthesia (GA)
☐ Deep Sedation (DS)
☒ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☒ YES
☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☒ North
☐ South
☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
☒ MS
☐ BOTH

TYPE OF PRACTICE

- ☐ Anesthesia
☐ Endodontics
☐ Prosthodontics
☐ Oral Pathology
☐ Orthodontics
☐ Public Health
☐ Pedodontics
☒ Periodontology
☐ General Dentist
☐ OMS
☐ Other

APPLICANT NAME:

Cyrus K. Mozayan

LICENSE NO.:

DS42189

PERMIT HELD:

Moderate Sedation

PERMIT NO.:

MS252

MAILING ADDRESS:

[REDACTED]

EMAIL ADDRESS:

[REDACTED]

TELEPHONE (INCLUDING AREA CODE):

[REDACTED]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

Date

10/11/2023



GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

- ☐ NO
☐ General Anesthesia (GA)
☐ Deep Sedation (DS)
☒ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☒ YES
☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☐ North
☒ South
☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
☒ MS
☐ BOTH

TYPE OF PRACTICE

- ☐ Anesthesia
☐ Endodontics
☐ Prosthodontics
☐ Oral Pathology
☐ Orthodontics
☐ Public Health
☒ Pedodontics
☐ Periodontology
☐ General Dentist
☐ OMS
☐ Other

APPLICANT NAME:

ALEX A PERESHKIAN

LICENSE NO.:

DS34402

PERMIT HELD:

CA 5.31 2025

PERMIT NO.:

MS 207

MAILING ADDRESS:

EMAIL ADDRESS:

TELEPHONE (INCLUDING AREA CODE):

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

Date

10/19/2023



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**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION**

QUALIFICATIONS AS AN EVALUATOR		EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>In which California region are you able to conduct evaluations?</p> <p><input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p><input type="checkbox"/> Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Public Health <input type="checkbox"/> Pedodontics <input type="checkbox"/> Periodontology <input checked="" type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>
APPLICANT NAME: <i>James Rore</i>		LICENSE NO.: <i>33839</i>	
PERMIT HELD:		PERMIT NO.: <i>209</i>	
MAILING ADDRESS:		<div style="background-color: black; height: 20px; width: 100%;"></div>	
EMAIL ADDRESS:		<div style="background-color: black; height: 20px; width: 100%;"></div>	
TELEPHONE (INCLUDING AREA CODE):		<div style="background-color: black; height: 20px; width: 100%;"></div>	
<p>Certification</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.</p> <p>Signature of Applicant <i>[Signature]</i> Date <i>10-30-2023</i></p>			

TIME RECEIVED
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BUSINESS, CONSUMER SERVICES AND HARBOR AGENCY • GAVIN NEWSOM, GOVERNOR

DENTAL BOARD OF CALIFORNIA


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**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION**

<p>QUALIFICATIONS AS AN EVALUATOR</p> <p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> General Anesthesia (GA)</p> <p><input checked="" type="checkbox"/> Deep Sedation (DS)</p> <p><input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>EVALUATION PREFERENCES</p> <p>In which California region are you able to conduct evaluations?</p> <p><input checked="" type="checkbox"/> North</p> <p><input type="checkbox"/> South</p> <p><input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input checked="" type="checkbox"/> GAGS</p> <p><input checked="" type="checkbox"/> MS</p> <p><input checked="" type="checkbox"/> BOTH</p>	<p>TYPE OF PRACTICE</p> <p><input type="checkbox"/> Anesthesia</p> <p><input type="checkbox"/> Endodontics</p> <p><input type="checkbox"/> Prosthodontics</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> Pedodontics</p> <p><input type="checkbox"/> Periodontology</p> <p><input checked="" type="checkbox"/> General Dentist</p> <p><input type="checkbox"/> OMS</p> <p><input type="checkbox"/> Other</p>
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APPLICANT NAME: Gina L. Salatino DMD, FAGD	LICENSE NO.: 59340
PERMIT HELD: Moderate Sedation	PERMIT NO.: MS249
MAILING ADDRESS: [REDACTED]	
EMAIL ADDRESS: [REDACTED]	
TELEPHONE (INCLUDING AREA CODE): [REDACTED]	
<p>Certification</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.</p> <p>Signature of Applicant: </p> <p>Date: October 9, 2023</p>	

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**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION**

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p><input type="checkbox"/> Anesthesia <input checked="" type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Public Health <input type="checkbox"/> Pedodontics <input type="checkbox"/> Periodontology <input type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>

APPLICANT NAME: <i>Mark D. Stevenson</i>	LICENSE NO.: <i>36201</i>
PERMIT HELD: <i>Moderate Sedation</i>	PERMIT NO.: <i>MS 247</i>

MAILING ADDRESS:

[REDACTED]

EMAIL ADDRESS: [REDACTED]

TELEPHONE (INCLUDING AREA CODE): [REDACTED]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant *Mark D. Stevenson* Date *10/20/2023*

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**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION**

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p><input type="checkbox"/> Anesthesia <input checked="" type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Public Health <input type="checkbox"/> Pedodontics <input type="checkbox"/> Periodontology <input type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>

APPLICANT NAME: Damon John Westwood	LICENSE NO.: 45539
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PERMIT HELD: Moderate Sedation	PERMIT NO.: MS147 147
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MAILING ADDRESS: [REDACTED]

EMAIL ADDRESS: [REDACTED]

TELEPHONE (INCLUDING AREA CODE): [REDACTED]
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Certification	
I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.	
Signature of Applicant 	Date 10/19/23



GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p><input type="checkbox"/> Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Public Health <input type="checkbox"/> Pedodontics <input checked="" type="checkbox"/> Periodontology <input type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>

APPLICANT NAME: Craig Y. Yonemura	LICENSE NO.: 39581
PERMIT HELD: Moderate Sedation	PERMIT NO.: MS214
MAILING ADDRESS: [REDACTED]	
EMAIL ADDRESS: [REDACTED]	
TELEPHONE (INCLUDING AREA CODE): [REDACTED]	

Certification	
I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.	
Signature of Applicant 	Date 10 Oct. 2023

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	October 23, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 21.: Board President's Report on Closed Session Items

Background

Dr. Alan Felsenfeld, President of the Dental Board of California, will provide a verbal report on closed session items.

Action Requested

No action requested.

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MEMORANDUM

DATE	October 23, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 22.: Dental Assisting Council Meeting Report

Background

Ms. Traci Reed-Espinoza, Chair of the Dental Assisting Council (Council), will provide a verbal report on the November 8, 2023 meeting of the Council.

Action Requested

No action requested.

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MEMORANDUM

DATE	October 13, 2023
TO	Members of the Dental Board of California
FROM	Tracy A. Montez, Ph.D., Executive Officer Dental Board of California
SUBJECT	Agenda Item 23.: Update Regarding the Board's 2024 Sunset Review Report

Background

The Dental Board of California (Board) met on October 12 to review a draft Sunset Review report. The draft report is available online under the meeting materials for the October 2023 meeting. At that meeting, the Board approved the draft report. Board staff will finalize the report, making any necessary nonsubstantive changes, and then submit it to the Legislature by the end of the calendar year.

The Board will go before the Assembly Committee on Business and Professions and the Senate Committee on Business, Professions and Economic Development during the spring of 2024. The Board President and Executive Officer will both present testimony and answer questions from the members of the Legislature, and the public will have an opportunity to provide public comment. The public can provide comment during the hearing, and they can also submit their comments in writing through the Position Letter Portal (<https://calegislation.lc.ca.gov/Advocates/faces/index.xhtml>).

In preparation for the hearing, the Committees will prepare a background paper concerning the Board, its operations, and other issues. The Board will prepare a response to that paper. The hearing, the background paper, and the Board's response will inform a "sunset bill" introduced by the Committees. The sunset bill, among other things, sets the next sunset date for the Board (most likely four years after the current sunset date, or January 1, 2029). The Board will submit recommended legislative proposals (discussed and approved at prior meetings) that could be part of this sunset bill.

Action Requested

No action is requested from the Board.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	October 30, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 24.a.: Status Update on Pending Regulations

Background

This memo addresses those rulemaking packages that have moved forward in the rulemaking process since the last Dental Board of California (Board) meeting. Rulemaking packages that require Board action at this meeting will be presented in separate agenda items or will be presented at the next Board meeting.

Updates to the Board's Disciplinary Guidelines (California Code of Regulations (CCR), Tit. 16, § 1018)

Summary of Proposed Changes: This rulemaking would update the Board's Disciplinary Guidelines document consistent with changes to the Dental Practice Act statutes and supporting regulations and would reflect changes in the current probationary environment since the Board's last update of this document in 2010. An update to the Board's Disciplinary Guidelines requires the Board to update the regulations that incorporates the Disciplinary Guidelines by reference, CCR title 16, section 1018.

Update: The rulemaking package was published in the California Regulatory Notice Register (CRNR) on September 29, 2023. Publication in the CRNR coincided with posting of the Notice on the Board website and distribution to subscribers to the Board's general and licensee listservs. The 45-day public comment period started on that date and will end at 5:00 p.m. on Tuesday, November 14, 2023. Any adverse comments or requests for additional changes received during the comment period will be brought before the Board for consideration along with recommended responses prepared by Board staff at the next Board meeting.

Lost, Destroyed or Mutilated Licenses (CCR, Tit. 16 §§ 1012 and 1021) and Inactive Licenses (CCR, Tit. 16 § 1017.2)

Summary of Proposed Changes: This proposed rulemaking would amend CCR, title 16, section 1012 to change the form used for an applicant to both place their license on inactive status and to restore their license to active status. The proposed amendments also would change how an applicant complies with the required continuing education requirements when seeking active status from providing evidence to simply self-certifying. Section 1021, subsection (i) would need to be amended to include the Pocket License in the fee for replacement certificates. The proposed rulemaking would amend section 1017.2 to require licensees seeking a replacement license to submit a form and to eliminate the requirement for providing fingerprints with their application.

Update: The package was forwarded to the Department of Consumer Affairs (DCA) for review in September 2023. The package was approved by the Director of DCA on September 23, 2023 and is currently pending review and possible approval with the Business, Consumer Services, and Housing Agency before it is authorized to be filed with the Office of Administrative Law.

Action Requested

No Board action is requested on this update. Any new rulemaking packages or other rulemaking proposals for Board review and possible action will be brought as separate items.

MEMORANDUM

DATE	October 30, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	<p>Agenda Item 24.b.: Discussion and Possible Action to Consider:</p> <p>(1) Comments Received During the 45-Day Comment Period and Proposed Responses Thereto for the Board's Rulemaking to Adopt California Code of Regulations (CCR), Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners)</p> <p>(2) Adoption of CCR, Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners)</p>

Background

Assembly Bill (AB) 107 (Salas, Chapter 693, Statutes of 2021) was chaptered on October 8, 2021 and became operative on July 1, 2023. It amended provisions of the Business and Professions Code for all boards in the Department of Consumer Affairs relating to temporary licenses for qualified spouses or domestic partners of active-duty military personnel assigned to a duty station in California under official active-duty military orders. Effective July 1, 2023, such provisions now apply to the Dental Board of California (Board), meaning the Board is required to grant temporary licenses or registrations to dentists or dental auxiliaries who qualify.

To be eligible, spouses or domestic partners of military servicemembers who are assigned to a California duty station are required to have a 'current, active and unrestricted' license from another state, district, or territory of the United States with the same scope of practice for which the applicant seeks a temporary license from the Board. They also need to take a California law and ethics examination if otherwise required by the Board for licensure. The temporary license would last for 12 months or until the Board grants or denies a regular license. The temporary license would be

Agenda Item 24.b.: Discussion and Possible Action to Consider: (1) Comments Received During the 45-Day Comment Period and Proposed Responses Thereto for the Board's Rulemaking to Adopt California Code of Regulations (CCR), Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners) (2) Adoption of CCR, Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners)

Dental Board of California Meeting
November 8-9, 2023

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nonrenewable and could be revoked if the Board finds, following notice and a hearing, that the license holder engaged in unprofessional conduct or any other action that is a cause for discipline by the Board. The temporary license could also be immediately terminated by operation of law if the Board finds that the applicant provided substantively inaccurate information that would affect the persons eligibility for temporary licensure.

At its August 25-26, 2022 Board meeting, the Board voted to initiate a rulemaking to adopt proposed regulatory text at CCR, title 16, section 1006. As staff was preparing the rulemaking package for review by the Department of Consumer Affairs it was determined that revisions to the adopted proposed regulatory text were necessary to include additional categories of licensure offered by the Board and revise the application process for temporary licensure to better match the application process for regular licensure.

The revised language was brought to the Board and approved at the November 18-19, 2022 Board meeting. After review by the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency, the rulemaking was filed with the Office of Administrative Law and published in the California Regulatory Notice Register on July 28, 2023. That started a 45-day public comment period, which ended on September 12, 2023.

During the public comment period Board staff received one comment, which has been redacted to remove the personal email address of the commenter. The comment, along with a proposed staff response, is attached to this memo. The Board is first asked to review the public comment and determine how it would like to respond to the public comment. Once the response to the comment is determined, staff request the Board consider further modifications to text as recommended by the Board's Regulations Counsel below.

Recommendation for Item No. 24.b. 1 Response to Comment:

Board staff is requesting that the Board review the submitted comment and proposed Board response to that comment. Given the discussion above, Board staff recommend that the Board approve the proposed response to the comment and reject the comment received on this rulemaking package.

Actions Requested

The Board is asked to discuss the information presented in this memo and consider Board staff recommendations. If the Board agrees, suggested motions are listed below.

Agenda Item 24.b.: Discussion and Possible Action to Consider: 1. Comments Received During the 45-Day Comment Period and Proposed Responses Thereto for the Board's Rulemaking to Adopt California Code of Regulations (CCR), Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners) 2. Adoption of CCR, Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners)
Dental Board of California Meeting
November 8-9, 2023

Suggested Motions for Item No. 24.b. (1): Responses to Comments

Option A (support the staff recommended response to reject the comments): Direct staff to proceed as recommended to reject the comments as specified and provide the responses to the comments as indicated in the staff recommended response in Attachment 1 to this memo.

Option B (If there are changes to the proposed responses by the Board members): Direct staff to accept the public comment and make the following edits to the text: [identify what part of the comment to accept and text to change here and explain why].

Staff Recommended Modified Text

Board staff have recommended modifications to the proposed regulatory text based on an issue identified by Regulations Counsel. When working with another client seeking to advance a similar regulatory package, the Office of Administrative Law (OAL) identified concerns with the proposed language, which is substantially similar to the text noticed by this Board. The concerns are related mainly with language in paragraphs (4), (5) and (8) of subsection (b), which would require an applicant for temporary licensure to disclose if they have committed an act that would constitute grounds for denial, suspension, or revocation of a license pursuant to Business and Professions Code (BPC) sections 141, 480 or 490, and Articles 4 or 5 of the Dental Practice Act, disclose discipline by another licensing entity or whether the applicant was the subject of an unresolved complaint, review procedure, or disciplinary proceeding in another jurisdiction, and would require the applicant to attest generally to meeting the requirements for temporary licensure. OAL staff are concerned that such disclosures would possibly conflict with the limitations on disclosure of criminal history in violation of BPC section 480 enacted by AB 2138 (Chiu, Chapter 995, Statutes of 2018). OAL recommends replacing these questions with an attestation requirement and requesting a general license history for all other types of licenses that an applicant may hold in other jurisdictions (see changes proposed at subsection (b)(4) and (7)). They also recommend adding a “licensure type” category to the application, which is reflected on Attachment 4 at subsection (b)(1)(I).

To address these concerns, Board staff are recommending the amendments in Attachment 4 to the proposed text.

Agenda Item 24.b.: Discussion and Possible Action to Consider: 1. Comments Received During the 45-Day Comment Period and Proposed Responses Thereto for the Board’s Rulemaking to Adopt California Code of Regulations (CCR), Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners) 2. Adoption of CCR, Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners)
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Suggested Motions for Agenda Item 24.b (2) Adoption of Amended Regulations

If the Board rejects the previously discussed comment and makes no further changes to the proposed amended regulatory text, staff recommends the Board consider the following motion to complete the rulemaking process and adopt the proposed text:

Motion A (If there are no changes to the modified text by members): Approve the proposed modified text in Attachment 4 and direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulations as described in the modified text notice for CCR, title 16, section 1006.

If the Board decides it wishes to make changes to the staff recommended modified text, the Board may use the following motion:

Motion B (If there are changes to the modified text by members at this meeting): To approve the proposed modified regulatory text for section 1006 in Attachment 4 that includes the following changes [describe amendments here] and direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulations as described in the modified text notice for CCR, title 16, section 1006.

Attachments included with this memo for reference:

1. Summary of Comments Received and Staff Recommendation for Response to Comment
2. Written Comment Received During the 45-day Public Comment Period on Originally Proposed Regulatory Language
3. Originally Proposed Regulatory Language (Noticed to the Public)
4. Proposed Modified Text

Agenda Item 24.b.: Discussion and Possible Action to Consider: 1. Comments Received During the 45-Day Comment Period and Proposed Responses Thereto for the Board's Rulemaking to Adopt California Code of Regulations (CCR), Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners) 2. Adoption of CCR, Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners)
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Summary of Comment Received and Staff Recommendations for Response to Comment on Proposed Rulemaking to Adopt Section 1006 of Title 16 of the California Code of Regulations

Comment 1: Email dated July 28, 2023 from Dr. Charles Huang

Comment Summary:

Commenter does not want the Board to adopt the regulations. Commenter notes that LGBTQIA individuals have faced and continue to face discrimination in the military and in other states and believes that allowing dental licensees from states that permit such discrimination to obtain temporary licensure in California would be unfair. Commenter believes that the regulations would not apply to all unions and should not be supported on that basis. Commenter also argues that these “shortcuts proposed” by the Board of temporary licensure is not necessary given the “5 year reciprocity clause” that the Board already has permitted to states who agree to that term. The commenter also cites the Board’s estimate of about 6 applicants per year to apply for temporary licensure (as provided in the Board’s Notice on Fiscal Impact estimates to the Board) and asks where this number comes from. The commenter also remarks on aspects of dental insurance coverage unrelated to the proposed regulations (why certain insurance plans still have a “missing tooth clause”).

Staff Recommended Response:

Reject Comment: The Board is required to issue temporary licenses to qualified spouses or domestic partners of military service members stationed in California pursuant to Business and Professions Code (BPC) section 115.6. That obligation exists whether the Board issues the proposed regulations or not. Further, refusing to adopt regulations would only serve to create confusion and compliance issues for those individuals who may be qualified to apply for temporary licensure. Regulations are the only legally prescribed method under the laws of this state (California Administrative Procedure Act – Gov. Code, §§ 11340 et seq.) for setting the minimum application requirements referenced in this proposal for all dental and dental auxiliary licensees that choose to seek temporary licensure. Additionally, BPC section 115.6 applies to all qualified individuals who are married, in a domestic partnership, or in any other legal union, with a military servicemember assigned to a duty station in California.

It is unclear what the commenter means by “5 year reciprocity clause” unless referring to the Board’s licensure by credential authority in BPC section 1635.5, which has much more extensive application requirements than in BPC section 115.6. Further, the licensure by credential process does not allow the Board to issue

Agenda Item 24.b.: Discussion and Possible Action to Consider: 1. Comments Received During the 45-Day Comment Period and Proposed Responses Thereto for the Board’s Rulemaking to Adopt California Code of Regulations (CCR), Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners) 2. Adoption of CCR, Title 16, Section 1006 (AB 107: Temporary Licenses for Military Spouses or Partners)
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a temporary license to an out-of-state licensee applicant in good standing 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 where an applicant is able to receive expedited temporary authority to practice while meeting state specific requirements for a period of at least one year, or where the applicant is able to receive an expedited license by endorsement with no additional requirements (see exemption from this law enacted by AB 107 at BPC section 115.6(j)(1)). As a result, the Board must adopt regulations to implement this new law at BPC section 115.6.

On the source for the estimated 6 applicants per year inquiry, as the Board's notice indicates, it is based upon on "historical licensing data" for applicants who qualified under prior provisions of law requiring expedite under these same criteria. The last comment is rejected as unrelated to this proposal.

From: [REDACTED]
To: Bruggeman, Lawrence@DCA
Subject: Military proposal and discrimination
Date: Friday, July 28, 2023 3:44:04 PM

To the Dental Board,

My name is Charles Huang, I'm a licensed dentists in Ca for 13 years.

I am writing this email because when it comes to the military and their shameful history in discriminating against the LGBTQIA community, ie. their don't ask don't tell policy; what protections will be made so that all military spouses/unions, whether recognized in the present or future legal sense are to be considered for this temporary licensure privilege?

The "law", which the dental board refers to undermines the fact that for many years, lgbt people could not and in some states still cannot have a recognized union. Therefore, this temporary licensure privilege can be seen as falling short as families not recognized in legal jargon, have always existed yet never benefited in such shortcuts.

The benefit of this shortcut to temporary licensure thus is not a benefit for families/spouses/unions not recognized in the legal jargon that has been riddled with discrimination, crime, and an alienation of the human right.

According to the Human Rights Campaign website,

The discriminatory "Don't Ask, Don't Tell" ban on gay and lesbian service members is officially in the dustbin of history. For 17 years, the law prohibited qualified gay, lesbian and bisexual Americans from serving in the armed forces and sent a message that discrimination was acceptable

But is it truly in the dustbin? With the current political turmoil, such as abortion rights, lgbt rights etc being debated and refuted; how certain are we that these past shameful histories of a large government organization will not revert back to its past?

Trans people still have limitations in serving this organization.

It is important to understand that there are lgbt dentists and staff who obtained their credentials without shortcuts.

We obtained them when the military still had a don't ask don't tell policy and thus their portal/door was closed to us.

Don't ask don't tell was a policy for this government funded organization. This policy restricted the freedom of speech to certain individuals in order for them to pass through their door.

Also, their current restriction on trans people serving is of present debate suggesting that restrictions and limitations still reside in this organization asking for a shortcut.

We were not allowed in their organization and now, they would like to join ours through a shortcut/benefit?

I can see many legal ramifications because of this.

Reciprocity means we treat you as you treat us. In the dental board, a 5 year reciprocity is enacted to other STATES who also acknowledge this term. Some states do not, such as Florida, and thus despite having practiced for 13 years, if I wanted to practice in Florida I would have to pass their state dental licensing exam. Therefore, if a dentist in Florida wanted to practice here in CA they would have to pass the western regional board exam, and licensure exams.

Perhaps Florida dental board should be the FIRST board to enact this temporary licensure exam for military spouses as they seem to have the same don't ask don't tell political mindset, because remember, trans people still have restrictions in serving in the military today.

So why add this extra temporary licensure shortcut when we already have a 5 year reciprocity clause?

And until there is debate on the questions proposed above, I cannot support such organizations with history of discrimination, asking for a shortcut.

There are ways to obtain the licensure. The shortcuts proposed is literally a benefit for biologically being a certain way, which would not include the lgbt community as we make up a minority of the population. And not just limited to the lgbt community. I ask, what about those with disabilities?

Perhaps we do need to consider a public hearing in order to address the political state of affairs and scrutinize the many questions dentists have. You also state there would be about 6 applicants... where do this number come from? 6 applicants that fit the norm?

Do we want to really want to adopt such political controversial turmoil into this profession? It is already cumbersome as it stands with regards to insurance claims and coverages.

Perhaps the board should be more concerned with discussing why certain insurance plans still have a "missing tooth clause." Which in CA is illegal as it is considered a preexisting condition. Having a missing tooth prior to the plan that has a missing tooth clause, means the plan will not cover any of the work in the missing area despite the individual having always been covered under a dental plan but may have changes jobs, and thus insurance companies.

Dental health is health care! It is all connected. And in fact I argue dental health is most important because the main difference between a human being and a robot autonomous entity, is, the fact that we need to eat food with teeth. Without them, life will never be the same.

Dr. Huang

Sent from my iPhone

TITLE 16. DENTAL BOARD OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

AB 107: Temporary Licenses for Military Spouses or Partners

PROPOSED LANGUAGE

Adopt Section 1006 of Article 1 of Chapter 1 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

Section 1006. Temporary Licenses for Military Spouses or Partners.

(a) Definitions. For the purposes of this section, the following definitions shall apply:

(1) "License" shall include any license or permit issued by the Board to practice dentistry, practice under an affiliated permit, or provide dental supportive procedures as a dental auxiliary.

(2) "Disciplined" means that the applicant's license has been placed on probation, revoked, suspended, reprovved, censured, reprimanded, restricted, limited, or conditioned.

(3) "Jurisdiction" shall mean a state, district, or territory of the United States or another country.

(4) "Disciplinary proceeding" shall mean any proceeding or investigation under the authority of the licensing jurisdiction pursuant to which licensee discipline may be imposed on the applicant.

(5) "Provide dental supportive procedures as a dental auxiliary" shall mean providing the services within the scope of practice of a registered dental assistant, registered dental assistant in extended functions, orthodontic assistant, or dental sedation assistant as defined in Sections 1752.4, 1753.5, 1753.55, 1753.6, 1750.3, and 1750.5 of the Code, as applicable, and sections 1086 and 1087 of this Division, as applicable.

(6) "Good standing" shall mean that the applicant has not been disciplined, is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding.

(7) "Original licensing jurisdiction" shall mean the jurisdiction agency or board that issued a license to the applicant authorizing the applicant to practice within the

same scope of practice for which the applicant seeks a temporary license from the Board.

