



August 19, 2025

De'Andra Epps-Robbins, RDA  
Chair, Dental Assisting Council  
Dental Board of California

*Via E-mail*

**RE: Public Comment on Potential Legislative Changes to RDA Program Approval**

Dear Ms. Epps-Robbins,

The California Dental Association (CDA) respectfully submits the following comments regarding the Dental Board of California's (DBC) legislative proposal to transfer oversight of dental assisting educational programs and certification courses to external accrediting or approving bodies. While we recognize the intent to streamline approval processes, reduce administrative burdens, and improve license portability, we believe certain elements of the proposal require clarification or modification to ensure fairness and preserve access.

CDA's concerns are rooted in ensuring that dental assisting education and certification remain accessible and affordable, particularly at a time when the profession is experiencing severe workforce shortages. Based on the breakdown, nearly half of all providers offering board-approved certification courses, such as radiation safety (48%) and infection control (47%), could be lost if they are unable to obtain DBC-approved accreditation under the proposal. This loss would disproportionately affect unlicensed dental assistants who rely on these stand-alone courses to enter the workforce, as well as those pursuing RDA licensure outside of formal RDA programs due to cost or lack of local program availability. The potential closure of providers offering "career-ladder" certifications, such as the Orthodontic Assistant Permit (78% of programs at risk) and Dental Sedation Assistant (97% at risk), would further limit opportunities for dental assistants to expand their scope of practice and advance within the profession, impacts that would be felt most acutely in rural and underserved areas where alternatives are scarce.

For example, many infection control courses that already hold accreditations recognized under the proposal are embedded within full RDA educational programs, making them inaccessible as stand-alone options for unlicensed dental assistants due to cost, time commitment, and admission requirements. The programs most at risk of closure disproportionately serve low-income, rural, and underserved communities. Losing these stand-alone providers would effectively cut off entry points into the profession for individuals who cannot enroll in or travel to full RDA programs.

Any reduction in the number or geographic distribution of programs, especially those with in-person clinical requirements, will almost certainly reduce access to education in remote and rural areas, either through program closures or tuition increases. In such communities, even a modest contraction in available and affordable training can translate directly into fewer trained dental assistants, decreased capacity in local dental practices, and longer wait times for patient care.

### **Accreditation Recognition and Parity with DBC-Permitted CE Providers**

The proposal includes the ADA's Continuing Education Recognition Program (CERP) and the Academy of General Dentistry's Program Approval for Continuing Education (PACE) as qualifying accrediting entities. While these organizations do not have dental assisting-specific oversight, they do require that providers be sufficiently qualified to teach the topics they offer through strict standards, regular evaluations, and compliance monitoring. When this general oversight is coupled with the existing statutory specificity for certificated courses, such as radiation safety, coronal polishing, pit and fissure sealants, and infection control, the result could be a meaningful way to preserve access to existing programs while maintaining the curriculum standards the DBC has long deemed appropriate for these licensure-qualifying skills.

If the Board considers CERP and PACE oversight acceptable in this proposal, then DBC-permitted continuing education (CE) providers, which operate under direct Board regulation and already meet defined statutory requirements, including maintaining standards, record-keeping, and content relevance, should also be recognized. Both oversight systems ensure providers deliver legitimate, applicable education and are subject to review to protect the public, so providing parity for these providers would preserve affordable, local, and compliant options, many of which serve rural or underserved communities where access to training is already limited.

### **Five-Year Limit on DANB Examinations**

The proposal adopts the Dental Assisting National Board (DANB) policy limiting recognition of certain examinations to five years from completion. While this aligns with DANB's internal standards, it may create unnecessary barriers for experienced dental assistants. For example, an individual who completed a radiation safety course or passed the DANB radiation health and safety exam more than five years ago, but who has maintained continuous clinical practice, should not be required to retake a one-time course or exam to demonstrate competency. We recommend allowing documented, continuous, relevant practice to satisfy the requirement in this proposal and elsewhere in the practice act, thereby balancing public protection with workforce retention.

### **Interaction with Recently Approved Fee Increases**

At the May 2025 meeting, the Board approved significant fee increases for RDA programs and board-approved courses to address the high costs of application review and auditing. If statutory recognition of external accreditation removes the need for dual Board approval, many current providers, particularly small, community-based, or regional occupation programs, may opt out of DBC approval altogether. This could lead to significantly smaller workloads for Board-staff, making oversight more manageable while preserving the ability for smaller programs to remain open.

We appreciate the Board's commitment to improving efficiency and license portability. However, to avoid unintended consequences, particularly in the form of program closures, higher student costs, and reduced geographic access, we urge the Board to:

1. Recognize DBC-permitted CE providers alongside CERP- and PACE-accredited entities to maintain affordable, local training options.
2. Couple acceptance of external accreditation with retention of existing statutory curriculum requirements for certificated dental assisting courses.

3. Modify the proposed five-year limit on DANB examination recognition to avoid unnecessary barriers for experienced unlicensed/unpermitted dental assistants.
4. Assess the financial and operational impacts of shifting oversight in light of recent fee increases.

These steps will help maintain high-quality standards while keeping education pathways open and affordable for the next generation of dental assistants, a critical need in meeting California's ongoing oral health workforce demands. Thank you for the opportunity to comment, we look forward to working with the Board to ensure that any legislative changes protect both educational quality and access for all Californians.

Respectfully submitted,

A handwritten signature in black ink that reads "Mary McCune". The signature is written in a cursive, flowing style.

Mary McCune  
Policy Director

Cc: Steven Chan, DDS, DBC President  
Christy Bell, DBC Interim Executive Officer