(8) "Affiliated permit" shall mean any permit or endorsement associated with either a dentist license or physician and surgeon license, as applicable, and issued by the Board to practice as an elective facial cosmetic surgeon, oral and maxillofacial surgeon, or to administer general anesthesia or moderate sedation to an adult and/or pediatric patient, oral conscious sedation for adult patients, or pediatric minimal sedation as specified in Sections 1638, 1638.1, 1646, 1646.1, 1646.2, 1646.9, 1647.1, 1647.2, 1647.3, 1647.18, 1647.19, 1647.30 and 1647.31 of the Code.

(9) "Successfully complete" shall mean that an applicant has achieved a criterion-referenced passing score as defined in Section 1031.

(b) Application and Eligibility Requirements. An applicant seeking a temporary license to practice dentistry, practice under an affiliated permit, or provide dental supportive procedures as a dental auxiliary pursuant to section 115.6 of the Code shall submit a completed application to the Board and meet all of the requirements of this section and section 115.6 of the Code to be eligible for a temporary license. A completed application shall include the following information:

(1) The applicant's identifying and contact information, including:

(A) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)).

(B) Other name(s) applicant has used or has been known by.

(C) Applicant's physical address.

(D) Applicant's mailing address, if different than the applicant's physical address. The mailing address may be a post office box number or other alternate address.

(E) Applicant's email address, if any.

(F) Applicant's telephone number.

(G) Applicant's Social Security Number or Individual Taxpayer Identification Number, and.

(H) Applicant's birthdate (month, day, and year).

(2) The applicant shall disclose whether the applicant 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 California under official

active duty military orders. If the applicant answers in the affirmative, the applicant shall provide the following documentation with the application:

(A) copy of certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces, and;

(B) copy of the military orders establishing their spouse or partner's duty station in California.

(3) The applicant shall disclose whether the applicant holds a current, active and unrestricted license, or comparable authority ("license"), to practice dentistry, practice within the scope of practice of an affiliated permit or provide dental supportive procedures as a dental auxiliary in another state, district, or territory of the United States, and whether such license is the same type of license that the applicant is applying for with the Board. If the applicant answers in the affirmative, the applicant shall provide written verification from the applicant's original licensing jurisdiction that the applicant's license or other comparable authority ("license") is in good standing in that jurisdiction.

The verification shall include all of the following:

(A) the full legal name of the applicant and any other name(s) the applicant has used or has been known by,

(B) the license type and number issued to the applicant by the original licensing jurisdiction, and the relevant law(s) and regulation(s) under which the license was issued; and

(C) the name and location of the licensing agency or entity,

(D) the issuance and expiration date of the license, and,

(E) information showing that the applicant's license is currently in good standing.

(4) The applicant shall disclose whether the applicant has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license pursuant to Sections 141, 480, or 490 of the Code, or Articles 4 (commencing with Section 1670 of the Code) or 5 (commencing with Section 1700 of the Code) of the Act.

(5) The applicant shall disclose whether the applicant has been disciplined by a licensing entity in another jurisdiction or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

(6) The applicant shall furnish fingerprints to the Board in compliance with subsection (d) to permit the Board to conduct a criminal history record check through the California Department of Justice.

(7) For applicants seeking a temporary license to practice as a dentist, the applicant shall furnish proof of successful completion of the California law and ethics examination specified in subsection (c). "Proof of successful completion" shall mean a copy of the applicant's report or notice issued by the examination administrator PSI Services LLC (PSI) that lists the applicant's name and indicates that the applicant passed the examination.

(8) A statement attesting to the fact that the applicant meets all the requirements for the temporary license, and that the information submitted in the application is accurate, to the best of the applicant's knowledge.

(c) Law and Ethics Examination Requirements. Each applicant for a temporary license as a dentist shall successfully complete the California law and ethics examination administered by PSI specified in Section 1031.

(1) To take the examination, each applicant shall submit to the Board a completed application for approval to test that contains all of the following:

(A) full legal name (first, last and middle),

(B) social security number or individual taxpayer identification number,

(C) birth date,

(D) mailing address,

(E) telephone number,

(F) email address,

(G) a disclosure regarding whether the applicant is requesting a reasonable accommodation pursuant to subdivision (b) of Government Code Section 12944. The applicant shall provide medical documentation consisting of a written document with the name, license number, telephone number, date and signature of a physician confirming the existence of the applicant's disability or medical condition (as defined in Government Code section 12926) and the need for the reasonable accommodation.

(H) the information required by paragraphs (2) and (3) of subsection (b); and,

(I) a certification, under penalty of perjury, by the applicant that the information on the application is true and correct.

(2) After receipt of a completed application for approval to test, and upon the Board's determination that the applicant has met the requirements of paragraphs (1) and (2) of subdivision (c) of Section 115.6 of the Code, the Board shall mail a written and dated notice of approval to test to the applicant and PSI. The notice shall also contain the web site address, email address, telephone number and mailing address for the applicant to contact PSI to schedule the examination.

(3) Upon receipt of written notice of approval to test from the Board, an applicant is responsible for contacting PSI to schedule a test date and examination site location, and paying PSI's nonrefundable fees to take the examination.

(d) Fingerprinting Requirements. All applicants shall have met the fingerprinting requirements of this subsection prior to issuance of a temporary license.

(1) Subject to paragraph (3), all applicants must submit fingerprints through the California Department of Justice's electronic fingerprint submission Live Scan Service ("Live Scan") by completing the California Department of Justice Form "Request for Live Scan Service," and submitting fingerprinting, through Live Scan as described in this subsection.

(2) Each applicant shall take the completed Request for Live Scan Service form to a Live Scan location to have their fingerprints taken by the operator. The applicant will be required to pay all fingerprint processing fees payable to the Live Scan operator, including the Live Scan operator's "rolling fee," if any, and fees charged by the California Department of Justice and the Federal Bureau of Investigation. For current information about fingerprint background checks, and Live Scan locations, please visit the Attorney General's website at: <https://oag.ca.gov/fingerprints>.

(3) Applicants residing outside of California who cannot be fingerprinted electronically through Live Scan in California must have their fingerprints taken at a law enforcement agency in their state of residence, using fingerprint cards. Applicants shall complete and mail two fingerprint cards, together with the California Department of Justice and the Federal Bureau of Investigation fingerprinting fees (either personal check drawn on a U.S. bank, money order or certified check), payable to the "Dental Board of California," to:

Dental Board of California
Attention: Licensing and Examination Unit
2005 Evergreen St., Suite 1550
Sacramento, CA 95815

(e) Upon meeting the requirements in subsection (b) and if no grounds for denial exist pursuant to Sections 115.6 or 480 of the Code, the Board shall issue to the applicant the applicable temporary license, subject to the conditions set forth in subdivision (h) of Section 115.6 of the Code.

(f) If the applicant is seeking a temporary license from the Board to practice under an affiliated permit, the applicant also shall either:

(1) Prior to or at the same time as the applicant submits an application for the temporary license to practice under an affiliated permit, apply for a temporary dentist license using the application specified in subsection (b) for permits issued pursuant to Sections 1638.1, 1646.1, 1647.2, 1647.19, or 1647.31 of the Code; or

(2) Have a current, active, and unrestricted license as a physician and surgeon from the Medical Board of California for permits issued pursuant to Sections 1638 and 1646.9 of the Code.

(g) No temporary license for an affiliated permit shall issue until the applicant has been issued a temporary dentist license or has obtained a license as a physician and surgeon from the Medical Board of California, as applicable.

(h) This section shall become operative on [OAL: insert July 1, 2023 or the next quarterly effective date if adopted after July 1, 2023].

Note: Authority cited: Sections 115.6 and 1614, Business and Professions Code.
Reference: Sections 480, 115.6, 1611, 1632, 1638, 1638.1, 1646, 1646.1, 1646.2, 1646.9, 1647.1, 1647.2, 1647.3, 1647.18, 1647.19, 1647.30, 1647.31, 1749.1, 1750.2, 1750.4, 1752.1 and 1753, Business and Professions Code.

TITLE 16. DENTAL BOARD OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

AB 107: Temporary Licenses for Military Spouses or Partners

MODIFIED TEXT

Legend:

Underlined Indicates originally proposed regulatory language.

~~Underlined Strikeout~~ Indicates proposed deletions to the originally proposed regulatory language.

Double Underlined Indicates proposed additions to the originally proposed regulatory language.

Adopt Section 1006 of Article 1 of Chapter 1 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

Section 1006. Temporary Licenses for Military Spouses or Partners.

(a) Definitions. For the purposes of this section, the following definitions shall apply:

(1) "License" shall include any license, ~~or permit, or other comparable authority~~ issued by the Board ~~or an original licensing jurisdiction~~ to practice dentistry, practice under an affiliated permit, or provide dental supportive procedures as a dental auxiliary.

(2) "Disciplined" means that the applicant's license has been placed on probation, revoked, suspended, reprovved, censured, reprimanded, restricted, limited, or conditioned.

(3) "Jurisdiction" shall mean a state, district, or territory of the United States or another country.

(4) "Disciplinary proceeding" shall mean any proceeding or investigation under the authority of the licensing jurisdiction pursuant to which licensee discipline may be imposed on the applicant.

(5) "Provide dental supportive procedures as a dental auxiliary" shall mean providing the services within the scope of practice of a registered dental assistant, registered dental assistant in extended functions, orthodontic assistant, or dental sedation assistant as defined in Sections 1752.4, 1753.5, 1753.55, 1753.6, 1750.3, and

1750.5 of the Code, as applicable, and sections 1086 and 1087 of this Division, as applicable.

(6) "Good standing" shall mean that the applicant has not been disciplined, is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding.

(7) "Original licensing jurisdiction" shall mean the jurisdiction agency or board that issued a license to the applicant authorizing the applicant to practice within the same scope of practice for which the applicant seeks a temporary license from the Board.

(8) "Affiliated permit" shall mean any permit or endorsement associated with either a dentist license or physician and surgeon license, as applicable, and issued by the Board to practice as an elective facial cosmetic surgeon, oral and maxillofacial surgeon, or to administer general anesthesia or moderate sedation to an adult and/or pediatric patient, oral conscious sedation for adult patients, or pediatric minimal sedation as specified in Sections 1638, 1638.1, 1646, 1646.1, 1646.2, 1646.9, 1647.1, 1647.2, 1647.3, 1647.18, 1647.19, 1647.30 and 1647.31 of the Code.

(9) "Successfully complete" shall mean that an applicant has achieved a criterion-referenced passing score as defined in Section 1031.

(b) Application and Eligibility Requirements. An applicant seeking a temporary license to practice dentistry, practice under an affiliated permit, or provide dental supportive procedures as a dental auxiliary pursuant to section 115.6 of the Code shall submit a completed application to the Board and meet all of the requirements of this section and section 115.6 of the Code to be eligible for a temporary license. A completed application shall include the following information:

(1) The applicant's identifying, application type and contact information, including:

(A) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)).

(B) Other name(s) applicant has used or has been known by.

(C) Applicant's physical address.

(D) Applicant's mailing address, if different than the applicant's physical address. The mailing address may be a post office box number or other alternate address.

(E) Applicant's email address, if any.

(F) Applicant's telephone number.

(G) Applicant's Social Security Number or Individual Taxpayer Identification Number, and,

(H) Applicant's birthdate (month, day, and year), and,

(I) Temporary License Application Type (Dentist, Affiliated Permit, or Dental Supportive Procedures as a Dental Auxiliary).

(2) The applicant shall disclose whether the applicant 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 California under official active duty military orders. If the applicant answers in the affirmative, the applicant shall provide the following documentation with the application:

(A) copy of certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces, and;

(B) copy of the military orders establishing their spouse or partner's duty station in California.

(3) The applicant shall disclose whether the applicant holds a current, active and unrestricted license, or comparable authority ("license"), to practice dentistry, practice within the scope of practice of an affiliated permit or provide dental supportive procedures as a dental auxiliary in another state, district, or territory of the United States, and whether such license is the same type of license that the applicant is applying for with the Board. If the applicant answers in the affirmative, the applicant shall provide written verification from the applicant's original licensing jurisdiction that the applicant's license or other comparable authority ("license") is in good standing in that jurisdiction.

The verification shall include all of the following:

(A) the full legal name of the applicant and any other name(s) the applicant has used or has been known by,

(B) the license type and number issued to the applicant by the original licensing jurisdiction, and the relevant law(s) and regulation(s) under which the license was issued; and

(C) the name and location of the licensing agency or entity,

(D) the issuance and expiration date of the license, and,

(E) information showing that the applicant's license is currently in good standing.

(4) The applicant shall disclose whether the applicant has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license pursuant to Sections 141, 480, or 490 of the Code, or Articles 4 (commencing with Section 1670 of the Code) or 5 (commencing with Section 1700 of the Code) of the Act holds or has ever held any other license to practice dentistry or provide dental supportive procedures as a dental auxiliary in another state, district, or territory of the United States. If the applicant answers in the affirmative, the applicant shall provide written verification from the applicant's original licensing jurisdiction that the applicant's license is in good standing in that jurisdiction. The verification shall include all of the following:

(A) the full legal name of the applicant and any other name(s) the applicant has used or has been known by,

(B) the license type and number issued to the applicant by the original licensing jurisdiction, and

(C) the name and location of the licensing agency or entity,

(D) the issuance and expiration date of the license, and,

(E) information showing the applicant's license status.

(5) The applicant shall disclose whether the applicant has been disciplined by a licensing entity in another jurisdiction or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

(6) The applicant shall furnish fingerprints to the Board in compliance with subsection (d) to permit the Board to conduct a criminal history record check through the California Department of Justice.

(7) For applicants seeking a temporary license to practice as a dentist, the applicant shall furnish proof of successful completion of the California law and ethics examination specified in subsection (c). "Proof of successful completion" shall mean a copy of the applicant's report or notice issued by the examination administrator PSI Services LLC (PSI) that lists the applicant's name and indicates that the applicant passed the examination.

(8) A The following statement and notice, signed and dated by the applicant: attesting to the fact that the applicant meets all the requirements for the temporary license, and that the information submitted in the application is accurate, to the best of the applicant's knowledge.

I hereby attest that I meet all of the requirements for temporary licensure as set forth in Business and Professions Code Section 115.6 (c)(1) through (5).

including that I have not committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under the Business and Professions Code at the time the act was committed and I am aware that a violation of this paragraph may be grounds for the denial or revocation of a temporary license issued by the Board. I also attest to the fact that I have not been disciplined by a licensing entity in another jurisdiction and am not the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. I also understand that I will be required to furnish a full set of fingerprints for purposes of conducting a criminal background check. I further attest that the information submitted in this application is accurate, to the best of my knowledge.

Notice: Falsification or misrepresentation of any item or response on this application or any attachment hereto is grounds for denying the application. In addition, any temporary license issued after the application is processed will be immediately terminated upon a finding that the license holder provided substantively inaccurate information that would affect the person's eligibility for temporary licensure (Bus. & Prof. Code, § 115.6).

(c) Law and Ethics Examination Requirements. Each applicant for a temporary license as a dentist shall successfully complete the California law and ethics examination administered by PSI specified in Section 1031.

(1) To take the examination, each applicant shall submit a completed application for approval to test to the Board that contains all of the following:

(A) full legal name (first, last and middle),

(B) social security number or individual taxpayer identification number,

(C) birth date,

(D) mailing address,

(E) telephone number,

(F) email address,

(G) a disclosure regarding whether the applicant is requesting a reasonable accommodation pursuant to subdivision (b) of Government Code Section 12944. The applicant shall provide medical documentation consisting of a written document with the name, license number, telephone number, date and signature of a physician confirming the existence of the applicant's disability or medical condition (as defined in Government Code section 12926) and the need for the reasonable accommodation.

(H) the information required by paragraphs (2) and (3) of subsection (b); and,

(I) a certification, under penalty of perjury, by the applicant that the information on the application is true and correct.

(2) After receipt of a completed application for approval to test, and upon the Board's determination that the applicant has met the requirements of paragraphs (1) and (2) of subdivision (c) of Section 115.6 of the Code, the Board shall mail a written and dated notice of approval to test to the applicant and PSI. The notice shall also contain the web site address, email address, telephone number and mailing address for the applicant to contact PSI to schedule the examination.

(3) Upon receipt of written notice of approval to test from the Board, an applicant is responsible for contacting PSI to schedule a test date and examination site location, and paying PSI's nonrefundable fees to take the examination.

(d) Fingerprinting Requirements. All applicants shall have met the fingerprinting requirements of this subsection prior to issuance of a temporary license.

(1) Subject to paragraph (3), all applicants must submit fingerprints through the California Department of Justice's electronic fingerprint submission Live Scan Service ("Live Scan") by completing the California Department of Justice Form "Request for Live Scan Service," and submitting fingerprinting, through Live Scan as described in this subsection.

(2) Each applicant shall take the completed Request for Live Scan Service form to a Live Scan location to have their fingerprints taken by the operator. The applicant will be required to pay all fingerprint processing fees payable to the Live Scan operator, including the Live Scan operator's "rolling fee," if any, and fees charged by the California Department of Justice and the Federal Bureau of Investigation. For current information about fingerprint background checks, and Live Scan locations, please visit the Attorney General's website at: <https://oag.ca.gov/fingerprints>.

(3) Applicants residing outside of California who cannot be fingerprinted electronically through Live Scan in California must have their fingerprints taken at a law enforcement agency in their state of residence, using fingerprint cards. Applicants shall complete and mail two fingerprint cards, together with the California Department of Justice and the Federal Bureau of Investigation fingerprinting fees (either personal check drawn on a U.S. bank, money order or certified check), payable to the "Dental Board of California," to:

Dental Board of California
Attention: Licensing and Examination Unit

2005 Evergreen St., Suite 1550
Sacramento, CA 95815

(e) Upon meeting the requirements in subsection (b) and if no grounds for denial exist pursuant to Sections 115.6 or 480 of the Code, the Board shall issue to the applicant the applicable temporary license, subject to the conditions set forth in subdivision (h) of Section 115.6 of the Code.

(f) If the applicant is seeking a temporary license from the Board to practice under an affiliated permit, the applicant also shall either:

(1) Prior to or at the same time as the applicant submits an application for the temporary license to practice under an affiliated permit, apply for a temporary dentist license using the application specified in subsection (b) for permits issued pursuant to Sections 1638.1, 1646.1, 1647.2, 1647.19, or 1647.31 of the Code; or

(2) Have a current, active, and unrestricted license as a physician and surgeon from the Medical Board of California for permits issued pursuant to Sections 1638 and 1646.9 of the Code.

(g) No temporary license for an affiliated permit shall issue until the applicant has been issued a temporary dentist license or has obtained a license as a physician and surgeon from the Medical Board of California, as applicable.

(h) This section shall become operative on [OAL: insert July 1, 2023 or the next quarterly effective date if adopted after July 1, 2023].

Note: Authority cited: Sections 115.6 and 1614, Business and Professions Code.

Reference: Sections 480, 115.6, 1611, 1632, 1638, 1638.1, 1646, 1646.1, 1646.2, 1646.9, 1647.1, 1647.2, 1647.3, 1647.18, 1647.19, 1647.30, 1647.31, 1749.1, 1750.2, 1750.4, 1752.1 and 1753, Business and Professions Code.

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	October 5, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 24.c.: Discussion and Possible Action to Initiate a Rulemaking to Amend CCR, Title 16, Sections 1021 and 1028 Related to the Application for Licensure and Fee Requirements

Materials Pending

Agenda Item 24.c.: Discussion and Possible Action to Initiate a Rulemaking to Amend CCR, Title 16, Sections 1021 and 1028 Related to the Application for Licensure and Fee Requirements
Dental Board of California Meeting
November 8-9, 2023

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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	October 31, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 24.d.: Discussion and Possible Action to Initiate a Rulemaking to Amend CCR, Title 16, Section 1018.01 and Adopt Section 1018.02, Related to Uniform Standards for Substance Abusing Licensees and Cease Practice Orders

Background

The “Uniform Standards Related to Substance-Abusing Licensees with Standard Language for Probationary Orders” (Standards) for the Dental Board of California (Board) were first issued in 2013 based upon standards adopted by the Department of Consumer Affairs’ (DCA) Substance Abuse Coordination Committee (SACC) in 2011. Since that time, Senate Bill 796 (Hill, Chapter 600, Statutes of 2017) required DCA to reconvene the SACC and review the existing criteria for Uniform Standard #4 and determine whether the existing criteria should be updated to reflect recent developments in testing research and technology. The SAAC met and issued a revised document containing amendments to Uniform Standard #4 in the document entitled “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” dated March 2019, which is provided in Attachment 3 (SACC’s Uniform Standards).

Title 16, Code of California Regulations, Section 1018.01 references the Board’s Standards. The Board is required under Business and Professions Code Section 315 to use these standards, which adopts the SACC’s Uniform Standards, in every case where it has been determined that the individual is a substance-abusing licensee. As a result of the 2019 revisions to the SACC’s Uniform Standards, the Board’s Standards, which are incorporated by reference in regulation, also are required to be updated to maintain consistency with the SACC’s Uniform Standards in accordance with Section 315.

The full text of the Standards, with markups reflecting proposed changes to the text, is attached to this memo as Attachments 1 and 2.

Agenda Item 24.d.: Discussion and Possible Action to Initiate a Rulemaking to Amend CCR, Title 16, Section 1018.01 and Adopt Section 1018.02, Related to Uniform Standards for Substance Abusing Licensees and Cease Practice Orders
Dental Board of California Meeting
November 8-9, 2023

Page 1 of 4

Updating the Standards will be a more useful tool for the Board, applicants and licensees, Administrative Law Judges (ALJs), legal counsel, and the public by providing a more accurate overview of the Board's processes in formal disciplinary actions for substance abusing licensees. The updated Standards will also serve as an educational and guidance tool for the ALJs who administer hearings for the Board. These judges will benefit from greater understanding of the various nuances of the Board's enforcement provisions and will help improve the consistency of penalties for violations of the Dental Practice Act and its regulations committed by substance abusing licensees.

Overview of Proposed Rulemaking Text Changes

Staff propose the following further amendments to the Board's Standards to maintain consistency with, and further clarify other, SACC standards not currently addressed in the Board's Uniform Standards regulation:

- (1) Adopt new subsections (c)-(f) to define major and minor violations and the specific consequences for major and minor violations consistent with SACC Uniform Standard #1,
- (2) Adopt a new definition at subsection (g) for "prohibited substance" to help interpret Standard #9 (procedures to be followed when a licensee is confirmed to have ingested a prohibited or banned substance) consistent with the Board's current drug and alcohol drug abstention policies for substance-abusing licensees on probation with the Board. Prohibited substances would be proposed to be defined as: an illegal drug, a lawful drug not prescribed or ordered by an appropriately licensed healthcare provider authorized to issue a prescription in accordance with Section 4040 of the Code for use by the licensee and approved by the Board in its discretion on a case-by-case basis, alcohol, or any other substance the licensee has been instructed by the Board not to use, consume, ingest, or self-administer,
- (3) Adopt a new definition at subsection (h) for "biological testing" to specify the types of testing required (i.e., urine, blood, breathalyzer, or hair follicle testing) to implement Standard #4 (standards required for all aspects of testing). This proposed change would give notice of the specific the types of testing a probationer might be subject to under the Board's current drug and alcohol testing protocols and procedures,
- (4) Adopt a new subsection (i) to further specify that the Standards are not a limitation on the Board's authority to revoke the probation of a substance-abusing licensee who has violated a term or condition of that probation, and,

- (5) Adopt a new section titled “Section 1018.02. Cease Practice—Probation” as explained in further detail below.

The proposed rulemaking would also add a new CCR Section 1018.02 titled Cease Practice – Probation. This section describes how the Board would issue a Cease Practice order in the event that a probationer commits either a major violation and/or a minor violation as defined in Section 1018.01. The proposed section 1018.02 describes how the Board would give notice to the probationer of the cease practice order. It also describes how a probationer subject to such an order could appeal to the Board, how that appeal would be handled, and the timeframe in which the appeal could be filed, reviewed and a final determination made. The proposed regulations further describe when a cease practice order may dissolve and stipulate that a cease practice order does not apply to a reduction in the probationary period.

Additional Proposed Standards Changes

Aside from non-substantive changes for word choice, consistency of language, ease of reading and formatting, the proposed updates to the Standards include the following:

- Add references to the 2019 update of the Substance Abuse Coordinating Committee document “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” and update references to the 2011 version to reflect the 2019 update.
- Revise language to consistently refer to Respondent throughout the document instead of ‘licensee’ or ‘his or her’.
- In Standard 3 “Drug Testing” adds language permitting the Board to reduce the testing frequency of a Respondent under at least 50 percent supervision to a minimum of 24 times per year. This standard would also be revised to require, “prior to vacation or absence,” approval by the Board of any alternatives to the probationer’s drug testing requirements (including frequency).
- Adds a new Standard No. 8 covering the standards a Respondent must meet before the Board may remove any practice restrictions or a cease practice order, as well as the standards a Respondent must meet in order to request an unrestricted license (consistent with SACC Uniform Standards # 11 and 12).

Action Requested

The Board should review the proposed regulatory text and consider whether they would support it as written or if there are suggested changes to the proposed text. After review, the staff requests that the Board consider one of the following motions:

Agenda Item 24.d.: Discussion and Possible Action to Initiate a Rulemaking to Amend CCR, Title 16, Section 1018.01 and Adopt Section 1018.02, Related to Uniform Standards for Substance Abusing Licensees and Cease Practice Orders
Dental Board of California Meeting
November 8-9, 2023

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Motion A: (The Board has no suggested changes for the proposed regulatory text and Standards.)

Approve the proposed regulatory text and incorporated Uniform Standards document in Attachments 1 and 2 and submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for 16 CCR sections 1018.01 and 1018.02.

Motion B: (The Board has suggested changes for the proposed regulatory text and Standards.)

Approve the proposed regulatory text and incorporated Uniform Standards document in Attachments 1 and 2, with the following changes. (Describe the proposed changes to the proposed text).

In addition, submit the approved text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for 16 CCR sections 1018.01 and 1018.02.

Attachments

- (1) Proposed Regulatory Text for Title 16, California Code of Regulations Sections 1018.01 and 1018.02.
- (2) Document incorporated by reference: "UNIFORM STANDARDS RELATED TO SUBSTANCE-ABUSING LICENSEES WITH STANDARD LANGUAGE FOR PROBATIONARY ORDERS" revised November 9, 2023
- (3) "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," dated March 2019 by the Department of Consumer Affairs' Substance Abuse Coordination Committee

Agenda Item 24.d.: Discussion and Possible Action to Initiate a Rulemaking to Amend CCR, Title 16, Section 1018.01 and Adopt Section 1018.02, Related to Uniform Standards for Substance Abusing Licensees and Cease Practice Orders
Dental Board of California Meeting
November 8-9, 2023

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DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. DENTAL BOARD OF CALIFORNIA

PROPOSED REGULATORY LANGUAGE
Uniform Standards for Substance-Abusing Licensees

Legend:	Added text is indicated with an <u>underline</u> . Omitted text is indicated by (* * * *) Deleted text is indicated by strikeout .
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Amend section 1018.01 and Adopt section 1018.02 of Article 4.5 of Chapter 1 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1018.01. Uniform Standards for Substance-Abusing Licensees.

(a) If after notice and hearing conducted in accordance with the Administrative Procedure Act at Chapter 5 (commencing with sections 11500), Part 1, Division 3, Title 2 of the Government Code ~~(commencing with sections 11500 et seq.)~~, the Board finds that the evidence establishes that an individual is a substance-abusing licensee, then the terms and conditions contained in the document entitled "Uniform Standards Related to Substance-Abusing Licensees with Standard Language for Probationary Orders," ~~New February 28, 2013~~ Revised November 9, 2023 ("Uniform Standards document"), which are hereby incorporated by reference, shall be used in any probationary order of the Board affecting that licensee.

(b) Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation that are specific to a particular case or that are derived from the Board's guidelines referenced in Section 1018 in any order that the Board determines would provide greater public protection.

(c) A substance-abusing licensee who does any of the following shall be deemed to have committed a major violation of probation:

(1) Fails to complete a Board-ordered program as described in the Board's probationary order;

(2) Fails to undergo a required clinical diagnostic evaluation as described in the Board's probationary order;

(3) Commits multiple minor violations of probation conditions and terms as defined in this section;

(4) Treats a patient or patients while under the influence of a prohibited substance;

(5) Engages in any drug or alcohol related act that is a violation of state or federal law or regulation;

(6) Fails to undergo biological testing when ordered;

(7) Uses, consumes, ingests, or self-administers a prohibited substance;

(8) Knowingly uses, makes, alters, or possesses any object or product in such a way as to defraud or attempt to defraud a biological test designed to detect the presence of a prohibited substance; or

(9) Fails to comply with any term or condition of probation that presents an immediate threat to the violator or to the public.

(d) If a substance-abusing licensee commits a major violation, the Board will take one or more of the following actions:

(1) Issue an immediate cease-practice order in accordance with Section 1018.02 and order the licensee to undergo a clinical diagnostic evaluation meeting the requirements set forth in the Uniform Standards document at the expense of the licensee. Any order issued by the Board pursuant to this subsection shall state that the licensee must test negative for at least a month of continuous biological testing before being allowed to resume practice.

(2) Increase the frequency of biological testing.

(3) Refer the licensee for further disciplinary action, such as suspension, revocation, or other action as determined by the Board in accordance with the procedures outlined in the Administrative Procedure Act at Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(e) A substance-abusing licensee who does any of the following shall be deemed to have committed a minor violation of probation:

(1) Fails to submit required documentation to the Board in a timely manner;

(2) Has an unexcused absence at a required meeting;

(3) Fails to contact a worksite monitor as required by the Board's probationary order;
or

(4) Fails to comply with any term or condition of probation which does not present an immediate threat to the violator or to the public.

(f) If a substance-abusing licensee commits a minor violation, the Board will take one or more of the following actions:

(1) Issue a cease-practice order in accordance with Section 1018.02;

(2) Order practice limitations;

(3) Order or increase supervision of licensee;

(4) Order increased documentation;

(5) Issue a citation and fine in accordance with Article 7 of this Division, or a warning letter;

(6) Order the licensee to undergo a clinical diagnostic evaluation meeting the requirements set forth in the Uniform Standards document at the expense of the licensee;

(7) Take any other action, including further disciplinary action such as suspension or revocation, as determined by the Board, in accordance with the procedures outlined in the Administrative Procedure Act at Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(g) For purposes of this Article, the term “prohibited substance” means an illegal drug, a lawful drug not prescribed or ordered by an appropriately licensed healthcare provider authorized to issue a prescription in accordance with Section 4040 of the Code for use by the licensee and approved by the Board in its discretion on a case-by-case basis, alcohol, or any other substance the licensee has been instructed by the Board not to use, consume, ingest, or self-administer.

(h) For purposes of this Article, “biological testing” may include urine, blood, breathalyzer, or hair follicle testing.

(i) Nothing in this section shall be considered a limitation on the Board's authority to revoke the probation of a substance-abusing licensee who has violated a term or condition of that probation.

Note: Authority cited: Sections 315, 315.2, 315.4 and 1614, Business and Professions Code. Reference: Sections 315, 315.2 and 315.4, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

§ 1018.02. Cease Practice--Probation.

(a) Any licensee placed on probation who has committed a “Major Violation” or “Minor Violation” as identified in Section 1018.01 shall receive a notice to cease the practice of any profession or performance of any duties that are authorized by any license or permit issued by the Board in accordance with the Act, as directed by the Board.

(b) The Board shall attempt to contact the probationer by electronic and/or telephonic means to advise the probationer of the notice to cease practice and shall deliver such notice by certified and regular mail at the licensee's last known address. The Board shall update its licensing database to reflect the status of the license.

(c) The probationer may file a written appeal, within 10 days of the date of the notice to cease practice, to provide additional evidence disputing the finding of the violation(s) that was cause for the notice to cease practice. The Executive Officer will review the appeal and make a determination in the matter, within 10 days from the date the written appeal and all supporting evidence or documentation is received. The probationer shall be notified of the outcome by certified mail.

(d) The probationer shall not resume the practice of any profession or performance of any duties that are authorized by any license or permit issued by the Board in accordance with the Act until a final decision on an accusation and/or petition to revoke probation is made or until such time as the Board delivers written notification that the notice to cease practice has been dissolved.

(e) The cessation of practice shall not apply to the reduction of the probationary period.

Note: Authority cited: Sections 315, 315.2, 315.4 and 1614, Business and Professions Code. Reference: Sections 315, 315.2 and 315.4, Business and Professions Code.

**UNIFORM STANDARDS RELATED TO
SUBSTANCE-ABUSING LICENSEES WITH
STANDARD LANGUAGE FOR PROBATIONARY ORDERS**

~~New February 28, 2013~~ Revised November 9, 2023

Issued By:

The Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, California 95815
Telephone: (916) 263-2300
Fax: (916) 263-2140



STANDARD LANGUAGE TO BE INCLUDED IN EVERY PROBATIONARY ORDER FOR SUBSTANCE-ABUSING LICENSEES

Pursuant to ~~Section 315 of the Business and Professions Code~~ section 315, the Dental Board of California is directed to use the standards developed by the Substance Abuse Coordination Committee (SACC) for substance abusing licensees. On April 11, 2011, the SACC developed standards to be used by all healing arts boards. Those standards were updated by the SACC in a document entitled "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" (March 2019) ("Uniform Standards"). Administrative Law Judges, parties, and staff are therefore required to use the language below, which is developed in accordance with those SACC standards.

To that end, the following probationary terms and conditions shall be used in every case where it has been determined that the individual is a substance-abusing licensee as provided in ~~Section 1018.01 of Title 16 of the California Code of Regulations, title 16, section 1018.01.~~ For purposes of implementation of these conditions of probation, any reference to the Board also means staff working for the Dental Board of California or its designee. These conditions shall be used in lieu of any similar standard or optional term or condition proposed in the Board's Disciplinary Guidelines, incorporated by reference at ~~Title 16, California Code of Regulations, title 16, §section 1018.~~ However, the Board's Disciplinary Guidelines should still be used in formulating the penalty and in considering additional terms or conditions of probation appropriate for greater public protection (e.g., other standard or optional terms of probation).

ADDITIONAL PROBATIONARY TERMS AND CONDITIONS

(1) NOTIFICATION TO EMPLOYER: Prior to engaging in the practice of dentistry, ~~the Respondent shall provide a true copy of the Decision and Accusation and this decision to his or her~~ Respondent's employer, supervisor, or contractor, or prospective employer or contractor, and at any other facility where Respondent engages in the practice of dentistry before accepting or continuing employment. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in place of employment.

~~The~~ Respondent shall provide to the Board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors, or contractors, and shall inform the Board in writing of the facility or facilities at which the person engages in the practice of dentistry.

Respondent shall give specific, written consent to the Board and its contractor to allow the Board or its designee to communicate with ~~the Respondent's~~ employer and supervisor, or contractor regarding ~~the licensee~~ Respondent's work status, performance, and monitoring.

Source: (Uniform Standard #3 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated ~~April 2014~~ March 2019.)

(2) SUPERVISED PRACTICE: Within 60 days of the effective date of this decision, Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more proposed supervisors and a plan for each such supervisor by which Respondent's practice would be supervised. The Board will advise Respondent within two weeks whether or not the proposed supervisor and plan of supervision are approved. Respondent shall not practice until receiving notification of Board approval of Respondent's choice of a supervisor and plan of supervision. Respondent shall complete any required consent forms and sign an agreement with the supervisor and the Board regarding ~~the Respondent~~ and the supervisor's requirements and reporting responsibilities.

The plan of supervision shall be *(direct and require the physical presence of the supervising dentist in the dental office during the time dental procedures are performed.) (general and not require the physical presence of the supervising dentist during the time dental procedures are performed but does require an occasional random check of the work performed on the patient as well as quarterly monitoring visits at the office or place of practice)*. Additionally, the supervisor shall have full and random access to all patient records of Respondent. The supervisor may evaluate all aspects of Respondent's practice regardless of Respondent's areas of deficiencies.

Each proposed supervisor shall be a California licensed dentist who shall submit written reports to the Board on a quarterly basis verifying that supervision has taken place as required and include an evaluation of Respondent's performance. It shall be Respondent's responsibility to ~~assure~~ ensure that the required reports are filed in a timely manner. Each supervisor shall have been licensed in California for at least five (5) years and not have ever been subject to any disciplinary action by the Board. An administrative citation and fine does not constitute discipline and therefore, in and of itself is not a reason to deny an individual as a supervisor.

The supervisor shall be independent, with no prior business or professional relationship with Respondent and the supervisor shall not be in a familial relationship with or be an employee, partner or associate of Respondent. If the supervisor terminates or is otherwise no longer available, Respondent shall not practice until a new supervisor has

been approved by the Board. All costs of the supervision shall be paid by ~~the~~ Respondent.

The supervisor shall sign an affirmation that ~~he or she~~ the supervisor has reviewed the terms and conditions of ~~the licensee~~ Respondent's disciplinary order and agrees to supervise ~~the licensee~~ Respondent as set forth by the Board.

The supervisor shall have face-to-face contact with ~~the licensee~~ Respondent in the work environment on a frequent basis as determined by the Board, but at least once per week. The supervisor shall interview other staff in the office regarding ~~the licensee~~ Respondent's behavior, if applicable. The supervisor shall review ~~the licensee~~ Respondent's work attendance and behavior.

The supervisor shall orally report any suspected substance abuse to the Board and ~~the licensee~~ Respondent's employer within one (1) business day of occurrence. If occurrence is not during the Board's normal business hours, the oral report must be within one (1) hour of the next business day. The supervisor shall submit a written report to the Board within 48 hours of occurrence.

The supervisor shall complete and submit a written report monthly or as directed by the ~~Board~~. The report shall include: ~~the licensee~~ Respondent's name; Respondent's license number; supervisor's name and signature; supervisor's license number; worksite location(s); dates ~~licensee~~ Respondent had face-to-face contact with the supervisor; worksite staff interviewed, if applicable; attendance report; any change in Respondent's behavior and/or personal habits; any indicators that can lead to suspected substance abuse.

Source: (Uniform Standard #7 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated ~~April 2014~~ March 2019.)

NOTE: Orthodontic Assistants require, at a minimum, direct supervision to perform licensed functions (Business and Professions Code section 1750.3). Dental Sedation Assistants require, at a minimum, direct supervision to perform licensed functions (Business and Professions Code section 1750.5). Registered Dental Assistants in Extended Functions require, at a minimum, direct supervision to perform certain licensed functions (Business and Professions Code section 1753.5).

(3) DRUG AND ALCOHOL TESTING: Respondent shall submit to and pay for any random and directed biological fluid or hair sample, breath alcohol or any other mode of testing required by the Board. Though the frequency of testing will be determined by

the ~~b~~Board or its designee, and shall be designed so as to prevent Respondent from anticipating testing dates (either randomized testing or unpredictable dates), the frequency of testing shall be at least the following: at least fifty-two (52) test dates during the first year of probation; at least thirty-six (36) test dates during the second, third, fourth, and fifth years of probation; and at least one (1) test per month in each year of probation after the fifth so long as there have been no positive test results during the previous five (5) years. The ~~b~~Board or its designee may require less frequent testing if any of the following applies:

- Where Respondent has previously participated in a treatment or monitoring program requiring testing, the ~~b~~Board or its designee may consider that prior testing record in applying the three-tier testing frequency schedule described above;
- Where the basis for probation or discipline is a single incident or conviction involving alcohol or drugs, or two incidents or convictions involving alcohol or drugs that were at least seven (7) years apart, that did not occur at work or on the way to or from work, the ~~b~~Board or its designee may skip the first-year testing frequency requirement(s);
- Where Respondent is not employed in any health care field, frequency of testing may be reduced to a minimum of twelve (12) tests per year. If Respondent wishes to thereafter return to employment in a health care field, Respondent shall be required to test at least once a week for a period of sixty (60) days before commencing such employment, and shall thereafter be required to test at least once a week for a full year, before ~~he/she~~ Respondent may be reduced to a testing frequency of at least thirty-six (36) tests per year, and so forth;
- Respondent's testing requirement may be suspended during any period of tolling of the period of probation;
- Where Respondent has a demonstrated period of sobriety and/or non-use, the ~~b~~Board or its designee may reduce the testing frequency to no less than twenty-four (24) tests per year.

- Where Respondent is a practicing licensee, if Respondent receives a minimum of 50% supervision per day by a supervisor licensed by the Board, the Board or its designee may reduce testing frequency to a minimum of 24 times per year.

Any detection through testing of alcohol, or of a controlled substance or dangerous drug absent documentation that the detected substance was taken pursuant to a legitimate prescription and a necessary treatment, may cause the ~~the~~ Board or its designee to increase the frequency of testing, in addition to any other action including but not limited to further disciplinary action.

Respondent shall have the test performed by a Board-approved laboratory certified and accredited by the U.S. Department of Health and Human Services on the same day that ~~he or she~~ Respondent is notified that a test is required. This shall ensure that the test results are sent immediately to the Board. Failure to comply within the time specified shall be considered an admission of a positive drug screen and constitutes a violation of probation. If a test results in a determination that the urine admission was too diluted for testing, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation. If an “out of range result” is obtained, the Board may require Respondent to immediately undergo a physical examination and to complete laboratory or diagnostic testing to determine if any underlying physical condition has contributed to the diluted result and to cease practice. Any such examination or laboratory and testing costs shall be paid by Respondent. An “out of range result” is one in which, based on scientific principles, indicates ~~the~~ Respondent attempted to alter the test results in order to either render the test invalid or obtain a negative result when a positive result should have been the outcome. If it is determined that Respondent altered the test results, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation and Respondent must cease practicing. Respondent shall not resume practice until notified by the ~~the~~ Board. If Respondent tests positive for a banned substance, Respondent shall be ordered by the Board to cease any practice, and may not practice unless and until notified by the Board. Prior to vacation or absence, All any alternative to Respondent’s drug testing sites due to vacation or travel outside of California requirements (including frequency) must be approved by the Board prior to the vacation or travel.

Source: (Uniform Standards #4, #8-10 of “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees,” revised dated ~~April 2014~~ March 2019 and ~~Section 315.2 of the Business and Professions Code~~ section 315.2.)

(4) ABSTAIN FROM USE OF ALCOHOL, CONTROLLED SUBSTANCES AND DANGEROUS DRUGS: Respondent shall abstain completely from the possession, injection, or consumption of any route, including inhalation, of all psychotropic (mood altering) drugs, including alcohol, and including controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code ~~§~~section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed by a physician and surgeon, dentist, or nurse practitioner for a bona fide illness or condition. Within fifteen (15) calendar days of receiving any lawful prescription medications, Respondent shall notify the Board in writing of the following: prescriber's name, address, and telephone number; medication name and strength, issuing pharmacy name, address, and telephone number, and specific medical purpose for medication. Respondent shall also provide a current list of prescribed medication with the prescriber's name, address, and telephone number on each quarterly report submitted. Respondent shall provide the Board with a signed and dated medical release covering the entire probation period.

Respondent shall identify for the Board's approval a single coordinating physician and surgeon who shall be aware of Respondent's history of substance abuse and who will coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled substances, psychotropic or mood altering drugs. Once a Board-approved physician and surgeon has been identified, Respondent shall provide a copy of the accusation and this decision to the physician and surgeon. The coordinating physician and surgeon shall report to the Board on a quarterly basis Respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of such substances.

The Board may require that only a physician and surgeon who is a specialist in addictive medicine be approved as the coordinating physician and surgeon.

If Respondent has a positive drug screen for any substance not legally authorized, Respondent shall be ordered by the Board to cease any practice and may not practice unless and until notified by the Board. If the Board files a petition to revoke probation or an accusation based upon the positive drug screen, Respondent shall be automatically suspended from practice pending the final decision on the petition to revoke probation or accusation. This period of suspension will not apply to the reduction of this probationary period.

Source: (Uniform Standards #4, #8 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated ~~April 2014~~March 2019, and ~~Section 315.2 of the Business and Professions Code~~ section 315.2.)

(5) FACILITATED GROUP SUPPORT MEETINGS: Within fifteen (15) days from the effective date of ~~the~~this decision, Respondent shall submit to the Board or its designee for prior approval the name of one or more meeting facilitators. Respondent shall participate in facilitated group support meetings within fifteen (15) days after notification of the Board's approval of the meeting facilitator. When determining the type and frequency of required facilitated group support meeting attendance, the Board shall give consideration to the following:

- The licensee's history;
- The documented length of sobriety/time that has elapsed since substance abuse;
- The recommendation of the clinical evaluator;
- The scope and pattern of use;
- The licensee's treatment history; and ,
- The nature, duration, and severity of substance abuse.

Verified documentation of attendance shall be submitted by Respondent with each quarterly report. Respondent shall continue attendance in such a group for the duration of probation unless notified by the Board that attendance is no longer required. All costs associated with facilitated group support meetings shall be paid by ~~the~~ Respondent.

The group facilitator shall meet the following qualifications and requirements:

1. The group meeting facilitator shall have a minimum of three (3) years' experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.
2. The group meeting facilitator shall not have a financial relationship, personal relationship, or business relationship with ~~the licensee~~Respondent in the last five (5) years.
3. The group facilitator shall provide to the Board a signed document showing ~~the licensee~~Respondent's name, the group name, the date and location of the meeting, ~~the licensee~~Respondent's attendance, and ~~the licensee~~Respondent's level of participation and progress.
4. The group meeting facilitator shall report any unexcused absence to the Board within twenty-four (24) hours.

Source: (Uniform Standard #5 of “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees,” revised dated ~~April 2014~~ March 2019),

(6) CLINICAL DIAGNOSTIC EVALUATION: Upon order of the Board, Respondent shall undergo a clinical diagnostic evaluation. The ~~Board~~ Board or its designee shall select or approve evaluator(s) holding a valid, unrestricted license to practice, with a scope of practice that includes the conduct of clinical diagnostic evaluations and at least three (3) years’ experience conducting such evaluations of health professionals with alcohol or substance abuse problems. The evaluator(s) shall not have a financial relationship, personal relationship, or business relationship with Respondent within the last five (5) years. The evaluator(s) shall provide an objective/ unbiased, and independent evaluation of Respondent. Respondent shall provide the evaluator with a copy of ~~the Board’s this~~ Decision prior to the clinical diagnostic evaluation being performed.

Any time ~~the~~ Respondent is ordered to undergo a clinical diagnostic evaluation, Respondent shall cease practice for a minimum of thirty (30) days pending the results of a clinical diagnostic evaluation and review by the Board. During such time, ~~the~~ Respondent shall submit to random drug testing at least two (2) times per week.

Respondent shall cause the evaluator to submit to the Board a written clinical diagnostic evaluation report within ten (10) days from the date the evaluation was completed, unless an extension, not to exceed thirty (30) days, is granted to the evaluator by the Board. The cost of such evaluation shall be paid by ~~the~~ Respondent. The evaluation(s) shall be conducted in accordance with acceptable professional standards for alcohol or substance abuse clinical diagnostic evaluations. The written report(s) shall set forth, at least, the opinions of the evaluator as to: whether Respondent has an alcohol or substance abuse problem; whether Respondent is a threat to ~~him/herself~~ themselves or others; and recommendations for alcohol or substance abuse treatment, practice restrictions, or other steps related to Respondent’s rehabilitation and safe practice. If the evaluator determines during the evaluation process that Respondent is a threat to him/herself or others, the evaluator shall notify the ~~Board~~ Board within twenty-four (24) hours.

Respondent shall cease practice until the Board determines that ~~he or she~~ Respondent is able to safely practice either full-time or part-time and has had at least thirty (30) days of negative drug test results. Respondent shall comply with any restrictions or recommendations made as a result of the clinical diagnostic evaluation.

Source: (Uniform Standards #1, #2 of “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees,” revised dated ~~April 2014~~ March 2019, and Business and Professions Code section 315.4~~7~~2)

(7) DRUG OR ALCOHOL ABUSE TREATMENT PROGRAM: Upon order of the Board, Respondent shall successfully complete an inpatient, outpatient or any other type of recovery and relapse prevention treatment program as directed by the Board. When determining if Respondent should be required to participate in inpatient, outpatient or any other type of treatment, the Board shall take into consideration the recommendation of the clinical diagnostic evaluation, license type, ~~licensee~~Respondent's history, length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse and whether ~~the licensee~~ Respondent is a threat to himself or herself or others. All costs associated with completion of a drug or alcohol abuse treatment program shall be paid by ~~the~~ Respondent.

Source: (Uniform Standard #6 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated ~~April 2014~~March 2019.)

(8) Request by a Substance-Abusing Licensee to Return to Practice.

(a) Before Respondent may request to return to full time practice after the issuance of a cease-practice order or after the imposition of practice restrictions following a clinical diagnostic evaluation, the Board, in conjunction with the evaluator conducting the clinical diagnostic evaluation, shall ensure that Respondent meets the following criteria:

(1) Demonstrated sustained compliance with Respondent's current treatment or recovery program, as applicable;

(2) Demonstrated ability to practice safely as evidenced by current worksite monitor reports (if currently being monitored), evaluations conducted by licensed healthcare practitioners, and any other information relating to Respondent's substance abuse and recovery therefrom; and

(3) Negative biological tests or biological tests indicating that Respondent has not used, consumed, ingested, or self-administered a prohibited substance for at least six (6) months, two (2) positive worksite monitor reports (if currently being monitored), and complete compliance with other terms and conditions of probation.

(b) Before Respondent may request a full and unrestricted license, Respondent shall demonstrate:

(1) Sustained compliance with the terms of this decision, if applicable;

(2) Successful completion of a treatment or recovery program, if required;

(3) Consistent and sustained participation in activities that promote and support Respondent's recovery, including, but not limited to, ongoing support meetings, therapy, counseling, a relapse prevention plan, and community activities;

(4) Ability to practice dentistry, oral and maxillofacial surgery or elective facial cosmetic surgery, or provide dental supportive services as a licensed dental auxiliary, safely; and,

(5) Continuous sobriety for three (3) to five (5) years.

Source: (Uniform Standards #11, #12 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated March 2019.)

Uniform Standards Regarding Substance-Abusing Healing Arts Licensees

Senate Bill 1441 (Ridley-Thomas)

Implementation by
Department of Consumer Affairs,
Substance Abuse Coordination Committee



Dean Grafilo, Director
March 2019



Substance Abuse Coordination Committee

Dean Grafilo, Chair
Director, Department of Consumer Affairs

Michelle Wong
CA Department of Health Care Services

Ben Bodea
Acupuncture Board

Kim Madsen
California Board of Behavioral Sciences

Robert Puleo
Board of Chiropractic Examiners

Anthony Lum
Dental Hygiene Committee of California

Karen Fischer
Dental Board of California

Kimberly Kirchmeyer
Medical Board of California

Heather Martin
California Board of Occupational Therapy

Shara Murphy
California State Board of Optometry

Elaine Yamaguchi
**Board of Vocational Nursing and
Psychiatric Technicians**

Angie Burton
Osteopathic Medical Board of California

Rebecca Mitchell
Naturopathic Medicine Committee

Virginia Herold
California State Board of Pharmacy

Jason Kaiser
Physical Therapy Board of California

Lynn Forsyth
Physician Assistant Committee

Brian Naslund
Board of Podiatric Medicine

Antonette Sorrick
Board of Psychology

Joseph Morris
Board of Registered Nursing

Stephanie Nunez
Respiratory Care Board of California

Paul Sanchez
**Speech-Language Pathology & Audiology &
Hearing Aid Dispenser Board**

Jessica Sieferman
Veterinary Medical Board

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#1 SENATE BILL 1441 REQUIREMENT

Specific requirements for a clinical diagnostic evaluation of the licensee, including, but not limited to, required qualifications for the providers evaluating the licensee.

#1 Uniform Standard

If a healing arts board orders a licensee who is either in a diversion program or whose license is on probation due to a substance abuse problem to undergo a clinical diagnosis evaluation, the following applies:

1. The clinical diagnostic evaluation shall be conducted by a licensed practitioner who:
 - holds a valid, unrestricted license, which includes scope of practice to conduct a clinical diagnostic evaluation;
 - has three (3) years experience in providing evaluations of health professionals with substance abuse disorders; and,
 - is approved by the board.
2. The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.
3. The clinical diagnostic evaluation report shall:
 - set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem;
 - set forth, in the evaluator's opinion, whether the licensee is a threat to himself/herself or others; and,
 - set forth, in the evaluator's opinion, recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice.

The evaluator shall not have a financial relationship, personal relationship, or business relationship with the licensee within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.

If the evaluator determines during the evaluation process that a licensee is a threat to himself/herself or others, the evaluator shall notify the board within 24 hours of such a determination.

For all evaluations, a final written report shall be provided to the board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed 30 days.

#2 SENATE BILL 1441 REQUIREMENT

Specific requirements for the temporary removal of the licensee from practice, in order to enable the licensee to undergo the clinical diagnostic evaluation described in subdivision (a) and any treatment recommended by the evaluator described in subdivision (a) and approved by the board, and specific criteria that the licensee must meet before being permitted to return to practice on a full-time or part-time basis.

#2 Uniform Standard

The following practice restrictions apply to each licensee who undergoes a clinical diagnostic evaluation:

1. The Board shall order the licensee to cease practice during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by the diversion program/board staff.
2. While awaiting the results of the clinical diagnostic evaluation required in Uniform Standard #1, the licensee shall be randomly drug tested at least two (2) times per week.

After reviewing the results of the clinical diagnostic evaluation, and the criteria below, a diversion or probation manager shall determine, whether or not the licensee is safe to return to either part-time or fulltime practice. However, no licensee shall be returned to practice until he or she has at least 30 days of negative drug tests.

- the license type;
- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use
- the scope and pattern of use;
- the treatment history;
- the licensee's medical history and current medical condition;
- the nature, duration and severity of substance abuse, and
- whether the licensee is a threat to himself/herself or the public.

#3 SENATE BILL 1441 REQUIREMENT

Specific requirements that govern the ability of the licensing board to communicate with the licensee's employer about the licensee's status or condition.

#3 Uniform Standard

If the licensee who is either in a board diversion program or whose license is on probation has an employer, the licensee shall provide to the board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors and shall give specific, written consent that the licensee authorizes the board and the employers and supervisors to communicate regarding the licensee's work status, performance, and monitoring.

#4 SENATE BILL 1441 REQUIREMENT

Standards governing all aspects of required testing, including, but not limited to, frequency of testing, randomness, method of notice to the licensee, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, the permissible locations of testing, whether the collection process must be observed by the collector, backup testing requirements when the licensee is on vacation or otherwise unavailable for local testing, requirements for the laboratory that analyzes the specimens, and the required maximum timeframe from the test to the receipt of the result of the test.

#4 Uniform Standard

The following standards shall govern all aspects of testing required to determine abstention from alcohol and drugs for any person whose license is placed on probation or in a diversion program due to substance use:

TESTING FREQUENCY SCHEDULE

A board may order a licensee to drug test at any time. Additionally, each licensee shall be tested RANDOMLY in accordance with the schedule below:

Level	Segments of Probation/Diversion	Minimum Range of Number of Random Tests
I	Year 1	52-104 per year
II*	Year 2+	36-104 per year

*The minimum range of 36-104 tests identified in level II, is for the second year of probation or diversion, and each year thereafter, up to five (5) years. Thereafter, administration of one (1) time per month if there have been no positive drug tests in the previous five (5) consecutive years of probation or diversion.

Nothing precludes a board from increasing the number of random tests for any reason. Any board who finds or has suspicion that a licensee has committed a violation of a board's testing program or who has committed a Major Violation, as identified in Uniform Standard 10, may reestablish the testing cycle by placing that licensee at the beginning of level I, in addition to any other disciplinary action that may be pursued.

EXCEPTIONS TO TESTING FREQUENCY SCHEDULE**I. PREVIOUS TESTING/SOBRIETY**

In cases where a board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing, prior to being subject to testing by the board, the board may give consideration to that testing in altering the testing

frequency schedule so that it is equivalent to this standard.

II. VIOLATION(S) OUTSIDE OF EMPLOYMENT

An individual whose license is placed on probation for a single conviction or incident or two convictions or incidents, spanning greater than seven years from each other, where those violations did not occur at work or while on the licensee's way to work, where alcohol or drugs were a contributing factor, may bypass level I and participate in level II of the testing frequency schedule.

III. NOT EMPLOYED IN HEALTH CARE FIELD

A board may reduce testing frequency to a minimum of 12 times per year for any person who is not practicing OR working in any health care field. If a reduced testing frequency schedule is established for this reason, and if a licensee wants to return to practice or work in a health care field, the licensee shall notify and secure the approval of the licensee's board. Prior to returning to any health care employment, the licensee shall be subject to level I testing frequency for at least 60 days. At such time the person returns to employment (in a health care field), if the licensee has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

IV. TOLLING

A board may postpone all testing for any person whose probation or diversion is placed in a tolling status if the overall length of the probationary or diversion period is also tolled. A licensee shall notify the board upon the licensee's return to California and shall be subject to testing as provided in this standard. If the licensee returns to employment in a health care field, and has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

V. SUBSTANCE USE DISORDER NOT DIAGNOSED

In cases where no current substance use disorder diagnosis is made, a lesser period of monitoring and toxicology screening may be adopted by the board, but not to be less than 24 times per year.

VI. LICENSED SUPERVISION DURING PRACTICE

A board may reduce testing frequency to a minimum of 24 times per year for any person who is a practicing licensee if the licensee receives a minimum of 50% supervision per day by a supervisor licensed by the board.

OTHER DRUG STANDARDS

Drug testing may be required on any day, including weekends and holidays.

The scheduling of drug tests shall be done on a random basis, preferably by a computer program, so that a licensee can make no reasonable assumption of when he/she will be tested again. Boards should be prepared to report data to support back-to-back testing

as well as, numerous different intervals of testing.

Licensees shall be required to make daily contact to determine if drug testing is required.

Licensees shall be drug tested on the date of notification as directed by the board.

Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation.

Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.

Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.

Collection of specimens shall be observed.

Prior to vacation or absence, any alternative to the licensee's drug testing requirements (including frequency) must be approved by the board.

Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one (1) business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results within seven (7) days of receipt of the specimen. The appropriate board will be notified of non-negative test results within one (1) business day and will be notified of negative test results within seven (7) business days.

A board may use other testing methods in place of, or to supplement biological fluid testing, if the alternate testing method is appropriate.

PETITIONS FOR REINSTATEMENT

Nothing herein shall limit a board's authority to reduce or eliminate the standards specified herein pursuant to a petition for reinstatement or reduction of penalty filed pursuant to Government Code section 11522 or statutes applicable to the board that contains different provisions for reinstatement or reduction of penalty.

OUTCOMES AND AMENDMENTS

For purposes of measuring outcomes and effectiveness, each board shall collect and report historical and post implementation data as follows:

Historical Data - Two Years Prior to Implementation of Standard

Each board should collect the following historical data (as available), for a period of two

years, prior to implementation of this standard, for each person subject to testing for banned substances, who has 1) tested positive for a banned substance, 2) failed to appear or call in, for testing on more than three occasions, 3) failed to pay testing costs, or 4) a person who has given a dilute or invalid specimen.

Post Implementation Data- Three Years

Each board should collect the following data annually, for a period of three years, for every probationer and diversion participant subject to testing for banned substances, following the implementation of this standard.

Data Collection

The data to be collected shall be reported to the Department of Consumer Affairs and the Legislature, upon request, and shall include, but may not be limited to:

Probationer/Diversion Participant Unique Identifier
License Type
Probation/Diversion Effective Date
General Range of Testing Frequency by/for Each Probationer/Diversion Participant
Dates Testing Requested
Dates Tested
Identify the Entity that Performed Each Test
Dates Tested Positive
Dates Contractor (if applicable) was informed of Positive Test
Dates Board was informed of Positive Test
Dates of Questionable Tests (e.g. dilute, high levels)
Date Contractor Notified Board of Questionable Test
Identify Substances Detected or Questionably Detected
Dates Failed to Appear
Date Contractor Notified Board of Failed to Appear
Dates Failed to Call In for Testing
Date Contractor Notified Board of Failed to Call In for Testing
Dates Failed to Pay for Testing
Date(s) Removed/Suspended from Practice (identify which)
Final Outcome and Effective Date (if applicable)

#5 SENATE BILL 1441 REQUIREMENT

Standards governing all aspects of group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by licensees.

#5 Uniform Standard

If a board requires a licensee to participate in group support meetings, the following shall apply:

When determining the frequency of required group meeting attendance, the board shall give consideration to the following:

- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use;
- the recommendation of the clinical evaluator;
- the scope and pattern of use;
- the licensee's treatment history; and,
- the nature, duration, and severity of substance abuse.

Group Meeting Facilitator Qualifications and Requirements:

1. The meeting facilitator must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.
2. The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year.
3. The group meeting facilitator shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.
4. The facilitator shall report any unexcused absence within 24 hours.

#6 SENATE BILL 1441 REQUIREMENT

Standards used in determining whether inpatient, outpatient, or other type of treatment is necessary.

#6 Uniform Standard

In determining whether inpatient, outpatient, or other type of treatment is necessary, the board shall consider the following criteria:

- recommendation of the clinical diagnostic evaluation pursuant to Uniform Standard #1;
- license type;
- licensee's history;
- documented length of sobriety/time that has elapsed since substance abuse;
- scope and pattern of substance use;
- licensee's treatment history;
- licensee's medical history and current medical condition;
- nature, duration, and severity of substance abuse, and
- threat to himself/herself or the public.

#7 SENATE BILL 1441 REQUIREMENT

Worksite monitoring requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors.

#7 Uniform Standard

A board may require the use of worksite monitors. If a board determines that a worksite monitor is necessary for a particular licensee, the worksite monitor shall meet the following requirements to be considered for approval by the board.

1. The worksite monitor shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.
2. The worksite monitor's license scope of practice shall include the scope of practice of the licensee that is being monitored, be another health care professional if no monitor with like practice is available, or, as approved by the board, be a person in a position of authority who is capable of monitoring the licensee at work.
3. If the worksite monitor is a licensed healthcare professional he or she shall have an active unrestricted license, with no disciplinary action within the last five (5) years.
4. The worksite monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.
5. The worksite monitor must adhere to the following required methods of monitoring the licensee:
 - a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.
 - b) Interview other staff in the office regarding the licensee's behavior, if applicable.
 - c) Review the licensee's work attendance.

Reporting by the worksite monitor to the board shall be as follows:

1. Any suspected substance abuse must be verbally reported to the board and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.
2. The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include:
 - the licensee's name;
 - license number;
 - worksite monitor's name and signature;
 - worksite monitor's license number;
 - worksite location(s);
 - dates licensee had face-to-face contact with monitor;
 - staff interviewed, if applicable;
 - attendance report;
 - any change in behavior and/or personal habits;
 - any indicators that can lead to suspected substance abuse.

The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the board to allow the board to communicate with the worksite monitor.

#8 SENATE BILL 1441 REQUIREMENT

Procedures to be followed when a licensee tests positive for a banned substance.

#8 Uniform Standard

When a licensee tests positive for a banned substance:

1. The board shall order the licensee to cease practice;
2. The board shall contact the licensee and instruct the licensee to leave work; and
3. The board shall notify the licensee's employer, if any, and worksite monitor, if any, that the licensee may not work.

Thereafter, the board should determine whether the positive drug test is in fact evidence of prohibited use. If so, proceed to Standard #9. If not, the board shall immediately lift the cease practice order.

In determining whether the positive test is evidence of prohibited use, the board should, as applicable:

1. Consult the specimen collector and the laboratory;
2. Communicate with the licensee and/or any physician who is treating the licensee; and
3. Communicate with any treatment provider, including group facilitator/s.

#9 SENATE BILL 1441 REQUIREMENT

Procedures to be followed when a licensee is confirmed to have ingested a banned substance.

#9 Uniform Standard

When a board confirms that a positive drug test is evidence of use of a prohibited substance, the licensee has committed a major violation, as defined in Uniform Standard #10 and the board shall impose the consequences set forth in Uniform Standard #10.

#10 SENATE BILL 1441 REQUIREMENT

Specific consequences for major and minor violations. In particular, the committee shall consider the use of a “deferred prosecution” stipulation described in Section 1000 of the Penal Code, in which the licensee admits to self-abuse of drugs or alcohol and surrenders his or her license. That agreement is deferred by the agency until or unless licensee commits a major violation, in which case it is revived and license is surrendered.

#10 Uniform Standard

Major Violations include, but are not limited to:

1. Failure to complete a board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Multiple minor violations;
4. Treating patients while under the influence of drugs/alcohol;
5. Any drug/alcohol related act which would constitute a violation of the practice act or state/federal laws;
6. Failure to obtain biological testing for substance abuse;
7. Testing positive and confirmation for substance abuse pursuant to Uniform Standard #9;
8. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

Consequences for a major violation include, but are not limited to:

1. Licensee will be ordered to cease practice.
 - a) the licensee must undergo a new clinical diagnostic evaluation, and
 - b) the licensee must test negative for at least a month of continuous drug testing before being allowed to go back to work.
2. Termination of a contract/agreement.
3. Referral for disciplinary action, such as suspension, revocation, or other action as determined by the board.

Minor Violations include, but are not limited to:

1. Untimely receipt of required documentation;
2. Unexcused non-attendance at group meetings;
3. Failure to contact a monitor when required;
4. Any other violations that do not present an immediate threat to the violator or to the public.

Consequences for minor violations include, but are not limited to:

1. Removal from practice;
2. Practice limitations;
3. Required supervision;
4. Increased documentation;
5. Issuance of citation and fine or a warning notice;
6. Required re-evaluation/testing;
7. Other action as determined by the board.

#11 SENATE BILL 1441 REQUIREMENT

Criteria that a licensee must meet in order to petition for return to practice on a full time basis.

#11 Uniform Standard

“Petition” as used in this standard is an informal request as opposed to a “Petition for Modification” under the Administrative Procedure Act.

The licensee shall meet the following criteria before submitting a request (petition) to return to full time practice:

1. Demonstrated sustained compliance with current recovery program.
2. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee’s substance abuse.
3. Negative drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

#12 SENATE BILL 1441 REQUIREMENT

Criteria that a licensee must meet in order to petition for reinstatement of a full and unrestricted license.

#12 Uniform Standard

“Petition for Reinstatement” as used in this standard is an informal request (petition) as opposed to a “Petition for Reinstatement” under the Administrative Procedure Act.

The licensee must meet the following criteria to request (petition) for a full and unrestricted license.

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable.
2. Demonstrated successful completion of recovery program, if required.
3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities.
4. Demonstrated that he or she is able to practice safely.
5. Continuous sobriety for three (3) to five (5) years.

#13 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, (1) standards for immediate reporting by the vendor to the board of any and all noncompliance with process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors; (3) standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and (4) standards for a licensee's termination from the program and referral to enforcement.

#13 Uniform Standard

1. A vendor must report to the board any major violation, as defined in Uniform Standard #10, within one (1) business day. A vendor must report to the board any minor violation, as defined in Uniform Standard #10, within five (5) business days.
2. A vendor's approval process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors is as follows:

(a) Specimen Collectors:

- (1) The provider or subcontractor shall possess all the materials, equipment, and technical expertise necessary in order to test every licensee for which he or she is responsible on any day of the week.
- (2) The provider or subcontractor shall be able to scientifically test for urine, blood, and hair specimens for the detection of alcohol, illegal, and controlled substances.
- (3) The provider or subcontractor must provide collection sites that are located in areas throughout California.
- (4) The provider or subcontractor must have an automated 24-hour toll-free telephone system and/or a secure on-line computer database that allows the participant to check in daily for drug testing.
- (5) The provider or subcontractor must have or be subcontracted with operating collection sites that are engaged in the business of collecting urine, blood, and hair follicle specimens for the testing of drugs and alcohol within the State of California.
- (6) The provider or subcontractor must have a secure, HIPAA compliant, website or computer system to allow staff access to drug test results and compliance reporting information that is available 24 hours a day.

- (7) The provider or subcontractor shall employ or contract with toxicologists that are licensed physicians and have knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate laboratory drug test results, medical histories, and any other information relevant to biomedical information.
- (8) A toxicology screen will not be considered negative if a positive result is obtained while practicing, even if the practitioner holds a valid prescription for the substance.
- (9) Must undergo training as specified in Uniform Standard #4 (6).

(b) Group Meeting Facilitators:

A group meeting facilitator for any support group meeting:

- (1) must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse;
- (2) must be licensed or certified by the state or other nationally certified organization;
- (3) must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year;
- (4) shall report any unexcused absence within 24 hours to the board, and,
- (5) shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.

(c) Work Site Monitors:

The worksite monitor must meet the following qualifications:

- (1) Shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.
- (2) The monitor's licensure scope of practice shall include the scope of practice of the licensee that is being monitored, be another health care professional if no

monitor with like practice is available, or, as approved by the board, be a person in a position of authority who is capable of monitoring the licensee at work.

- (3) Shall have an active unrestricted license, with no disciplinary action within the last five (5) years.
 - (4) Shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.
2. The worksite monitor must adhere to the following required methods of monitoring the licensee:
 - a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.
 - b) Interview other staff in the office regarding the licensee's behavior, if applicable.
 - c) Review the licensee's work attendance.
 3. Any suspected substance abuse must be verbally reported to the contractor, the board, and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.
 4. The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include:
 - the licensee's name;
 - license number;
 - worksite monitor's name and signature;
 - worksite monitor's license number;
 - worksite location(s);
 - dates licensee had face-to-face contact with monitor;
 - staff interviewed, if applicable;
 - attendance report;
 - any change in behavior and/or personal habits;

- any indicators that can lead to suspected substance abuse.

(d) Treatment Providers

Treatment facility staff and services must have:

- (1) Licensure and/or accreditation by appropriate regulatory agencies;
- (2) Sufficient resources available to adequately evaluate the physical and mental needs of the client, provide for safe detoxification, and manage any medical emergency;
- (3) Professional staff who are competent and experienced members of the clinical staff;
- (4) Treatment planning involving a multidisciplinary approach and specific aftercare plans;
- (5) Means to provide treatment/progress documentation to the provider.

(e) General Vendor Requirements

The vendor shall disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services as follows:

- (1) The vendor is fully responsible for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them. No subcontract shall relieve the vendor of its responsibilities and obligations. All state policies, guidelines, and requirements apply to all subcontractors.
- (2) If a subcontractor fails to provide effective or timely services as listed above, but not limited to any other subcontracted services, the vendor will terminate services of said contractor within 30 business days of notification of failure to provide adequate services.
- (3) The vendor shall notify the appropriate board within five (5) business days of termination of said subcontractor.

#14 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, the extent to which licensee participation in that program shall be kept confidential from the public.

#14 Uniform Standard

The board shall disclose the following information to the public for licensees who are participating in a board monitoring/diversion program regardless of whether the licensee is a self-referral or a board referral. However, the disclosure shall not contain information that the restrictions are a result of the licensee's participation in a diversion program.

- Licensee's name;
- Whether the licensee's practice is restricted, or the license is on inactive status;
- A detailed description of any restriction imposed.

#15 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, a schedule for external independent audits of the vendor's performance in adhering to the standards adopted by the committee.

#15 Uniform Standard

1. If a board uses a private-sector vendor to provide monitoring services for its licensees, an external independent audit must be conducted at least once every three (3) years by a qualified, independent reviewer or review team from outside the department with no real or apparent conflict of interest with the vendor providing the monitoring services. In addition, the reviewer shall not be a part of or under the control of the board. The independent reviewer or review team must consist of individuals who are competent in the professional practice of internal auditing and assessment processes and qualified to perform audits of monitoring programs.
2. The audit must assess the vendor's performance in adhering to the uniform standards established by the board. The reviewer must provide a report of their findings to the board by June 30 of each three (3) year cycle. The report shall identify any material inadequacies, deficiencies, irregularities, or other non-compliance with the terms of the vendor's monitoring services that would interfere with the board's mandate of public protection.
3. The board and the department shall respond to the findings in the audit report.

#16 SENATE BILL 1441 Requirement

Measurable criteria and standards to determine whether each board's method of dealing with substance-abusing licensees protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

#16 Uniform Standard

Each board shall report the following information on a yearly basis to the Department of Consumer Affairs and the Legislature as it relates to licensees with substance abuse problems who are either in a board probation and/or diversion program.

- Number of intakes into a diversion program
- Number of probationers whose conduct was related to a substance abuse problem
- Number of referrals for treatment programs
- Number of relapses (break in sobriety)
- Number of cease practice orders/license in-activations
- Number of suspensions
- Number terminated from program for noncompliance
- Number of successful completions based on uniform standards
- Number of major violations; nature of violation and action taken
- Number of licensees who successfully returned to practice
- Number of patients harmed while in diversion

The above information shall be further broken down for each licensing category, specific substance abuse problem (i.e. cocaine, alcohol, Demerol etc.), whether the licensee is in a diversion program and/or probation program.

If the data indicates that licensees in specific licensing categories or with specific substance abuse problems have either a higher or lower probability of success, that information shall be taken into account when determining the success of a program. It may also be used to determine the risk factor when a board is determining whether a license should be revoked or placed on probation.

The board shall use the following criteria to determine if its program protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

- At least 100 percent of licensees who either entered a diversion program or whose license was placed on probation as a result of a substance abuse problem successfully completed either the program or the probation, or had their license to practice revoked or surrendered on a timely basis based on noncompliance of those programs.
- At least 75 percent of licensees who successfully completed a diversion program or probation did not have any substantiated complaints related to substance abuse for at least five (5) years after completion.

MEMORANDUM

DATE	October 27, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 24.e.: Consideration of Proposed Regulatory Language, and Discussion and Possible Action on Recommendation to Initiate a Rulemaking to Amend CCR, Title 16, Sections 1080, 1080.3, 1081, and 1081.2, Adopt Sections 1081.3 and 1081.4, and Repeal Sections 1080.1, 1080.2, 1081.1, 1082, 1082.1, 1082.3, and 1083 Related to Dental Assisting Examinations

Background

In 2018, the Department of Consumer Affairs' (DCA) Office of Professional Examination Services (OPES) conducted an occupational analysis of the dentistry profession in California as part of the process of ensuring that licensing exams are in compliance with Business and Professions Code Section 139. As part of this review, OPES recommended that the Dental Board of California (Board) not specify a passing score in regulations.

OPES recommends using a criterion-referenced passing score, which applies standards for competent practice to all candidates regardless of the form of the examination. Using this type of passing score increases the likelihood that candidates who pass the licensure examination have sufficient knowledge and experience to practice safely and competently.

OPES follows a criterion-referenced methodology called the "modified Angoff technique" for determining licensure examination passing scores. The technique is a group process, involving licensed practitioners representing all aspects of a practice or profession, along with a test development specialist.

Based on this recommendation, the Board initiated a rulemaking at its February 2019 meeting to amend California Code of Regulations (CCR) Section 1031 to adopt a criterion-referenced passing score for the California Dentistry Supplemental Law and Ethics

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examination. This package was approved by the Office of Administrative Law and went into effect on July 1, 2022. In addition, many of the Board's dental assisting examination requirements in the Dental Practice Act (Act) have been substantially revised since the Board's regulations in Article 4 of Division 10 (commencing with CCR section 1080) were last adopted or amended. Staff recommend that conforming changes be adopted to update and implement requirements for the Board's dental assisting examinations consistent with the Act and the Board's testing administration requirements.

Discussion

The current regulations addressing the examinations for dental auxiliaries subject to Board jurisdiction (Registered Dental Assistant (RDA), Registered Dental Assistant in Extended Functions (RDAEF), Orthodontic Assistant, and Dental Sedation Assistant) either do not have a criterion-referenced passing score in regulation or do not have any passing score referenced in regulation. As a result, staff recommend that the Board's regulations be amended to specify the minimum content and passing score requirements for each of the dental assisting examinations it offers consistent with recommendations made by OPES. Please note that staff are recommending a March 1, 2024 effective or "effective on filing" if OAL approves this rulemaking after March 1, 2024 for the RDA Combined Written and Law and Ethics Examination regulation proposed at CCR section 1081 to coincide with the planned roll out of the new examination plan and outline for the examination on March 1, 2024.

Additionally, the regulations covering the exams for RDA and for RDAEF retain references to clinical and/or practical examinations that have been eliminated or cover requirements for written examinations that have administratively changed or been superseded by changes in law. Consequently, the regulations should be amended to reflect these changes to the Board's requirements for written examinations for RDAs and RDAEFs as well as other examinations currently required by the Act to be administered by the Board.

Existing law at Business and Professions Code section 1906 states:

"(d) Unless contrary to the provisions of this article, regulations adopted by the dental board shall continue to apply to registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions until other regulations are adopted by the dental hygiene board. All references in those regulations to "board" shall mean the dental hygiene board, which shall solely enforce the regulations with respect to registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions."

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Since this statute was enacted, the Dental Hygiene Board of California (Hygiene Board) has adopted “other regulations” that largely duplicate the Board’s regulations proposed to be repealed by staff in this proposal with the exception of CCR section 1082.2. For Section 1082.2, staff of the Hygiene Board are requesting that this Board retains Section 1082.2 until the Hygiene Board adopts new regulations that cover registered dental hygienists in extended functions examination requirements. As a result, staff are recommending repealing all other existing dental hygienist regulations in Article 4 of Division 10 of the CCR that have been superseded by other Dental Hygiene Board regulations in Division 11 of the CCR.

Staff proposes to repeal the passing grades regulation at CCR section 1083 since new language setting a “passing score” would be proposed, for user convenience, in other sections directly related to the particular examination in question in this proposal (see CCR sections 1081, 1081.2, 1081.3, and 1081.4), or existing language has been superseded by Dental Hygiene Board regulations covering this subject matter (see CCR section 1121). These provisions would therefore no longer be relevant or necessary.

Board staff presented this proposal to the Dental Assisting Council at its November 8, 2023 meeting.

Action Requested

The Board should review the proposed regulatory text and consider whether they would support it as written or if there are suggested changes to the proposed text. After review, the staff requests that the Board consider one of the following motions:

Motion A: (The Board has no suggested changes for the proposed regulatory text.)
Approve the proposed regulatory text in Attachment A and take all the following actions:

- (1) Direct staff to submit the text in Attachment A to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.
- (2) If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations as noticed for title 16, California Code of Regulations sections 1080, 1080.3, 1081, 1081.2, 1081.3, and 1081.4, and repeal Sections 1080.1, 1080.2, 1081.1, 1082, 1082.1, 1082.3, and 1083.

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Motion B: (The Board has suggested changes for the proposed regulatory text.)

Approve the proposed regulatory text in Attachment A with the following changes (describe what the Council would recommend changing here) and take all the following actions:

- (1) Direct staff to submit the text in Attachment A to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.
- (2) If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations as noticed for title 16, California Code of Regulations sections 1080, 1080.3, 1081, 1081.2, 1081.3, and 1081.4, and repeal Sections 1080.1, 1080.2, 1081.1, 1082, 1082.1, 1082.3, and 1083.

Attachments:

- Attachment A: Proposed Regulatory Text to amend CCR, Sections 1080, 1080.3, 1081 and 1081.2, Adopt Sections 1081.3 and 1081.4, and Repeal Sections 1080.1, 1080.2, 1081.1, 1082, 1082.1, 1082.3, and 1083.
- Attachment B: "Table 14 --Registered Dental Assistant Written Examination Outline," which is published in the document entitled "Occupational Analysis of the Registered Dental Assistant Profession" by the Department of Consumer Affairs' Office of Professional Examination Services, dated June 2023.
- Attachment C: "Table 16 -- Registered Dental Assistant In Extended Functions Written Examination Outline", which is published in the document entitled "Occupational Analysis of the Registered Dental Assistant In Extended Functions Profession" by the Department of Consumer Affairs' Office of Professional Examination Services, dated October 2021.
- Attachment D: "Table 13 – Orthodontic Assistant Examination Outline", which is published in the document entitled "Occupational Analysis of the Orthodontic Assistant Practice" by the Department of Consumer Affairs' Office of Professional Examination Services, dated April 2021.
- Attachment E: Board's "Dental Sedation Assistant Examination Outline" issued August 2009.

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**TITLE 16. PROFESSIONAL AND VOCATIONAL
REGULATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING EXAMINATIONS
PROPOSED TEXT**

Proposed amendments to the regulatory language are shown in single underline for new text and single ~~strike through~~ for deleted text.

Amend Sections 1080, 1080.3, 1081 and 1081.2, adopt Sections 1081.3 and 1081.4, and repeal Sections 1080.1, 1080.2, 1081.1, 1082, 1082.1, 1082.3, and 1083 in Article 4 of Chapter 3 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1080. General Procedures for Dental Auxiliary RDA, RDAEF, Orthodontic Assistant and Dental Sedation Assistant Written and Practical Examinations.

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of all dental auxiliary RDA, RDAEF, Orthodontic Assistant and Dental Sedation Assistant written and practical examinations.

- (a) The ability of an examination candidate ("examinee") to read and interpret instructions and examination material is a part of the examination.
- (b) No ~~person~~ examinee shall be admitted to an examination room ~~or laboratory~~ unless he or she the examinee is wearing the appropriate badge allows a test center proctor at the examination site to photograph them, provides one form of an acceptable government-issued photographic identification, and presents their thumb for electronic scanning.
- (1) Each time an examinee leaves and returns to the examination site, they shall have their thumb scanned again. The resulting thumb print shall match the initial thumb print taken by the test center proctor at the examination site. Examinees needing an accommodation for thumb printing may meet the examination entry requirements in paragraph (2), as applicable.
- (2) If an examinee does not have a thumb, or the print cannot be captured, the test center proctor shall scan the pointer finger. If the examinee has no thumbs or fingers, the test center proctor shall contact their manager to obtain verbal or

written permission to allow the photo taken of the examinee to be used to identify them each time they leave and re-enter the examination room.

(c) An examinee may be dismissed from the entire examination, and a statement of issues may be filed against the examinee, for acts which interfere with the Board's objective of evaluating professional competence. Such acts include, but are not limited to the following:

- (1) Allowing another person to take the examination in the place of, and under the identity of, the examinee.
- (2) Copying or otherwise obtaining examination answers from other persons during the course of an examination.
- (3) Bringing any notes, books, pictures, tape recorders, or other unauthorized materials into the examination area.
- (4) Assisting another examinee during the examination process.
- ~~(5) Using the equipment, instruments, or materials belonging to another examinee.~~
- ~~(6) Copying, photographing or in any way reproducing or recording examination questions or answers.~~
- ~~(7) Bringing a previously prepared procedure or any portion thereof into a laboratory examination.~~
- ~~(8) Leaving the assigned examination area without the permission of an exam center administrator.~~
- ~~(9) Failing to follow directions relative to the conduct of the examination, including termination of the examination at the scheduled or announced time.~~
- (8) Engaging in any other conduct specified in Section 123 of the Code.

(d) For the purposes of this section, “acceptable government-issued photographic identification” means, any of the following:

- (1) Unexpired driver’s license or identification card issued by a U.S. state or territory,
- (2) Unexpired United States military identification card including: active duty, retiree, or reservist military identification card (DD Form 2 or 2 A),
- (3) Unexpired Passport from any country,
- (4) Unexpired United States-issued passport card,
- (5) Unexpired United States-issued Permanent Resident Card (Form I-551),
- (6) Unexpired Mexican Consulate identification card, or,
- (7) Unexpired United States-issued Employment Authorization Card (EAC -- Form I-766).

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 123, 1750.2, 1750.4, 1752.1, and 1753, 1756, 1758 and 1761, Business and Professions Code.

~~§ 1080.1. General Procedures for Dental Auxiliary Clinical Examinations.~~

~~The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of all dental auxiliary clinical examinations:~~

- ~~(a) Each examinee shall furnish patients, instruments, engines and materials necessary to carry the procedures to completion. The board will provide chairs.~~
- ~~(b) A patient provided by an examinee must be at least 18 years of age and shall be in a health condition acceptable for dental treatment. If conditions indicate a need to consult the patient’s physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the examinee~~

~~must obtain the necessary written medical clearance and/or evidence of premedication before the patient will be accepted. The examiners may, in their discretion, reject a patient who in the opinion of at least two examiners has a condition which interferes with evaluation or which may be hazardous to the patient, other patients, examinees or examiners. A hazardous condition includes, but is not limited to, acute symptomatic hepatitis, active herpetic lesions, acute periodontal or periapical abscesses, or necrotizing ulcerative gingivitis. Whenever a patient is rejected, the reason for such rejection shall be noted on the examination record and shall be signed by both rejecting examiners.~~

~~(c) No person shall be admitted to an examination clinic unless he or she is wearing the appropriate identification badge.~~

~~(d) An examinee may be dismissed from the entire examination, and a statement of issues may be filed against the examinee, for acts which interfere with the Board's objective of evaluating professional competence. Such acts include, but are not limited to the following:~~

- ~~(1) Allowing another person to take the examination in the place of, and under the identity of, the examinee.~~
- ~~(2) Bringing any notes, books, pictures, tape recorders, or other unauthorized materials into the examination area.~~
- ~~(3) Assisting another examinee during the examination process.~~
- ~~(4) Using the equipment, instruments, or materials belonging to another examinee.~~
- ~~(5) Presenting radiographs which have been altered, or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the examinee.~~
- ~~(6) Failing to comply with the board's infection control regulations.~~

~~(7) Failing to use an aspirating syringe for administering local anesthesia.~~

~~(8) Premedicating a patient for purposes of sedation.~~

~~(9) Dismissing a patient without the approval and signature of an examiner.~~

~~(10) Leaving the assigned examination area without the permission of an exam administrator.~~

~~(11) Failing to follow directions relative to the conduct of the examination, including termination of the examination at the scheduled or announced time.~~

~~(e) An examinee may be declared by the board to have failed the entire examination for demonstration of gross incompetence in treating a patient.~~

~~NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753, 1756, 1758 and 1761, Business and Professions Code.~~

~~§ 1080.2. Conduct of Dental Auxiliary Examinations.~~

~~Examinations shall be anonymous. An anonymous examination is one conducted in accordance with procedures, including but not limited to those set forth below, which ensure and preserve anonymity of applicants.~~

~~(a) The board shall randomly assign each applicant a number, and said applicant shall be known by that number throughout the entire examination.~~

~~(b) Grading examiners shall not view examinees during the performance of the examination assignments.~~

~~(c) There shall be no communications between grading examiners and floor examiners except for oral communications conducted in the presence of board staff.~~

~~There shall be no communication between grading examiners and examinees except written communications on board approved forms.~~

NOTE: Authority cited: ~~Section 1614, Business and Professions Code. Reference: Sections 1753, 1756, 1758 and 1761, Business and Professions Code.~~

§ 1080.3. Dental Auxiliary Licensure RDA, RDAEF, Orthodontic Assistant and Dental Sedation Assistant Written Examination Review Procedures; Appeals.

(a) An examinee who has failed an examination shall be provided with notice, upon written request, of those areas in which ~~he/she is~~ they were deficient in the ~~practical or clinical phases of such examination.~~

(b) An unsuccessful examinee who has been informed of the areas of deficiency in ~~his/her~~ their performance on the ~~practical or clinical phases of the examination~~ and who has determined that one or more of the following errors was made during the course of ~~his/her~~ their examination and grading may appeal to the ~~Board~~ within ~~sixty~~ fifteen ~~(60)~~ (15) days following receipt of ~~his/her~~ their examination results:

- (1) Significant procedural error in the examination process;
- (2) Evidence of adverse discrimination;
- (3) Evidence of substantial disadvantage to the examinee. Such appeal shall be made by means of a written letter specifying the grounds upon which the appeal is based. The Board's designee shall respond to the appeal in writing and may request a personal appearance by the examinee. The Board shall thereafter take such action as it deems appropriate.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.2, 1750.4, 1752.1, and ~~1753, 1756, 1758 and 1761,~~ Business and Professions Code.

§ 1081 RDA Registered Dental Assistant Combined Written and Law and Ethics

Dental Board of California
16 CCR 1080, 1080.1, 1080.2,
1080.3, 1081, 1081.1, 1081.2,
1081.3, 1081.4, 1082, 1082.1,
1082.3, and 1083

Proposed Text
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Examination.

(a) Prior to issuance of a license, an applicant for licensure as an RDA shall complete and achieve a criterion-referenced passing score on the Board's Registered Dental Assistant Combined Written and Law and Ethics Examination. The Registered Dental Assistant Combined Written and Law and Ethics Examination ("examination") is a written, task-oriented examination encompassing all duties assignable to RDAs and the settings in which they may be performed, knowledge of California and federal laws as they relate to the duties of RDAs, and the ability to recognize and apply ethical principles as they relate to the duties of RDAs.

(b) Such examination may shall test applicants in also include any or all of the following subjects/content areas, tasks and associated knowledge statements listed in "Table 14 -- Registered Dental Assistant Written Examination Outline", which is hereby incorporated by reference and published in the document entitled "Occupational Analysis of the Registered Dental Assistant Profession" by the Department of Consumer Affairs' Office of Professional Examination Services, dated June 2023, which is hereby incorporated by reference.:

~~Nutrition and preventive dentistry; materials; oral anatomy and physiology; oral pathology; pharmacology; morphology; microbiology; dental assisting procedures in general and special dentistry; principles of business and practice management; legal/ethical aspects of dentistry; patient-dental personnel psychology; four-handed chairside dental assisting; X-ray; sterilization; laboratory and office emergency procedures.~~

(c) As used in this section, "criterion-referenced passing score" is a passing score for the examination established by the modified Angoff standard setting method. This method includes the use of RDA licensees and a test development specialist and determines through evaluation and rating of each exam question that the passing score represents entry level competence to practice in the profession as specified in subsection (b).

(d) This section shall be effective on [OAL insert effective date of March 1, 2024 or effective date on filing if after March 1, 2024].

Note: Authority cited: Sections 1614, and 1749.1, Business and Professions Code.
Reference: Sections 1614, 1749.1, and 1752.1 and 1753, Business and Professions Code.

§ 1081.1. RDA Practical Examination--Requirements.

~~(a) In addition to the written examination, each applicant for licensure as an RDA shall also take a practical examination consisting of any or all of the procedures listed below. The specific procedures will be assigned by an RDA examination committee appointed by the board. The procedures shall be performed on a full articulated maxillary and mandibular typodont secured with a bench clamp and shall be graded by examiners appointed by the board for that purpose. Each applicant shall furnish the required materials necessary to complete all of the following procedures.~~

~~(1) Placement of a rubber dam;~~

~~(2) Placement of a matrix band for amalgam preparation;~~

~~(3) Placement of a base into a prepared tooth (For purposes of the examination, "prepared tooth" means a tooth from which material has been removed so as to simulate the surgical excision of dental caries);~~

~~(4) Placement of a liner into a prepared tooth;~~

~~(5) Placement of orthodontic separators;~~

~~(6) Placement of a periodontal dressing;~~

~~(7) Placement of a temporary sedative dressing into a prepared tooth.~~

~~(8) Sizing and placement, or intra-oral fabrication, of a temporary crown.~~

~~(9) Temporary cementation of a temporary crown.~~

~~(10) Removal of excess cement from supragingival surfaces with a hand instrument or floss.~~

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1753, Business and Professions Code.

§ 1081.2. RDAEF Written Examination Requirements.

(a) Prior to issuance of a license, an applicant for a permit as an RDAEF shall complete and achieve a criterion-referenced passing score on the Board's Registered Dental Assistant in Extended Functions Written Examination ("examination"). The examination is a written, task-oriented examination encompassing duties assignable to an RDAEF and the settings in which they may be performed, knowledge of California and federal laws as they relate to the duties of RDAEFs, and the ability to recognize and apply ethical principles as they relate to the duties of an RDAEF.

(b) Such examination shall test applicants in any or all of the content areas, tasks and associated knowledge statements listed in "Table 16 -- Registered Dental Assistant In Extended Functions Written Examination Outline", which is hereby incorporated by reference and published in the document entitled "Occupational Analysis of the Registered Dental Assistant In Extended Functions Profession" by the Department of Consumer Affairs' Office of Professional Examination Services, dated October 2021.

(c) As used in this section, "criterion-referenced passing score" is a passing score for the examination established by the modified Angoff standard setting method. This method includes the use of RDA licensees and a test development specialist and determines through evaluation and rating of each exam question that the passing score represents entry level competence to practice in the profession as specified in subsection (b).

~~(a) Each applicant for licensure as an RDAEF shall successfully complete an examination on a patient consisting of the procedures set forth below.~~

~~(1) Cord retraction of gingivae for impression procedures;~~

~~(2) Taking impressions for cast restorations.~~

~~The total examination period shall not exceed two and one-half hours.~~

~~(b) Each applicant shall provide one patient upon whom the retraction and impression procedures shall be performed. If a patient is deemed unacceptable by the examiners, it is the applicant's responsibility to provide another patient who is acceptable. The~~

~~applicant's ability to select an appropriate patient is considered part of the examination. An acceptable patient shall meet the criteria set forth in Section 1080.1 and the following additional criteria:~~

~~(1) Must have a minimum of ten teeth per arch.~~

~~(2) Must have a prepared tooth, which is a bicuspid or molar and which, prior to preparation, had mesial and distal contact. The preparation performed shall have margins at or below the free gingival crest and shall be one of the following: $\frac{7}{8}$ crown, $\frac{3}{4}$ crown, or full crown, including porcelain fused to metal. Alginate impression materials alone are not acceptable.~~

~~(c) These procedures shall be graded by examiners appointed by the Board. These procedures may be tested, at the Board's discretion, in a Board-approved dental office or other facilities, by examiners appointed by the Board.~~

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Section 17563, Business and Professions Code.

§ 1081.3 Orthodontic Assistant Written Examination.

(a) Prior to issuance of a permit, an applicant for a permit as an orthodontic assistant ("OA") shall complete and achieve a criterion-referenced passing score on the Board's Orthodontic Assistant Examination ("examination"). The examination is a written, task-oriented examination encompassing the knowledge, skills and abilities necessary to competently perform the duties of an OA specified in Section 1750.3 of the Code including, recognition of the duties assignable to an OA, knowledge of California and federal laws as they relate to the duties of OAs, and the ability to recognize and apply ethical principles as they relate to the duties of OAs.

(b) Such examination shall test applicants in any or all of the content areas, tasks and associated knowledge statements listed in "Table 13 – Orthodontic Assistant Examination Outline", which is hereby incorporated by reference and published in the document entitled "Occupational Analysis of the Orthodontic Assistant Practice" by the Department of Consumer Affairs' Office of Professional Examination Services, dated April 2021.

(c) As used in this section, "criterion-referenced passing score" is a passing score for the examination established by the modified Angoff standard setting method. This

method includes the use of OA permitholders and a test development specialist and determines through evaluation and rating of each exam question that the passing score represents entry level competence to practice in the profession as specified in subsection (b).

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1750.2, 1752.1 and 1753, Business and Professions Code.

§ 1081.4 Dental Sedation Assistant Written Examination.

(a) Prior to issuance of a permit, an applicant for a permit as a dental sedation assistant (“DSA”) shall complete and achieve a criterion-referenced passing score on the Board’s Dental Sedation Assistant Examination (“examination”). The examination is a written, task-oriented examination encompassing the knowledge, skills and abilities necessary to competently perform the duties of a DSA specified in Section 1750.5 of the Code, including recognition of the duties assignable to a DSA and the settings in which they may be performed, knowledge of California and federal laws as they relate to the duties of DSAs, and the ability to recognize and apply ethical principles as they relate to the duties of DSAs.

(b) Such examination shall test applicants in any or all of the content areas, tasks and associated knowledge statements listed in the Board’s “Dental Sedation Assistant Examination Outline” issued August 2009, which is hereby incorporated by reference.

(c) As used in this section, “criterion-referenced passing score” is a passing score for the examination established by the modified Angoff standard setting method. This method includes the use of DSA permitholders and a test development specialist and determines through evaluation and rating of each exam question that the passing score represents entry level competence to practice in the profession as specified in subsection (b).

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1750.4, 1752.1 and 1753, Business and Professions Code.

§ 1082. RDH Written Examination.

~~Each applicant for licensure as an RDH shall successfully complete the National Board of Dental Examiner's examination for dental hygienists and shall submit confirmation thereof to the board in sufficient time for the board to receive it prior to the date set for the practical examination.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1758, Business and Professions Code.

~~§ 1082.1. RDH Clinical Examination Requirements.~~

~~(a) Every applicant shall be given a clinical examination which shall consist of the examination of a patient, complete scaling of one or two quadrants (depending upon patient selection), and root planing. Scaling and root planing includes but is not limited to the complete removal of calculus, soft deposits and plaque, and smoothing of the unattached tooth surfaces. Unattached tooth surface means the portion of the crown and root surface to which no tissue is attached. Ultrasonic, sonic, handpiece or other mechanical scaling devices may be used only at the direction of the Board. If so permitted, an applicant who chooses to use an ultrasonic or sonic scaling device shall bring to the exam and use the services of an assistant to perform high volume evacuation at all times when the ultrasonic or sonic scaling device is being used. Only the services of a dental assistant or registered dental assistant shall be permitted.~~

~~The clinical examination shall be completed within a two hour period. Such period shall commence with the acceptance or rejection of the initial patient presented by the applicant.~~

~~(b) One patient shall be provided by the applicant. If a patient is deemed unacceptable by the examiners, it is the applicant's responsibility to provide another patient who is acceptable. The applicant's ability to select an appropriate patient is considered part of the examination. An acceptable patient shall meet the criteria set forth in Section 1080.1 and the following additional criteria:~~

~~(1) Does not have extreme tissue or tooth sensitivity which would interfere with proper probing and exploring by examiners.~~

~~(2) Has at least one quadrant with the following:~~

~~(A) At least 6 natural teeth which are free of conditions which would interfere with evaluation, including but not limited to probing depths greater than 6mm, class 3 furcation, class 3 mobility, gross decay, faulty restorations, or full or partial veneer crowns. Crowns with smooth margins are acceptable. A patient will not be rejected because he/she has one tooth with a probing depth greater than 6mm.~~

~~(B) At least 3 of the natural teeth in the quadrant must be posterior teeth with interproximal pocket depths of 4 to 6mm. Two of these posterior teeth must be molars.~~

~~(C) Demonstrable, explorer-detectable moderate to heavy subgingival calculus must be present on a majority of the subgingival tooth surfaces and there must be some subgingival calculus on every tooth. Explorer-detectable moderate to heavy interproximal ledges must be present.~~

~~(c) If an applicant is unable to find a patient with one quadrant which meets the requirements of subsection (b)(2) above, the applicant may provide a patient in which those requirements can be found in two quadrants. An applicant who presents such a patient shall be required to scale all teeth in both quadrants in the same time allotted for scaling one quadrant.~~

~~(d) The applicant shall provide full mouth radiographs of the patient, which shall consist of 18 radiographs at least 4 of which must be bite-wing and the radiographs must be of diagnostic quality. All radiographs shall have been taken not more than one year prior to the examination at which they are presented.~~

~~(e) The applicant shall provide the following instruments:~~

~~(1) Color coded Marquis-type periodontal probe.~~

~~(2) Sharp explorers.~~

~~(3) Clear-plane mouth mirror.~~

~~(4) Saliva ejector.~~

~~(5) All necessary armamentarium for local anesthesia, including an aspirating syringe.~~

~~(6) Any other scaling or root planing instruments which he/she intends to use.~~

~~(f) The applicant shall offer to the patient the option of the administration of local anesthetic in the area(s) to be scaled, except that anesthesia shall not be administered to both mandibular quadrants of a patient during the same day.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1766, Business and Professions Code.~~

~~§ 1082.3. Supplemental Examinations in California Law and Ethics.~~

~~Prior to issuance of a license, an applicant for licensure as a registered dental hygienist shall successfully complete a supplemental written examination in California Law and Ethics.~~

~~(a) The examination on California law shall test the applicant's knowledge of California law as it relates to the practice of dental hygiene.~~

~~(b) The examination on ethics shall test the applicant's ability to recognize and apply ethical principles as they relate to the practice of dental hygiene.~~

~~(c) An examinee shall be deemed to have passed the examination if his/her score is at least 75% in each examination.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1749.1 and 1766, Business and Professions Code.~~

~~§ 1083. Passing Grades.~~

~~(a) Registered Dental Hygienist. Each applicant for licensure as a registered dental hygienist who attains a grade of 75% in the practical examination designated by the Board shall be considered as having passed the examination.~~

~~(b) Registered Dental Assistant. An applicant for licensure as a registered dental assistant shall be deemed to have passed the required examination only if the applicant has obtained a score of at least 75 on the written examination and at least 75% on the practical examination; provided, however, that an applicant who attains a grade of less than 75% in any single procedure shall be considered to have failed the entire practical examination.~~

~~(c) Registered Dental Assistant in Extended Functions. Each applicant for licensure as an RDAEF who attains a grade of at least 75% on each procedure in the examination shall be deemed to have passed the required examination.~~

~~(d) Registered Dental Hygienist in Extended Functions. Each applicant for licensure as an RDHEF who attains a grade of at least 75% on each procedure in the examination shall be deemed to have passed the required examination. A registered dental hygienist who has passed the RDAEF examination prior to December 31, 1991 shall be eligible for licensure as an RDHEF without further examination.~~

~~Note: Authority cited: Sections 1614 and 1762, Business and Professions Code. Reference: Sections 1611, 1614, 1634, 1753, 1758 and 1759, Business and Professions Code.~~



OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL ASSISTANT PROFESSION



TABLE 14 – REGISTERED DENTAL ASSISTANT WRITTEN EXAMINATION OUTLINE

Content Area 1. ASSESSMENT AND DIAGNOSTIC RECORDS (15%). This area assesses the candidate's knowledge of reviewing information about a patient's history and oral conditions as they relate to dental treatment. This area also assesses the candidate's knowledge of assisting with diagnostic records and chart information related to dental treatment. These activities are performed under the supervision of a dentist.

Section	Tasks	Associated Knowledge Statements
1A. Patient Information and Assessment (8%)	T1. Review patient medical and dental history to identify conditions that may affect dental treatment.	K1. Knowledge of common medical conditions and medications that may affect treatment Knowledge of dental conditions that affect treatment. K2. Knowledge of types of oral health conditions that may affect treatment. K3. Knowledge of types of medical conditions that may require premedication for dental treatment. K4. Knowledge of the relationship between allergic reactions or sensitivities and dental materials. K5. Knowledge of methods for gathering information regarding patient medical and dental history.
	T2. Obtain patient's blood pressure and vital signs to determine current status.	K6. Knowledge of standards regarding blood pressure ranges based on patient age. K7. Knowledge of signs of elevated or dangerous blood pressure readings. K8. Knowledge of vital signs that should be obtained before treatment. K9. Knowledge of techniques for taking patient blood pressure and vitals.
	T3. Perform mouth mirror inspection of oral cavity to identify obvious lesions, existing restorations, and missing teeth.	K10. Knowledge of types of basic oral structures and dental anatomy. K11. Knowledge of types of occlusions and malocclusions. K12. Knowledge of signs of plaque, calculus, and stain formations in the oral cavity. K13. Knowledge of the effects of dietary habits on oral health. K14. Knowledge of effects of substance use on oral health. K15. Knowledge of the effects of smoking or tobacco use on oral health. K16. Knowledge of methods for performing mouth mirror inspections.

Content Area 1. ASSESSMENT AND DIAGNOSTIC RECORDS (15%), continued. This area assesses the candidate's knowledge of reviewing information about a patient's history and oral conditions as they relate to dental treatment. This area also assesses the candidate's knowledge of assisting with diagnostic records and chart information related to dental treatment. These activities are performed under the supervision of a dentist.

Section	Tasks	Associated Knowledge Statements
1B. Diagnostic Tests and Records (7%)	T4. Use caries detection materials and devices to gather information for dentist.	K17. Knowledge of types of devices and materials for detecting caries. K18. Knowledge of procedures for using caries detection devices and materials.
	T5. Obtain intraoral images of patient's mouth and dentition to be assist with milling of computer-aided design (CAD) restorations.	K19. Knowledge of techniques for taking intraoral diagnostic imaging. K20. Knowledge of techniques for patient management during imaging. K21. Knowledge of factors that impact digital imaging and quality.
	T6. Prepare patient for radiographs or cone-beam computed tomography (CBCT) to assist the dentist in determining oral conditions.	K22. Knowledge of types of radiographic imaging (i.e., panoramic, bitewing, FMX). K23. Knowledge of procedures for taking digital or conventional radiographs. K24. Knowledge of methods for patient management during radiograph procedures. K25. Knowledge of factors that impact radiographic imaging and quality.
	T7. Chart evaluation information to document oral conditions related to treatment.	K26. Knowledge of types of dental terminology and morphology. K27. Knowledge of universal numbering and Palmer quadrant notation systems. K28. Knowledge of methods for charting oral conditions.

Content Area 2. DENTAL PROCEDURES (50%). This area assesses the candidate's knowledge of providing registered dental assistant services related to patient treatment. This includes services related to placing direct and indirect provisional restorations, implementing preventative procedures, and performing tasks associated with specialty procedures. This area also assesses the candidate's knowledge of educating the patient about oral health and maintenance. These activities are performed under the supervision of a dentist.

Section	Tasks	Knowledge Statements
2A. Treatment Preparation (15%)	T8. Identify types and stages of treatment to prepare for dental procedures.	K29. Knowledge of types and stages of dental treatment. K30. Knowledge of methods for preparing tray and equipment set-up for dental procedures. K31. Knowledge of types of materials used in dental procedures.
	T9. Prepare instruments to facilitate use in dental treatment.	K32. Knowledge of types of dental instruments and their associated uses. K33. Knowledge of methods for preparing, handling, and storing dental instruments.
	T10. Select components and materials to be used in dental treatment.	K34. Knowledge of types of dental components and their functions. K35. Knowledge of types of materials used in dental treatment and their functions. K36. Knowledge of methods for selecting dental components and materials.
	T11. Isolate oral cavity to preserve integrity of restorative area.	K37. Knowledge of types of materials used to isolate restorative area. K38. Knowledge of types of techniques for isolating restorative area. K39. Knowledge of methods for isolating tooth or cavity preparations.
	T12. Place bases and liners to reduce irritation and microleakage.	K40. Knowledge of types of base and liner materials and their uses. K41. Knowledge of procedures for applying or placing bases and liners.
	T13. Place matrices and wedges to create a seal and form contacts during restorative procedures.	K42. Knowledge of types of wedges and their uses. K43. Knowledge of techniques for placing wedges during restorative procedures. K44. Knowledge of types of matrix bands and their uses. K45. Knowledge of techniques for placing matrix bands during restorative procedures.

Content Area 2. DENTAL PROCEDURES (50%), continued. This area assesses the candidate's knowledge of providing registered dental assistant services related to patient treatment. This includes services related to placing direct and indirect provisional restorations, implementing preventative procedures, and performing tasks associated with specialty procedures. This area also assesses the candidate's knowledge of educating the patient about oral health and maintenance. These activities are performed under the supervision of a dentist.

Section	Tasks	Knowledge Statements
2B. Direct and Indirect Restorations (10%)	T14. Place temporary filling material to protect tooth during transitional treatment.	K46. Knowledge of types of temporary filling materials and their uses. K47. Knowledge of techniques to mix, place, and contour temporary filling material.
	T15. Apply etchant to prepare tooth surface for direct and indirect restorations.	K48. Knowledge of types of etchants and their uses. K49. Knowledge of indications and contraindications for the use of etching agents. K50. Knowledge of techniques for applying etchants.
	T16. Place bonding agent to prepare tooth surface for restoration.	K51. Knowledge of types of bonding agents and their use. K52. Knowledge of indications and contraindications for the use of bonding agents. K53. Knowledge of techniques for applying bonding agents.
	T17. Fabricate indirect provisional restorations to protect tooth during restoration processes	K54. Knowledge of types of materials used for indirect provisional restorations. K55. Knowledge of techniques for fabricating indirect provisional restorations.
	T18. Adjust indirect provisional restorations to ensure proper fit.	K56. Knowledge of methods for evaluating occlusion, margins, and contact discrepancies of indirect provisional restorations. K57. Knowledge of techniques for adjusting indirect provisional restorations.
	T19. Cement indirect provisional restorations to provide coverage of tooth preparation.	K58. Knowledge of types of cements and their use. K59. Knowledge of techniques for placing and removing indirect provisional restorations. K60. Knowledge of techniques for mixing provisional materials.
	T20. Place and adjust direct provisional restorations to ensure proper fit.	K61. Knowledge of methods for evaluating occlusion, margins, and contact discrepancies of direct provisional restorations. K62. Knowledge of techniques for adjusting direct provisional restorations.
	T21. Finish direct provisional restorations to provide a smooth surface or prevent irritation.	K63. Knowledge of techniques for finishing direct provisional restorations. K64. Knowledge of the effects of improper or incomplete finishing of direct restorations.

T22. Remove excess cement from surfaces of teeth to prevent irritation.	K65. Knowledge of instruments used to remove cement from teeth surfaces. K66. Knowledge of signs of irritation associated with residual cement.
T23. Assist in the administration of nitrous oxide and oxygen to provide analgesia or sedation when ordered by a dentist.	K67. Knowledge of procedures for the use and care of equipment used to administer oxygen and nitrous oxide and oxygen. K68. Knowledge of signs of medical emergencies associated with the use of nitrous oxide.

Content Area 2. DENTAL PROCEDURES (50%), continued. This area assesses the candidate's knowledge of providing registered dental assistant services related to patient treatment. This includes services related to placing direct and indirect provisional restorations, implementing preventative procedures, and performing tasks associated with specialty procedures. This area also assesses the candidate's knowledge of educating the patient about oral health and maintenance. These activities are performed under the supervision of a dentist.

Section	Tasks	Knowledge Statements
2C. Preventative and Aesthetic Procedures (10%)	T24. Perform coronal polishing to remove plaque and extrinsic stains from surfaces of teeth.	K69. Knowledge of techniques for performing coronal polishing. K70. Knowledge of indications and contraindications for performing coronal polishing.
	T25. Apply pit and fissure sealants to prevent dental caries.	K71. Knowledge of types of pit and fissure sealants and their uses. K72. Knowledge of factors that impact retention of pit and fissure sealants. K73. Knowledge of indications and contraindications for using pit and fissure sealants. K74. Knowledge of techniques for applying pit and fissure sealants.
	T26. Perform in-office bleaching to whiten teeth.	K75. Knowledge of types of bleaching agents and their use. K76. Knowledge of indications and contraindications for using bleaching agents. K77. Knowledge of techniques for applying bleaching agents.

Content Area 2. DENTAL PROCEDURES (50%), continued. This area assesses the candidate's knowledge of providing registered dental assistant services related to patient treatment. This includes services related to placing direct and indirect provisional restorations, implementing preventative procedures, and performing tasks associated with specialty procedures. This area also assesses the candidate's knowledge of educating the patient about oral health and maintenance. These activities are performed under the supervision of a dentist.

Section	Tasks	Knowledge Statements
2D. Patient Education (10%)	T27. Educate patients about oral hygiene to promote dental health.	K78. Knowledge of the effects of poor oral hygiene and care related to dental health. K79. Knowledge of methods for educating patients about oral hygiene.
	T28. Provide patients with pre- and post-treatment instructions to promote patient compliance.	K80. Knowledge of symptoms patients may encounter after treatment. K81. Knowledge of techniques for pain management after treatment. K82. Knowledge of methods for educating patients about pre- and post-treatment instructions.
	T29. Educate patients about dietary recommendations to promote oral health.	K83. Knowledge of the effects of foods and beverages on oral health. K84. Knowledge of methods for educating patients about dietary recommendations related to oral health and dental treatment.

Content Area 2. DENTAL PROCEDURES (50%), continued. This area assesses the candidate's knowledge of providing registered dental assistant services related to patient treatment. This includes services related to placing direct and indirect provisional restorations, implementing preventative procedures, and performing tasks associated with specialty procedures. This area also assesses the candidate's knowledge of educating the patient about oral health and maintenance. These activities are performed under the supervision of a dentist.

Section	Tasks	Knowledge Statements
2E. Specialty Procedures (5%)	T30. Test pulp vitality to identify baseline pulp health or level of pain.	K85. Knowledge of the relationship between pain responses and pulp vitality. K86. Knowledge of methods for testing pulp vitality.
	T31. Dry canals with absorbent points to assist with endodontic treatment.	K87. Knowledge of techniques for using absorbent points to dry canals.
	T32. Place periodontal dressings to protect extraction and periodontal surgical sites.	K88. Knowledge of types of periodontal dressings and their use. K89. Knowledge of the relationship between dressing medicaments and post-surgical healing. K90. Knowledge of signs of dry socket that require the attention of a dentist. K91. Knowledge of signs of infection or irritation associated with periodontal and surgical dressings. K92. Knowledge of techniques for applying dressings to surgical sites.
	T33. Place archwires to move teeth to dentist's prescribed position.	K93. Knowledge of the types of archwires and their functions. K94. Knowledge of methods for placing archwires. K95. Knowledge of types of instruments used to place orthodontic archwires.
	T34. Place ligatures to connect archwires to orthodontic brackets.	K96. Knowledge of types of ligatures and their functions. K97. Knowledge of techniques for placing ligatures based on dentist's instructions. K98. Knowledge of types of instruments used to place orthodontic ligatures.
	T35. Remove post-extraction and post-surgical sutures as directed by dentist.	K99. Knowledge of techniques for removing post-surgical sutures.
	T36. Adjust removable prosthetic appliances extraorally to verify fit or retention.	K100. Knowledge of types of removable prosthetic appliances and their functions. K101. Knowledge of methods for verifying removable prosthetic appliance fit or retention. K102. Knowledge of techniques for adjusting prosthetic appliances extraorally.

Content Area 3. INFECTION CONTROL AND HEALTH AND SAFETY (25%). This area assesses the candidate's knowledge of maintaining a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.

Section	Tasks	Associated Knowledge Statements
3A. Patient Safety and Prevention of Disease Transmission (15%)	T37. Provide patient with safety precautions to ensure protection during dental treatment.	K103. Knowledge of methods for using safety precautions with patients. K104. Knowledge of types of safety equipment for protecting patients. K105. Knowledge of techniques for protecting patients during diagnostic tests and imaging.
	T38. Use pre-procedural barriers, air evacuation systems, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.	K106. Knowledge of equipment for providing protective barriers and air evacuation systems. K107. Knowledge of techniques for using barriers, air evacuation systems, and rinses. K108. Knowledge of types of infectious diseases and their modes of transmission.
	T39. Sanitize hands according to protocols to prevent the transmission of diseases.	K109. Knowledge of techniques for sanitizing hands during dental treatments. K108. Knowledge of types of infectious diseases and their modes of transmission.
	T40. Wear personal protective equipment to prevent contamination.	K110. Knowledge of techniques for using personal protective equipment. K108. Knowledge of types of infectious diseases and their modes of transmission.
	T41. Adhere to infectious disease prevention protocols to reduce risk of disease transmission.	K111. Knowledge of techniques for preventing the spread of infectious diseases. K112. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases. K108. Knowledge of types of infectious diseases and their modes of transmission.
	T42. Identify signs of medical emergencies to address situations that require immediate intervention.	K113. Knowledge of signs of allergic reaction or anaphylactic shock. K114. Knowledge of signs of medical crisis or emergency. K115. Knowledge of methods for obtaining emergency medical assistance. K116. Knowledge of methods for administering emergency first aid and CPR.

Content Area 3. INFECTION CONTROL AND HEALTH AND SAFETY (25%), continued. This area assesses the candidate's knowledge of maintaining a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.

Section		Tasks	Associated Knowledge Statements
3B. Equipment Disinfection and Cross-Contamination Prevention (10%)	T43.	Disinfect treatment area and equipment to prepare for or complete dental treatment.	K117. Knowledge of methods for disinfecting treatment areas and equipment. K118. Knowledge of barrier techniques for protecting treatment areas and equipment. K119. Knowledge of methods for monitoring dental waterlines and water quality. K120. Knowledge of methods for disinfecting evacuation lines. K121. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.
	T44.	Sterilize instruments to prevent patient-to-patient disease transmission.	K122. Knowledge of types of sterilization processes and related equipment. K123. Knowledge of procedures for sterilizing instruments. K124. Knowledge of techniques for storing instruments before and after sterilization.
	T45.	Adhere to disposal safety protocols to discard of contaminated materials or sharps.	K125. Knowledge of techniques for the safe disposal of contaminated materials. K126. Knowledge of techniques for the safe disposal of sharps.

Content Area 4. LAWS AND REGULATIONS (10%). This area assesses the candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, and professional responsibilities.

Tasks	Associated Knowledge Statements
T46. Comply with laws regarding consent to respect patients' right to make informed treatment decisions.	K127. Knowledge of laws regarding patient consent.
T47. Comply with Health Insurance Portability and Accountability Act (HIPAA) laws to respect patient right to privacy in dental health care delivery.	K128. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
T48. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.	K129. Knowledge of signs of child abuse or neglect. K130. Knowledge of signs of dependent adult abuse, neglect, or exploitation. K131. Knowledge of signs of elder adult abuse, neglect, or exploitation. K132. Knowledge of methods for reporting child, elder, or dependent adult abuse.
T49. Comply with laws about record-keeping to document, store, and dispose of patient charts or records.	K133. Knowledge of legal standards for patient record-keeping and documentation. K134. Knowledge of laws regarding the storage and disposal of patient charts or records.
T50. Comply with laws about professional conduct to maintain professional integrity.	K135. Knowledge of laws regarding professional conduct.
T51. Comply with laws about scope of practice to maintain professional boundaries.	K136. Knowledge of laws regarding scope of practice.



OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS PROFESSION



TABLE 16 – REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS WRITTEN EXAMINATION OUTLINE

1. PRELIMINARY PATIENT EVALUATIONS (25%) – This area assesses the candidate's knowledge of evaluating the patients' medical and dental history and identifying conditions that may impact treatment. This area also assesses the candidate's knowledge of preparing diagnostic records and charting conditions or oral abnormalities related to treatment. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
1A. Patient Information and Evaluations (18%)	T1. Review patient medical and dental history to identify conditions that may affect treatment.	K1. Knowledge of types of common medical conditions or medications that affect treatment. K2. Knowledge of dental conditions that affect treatment. K3. Knowledge of methods for collecting information about patient medical and dental history.
	T2. Evaluate patient's oral health under dentist's direction to assist with overall patient assessment.	K4. Knowledge of methods for evaluating conditions of the oral cavity. K5. Knowledge of signs of decay or stain formations that cause oral health problems. K6. Knowledge of signs of periodontal disease. K7. Knowledge of effects of dietary habits on oral health. K8. Knowledge of effects of substance use on oral health. K9. Knowledge of effects of smoking or tobacco use on oral health.
	T3. Conduct a preliminary myofunctional evaluation of the head and neck to identify function of oral and facial muscles.	K10. Knowledge of types of muscles and physiological structures in the head and neck. K11. Knowledge of techniques for performing evaluations of myofunction of the head and neck. K12. Knowledge of signs of abnormal or limited myofunction of the head and neck. K13. Knowledge of signs of temporal mandibular dysfunction.
	T4. Perform intraoral and extra-oral evaluation of soft tissue to identify conditions related to patient's oral health.	K14. Knowledge of types of anatomical structures and landmarks of the oral cavity. K15. Knowledge of signs of healthy hard and soft tissue. K16. Knowledge of signs of intraoral and extra-oral pathology. K17. Knowledge of methods for performing intraoral and extra-oral evaluations. K18. Knowledge of the relationship between facial or oral abnormalities and dental problems.
	T5. Determine classification of occlusions and malocclusions to identify the relationships of the maxillary and mandibular teeth.	K19. Knowledge of classifications of occlusion and malocclusion. K20. Knowledge of effects of occlusion and malocclusion on oral health.

1. PRELIMINARY PATIENT EVALUATIONS (25%), continued – This area assesses the candidate's knowledge of evaluating the patient's medical and dental history and identifying conditions that may impact treatment. This area also assesses the candidate's knowledge of preparing diagnostic records and charting conditions or oral abnormalities related to treatment. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
1B. Imaging and Documentation (7%)	T6. Determine type of imaging needed to assist in gathering diagnostic information.	K21. Knowledge of types of radiographic imaging. K22. Knowledge of criteria for determining type of digital or X-ray images to be performed.
	T7. Chart oral conditions to document patient characteristics for treatment.	K23. Knowledge of types of dental nomenclature and morphology. K24. Knowledge of universal numbering and Palmer quadrant notation systems. K25. Knowledge of methods for charting oral conditions and problems.

2. TREATMENT PROCEDURES (57%) – This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
2A. Tissue Retraction and Final Impression Procedures (18%)	T8. Evaluate patient periodontal or medical conditions to identify contraindications for chemical retraction.	K26. Knowledge of types of periodontal conditions contraindicated for chemical retraction. K27. Knowledge of types of medical conditions contraindicated for chemical retraction.
	T9. Select retraction cord or retraction material to displace tissue.	K28. Knowledge of types of chemical compounds associated with impregnated cords. K29. Knowledge of physiological effects of chemical compounds used in cord retraction. K30. Knowledge of types of retraction cords and their sizing. K31. Knowledge of criteria for selecting retraction cords based on clinical indications. K32. Knowledge of types of retraction pastes. K33. Knowledge of criteria for selecting retraction paste based on clinical indications.
	T10. Place retraction cord or retraction paste to prepare tissue for impression procedures.	K34. Knowledge of techniques for placing retraction cords or retraction paste. K35. Knowledge of types of instruments used to place retraction cords or retraction paste.
	T11. Observe patient during retraction process to monitor tissue or physiological responses.	K36. Knowledge of signs of irritation or tissue damage during cord retraction. K37. Knowledge of techniques for managing irritation or tissue damage in response to cord retraction.
	T12. Remove retraction cord according to guidelines to prevent soft tissue damage.	K38. Knowledge of the relationship between retraction time and periodontal response. K39. Knowledge of techniques for removing retraction cords. K40. Knowledge of methods for preventing tissue damage during cord removal.
	T13. Take final impression to capture oral conditions for fixed indirect restorations.	K41. Knowledge of techniques for taking final impressions. K42. Knowledge of methods for managing sulcular fluids during final impressions. K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.
	T14. Take final impression to capture oral conditions for tooth-borne removable prosthesis.	K41. Knowledge of techniques for taking final impressions. K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.

2. TREATMENT PROCEDURES (57%), continued – This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
2B. Direct and Indirect Restorations (34%)	T15. Isolate oral cavity to preserve integrity of restorative area.	K44. Knowledge of techniques for isolating restorative area. K45. Knowledge of types of devices and materials used to isolate restorative area.
	T16. Select materials for direct restoration to address clinical indications.	K46. Knowledge of types of material used for direct restorations and their indications. K47. Knowledge of methods for selecting material based on location and type of direct restoration. K48. Knowledge of contraindications associated with direct restoration materials.
	T17. Place and contour direct restorations to restore proper tooth form, function, and margins.	K49. Knowledge of techniques for placing and contouring direct restorations. K50. Knowledge of methods for evaluating form and function of direct restorations.
	T18. Adjust direct restorations to customize them to patient's oral conditions.	K51. Knowledge of methods for evaluating occlusion, margins, and contact discrepancies. K52. Knowledge of techniques for adjusting direct restorations.
	T19. Finish direct restorations to provide a smooth surface or prevent irritation.	K53. Knowledge of techniques for finishing and polishing direct restorations. K54. Knowledge of effects of improper or incomplete finishing and polishing.
	T20. Adjust indirect restorations to ensure proper fit.	K55. Knowledge of techniques for adjusting indirect restorations.
	T21. Cement final indirect restorations to restore tooth function.	K56. Knowledge of types of cement and their indications. K57. Knowledge of techniques for cementing indirect restorations. K58. Knowledge of types of instruments used to cement indirect restorations.
	T22. Remove excess subgingival cement to prevent periodontal infection or inflammation.	K59. Knowledge of techniques for removing subgingival cement. K60. Knowledge of instruments used to remove subgingival cement. K61. Knowledge of signs of infection or inflammation associated with residual subgingival cement.
	T23. Identify factors impacting proper placement of restorations to prevent damage or decay.	K62. Knowledge of the relationship between occlusion and potential for damage or decay. K63. Knowledge of signs of postoperative complications.
	T24. Recognize conditions requiring additional attention to involve dentist in evaluation of preparation.	K64. Knowledge of enamel and oral histology. K65. Knowledge of types of preparation characteristics associated with indirect restorations.
	T25. Select endodontic master and accessory points to fill canal.	K66. Knowledge of materials associated with master and accessory points.

2. TREATMENT PROCEDURES (57%), continued – This area assesses the candidate’s knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
2C. Treatment Specialty Area (5%)	T26. Verify size of master points to ensure proper cone fit for canal.	K67. Knowledge of techniques for fitting master points and accessory points.
	T27. Cement endodontic master and accessory points to seal canal.	K68. Knowledge of types of endodontic cement material. K69. Knowledge of techniques for cementing endodontic master and accessory points.

3. HEALTH AND SAFETY (8%) – This area assesses the candidate's knowledge of maintaining a safe and sanitary work environment and adhering to infection control protocols and standard precautions.

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Task Statements	Knowledge Statements
T28. Identify signs of medical emergencies to address situations that require immediate intervention.	K70. Knowledge of signs of allergic reaction or anaphylactic shock. K71. Knowledge of signs of medical crisis or emergency. K72. Knowledge of methods for administering emergency first aid and Basic Life Support (BLS).
T29. Implement safety precautions to minimize risk to patient and dental health care personnel during treatment.	K73. Knowledge of guidelines for providing for patient safety during dental health care procedures. K74. Knowledge of guidelines for providing for health care personnel safety during dental health care procedures. K75. Knowledge of types of adverse events or injury that can result from inadequate safety dental health care precautions.
T30. Implement infection prevention and control procedures to mitigate disease transmission during dental treatment.	K76. Knowledge of types of infections or communicable diseases and their route of transmission. K77. Knowledge of methods for preventing the spread of infectious and communicable pathogens. K78. Knowledge of guidelines for sterilization and disinfection in dental health care delivery.
T31. Implement protocols regarding hazardous or medical waste to manage materials used or generated during dental treatment.	K79. Knowledge of types of waste associated with dental treatments and their contamination potential. K80. Knowledge of guidelines for handling and disposing of hazardous or medical waste materials.

4. LAWS AND REGULATIONS (10%) – This area assesses the candidate’s knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, and professional responsibilities.

Task Statements	Knowledge Statements
T32. Comply with laws regarding consent to respect patients’ right to make informed treatment decisions.	K81. Knowledge of laws regarding patient consent.
T33. Comply with Health Insurance Portability and Accountability Act (HIPAA) laws to respect patient right to privacy in dental health care delivery.	K82. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
T34. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.	K83. Knowledge of signs of child abuse or neglect. K84. Knowledge of signs of dependent adult abuse, neglect, or exploitation. K85. Knowledge of signs of elder adult abuse, neglect, or exploitation. K86. Knowledge of methods for reporting child, elder, or dependent adult abuse.
T35. Comply with laws about record-keeping to document, store, and dispose of patient charts or records.	K87. Knowledge of legal standards for patient record-keeping and documentation. K88. Knowledge of laws regarding the storage and disposal of patient charts or records.
T36. Comply with laws about professional conduct to maintain professional integrity.	K89. Knowledge of laws regarding professional conduct.
T37. Comply with laws about scope of practice to maintain professional boundaries.	K90. Knowledge of laws regarding scope of practice.



OCCUPATIONAL ANALYSIS OF THE ORTHODONTIC ASSISTANT PRACTICE

STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

TABLE 13 – ORTHODONTIC ASSISTANT EXAMINATION OUTLINE

1. Patient Information and Diagnostic Records (10%) – This area assesses the candidate’s ability to review information about a patient’s history and oral conditions as they relate to orthodontic treatment. This area also assesses the candidate’s ability to assist with diagnostic records and to chart information related to orthodontic treatment. These activities are performed under the supervision of a dentist or orthodontist.

Section	Tasks	Associated Knowledge Statements
1A. Review Patient Information (6%)	T1. Review information about patient history to identify conditions that may affect orthodontic treatment.	K1. Knowledge of common medical conditions or medications that affect orthodontic treatment. K2. Knowledge of oral conditions that impact orthodontic treatment. K3. Knowledge of methods for collecting information about patient history.
	T2. Review extraoral and intraoral conditions or abnormalities to determine implications for orthodontic treatment.	K4. Knowledge of classifications of occlusion and malocclusion. K5. Knowledge of the relationship between facial or oral abnormalities and orthodontic problems. K6. Knowledge of the effects of diet and personal habits on orthodontic problems. K7. Knowledge of the relationship between speech patterns and orthodontic problems.
	T3. Chart patient information to document orthodontic treatment.	K8. Knowledge of universal numbering and Palmer quadrant notation systems. K9. Knowledge of methods for charting oral conditions and problems. K10. Knowledge of methods for recording medical or dental history for use in treatment.
1B. Assist with Diagnostic Records (4%)	T4. Prepare patient for intraoral and extraoral radiographs or cone-beam computed tomography (CBCT) to assist the dentist in determining the position of teeth and jaw.	K11. Knowledge of types of radiographic imaging. K12. Knowledge of procedures for taking digital or conventional radiographs. K13. Knowledge of methods for patient management and safety during radiograph procedures. K14. Knowledge of factors that impact radiographic imaging and quality.
	T5. Obtain maxillary and mandibular impressions or digital scans to assist in preparing for treatment or appliance.	K15. Knowledge of types of impression instruments and materials. K16. Knowledge of methods for taking impressions and tray placement. K17. Knowledge of factors that impact impression quality. K18. Knowledge of methods for taking digital scans. K19. Knowledge of factors that impact digital scan quality.
	T6. Prepare bite registrations to index maxillary and mandibular arches.	K20. Knowledge of types of materials used in bite registrations. K21. Knowledge of methods for taking bite registrations. K22. Knowledge of techniques for bite registration cleanup and preparation for use.

2. Orthodontic Procedures (60%) – This area assesses the candidate's ability to prepare for and to provide orthodontic assistant services. This includes services related to bonding, the placement and removal of orthodontic components, and use of auxiliaries. This area also assesses the candidate's ability to educate the patient about oral health and orthodontic maintenance. These activities are performed under the supervision of an orthodontist.

Section	Tasks	Associated Knowledge Statements
2A. Treatment Preparation (9%)	T7. Identify types and stages of treatment to prepare for orthodontic procedures.	K23. Knowledge of types and stages of orthodontic treatment. K24. Knowledge of types of tooth movement achieved in orthodontic treatments. K25. Knowledge of processes and limitations involved in tooth movement.
	T8. Prepare instruments to facilitate use in orthodontic treatment.	K26. Knowledge of types of orthodontic instruments and their associated uses. K27. Knowledge of methods for preparing, caring for, and storing orthodontic instruments.
	T9. Select components and materials to be used in orthodontic appliance or auxiliaries.	K28. Knowledge of types of orthodontic components and their functions. K29. Knowledge of types of auxiliaries and their functions. K30. Knowledge of methods for selecting orthodontic components or auxiliaries based on dentist's instructions. K31. Knowledge of types of bonding materials. K32. Knowledge of methods for selecting bonding materials based on dentist's instructions.
2B. Orthodontic Bands and Brackets (20%)	T10. Place separators to create space for orthodontic bands.	K33. Knowledge of types of orthodontic separators and their functions. K34. Knowledge of types of instruments used to place orthodontic separators. K35. Knowledge of techniques for placing orthodontic separators. K36. Knowledge of signs of tissue irritation or infection associated with orthodontic appliances.
	T11. Place bands to attach orthodontic appliance parts or auxiliaries.	K37. Knowledge of types of orthodontic bands and their functions. K38. Knowledge of methods for fitting orthodontic bands. K39. Knowledge of methods for cementing orthodontic bands. K40. Knowledge of factors that impact adhesion of orthodontic components. K41. Knowledge of methods for removing excess cement from supragingival surfaces. K42. Knowledge of types of instruments used to place orthodontic bands. K36. Knowledge of signs of tissue irritation or infection associated with orthodontic appliances.
	T12. Pre-position orthodontic brackets to facilitate movement of teeth to prescribed position.	K43. Knowledge of types of orthodontic brackets and their functions. K44. Knowledge of methods for placing brackets based on dentist's instructions. K45. Knowledge of methods for bonding orthodontic brackets. K40. Knowledge of factors that impact adhesion of orthodontic components. K46. Knowledge of methods for removing excess bonding material from surfaces of teeth. K47. Knowledge of types of instruments used to place orthodontic brackets. K36. Knowledge of signs of tissue irritation or infection associated with orthodontic appliances.

2. Orthodontic Procedures (60%) (continued) – This area assesses the candidate's ability to prepare for and to provide orthodontic assistant services. This includes services related to bonding, the placement and removal of orthodontic components, and use of auxiliaries. This area also assesses the candidate's ability to educate the patient about oral health and orthodontic maintenance. These activities are performed under the supervision of an orthodontist.

Section	Tasks	Associated Knowledge Statements
2C. Orthodontic Archwires and Ligatures (20%)	T13. Place archwires to provide the force in moving teeth to prescribed position.	K48. Knowledge of the types of arch wires and their functions. K49. Knowledge of methods for placing archwires based on dentist's instructions. K50. Knowledge of methods for terminating archwires. K51. Knowledge of types of instruments used to place orthodontic archwires. K36. Knowledge of signs of tissue irritation or infection associated with orthodontic appliances.
	T14. Place ligatures to connect wire to fixed orthodontic appliance.	K52. Knowledge of types of ligatures and their functions. K53. Knowledge of methods for placing ligatures based on dentist's instructions. K54. Knowledge of types of instruments used to place orthodontic ligatures. K36. Knowledge of signs of tissue irritation or infection associated with orthodontic appliances.
2D. Auxiliaries, Appliances, and Post-treatment Procedures. (7%)	T15. Assist in the placement of intraoral or extraoral auxiliaries to increase effectiveness of braces.	K55. Knowledge of types of intraoral and extraoral auxiliaries and their functions. K56. Knowledge of methods for placing or fitting intraoral and extraoral auxiliaries based on dentist's instructions. K57. Knowledge of types of instruments used to place intraoral and auxiliaries. K58. Knowledge of factors that impact the efficacy of intraoral and extraoral auxiliaries.
	T16. Remove orthodontic components to prepare for next treatment, phase, or completion.	K59. Knowledge of methods for removing orthodontic appliance components. K60. Knowledge of methods for removing orthodontic cement or bonding agents. K61. Knowledge of instruments used in the removal of orthodontic appliance components.
	T17. Check fixed or removable appliances to verify fit or retention.	K62. Knowledge of types of fixed or removable appliances and their functions. K63. Knowledge of methods for verifying fixed and removable appliances fit or retention.
	T18. Assist with post-treatment procedures to finalize or fine-tune orthodontic outcomes.	K64. Knowledge of types of post-treatment procedures and their functions. K65. Knowledge of types of instruments used in performing post-treatment procedures.

2. Orthodontic Procedures (60%) (continued) – This area assesses the candidate’s ability to prepare for and to provide orthodontic assistant services. This includes services related to bonding, the placement and removal of orthodontic components, and use of auxiliaries. This area also assesses the candidate’s ability to educate the patient about oral health and orthodontic maintenance. These activities are performed under the supervision of an orthodontist.

Section	Tasks	Associated Knowledge Statements
2E. Patient Education (4%)	T19. Educate patients about pre- and post-treatment instructions to promote compliance.	K66. Knowledge of symptoms patients may encounter following orthodontic treatment. K67. Knowledge of techniques for pain management following orthodontic treatment. K68. Knowledge of methods for educating patients about pre- and post-treatment instructions.
	T20. Educate patients about orthodontic hygiene and care to maintain oral health or prevent damage.	K69. Knowledge of the effects of poor hygiene and care related to orthodontics. K70. Knowledge of methods for educating patients about oral hygiene related to orthodontics.
	T21. Educate patients about appliance care to prevent damage.	K71. Knowledge of the effects of improper handling on orthodontic appliances. K72. Knowledge of methods for educating patients about orthodontic appliance care.
	T22. Educate patients about dietary recommendations to prevent damage to teeth or appliances.	K73. Knowledge of the effects of foods and beverages on orthodontic appliances and teeth. K74. Knowledge of methods for educating patients about dietary recommendations during orthodontic treatment.

3. Infection Control and Health and Safety (18%) – This area assesses the candidate’s ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.

Section	Tasks	Associated Knowledge Statements
3A. Patient Safety and Prevention of Disease Transmission (9%)	T23. Provide patient with safety precautions to enhance protection during orthodontic treatment.	K75. Knowledge of methods for using safety precautions with patients. K76. Knowledge of types of safety equipment for protecting patients. K77. Knowledge of techniques for protecting patients during diagnostic tests and imaging.
	T24. Implement barrier, evacuation, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.	K78. Knowledge of equipment for providing protective barriers and evacuation. K79. Knowledge of techniques for using barriers, evacuation, and rinses. K80. Knowledge of types of infectious diseases and their modes of transmission.
	T25. Sanitize hands according to protocols to prevent the transmission of diseases.	K81. Knowledge of techniques for sanitizing hands during orthodontic treatments. K80. Knowledge of types of infectious diseases and their modes of transmission.
	T26. Wear personal protective equipment to prevent contamination.	K82. Knowledge of techniques for using personal protective equipment. K80. Knowledge of types of infectious diseases and their modes of transmission.
	T27. Adhere to infectious disease prevention protocols to reduce risk of disease transmission.	K83. Knowledge of techniques for preventing the spread of infectious diseases. K80. Knowledge of types of infectious diseases and their modes of transmission.
	T28. Identify signs of medical emergencies to address situations that require immediate intervention.	K84. Knowledge of signs of allergic reaction or anaphylactic shock. K85. Knowledge of signs of medical crisis or emergency. K86. Knowledge of methods for obtaining emergency medical assistance. K87. Knowledge of methods for administering emergency first aid and CPR.
3B. Equipment Disinfection and Cross-Contamination Prevention (9%)	T29. Disinfect treatment area and equipment to prepare for or complete orthodontic treatment.	K88. Knowledge of methods for disinfecting treatment areas and equipment. K89. Knowledge of barrier techniques for protecting treatment areas and equipment. K90. Knowledge of methods for monitoring dental waterlines and water quality. K91. Knowledge of methods for disinfecting evacuation lines.
	T30. Sterilize orthodontic instruments to prevent patient-to-patient disease transmission.	K92. Knowledge of types of sterilization processes. K93. Knowledge of methods for sterilizing instruments. K94. Knowledge of techniques for storing instruments before and after use.
	T31. Adhere to disposal safety protocols to discard contaminated materials or sharps.	K95. Knowledge of techniques for the safe disposal of contaminated materials. K96. Knowledge of techniques for the safe disposal of sharps.

4. Laws and Regulations (12%) – This area assesses the candidate’s knowledge of laws and regulations regarding permit requirements, scope of practice, professional conduct, and professional responsibilities.

Section	Tasks	Associated Knowledge Statements
25	T32. Comply with laws about consent to respect patients’ right to make informed treatment decisions.	K97. Knowledge of laws regarding patient consent.
	T33. Comply with Health Insurance Portability and Accountability Act (HIPAA) regulations to provide services that protects patients’ private health information.	K98. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
	T34. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.	K99. Knowledge of signs of child abuse or neglect. K100. Knowledge of signs of dependent adult abuse, neglect, or exploitation. K101. Knowledge of signs of elder adult abuse, neglect, or exploitation. K102. Knowledge of methods for reporting child, elder, or dependent adult abuse.
	T35. Comply with laws about record-keeping to document, store, and dispose of patient charts or records.	K103. Knowledge of legal standards for patient record-keeping and documentation. K104. Knowledge of laws regarding the storage and disposal of patient charts or records.
	T36. Comply with laws about professional conduct to maintain professional integrity.	K105. Knowledge of laws regarding professional conduct.
	T37. Comply with laws about scope of practice to maintain professional boundaries.	K106. Knowledge of laws regarding scope of practice.

Dental Board of California
Dental Sedation Assistant Examination Outline

- I. **Patient Monitoring (40%)** – This area assesses the candidate’s ability to monitor patients undergoing conscious sedation or general anesthesia utilizing data from noninvasive instrumentation (i.e., pulse oximeters, electrocardiograms, capnography, blood pressure, pulse, and respiration rate monitoring devices) and visual signs and symptoms of patient’s physiological functioning.

Job Task	Associated Knowledge Statements
T1. Monitor patient by utilizing physical and clinical signs related to levels of anesthesia. (8%)	<p>K1. Knowledge of physical signs and symptoms of cardiovascular functions related to levels of anesthesia.</p> <p>K2. Knowledge of physical signs and symptoms of respiratory functions related to levels of anesthesia.</p> <p>K3. Knowledge of physical signs and symptoms of central and peripheral nervous system related to levels of anesthesia (i.e., levels of consciousness, etc.).</p> <p>K4. Knowledge of physical signs and symptoms of metabolic functions related to levels of anesthesia.</p> <p>K24. Knowledge of scope of practice and supervisory requirements related to monitoring a sedation patient.</p>
T2. Monitor patient by utilizing data from noninvasive devices related to levels of anesthesia. (32%)	T2A. Routine Physiological Changes (18%)
	K5. Knowledge of noninvasive devices and data utilized to monitor cardiovascular functions related to levels of anesthesia (i.e., EKG, BP monitor, etc.).
	K6. Knowledge of noninvasive devices and data utilized to monitor respiratory functions related to levels of anesthesia (i.e., pulse oximeter, capnography, precordial stethoscope, etc.).
	K7. Knowledge of noninvasive devices and data utilized to monitor metabolic functions related to levels of anesthesia (i.e., capnography, etc.).
	K24. Knowledge of scope of practice and supervisory requirements related to monitoring a sedation patient.
	T2B. Dental Sedation Emergencies and Complications (14%)
	K8. Knowledge of physical signs and symptoms indicating complications or a medical emergency related to sedation (i.e., airway, respiratory, cardiovascular, neurological).
	K9. Knowledge of noninvasive device data indicating complications or a medical emergency.
	K24. Knowledge of scope of practice and supervisory requirements related to monitoring a sedation patient.

Dental Board of California
Dental Sedation Assistant Examination Outline

- II. **Drug Identification and Draw (30%)** – This area assesses the candidate’s ability to identify and draw drugs, limited to identification of appropriate medications, ampule and vial handling in preparation for drug and medication draw, and withdrawing drugs of correct amount as verified by the supervising licensed dentist.

Job Task	Associated Knowledge Statements
<p>T3. Identify and verify drugs and medications ordered by the licensed provider. (20%)</p>	<p>K10. Knowledge of overview (pharmacology, contraindications, adverse reactions and characteristics, etc.) of classes of drugs and medications used in contemporary sedation and general anesthesia.</p> <p>K11. Knowledge of overview (pharmacology, contraindications, adverse reactions and characteristics, etc.) of classes of drugs and medications used in contemporary medical emergency treatment (i.e., reversal agents, oxygen, epinephrine, etc.).</p> <p>K12. Knowledge of procedures to identify and verify drugs and medications ordered (i.e., expiration date, concentration, generic versus brand name, etc.).</p> <p>K25. Knowledge of scope of practice and supervisory requirements related to identifying and verifying drugs.</p>
<p>T4. Draw drugs and medications ordered by the licensed provider. (10%)</p>	<p>K13. Knowledge of ampule and vial handling in preparation for drug and medication draw.</p> <p>K14. Knowledge of techniques and measurement for drug and medication drawing and syringe labeling.</p> <p>K15. Knowledge of characteristics of syringes and needles including use, types, gauges, lengths, and components.</p> <p>K26. Knowledge of scope of practice and supervisory requirements related to drawing drugs and medications.</p>

Dental Board of California
Dental Sedation Assistant Examination Outline

- III. **Adding Drugs, Medications and Fluids to Intravenous Lines (22%)** – This area assesses the candidate’s ability to add drugs, medications, and fluids to intravenous lines using a syringe, provided that a supervising licensed dentist is present at the patient's chairside, limited to determining patency of intravenous line, selection of injection port, syringe insertion into injection port, occlusion of intravenous line and blood aspiration, line release and injection of drugs for appropriate time interval.

Job Task	Associated Knowledge Statements
T5. Add drugs, medications, and fluids to intravenous lines using a syringe. (12%)	K16. Knowledge of procedures and techniques for adding drugs, medications, and fluids to IV lines, including infusion and IV bolus, drug amounts and time intervals between doses. K17. Knowledge of armamentaria for adding drugs, medications and fluids to IV lines (i.e., injection ports, syringe types, etc.). K27. Knowledge of scope of practice and supervisory requirements related to administering drugs, medications and fluids.
T6. Determine patency of intravenous line. (10%)	K18. Knowledge of techniques to evaluate patency of IV lines. K19. Knowledge of recognition and management of IV related complications (patency, air in line, etc.). K20. Knowledge of armamentaria for IV set-ups, including types of fluid, IV lines, and connectors.

- IV. **Removal of intravenous lines (8%)** – This area assesses the candidate’s ability to remove intravenous lines.

Job Task	Associated Knowledge Statements
T7. Remove intravenous lines. (8%)	K21. Knowledge of signs and symptoms of complications associated with IV site during removal. K22. Knowledge of procedures (timing, indications, etc.) for the removal of IV lines.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	October 27, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 25.a.: Discussion and Possible Action to Revise Previously Approved Legislative Proposal to Amend Business and Professions Code Sections 1750.2, 1750.4, and 1752.1 Regarding Course Requirements for Orthodontic Assistant Permit, Dental Sedation Assistant Permit, and Registered Dental Assistant License

Background

The Dental Board of California (Board) licenses and regulates Registered Dental Assistants (RDAs), Registered Dental Assistants in Extended Functions (RDAEFs), Orthodontic Assistants (OAs), and Dental Sedation Assistants (DSAs). Application requirements for each of these licenses and permits are found in Article 7 of Chapter 4 of Division 2 of the Business and Professions Code (BPC). Board staff have identified an inconsistency with the statutory application requirements that may pose a public protection concern.

Existing law, BPC, section 1752.1, among other things, requires an applicant for an RDA license to provide written evidence of successful completion of all of the following within five years prior to the date of application to the Board: (1) a Board-approved course in the Dental Practice Act (DPA); (2) a Board-approved course in infection control; and (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.

Existing law, BPC, sections 1750.2 and 1750.4, among other things, require applicants for OA and DSA permits to provide evidence of: (1) successful completion of a two-hour Board-approved course in the DPA and an eight-hour Board-approved course in infection control; and (2) successful completion of 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. However, there is no requirement for these courses to be completed within a specified time frame prior to the date of application.

Agenda Item 25.a.: Discussion and Possible Action to Revise Previously Approved Legislative Proposal to Amend Business and Professions Code Sections 1750.2, 1750.4, and 1752.1 Regarding Course Requirements for Orthodontic Assistant Permit, Dental Sedation Assistant Permit, and Registered Dental Assistant License
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Legislative Proposal to Conform License/Permit Course Requirements

At the November 18, 2021 Dental Assisting Council (Council) meeting, Board staff recommended the Council consider whether a recommendation should be forwarded to the Board to amend BPC sections 1750.2 and 1750.4 to specify a time frame within which the DPA, infection control, and basic life support courses should be successfully completed prior to applying to the Board for an OA or DSA permit. Additionally, the Council was asked to consider whether BPC section 1752.1 should be amended to specify that it is a two-hour course in the DPA and an eight-hour course in infection control that is required for licensure as an RDA.

The Council agreed with the amendments outlined and recommended to the Board a legislative proposal to amend BPC sections 1750.2, 1750.4, and 1752.1 to clarify the RDA, OA, and DSA course completion requirements for license and permit applications.

At the February 2022 Board meeting, the Board considered and approved that proposal for inclusion in the Board's Sunset Review Report.

Discussion

Board staff have received feedback that the language on basic life support course completion in the Board's recommended legislative proposal does not adequately reduce the possibility that an applicant for RDA licensure or applicants for an OA or DSA permit would have their application approved with outdated knowledge in basic life support.

Certification credentials in basic life support require periodic updating, often sooner than five years. Since the Board-recommended legislative proposal allows for these courses to be completed within five years of application, expired basic life support credentials could still qualify if the underlying courses were completed within five years of expiration.

To address this issue, Board staff have revised the legislative proposal to require an applicant for RDA licensure or an applicant for an OA or DSA permit to provide evidence of current certification in basic life support, rather than evidence of course completion within five years of application. Requiring current basic life support certification will ensure individuals providing dental services have current basic life support skills to better protect the health and safety of dental patients.

Due to the statutory structure of BPC section 1752.1 regarding RDA application requirements that lists several courses that must be completed within five years (subd. (e)), the proposed amendments would renumber the existing basic life support course requirement (subd. (e)(3)) as a new subdivision (f), with appropriate introductory language modeled after the other course requirement subdivisions in that section.

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Action Requested

Staff is requesting that the Board take two actions, as follows:

- Rescind the legislative proposal approved at the February 2022 Board meeting as a recommendation to be included in the Board's Sunset Review Report.
- Move to replace the previously approved legislative proposal with the revised legislative proposal attached to this memo and include it as a recommendation in the Board's Sunset Review Report.

Suggested motion language for each action follows:

Rescind the legislative proposal approved at the February 2022 Board meeting

Move to withdraw the previously approved legislative proposal that was recommended for inclusion in the Board's Sunset Review Report to amend Business and Professions Code sections 1750.2, 1750.4, and 1752.1.

Approve the revised legislative proposal

Option 1 (no changes to proposed revised text): Move to include in the Board's Sunset Review Report a revised recommendation to amend Business and Professions Code sections 1750.2, 1750.4, and 1752.1 to clarify the RDA, OA, and DSA course completion requirements for license and permit applicants.

Option 2 (changes to proposed revised text): Move to include in the Board's Sunset Review Report a revised recommendation to amend Business and Professions Code sections 1750.2, 1750.4, and 1752.1, as further revised at this meeting [list the amendments here or consider the amendments in a separate motion], to clarify the RDA, OA, and DSA course completion requirements for license and permit applicants.

Attachment

Legislative Proposal to Amend Business and Professions Code Sections 1750.2, 1750.4, and 1752.1.

LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTIONS 1750.2, 1750.4, AND 1752.1

Additions approved in 2022 are indicated in *blue italic text*; deletions are indicated in ~~red strikethrough text~~.

Proposed revisions for Board consideration are in double underline for additions and ~~double strikethrough~~ for deletions.

1750.2. (a) The board may issue an orthodontic assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

- (1) Current, active, and valid licensure as a registered dental assistant or completion of at least 12 months of verifiable work experience as a dental assistant.
- (2) Successful completion *within five years prior to application* of a two-hour board-approved course in the Dental Practice Act and an eight-hour board-approved course in infection control.
- (3) ~~Successful completion *within five years prior to application* of a course~~Current certification 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.
- (4) Successful completion of a board-approved orthodontic assistant course, which may commence after the completion of six months of work experience as a dental assistant.
- (5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.3.

(b) A person who holds an orthodontic assistant permit pursuant to this section shall be subject to the same continuing education requirements for registered dental assistants as established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

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1750.4. (a) The board may issue a dental sedation assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

- (1) Current, active, and valid licensure as a registered dental assistant or completion of at least 12 months of verifiable work experience as a dental assistant.
- (2) Successful completion *within five years prior to application* of a two-hour board-approved course in the Dental Practice Act and an eight-hour board-approved course in infection control.
- (3) ~~Successful completion *within five years prior to application* of a course~~ Current certification 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.
- (4) Successful completion of a board-approved dental sedation assistant course, which may commence after the completion of six months of work experience as a dental assistant.
- (5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.5.

(b) A person who holds a permit pursuant to this section shall be subject to the continuing education requirements established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

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 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 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 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 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 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~~ both of the following:

(1) A *two-hour* board-approved course in the Dental Practice Act.

(2) An *eight-hour* board-approved course in infection control.

(3f) In addition to the requirements specified in subdivisions (a), (d), and (e), individuals applying for registered dental assistant licensure on or after January 1, 2010, shall

Agenda Item 25.a.: Discussion and Possible Action to Revise Previously Approved Legislative Proposal to Amend Business and Professions Code Sections 1750.2, 1750.4, and 1752.1 Regarding Course Requirements for Orthodontic Assistant Permit, Dental Sedation Assistant Permit, and Registered Dental Assistant License
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~~provide written evidence of having current certification.~~ 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.

(~~fg~~) 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 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.

(~~gh~~) 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.

(~~hi~~) 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.

(~~ij~~) 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.

(~~jk~~) 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.

(~~kl~~) The Registered Dental Assistant Combined Written and Law and Ethics Examination required by this section shall comply with Section 139.

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DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	October 13, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 26.a.: 2024 Tentative Legislative Calendar – Information Only

Background

The Tentative 2024 Legislative Calendars for the Assembly and the Senate are attached.

Action Requested

No Board action is requested.

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

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

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

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

- DEADLINES
- Jan. 1

Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 3

Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10

Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 12

Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- Jan. 15

Martin Luther King, Jr. Day.
- Jan. 19

Last day for any committee to hear and report to the **Floor** bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)).

Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31

Last day for each house to pass bills introduced in that house in the odd-numbered year (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).
- Feb. 16

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

Presidents' Day.
- Mar. 21

Spring Recess begins upon adjournment (J.R. 51(b)(1)).
- Mar. 29

Cesar Chavez Day observed.
- Apr. 1

Legislature reconvenes from **Spring Recess** (J.R. 51(b)(1)).
- Apr. 26

Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).
- May 3

Last day for **policy committees** to hear and report to the Floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 10

Last day for **policy committees** to meet prior to May 28 (J.R. 61(b)(7)).
- May 17

Last day for **fiscal committees** to hear and report to the **Floor** bills introduced in their house (J.R. 61 (b)(8)).

Last day for **fiscal committees** to meet prior to May 28 (J.R. 61 (b)(9)).
- May 20-24

Floor session only. No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).
- May 24

Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).
- May 27

Memorial Day.
- May 28

Committee meetings may resume (J.R. 61(b)(12)).

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

June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)).

June 27 Last day for a legislative measure to qualify for the Nov. 5 General Election ballot (Elections Code Sec. 9040).

JULY							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Summer Recess	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 3 Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)).

Summer Recess begins upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).

July 4 Independence Day.

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

Aug. 5 Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

Aug. 16 Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(14)).

Aug. 19 – 31 Floor session only. No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(15)).

Aug. 23 Last day to **amend** bills on the Floor (J.R. 61(b)(16)).

Aug. 31 Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(17)).

Final Recess begins upon adjournment (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2024

Sept. 30

Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).

Oct. 2

Bills enacted on or before this date take effect January 1, 2025. (Art. IV, Sec. 8(c)).

Nov. 5

General Election.

Nov. 30

Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).

Dec. 2

2025-26 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

2025

Jan. 1

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

*Holiday schedule subject to final approval by Rules Committee.

DEADLINES

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

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

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	29		

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

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						

- [Mar. 21](#) **Spring Recess** begins upon adjournment of this day’s session (J.R. 51(b)(1)).
- [Mar. 29](#) Cesar Chavez Day observed.

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				

- [Apr. 1](#) Legislature Reconvenes from **Spring Recess** (J.R. 51(b)(1)).
- [Apr. 26](#) Last day for **policy committees** to hear and report to **fiscal committees** **fiscal bills** introduced in their house (J.R. 61(b)(5)).

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	

- [May 3](#) Last day for **policy committees** to hear and report to the floor **non-fiscal** bills introduced in their house (J.R. 61(b)(6)).
- [May 10](#) Last day for **policy committees** to meet prior to May 28 (J.R. 61(b)(7)).
- [May 17](#) Last day for **fiscal committees** to hear and report to the floor bills introduced in their house (J.R. 61(b)(8)).
- Last day for **fiscal committees** to meet prior to May 28 (J.R. 61(b)(9)).
- [May 20- 24](#) **Floor Session only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61 (b)(10)).
- [May 24](#) Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).
- [May 27](#) Memorial Day.
- [May 28](#) Committee meetings may resume (J.R. 61(b)(12)).

*Holiday schedule subject to Senate Rules committee approval

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

[June 15](#) Budget Bill must be passed by **midnight** (Art. IV, Sec. 12(c)(3)).

[June 27](#) Last day for a legislative measure to qualify for the Nov. 5 General Election ballot (Elections Code Sec. 9040).

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

[July 3](#) Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)).

Summer Recess begins upon adjournment provided Budget Bill has been passed (J.R. 51(b)(2)).

[July 4](#) Independence Day.

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

[Aug. 5](#) Legislature Reconvenes from **Summer Recess** (J.R. 51(b)(2)).

[Aug. 16](#) Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(14)).

[Aug. 19-31](#) **Floor Session only.** No committees, other than conference and Rules committees, may meet for any purpose (J.R. 61(b)(15)).

[Aug. 23](#) Last day to **amend** on the floor (J.R. 61(b)(16)).

[Aug. 31](#) Last day for **each house to pass bills.** (Art. IV, Sec. 10(c), (J.R. 61(b)(17)).

Final Recess begins upon adjournment (J.R. 51(b)(3)).

*Holiday schedule subject to Senate Rules committee approval

IMPORTANT DATES OCCURRING DURING FINAL STUDY RECESS

- 2024

[Sept. 30](#)

Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor’s possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
- [Nov. 5](#)

General Election
- [Nov. 30](#)

Adjournment *Sine Die* at midnight (Art. IV, Sec. 3(a)).
- [Dec. 2](#)

12 Noon convening of the 2025-26 Regular Session (Art. IV, Sec. 3(a)).
- 2025

[Jan. 1](#)

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

DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

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MEMORANDUM

DATE	October 12, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 26.b.: 2023 End of Session Legislative Summary Report

Background

During the 2023 legislative year, the Board has tracked several bills that would impact the Dental Board of California (Board) and healing arts boards in general. Board members and staff have actively participated in the legislative process by communicating with Legislators and their staff and taking positions of proposed legislation. The bills that the Board has followed during the 2023 legislative year include:

[ACR 10](#) (Weber, Chapter 16, Statutes of 2023) Children's Dental Health Month.

[AB 477](#) (Waldron, 2023) Legislative review of state boards.

[AB 481](#) (Wendy Carrillo, 2023) Dentistry: dental assistants.

[AB 567](#) (Ting, 2023) Criminal Records: relief.

[AB 669](#) (Dixon, 2023) Administrative regulations.

[AB 677](#) (Addis, 2023) Confidentiality of Medical Information Act.

[AB 749](#) (Irwin, 2023) State agencies: information security: uniform standards.

[AB 795](#) (Flora, 2023) Unlawful sale of equipment, supplies, or services.

[AB 883](#) (Mathis, 2023) Business licenses: United States Department of Defense SkillBridge program.

[AB 936](#) (Wood, 2023) Dentistry: exceptions.

[AB 952](#) (Wood, 2023) Dental coverage disclosures.

[AB 996](#) (Low, 2023) Department of Consumer Affairs: continuing education: conflict-of-interest policy.

[AB 1028](#) (McKinnor, 2023) Reporting of crimes: mandated reporters.

[AB 1048](#) (Wicks, 2023) Dental benefits and rate review.

[AB 1257](#) (Committee on Business and Professions, 2023) Dentistry: Dental Hygiene Board of California.

[AB 1395](#) (Garcia, 2023) Licensed Physicians and Dentists from Mexico Pilot Program: requirements.

[AB 1396](#) (Garcia, 2023) Licensed Physicians and Dentists from Mexico Pilot Program: requirements.

Agenda Item 26.b.: 2023 End of Session Legislative Summary Report
Dental Board of California Meeting
November 8-9, 2023

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[AB 1398](#) (Ramos, 2023) California Dental Corps Loan Repayment Program.
[AB 1552](#) (Reyes, 2023) Healing arts: foreign dental schools.
[AB 1751](#) (Gipson, 2023) Opioid prescriptions: information: nonpharmacological treatments for pain.
[SB 73](#) (Seyarto, 2023) Employment policy: voluntary veterans' preference.
[SB 259](#) (Seyarto, 2023) Reports submitted to legislative committees.
[SB 279](#) (Niello, 2023) Administrative regulations: public participation.
[SB 372](#) (Menjivar, 2023) Department of Consumer Affairs: licensee and registrant records: name and gender changes.
[SB 544](#) (Laird, 2023) Bagley-Keene Open Meeting Act: teleconferencing.
[SB 802](#) (Roth, 2023) Licensing boards: disqualification from licensure: criminal conviction.
[SB 818](#) (Roth, 2023): Department of Consumer Affairs: terms of office: fingerprinting.
[SB 887](#) (Business, Professions and Economic Development Committee, 2023) Consumer affairs.

[ACR 10](#) is an Assembly Concurrent Resolution and did not require the Governor's signature. The Assembly passed the resolution on March 27, 2023.

[SB 143](#) (Committee on Budget and Fiscal Review, 2023), was amended in late August to add language reinstating expired laws related to state agencies (like the Board) holding meetings with teleconference capabilities through the end of 2023. The same bill also added language making specific to California changes in federal law concerning occupational license portability for military servicemembers and their spouses or partners. It was signed into law and took effect on September 13, 2023.

Of the bills Board staff tracked, the following pieces of legislation were signed by Governor Newsom and become effective on January 1, 2024, unless otherwise noted.

[AB 567](#) (Ting, 2023) Criminal Records: relief.
[AB 883](#) (Mathis, 2023) Business licenses: United States Department of Defense SkillBridge program.
[AB 936](#) (Wood, 2023) Dentistry: exceptions. (Effective on signing, October 8, 2023.)
[AB 952](#) (Wood, 2023) Dental coverage disclosures.
[AB 1048](#) (Wicks, 2023) Dental benefits and rate review.
[AB 1257](#) (Committee on Business and Professions, 2023) Dentistry: Dental Hygiene Board of California.
[AB 1395](#) (Garcia, 2023) Licensed Physicians and Dentists from Mexico Pilot Program: requirements. (Effective on signing, September 22, 2023.)
[SB 259](#) (Seyarto, 2023) Reports submitted to legislative committees.
[SB 372](#) (Menjivar, 2023) Department of Consumer Affairs: licensee and registrant records: name and gender changes.
[SB 544](#) (Laird, 2023) Bagley-Keene Open Meeting Act: teleconferencing.
[SB 887](#) (Business, Professions and Economic Development Committee, 2023) Consumer affairs.

None of the bills tracked by Board staff were vetoed by the Governor.

The Board took positions on the following bills during 2023:

[AB 481](#) (Wendy Carrillo, 2023) Dentistry: dental assistants. (Support if Amended, then Support)

[AB 936](#) (Wood, 2023) Dentistry: exceptions. (Support)

[AB 1552](#) (Reyes, 2023) Healing arts: foreign dental schools. (Oppose.)

[SB 372](#) (Menjivar, 2023) Department of Consumer Affairs: licensee and registrant records: name and gender changes. (Watch.)

[SB 544](#) (Laird, 2023) Bagley-Keene Open Meeting Act: teleconferencing. (Support.)

Summaries of the chaptered legislation that the Board tracked during 2023 have been compiled into a report for the Board's consideration and possible adoption.

Action Requested

Board staff are requesting that the Board consider and possibly adopt the attached *Legislative Summary for 2023 Legislative Session* and direct staff to post the report on the Board's website.

Legislative Summary for 2023 Legislative Session

Compiled by
The Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, California 95815-3831
(916) 263-2300

Board Officers

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Joanne Pacheco, RDH, MAOB, Vice President
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James Yu, DDS, MS

Executive Officer

Tracy Montez

**LEGISLATIVE SUMMARY FOR
2023 LEGISLATIVE SESSION**

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<u>BILL NUMBER</u>	<u>SUBJECT</u>	<u>PAGE NUMBER</u>
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AB 883	Business licenses: United States Department of Defense SkillBridge program.	7
AB 936	Dentistry: Exceptions	7
AB 952	Dental coverage disclosures.	8
AB 1048	Dental benefits and rate review.	8
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<u>BILL NUMBER</u>	<u>SUBJECT</u>	<u>PAGE NUMBER</u>
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BILL SUMMARY

[ACR 10](#) (Weber, Chapter 16, Statutes of 2023)
CHILDREN'S DENTAL HEALTH MONTH.

This Resolution, approved March 27, 2023, declared the month of February to be Children's Dental Health Month in the State of California.

[AB 567](#) (Ting, Chapter 444, Statutes of 2023)
CRIMINAL RECORDS. RELIEF.

This law amends Penal Code section 1203.425, which requires the Department of Justice to review the state criminal records database monthly to identify individuals with convictions who would qualify for conviction records relief. The provisions of the law go into effect on July 1, 2024. The law eliminates the requirement that these searches would be done subject to an appropriation by the Legislature. If requested by the subject of the records relief, the Department would have to provide written confirmation that the relief was granted.

[AB 883](#) (Mathis, Chapter 348, Statutes of 2023)
BUSINESS LICENSES: UNITED STATES DEPARTMENT OF DEFENSE SKILLBRIDGE PROGRAM.

This law amends Business and Professions Code section 115.4 to require DCA Boards to expedite processing for applicants who are active-duty service members enrolled in the Department of Defense SkillBridge program.

[AB 936](#) (Wood, Chapter 550, Statutes of 2023)
DENTISTRY: EXCEPTIONS.

This law amends Business and Professions Code section 1626.6 to exempt all dental students from violations of section 1626 (practice of dentistry without a license) for services provided under supervision at a sponsored event. As currently written this exemption only applies to final year students (which includes students of advanced education programs). The law defines dental students as those students who have started clinical training at a dental school approved by the Board. It also requires the supervising dentist to assess the patient being treated and determine if the assigned student has the necessary skill to treat the patient.

The law is an urgency statute and took effect on October 8, 2023.

[AB 952](#)

(Wood, Chapter 125, Statutes of 2023)

DENTAL COVERAGE DISCLOSURES.

The law adds new sections to the Health and Safety Code and to the Insurance Code requiring that in communications from a health care provider to a health care service provider or an insurer it must be disclosed whether or not the enrollee's or insured's dental coverage is subject to regulation. This disclosure can be made through an online portal or by request. Any coverage cards or similar documents showing evidence of coverage must contain this disclosure.

[AB 1048](#)

(Wicks, Chapter 557, Statutes of 2023)

DENTAL BENEFITS AND RATE REVIEWS.

This law includes insurance policies and health care service plans that provide dental services in the rate increase review processes administered by the Department of Insurance and the Department of Health Care Access and Information. Starting January 1, 2024, such plans cannot have a waiting period for dental services or a pre-existing conditions provision. Providers of those plans must file annual disclosures of specified information, beginning January 1, 2025 with the Department of Health Care Access and Information or the Department of Insurance (as appropriate).

[AB 1257](#)

(Committee on Business and Professions, Chapter 677, Statutes of 2023)

DENTISTRY: DENTAL HYGIENE BOARD OF CALIFORNIA.

This law extends the authority of the Dental Hygiene Board of California to January 1, 2028. It amends Section 1903 of the Business and Professions Code to allow for any Dental Hygiene Board member to be removed by their appointing authority per Code section 106. It would also amend the requirements for RDH licensure to include certification in basic life support, and would allow graduation from a California approved dental hygiene college in lieu of passing the WREB or another examination approved by the DHBC (the National Board Dental Hygiene Examination is still required). The law also raises the cap on mandatory continuing education hours to 10. The law amends Health and Safety Code section 1315 to permit registered dental hygienists to provide dental hygiene training to staff at long-term health care facilities.

[AB 1395](#)

(Garcia, Chapter 205, Statutes of 2023)

LICENSED PHYSICIANS AND DENTISTS FROM MEXICO PILOT PROGRAM: REQUIREMENTS.

This law amends Section 853 of the Business and Professions Code to require the Medical Board to issue a 3-year nonrenewable license to an applicant who has not yet provided a taxpayer identification number or social security number and can only qualify for a license under the Licensed Physicians and Dentists

from Mexico Pilot Program, if the applicant meets other conditions. The bill also makes some nonsubstantive changes to other portions of this section.

The law is an urgency statute, and took effect on signing, which was September 22, 2023.

[SB 143](#) (Committee on Budget and Fiscal Review, Chapter 196, Statutes of 2023)
STATE GOVERNMENT.

This law reinstates the provisions of the Bagley Keene Open Meetings Act that permitted additional flexibility for meetings held by teleconference. They would remain in effect for the remainder of 2023. The law also adds language for Boards and Bureaus seeking to comply with recent changes to the federal Servicemembers Civil Relief Act concerning license portability. This federal law was amended to permit qualified spouses of servicemembers to use a license granted in one state to practice in another state for the duration of the servicemember's orders in that other state. The new language in SB 143 mirrors the federal language, providing specifics about what evidence must be submitted to the California Board in order to be 'registered' with the out of state license, and how such licensees should be noted on the Board's website. No fee is to be collected for such registration, but the out of state licensee would be subject to the Board's laws concerning standards of practice, discipline, and continuing education. The registration is tied to the servicemembers orders, and would expire when those orders expire. The Board would have enforcement authority over such a licensee.

This law was a budget trailer bill, and took effect on signing, which was on September 13, 2023.

[SB 259](#) (Seyarto, Chapter 148, Statutes of 2023)
REPORTS SUBMITTED TO LEGISLATIVE COMMITTEES.

The law amends the Government Code to require a state agency to post on its website any report it submits to a committee of the Legislature, as well as members of either house of the Legislature, or the Legislature as a whole. The law also covers reports identified in the Supplemental Report of the Budget Act put out by the Legislative Analyst's Office.

[SB 372](#) (Menjivar, Chapter 225, Statutes of 2023)
DEPARTMENT OF CONSUMER AFFAIRS: LICENSEE AND REGISTRANT RECORDS: NAME AND GENDER CHANGES.

The law adds Business and Professions Code section 27.5, which requires Department of Consumer Affairs boards to update their licensee and/or registrant records, on request from the licensee and/or registrant, to reflect name and/or gender changes by licensees and/or registrants. Barring any other provision of

law, if licensees or registrants provide appropriate government-issued identification as detailed in the law, then boards would need to update their records, including any records maintained in an online records system. If licensees and/or registrants request it, boards must reissue requested documents bearing the licensee's or registrant's updated legal name or gender information. A board may charge a fee for reissuing these documents, but that fee cannot be higher than what it charges for reissuing documents with other updated information.

Boards must also establish processes for disclosing a licensee's former name and gender in connection with a complaint against a licensee. Boards will remove a licensee's former name and/or gender from an online license verification system. Records with the former name and/or gender process will not be posted online, but a search of the online system that would result in such records would simply note that the individual was previously subject to disciplinary action and include a notice to contact the relevant board for additional information about those enforcement actions. Requests for that additional disciplinary information will be handled in a way consistent with the California Public Records Act, but any documents connected to a request for updating records pursuant to this bill confidential and not subject to public inspection or disclosure.

[SB 544](#)

(Laird, Chapter 216, Statutes of 2023)

BAGLEY-KEENE OPEN MEETING ACT: TELECONFERENCING.

The law amends the Bagley-Keene Open Meeting Act (which covers state agencies like the Board) with respect to meetings held by teleconference. The changes add additional tools for this kind of meeting, incorporating most of the teleconferencing procedures permitted during the COVID-19 pandemic. The bill would remove the requirement that all teleconference locations must be noticed in the agenda and available to the public. Meetings held by teleconference would have to provide to the public a means to access the meeting by audio, by video, and at least one in-person location. At least one member or staff must be physically present at the location specified in the meeting notice. There must be a process in place for addressing requests for reasonable accommodations pursuant to the federal Americans with Disabilities Act, and that process must be advertised any time a meeting is noticed. The law requires one staff member to be physically present at each teleconference location, and a quorum of the agency members must be physically present at the same teleconference location (exceptions must qualify as specified in the law). If any member is participating remotely, that fact must be noticed no later than 24 hours before the meeting. If a member is participating remotely, they must disclose if anyone 18 or older is in the room with them and the general nature of the relationship between that person or persons and the member.

The law provides an additional set of procedures for teleconference meetings that would be in effect from January 1, 2024 until January 1, 2026.

Requirements specific to this section include that:

- A member participating remotely must be visible on camera
- One member of the agency must be physically present at each teleconference location.
- A majority of the agency members must be present at the same physical location, unless a member or members meet certain conditions..

[SB 815](#)

(Roth, 2023):

HEALING ARTS.

This law is the sunset bill for the Medical Board of California. It revises certain requirements for postgraduate training for physicians and surgeons who are trained in oral and maxillofacial surgery. Previously applicants with 12 months of oral and maxillofacial surgery postgraduate training from a combined medical and dental degree program approved by CODA were permitted to sit for licensure. The law now requires licensees who have received credit for 24 months of postgraduate training in oral and maxillofacial surgery to provide evidence of this training prior to license renewal. This law also includes modifications to the Licensed Physicians and Dentists from Mexico program that permit extension of the otherwise nonrenewable physician's and surgeon's licenses issued to individuals under certain specified circumstances.

[SB 887](#)

(Business, Professions and Economic Development Committee, 2023):

CONSUMER AFFAIRS.

Among other things, the law amends BPC section 115.8 to change the Department of Consumer Affairs reporting requirements on military and spouse licensure. Most of the changes are to the reporting period, which would be on the fiscal year rather than the calendar year.

2023 CHAPTERED BILLS

BILL	AUTHOR	STATUS	CHAPTER NUMBER	STATUTE YEAR
ACR 10	Weber	Chaptered	16	2023
AB 567	Ting	Chaptered	443	2023
AB 883	Mathis	Chaptered	348	2023
AB 936	Wood	Chaptered	550	2023
AB 952	Wood	Chaptered	125	2023
AB 1048	Wicks	Chaptered	555	2023
AB 1257	Committee on Business and Professions	Chaptered	677	2023
AB 1395	Garcia	Chaptered	205	2023
SB 143	Committee on Budget and Fiscal Review	Chaptered	196	2023
SB 279	Seyarto	Chaptered	148	2023
SB 372	Menjivar	Chaptered	225	2023
SB 544	Laird	Chaptered	216	2023
SB 815	Roth	Chaptered	294	2023
SB 887	Committee on Business, Professions and Economic Development	Chaptered	510	2023

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	October 23, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 27.: Election of 2024 Board Officers

Background

Pursuant to Business and Professions Code Section 1606, the Dental Board of California (Board) is required to elect a president, vice president, and a secretary from its membership.

Pursuant to the Board's *Policy and Procedure Manual, Adopted August 2016*, it is the Board's policy to elect officers at the final meeting of the calendar year for service during the next calendar year, unless otherwise decided by the Board. The newly elected officers shall assume the duties of their respective offices on January 1st of the new year.

Roles and Responsibilities of Board Officers

President:

- Acts as spokesperson for the Board (attends legislative hearings and testifies on behalf of the Board, attends meetings with stakeholders and Legislators on behalf of Board, talks to the media on behalf of the Board, and signs letters on behalf of the Board).
- Meets and/or communicates with the Executive Officer (EO) on a regular basis.
- Provides oversight to the EO in performance of their duties.
- Approves leave requests, verifies accuracy and approves timesheets, approves travel and signs travel expense claims for the EO.
- Coordinates the EO annual evaluation process including contacting Department of Consumer Affairs Office of Human Resources to obtain a copy of the EO Performance Evaluation Form, distributes the evaluation form to members, and collates the ratings and comments for discussion.
- Approves Board Meeting agendas.
- Chairs and facilitates Board Meetings.
- Chairs the Executive Committee.

Agenda Item 27.: Election of 2024 Board Officers
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- Signs specified full board enforcement approval orders.
- Establishes Committees and appoints Chairs and members.
- Establishes 2-person subcommittees and/or task forces to research policy questions when necessary.
- Attends Dental Hygiene Board of California meetings.

Vice President:

- Is the Back-up for the duties above in the President's absence.
- Is a member of Executive Committee.
- Coordinates the revision of the Board's Strategic Plan.
- Coordinates the revision of the Board, Council, and Committee Member Administrative Policy and Procedure Manual.

Secretary:

- Calls the roll at each Board meeting and reports that a quorum has been established.
- Calls the roll for each action item.
- Is a member of Executive Committee.

Pursuant to the Board's Policy and Procedure Manual, the Board's EO shall conduct the election of officers and shall set the general election procedure. The EO will ask for nominations for each office. The election of the Secretary will occur first, followed by the Vice President and President.

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MEMORANDUM

DATE	October 23, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 28.: Public Comment on Future Agenda Items

Background

Stakeholders are encouraged to submit comments on future agenda items, including proposals, in writing to the Board before, during or after the meeting for possible consideration by the Board at a future Board meeting.

Action Requested

No action requested.